health

Department:
Health
PROVINCE OF KWAZULU-NATAL

Annual Report 2011-12

SUBMITTING THE 2011/12 ANNUAL REPORT TO THE EXECUTIVE AUTHORITY

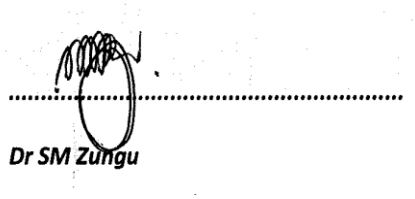
Dr SM Dhlomo

MEC for Health

KwaZulu-Natal Department of Health

SUBMISSION OF THE 2011/12 ANNUAL REPORT FOR THE KWAZULU-NATAL DEPARTMENT OF HEALTH

In accordance with section 40(1)(d) of the Public Finance Management Act, 1999; the Public Service Act, 1994 (as amended); and the National Treasury Regulations, I have the honour of submitting the KwaZulu-Natal Department of Health Annual Report for the Period 1 April 2011 to 31 March 2012.



Dr SM Zungu

Accounting Officer

KwaZulu-Natal Department of Health

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PART A: GENERAL INFORMATION

1. GENERAL INFORMATION

VISION, MISSION AND VALUES

VISION

To achieve optimal health status for all persons in KwaZulu-Natal

MISSION

To develop a sustainable, coordinated, integrated and comprehensive health system at all levels, based on the Primary Health Care approach through the District Health System

VALUES

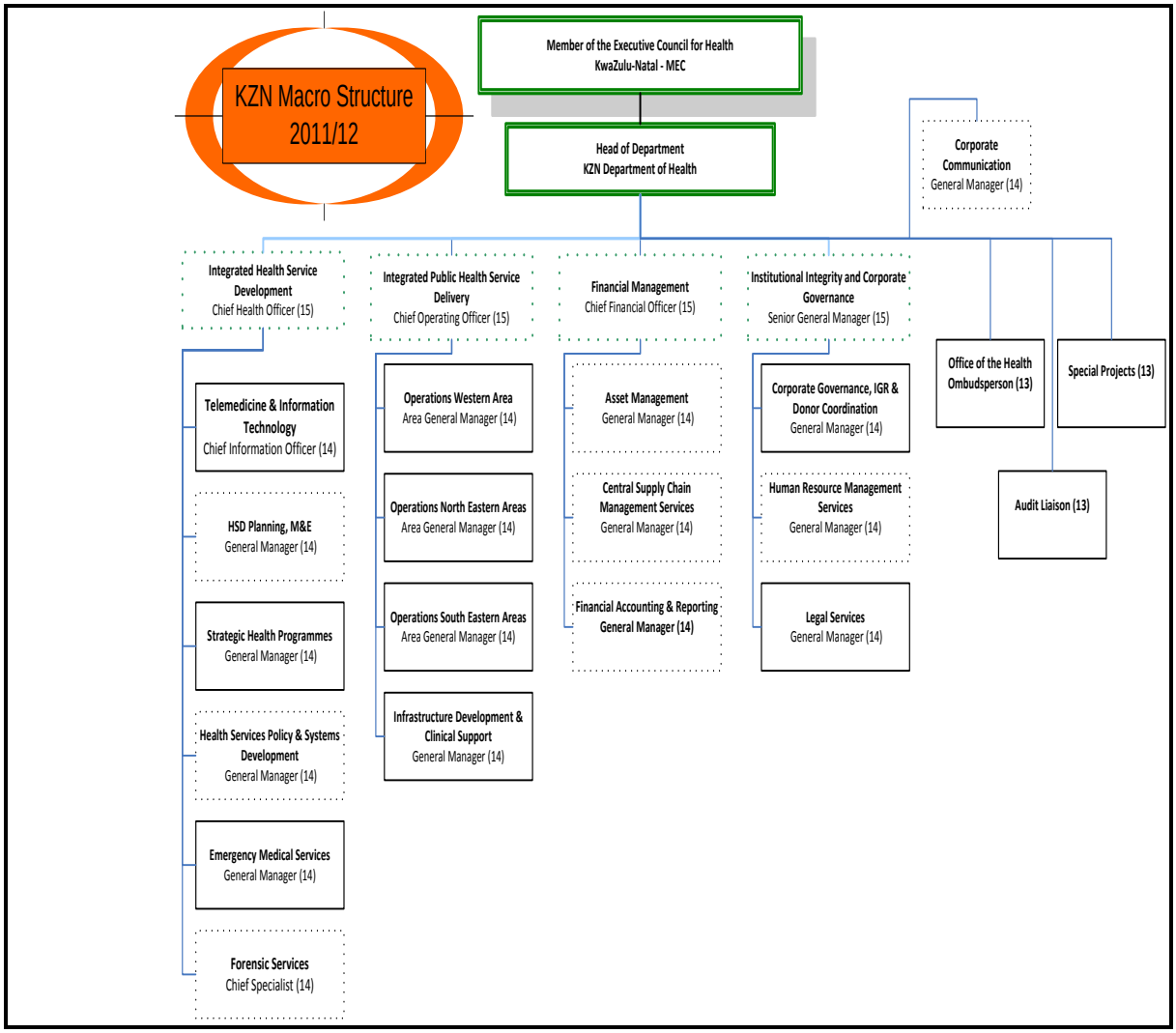
Trust built on truth, integrity and reconciliation

Open communication, transparency and consultation

Commitment to performance

Courage to learn, change and innovate

ORGANISATIONAL MACRO STRUCTURE



LEGISLATIVE MANDATE

The Constitution of the Republic of South Africa (Act No. 108 of 1996):

- **Section 27(1):** "Everyone has the right to have access to … health care services, including reproductive health care"
- **Section 27 (2):** "The State must take reasonable legislative and other measures, within its available resources, to achieve the progressive realisation of each of these rights"
- **Section 27(3):** "No one may be refused emergency medical treatment"
- **Section 28(1):** "Every child has the right to …basic health care services…"

- **Schedule 4** list health services as a concurrent national and provincial legislative competence:
- **Section 195:** Public administration must be governed by the democratic values and principles enshrined in the Constitution
- **Section 195 (1b):** Efficient, economic and effective use of resources must be promoted
- **Section 195 (1d):** Services must be provided impartially, fairly, equitably and without bias
- **Section 195 (1h):** Good human resource management and career development practices, to maximise human potential must be cultivated

In carrying out its functions, the Department is governed mainly by the following Acts and Regulations:

- **National Health Act (Act No. 61 of 2003):** Provides for a transformed National Health System
- **Mental Health Care Act (Act No. 17 of 2002):** Provides the legal framework for mental health and in particular the admission and discharge of mental health patients in mental health institutions
- **Public Finance Management Act (Act No. 1 of 1999 as amended) and Treasury Regulations:** Provides for the administration of State funds by functionaries, their responsibilities and incidental matters
- **Preferential Procurement Policy Framework Act (Act No. 5 of 2000):** Provides for the implementation of the policy for preferential procurement pertaining to historically disadvantaged entrepreneurs
- **Division of Revenue Act (Act 7 of 2003):** Provides for the manner in which revenue generated may be disbursed
- **Public Service Act (Act No. 103 of 1994) and the Public Service Regulations:** Provisions for the administration of the public service in its national and provincial spheres, and the powers of ministers to hire and fire
- **Medicines and Related Substances Act (Act No. 101 of 1965 as amended):** Provides for the registration of medicines and other medicinal products to ensure their safety, quality and efficacy, and also provides for transparency in the pricing of medicines
- **Pharmacy Act (Act No. 53 of 1974 as amended):** Provides for the regulation of the pharmacy profession, including community service by pharmacists
- **Nursing Act (Act 33 of 2005):** Provides for the regulation of the nursing profession
- **Choice of Termination of Pregnancy Act (Act No. 92 of 1996, as amended):** Provides the legal framework for termination of pregnancies
- **Labour Relations Act (Act No. 66 of 1995):** Provides for the law governing labour relations and incidental matters
- **Basic Conditions of Employment Act (Act No. 75 of 1997):** Provides for the minimum conditions of employment that employers must comply with in their workplace
- **Skills Development Act (Act No. 97 of 1998):** Provides for the measures that employers are required to take to improve the levels of skills of employees in the workplace
- **National Health Laboratories Services Act (Act No. 37 of 2000):** Provides for a statutory body that provides laboratory services to the public health sector

- **Occupational Health and Safety Act (Act No. 85 of 1993):** Provides for the requirements that employees must comply with in order to create a safe working environment in the workplace
- **Traditional Health Practitioners Act (Act No. 35 of 2004):** Regulates the practice and conduct of Traditional Health Practitioners
- **Health Professions Act (Act No. 56 of 1974):** Provides for the regulation of health professions, in particular medical practitioners, dentists, psychologists and other related health professions, including community service by these professionals
- **Human Tissue Act (Act No. 65 of 1983):** Provides for the administration of matters pertaining to human tissue
- **Sterilisations Act (Act 44 of 1998) and Amendments:** Provides the legal framework for sterilisations
- **Promotion of Access to Information Act (Act 2 of 2000):** Amplifies the constitutional provision pertaining to accessing information under the control of various bodies
- **Employment Equity Act (Act 55 of 1998):** Measures that must be put into operation in the workplace to eliminate discrimination and promote affirmative action
- **State Information Technology Act (Act 88 of 1998):** Creation and administration of an institution responsible for the State's information technology systems

MEC'S STATEMENT

The core values of the KZN Department of Health include, among others, transparency and open communication to all the people of KwaZulu-Natal.

The Annual Report outlines the achievements and challenges of the Department for the 2011/12 financial year, and is submitted to the legislature to ensure oversight and open communication

The Department, as a subscriber to the Negotiated Service Delivery Agreement, remains committed to ensuring 'A Long and Healthy life for all' through:

- Increasing life expectancy.
- Decreasing maternal and child mortality.
- Combating HIV and AIDS and decreasing the burden of disease from Tuberculosis.
- Strengthening health systems effectiveness.
- Reducing non-communicable diseases.

The quadruple burden of disease, including but not exclusive to heart disease, stroke, diabetes, hypertension; malnutrition and diarrheal diseases in children; injuries caused by road traffic accidents and violence; and the rise of infectious diseases with the advent of the HIV epidemic and TB, has a significant impact on health outcomes in the Province. The infant, child, and maternal mortality rates are high with the AIDS epidemic exacerbating the disease burden and increasing morbidity and mortality.

Access to ART has been massively expanded. By the end of 2011/12, more than 540,000 people living with HIV and AIDS had been initiated on Anti-Retroviral Treatment (ART). This, with other HIV and wellness programmes, contributes significantly towards increasing life expectancy.

The Medical Male Circumcision Campaign, launched in April 2010 as part of the comprehensive HIV prevention artillery, continues. Since the launch of the programme 135,429 males have been circumcised and of these 90,642 were circumcised in the 2011/12 financial year.

TB continues to be a challenge for the country as well as the Province of KwaZulu-Natal. Intensified integrated strategies at household and facility levels are beginning to show improved TB outcomes although a lot still needs to be done.

The Department launched the Family Planning Five Point Plan designed to guide the Department in revitalising interest in the utilisation of the contraceptive services to improve maternal and women's health. The success of this plan would contribute massively towards decreasing maternal and neonatal morbidity and mortality.

The Department invested in specific targeted programmes to reduce youth risk behaviour including the introduction of Youth Friendly Services, the 'Sugar Daddies' campaign and educational programmes to prevent drug and alcohol abuse.

Non-communicable diseases and diseases of lifestyle are on the rise and as co-morbidity contribute significantly to the increasing burden of disease. The Department actively promoted physical activity both within and outside the

Department. The workplace healthy lifestyle programme was launched in October 2011 where all health care workers were called upon to be exemplary to their patients by living active and healthy lifestyles.

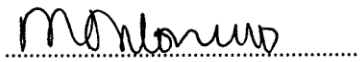
The eradication of fraud and corruption remained one of the core priorities in the Department and R10.9 million were recovered from the proceeds of crime during the 2011/12 financial year.

The battle against the challenges we face as a Department may be far from over but, in agreement with the statement made by an unknown person: "Life's problems wouldn't be called 'hurdles' if there was no way to get over them", we will overcome them.

I want to commend the Head of Department, Dr Sibongile Zungu, and dedicated management teams at different levels for the leadership they provided to steer this ship safely.

Lastly, I wish to thank all the health care workers who worked tirelessly in enhancing the health and social well-being of the citizens of KwaZulu-Natal, in the last financial year.

I hereby endorse the 2011/12 Annual Report for submission



Dr SM Dhlomo

MEC for Health

KwaZulu-Natal Department of Health

Date: 03/08/2012

ACCOUNTING OFFICER'S OVERVIEW

This Annual Report provides an account of the 2011/12 financial year with the main focus on performance against the 2010 -2014 Strategic Plan and the 2011/12 Annual Performance Plan.

The core priorities for 2011/12 were aligned with the Strategic Goals of the KZN Department of Health, while honouring the 10 Point Plan and the Negotiated Service Delivery Agreement.

Overhauling Provincial Health Services

Transformation of health services

The Department's macro structure has been reviewed in order to ensure alignment of the health system with service delivery demands. The structure has been submitted to the Department of Public Service Administration (DPSA) for approval. The alignment of the sub-structures has commenced.

To improve health system functioning, the MEC approved the delegations for the filling of critical posts at Head Office, District, and Institution levels.

PHC services

Revitalization of PHC is still high on the Department's agenda, and the Province played a leading role in the adoption and development of a ward-based Model which has been acknowledged by the National Health Council (NHC). The Provincial PHC Model has been approved following extensive province-wide consultations.

- Post establishments for PHC have been reviewed to make provision for operationalizing the PHC Model.
- Twelve (12) PHC Outreach (Family Health) Teams were established and linked with clinics as part of a pilot project in three Districts.
- 86 School Health Teams, linked with clinics, rendered health services to learners in schools including health screening and education.
- Recruitment and appointment of District Specialist Teams commenced in 2011/12.
- PHC services are provided by 152 mobiles, 568 fixed clinics and 19 Community Health Centres.
- The PHC headcount increased from 26,494,623 in 2010/11 to 29,314,618 in 2011/12.

District Hospitals

There are 39 District Hospitals (including two State-Aided Hospitals) in the Province. During 2011/12 more than 2.6 million patients were seen in Outpatient's Departments.

Regional Hospitals

There are 14 Regional Hospitals in the Province. The Outpatient activity increased from 3,195,790 in 2010/11 to 3,336,687 in 2011/12.

Tertiary and Central Hospitals

The Province has one Tertiary Hospital (Grey's) and one Central Hospital (Inkosi Albert Luthuli Central Hospital). During the reporting year, 188,637 and 178,484 patients were seen in the Outpatient's Departments for Grey's and Inkosi Albert Luthuli Central Hospitals respectively.

Emergency Medical Services

Poor ambulance response times remained a challenge due to inadequately trained staff, a limited number of operational ambulances and insufficient infrastructure.

- To ensure an adequate staff to ambulance ratio, the Department advertised 387 posts for Basic, Intermediate and Advanced Life Support Practitioners.
- During the 2nd quarter of 2011/12 a total of 332 Basic Life Support Practitioners were appointed.
- To ensure adequate number of operational ambulances, vehicles were procured in 2011/12 for distribution in 2012/13.

Improving the efficiency and quality of Health Services

National Core Standards

The National Baseline Audit for Facilities was conducted in 2011/12 with the final report expected in 2012/13. This will serve as baseline for Quality Improvement Plans.

Improved Management Capacity

A Management Training and Development strategy to strengthen leadership and management, especially at facility level was developed and implemented in 2011.

Reducing morbidity and mortality due to communicable diseases and non-communicable conditions and illnesses and develop an appropriate response to the burden of disease

The Department continues to sustain services to reduce morbidity and mortality due to communicable diseases and non-communicable conditions and illnesses.

HIV and AIDS

- From 2010 to date, 135,429 males have been circumcised, and of these, 90,642 were circumcised in the 2011/12 financial year.
- Since the launch of the HCT campaign in April 2010, a total of 4,360,577 clients have been tested for HIV.
- A total of 547,411 patients were active on ARV treatment as at the end of 2011/12 financial year.
- 31,914,706 male condoms were distributed in 2011/12 compared to 27,690,135 in 2010/11.
- According to DHIS data, the proportion of HIV exposed babies testing PCR positive decreased from 6.8% in 2010/11 to 4% in 2011/12.

Maternal Health

- Maternal Mortality Ratio decreased from 195/100,000 in 2010/11 to 190.6/100,000 in 2011/12.
- The number of women under 18 years who delivered in the health facilities increased from 16,564 in 2010/11 to 17,933 in 2011/12.

Women's Health

The low uptake of contraceptives is still a challenge.

- The couple year protection rate, which measures the percentage of women of reproductive age who are using or whose partners are using modern contraceptive methods, was 25.5% in 2011/12 compared with the target of 40%.
- The Department developed and disseminated the Family Planning Five Point Plan in 2011, to improve contraceptive uptake.

Child Health

The Department continued to prioritise child health in 2011/12.

- The immunization coverage (97%) exceeded the national target of 90%.

- The number of confirmed measles cases decreased from 3,662 cases in 2010 to 22 cases in 2011.
- The Department commenced with the implementation of the Infant and Young Child Feeding in an effort to reduce child mortality.
- The number of children under-5 years treated for pneumonia decreased from 167,661 in 2010/11 to 162,178 in 2011/12.
- The number of children under-5 years treated for diarrhoea decreased from 181,080 in 2010/11 to 155,076 in 2011/12.
- The facility infant mortality rate decreased from 9.1% in 2010/11 to 7% in 2011/12.
- The facility child mortality rate decreased from 7.6% in 2010/11 to 4.8% in 2011/12.
- Severe malnutrition incidence in children under-5years decreased from 7/1000 in 2010/11 to 6.7/1000 in 2011/12

Tuberculosis

- A total number of 103,333 new TB cases were reported at facilities in 2011/12. Of the total number of new cases registered in 2011, 32,842 (31%) cases were new smear positive; 28,422 (28%) new smear negative; 24,887 (24%) Pulmonary TB cases with no smear microscopy done and 17,182(17%) extra-pulmonary cases.
- Despite the challenges in the management of TB, a steady increase in the cure rate from 40% in 2007/08 to 69.8% in 2011/12 has been reported.

Malaria

- 531 Malaria cases were diagnosed in 2011/12 translating to an incidence of 0.79/1000, against the national target of 1/1000.
- The malaria case fatality rate was 0.75% (4 deaths) against the national MDG target of 1% by 2015.

Non-communicable diseases

- The number of new diabetes mellitus cases that were put on treatment decreased from 31,673 in 2010/11 to 23,307 in 2011/12.
- The number of new hypertension cases that were put on treatment decreased from 70,973 in 2010/11 to 70,821 in 2011/12.

The increasing burden of disease and concomitant demand for services require vigilant and dynamic interventions to keep abreast with solutions. Transformation and change is therefore unavoidable and an opportunity to right the wrongs of the past.

I wish to thank the MEC for Health, Dr Sibongiseni Dhlomo, for his leadership and support. To the Management Team and all service providers that stayed loyal to the Department, your contribution is significant and appreciated. Together we can do more.

Dr SM Zungu

Accounting Officer

KwaZulu-Natal Department of Health

Date: 03 - 08 - 2012

PART B:

INFORMATION ON PRE-DETERMINED OBJECTIVES

2. INFORMATION ON PREDETERMINED OBJECTIVES

2.1 OVERALL PERFORMANCE

2.1.1 VOTED FUNDS

Table 1: Voted Funds for 2011/12

	Final Allocation R'000	Actual Amount Spent R'000	Over/ Under Expenditure R'000
Vote 7	24 669 096	24 791 118	122 022
Responsible MEC	Dr SM Dhlomo: KwaZulu-Natal Department of Health		
Administering Department	Department of Health - KwaZulu-Natal		
Accounting Officer	Dr SM Zungu: Head of Department, KwaZulu-Natal Department of Health		

Table 2: Voted Funds 2011/12

Budget	2011/12 R'000
Original Budget	24 484 855
Rollovers	17 885
Additional Adjustments	166 356
Final Budget Appropriated (Adjustment Budget)	24 669 096
Total Expenditure	24 791 118
(Over) / Under Expenditure	(122 022)
(Over) / Under Expenditure (%)	100.5%

2.1.2 AIM OF VOTE 7

The core function and responsibility of the KwaZulu-Natal Department of Health is to deliver a comprehensive package of health services at all levels of care to all the people in KwaZulu-Natal. The main purpose is to develop and implement a sustainable, coordinated, integrated and comprehensive health care system using the Primary Health Care approach as foundation and based on accessibility, equity, community participation, use of appropriate technology and inter-sectoral collaboration.

2.1.3 STRATEGIC OUTCOME ORIENTED GOALS

Figure 1: Provincial Strategic Goals and Objectives 2011/12

Strategic Goal 1: Overhaul Provincial Health Services

Strategic Objective 1.1 To finalise and implement Provincial Health Plans aligned with the National Health Systems and Medium Term Strategic Framework priorities for 2010- 2014	**Strategic Objective 1.2** To finalise and implement the approved 2010 – 2020 KZN Service Transformation Plan	**Strategic Objective 1.3** To implement a decentralised Operational Model in 11 Districts by 2011/12
Strategic Objective 1.4 To provide a transversal legal service in support of efficient health service delivery	**Strategic Objective 1.5** Implement the Finance and Supply Chain Management (SCM) turn-around strategy to improve financial management and accountability in compliance with the PFMA	**Strategic Objective 1.6** To implement an Operational and Strategic Early Warning System
Strategic Objective 1.7 To review and align the HRP with the STP and service delivery platform	**Strategic Objective 1.8** To expand and sustain the Registrar training programme to increase the pool of Specialists by retaining 75% of qualified Registrars by 2014/15	**Strategic Objective 1.9** To implement an integrated Health Information Turn-Around Strategy to improve data quality and ensure annual unqualified audit opinion on performance information from the AGSA from 2010/11 – 2014/15
Strategic Objective 1.10 Strengthen governance structures and social compact	**Strategic Objective 1.11** Revitalisation of PHC services as per STP imperatives and Implementation Plan	**Strategic Objective 1.12** To rationalize hospital services in line with service delivery needs and STP imperatives
Strategic Objective 1.13 To revitalise EMS and improve response times to ≥ 70% for rural and urban areas by 2014/15	**Strategic Objective 1.20** Ensure Compliance with Pharmaceutical Legislation with 90% pharmacies complaint by 2014/15 and PPSD 100% complaint by 2012/13	**Strategic Objective 1.21** To align the Infrastructure Development Plan with the STP
Strategic Objective 1.22 Deliver new clinical infrastructure in line with the STP and approved Infrastructure Programme Implementation Plan (IPIP)	**Strategic Objective 1.23** To upgrade and renovate existing clinical infrastructure in accordance with the STP and approved IPIP	**Strategic Objective 1.24** Create an enabling environment to support service delivery

Strategic Goal 2: Improve the Efficiency and Quality of Health Services

Strategic Objective 2.1

To implement the National Core Standards in 100% of PHC facilities towards accreditation of 50% PHC clinics and 100% CHC's by 2014/15 (IPC and QA)

Strategic Objective 2.2

To implement the National Core Standards in 100% of District Hospitals towards accreditation of 100% Hospitals by 2014/15

Strategic Objective 2.3

To implement the National Core Standards in 100% of Regional Hospitals for accreditation of 100% facilities by 2012/13

Strategic Objective 2.4

To implement the National Core Standards in 100% of Specialised TB Hospitals for accreditation of 100% hospitals by 2014/15

Strategic Objective 2.5

To implement the National Core Standards in 100% of Specialised Psychiatric Hospitals for accreditation of 100% hospitals by 2014/15

Strategic Objective 2.6

To implement the National Core Standards in 100% of Specialised Chronic Hospitals for accreditation of 100% hospitals by 2014/15

Strategic Objective 2.7

To implement the National Core Standards in 100% of Tertiary Hospitals for accreditation of 100% hospitals by 2011/12

Strategic Objective 2.8

To implement the National Core Standards in 100% of Central Hospitals for accreditation of 100% hospitals by 2010/11

Strategic Objective 2.9

To implement a Training Strategy aligned with the core functions of the Department

Strategic Objective 2.10

To establish effective training programmes to provide an adequate skills base for EMS services in accordance with national norms

Strategic Objective 2.11

To improve medicine supply management systems at PPSD and facility level

Strategic Goal 3: Reduce Morbidity and Mortality due to Communicable Diseases and Non-Communicable Conditions and Illnesses

Strategic Objective 3.1

To scale up implementation of the integrated HIV and AIDS Strategic Plan to reduce HIV incidence by 50% by 2011/12

Strategic Objective 3.2

To scale up implementation of the Accelerated Plan for PMTCT to reduce mother to child transmission to <5% by 2012/13

Strategic Objective 3.3

To scale up implementation of the integrated TB Crisis Plan to improve the TB cure rate to 70% by 2014/15

Strategic Objective 3.4

Reduce child mortality to 30-45/1000 live births by 2014/15

Strategic Objective 3.5

Reduce maternal mortality to ≤ 100/ 100 000 by 2014/15

Strategic Objective 3.6

To implement the Phila Ma Project to increase cervical cancer screening coverage to 70% by 2014/15

Strategic Objective 3.7

To scale up implementation of the Contraceptive Strategy to increase the women year protection rate to 65% by 2014/15

Strategic Objective 3.8

To maintain preventative strategies to reduce and maintain the malaria incidence at ≤ 1/1000 population

Strategic Objective 3.9

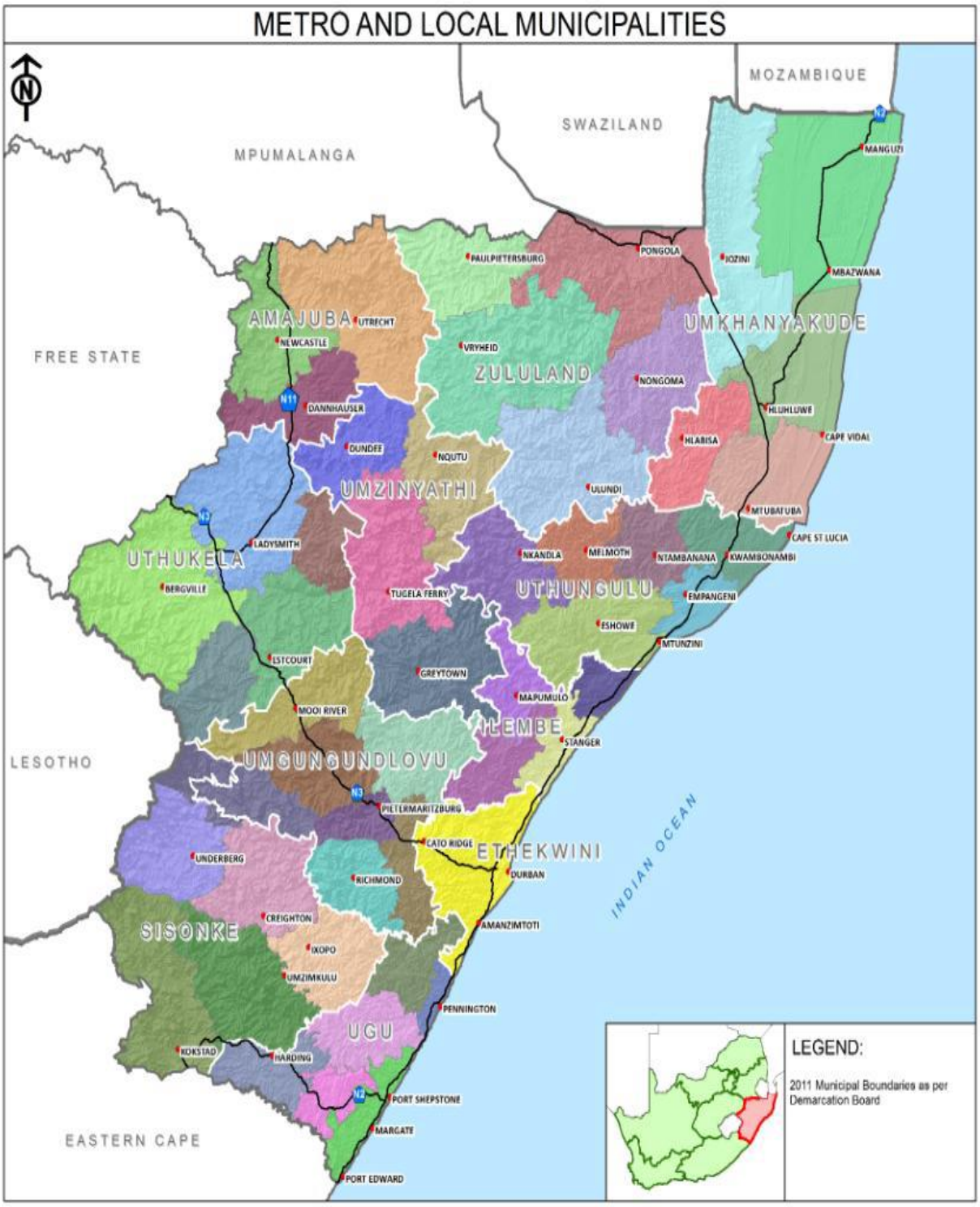
To maintain Early Warning Systems for Communicable Disease Control

Strategic Objective 3.10

To scale up the implementation of eye care services to comply with national targets

2.1.4 OVERVIEW OF THE SERVICE DELIVERY ENVIRONMENT

Map 1: KwaZulu-Natal: Metro and Local Municipalities

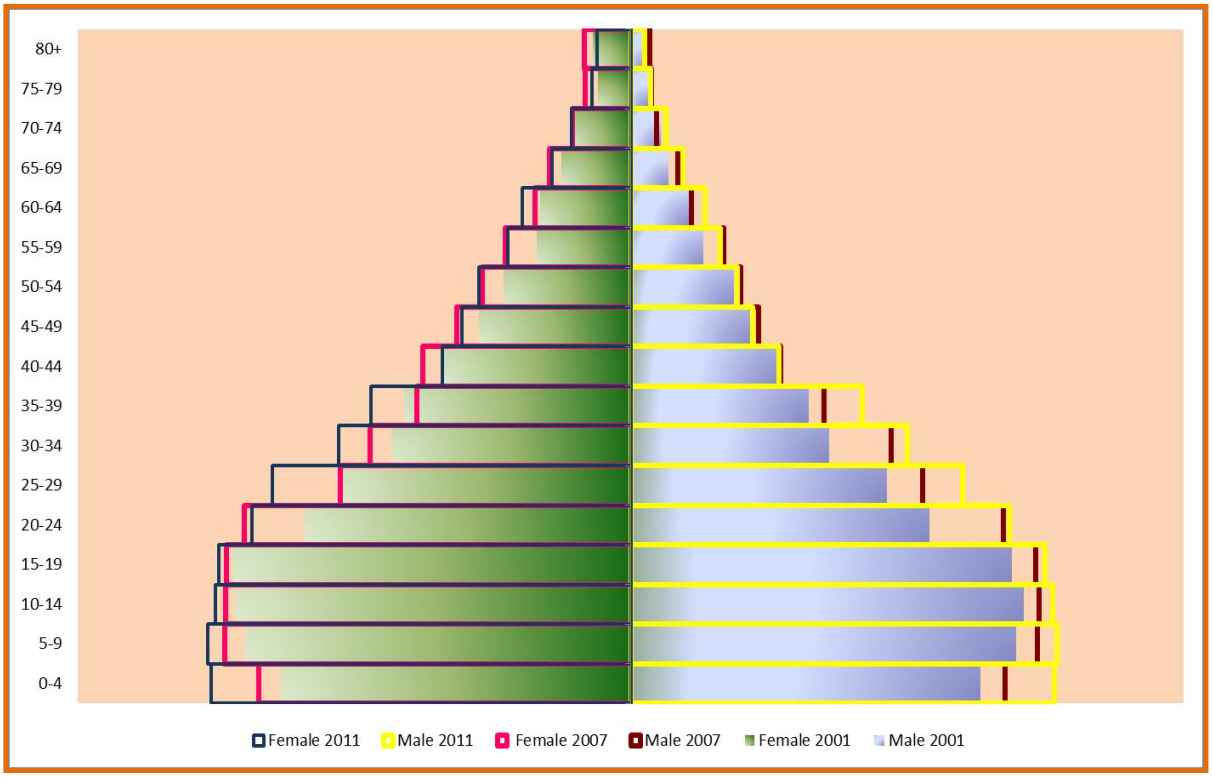


2.1.4.1 DEMOGRAPHIC OVERVIEW

KwaZulu-Natal (KZN) is the second most populous province in South Africa, with an estimated 10.6 million people of which an estimated 9.5 million is uninsured. Geographically, the Province occupies 7.6% of the total land surface in South Africa with a population density of approximately 112.8 people per square kilometre. The Province borders Eastern Cape in the South, Free State and Lesotho in the West and Swaziland and Mozambique in the North.

The Province is divided into 1 Metropol, 10 Health Districts, 50 Municipalities, and 828 Wards. Health District boundaries are aligned with municipal boundaries.

Figure 2: KwaZulu-Natal Population Pyramid 2001; 2007; 2011



Source: StatsSA – Pyramid developed by GIS (KZN Department of Health)

According to the District Health Barometer[1] KZN has the highest under-1 year population in the country with nearly a quarter of all infants in the country living in the Province. The provincial population is young with 45% (4.5 million) under the age of 19 years.[2] According to StatsSA estimates, life expectancy at birth increased from 47.3 in 2009 to 48.4 in 2011 (males) and from 51 in 2009 to 52.8 in 2011 (females).[3] This is evident in the broadened base of the pyramid above.

[1] District Health Barometer 2010/11: Candy Day, Peter Baron, Naomi Massyn, Ashnie Padarath, René English - Health Systems Trust
[2] Provincial Growth and Development Strategy – August 2012
[3] StatsSA: Mid-year population estimates: 2010

- The youthful population, by virtue of their high risk exposure, challenged service delivery i.e. co-morbidities linked with socio-economic determinants of health (poverty, poor access to water, sanitation), early sexual debut (teenage pregnancy and high-risk pregnancies, HIV and STI infection), alcohol and substance abuse, etc.
- The Provincial Operation Sukuma Sakhe (OSS) poverty eradication programme, of which the Department is a partner, begins to address poverty through intensified and renewed strategies that directly focus on individuals and households at community level with the following objectives:
    1. Poverty eradication through coordinated community-based interventions at household level with the ultimate aim to increase life expectancy;
    2. Community development with the primary focus being on vulnerable groups e.g. women and youth;
    3. Rural development and food security; and
    4. Integration and cooperative governance to improve service delivery.
- Increased demand/patient activity have been coherent with increasing population and burden of disease with no evidence that the increased patient activity can be ascribed to positive changes in health seeking behaviour. The PHC utilisation rate increased slightly from 2.5 to 2.7 visits per client per year and the under-5 utilisation rate from 4.5 to 4.6 visits per child per year. The increased patient activity at hospital level point to an increasing demand currently linked with the burden of disease and in some cases poor access to PHC services.

Table 3: Trends in key Provincial service volumes

Indicator	2008/09 Actual	2009/10 Actual	2010/11 Actual	2011/12 Actual
1. PHC headcount - total	23,838,854	25,921,993	26,494,623	29,314,618
2. OPD headcount - new case not referred	Not in DHIS	Not in DHIS	Not in DHIS	941,805
3. Total OPD headcount – District Hospitals	2,775,255	3,069,671	2,664,297	2,698,087
4. Separations District Hospitals	361,244	360,524	331,419	337,550
5. Total OPD headcount – Regional Hospitals	2,752,678	2,673,272	3,195,790	3,336,687
6. Separations Regional Hospitals	355,778	321 315	327,912	381,657
7. Total OPD headcount – Tertiary Hospitals	196,857	203,358	208,223	188,637
8. Separations Tertiary Hospital	11,919	10,755	12,633	12,785
9. Total OPD headcount – Central Hospitals	174,704	182,688	170,986	178,484
10. Separations Central Hospital	20,886	20,204	22,371	24,331

Source: DHIS. Indicator 2 was included in the National Indicator Data Set (NIDS) in early 2011 – data therefore not reflecting a full financial year.

2.1.4.2 SOCIO-ECONOMIC PROFILE

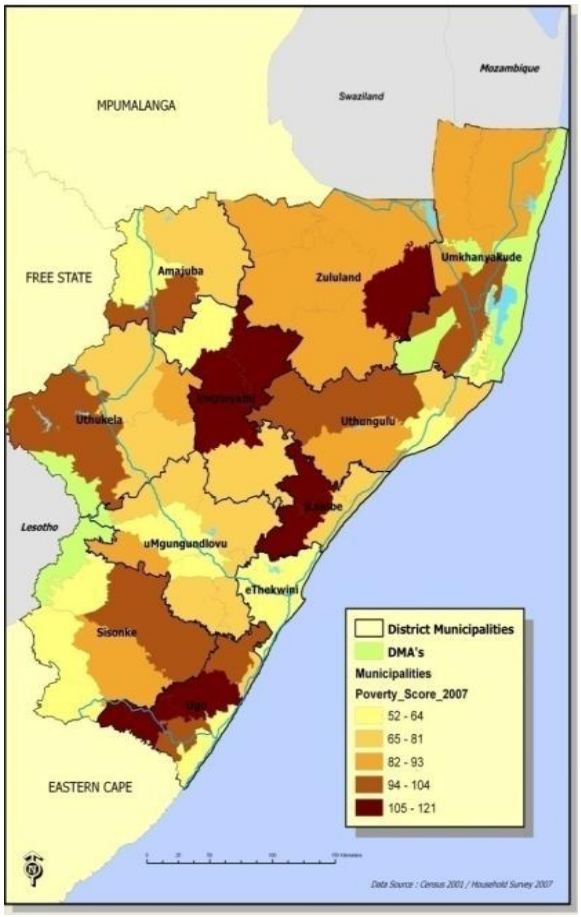
Poverty and Deprivation

KwaZulu-Natal bears a disproportionately high burden of poverty[4] with 63% to 82% of households living on less than R800 per month.[5] The Province noted a growing reliance on welfare programmes, while the backlogs in access to water, sanitation, electricity and transport/roads in rural areas is an on-going cause for concern.[6]

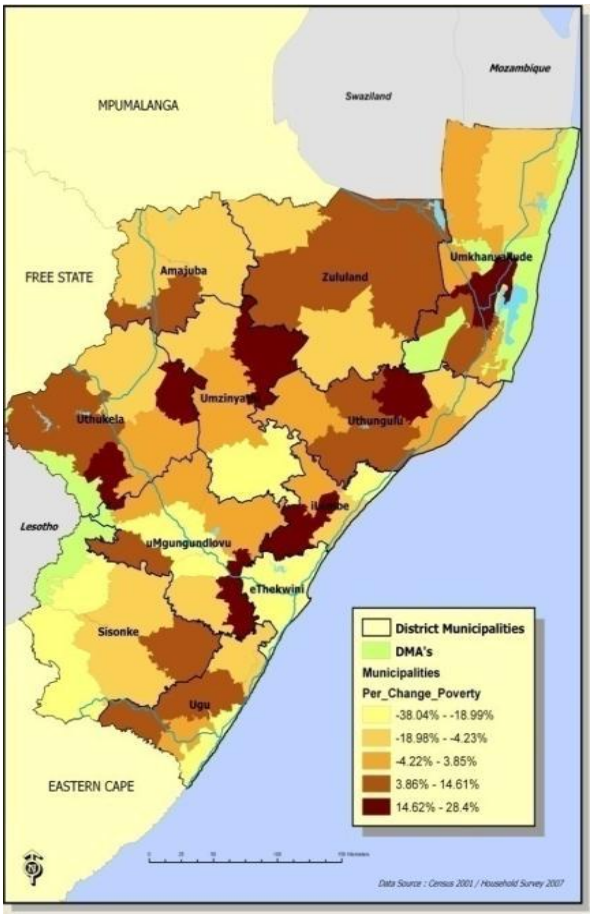
The maps below (*Trends in the composite deprivation index in KZN*) show that the highest poverty to population ratios was recorded in uMkhanyakude, Zululand, uMzinyathi and Sisonke with large portions of Amajuba, uThukela and Ugu Districts recorded poverty levels of more than 80%. There is a significant decline in the overall deprivation index in eThekwini (±19%) as well as western parts of uMzinyathi, uThungulu and central parts of uMkhanyakude.

[4] Poverty refers to lack of material possessions or money and absolute poverty is a state where there is a lack of basic human needs such as clean/fresh water, nutrition, health care, education, clothing and shelter.
[5] District Health Barometer 2010/11: Health Systems Trust
[6] Provincial Growth and Development Strategy – August 2011

Map 2: Trends in Composite Deprivation Index in KZN



Map 3: Percent change in poverty score



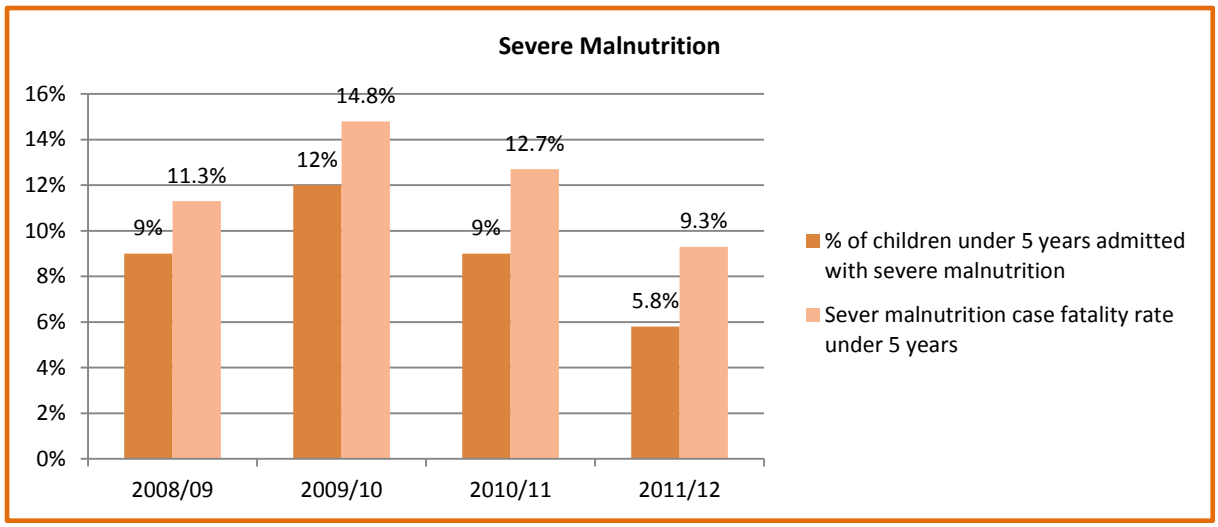
Poverty is inextricably associated with malnutrition and disease. Food insecurity[7] frequently leads to poor nutrition, which in turn affects the functioning of the immune system, leading to increased susceptibility to disease. There is a synergistic effect between malnutrition, HIV and Tuberculosis (TB) which has led the Academy of Sciences of South Africa to conclude that "South Africa is in the grip of three concurrent epidemics: malnutrition, brought about by a conglomeration of socio-economic factors; HIV/Acquired Immunodeficiency Syndrome (AIDS), caused by the human immunodeficiency virus; and active TB, caused by progressive infection with Mycobacterium tuberculosis".

Although caused by separate factors, there is evidence that epidemics act synergistically, while disease limits the ability of people to work or look for employment thus creating a cycle of poverty and disease that is very difficult to break.

[7] Food insecurity is defined as the lack of "access to food, adequate in quantity and quality, to fulfil all nutritional requirements for all household members throughout the year" (Jonsson and Toole 1991).

- The inter-related complexities of poverty and health still challenge effective performance monitoring and evaluation e.g. inability to provide empirical evidence of the impact of specific "inter/intra-departmental" strategies to improve the nutritional status of children.
- Malnutrition remains a major co-morbidity that contributed significantly to the under-5 morbidity and mortality. According to the Saving Babies Report of 2007, the underlying causes of child mortality mainly include children infected or exposed to HIV (55%); malnutrition (66%), and severe malnutrition (35%).
- According to District Health Information System (DHIS) data, severe malnutrition under-5 year incidence decreased from 7/1000 to 6.5/1000 between 2010/11 and 2011/12 although this relates to institutional data only i.e. children reporting to public health facilities.
- The Department prioritized the implementation of the '*WHO Ten Steps for the Management of Severe Malnutrition*' to improve child health outcomes. The downward trend in the case fatality rate for severe malnutrition in institutions since 2009/10 is illustrated in the next graph (*Management of severe acute malnutrition in hospitals*).
- Improved detection of malnutrition at PHC level improved through improved growth monitoring using the Road to Health Chart, use of Mid-Upper Arm Circumference (MUAC) tapes by CCGs at household level, and ensuring that paediatric/ adult scales and length/height measures were purchased to ensure that all facilities have adequate anthropometric measures for improved growth monitoring and health/nutritional promotion.
- The Department continued to provide therapeutic supplements to malnourished clients in order to improve nutritional status.

Graph 1: Management of severe acute malnutrition in hospitals



Access to Basic Services

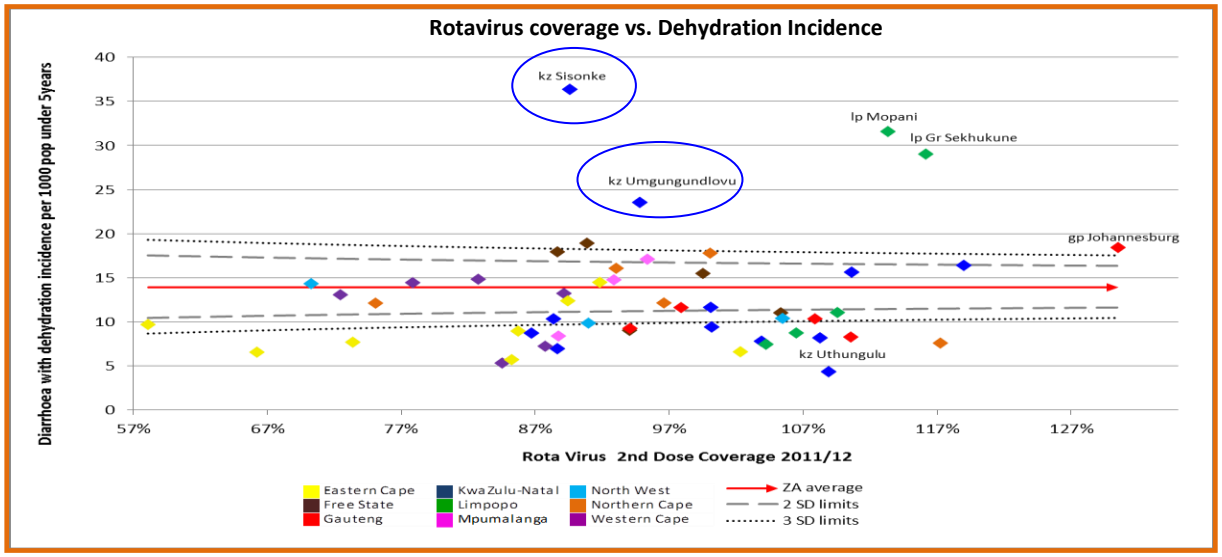
While significant progress has been made in addressing service delivery backlogs, the pace of delivery is too slow to achieve universal access to water, sanitation and electricity by 2014. According to a 2011 Department

of Cooperative Governance and Traditional Affairs (COGTA) Report, 80% of households in the Province have access to water.

The Provincial "Blue Drop" score (measuring the management and processes to ensure acceptable drinking water quality) improved from 65% in 2010 to 80% in 2011[8]. All Water Service Authorities reported a decline in unsafe water except Umgungundlovu, Newcastle and Sisonke. According to the same report, 78.7% of households in the Province have access to sanitation.

- Unsafe water and lack of sanitation/ hygiene remains a key risk factor for diarrheal diseases.[9] Robust monitoring and evaluation of the synergistic impact of access to basic services (sanitation and hygiene) versus health interventions (immunisation and education) will be scaled up to ensure evidence-based response to challenges.
- The Province shows a downward trend in diarrhoea incidence since introduction of the rotavirus vaccine in late 2008. The downward trend co-incides with the launch of the Blue Drop Certification System mentioned above.
- There seems to be a correlation between water quality and diarrhoea with dehydration incidence is illustrated in the graph below (*Rotavirus versus Diarrhoea with Dehydration Incidence under 5 years*). Both Sisonke and Umgungundlovu, in spite of high rotavirus coverage and reduction in diarrhoea cases, still fall outside the national standard deviation of 3 (-99.8%) which points to other co-morbidities. This needs investigation to ensure that the root cause is being addressed.
- The integrated Operation Sukuma Sakhe Programme provides the vehicle through which integrated strategies can be launched and monitored, although integrated planning, monitoring and reporting must be strengthened.

Graph 2: Rotavirus coverage versus Diarrhoea with Dehydration Incidence



[8] Department of Water Affairs: Blue Drop 2012

[9] Estimating the burden of disease attributable to unsafe water and lack of sanitation & hygiene in South Africa: South African Comparative Risk Assessment Collaborating Group: 2000

PERFORMANCE INFORMATION

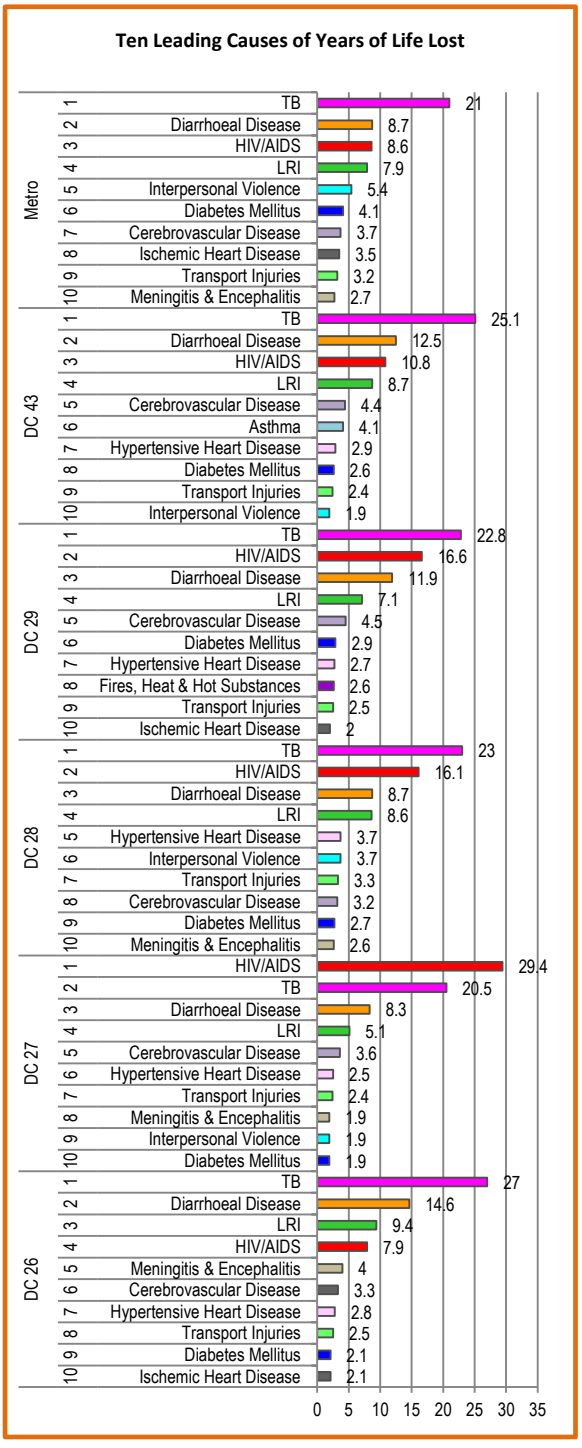
The Province faces a quadruple burden of diseases consisting of a maturing and generalised HIV and AIDS epidemic and high levels of tuberculosis; high maternal and child mortality; increasing non-communicable diseases, and increasing violence and injuries. One of the challenges is to synchronise parallel processes and systems to improve integration.

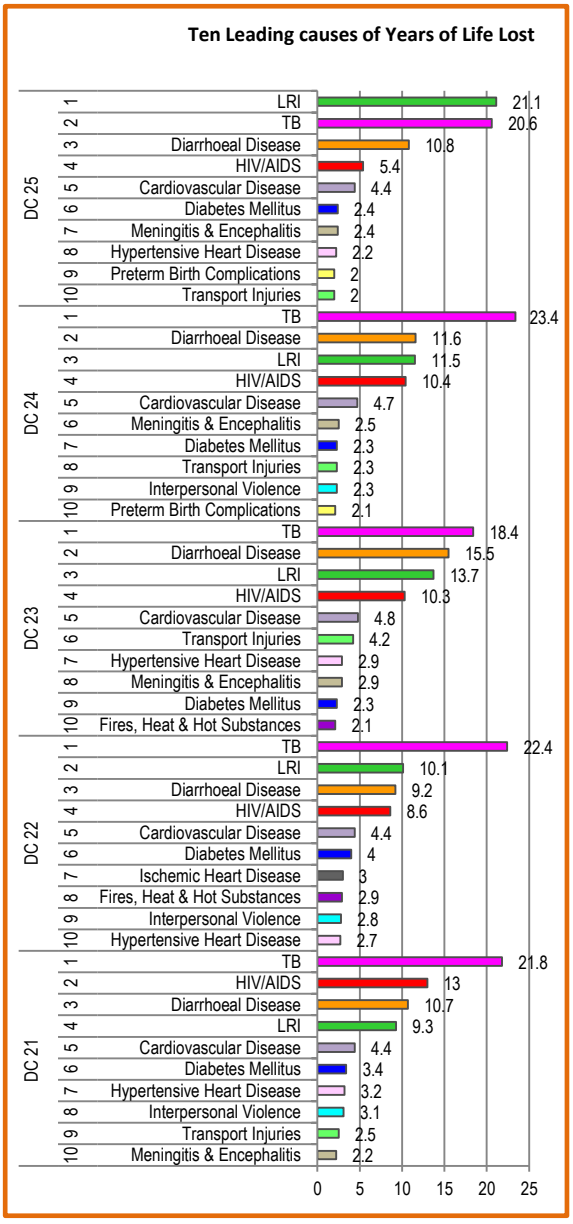
The Negotiated Service Delivery Agreement (NSDA) for Outcome 2 (A long and healthy life for all South Africans), the National Health System 10 Point Plan and Millennium Development Goals served as basic framework for service delivery during 2011/12. The NSDA clearly spelled out national priorities and required tangible improvements in the effectiveness of health systems corroborated by empirical evidence that clearly link the four output areas.

1. Increasing life expectancy.
    a) Reducing intentional and unintentional injuries.
    b) Decreasing non-communicable diseases.
2. Decreasing Maternal and Child Mortality.
3. Combating HIV and AIDS and decreasing the burden of disease from Tuberculosis.
4. Strengthening Health Systems effectiveness.

OUTCOME 1: INCREASE LIFE EXPECTANCY

Graph 3: Ten leading causes of Years of Life Lost





Source: District Health Barometer 2010/11

Leading Causes of Years of Life Lost (YLL)

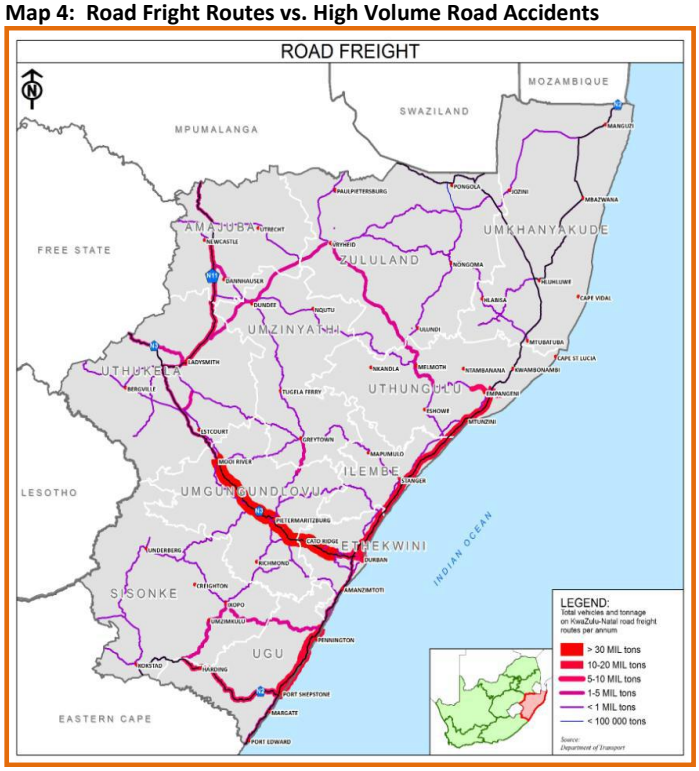
Three of the leading causes of YLL in the Province (TB, pneumonia, and diarrhoea) are directly related to HIV and might therefore suggest that HIV mortality is by far the leading cause of YLL in KZN. Only Umkhanyakude has HIV as the leading cause of death which might be ascribed to better classification of HIV as a cause of death.

Reducing Intentional and Unintentional Injuries

Trauma is the second most common cause of death in South Africa[10] and an important cause of morbidity and mortality in KZN.

In a rural area of the Province, a recent study[11] showed an injury mortality rate of 142.2 per 100 000 person years of observation, which is almost twice the global estimate (in 2000) of 83.7 deaths per 100 000 population. Fifty percent of deaths were due to homicide and 26% to road traffic accidents. Statistics also shows that an estimated 1.5 million trauma cases present to major state facilities (secondary and tertiary) annually with more than half of these cases from interpersonal violence. Approximately 60,000 fatal injuries occur each year and are usually associated with alcohol abuse.

Map 4: Road Fright Routes vs. High Volume Road Accidents



Source: Provincial Growth & Development Strategy

As a result of inadequate investment in rail infrastructure, freight is more effectively moved by road leading to overburdened and congested road networks that contribute to deteriorating road infrastructure and increased accident rates.

Transport injuries have been identified as one of the 10 leading causes of YLL in the Province although the exact impact and specific trends still needs to be analysed. The Department included measures for injury and violence in the monitoring, evaluation and reporting system for 2012/13 to ensure informed decision-making and planning.

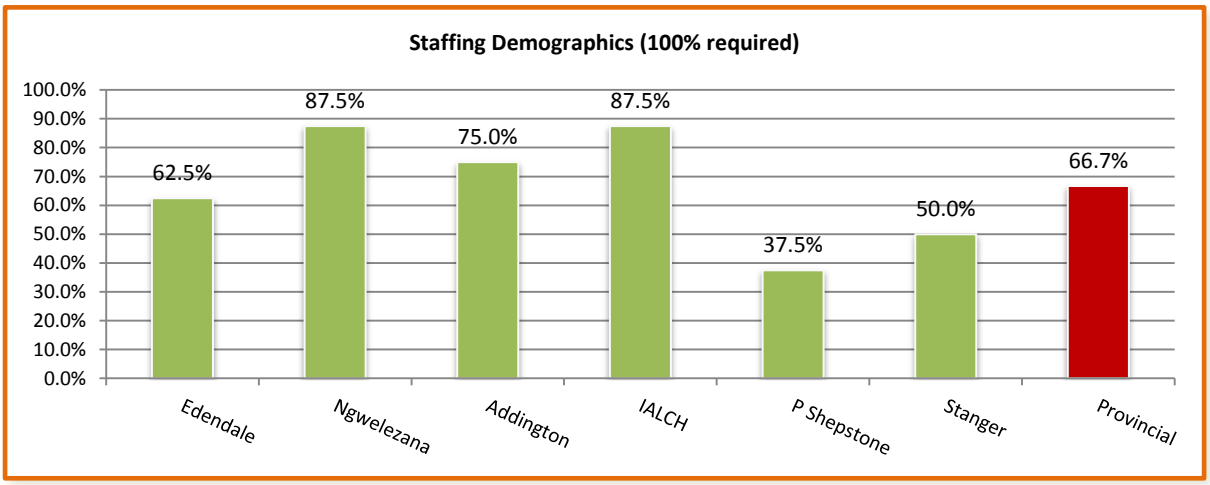
[10] Seedat et al 2009: Seedat M, Van Niekerk A, Jewkes R et al. *Violence and injuries in South Africa: Prioritizing an agenda for prevention*. Lancet 374 (9694): 1011-1022.

[11] Garrib et al 2011: Garrib A, Herbst AJ, Hosegood V et al. *Injury mortality in rural South Africa 2000-2007: rates and associated factors*. Tropical Medicine and International Health 16(4):439-446.

Emergency Medicine

- Emergency Medicine is still under-developed in the Province. Currently only Ngwelezane Hospital (serving Zululand, Umkhanyakude and Uthungulu) and Edendale Hospital (serving Umgungundlovu, Uthukela, Umzinyathi, Amajuba and Sisonke) have one Emergency Medicine Specialist each. There is no Specialist in eThekwini, Ilembe and Ugu which is a concern taking into consideration high population numbers and increase in traffic route volumes.
- The current staffing of Emergency Centres (Resuscitation and Casualty) is inadequate with very few trained Emergency Medicine Doctors to effectively manage acute and trauma cases. There is, by virtue of the limited number of Emergency Medicine Specialists, a massive shortfall in supervision and clinical governance which will impact on quality. The average percent compliance for staffing of the major incident hospitals is 55% for day-to-day running and not for surge capacity and major incidents.

Graph 4: Staffing Demographics for Emergency Medicine



Source: 2010 World Cup Audit for Emergency Medicine

Emergency Medical Services

- At the end of 2011/12 there were 185 operational ambulances (out of a total fleet of 501) which translated to 1 ambulance per 57,417 people (compared with the national norm of 1 ambulance per 10,000 people). Table 5 (*Emergency Service Vehicles Gap*) shows the current vehicle gaps per district by comparing current versus ideal vehicles.
- The Department procured 274 new ambulances in 2011/12 that will be distributed to districts once tracking systems have been fitted to vehicles to ensure more efficient monitoring of vehicles.

Table 4: Emergency Services Vehicles Gap

District	Current ESV's	Population/ ESV	ESV's Required	Gap
Ugu	14	41,759	71	57
Umgungundlovu	17	44,947	99	81
Uthukela	15	47,660	71	56
Umzinyathi	15	29,160	50	35
Amajuba	16	21,060	44	27
Zululand	16	56,430	90	74
Umkhanyakude	12	40,936	61	49
Uthungulu	16	44,713	89	73
Ilembe	12	35,213	53	41
Sisonke	13	31,255	50	37
eThekwini	39	80,653	347	308
KZN	**185**	**473,786**	**1,025**	**838**

Source: EMS database

- The shortage of staff and vehicles seriously affected overall response times which inevitably compromise health outcomes. The response times to emergency call-outs is a serious concern with an overall 51% response time within 60 minutes, 11% within 15 minutes in urban areas, and 36% within 40 minutes in rural areas.
- The table below (*Qualified Emergency Medical Services Staff*) shows the current qualified staff per district. The information is used as baseline for the Human Resource Strategy for EMS to ensure efficient and effective services.

Table 5: Qualified Emergency Medical Services Staff

Description	DC21	DC22	DC23	DC24	DC25	DC26	DC27	DC28	DC29	DC43	METRO	Total
Operations												
BLS	87	109	151	112	133	134	170	156	91	145	231	1519
ILS	61	74	43	35	48	38	16	52	50	29	168	614
ECT	2	2	4	0	0	2	1	2	2	3	1	19
ALS	8	9	5	4	6	4	4	8	8	7	23	86
ECP	1	0	0	0	0	0	0	0	0	0	1	2
Communications												
BLS	19	25	22	15	15	17	19	22	18	22	39	233
ILS	1	6	3	0	1	1	3	3	4	1	49	72
ECT	0	0	0	0	0	0	0	0	0	0	0	0

Description	DC21	DC22	DC23	DC24	DC25	DC26	DC27	DC28	DC29	DC43	METRO	Total
ALS	0	0	0	0	0	0	0	0	1	0	0	1
Planned Patient Transport (PPT)												
BLS	19	17	19	13	12	23	10	32	16	10	36	207
ILS	6	5	3	0	0	0	0	0	4	2	19	39
ECT	0	0	0	0	0	0	0	0	0	0	1	1
ALS	0	0	0	0	0	0	0	0	0	0	2	2

Source: EMS database

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; Metro: eThekwini

Reducing Non-Communicable Diseases

- In South Africa infectious diseases are responsible for 25% of years of life lost and non-communicable diseases 27%.[12] This inevitably impact on service demand at PHC and hospital level especially in cases where access to community-based PHC is compromised.
- The Provincial PHC Re-engineering Model, approved by the Head of Department in 2011/12, makes provision for active case finding at household level through the establishment of PHC Outreach (Family Health) Teams to ensure that all clients receive the appropriate management and care as early as possible. Compliance to management protocols is supported by active support provided at community level (integrated with the Operation Sukuma Sakhe Programme).

Eye Care

- People with visual impairment, currently estimated at half a million South Africans or 10,000/1mil population, risk exclusion from basic health and education services and are more prone to suffering economic deprivation. According to RAAP[13] the Provincial prevalence of blindness is 2.8% in the 50+ year age group, with an estimated 59,544 blind people in the Province.
- Blindness due to treatable cataracts is estimated at 32,749 people of whom 1,190 are children. Of concern is that four out of five school children who need spectacles cannot afford them which will have a lasting impact on their health and education.
- Cataract surgery is negatively influenced by inadequate resources including theatre time, and down-scaling of comprehensive eye care programmes (including prevention and detection). In spite of these challenges, the number of cataract operations increased from 4,815 in 2010/11 to 9,170 in 2011/12.
- The Department commenced with plans to develop High Volume Refraction and Cataract Centres in targeted institutions to improve access to services.

[12] Steyn K, Bradshaw D, Norman R, Laubsher R. Determinants and treatment of hypertension in South Africans: the first Demographic and Health Survey. S Afr Med J. 2008:98(5):376-80

[13] Rapid Assessment of Avoidable Factors of Blindness (RAAP)

Table 6: Prevalence of Blindness in KwaZulu-Natal

District	Indigent Population	Total number blind	Cataract (55%)	Spectacles required (30%)	Total diabetes (3%) of indigent population	Diabetes retinopathy (20%) of diabetes	Glaucoma (14%)	Childhood blindness (2%)
Ugu	608,228	4,562	2,562	182,468	18,247	3,649	639	91
Umgungundlovu	846,460	6,348	3,492	253,938	25,394	5,079	889	127
Uthukela	557,834	4,184	2,301	167,350	16,735	3,347	586	84
Umzinyathi	411,872	3,089	1,699	123,562	12,356	2,471	432	62
Amajuba	411,078	3,083	1,696	123,324	12,332	2,466	432	62
Zululand	524,518	3,934	2,164	157,355	15,736	3,147	551	79
Umkhanyakude	681,288	5,110	2,810	204,386	20,439	4,088	715	102
Uthungulu	772,758	5,796	3,188	231,827	23,183	4,637	811	116
Ilembe	503,700	3,778	2,078	151,110	15,111	3,022	529	76
Sisonke	405,555	3,042	1,673	121,667	12,167	2,433	426	61
eThekwini	2,740,974	20,557	11,307	822,292	82,229	16,446	2,878	411
KZN	**8,464,266**	**63,482**	**34,915**	**2,539,280**	**253,928**	**50,786**	**8,887**	**1,270**

Source: Peter Ackland IAPB "Avoidable blindness shames us all"

Diabetes Mellitus and Hypertension

- Kengne et al[14] estimated that by 2030, 81% of the global burden of diabetes will be in Sub-Saharan Africa – mainly in urban areas.
- Both diabetes mellitus and hypertension are in the top 10 causes of YLL in all districts (*see Graph 3: Ten leading causes of Years of Life Lost*).
- According to DHIS data, the number of new diabetes mellitus cases that were put on treatment decreased from 31,673 in 2010/11 to 23,307 in 2011/12; and the number of new hypertension cases that were put on treatment decreased from 70,973 in 2010/11 to 70,821 in 2011/12. Reasons for the decline in cases at facility level should be investigated as it is assumed that the case numbers will increase concurrent with improved case finding. Data quality at source level should be verified to ensure accurate recording and reporting of these critical indicators.

[14] Kengne AP, Amoah AG, Mbanya JC. Cardiovascular Complications of Diabetes Mellitus in Sub-Saharan Africa, circulation. 2005: (112):3592-3601

Malaria

Table 7: Malaria cases per district: 2011/12

District	Number of malaria cases
Ugu	10
Umgungundlovu	10
Uthukela	2
Umzinyathi	1
Amajuba	8
Zululand	19
Umkhanyakude	231
Uthungulu	80
Ilembe	0
Sisonke	1
eThekwini	169
Total	**531**

Source: Malaria Control Programme

The number of reported malaria cases decreased from 542 cases (5 deaths) in 2010/11 to 531 cases (4 deaths) in 2011/12. As malaria is not isolated to the Umkhanyakude District (high risk area) it calls for a high index of suspicion and preparedness.

The Department is monitoring the impact of climate change on malaria as it is suspected that an increase in the mean temperature may result in a "faster parasite development and a potentially higher incidence of malaria".

OUTCOME 2: DECREASING MATERNAL AND CHILD MORTALITY

Table 8: Maternal, Child & Women's Health and Nutrition performance

Indicators (Strategic Plan)		Provincial Performance 2010/11 – 2011/12
Facility maternal mortality rate (MDG 5)	✓	Decreased from 195 per 100 000 live births to 190.6 per 100 000
Facility under-5 mortality rate (MDG 4)	✓	Decreased from 7.6% to 4.8%
Facility infant mortality rate (MDG 4)	✓	Decrease from 9.1% to 7%
Proportion of HIV exposed babies testing PCR positive at 6 weeks (MDG 4 and 6)	✓	Reduced from 6.8% to 4% (DHIS data)
Severe malnutrition under 5 years incidence (MDG 1 and 4)	✓	Decreased from 7.9/1 000 to 6.5/1 000

Maternal and Neonatal Health

Day and Grey[15] estimated the neonatal mortality rate at 11.1 per 1000 live births in 2009 increasing from 5.9 and 6.9 per 1000 live births in 2007 and 2008 respectively.

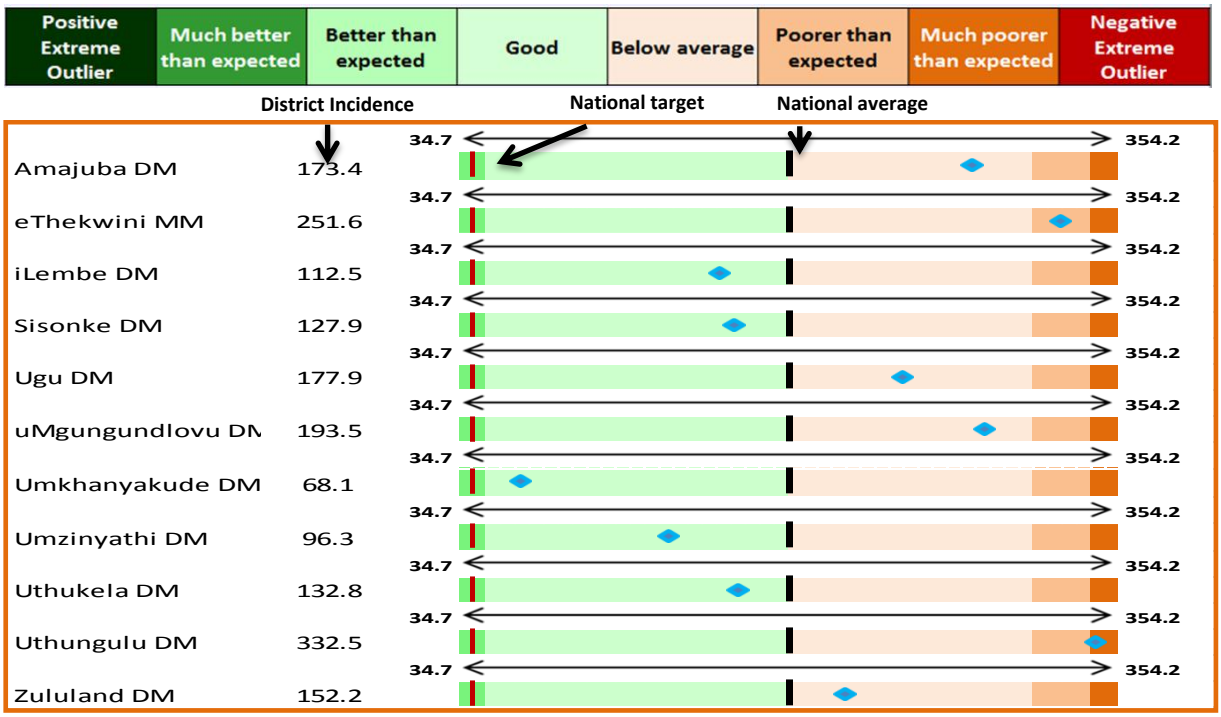
- According to DHIS data, a total of 318 maternal deaths were reported in 2010/11 increasing to 363 in 2011/12.
- According to the National Confidential Enquiries into Maternal Deaths 2008-2010 the maternal mortality rate was 176.22/100 000 for the tri-annual reporting period. The facility maternal mortality rate (proxy) decreased from 195/100 000 live births in 2010/11 to 190.6/100 000 live births in 2011/12 with district data illustrated in the Graph 5 (*Facility mortality rate per district 2011/12*).
- The biggest challenges remain the negative impact of HIV on maternal and neonatal health outcomes; late booking for antenatal care that compromise the ability of medical personnel to manage high-risk patients effectively; and delays in reaching health facilities during labour.
  - A total of 19,574 eligible women were placed on HAART during 2011/12;
  - The antenatal visits before 20 weeks increased from 36% to 41%; and
  - The Department commenced with establishment of strategically placed Emergency Obstetric Care Units with appropriately placed EMS.
  - The current 12 Obstetric Ambulances will be increased in early 2012/13 once vehicles are customised and ambulance staff trained.
- Postnatal follow-up (within 6 days of delivery) is still poor although it shows an upward trend between 2009/10 and 2011/12 from 42% to 58.1% for mothers and 58.3% for babies.

Comments on Graph 5

- Districts (except Zululand) with below average performance indicated in the brown section provide referral services for high-risk cases (level 2 and 3 services) hence more maternal deaths reported at these hospitals.
- Lower Umfolozi War Memorial Hospital in Uthungulu provides Mother and Child services to Uthungulu, Zululand and Umkhanyakude, and eThekwini (1 Central and 5 Regional Hospitals) provides referral services to the province (IALCH).
- Uthukela and Ilembe both have Regional Hospitals for level 2 referrals with a lower number of maternal deaths.

[15] Day C, Grey A: Health Related Indicators in Padarath A, Fonn S, eds. South African Health Review 2010. Health Systems Trust, 2010 Durban.

Graph 5: Facility maternal mortality rate per district – 2011/12



- The delivery rate for women under-18 years increased from 8.8% of the total number of deliveries in 2010/11 to 9.3% in 2011/12.
  - The MEC for Health spearheaded the "Sugar Daddy" Campaign with the aim to reduce high risk behaviour leading to unwanted/unplanned/high-risk pregnancies and STI and HIV infection.
  - Integrated school-based prevention programmes with the Department of Education and Department of Social Development focus on life skills and behaviour change programmes.
  - Youth participation, through the Youth Ambassador Programme, is part of the Operation Sukuma Sakhe Programme and monitored from the Office of the Premier.

Infant and Child Mortality

- According to ASSA2008[16] projections, the under-5 mortality rate was 64 per 1000 live births and the infant mortality rate 44 per 1000 live births in 2011.
- The significant reduction in the mother to child transmission (MTCT) of HIV (from 10.3% in 2009/10 to 4% in 2011/12)[17] is bound to have a significant impact on lowering the infant and child mortality rates in the Province.
- EThekwini, with an antenatal HIV prevalence of 41.1%[18] is the only district exceeding the national average as illustrated in the graph below (PCR positive at 6 weeks rate).

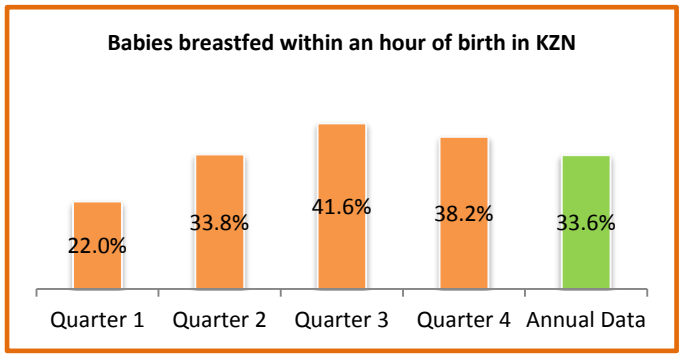
[16] S AIDS Committee of Actuarial Society of South Africa
[17] DHIS data
[18] 2010 National Antenatal Sentinel HIV and Syphilis Prevalence Survey in South Africa

Graph 6: PCR test positive at 6 weeks rate 2011/12

- Socio-economic factors including but not limited to water, nutrition, sanitation and household food security impact on child mortality, justifying integrated community-based interventions through the revitalisation of PHC.
- According to the Saving Babies Report the predominant underlying causes of child mortality include children infected or exposed to HIV (55%); malnutrition (66%), and severe malnutrition (35%).

- Research proved that exclusive and continued breastfeeding, with safe and appropriate complementary feeding for HIV exposed infants (until 12 months) contribute significantly toward child survival. Improved infant feeding practices have therefore been targeted by the Department as integral part of the integrated PMTCT Programme.
  - There are 36 accredited Baby Friendly Hospitals in the Province seeking to promote breastfeeding irrespective of HIV status.

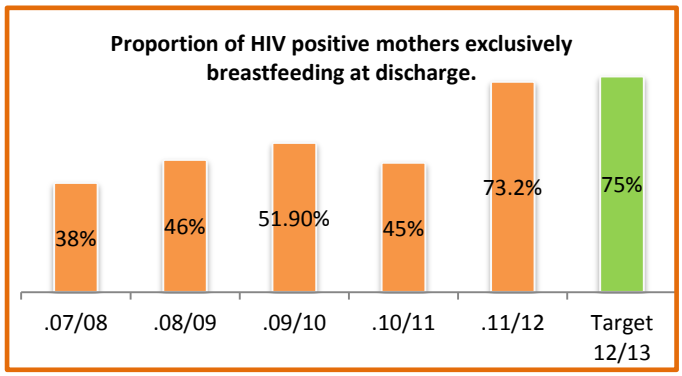
Graph 7: Babies breastfed within an hour of birth - 2011/12



Early initiation of breastfeeding is proved to increase sustained exclusive and continued breastfeeding which is critical for the reduction of MTCT and child survival.

The graph illustrates the Provincial performance/output since implementation of the Infant and Young Child Feeding Policy that commenced in January 2011.

Graph 8: HIV+ mothers exclusively breastfeeding at discharge

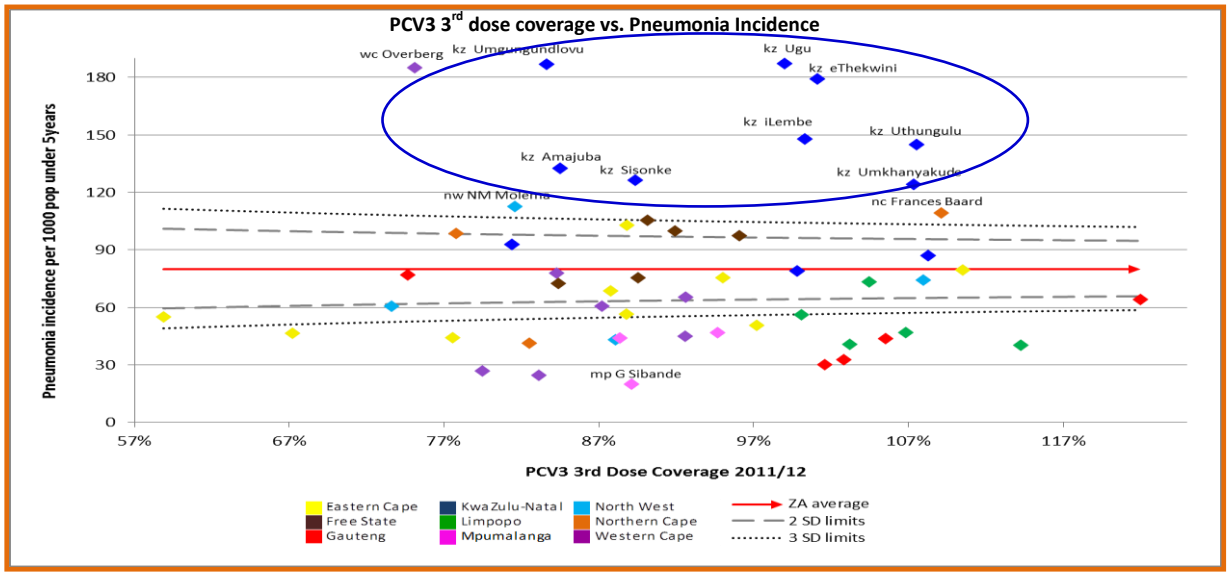


The graph illustrates the trend in the proportion of HIV infected mothers choosing to breastfeed their infants, with ARV prophylaxis for the infant or ART for the mother. The "dip" in 2010/11 may be as a result of the extended public service strike.

- The Expanded Programme on Immunisation remains a key priority to reduce child morbidity and mortality.
- Immunisation coverage increased from 86% to 97% in 2011/12. The lowest coverage was recorded in Amajuba (77.5%) and Zululand (78.7%).
- The number of confirmed measles cases decreased from 3,662 in 2010 to 22 in 2011 which correlates with the increase in the coverage for 1st dose measles under 1 year from 88% in 2010/11 to 98.9% in 2011/12.
- Although pneumonia and diarrhoea remain two of the leading causes of morbidity and mortality in children under-5 years, the number of children under-5 years reporting to health facilities with diarrhoea and pneumonia decreased from 181,080 and 167,661 in 2010/11 to 155,076 and 162,178 in 2011/12 respectively. The decrease occurred concurrently with the increased coverage of the Pneumococcal Conjugate (PCV) and Rota Virus (RV) vaccines in late 2009.

In spite of the reduction in the number of pneumonia cases seen at facility level, the pneumonia incidence in eight (8) districts still compare negatively with the national average as depicted in the national comparative graph below. It is not clear what impact various co-morbidities have on the pneumonia incidence which will be investigated to inform intensified strategies.

Graph 9: PCV3 3rd dose coverage versus Pneumonia Incidence



OUTCOME 3: COMBATING HIV AND AIDS AND DECREASING THE BURDEN OF DISEASES FROM TUBERCULOSIS

Table 9: HIV, AIDS, STI and TB indicators and performance

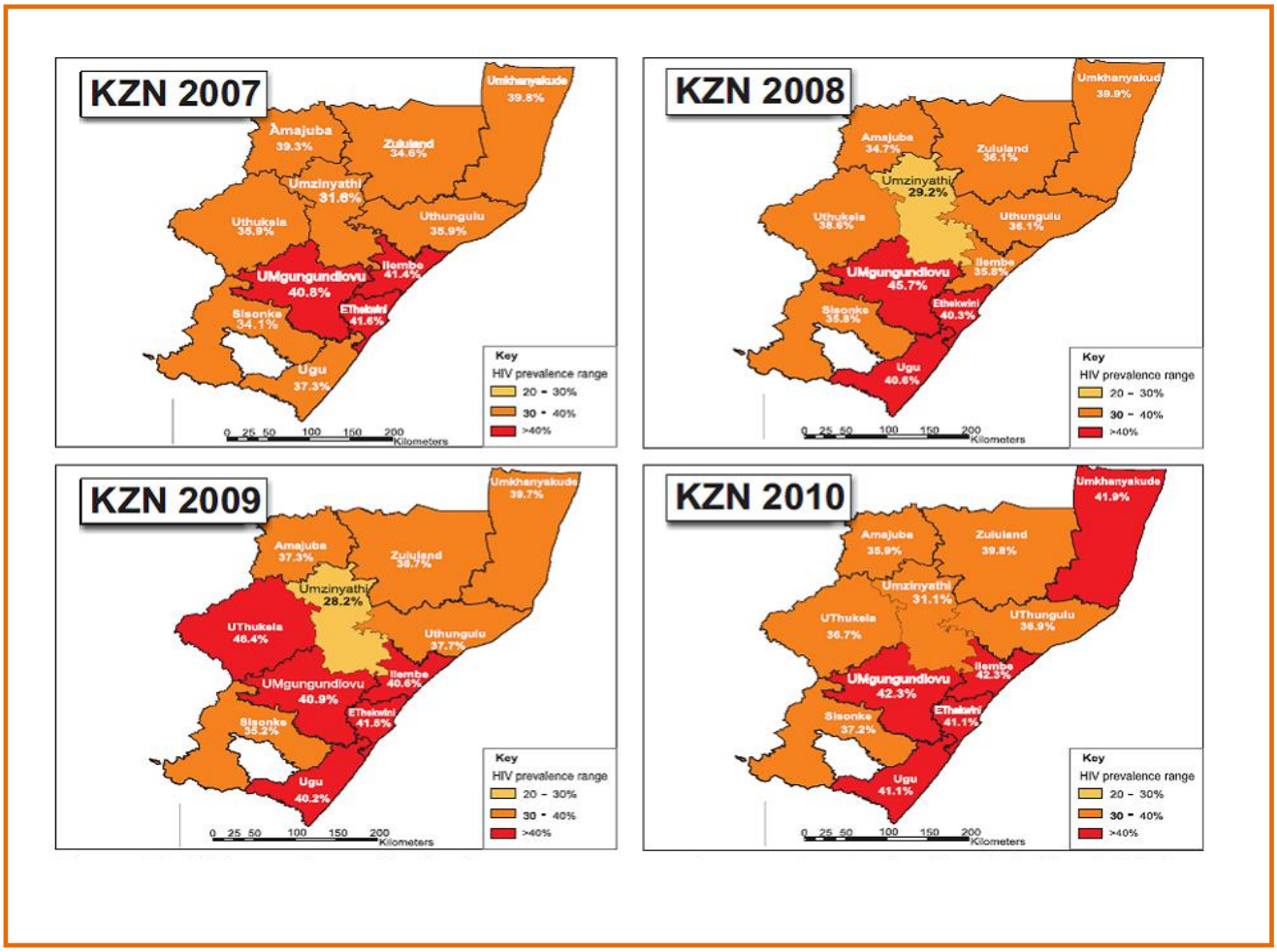
Indicator (Strategic Plan)		Provincial Performance 2010/11 – 2011/12
TB cure rate	✓	Increased from 68.2% to 69.7%
TB defaulter rate	✓	Decreased from 7% to 6.7%
Total number of patients on ART	✓	Increased from 408,238 to 547,411
Number of adult males circumcised	✓	Increased from 33,817 to 90,589

- According to ASSA2008 estimates, the Provincial HIV incidence was 1.01% in 2011 showing a slight decrease from the previous year.
- HIV prevalence has been consistently higher in KZN than in the rest of the country. In 2010[19], the antenatal women HIV prevalence was 39.5% compared with 30.2% nationally.[20] Five (5) districts (Umkhanyakude, Ilembe, eThekwini, Ugu and Umgungundlovu) reported prevalence's higher than 40%. It is difficult to interpret the current trends in HIV prevalence as the change could be due to either changing incidence or changing mortality rates e.g. increased life expectancy as a result of effective treatment programmes.

[19] 2011 survey results had not been released at the time of writing this report
[20] 2010 National Antenatal Sentinel HIV and Syphilis Prevalence Survey in South Africa

- The Provincial Cabinet endorsed the Multi-Sectoral Provincial Strategic Plan (KZNPSP) for HIV and AIDS, STI and TB 2012 – 2016, which has been aligned with the National Strategic Plan and provides the roadmap for intensified action. The KZNPSP is aligned with the Provincial Growth and Development Strategy and Mid-Term Strategic Framework 2009-2014. The service delivery approach is re-enforced by Operation Sukuma Sakhe, the PHC re-engineering Model, and National Health Insurance Policy. The plan sets ambitious targets to curb new infections and reduce morbidity and mortality.
  - To improve decentralised initiation of ART, 120 nurse mentors and 282 Nurses have been trained in Nurse Initiated and Managed Antiretroviral Therapy (NIMART) to ensure sustainability of the programme. The appointment of Roving Teams still posed challenges in especially rural areas due to shortage of Medical Officers and Pharmacists.
  - The number of patients on Anti-Retroviral Treatment (ART) increased from 408,238 in 2010/11 to 547,411 in 2011/12. Follow-up is still inadequate resulting in patients lost to follow-up and non-compliance with treatment regimes.
  - The number of male condoms distributed increased from 27,690,135 in 2010/11 to 31,914,706 in 2011/12. This is still considered low taking into consideration population numbers and HIV burden.
  - To date, a cumulative total of 135,429 circumcisions have been performed, and the Department is planning a revised strategy to target behaviour change and follow-up.
  - The HIV Counseling and Testing (HCT) campaign was launched in April 2010 and 100% of fixed facilities in the Province provide the service. In 2011/12, a total of 2,511,872 people were tested for HIV as part of the HCT campaign (8.5% of the total PHC headcount). The campaign will continue to target men, farms, mines, high transmission areas and tertiary institutions in 2012/13.
  - Thirty Master Trainers have been trained in the ART Electronic Information System (3-TIER.net) to ensure effective roll-out in the Province. This should improve data quality.
  - The Advocacy, Communication and Social Mobilisation (ACSM) and Stakeholder Coordination Component has been established in 2011/12 to institute a participatory, integrated and multi-level programme and to build capacity, moblise support and achieve measurable behavioural change in the communities. The component:
    - ✓ Completed an environmental scan of High Transmission Areas (HTAs - Truck Stops) which informed the design of an integrated, inter-departmental implementation model for Truck stops;
    - ✓ Established Commercial Sex Workers Forums in Zululand, Uthungulu and EThekwini;
    - ✓ Activated 16 community dialogues to inform the development of an ACSM strategy for women and girls.

Map 5: HIV Prevalence in Antenatal Women in KwaZulu-Natal 2007 - 2010



Source: 2010 National Antenatal Sentinel HIV and Syphilis Prevalence Survey in South Africa

Tuberculosis

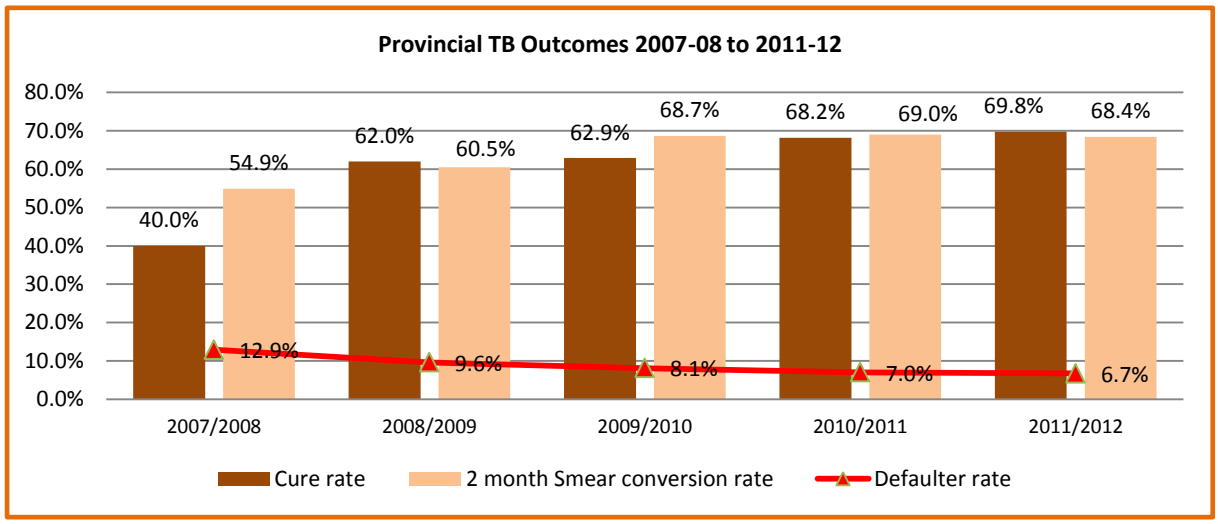
- The reported TB incidence was 1,090/100 000 in 2011 and a total number of 103,333 new TB cases[21] reported at facilities. It is likely that there is still a large pool of undetected cases in communities which will inevitably show an increase in incidence as case detection improves.
- Of the total number of new cases registered in 2011, a total of 32,842 (31%) cases were new smear positive; 28,422 (28%) new smear negative; 24,887 (24%) Pulmonary TB cases with no smear microscopy done and 17,182 (17%) Extra-Pulmonary cases.
- The TB information system (ETR.net) is still beleaguered with technical challenges resulting in critical delays (approximately 3 months) in submission of TB data. The system is broken down into 31 capturing units with 12 merger units and 752 facilities (TB Registration and Management) that are linked with the reporting system (including non-public health facilities).
- The National Department of Health launched the *National Policy Framework on Decentralised and De-Institutionalised Management of Drug-Resistant TB for SA* in August 2011.

[21] This figure excludes the Retreatment cases

- There are currently 16 Mobile Teams in Umzinyathi and Umkhanyakude Districts for community management of MDR TB patients.

- Between 2005 and 2011, a total of 8,884 Multi Drug-Resistant TB (MDR TB) cases and 1,096 Extensively Drug-Resistant TB (XDR TB) cases were diagnosed in the Province.

Graph 10: Provincial TB Outcomes 2007/08 to 2011/12 (ETR.Net)



Source: ETR.net

OUTCOME 4: IMPROVE HEALTH SYSTEM EFFECTIVENESS

Revitalisation of PHC

- Implementation of the approved Provincial PHC Re-engineering Model commenced in 2011/12 and aims to strengthen integrated screening, detection, referral, follow-up and support at community level through integrated community-based programmes and reviewed service arrangements (including oversight) at district/ sub-district levels (See Programme 2).

- Identified challenges with an impact on access, equity, efficiency and health outcomes are being addressed as part of the revitalisation of health services.

- The Department commenced a process to spatially contextualise and prioritise interventions in order to harness greater spatial equity in the delivery of seamless health services based on the PHC approach. This includes clearly defined institutional arrangements to ensure an efficient health system and improved health outcomes.

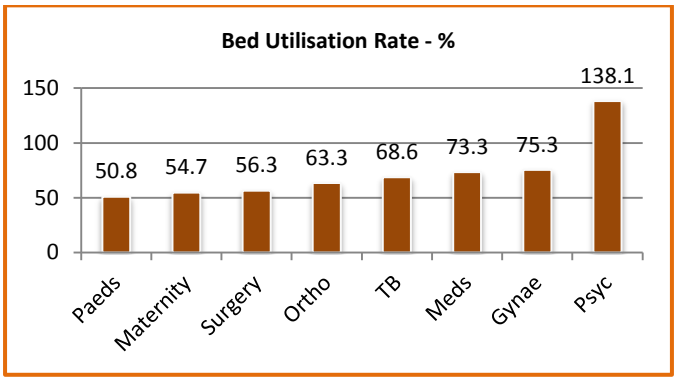
- Careful analysis of historic and current trends that commenced in 2011/12 will form the ultimate context within which change will be managed over the coming years in the Province.

- More than 29.3 million patients visited PHC services in 2011/12. Between 2010/11 and 2011/12, the PHC utilisation rate improved from 2.5 to 2.7 visits per patient per year, and the utilisation for children under 5 years increased from 4.5 to 4.6 visits per child per year. This is still considered low taking into consideration the burden of HIV, TB and non-communicable diseases in the Province.

District Hospitals (District Health System)

- Review of classification of hospitals, considered one of the fundamental aspects of transformation, commenced as part of the transformation process to improve equity, affordability, efficiency and effectiveness of public health services. This process is informed by the Regulations relating to Categories of Hospitals (Government Gazette No. 35101 of 2 March 2012, No R. 185) and the current and future demands on Provincial health services.
- In 2011/12 there were 8 Small, 25 Medium, and 6 Large District Hospitals in the Province (including the 2 State Aided Hospitals in eThekwini).
- There were 9,113 approved District Hospital beds (0.87 per 1000 population) and 8,301 usable beds (0.79 per 1000 population) compared with the national norm of 0.66 beds per 1000 population.

Graph 11: Bed utilisation rate in District Hospitals 2011/12



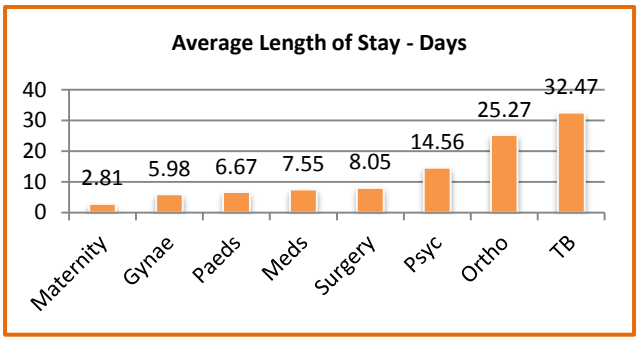
Efficient use of available bed capacity is a concern although there has been a slight increase from 61.9% to 63.7% in 2011/12 (national target 75%). Variations between hospitals are significant and are being analysed as part of the revitalisation process.

The graph provides a breakdown of bed utilisation per speciality.

Source: DHIS

- Further analysis of the correlation between average length of stay, bed utilisation rate, and human and financial resources is necessary in order to determine efficiencies of institutions. Veracity of data (including historic data) is being investigated to inform strategic action in 2012/13.

Graph 12: Average length of stay in District Hospitals 2011/12



The average length of stay (5.8 days) still far exceeds the national norm of 3.5 days per patient. The graph shows the average length of stay per speciality.

The high burden of disease, late reporting to health facilities, inadequate step-down facilities, high turn-over rate of Medical Officers, and inadequate patient transport is considered the main contributors to extended length of stay.

Source: DHIS

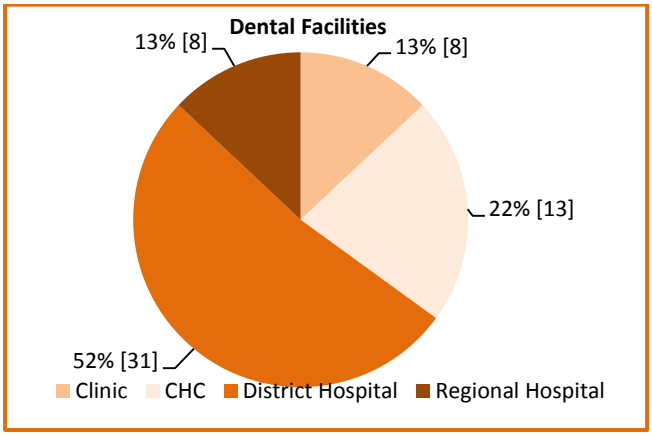
Oral and Dental Health Services

A reviewed Oral and Dental Health Strategy (*Oral Health 10 Point Plan 2011-2015*) was finalised and implementation commenced in 2011/12. The Strategy includes:

1. Establishing comprehensive Preventive and Promotive Oral Health Programmes including:
   a) Integrated school-based Tooth Brushing Programmes.
   b) Fissure Sealants Programme.
   c) Integrated Screening and Education Programmes.
2. Establishing comprehensive Pain and Sepsis Relief Programmes.
3. Reducing the Extraction to Restoration Ratio.
4. Establishing Regional Maxillofacial and Oral Surgery services.
5. Establishing a Regional Orthodontic service for school children.
6. Establishing a District Denture service for the elderly/ pensioners.
7. Establishing Provincial Interventionist Mobile Dental Clinics.
8. Establishing a centralised Dental Technology and Laboratory service.
9. Overhauling Infection Prevention and Control measures in all dental facilities.
10. Establishing a KZN Dental School and increase Dental Specialist training capacity.

- Current human resource constraints challenge sustainability of Oral Health services and jeopardize seamless service delivery from PHC to Tertiary/Central level of care. The vacancy rate for Oral Hygienists is 18.9% (43/53 posts filled) which impacts negatively on the sustainability of prevention, promotion, screening, and school-based programmes at PHC level. *To address this, the Department has set aside R13.6 million for the filling of posts for Oral Hygienists, Dental Therapists, Dental Assistants, Dental Technician and Dentists to scale up oral health services as part of the re-engineering of PHC.*
- A tender for 62 dental sterilisation autoclaves is at a technical evaluation stage, and a tender for R6 million has been awarded for supply of new dental surgery units to 31 institutions as part of the modernisation of dental services.

Graph 13: Distribution of Dental Facilities in KZN



The graph illustrates the current distribution of Dental Facilities in KZN.

The 5-year strategy makes provision for the development of appropriate services to address inequalities in access and service delivery at all levels of care.

Source: Oral Health Programme

Disability and Rehabilitation

- A lot more still needs to be done to improve access to health services for people living with disabilities as indicated in results of the 2011/12 Assessment of Universal Access to Public Hospitals and Community Health Centres. The table below summarizes the results of the assessment. This information will be used as baseline for infrastructure upgrades.

Table 9: Assessment of accessibility of health care facilities to persons with disabilities

	Total number of facilities assessed	Partially compliant	Fully compliant	Not compliant
Hospitals	69	45 (69%)	0	20 (31%)
Community Health Centres	18	13 (72%)	0	5 (28%)

Pharmaceutical Services

- The Provincial Pharmaceutical Supply Depot (PPSD) has several infrastructural challenges including maintenance of a constant optimal temperature and inadequate storage and packing facilities for distribution and receiving of stock. This limits maintaining adequate stock levels for critical pharmaceuticals including vaccines, TB, and ARV medicines and increases the risk of medicine stock-out.
- The PPSD warehouse does not comply with the Pharmacy Regulations and failed to acquire a license from the Medicine Control Council to operate as a Pharmaceutical Wholesaler and to pre-pack and/or manufacture medicines. The Pharmacy Council gave the Department an exemption until alternative arrangements have been finalised.
- Building of a new PPSD has been approved, a site has been identified at Clairwood Hospital and consultants have been appointed to plan and design the new Depot. In the interim, two wards at Clairwood Hospital have been allocated to PPSD to alleviate space shortages although wards are unsuitable for summer storage.
- In 2011/12, PPSD was able to supply directly to 78.1% of clinics,[22] thus capacity must be increased to accommodate the remaining 17% demanders. Due to the current infrastructural constraints the building has reached capacity and no further clinics can be added to the direct distribution system.
- Many hospitals, CHCs and PHC clinics are challenged by poor, non-compliant, and inadequate infrastructure for the storage of pharmaceutical supplies and carrying out pharmaceutical operations. The Department has been upgrading infrastructure in various districts although the backlog emanating from previous dispensation is significant. The newly built facilities (e.g. Turton CHC in Ugu District) meets the prescribed specifications and are a good example of excellent work born out of good collaboration between all stakeholders. Newly built facilities, designed before the current prescribed specifications, will need alterations to ensure compliance.
- The management, security, and controls in Pharmaceutical services are inadequate leading to an increased risk of leakage of pharmaceutical supplies. Some pharmacies are managed by inexperienced junior personnel, often Community Service Pharmacists, due to the shortage of Pharmacists and difficulty to recruit and retain staff at rural facilities. The Pharmacy Stores Support Officers provide technical support and training to facilities with regard to pharmaceutical stock control.

[22] According to Quarter 4 2011/12 Pharmaceutical services report

- The Central Chronic Medication Dispensing Unit (CCMDU) programme is implemented in eThekwini and Umgungundlovu, with the aim to roll it out to other districts in a phased approach. The infrastructure plan for the CCMDU has been approved and will share premises with the Provincial Pharmaceutical Supply Depot.
- The vacancy rate for Pharmacists increased from 36.2% (512 filled posts) in 2010/11 to 31.9% (606 filled posts) in 2011/12. The average number of patients per day at pharmacies is 2,377 with a pharmacy workload (dispensing personnel) of 32,282 in CHCs, 18,981 in District Hospitals and 6,252 in Regional Hospitals.

Regional Hospitals

- There are currently 14 Regional Hospitals in the Province, of which 12 are rendering some tertiary services to improve equity and access. There are no Regional Hospitals in Umzinyathi, Zululand, Umkhanyakude and Sisonke Districts (all Rural Development Nodes). Referral pathways make provision for referral to level 2 and 3 services in these districts.
- There are 8,173 approved regional beds translating to 0.79 per 1 000 population compared with the proposed national norm of 0.23 beds per 1 000 population.

Long-Term Residential/Chronic Care

- Clairwood Hospital in eThekwini (426 beds) provides palliative treatment and care for long term patients presenting with degenerative diseases. In instances where more specialised treatment is required patients are being referred. Services fall within the scope of practice of a Professional Nurse under supervision of a General Practitioner.
- Ntambanana in Uthungulu District is not functional due to the high crime incidence in the area.
- Hillcrest Hospital in eThekwini (212 beds) provides long-term chronic care. Due to poor patient support at community level, the hospital length of stay is usually extended to sustain treatment gains and prevent costly relapses. Due to the low level of acuity of patients, treatment procedures falling within the scope of practice of a Staff Nurse (under the indirect supervision of a Professional Nurse and General Practitioner) are provided.
- Specialised Rehabilitation Units have been established at Regional (R.K. Khan Hospital) and Tertiary (Grey's and IALCH) hospitals to provide, on an out-patient basis, specialised rehabilitative care services to patients affected by strokes and spinal injuries.

Specialised Rehabilitation Centre

- Two Specialised Rehabilitation Centres were established in Phoenix and Pietermaritzburg prior to 1994 to provide specialised rehabilitation services to the Indian Community. Due to inadequate infrastructure current services are on an out-patient basis, therefore not accessible to patients from the rest of the Province.
- Services at the Phoenix Rehabilitation Centre are within the scope of practice of Physiotherapy, Occupational, Speech and Audio Therapists with outreach support by Psychologists attached to Hospitals.

Specialised TB Hospitals

- There are 12 Specialised TB Hospitals in the Province, and provision has been made for MDR TB in 7 Decentralised and 9 Satellite MDR TB Units that are attached to hospitals. There are no Specialised TB Hospitals in Uthukela, Amajuba, Umkhanyakude, Uthungulu and Ilembe.

- Acute TB beds are available in District Hospitals and referral arrangements in place for the referral of TB patients.
- There are currently 2,012 approved beds in Specialised TB Hospitals translating to 0.19 beds per 1000 population. There are 410 MDR TB beds in Decentralised and Satellite MDR TB Units.
- The bed utilisation rate in Specialised TB Hospitals decreased from 64% in 2010/11 to 62.2% in 2011/12 which raises serious concerns with regards to efficiency. This forms part of the revitalisation of hospitals that commenced in 2011/12.
- In 2011 there were 1,825 MDR and 202 XDR TB patients registered into the treatment programme. The rollout of the GeneXpert is expected to increase MDR TB numbers at an expected average positivity rate of 5.8% of clients screened. Current projections, based on data from the 7 sites that initiated the GeneXpert in 2011/12, the Province would need 1,150 active beds for the management of MDR TB (making provision for 2 month admission). Current estimates indicate that the Province would need 262 Mobile Injection Teams for the management of MDR TB patients in the community – indicating a current shortfall of 179 teams.

Table 10: Specialised TB Hospitals, MDR TB Decentralised Units and MDR TB Satellite Units

District	Facility	Classification	MDR TB Units
Ugu	Dunstan Farrell	Specialised TB (180 beds)	Satellite MDR TB (23 beds)
	Murchison	District Hospital (300 beds)	Decentralised MDR TB (40 beds)
Umgungundlovu	Richmond Chest	Specialised TB (364 beds)	-
	Doris Goodwin	Specialised TB (113 beds)	Decentralised MDR TB (64 beds)
Umzinyathi	M3 Greytown	Specialised TB (37 beds)	MDR TB Decentralised (37 beds). Community-Based Management: 10 Mobile Injection Teams – best practice model.
Amajuba	Madadeni	Regional Hospital (1,107 beds)	Satellite MDR TB (23 beds) Proposed Decentralised Unit as part of Revitalisation
Zululand	Thulasizwe	Specialised TB (155)	Decentralised MDR TB (60 beds)
	Mountain View	Specialised TB (92 beds)	-
	Siloah Lutheran	Specialised TB (145 beds)	-
Umkhanyakude	Hlabisa	District Hospital (296 beds)	Satellite MDR TB (45 beds) Convert to a Decentralised Unit. Two Mobile Injection Teams are functional and linked to clinics
	Manguzi	District Hospital (251 beds)	Decentralised MDR TB (40 beds) (50% functionality) - one Mobile Injection Team functional
	Mosvold	District Hospital (213 beds)	Ad Hoc Satellite MDR TB with limited bed space [8 beds]. Two Mobile Injection Teams functional.
	Bethesda	District Hospital (230 beds)	Ad Hoc Satellite MDR TB [8 beds] - one Mobile Injection Team functional.
Uthungulu	Catherine Booth	District Hospital (170)	Decentralised MDR TB (40 beds)
Sisonke	St Margaret's	Specialised TB (80 beds)	Satellite MDR TB (10 beds)

District	Facility	Classification	MDR TB Units
eThekwini	Charles James	Specialised TB (220 beds)	Satellite MDR TB (5 beds)
	Don McKenzie	Specialised TB (220 beds)	Satellite MDR TB (7 beds)
	FOSA	Specialised TB (187 beds)	Satellite MDR/XDR TB (185 beds)
	King George V	Approved beds (396). Central Specialised MDR TB (192 + 64 beds) – Centre of Excellence and main referral unit for the Province.	

Specialised Psychiatric Hospitals

- There are 6 Specialised Psychiatric Hospitals in the Province making provision for 3,244 beds which translate to 0.31 beds per 1000 population.
- Historical allocation of resources, including placement of facilities resulted in significant inequities that impacts on service delivery. There is a significant shortfall of acute beds in eThekwini; Area 1 (Ugu, Ilembe and eThekwini) has a shortfall of acute care beds and has no forensic beds; Area 3 is severely under-resourced in terms of both acute and chronic beds; Umgungundlovu District has the highest number of the specialised beds (both acute and chronic); and access to regional and tertiary psychiatric services are compromised in most districts.

Table 11: Specialised Psychiatric Hospitals per District

District	Current Specialised Psychiatric Hospitals	Proposed Specialised Hospitals/ Units
Amajuba	No Specialised Hospital	Specialised Psychiatric and Forensic Unit at Madadeni Regional Hospital (Included in Business Case - Revitalisation Project)
Umgungundlovu	Fort Napier Specialised Forensic Hospital (450 beds)	Forensic and Long-Term
	Town Hill Specialised Psychiatric Hospital (425 beds)	Review service delivery platform to include Tertiary Psychiatric services Tertiary services for Area 2
	Umgeni Waterfall Specialised Psychiatric Hospital (624 beds)	Review service delivery platform as it currently functions as Sanatorium. Proposed Specialised Long –Term Psychiatric Hospital
Zululand	St Francis Specialised Psychiatric Hospital (105 beds)	Long-term Psychiatric Hospital
Uthungulu	No Specialised Hospital	Specialised Psychiatric Unit including Tertiary Psychiatric services, Forensic Unit, and long-term beds at Ngwelezane Hospital (Tertiary services for Area 3)
Sisonke	UMzimkhulu Specialised Psychiatric and Forensic Hospital (440 beds)	New Forensic Unit with 60 beds: Adult = 40 male and 7 female; 5 male and 3 female beds for adolescents requiring forensic psychiatric observations; 3 seclusion rooms (2 male and 1 female) and 2 isolation rooms for communicable diseases
eThekwini	Ekuhlengeni Sanatorium classified as Specialised	Review service delivery platform (currently functions as Sanatorium) to Specialised Long-Term Psychiatric Hospital and Forensic Psychiatric Unit with 550 acute, 378 chronic, and 40

District	Current Specialised Psychiatric Hospitals	Proposed Specialised Hospitals/ Units
	Psychiatric Hospital (1,200 beds)	forensic beds
	King George V Hospital (Specialised Wing) – operating with 60 instead of proposed 130 beds	Specialised Psychiatric Hospital including Tertiary Psychiatric Services with 182 acute beds – functions as part of the King George V Complex Tertiary services for Area 1

Tertiary and Central Hospitals

- Current information systems cannot automatically differentiate between levels of care in hospitals resulting in a range of manual processes to separate clinical, financial and human resource data for reporting and planning purposes. Key performance outputs therefore still reflect the combined outputs for level 2 and 3 services.
- The current bed ratio per 1000 population for Tertiary/Central Hospitals is 0.12 compared with the national norm of 0.22 per 1000 population.
- Once hospitals have been re-classified as per Regulations relating to Categories of Hospitals (Government Gazette No. 35101 of 2 March 2012, No R. 185) the bed numbers will increase from the current 1,340 to 2,699 and the bed ratio to 0.26 per 1000 population. The new classifications include King Edward (new Central) and Ngwelezane (developing Tertiary).
- The bed utilisation rate for Tertiary Hospitals decreased from 73.4% in 2010/11 to 70.5% in 2011/12. The bed utilisation rate for Central Hospitals increased from 66.3% in 2010/11 to 72.5% in 2011/12. The national target for both tertiary and Central Hospitals is 75%.
- The average length of stay for Tertiary Hospitals decreased from 10 days in 2010/11 to 9.9 days in 2011/12, and for Central Hospitals increased from 8.8 days in 2010/11 to 9.1 days in 2011/12 compared with the national target of 4.5 day. Reasons for the extended period of hospitalisation include the increasing burden of disease (patients with higher acuity required longer hospital stay especially patients admitted to psychiatry and TB), ineffective referral and patient transport, and non-compliance with the admission and discharge policies.

Oral and Dental Health (Tertiary Services)

The expansion of tertiary services for Oral and Dental Health commenced in 2011/12 including:

- Opening of the Maxillofacial and Dental Laboratory and the Maxillofacial and Oral Surgery Unit at Inkosi Albert Luthuli Central Hospital (IALCH).
- Implementation of a regionally-based denture service for pensioners (Ngwelezane and Greys Hospitals) commenced in December 2011.
- The Department is finalizing contracts for private specialists to provide sessional tertiary services at Greys and Ngwelezane Hospitals.
- Plans commenced for the implementation of a Provincial Registrars Programme in Maxillofacial and Orthodontics (dental deformities) service for children. The programme will be implemented in collaboration with Medunsa and Wits Universities until a new Dental School, linked with the Medical School at University of KwaZulu-Natal (UKZN), is established.

- Implementation of comprehensive Continuing Professional Development (CPD)/Refresher courses commenced in Grey's Hospital (Maxillofacial and Oral Surgery Department) in August 2011. Additional in-house programmes are planned in Ngwelezane, IALCH and King Edward VIII Hospitals in 2012/13.

Preparation for implementation of National Health Insurance

- The Department appointed a NHI Task Team to oversee preparatory work for the implementation of NHI in the Province over the coming 14 years.
- Umgungundlovu, Umzinyathi and Amajuba have been identified as pilot districts for implementation of the NHI pilot (phase 1) that will commence in the first quarter of 2012/13.

Table 12: Progress towards the Millennium Development Goals (MDGs)

Indicator	Data Source	Performance 2011/12	Target 2014/15
GOAL 1: Eradicate Extreme Poverty And Hunger **TARGET:** Halve, between 1990 and 2015, the proportion of people who suffer from hunger			
Incidence of severe malnutrition in children (under 5 years of age)	DHIS	6.5/1000	6/1000
Prevalence of underweight children (under 5 years) attending health facility	DHIS	0.5%	0.6%
GOAL 4: Reduce Child Mortality **TARGET:** Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate			
Under-five mortality rate	ASSA2008 - AIDS Committee of Actuarial Society of South Africa	64/1000 live births	37/1000 live births
Facility under five mortality rate (proxy)	DHIS	4.8%	7%
Infant mortality rate	ASSA2008 - AIDS Committee of Actuarial Society of South Africa	44/1000 live births	18/1 000 live births (NSDA)
Facility under one mortality rate (proxy)	DHIS	7%	8.4%
Proportion of one-year-old children immunised against measles	DHIS	98.9%	90%
GOAL 5: Improve Maternal Health **TARGET:** Reduce by three-quarters, between 1990 and 2015, the maternal mortality rate			
Maternal mortality ratio	National Confidential Enquiries into Maternal Deaths 2008-2010	176.22/100 000 live births	135 or less/100 000 live births
Facility maternal mortality rate (proxy)	DHIS	190.6/100 000 live births Numerator: 363 Denominator: 190,452	119/ 100 000 live births

Indicator	Data Source	Performance 2011/12	Target 2014/15
GOAL 6: Combat HIV and AIDS, malaria and other diseases **TARGET:** Have halted by 2015, and begin to reverse the spread of HIV and AIDS			
HIV prevalence among 15- to 24-year-old pregnant women	National HIV & Syphilis Prevalence Survey of SA	Not available	22.8%
Contraceptive prevalence rate Couple year protection rate (proxy)	SADHS, 2003 DHIS	76,8% 25.5%	100% 44.6%
Malaria incidence rate per 1000 people at risk	CDC Database	0.79/1000 Numerator: 531 Denominator: 666,524	<1/1000
TB cure rate	ETR.Net	69.7%	85%

Source: DHIS

- Data for infant and under-5 mortality rates are not routinely collected by the Department. ASSA2008 projections have therefore been used (preferred national source).
- Proxy indicators (facility under-5, under-1 year, and maternal mortality rates) are not a true reflection of the mortalities in the Province as it refers to institutional mortalities only.
- The contraceptive prevalence rate was last measured in the 2003 South African District Health Review. Couple year protection rate has therefore been used as proxy indicator to measure contraceptive uptake.

2.1.4.3 NATIONAL HEALTH SYSTEM PRIORITIES FOR 2009-2014

Table 13: National Health Systems priorities for 2009-2014 - 10 Point Plan

Priority	Key Activities
1. Provision of strategic leadership and creation of social compact for better health outcomes	Ensure unified action across the health sector in pursuit of common goals
	Mobilise leadership structures of society and communities
	Communicate to promote policy and buy-in to support government programmes
	Review of policies to achieve goals
	Impact assessment and programme evaluation
	Development of a social compact
	Grassroots mobilisation campaign
2. Implementation of National Health Insurance (NHI)	Finalisation of NHI policies and implementation plan
	Immediate implementation of steps to prepare the introduction of the NHI e.g. budgeting, initiation of the drafting of legislation
3. Improving the quality of health services	Focus on the 18 health districts
	Refine and scale up the detailed plan on the improvement of quality of services

Priority	Key Activities
	and directing its immediate implementation
	Consolidate and expand the implementation of the health facilities improvement plans
	Establish a national Quality management and Accreditation Body
4. Overhauling the health care system and improving its management	Identify existing constitutional and legal provision to unify the public health service
	Draft proposals for legal and constitutional reform
	Development of a decentralised operational model, including new governance arrangements
	Training managers in leadership, management and governance
	Decentralisation of management
	Development of an accountability framework for the public and private sectors
5. Improved human resources planning, development and management	Refinement of the HR plan for health
	Re-opening of nursing schools and colleges
	Recruitment and retention of professionals, including urgent collaboration with countries that have access of these professionals
	Specify staff shortages and training targets for the next 5 years
	Make an assessment of and review the role of Health Professional Training and Development Grant (HPTDG) and the National Tertiary Services Grant (NTSG)
	Manage coherent integration and standardisation of Community health Workers
6. Revitalisation of infrastructure	Urgent implementation of refurbishment and preventative maintenance of all health facilities
	Submit a progress report on revitalisation
	Assess progress on revitalisation
	Review the funding of the revitalisation programme and submit proposals to get the participation of the private sector to speed up this programme
7. Accelerated implementation of the HIV and AIDS strategic plan and the increased focus on TB and other communicable diseases	Implementation of Prevention of Mother –to – Child Transmission (PMTCT), paediatric treatment guidelines
	Implementation of adult treatment guidelines
	Urgently strengthen programmes against TB, MDR-TB and XDR-TB
8. Mass mobilisation for better health for the population	Intensify health promotion programmes
	Strengthen programmes focussing on Maternal, Child and Women's Health
	Place more focus on the programmes to attain the Millennium Development Goals
	Place more focus on non-communicable diseases and patients' rights, quality and provide accountability
9. Review of the drug policy	Complete and submit proposals and a strategy with the involvement of various stakeholders

Priority	Key Activities
	Draft plans for the establishment of a State-owned drug manufacturing entity
10. Strengthening research and development	Commission research to accurately quantify infant mortality
	Commission research into the impact of social determinants of health and nutrition
	Support research studies to promote indigenous knowledge systems and the use of appropriate traditional medicines

2.1.4.4 Overview of Under/ Over-Expenditure per Budget Programme

The Department's total appropriation was R 24 669 096 000 for the 2011/12 financial year. A total of R 24 791 118 000 was spent, resulting in an over-expenditure of R 122 022 000 or 0.49% of the allocated budget for the year. See Annual Financial Statements – Page 160.

Table 14: Over/ Under-Expenditure per Budget Programme

Programme	Reason for variance
Programme 1	• *Variance as a % of Final Appropriation: 1.01%* • The over-expenditure relates primarily to higher staff exit costs than anticipated.
Programme 2	• *Variance as a % of Final Appropriation: 0.1%* • The over-expenditure relates mainly to the restructuring of the Department and the late implementation of OSD within certain categories of staff. The roll-over request (2010/11) for implementation of the OSD was not approved by the Provincial Treasury.
Programme 3	• *Variance as a % of Final Appropriation: 0.0%* • Funds allocated were fully spent.
Programme 4	• *Variance as a % of Final Appropriation: 0.1%* • The over-expenditure mainly relates to the restructuring of the Department, the payment of OSD to qualifying Health Professionals, the increase in the flat rate paid for Laboratory Services, increased cost of medical supplies and the clearing of the payment backlog in respect of pharmaceutical companies.
Programme 5	• *Variance as a % of Final Appropriation: 2%* • The over-expenditure was mainly due to an alignment of payment to the Inkosi Albert Luthuli Central Hospital PPP Project in accordance with the agreement as well as increase in medically related goods and services (including the cost of blood products). • Increased stock levels and the clearing of outstanding payments.
Programme 6	• *Variance as a % of Final Appropriation: -0.01%* • The under-expenditure relates mainly to the introduction of stipends to nursing students instead of a salary as well as delays in the implementation of training for nutrition advisors and data capturers. • Savings were also realized through utilisation of departmental venues and facilities for training.
Programme 7	• *Variance as a % of Final Appropriation: 0.0%*

Programme	Reason for variance
	• Funds allocated were fully spent.
Programme 8	• *Variance as a % of Final Appropriation: 2%* • This programme was over-spent mainly as a result of the clearing of the maintenance backlog to bring the facilities up to standard for the roll-out of the NHI. • Another contributing factor was the commissioning of new Clinics and Community Health Centres.

Summary of Rollover Request for 2012/13

Nil Roll-Over requests for 2012/13.

2.1.5 OVERVIEW OF THE ORGANISATIONAL ENVIRONMENT FOR 2011/12

- The Department commenced with an organisational review in 2011/12 with completion expected in 2012/13. This process is informed by core business and business processes.
- One of the most challenging tasks has always been to predict/determine future workforce in response to predicted health demand and outcome. Poverty, socio-economic and demographic determinants, and changing disease patterns (including co-morbidities) all impact on demand for staffing - exacerbated by the time required to train staff.
- The workforce shows growth in 2011/12 from 70,913 in 2010/11 to 78,394 employees. Inequities in allocation and placement of human resources (especially critical skills) are still evident and require innovative and pro-active strategies to re-dress inequities in preparation of implementation of NHI over the next 14 years.

Vacancy Rates

- Vacancy rates are generally used as standard predictor of human resource gaps, needs and subsequent prioritisation for filling of posts. Data inconsistencies however clearly indicate the need to investigate alternative predictors e.g. growth in actual staffing numbers, burden of disease, etc. to inform strategic direction.
- Between 2010/11 and 2011/12 the overall vacancy rate was reduced with 4.92% (from 31.45% to 23.45%) and the number of filled posts increased with 4.9% (from 76% to 81%). This was partly due to the Parliamentary Resolution to abolish unfilled posts vacant for periods exceeding 12 months and greater urgency to fill PHC posts.
- The average service range is between 1 to 10 years which is concerning as attempts are being made to increase employment stability. The short period of service can be ascribed to health professionals exiting the Public Service after having served their compulsory (internships and community service) and contract periods (bursary holders). It is anticipated that further training opportunities e.g. Registrar training will serve as a means to retain these health professionals.
- The impact of OSD will have to be measured to determine the desired impact on service delivery and stability rates.

Age Profile

- The workforce is largely employees in the age group of 25 to 34 years noting an increase of 4.96% (34.72% to 39.68%) in this group. The dominant age group remains the group between 35 to 54 years (53.19%), and the most stable group between 55 to 64 years.

Employment Equity

- African females dominate the workforce (mostly employed within the Nursing category) followed by African males. Other race groups forms a low percentage of the workforce in the Department and are not represented in some deep rural areas. Current representation:
  - African: 20.8% Males and 66.13% Females.
  - Indian: 3.77% Males and 5.69% Females.
  - White: 0.94% Males and 1.61% Females.
  - Coloured: 0.37% Males and 1.36% Females.
- The number of disabled employees in the Department (151) has shown no significant increase during the reporting year. The Department launched the Provincial Disabled Employees Forum to serve as the platform to address the stigma still associated with disability.

Turnover Rates

- Turnover rates are defined as the ratio of workers that had to be replaced in a given time period to the average number of workers. Specialists have shown a steady decrease in turnover, in sharp contrast to Pharmacists that showed a steady increase in turnover (concomitantly reflected in a high vacancy rate). The turnover rate for Medical Officers showed a disturbing increase from 2008/09 - despite the implementation of OSD in 2008/09.

Incapacity Leave and Ill-health Retirement

- The impact of ill-health on the workforce (directly and indirectly) is expected based on the burden of disease and well documented. This has serious implications for service delivery including allocation/replacement of staff, distribution of responsibilities, increasing number of staff in acting positions, and critical posts not being filled for extended periods.
- The general impact on staff morale and service delivery is far reaching and significant. The critical role of on- and off-site support services is more critical than ever (Employee Assistance Programme) and will be up-scaled to ensure adequate intervention and support services for all employees.
- Although the impact of HIV and AIDS on the workforce is debated extensively it is also acknowledged that it is dependent on voluntary disclosure. Stigma still plays a major role in disclosure of HIV status which inevitably impact on Departmental support and workplace policies.
- The disease profile, applicable to applications for incapacity leave and ill-health retirements between November 2006 and June 2011, is depicted in the graph below.

Graph 14: Disease profile versus short and long incapacity leave and ill-health retirement

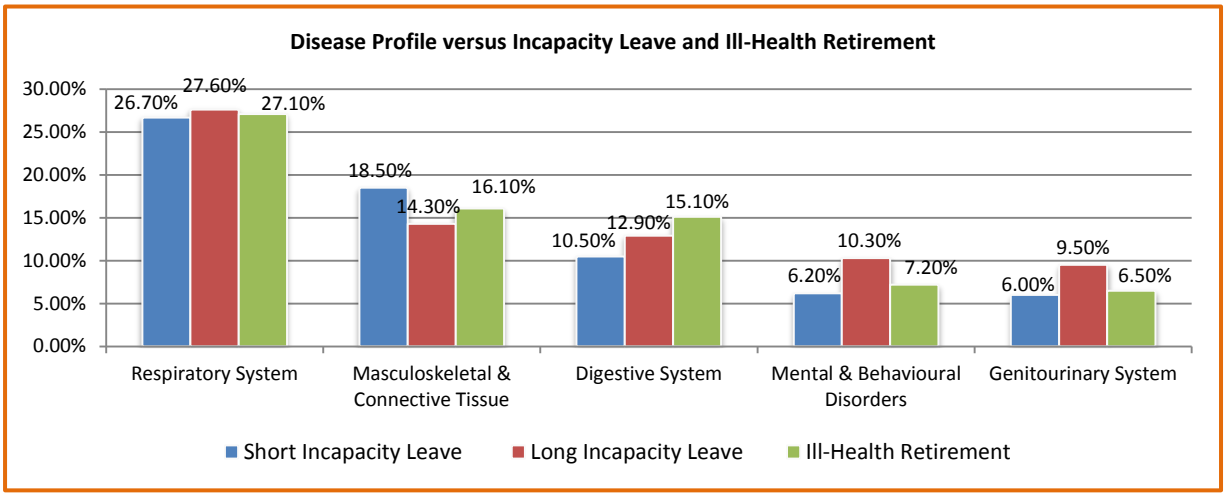


Table16: Public Health Personnel in 2011/12 (Persal)

Categories	Number Employed	% of Total Employed	Number per 100,000 people	Number per 100,000 Uninsured People	Vacancy Rate
Medical Officers	2,781	3.55	29.75	26.18	34.7
Medical Specialists	600	0.77	6.42	5.65	64.1
Dentists	110	0.14	1.18	1.04	25.2
Dental specialists	1	0.00	0.01	0.01	66.7
Professional Nurses	14,581	18.60	155.99	137.27	22.6
Staff Nurses	10,845	13.83	116.02	102.10	18.3
Nursing Assistant	6,481	8.27	69.33	61.01	21.5
Student Nurses	2,168	2.77	23.19	20.41	15.2
Pharmacists	596	0.76	6.38	5.61	32.2
Physiotherapists	240	0.31	2.57	2.26	20
Occupational Therapists	141	0.18	1.51	1.33	26.2
Radiographers	533	0.68	5.70	5.02	11.2
Emergency Medical Staff	3,020	3.85	32.31	28.43	4.5
Dieticians & Nutritionists	150	0.19	1.60	1.41	23.1
Community Care-Givers	8,865	11.3	94.83	83.45	-

2.1.6 KEY POLICY DEVELOPMENTS AND LEGISLATIVE CHANGES

There are no new legislative mandates since the last Annual Report.

2.1.7 DEPARTMENTAL REVENUE, EXPENDITURE AND OTHER SPECIFIC TOPICS

Table 15: Collection of Departmental Revenue – 2011/12

	2008/09 Actual R'000	2009/10 Actual R'000	2010/11 Actual R'000	2011/12 Actual R'000	% Deviation from target
Tax Revenue	-	-	-	-	-
Non-Tax Revenue	168 049	232 877	191 221	206 281	9.4%
Sale of Goods and Services other than Capital Assets	158 432	198 762	164 198	196 247	8.03%
Fines, penalties and forfeits	-	11	2 449	18	(100%)
Interest, dividends and rent on land	-	74	816	417	(1,568%)
Sales of Capital Assets (Capital Revenue)	-	14 678	7 231	1	95%
Financial transactions (Recovery of Loans and Advances)	9 617	19 352	16 527	9 598	33%
Total Departmental Receipts	**168 049**	**232 877**	**191 221**	**206 281**	**9.4%**

2.1.8 DEPARTMENTAL EXPENDITURE

Table 16: Departmental Expenditure – 2011/12

Programmes	Voted for 2011/12 R'000	Roll-overs/ Adjustments R'000	Virement	Total Voted R'000	Actual Expenses R'000	Variance R'000
Programme 1	344 171	34 031	7 476	385 678	387 873	(2 195)
Programme 2	11 739 824	(839 664)	(80 913)	10 819 247	10 833 780	(14 533)
Programme 3	926 747	108 680	70 679	1 106 106	1 106 103	3
Programme 4	6 366 182	730 123	30 153	7 126 458	7 136 118	(9 660)
Programme 5	2 473 982	(15 554)	3 403	2 461 831	2 512 654	(50 823)
Programme 6	933 442	11 145	(33 034)	911 553	905 620	5 933
Programme 7	13 971	-	-	13 971	13 971	-
Programme 8	1 686 536	155 480	2 236	1 844 252	1 894 999	(50 747)
Total	**24 799 277**	**184 241**	**-**	**24 669 096**	**24 791 118**	**(122 022)**

Table 17: Economic Classification Trends – an Overview

Economical Classification Expenditure Trends R'000	Adjusted Budget 2011/12 R'000	Outcome 2011/12 R'000	Percentage Variance 2010/11 – 2011/12
Buildings & other Fixed Structures	1 063 220	1 048 172	98.7%
Compensation of Employees	15 074 380	15 118 307	(100.3%)
Departmental Agencies & Accounts	22 559	22 559	-
Goods and Services	6 773 525	7 029 532	(103.8%)
Households	125 874	130 743	(103.9%)
Land & Subsoil Assets	11 395	26 455	(232.2%)
Machinery and Equipment	1 207 049	1 052 355	87.2%
Non-Profit Institutions	293 265	273 487	93.3%
Payments for Financial Asset	94	609	647.9%
Provincial & Local Governments	97 735	88 879	90.9%
Universities & Technikons	-	-	-
Total	**24 669 096**	**24 791 098**	

Table 18: Expenditure by Budget Sub-Programme (R'000)

Programme	2008/09 Expenditure R'000	2009/10 Expenditure R'000	2010/11 Expenditure R'000	2011/12 Budget R'000	2011/12 Expenditure R'000	Variance % under/ over expenditure
Programme 1: Administration	**284 066**	**285 371**	**358 314**	**385 678**	**387 873**	**(0.56%)**
Programme 2: District Health Services	**8 132 272**	**9 078 659**	**9 801 959**	**10 819 247**	**10 833 780**	**(0.13%)**
District Management	150 532	122 164	133 675	166 902	166 894	0.01%
Clinics	1 578 640	1 823 694	2 078 627	2 350 067	2 341 072	0.39%
Community Health Centres	503 302	553 575	632 334	772 714	772 542	0.03%
District Hospitals	4 020 233	4 259 585	4 648 911	4 744 220	4 763 328	(0.40%)
Community Based Services	92 769	98 875	101 399	25 774	25 774	0%
Other Community Services	429 132	496 481	552 265	646 380	647 842	(0.23%)
Forensic Pathology Services	96 664	97 088	117 884	137 018	137 034	(0.01%)
HIV and AIDS	1 239 365	1 536 552	1 500 250	1 910 935	1 914 057	(0.16%)
Nutrition	21 635	90 645	36 614	65 237	65 237	0%
Programme 3: Emergency Medical Services	**672 360**	**696 263**	**842 050**	**1 106 106**	**1 106 103**	**0.1%**

Programme	2008/09 Expenditure R'000	2009/10 Expenditure R'000	2010/11 Expenditure R'000	2011/12 Budget R'000	2011/12 Expenditure R'000	Variance % under/ over expenditure
Emergency Transport	636 096	656 663	809 447	1 068 726	1 068 670	0.01%
Planned Patient Transport	36 264	39 600	32 603	37 380	37 433	(0.14%)
Programme 4: Provincial Hospital Services	**4 378 814**	**4 323 454**	**5 626 076**	**7 126 458**	**7 136 118**	**(0.13%)**
General Hospitals (Regional)	3 169 928	3 073 770	4 133 849	5 529 336	5 541 776	(0.22%)
TB Hospitals	653 625	658 685	837 104	894 057	892 013	0.23%
Psychiatric Hospitals	451 429	484 810	540 326	578 572	578 717	(0.02%)
Sub-Acute, Step-Down and Chronic Hospitals	93 865	95 493	102 531	110 012	109 131	0.81%
Dental Training Hospitals	9 967	10 696	12 266	14 481	14 481	0%
Other Specialised	-	-	-	-	-	-
Programme 5: Central Hospital Services	**1 821 221**	**1 860 877**	**2 103 423**	**2 461 831**	**2 512 654**	**(2.06%)**
Central Hospitals	502 028	562 555	689 745	660 408	758 623	(14,87%)
Provincial Tertiary Hospitals	1 319 193	1 298 322	1413 678	1801 423	1 754 031	2.64%
Programme 6: Health Sciences and Training	**676 601**	**671 064**	**851 143**	**911 553**	**905 620**	**0.66%**
Nurse Training Colleges	336 812	331 933	386 132	394 940	401 068	(1.55%)
EMS Training Colleges	16 969	19 339	14 118	11 507	11 417	0.79%
Bursaries	44 894	41 224	54 272	75 381	64 433	14.53%
PHC Training	65 343	63 677	73 061	59 013	58 922	0.16%
Other Training	212 583	214 891	323 560	370 712	369 780	0.26%
Programme 7: Health Care Support Services	**34 209**	**27 528**	**10 764**	**13 971**	**13 971**	**0%**
Medicines Trading Account	34 209	27 528	10764	13 971	13 971	0%
Programme 8: Health Facilities Management	**1 103 558**	**1 385 947**	**1 084 958**	**1 844 252**	**1 894 999**	**(2,75%)**
Community Health Facilities	280 625	552 924	347 565	428 421	426 102	0.55%
EMRS	4 734	1 201	428	3 285	3 285	0%
District Hospitals	615 946	482 159	424 314	630 027	720 786	(14.4%)
Provincial Hospitals	111 763	195 018	204 691	577 143	531 961	7.83%
Central Hospitals	15 401	35 161	11 982	4 720	4 720	0%
Other Facilities	75 089	119 484	95 978	200 656	208 145	(3.73%)
Total: Programmes	**17 103 101**	**18 329 163**	**20 678 687**	**24 669 096**	**24 791 118**	**100.5%**

Table 19: Trends in Provincial Public Health Expenditure for Provincial Hospitals (R million)

Expenditure (R'000)	2008/09 Actual R'000	2009/10 Actual R'000	Average Annual % Change	2010/11 Actual R'000	2011/12 Actual R'000	2012/13 Projection
PROVINCIAL (REGIONAL) HOSPITALS						
Current prices						
Total	3 169 928	3 664 133	15.59	4 161 998	5 541 776	5 989 701
Total per person	313.68	361.01	15.08	398.30	519.76	561.77
Total per uninsured person	356.46	410.24	15.08	452.62	590.64	638.7
Constant (2008/09) prices						
Total	3 169 928	3 480 926	9.81	3 745 798	4 765 927	5 151 143
Total per person	313.68	342.96	9.33	358.47	446.99	483.12
Total per uninsured person	356.46	389.73	9.33	407.36	507.95	549.00
PSYCHIATRIC HOSPITALS						
Current prices						
Total	451 429	509 621	12.89	540 326	578 717	655 155
Total per person	44.67	50.21	12.40	51.71	54.28	61.45
Total per uninsured person	50.76	57.06	12.41	58.76	61.68	69.83
Constant (2008/09) prices						
Total	451 429	484 140	7.25	486 293	497 697	563 433
Total per person	44.67	47.70	6.78	46.54	46.68	52.84
Total per uninsured person	50.76	54.21	6.79	52.88	53.04	60.05
TUBERCULOSIS HOSPITALS						
Current prices						
Total	653 625	787 273	20.45	837 104	892 013	787 875
Total per person	64.68	77.57	19.98	80.11	83.66	73.89
Total per uninsured person	73.50	88.14	19.92	91.04	95.07	83.97
Constant (2008/09) prices						
Total	653 625	747 909	14.42	753 394	767 131	677 573
Total per person	64.68	73.69	13.93	72.10	71.95	63.55
Total per uninsured person	73.50	83.74	13.93	81.93	81.76	72.21
CHRONIC HOSPITALS						
Current prices						
Total	93 865	99 578	6.09	102 531	109 131	119 006
Total per person	9.29	9.81	5.6	9.81	10.24	11.16
Total per uninsured person	10.56	11.15	5.59	11.15	11.63	12.68

Expenditure (R'000)	2008/09 Actual R'000	2009/10 Actual R'000	Average Annual % Change	2010/11 Actual R'000	2011/12 Actual R'000	2012/13 Projection
Constant (2008/09) prices						
Total	93 865	94 599	0.78	92 278	93 853	102 345
Total per person	9.29	9.32	0.32	8.83	8.80	9.60
Total per uninsured person	10.56	10.59	0.28	10.04	10.00	10.91
DENTAL HOSPITALS						
Current prices						
Total	9 967	10 685	7.20	12 266	14 481	16 652
Total per person	0.99	1.05	6.06	1.17	1.36	1.56
Total per uninsured person	1.12	1.20	7.14	1.33	1.54	1.77
Constant (2008/2009) prices						
Total	9 967	10 151	1.85	11 039	12 454	14 321
Total per person	0.99	1.00	1.01	1.06	1.17	1.34
Total per uninsured person	1.12	1.14	1.78	1.20	1.33	1.53

2.1.9 TRANSFER PAYMENTS

See Annual Financial Statements:

- Annexure E: Statement of Transfers to Departmental Agencies and Accounts – Page 264
- Annexure 1F: Statement of Transfers and Subsidies to Non-Profit Institutions – Page 265

2.1.10 PUBLIC ENTITIES

Refer to Financial Statements page 170.

2.1.11 CONDITIONAL GRANTS AND EARMARKED FUNDS

Table 20: Summary of the Department's Conditional Grants for 2011/12[23]

Name of Conditional Grant	Schedule	Allocation R'000	Roll-Over from 2010/11 R'000	Available Funds 2011/12 R'000	Expenditure R'000	Variance R'000
Forensic Pathology Services	5	161 550	-	161 550	161 550	0
Health Professional Training & Development	4	249 917	-	249 917	249 917	0
Hospital Revitalisation	5	547 698	-	547 698	547 698	0
National Tertiary Services	4	1 201 831	-	1 201 831	1 201 831	0
Comprehensive HIV and AIDS Grant	5	1 889 427	17 885	1 907 312	1 907 312	0
Provincial Infrastructure	4	358 471	-	358 471	358 471	0
2010 World Cup Health Preparation Strategy	5	-	-	-	-	0
EPWP Grant for the Social Sector	4	25 775	-	-	25 775	0
EPWP Incentive Grant to Provinces for Infrastructure Sector	4	536	-	-	-	536
Total	-	**4 435 205**	**17 885**	**4 453 090**	**4 452 554**	**536**

Table 21: Expenditure on Conditional Grants

Conditional Grants	2008/09 Actual R'000	2009/10 Actual R'000	2010/11 Actual R'000	2011/12 Actual R'000
National Tertiary Services	911 898	984 488	1 102 517	1 201 831
HIV and AIDS	757 616	1 121 582	1 500 926	1 907 312
Hospital Revitalisation	330 404	224 909	297 570	547 698
Health Professions Training and Development	212 092	222 425	235 771	249 917
Health Infrastructure Grant (IGP)	294 832	359 717	280 449	358 471
Forensic Pathology Services	149 093	278 033	152 406	161 550
2010 World Cup Health Preparation Strategy		43	3 538	-
EPWP Grant for the Social Sector			2 555	25 775
Total	**2 655 935**	**3 191 197**	**3 575 732**	**4 452 554**

[23] The over-expenditure against the Conditional Grants is paid from the Department's Equitable Share

2.1.12 CAPITAL INVESTMENT, MAINTENANCE AND ASSET MANAGEMENT PLAN

Table 22: 2011/12 Completed projects

	2011/12 COMPLETED PROJECTS: REPORT AT 31 MARCH 2012			
	Number of Projects	Allocated Budget (R'000)	Accumulative Expenditure (R'000)	Remaining Budget (R'000)
Construction of new Clinics	5	54 351	50 268	4 083
Upgrades and additions to Clinics	13	22 002	19 572	2 430
Renovations, rehabilitation to Clinics	3	10 396	9 315	1 081
Construction of new CHCs	3	329 331	308 160	21 171
Renovations, rehabilitation to CHCs	2	1 243	1 016	227
Upgrades and additions to CHCs	1	555	412	143
Upgrades and additions to Hospitals	20	398 202	259 503	138 699
Renovations, rehabilitation to Hospitals	4	16 774	20 382	-3 608
Construction of new Forensic Mortuaries	3	79 665	70 587	9 078
Total	**54**	**912 519**	**739 215**	**173 304**

Table 23: Infrastructure projects status in March 2012

Projects Stage		Number of Projects	Allocated Budget (R'000)	Accumulative Expenditure (R'000)	2011/12 Expenditure (R'000)	Remaining Budget (R'000)	Accumulative Percentage Spent (%)
Pre-Construction Stage	Identified	1	5 500	0	0	5 500	0.00%
	Feasibility	4	44 000	0	0	44 000	0.00%
	Design	65	8 031 364	212 611	146 532	7 818 753	2.65%

Projects Stage		Number of Projects	Allocated Budget (R'000)	Accumulative Expenditure (R'000)	2011/12 Expenditure (R'000)	Remaining Budget (R'000)	Accumulative Percentage Spent (%)
	Tender Documentation	4	102 197	5 202	4 948	96 995	5.09%
	BAC Award	18	963 618	37 908	33 371	925 710	3.93%
	Re-Advertised	4	34 054	4 797	4 301	29 257	14.09%
	Appealed	7	91 068	8 906	5 423	82 162	9.78%
	Awarded	14	660 305	17 537	14 883	642 768	2.66%
Construction Stage	Construction Started	75	2 027 660	202 011	144 509	1 825 649	9.96%
	Construction 25%	26	885 757	256 528	176 517	629 229	28.96%
	Construction 50%	31	260 746	155 465	93 593	105 281	59.62%
	Construction 75%	62	4 540 001	2 985 818	1 016 185	1 554 183	65.77%
Completed/ Cancelled		**206**	2 592 093	2 358 030	280 436	234 063	90.97%
Total		**517**	**20 238 363**	**6 244 813**	**1 920 698**	**13 993 550**	**30.86%**

PART B: PROGRAMME PERFORMANCE


EMRS
10177
ILEMBE
KZN EMERGENCY MEDICAL RESCUE SERVICES
OBSTETRIC UNIT
☎ 10177

2.2 PROGRAMME PERFORMANCE

PROGRAMME 1.: ADMINISTRATION

PROGRAMME PURPOSE

Provide strategic and supportive leadership and management and overall administration of the Department of Health.

Sub-Programme 1.1: Office of the Member of the Executive Council (MEC)

Provide effective and efficient governance arrangements and systems to support the MEC for Health

Sub-Programme 1.2: Office of the Head of Department (all Head Office Components)

Provide strategic leadership in creating an enabling environment for the delivery of quality health care in line with legislative and governance mandates

STRATEGIC GOALS AND OBJECTIVES

STRATEGIC GOAL 1: OVERHAUL PROVINCIAL HEALTH SERVICES

- **Strategic Objective 1.1:** To finalise and implement Provincial Health Plans aligned with the NHS and MTSF priorities for 2010-2014
- **Strategic Objective 1.2:** To finalise and implement the 2010-2020 KZN Service Transformation Plan
- **Strategic Objective 1.3:** To implement a decentralised Operational Model in 11 districts by 2011/12
- **Strategic Objective 1.4:** To implement Financial Turn-around Strategy to improve financial management and accountability in compliance with the PFMA
- **Strategic Objective 1.5:** To implement an Operational and Strategic Early Warning System
- **Strategic Objective 1.6:** Improve Human Resource management systems and processes in line with Departmental business processes
- **Strategic Objective 1.7:** To implement an integrated Health Information Turn-around strategy to improve data quality and ensure annual unqualified audit opinion on performance information from the AGSA from 2010/11 – 2014/15
- **Strategic Objective 1.8:** Improve governance structures and social compact for health

PROVINCIAL PRIORITIES AND PROGRESS

Priorities informed by core priorities identified in the 5-year Strategic Plan, substituted by priorities identified during quarterly and annual performance reviews in 2010/11. Other administrative services, essential to ensure an effective and efficient provincial health system, were inherent in day to day management functions under the leadership of the HOD and MEC for Health.

PRIORITY 1: Finalise the Service Transformation Plan (STP)

- The STP has not been finalised and the Department intensified consultation to inform the revitalisation of public health services in the Province.
- Spatial (geographic) mapping, in accordance with recommendations from the NHC, provided the spatial context for transformation and contextualise service transformation at district/municipal level.
- Eleven (11) District STPs are in final draft and serve to inform the Provincial STP as well as development of District Health Plans/Profiles to ensure smooth transformation and transition of services over the next 10 years.

PRIORITY 2: Implement the Financial Turn-Around Strategy to improve Financial Management and Accountability

- Retrospective District Health Expenditure Reviews (DHERs), decentralised at district/facility level, provided the platform for capacity development in effective analysis and utilisation of data (finance, human resources and health data) at service delivery level with the focus being on accessibility, equity, quality, efficiency, effective utilisation of scarce resources, and sustainability.
- Specific challenges that have been resolved through DHER included:
  - District and facility management, with support from the Provincial Office, corrected identified misalignment of systems (BAS, Persal and DHIS) which had a negative ripple effect on the effective management of resources.
  - Identification and correction of inconsistencies in expenditure (compared with service delivery data).
- Analysis of expenditure in relation to service delivery (including human resources) informed the 2012/13 budget bids.
- This process, as integrated component of the planning cycle, has been recognised as a best practice model by the National Department of Health. The model will inform the National DHER process for the coming MTEF.

PRIORITY 3: Improve Human Resource Management, Systems and Processes

- In order to ensure alignment to the Human Resources for Health Strategy (Priority 1: Leadership & Governance) the Department appointed Price Waterhouse Coopers (PwC) to review the macro structure of the Department. The structure has been finalised and was submitted to the Department of Public Service Administration (DPSA) for approval. PwC and Human Resource Management

Services (HRMS) commenced with the alignment of the sub-structure to the macro structure. This process of re-alignment is envisaged to be completed in 2012/13.

- *Organisational Development*
  - The following organisational structures/ post establishments have been finalised and approved during 2011/12: Regional Laundries; Medical Male Circumcision and Traditional Medicine Directorate (approved by the MEC in July 2011); Air Ambulance Services: Emergency Medical & Rescue (approved by the MEC in August 2011); Finance and Systems Components in District and Psychiatric Hospitals (approved by MEC).
  - The HOD approved the implementation of "benchmark" Job Descriptions for Medico-Legal Mortuary Assistant (level 4) and Forensic Pathology Officer Gr. I and II.
  - The review of Community Health Centre structures has been finalised; decentralisation of the Dispute Resolution functions to Districts and Institutions was completed in September 2011; review of the organisational and post establishment of Employee Assistance Programme, rationalisation of Security Services, and District Hospital structures (Pharmacy and X Ray Departments) commenced.
- A total of 6,961 unfilled posts (vacant for periods exceeding 12 months as per Parliamentary Resolution) were abolished in December 2011 which contributed to a significant reduction in vacancy rates.
  - Between April 2011 and March 2012 the vacancy rate was reduced by 4.92% (31.45% to 23.46%); vacant posts decreased by 7.99% (31.45% to 23.46%); and filled posts increased by 4.92% (76% to 81%).
- Through the integrated DHER process, 55 responsibility codes on the Persal system including sub-district identifiers were corrected contributing to improved quality of data.
- To ensure South African Revenue Services (SARS) compliance a total of 1,162 employees' addresses and 829 Tax Reference Numbers have been updated on Persal.
- The Performance Management and Development System (PMDS) is the prescribed system of performance management in the public service. Compliance with PMDS requirements was poor in 2011/12 (67.5% for SMS and 60.9% for salary level 1-12) and will be followed up in 2012/13.
- SMS Performance Agreements and Work Plans are not yet totally aligned with the APP as indicated in 2011/12 audit results.
- *Labour Relations:* Previous cases not finalised 169; cases received 139; cases finalised 6; and outstanding cases 308.
- To ensure continuity of service delivery at institution level the MEC for Health approved the following delegations:
  - Filling of essential/critical posts in institutions delegated to the Chief Executive Officer (CEO).
  - Filling of essential/critical posts at District Offices and CEOs delegated to District Managers.
  - Filling of essential/critical posts in Emergency Medical Services (EMS) delegated to General Manager: Emergency Medical Services.

– Filling of essential/critical posts at Head Office up to Salary Level 13, posts of District Managers and non-clinical posts at Salary Level 13 at institutions delegated to the Head of Department.

PRIORITY 4: Implement the Health Information Turn-Around Strategy including Information Technology, Data Management and Monitoring & Evaluation.

A. Information Technology

- The Master Systems Plan was approved in 2011/12.
- Implementation of the new Information, Technology and Communication Strategy commenced in 2011/12 including e-Health (electronic communication and IT); m-Health (mobile devices); and Telemedicine. The network backbone is old and will be replaced in 2012/13 in order to provide a reliable platform within which systems can be implemented.
- Upgraded health information systems have been implemented at Addington Hospital which will be rolled out to other hospitals in the NHI Pilot Districts in 2012/13 as part of the Hospital Revitalisation Project. The programme will be sourcing for e-Health Patient Management Systems and Patient Administration and Billing Systems within the planning period.
- Currently, 37 facilities have telemedicine infrastructure which complement consultation in health care delivery.
- SITA costs (data lines) are exorbitant and limit the development of systems to improve service delivery.

B. Epidemiology and Health Research & Knowledge Management

- Research for Health is regarded an integral part of the coherent strategy of the Department to achieve "Optimal health status for all persons in KwaZulu-Natal".
- The KwaZulu-Natal Health Act of 2009 (Regulations expected to be promulgated in 2012) mandated the extension of the Provincial Health Research Committee (PHRC) to serve a dual research and ethics function. The Department commenced with the process to establish the Provincial Health Research and Ethics Committee (PHREC) which is expected to conclude in 2012. The reviewed Provincial Research Policy (aligned with the KZN Health Act, 2009) will guide the structure and functioning of the PHREC, which will seek to attain accreditation as a Level 1 and subsequently a Level 2 Ethics Committee from the National Health Research Ethics Council.

Table 24: Research proposals submitted and approved

Proposals		2010/11	2011/12
Research Proposals	Number of proposals submitted	198	193
	Number of proposals pending	52	37
	Number of proposals approved	146	151

Proposals		2010/11	2011/12
Clinical Trials	Number of clinical trials submitted	14	16
	Number of clinical trials pending	9	0
	Number of clinical trials approved	5	16
Operations Research	Number of Operational studies	52	52
Academic Research	Number of Academic studies	132	122

- Although a large proportion of research (40.9% or 79 studies) have not been directly linked with the Department's strategic priorities or the National Health System (NHS) 10 Point Plan, all studies were relevant and in the interest of public health. The majority of studies (96) were in the fields of HIV and AIDS, STI, TB, and MC&WH (NHS 10 Point Plan, Priorities 7 and 8).
- In-house studies, conducted by Researchers in the Health Research & Knowledge Management Component, focussed on identified Departmental priorities and seek to improve service delivery and health outcomes. During 2011/12, the following in-house studies were conducted:

1. Factors influencing teenage birth rates at Public Health Institutions.

   Aim of the study: To identify contributing factors to the increase in teenage delivery rates in public health institutions in KwaZulu-Natal (*results available on the HRKM Website*).

2. Multi-Drug Resistant TB (Funded by the International Union against Tuberculosis and Lung Disease).

   Aim of the study: To determine the association between poor case management in the previous treatment episode and the development of Multi-Drug Resistant Tuberculosis (MDR-TB) amongst HIV positive clients in the Umzinyathi District. This research is still in progress.

3. Ward-Based Data Collection.

   Aim of the study: To collect and integrate ward-based data in the official data systems in the Department (District Health Information System or DHIS) to facilitate the aggregation of data at ward level. The research is still in progress.

4. Burden of Disease Study

   The Epidemiology Component commenced with preparation for the KZN Burden of Disease Study that will commence in early 2012/13. The study will provide critical evidence necessary for planning and decision-making.

C. Monitoring & Evaluation

- "A monitoring & evaluation (M&E) organizational culture across all levels of service delivery is crucial ... as [M&E] helps to provide an evidence base for public resource allocation decisions and helps identify how challenges [could] be addressed and [best practices] replicated (KZN DOH, 2010).
- It is two years since the Framework for Monitoring and Evaluation was approved by the Head of Department and monitoring the implementation thereof commenced in 2011/12 with the

understanding that the M&E function is integral to all projects and programmes. As Planning and M&E was prioritized in 2011/12 additional funding was allocated for the filling of key posts and purchasing of essential equipment e.g. computers to improve service delivery outputs.

- The District Quarterly Progress Reporting System continues to improve with the involvement of the District Management Teams, Programme Managers and Hospital Information Teams, although the following aspects need strengthening:
  - Timely submission of reports and quality of analysis.
  - Quarterly Reporting by Head Office Components.
  - The M&E feedback loop has to be further entrenched at all levels.
- The Department is committed to improving M&E through various initiatives including training and development (HRD); finalizing posts at Hospital level; engaging donor support; collaboration with the Office of the Premier; and mentorship programmes.

D. Data Management and Geographical Information System (GIS)

- The Annual Report is one of the key documents that highlights the overall performance of the Department and provides the opportunity to critically interpret performance in relation to national and global performance. The importance of good quality information can therefore not be over-emphasised. Data Management is responsible for the provision of routine health data to all stakeholders in the Province.
- During 2011/12, there have been significant changes in the Provincial information system including the introduction of the TIER.net system (electronic system to manage ART clients in cohorts over time). The system will enhance ART data which in turn will provide more reliable information for evidence-based decision-making and planning.
- The District Health Management Information System (DHMIS) Policy (National) was finalised and approved in 2011/12. The policy aims to address weaknesses in the routine information system, enhance the health information system, and streamline practices and procedures required for effective planning and monitoring of health information in the Province. The Provincial Data Management Policy is awaiting approval and sign-off by ManCo and will be implemented in 2012/13.
- Data Management played a critical role during the PCV, H1N1, HCT and Antenatal HIV Surveys during 2011/12.
- The Data Management Component commenced with the implementation of strategies to improve Performance Information audit findings by the Auditor General. An evaluation will be conducted in the next financial year to determine the outcome.
- It is recommended that Managers focus on data in this report and use it as an effective information and management tool.
- GIS played a pivotal role in the appropriate utilisation of data for planning, M&E and reporting purposes including:
  - Development of spatially represented visual aids (demographic/socio-economic/health data) used for management purposes including presentations at Health Portfolio Committee and Cabinet Lekgotla.

- On-going GIS technical support during development of the Service Transformation Plan using a variety of innovative methodologies in support of service transformation.
- Mapping of disease profiles/trends (including TB incidence and HIV prevalence) to visually demonstrate priority areas in relation with social determinants of health.

- GIS is part of the Provincial Task Team for the roll-out of the National Health Information Repository Data Warehouse (NHIRD) where they play a leading role in developing the GIS module.

Legal Services

- The KZN Health Act (1 of 2009) Regulations have not yet been promulgated. The certification, translation and publishing (notice in the Government Gazette) is expected to be finalised in 2012.
- A total of 10,727 contracts were drafted during 2011/12 including 10,340 Community Care Givers (CCGs); 12 General contracts; 317 for the KZN College of Nursing; 32 for Mental Health; 13 for State Aided Institutions; 4 for Step-Down Facilities; 8 for Municipalities; and 1 Transfer Agreement.
- Eight (8) legal matters were settled i.e. 3 medico-legal matters in the amount of R 9 678 500; 4 collision matters in the amount of R 155 270; and 1 civil matter in the amount of R 9 940.
- No new legislation relevant to service delivery was passed in 2011/12.

Fraud and Corruption

The total amount recovered from the proceeds of crime was R10.9 million in 2011/12.

Table 25: Fraud and corruption cases - 2011/12

Status	L 15	L 14	L 13	L 12	L 11	L 10	L 9	L 8	L 7	L 6	L 5	L 4	L 3	L 2	L 1	Total
Charged and Dismissed	0	1	9	6	0	1	0	2	6	3	4	9	3	1	1	**48**
Charged & Resigned	1	4	5	3	0	1	0	0	1	0	3	3	4	1	0	**26**
Pending matter – Labour Court	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	**1**
Found not guilty and charges withdrawn	0	0	0	2	0	0	1	0	1	1	0	1	0	0	0	**6**
Charged and issued with final written warning	0	0	2	1	0	8	6	3	9	0	12	11	2	2	0	**56**
Hearing in progress	0	0	3	3	2	3	8	2	4	2	6	8	3	1	1	**44**
Suspension	0	0	0	1	0	1	0	0	1	2	0	1	0	0	0	**6**
Demotions	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	**1**
Total	**1**	**6**	**19**	**17**	**2**	**14**	**15**	**7**	**22**	**8**	**25**	**33**	**12**	**5**	**2**	**188**

Source: HRMS

PROGRAMME PERFORMANCE 2011/12

Table 26: Public Health Personnel in 2011/12

Categories	Number Employed[24]	% of Total Employed[25]	Number per 100,000 Uninsured People[26]	Number per 100,000 People[27]	Vacancy Rate (%)
Medical Officers	2,781	3.55	29.75	26.18	34.7
Medical Specialists	600	0.77	6.42	5.65	64.1
Dentists	110	0.14	1.18	1.04	25.2
Dental Specialists	1	0.00	0.01	0.01	66.7
Professional Nurses	14,581	18.60	155.99	137.27	22.6
Enrolled Nurses	10,845	13.83	116.02	102.10	18.3
Enrolled Nursing Auxiliaries	6,481	8.27	69.33	61.01	21.5
Student Nurses	2,168	2.77	23.19	20.41	15.2
Pharmacists	596	0.76	6.38	5.61	32.2
Physiotherapist	240	0.31	2.57	2.26	20
Occupational Therapists	141	0.18	1.51	1.33	26.2
Radiographers	533	0.68	5.70	5.02	11.2
Emergency Medical Staff	3,020	3.85	32.31	28.43	4.5
Dieticians & Nutritionists	150	0.19	1.60	1.41	23.1
Community Care-Givers	8,865	11.3	94.83	83.45	-

[24] Excluding temporary employees
[25] Total number of employed staff for reporting period according to Persal: 78,392
[26] Uninsured population for the reporting period: 9,347,540
[27] Total population for the reporting period: 10,622,204

Table 27: Situation Analysis and Projected Performance for Human Resources

Performance Indicators	Actual Performance against target		Reasons for variance and comments
	2011/12 APP Target	2011/12 Actual	
1. Medical officers per 100,000 people[28]	25.7	26.18	Indicators provide basic information on a pool of professionals (growth/ decline) without differentiating between competencies/ skills or placement (see note on calculation of rural population) at PHC or Hospital levels. Caution should be exercised with the interpretation of indicators as it does not reflect actual equity in placement (significant variations exist between facilities) or skills/ competencies to deliver the full package of services.
2. Medical officers per 100,000 people in rural districts	12	8	
3. Professional nurses per 100,000 people	116.1	137.27	
4. Professional nurses per 100,000 people in rural districts	98.2	81.3	
5. Pharmacists per 100,000 people	3.9	5.61	
6. Pharmacists per 100,000 people in rural districts	2.4	2.2	

Source: Persal and StatsSA (population)

Note: Calculation of Indicators 2, 4 and 6: In absence of a national definition or more accurate methodology to calculate rural populations (taking into account unique topography/ demography of the province) the total population of the Rural Development Node Districts were used as denominator. It must however be noted that all districts have rural pockets.

[28] All indicators differ from the Treasury Report as a different population (as denominator) were used

Table 28: (ADMIN 1, ADMIN 2, and ADMIN 3) - Performance Indicators and targets for Administration

SUB PROGRAMME/PROGRAMME: Administration				
Performance Indicators	Baseline (Actual output) 2010/11	Actual Performance against target		Reasons for variance and comments
		2011/12 APP Target	2011/12 Actual	
1. Four Progress Reports on implementation of the 10-Point Plan	4 Reports	4 Reports	4 Reports	
2. Vacancy rate for Professional Nurses	28.6%	19%	22.6%	
3. Vacancy rate for Doctors	28.7%	32%	34.7%	
4. Vacancy rate for Medical Specialists	41.6%	60%	64.1%	Demand supersedes supply
5. Vacancy rate for Pharmacists	36.2%	75%	32.2%	The target was based on the number of vacant posts/ total posts on the establishment before posts were abolished in December 2011 which explains the significant variation.
6. Persal data verified	Process commenced	100% Persal data verified	55% (38,730/70,913)	Verification is on-going. Out-of-adjustment cases (outstanding) increased as a result of the implementation of various OSDs (most recently Health Therapists) not corrected on Persal. The Establishment Control Section embarked on a process to ensure reduction of cases through visits to institutions and training.
7. Tabled 2011/12 – 2013/14 Annual Performance Plan (APP)	2010/11 APP Tabled	APP tabled as per Treasury Regulations	Tabled on June 7 – Legislature sitting schedule	
8. Number approved 2011/12 District Health Plans (DHPs)	11 DHPs	11 Approved DHPs	11 DHPs approved	

SUB PROGRAMME/PROGRAMME: Administration				
Performance Indicators	Baseline (Actual output) 2010/11	Actual Performance against target		Reasons for variance and comments
		2011/12 APP Target	2011/12 Actual	
9. Approved STP implemented as per Implementation Plan[29]	STP not published	STP approved, tabled and implemented	Draft STP	Extended consultation to inform revitalisation of the health system STP. The draft STP has been submitted to the HOD, MEC and National Department of Health in March 2012.
10. Number of District Managers who have signed delegation of authorities	0	11	11	
11. Number of District Managers who have signed Performance Agreements	11	11	11	
12. Number of Hospital Managers/CEO's who have signed Performance Agreements	64	75	55	Inadequate control measures to ensure compliance with prescripts. Control measures have been strengthened and training provided to improve compliance.
13. Percentage of Head Office Managers (Level 13 and above) who have signed Performance Agreements	21.8%	100%	46% (18/39)	
14. Annual unqualified audit opinion for financial statements	Qualified audit opinion	Unqualified audit opinion	Qualified Opinion	
15. Zero over-expenditure	Under-expenditure of R 1 441 499	Zero over-expenditure	Over-expenditure of R122 022 000 or 0.49%	The over-expenditure attributed to the implementation of OSD for which a roll-over request relating to 2010/11 was not approved; revision of flat rate paid to laboratory services; increase in maintenance expenditure at facilities; acceleration in the implementation of the infrastructure programme; and commissioning of the new facilities.

[29] STP includes 10 core macro plans i.e. Service Delivery Plan; Service Delivery Platform; Human Resource Plan; Quality Improvement Plan; Infrastructure Plan; Medicine Supply and Management Plan; Information Communication Technology and Health Information Systems Plan; Communication and Mass Mobilisation Plan; Research and Development Plan; Health Financing Plan

SUB PROGRAMME/PROGRAMME: Administration				
Performance Indicators	Baseline (Actual output) 2010/11	Actual Performance against target		Reasons for variance and comments
		2011/12 APP Target	2011/12 Actual	
16. Number of District Health Expenditure Reviews (DHER) completed	11	11	11	
17. Accurate financial disclosure of inventory and assets in Annual Financial Statements	50%	Unqualified audit opinion	Qualified Opinion	
18. Annual Departmental Risk Profile (Operational and Strategic)	Risk Profile finalised	Risk profile finalised, monitored & updated	Risk profile finalised, monitored and updated	
19. Annual unqualified audit opinion on Performance Information	Qualified Opinion	Unqualified audit opinion	No opinion – reporting phase	
20. Master System Plan implemented	Tender awarded	MSP approved and implemented	MSP developed and approved	
21. Tabled Annual Report	2010/11 Annual Report tabled	Annual Report tabled as per Regulations	2010/11 Annual Report tabled in August 2011	
22. Provincial Consultative Health Forum convened annually	Not reported on in 2010/11	Meeting convened	The Provincial Health Summit was held in the 3rd Quarter of 2011/12	The Forum was established in 2010/11.
23. Number of District Health Councils convened annually	District Health Councils not established	3	0	The process of establishing District Health Councils has commenced. The nomination process has been a challenge with numerous delays. The Department elicited assistance from COGTA to assist with the nomination process. This is regarded as high priority.

Source: Strategic Planning, HR, Corporate Governance and ISC, I.T

Table 29: Special Projects from Provincial Cabinet Lekgotla

Programmes	Projects	Potential Jobs	Actual	Comments
1. Green Economy	Recycling at hospitals	11	0	– Recycling at hospitals not yet operational. The Department started to explore different options for the effective management of medical waste.
	Explore re-cycling of medical waste	0	-	
2. Improve Hotel Aspects of Health Facilities	Maintenance Teams	101	214 posts advertised	– The Department advertised 214 unskilled and skilled maintenance posts to create sustainable employment.
3. Improving Health Technology Equipment	Training of Health Technology Engineers at Tshwane University	18	18	– The Health Technology Engineering students commenced their studies at the Tshwane University.
4. Social Sector Opportunities	Integration of the Community Care Giver and Youth Ambassador Programmes	10,647	8,865	– Total number of CCGs on Persal – gradually linked with the re-engineering of PHC and Operation Sukuma Sakhe.
5. Outreach Programmes	Staff Nurses and Nursing Assistants – Tracer Teams, School Health, and Medical Male Circumcision (MMC) Community Health Workers for extension of PHC	87		– See comment above. All districts appointed MMC Champions to assist with the MMC Programme.
6. Cuban Programme	Bursaries	69	69	– 69 students in 2011/12
7. Bursary Programme	Skilling of Health Sciences Students	668	714	– 714 (excluding 146 completed course end of 2011/12 and 69 Cuban students)).
8. Mid-Level Worker Programme	Up skilling employees	31 Physiotherapy Technician 20 Occupational Therapy Technician (OTT)	26 Clinical Associates 51 OTT 24 Pharmacist Assistants	– Clinical Associates: 26 Students registered with the University of Pretoria and WITS for the Bachelor in Medical Practice Degree. Of these students, eleven (11) were in their 1st year; eight (8) in their 2nd year; and seven (7) in their final year.

Programmes	Projects	Potential Jobs	Actual	Comments
				– 51 Occupational Therapy Technicians (OTT) will be trained over two years by UKZN. The first group completed their studies in April 2011. – 24 Pharmacist Assistants were appointed in 2011/12.

Source: Annual Report and 2012/13 DHPs.

PROGRAMME 2.: DISTRICT HEALTH SERVICES

PROGRAMME PURPOSE

Comprehensive, integrated and sustainable health care services (preventive, promotive, curative and rehabilitative) based on the Primary Health Care (PHC) approach through the District Health System (DHS).

Sub-Programme 2.1: District Management

To provide service planning, administration (including financial administration), managing personnel, coordination and monitoring of district health services, including those rendered by district councils and non-government organisations (NGOs).

Sub-Programme 2.2: Community Health Clinics

To render a nurse driven primary health care service at clinic level including visiting points, mobiles and local government clinics.

Sub-Programme 2.3: Community Health Centres

To render primary health care services in respect of maternal child and women's health, geriatrics, occupational therapy, physiotherapy, psychiatry, speech therapy, communicable diseases, oral and dental health, mental health, rehabilitation and disability and chronic health.

Sub-Programme 2.4: Community-Based Services

Render a community-based health service at non-health facilities in respect of home based care, abuse, mental and chronic care, school health, etc.

Sub-Programme 2.5: Other Community Services

To render health services at community level including environmental and port health services.

Sub-Programme 2.6: HIV and AIDS

To render primary health care services related to the comprehensive management of HIV and AIDS and other special projects.

Sub-Programme 2.7: Nutrition

To render nutrition services.

Sub-Programme 2.8: Forensic Pathology Services

To render forensic pathology and medico-legal services at district level.

Sub-Programme 2.9: District Hospitals

To render hospital services at general practitioner level.

STRATEGIC GOALS AND OBJECTIVES

GOAL 1: OVERHAUL PROVINCIAL HEALTH SERVICES

- ***Strategic Objective 1.9:*** Strengthen governance structures and social compact for health
- ***Strategic Objective 1.10:*** Revitalisation of PHC services as per STP
- ***Strategic Objective 1.11:*** To rationalise hospital services in line with service delivery needs and STP imperatives

GOAL 2: IMPROVE THE EFFICIENCY AND QUALITY OF HEALTH SERVICES

- ***Strategic Objective 2.1:*** To implement the National Core Standards for Quality in 100% of facilities towards accreditation of 50% PHC clinics and 100% CHC's by 2014/15.[30]
- ***Strategic Objective 2.2:*** To implement the National Core Standards in 100% of facilities towards accreditation of 100% District Hospitals by 2014/15.[31]

GOAL 3: REDUCE MORBIDITY AND MORTALITY DUE TO COMMUNICABLE DISEASES AND NON-COMMUNICABLE ILLNESSES AND CONDITIONS

- ***Strategic Objective 3.1:*** To scale up implementation of integrated HIV and AIDS strategic plan to reduce HIV incidence by 50% by 2011/12.
- ***Strategic Objective 3.2:*** To scale up implementation of the Accelerated Plan for PMTCT to reduce mother to child transmission to < 5% by 2012/13.
- ***Strategic Objective 3.3:*** Reduce child mortality to 30-45/1000 live births by 2014/15.
- ***Strategic Objective 3.4:*** Reduce maternal mortality to ≤ 100/ 100000 by 2014/15.
- ***Strategic Objective 3.8:*** To maintain preventative strategies to reduce and maintain the malaria incidence at ≤ 1/1000 population.

[30] Accreditation of facilities will be dependent on national processes i.e. establishment of the National Accreditation Board and capacity to comply with demand for accreditation
[31] Accreditation is dependent on national processes

PROVINCIAL PRIORITIES AND PROGRESS

PRIORITY 1: Revitalisation of PHC.

- During 2011/12, PHC services were provided in 19 CHCs and 568 clinics, while 152 PHC mobiles provided the package of PHC services at mobile stopping points in areas with poor PHC coverage.
- The PHC headcount increased by 2,819,995 between 2010/11 and 2011/12 with a PHC utilization rate of 2.5 visits per patient per year as compared with the national norm of 3.5 visits per patient per year.
- KwaZulu-Natal played a leading role in the adoption and development of a ward-based PHC Model as acknowledged by the National Health Council (NHC) before adopting the basic concept as national framework. The model is inclusive of the three streams of PHC re-engineering as approved by the NHC including (a) PHC Outreach (Family Health) Teams; (b) School Health Teams; and (c) District-based Clinical Specialist Teams.
- After extensive province-wide consultation, the Head of Department approved the KwaZulu-Natal PHC Model (developed within the national framework yet province-specific to respond to local needs and demands). Post establishments for PHC have been reviewed to make provision for operationalizing the PHC Model.

  (a) Twelve (12) PHC Outreach (Family Health) Teams were established and linked with clinics in 2011/12 as part of a pilot project in Umgungundlovu, Zululand and eThekwini. Financial provision has been made for expansion of PHC teams i.e. R66.905 million in 2012/13 and R98.454 million in 2013/14. A total of 8,865 Community Care Givers (CCGs) were on Persal and directly managed by the Department of Health at the end of 2011/12. At the moment CCGs are mainly involved with ward-based programmes linked with HIV and AIDS and Operation Sukuma Sakhe initiatives. Integration of the CCGs will however be concurrent with the roll-out of community-based teams to ensure adequate coverage at household level.

  (b) In 2011/12 there were 86 School Health Teams that were linked with clinics to ensure effective oversight and integration with other services. Programme focus was on quintile 1 and 2 schools in order to scale up access to healthcare in areas with a high deprivation index. More than 120,868 Grade 1 learners received basic health screening during the year under review.

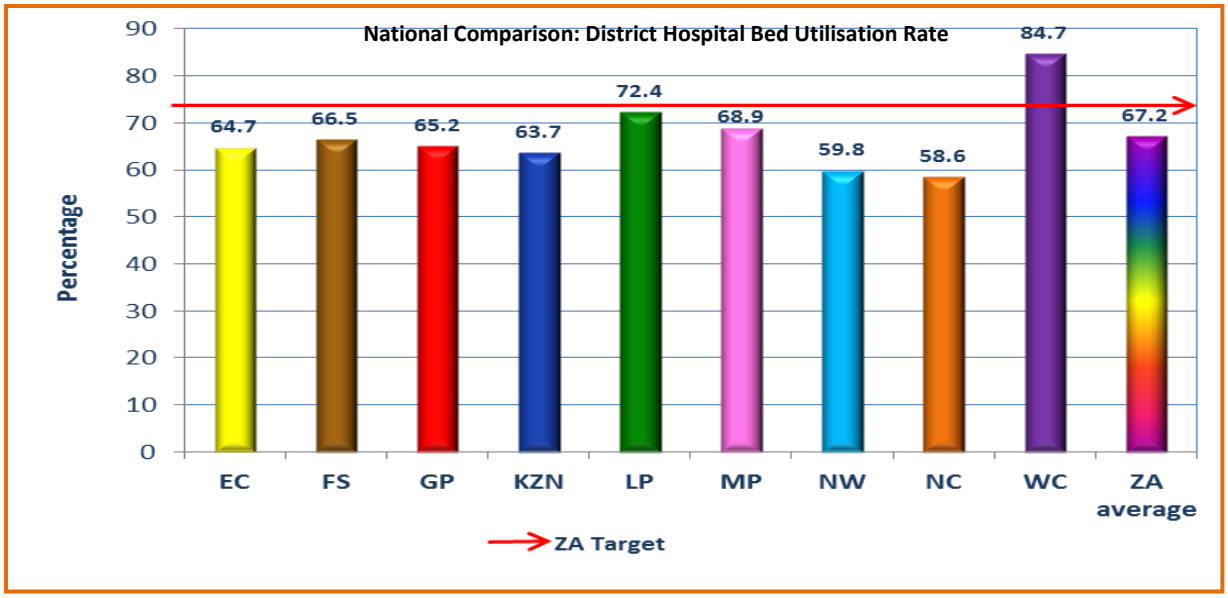
  (c) Recruitment and appointment of District Specialist Teams commenced in 2011/12 (National Department of Health). In 2011/12 the MEC for Health spearheaded a new agreement with Cuba for an expanded Cuban training programme in order to strengthen PHC re-engineering especially at community level. The programme will commence in 2012/13.

- Effective planning is jeopardised by the lack of community-based data in routine data systems e.g. inability to determine specific trends per ward. To address this, the Amajuba District initiated a pilot project (with technical support from Research) to test an appropriate system for the inclusion of community-based data (linked with Operation Sukuma Sakhe) into DHIS. Project output will be evaluated in 2012/13 for roll-out to other districts.

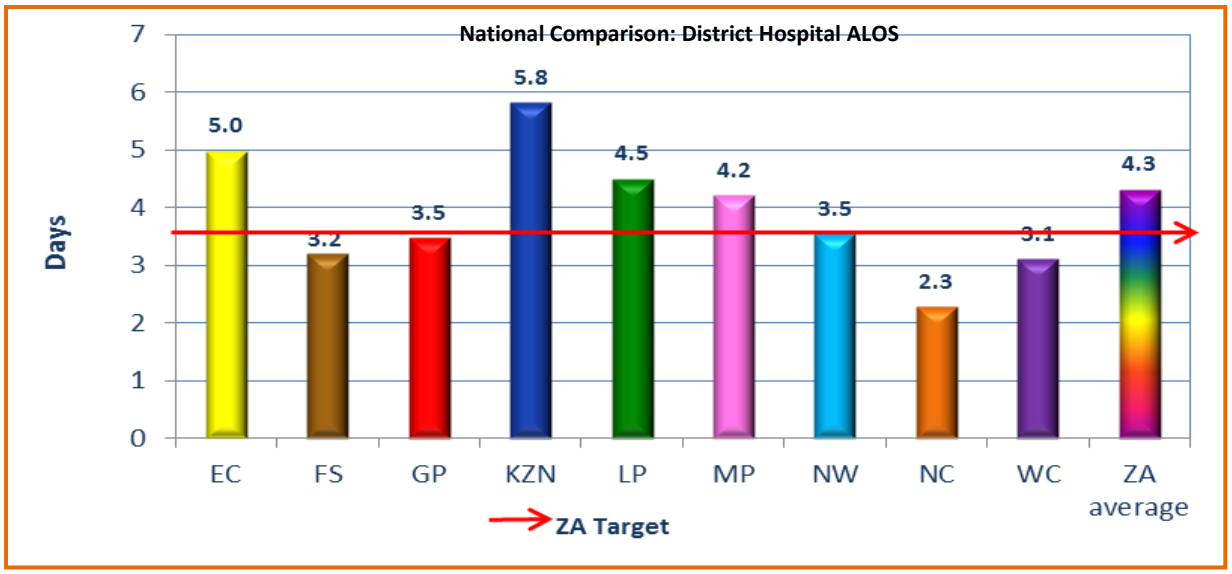
District Hospitals

- There are 39 District Hospitals in the Province (37 Public and 2 State Aided). Due to historical placement of hospitals, 44% (22/50) sub-districts/municipalities do not have a District Hospital.
- Efficiency indicators still compare negatively with national norms/averages as illustrated in Graphs 15 and 16 below. The high quadruple burden of disease, poor health seeking behaviour (patients reporting to clinics/hospitals when already very sick), inadequate step-down facilities to decant patients, high turn-over rate of Medical Officers, and inadequate patient transport contributes to increased length of stay.

Graph 15: National comparison of District Hospital bed utilisation rate in 2011/12



Graph 16: National comparison of District Hospital average length of stay



- Orthotic and Prosthetic services were provided at one main and two satellite centres on a daily basis and monthly at 45 outreach clinics based at hospitals, report extended waiting times. The 16 Medical Orthotists and Prosthetists (MOP's) attended to approximately 25,000 patients annually. MOP's assess, measure and fit orthosis and prostheses and have to manufacture most of the items which contributed to long waiting times.
- Classification of hospitals, considered one of the fundamental aspects of transformation, is being reviewed as part of the revitalisation and STP process to address issues of equity, affordability, efficiency and effectiveness in line with the *Draft Regulations published in the Government Gazette (Regulations Gazette No. 9570 Volume 554, 12 August 2011, No 34521 (R655).*

CHALLENGES – DISTRICT HOSPITALS

- Inadequate human resource capacity. High vacancy rates (Medical Officers [44.1%], Pharmacists [40.7%], and Professional nurses [20%]) impact on availability of the full package of services, inequities in workload, poor clinical output/ clinical governance and sub-optimal response to the high burden of disease.
- Current service arrangements i.e. "combo" hospitals with inadequate systems to monitor expenditure and service delivery per level of care. This affects budget allocation and monitoring of levels of care.
- Inadequate management capacity and development/mentoring programmes.

PRIORITY 2: Decrease HIV incidence and manage HIV prevalence.

- The Provincial Cabinet endorsed the Multi-Sectoral Provincial Strategic Plan (KZNPSP) for HIV and AIDS, STIs and TB 2012 – 2016 which has been aligned with the National Strategic Plan and provides the roadmap for intensified action to address HIV and AIDS, STIs, and TB through a multi-sectoral and integrated approach. The KZNPSP is aligned with the KZN Provincial Growth and Development Strategy and the Mid-Term Strategic Framework 2009 - 2014. The service delivery approach is reinforced by Operation Sukuma Sakhe, PHC re-engineering, and the National Health Insurance Policy. The Plan set ambitious targets in an effort to curb new infections and reduce morbidity and mortality.

Prevention

- There are 53 HTA intervention sites in the Province.
- A provincial High Transmission Area (HTA) Task Team was established, comprising of Department of Health, Department of Social Development, Department of Transport and the Office of the Premier. The Task Team finalised the inter-departmental strategy for a comprehensive package of care and structural refurbishment of Truck Stops.
- From 2010 to date, 135,429 males have been circumcised, and of these 90,642 (including 53 neonatal) circumcised in the 2011/12 financial year. In 2011/12, a total of 16,673 males were circumcised with the Tara Klamp. The Department continues to use the Tara Klamp and no severe adverse events or deaths due to the Tara Klamp have been reported. The rate of adverse events has gone down to around 1-2% due to the on-going MMC training support provided by the Centre of Excellence in Northdale Hospital. All hospitals in the districts have health care workers trained on the MMC procedure.
- A total of 620 lay counselors and 120 PHC supervisors and nurses were trained on Quality Management Systems in HIV. A total of 1,201 nurses were trained on Provider Initiated Counseling and Testing (PICT)

which has resulted in improved uptake of PICT. Expansion of HCT to farms improved and will be sustained. Since the launch of the HCT campaign in April 2010, a total of 4,360,577 clients were tested for HIV, with a testing rate of 86% in 2011/12.

Treatment, Care and support

- A total of 569 facilities initiated ART treatment in 2011/12.
- The number of patients on ART treatment increased by 139,173 between 2010/11 and 2011/12. Active follow-up of patients on treatment however remained a challenge with 16,067 patients lost to follow-up and 6,281 dying during care. Intensified community dialogues (as part of re-engineering of PHC) will be monitored to determine impact.
- During 2011/12 a total of 300 nurses completed the HIV and AIDS certificate course; 25 doctors completed the first year of the HIV and AIDS Diploma; and 30 doctors commenced the HIV and AIDS Diploma which is fully sponsored by the University of KwaZulu-Natal (UKZN).
- The capacity for Nurse Initiated and Managed ART (NIMART) has been developed at PHC level with mentorship of doctor and nurse mentors. A total of 120 new NIMART mentors were trained during the reporting year.

PRIORITY 3: Reduce TB incidence and improve TB outcomes.

- The TB Programme reported improved TB outcomes between 2010/11 and 2011/12 with an increase in the TB cure rate (68.2% to 69.7%) and decrease in defaulter rate (7% to 6.7%). There were 7 functional Decentralized MDR TB Units in 2011/12.
- The first Nurse Initiated MDR Project commenced at Murchison MDR TB Unit. The project will be monitored for roll-out to additional sites in 2012/13.
- There were 70 TBHIV Tracing/ Mobile Injection teams operational in the Province to manage community-based management of MDR TB to ensure an appropriate response to the challenge of MDR TB in the Province.
- The Province commenced with the roll-out of the GeneXpert machines targeting districts with a high TB disease burden and high HIV prevalence (eThekwini, Sisonke, Uthungulu and Zululand). The GeneXpert MTB/RIF is a cartridge-based, automated diagnostic test that can identify Mycobacterium Tuberculosis (MTB) and resistance to Rifampicin (RIF). With dedicated staff and sufficient instrument capacity, results are available from raw sputum in about 2 hours, without the requirement of highly trained personnel. Further roll-out of GeneXpert will be determined by available budget and resources.
- The table below shows the increase in the numbers of both MDR and XDR TB cases since 2005.

Table 30: MDR and XDR TB cases

Year	2005	2006	2007	2008	2009	2010	2011
MDR	689	935	1,131	1,422	1,401	1,481	1,825

Year	2005	2006	2007	2008	2009	2010	2011
XDR	35	85	181	176	211	206	202

Source: MDR TB database

PRIORITY 4: Reduce maternal and child morbidity and mortality through implementation of the "Maternal and Child Health Road Map to 2014".

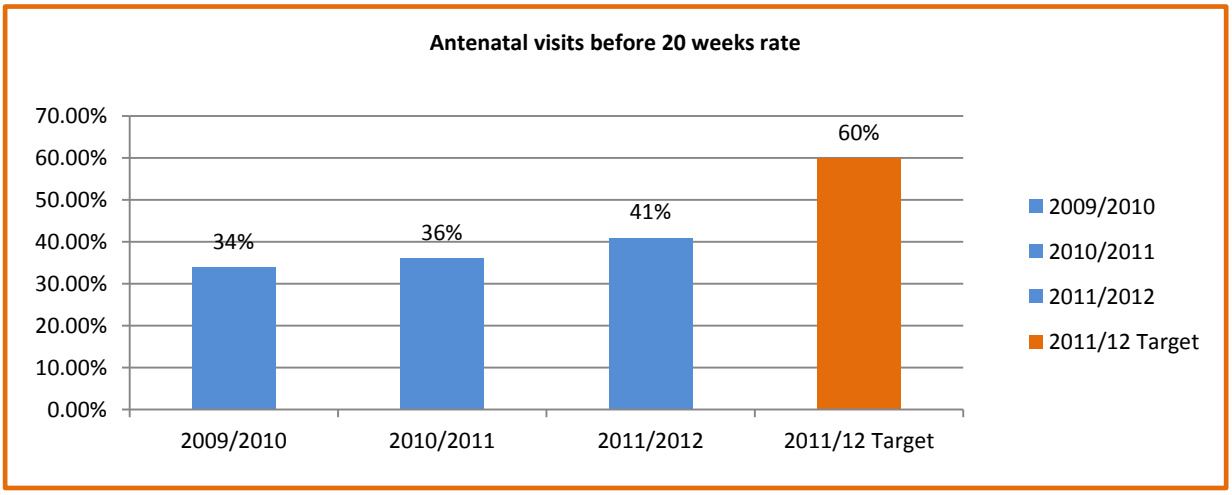
Maternal Health: Improving access to Basic and Emergency Obstetric Care

- According to the 2008-2010 Saving Mothers report, the top three causes of maternal death are non-pregnancy related infections which include HIV&AIDS (40.5%), obstetric haemorrhage (14%) and hypertension (14%) - accounting for almost 70% of all maternal deaths in that period.

- With HIV contributing significantly to maternal deaths, early initiation on lifelong HAART will reduce maternal mortality significantly. During 2011/12, 80% of pregnant women eligible for treatment were initiated on HAART during antenatal care.

- Early attendance for antenatal care is critical to ensure that women with high-risk pregnancies receive the appropriate treatment and care early in their pregnancy. Although attendance before 20 weeks gestation is still low, a slight increase is evident as illustrated in Graph 17 below. The Province, in partnership with United Nations Population Fund (UNFPA), has developed a community mobilization strategy to improve health seeking behaviour.

Graph 17: Antenatal visits before 20 weeks rate



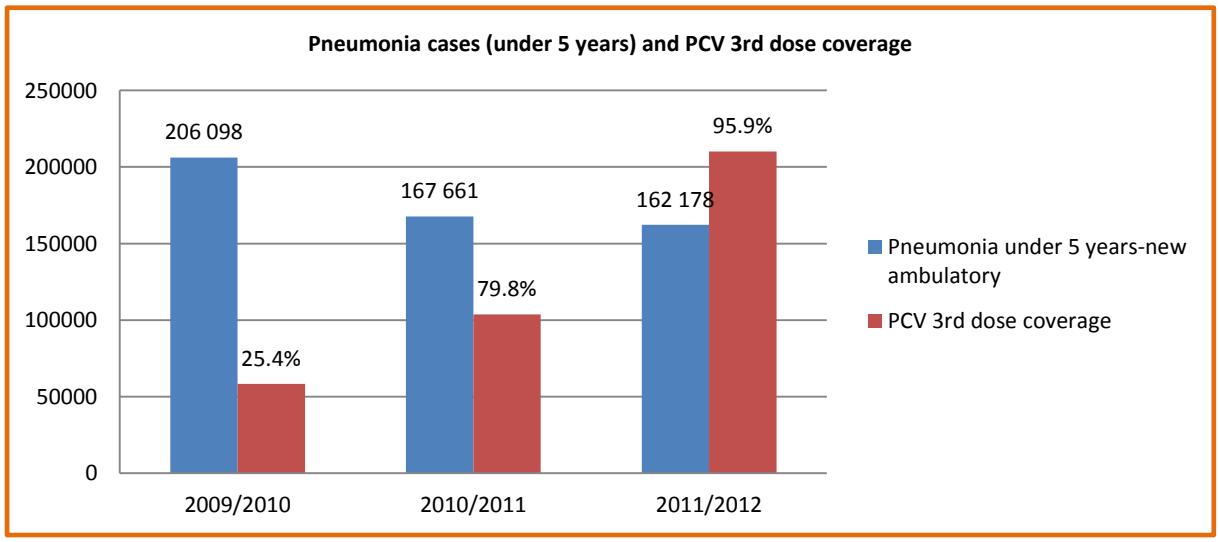
Source: DHIS

- The Community Care Givers training module on Maternal, Child and Nutrition has been finalised and training of CCGs commenced.

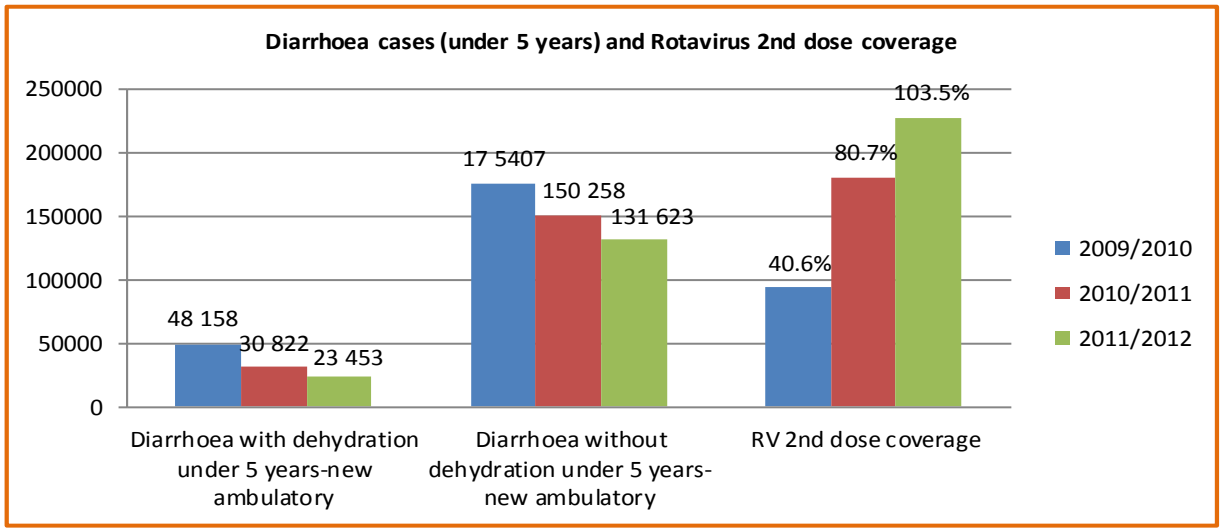
Child Health: Implement a package of prevention programmes to reduce trends in morbidity and mortality.

- The immunization coverage is 97% exceeding the target of 90%. There seems to be correlation between the Pneumococcal and Rotavirus vaccine coverage and the decrease in the number of pneumonia and diarrhoea cases, as depicted by Graph 18 and Graph 19 below.

Graph 18: Pneumonia cases and PCV 3rd dose coverage (DHIS)



Graph 19: Diarrhoea cases and Rotavirus 2nd dose coverage (DHIS)



Implement the Contraceptive Strategy to reduce unplanned, unwanted and unsafe pregnancies.

- Promoting women's reproductive rights and improving access to contraception is the Gateway to achieving Millennium Development Goal (MDG) 5: Improve Maternal Health.
- Contraceptive uptake and coverage deteriorated over the last few years with a couple year protection rate of 25.5% in 2011/12. To revitalise comprehensive and integrated contraceptive services and improve

output/outcomes, the Department introduced the Contraceptive Five Point Plan in October 2011. The National Department of Health has adapted the strategy and will be launching the national strategy in 2012.

- Five Pillars of the Strategy:
    1. Improve awareness and access to comprehensive contraceptive services.
    2. Improve the contraceptive method mix.
    3. Promote effective integration of contraceptive services.
    4. Improve Health Care Provider Training and Mentoring.
    5. Improve record keeping and monitoring and evaluation.
- Training commenced including training on insertion of Intra-Uterine Contraceptive Devices (IUCDs) which is very relevant in areas with high HIV infection rates.
- The Department started to actively engage District Mayors, Ward Councillors, District Teams, and Sex Worker Forums to improve community participation and buy-in through becoming champions in their respective districts and wards.

PRIORITY 5: Improve the efficiency and quality of health services.

- All District Hospitals and PHC facilities were assessed for compliance against the 6 priorities of the core standards.

CHALLENGES

- Programmes are still implemented in silos at both strategic and operational level and prevention and promotion programmes are fragmented with inadequate monitoring systems to determine consequent output and outcome. *The PHC re-engineering model aims to strengthen integrated screening, detection, referral, follow-up and support at community level through integrated community-based programmes and reviewed service arrangements (including oversight) at district/ sub-district levels.*
- Lack of change management programmes to navigate smooth transition from current facility-based to community-based PHC.
- Inadequate infrastructure i.e. space constraints impacting on pharmaceutical storage, access for people with disabilities, and implementation of full PHC package of services. *Infrastructure Development Programme prioritized maintenance and upgrade of facilities in 2011/12 to improve existing infrastructure.*
- Inadequate specialised rehabilitation centres in especially rural areas.
- Inadequate supportive supervision, clinical governance, and mentoring programmes.
- Human resource challenges including Inequities in human resource allocation and distribution as can be seen in variations in clinical workload, demand superseding supply, inequity in placement of staff, inadequate skills and competencies, shortage of critical skills e.g. Ophthalmologists, Therapists, etc.
- Inadequate, old and/or obsolete machinery and equipment and delays in repair and procurement.
- Considerable gaps in training and development and succession training; development of Operations Managers as first level managers (extended role in new PHC Model).

- Inadequate response to mental health challenges mainly due to resource constraints. *The Provincial Mental Health Summit (March 2012) started the process of revitalisation of mental health services.*
- Health information/data: Lack of reliable community-based data; veracity of data; and vertical information systems. *The Provincial Data Management Policy is awaiting approval and sign-off by ManCo for dissemination and implementation in 2012/13.*

Table 31: (DHS 1) - District Health Service Facilities by Health District 2011/12

Health District	Facility Type	Number of facilities 2011/12[32]	Population	Average catchment population/clinic	PHC utilisation rate 2011/12
Amajuba	Mobiles	**7**	514,314	21,429	2.2
	Fixed clinics	25			
	CHCs	0			
	Total mobiles, clinics & CHCs	*32*			
	District hospitals	1			
Ilembe	Mobiles	10	629,625	17,640	3.1
	Fixed clinics	32			
	CHCs	2			
	Total mobiles, clinics & CHCs	*44*			
	District hospitals	3			
Sisonke	Mobiles	12	506,936	13,840	2.2
	Fixed Clinics	36			
	CHCs	1			
	Total mobiles, clinics & CHCs	***49***			
	District Hospitals	4			
Ugu	Mobiles	15	764,584	14,013	2.8
	Fixed Clinics	54			
	CHCs	2[33]			
	Total mobiles, clinics & CHCs	***71***			
	District Hospitals	3			
Umgungundlovu	Mobiles	17	1,066,152	21,619	2.7
	Fixed Clinics	51			
	CHCs	3			
	Total mobiles, clinics & CHCs	***71***			

[32] The number of facilities for has been sourced from the 2012/13 DHPs
[33] Ugu DHP still refers to Gamalakhe and Turton CHCs as clinics (both operational as CHCs)

Health District	Facility Type	Number of facilities 2011/12[32]	Population	Average catchment population/clinic	PHC utilisation rate 2011/12
	District Hospitals	2			
Umkhanyakude	Mobiles	14	660,342	12,893	3.2
	Fixed Clinics	54			
	CHCs	0			
	Total mobiles, clinics & CHCs	***68***			
	District Hospitals	5			
Uthungulu	Mobiles	13	972,860	16,978	2.6
	Fixed Clinics	58			
	CHCs	1			
	Total mobiles, clinics & CHCs	***72***			
	District Hospitals	6			
Uthukela	Mobiles	14	699,763	17,942	2.1
	Fixed Clinics	37 [34]			
	CHCs	1			
	Total mobiles, clinics & CHCs	***52***			
	District Hospitals	2			
Umzinyathi	Mobiles	11	514,840	10,954	2.7
	Fixed Clinics	46			
	CHCs	0			
	Total mobiles, clinics & CHCs	***57***			
	District Hospitals	4			
eThekwini	Mobiles	23	3,437,114	31,299	3.1
	Fixed Clinics	112 [35]			
	CHCs	8			
	Total mobiles, clinics & CHCs	***143***			
	District Hospitals	2[36]			
Zululand	Mobiles	16	855,674	14,056	2.3
	Fixed Clinics	63			
	CHCs	1			

[34] Includes 1 Satellite clinic
[35] Includes 7 Satellite clinics
[36] Excludes the 2 State Aided District Hospitals

Health District	Facility Type	Number of facilities 2011/12[32]	Population	Average catchment population/clinic	PHC utilisation rate 2011/12
	Total mobiles, clinics & CHCs	***80***			
	District Hospitals	5			
Province	Mobiles	**152**	**10,622,204**	**18,784**	**2.7**
	Fixed Clinics	**568**			
	CHCs	**19**			
	Total mobiles, clinics & CHCs	***739***			
	District Hospitals	**37**[37]			

Source: 2012/13 DHPs (facilities), DHIS

*Rural Development nodes (Including UMzimkhulu in Sisonke District) Highlighted

Table 32: (DHS 2) - Personnel in District Health Services by Health District for 2011/12

Health District	Personnel Category	Posts Filled 2011/12	Posts Approved 2011/12	Vacancy Rate (%) 2011/12	Number in post per 1,000 Uninsured People[38]
Amajuba	**PHC Facilities**				
	Medical Officers	0	0	0.0	0.000
	Professional Nurses	134	171	21.6	0.296
	Pharmacists	0	0	0	0.000
	Community Health Workers	376			
	District Hospitals				
	Medical Officers	5	7	28.6	0.011
	Professional Nurses	35	40	12.5	0.077
	Pharmacists	3	4	25	0.007
Ugu	**PHC Facilities**				
	Medical Officers	6	9	33.3	0.009
	Professional Nurses	273	415	34.2	0.406
	Pharmacists	3	3	0	0.004
	Community Health Workers	885			

[37] Excludes the 2 State Aided District Hospitals in the eThekwini Metro
[38] Uninsured population: 9,347,540

Health District	Personnel Category	Posts Filled 2011/12	Posts Approved 2011/12	Vacancy Rate (%) 2011/12	Number in post per 1,000 Uninsured People[38]
	District Hospitals				
	Medical Officers	52	75	30.7	0.077
	Professional Nurses	237	301	21.3	0.352
	Pharmacists	17	26	34.6	0.025
Sisonke	**PHC Facilities**				
	Medical Officers	1	4	75	0.002
	Professional Nurses	189	272	30.5	0.424
	Pharmacists	2	4	50	0.004
	Community Health Workers	822			
	District Hospitals				
	Medical Officers	34	84	59.5	0.076
	Professional Nurses	241	334	27.8	0.540
	Pharmacists	10	20	50	0.022
Ilembe	**PHC Facilities**				
	Medical Officers	9	21	57.1	0.016
	Professional Nurses	179	325	44.9	0.323
	Pharmacists	10	12	16.7	0.018
	Community Health Workers	768			
	District Hospitals				
	Medical Officers	23	47	51.1	0.042
	Professional Nurses	139	203	31.5	0.251
	Pharmacists	10	12	16.7	0.018
eThekwini	**PHC Facilities**				
	Medical Officers	56	87	35.6	0.019
	Professional Nurses	895	1,025	12.7	0.296
	Pharmacists	46	55	16.4	0.015
	Community Health Workers	2,023			
	District Hospitals				
	Medical Officers	55	64	14.1	0.018

Health District	Personnel Category	Posts Filled 2011/12	Posts Approved 2011/12	Vacancy Rate (%) 2011/12	Number in post per 1,000 Uninsured People[38]
	Professional Nurses	244	332	26.5	0.081
	Pharmacists	16	24	33.3	0.005
Umgungundlovu	**PHC Facilities**				
	Medical Officers	11	25	56	0.012
	Professional Nurses	350	395	11.4	0.373
	Pharmacists	10	15	33.3	0.011
	Community Health Workers	760			
	District Hospitals				
	Medical Officers	53	91	41.8	0.056
	Professional Nurses	241	295	18.3	0.257
	Pharmacists	18	28	35.7	0.019
Uthukela	**PHC Facilities**				
	Medical Officers	1	9	88.9	0.002
	Professional Nurses	209	325	35.7	0.339
	Pharmacists	0	4	100	0.000
	Community Health Workers	710			
	District Hospitals				
	Medical Officers	24	48	50	0.039
	Professional Nurses	141	170	17.1	0.229
	Pharmacists	11	26	57.7	0.018
Umzinyathi	**PHC Facilities**				
	Medical Officers	0	0	0	0.000
	Professional Nurses	150	216	30.6	0.331
	Pharmacists	0	0	0	0.000
	Community Health Workers	470			
	District Hospitals				
	Medical Officers	38	72	47.2	0.084
	Professional Nurses	311	338	8	0.686
	Pharmacists	9	19	52.6	0.020

Health District	Personnel Category	Posts Filled 2011/12	Posts Approved 2011/12	Vacancy Rate (%) 2011/12	Number in post per 1,000 Uninsured People[38]
Uthungulu	**PHC Facilities**				
	Medical Officers	4	7	42.9	0.005
	Professional Nurses	207	312	33.7	0.242
	Pharmacists	4	6	33.3	0.005
	Community Health Workers	660			
	District Hospitals				
	Medical Officers	44	84	47.6	0.051
	Professional Nurses	373	450	17.1	0.436
	Pharmacists	14	24	41.7	0.016
Umkhanyakude	**PHC Facilities**				
	Medical Officers	0	1	100	0.000
	Professional Nurses	205	277	26	0.353
	Pharmacists	1	1	0	0.002
	Community Health Workers	689			
	District Hospitals				
	Medical Officers	65	115	43.5	0.112
	Professional Nurses	384	468	17.4	0.661
	Pharmacists	12	20	40	0.021
Zululand	**PHC Facilities**				
	Medical Officers	3	6	50	0.004
	Professional Nurses	324	475	31.8	0.430
	Pharmacists	3	5	40	0.004
	Community Health Workers	702			
	District Hospitals				
	Medical Officers	40	87	54	0.053
	Professional Nurses	482	602	19.9	0.640
	Pharmacists	17	28	39.3	0.023
Province	**PHC Facilities**				
	Medical Officers	91	169	46.2	0.010

Health District	Personnel Category	Posts Filled 2011/12	Posts Approved 2011/12	Vacancy Rate (%) 2011/12	Number in post per 1,000 Uninsured People[38]
	Professional Nurses	3,115	4,208	26	0.333
	Pharmacists	79	105	25	0.008
	Community Health Workers	8,865			
	District Hospitals				
	Medical Officers	433	774	44.1	0.046
	Professional Nurses	2,828	3,533	20	0.303
	Pharmacists	137	231	40.7	0.015

PROGRAMME PERFORMANCE 2011/12

PRIMARY HEALTH CARE SERVICES

Table 33: (DHS 3) - Situation Analysis Indicators for District Health Services – 2011/12

Performance Indicators	Provincial 2011/12	Ugu 2011/12	Umgungundlovu 2011/12	Uthukela 2011/12	Umzinyathi 2011/12	Amajuba 2011/12	Zululand 2011/12	Umkhanyakude 2011/12	Uthungulu 2011/12	Ilembe 2011/12	Sisonke 2011/12	eThekwini 2011/12
1. Provincial PHC expenditure per uninsured person	R 350	R 352	R 339	R 270	R 350	R 270	R 386	R 346	R 315	R 377	R 366	R 315
2. PHC total headcount	29,314,618	2,095, 450	2,924, 108	1,476, 892	1,418, 983	1,111, 253	1,954, 753	2,097, 010	2,555, 330	1,941, 212	1,167, 686	10,571, 941
3. PHC headcount under 5 years	5,161,689	355, 425	450, 858	315, 207	340, 150	210, 870	367, 677	400, 518	484, 647	340, 231	246, 000	1,650, 106
4. Utilisation rate - PHC	2.7	2.8	2.7	2.1	2.7	4.1	2.3	3.2	2.6	3.1	2.2	3.1
5. Utilisation rate under 5 years - PHC	4.6	4.5	4.2	4.1	5.1	2.2	3.5	4.8	4.5	5.3	3.7	5.4
6. Fixed PHC facilities with a monthly supervisory visit	62.2%	59.0%	45.0%	33.6%	76.9%	62.5%	55.5%	98.7%	81.2%	60.1%	75.5%	50.6%
7. Expenditure per PHC visit	R 106	R 113	R 109	R 112	R 112	R 110	R149	R 96	R 106	R 108	R 140	R 90

Performance Indicators	Provincial 2011/12	Ugu 2011/12	Umgungundlovu 2011/12	Uthukela 2011/12	Umzinyathi 2011/12	Amajuba 2011/12	Zululand 2011/12	Umkhanyakude 2011/12	Uthungulu 2011/12	Ilembe 2011/12	Sisonke 2011/12	eThekwini 2011/12
8. CHCs with a resident doctor	95%	100%	100%	100%	No CHC	No CHC	100%	No CHC	100%	100%	0%	100%
9. Percentage of complaints of users of PHC services resolved within 25 days[39]	76%	74%	No data	53%	100%	78%	79%	83%	57%	85%	77%	78%
10. Number of PHC facilities assessed for compliance against the 6 priorities of the core standards	481	55	24	36	42	24	29	42	48	34	37	110

Source: Same as for Provincial indicators

[39] Quarter 4 data used for the District figures

Table 34: (DHS 2, DHS 3(a), DHS 3(b), DHS 4, and DHS 5) - Performance Indicators and targets for District Health Services

SUB PROGRAMME/PROGRAMME: District Health Services				
Performance Indicators	Baseline (Actual output) 2010/11	Actual Performance against target		Reasons for variance and comments
		2011/12 APP Target	2011/12 Actual	
1. Provincial PHC expenditure per uninsured person	R 222	R 303	R 350 (3,113,614/8,895,443)	
2. PHC total headcount	26,494,623	25,901,744	29,314,618[40]	Incomplete/ unreliable data impact significantly on setting appropriate targets (based on standard deviations) with variations of more than 1mil in some instances. The DHIS is not a real-time system and data is being updated continuously which skew interpretation and analysis. This forms part of the Data Management strategy to improve completeness and quality of data.
3. PHC total headcount under 5 years	5,065,881	5,670,572	5,161,689[41]	
4. Utilisation rate – PHC	2.5	2.8	2.7[42] (29,314,618/10,622,204)	Within acceptable range
5. Utilisation rate under 5 years - PHC	4.5	4.7	4.6[43]	Within acceptable range
6. Percentage of fixed PHC facilities with a monthly supervisory visit	63.3%	80%	62.2% (4,578/7,356)	Shortage of supervisors with a significant number being absorbed in Operations Managers posts for OSD, and delays in filling of vacant posts. Lack of dedicated vehicles affects supervision negatively. This has been an ongoing challenge; implementation of the PHC re-engineering will address it

[40] Treasury Report refers to headcount in fixed facilities – the quoted headcount includes mobile headcounts.
[41] Treasury Report refers to headcount in fixed facilities – the quoted headcount includes mobile headcounts.
[42] The headcount used in the calculation includes the both fixed facilities and mobiles
[43] The headcount used in the calculation includes the both fixed facilities and mobiles

SUB PROGRAMME/PROGRAMME: District Health Services				
Performance Indicators	Baseline (Actual output) 2010/11	Actual Performance against target		Reasons for variance and comments
		2011/12 APP Target	2011/12 Actual	
7. Expenditure per PHC visit	R 101	R 110	R 106 (3,113,614/29,314,618)	
8. CHC's with resident doctor rate	94%	100%	95.0% (18/19)	The new CHCs that opened in the 4th quarter of 2011/12 are not currently providing the full package of services for CHCs. Phase 2 of implementation will be commencing in 2012/13. Pholela CHC has difficulty in recruiting a Medical Officer, and alternative arrangements have been made with doctors from the District Hospital to provide services at the CHC.
9. Percentage of complaints of users of PHC services resolved within 25 days	New indicator	100%	76% (2,389/3,142)	Indicator needs review to refer to response versus resolved.
10. Number of accredited Health Promoting Schools	188 (cumulative)	190 (cumulative)	210 (cumulative)	
11. School health services coverage	50.3	75%	54.9% (2,268/4,124)	
12. Percentage of PHC clinics accredited	0	5%	0%	Accreditation dependent on the National Department of Health appointing the accreditation authority. National process not finalised. HST conducted the baseline assessments in 2011/12 – awaiting final report.
13. Percentage of CHC's accredited	0	19%	0%	Same as for indicator no. 12.
14. Percentage of CHC's conducting annual Patient Satisfaction Survey's	62.5%	100%	89% (17/19)	Two new CHCs (Ugu and Uthukela) were commissioned in late 2011/12 and did therefore not conduct surveys.
15. Average patient waiting time in CHC's	1hour	<4 ½ hrs	91minutes	Initial targets were based on estimates and will therefore be

SUB PROGRAMME/PROGRAMME: District Health Services				
Performance Indicators	Baseline (Actual output) 2010/11	Actual Performance against target		Reasons for variance and comments
		2011/12 APP Target	2011/12 Actual	
				reviewed.
16. Percentage of PHC facilities assessed for compliance against the 6 priorities of the Core Standards	New indicator	Routine 100%	84% (481/576)	Shortage of Supervisors and PHC Coordinators impact on oversight and inevitably on assessment of facilities. This forms part of PHC re-engineering model (strengthening of oversight arrangements).
17. Percentage of Clinic Committees (PHC) appointed (cumulative – 10% per annum)	56.9%	20%	74% (351/470)	The target was based on official appointment of Clinic Committees and Hospital Boards by the MEC (National Health Act, 2003) – process on-going awaiting promulgation of the KZN Health Act, 2009 Regulations. The actual data quoted refer to interim committees fulfilling the same functions.
18. Percentage of Clinic Committees (CHC) appointed (cumulative per annum)	43.7	62%	37% (7/19)	
19. Percentage of Hospital Boards appointed (cumulative per annum)	100%	55%	90% (65/72)	

Source: DHIS, DQPR, Quality Assurance, Corporate Governance and ISC

DISTRICT HOSPITALS

Table 35: (DHS 4) - Situation Analysis Indicators for District Hospitals

Performance Indicators	Provincial 2011/12	Ugu 2011/12	UMgungundlovu 2011/12	Uthukela 2011/12	Umzinyathi 2011/12	Amajuba 2011/12	Zululand 2011/12	Umkhanyakude 2011/12	Uthungulu 2011/12	Ilembe 2011/12	Sisonke 2012/12	eThekwini 2011/12
1. Caesarean section rate	26%	33.9%	23.5%	23.9%	23.0%	19.9%	22.1%	22.3%	25%	21.5%	26.9%	35.8%
2. Separations – total	337,550	33,468	28,795	18,949	41,391	3,714	48,304	43,327	33,647	12,095	29,667	44,171
3. Patient day equivalents	2,990,662	304,910	244,860	156,223	355,140	31,312	389,572	388,612	352,406	124,507	247,649	390,856
4. OPD Headcount - total	2,698,087	243, 925	268, 314	134, 374	313, 609	59, 717	207, 292	337, 166	359, 997	130, 853	177, 889	454, 998
5. Average length of stay	5.8 Days	6.3 Days	4.6 Days	5.6 Days	5.7 Days	2.8 Days	6.4 Days	6.3 Days	6.7 Days	6.6 Days	5.9 Days	4.7 Days
6. Bed utilisation rate	63.7%	71.5%	69.1%	64.1%	55%	54.6%	68.9%	60.8%	51.5%	55.9%	65%	74.2%
7. Expenditure per patient day equivalent (PDE)	R 1 593	R 1 084	R 1 965	R 1 414	R 1 271	R 8 758	R 1 575	R 1 289	R 1 729	R 1 535	R 1 258	R 1 870
8. Percentage of complaints of users of District Hospital services resolved within	68.2%	39%	97%	48%	68%	94%	79%	81%	65%	90%	76%	96%

Performance Indicators	Provincial 2011/12	Ugu 2011/12	UMgungundlovu 2011/12	Uthukela 2011/12	Umzinyathi 2011/12	Amajuba 2011/12	Zululand 2011/12	Umkhanyakude 2011/12	Uthungulu 2011/12	Ilembe 2011/12	Sisonke 2012/12	eThekwini 2011/12
25 days												
9. Percentage of District Hospitals with monthly Maternal mortality and morbidity meetings	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
10. Percentage of users of District Hospitals satisfied with services received	78%[44]	89%	70%	No data	90%	100%	51%	90%	81%	No data	78%	No data
11. Percentage of District Hospitals assessed for compliance against the 6 Priorities of the core standards	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Source: Same as for Provincial indicators

[44] Data incomplete and based on information received from 8 districts

Table 36: (DHS 6, DHS 7(a), DHS 7(b), DHS 8, and DHS 9) - Performance Indicators and targets for District Hospitals

SUB PROGRAMME/PROGRAMME: District Hospitals				
Performance Indicators	**Baseline (Actual output) 2010/11**	**Actual Performance against target**		**Reasons for variance and comments**
		2011/12 APP Target	**2011/12 Actual**	
1. Caesarean section rate	27.4%	27%	26% (22,819/87,843)	
2. Separations - total	331,419	352,307	337,550	
3. Patient day equivalents (PDE)	3,002,516	3,160,237	2,990,662	
4. OPD headcount - total	2,664,297	3,198,675	2,698,087	OPD headcount decreased from 3,069,671 in 2009/10 to 2,664,297 in 2010/11 which would explain the target. It is not clear what the impact of improved PHC will be on OPD headcount – will be actively monitored in 2012/13.
5. Average length of stay	6.1 Days	5 Days	5.8 Days	The high burden of disease, poor health seeking behaviour (reporting to clinics/hospitals when already very sick), inadequate step-down facilities to decant patients, high turn-over of Medical Officers, and inadequate patient transport contribute to the extended hospital stay.
6. Bed utilisation rate	63.8%	70%	63.7%	Bed utilisation rate decreased from 65.4% in 2009/10 to 63.8% in 2010/11. Low efficiencies will be addressed through implementation of the hospital revitalisation programme over the next MTEF.
7. Expenditure per patient day equivalent (PDE)	R 1 668	R 1 500	R 1 593 (4,763,328,599/2,990,662)	

SUB PROGRAMME/PROGRAMME: District Hospitals				
Performance Indicators	Baseline (Actual output) 2010/11	Actual Performance against target		Reasons for variance and comments
		2011/12 APP Target	2011/12 Actual	
8. Percentage of complaints of users of District Hospital services resolved within 25 days	78%	100%	68.2%[45] (1,585/2,321)	Need for indicator to be reviewed (attended to versus resolved).
9. Percentage of District Hospitals with monthly Maternal mortality and morbidity meetings	93%	100%	100%	
10. Percentage of users of District Hospitals satisfied with services received	New indicator	Establish baseline	78%	Methodology (including sample size) and follow-up strategies should be reviewed for meaningful interpretation of this national indicator.
11. Number of District Hospitals assessed for compliance against the 6 priorities of the core standards	New indicator	Routine 39[46]	37	All government hospitals were audited, excluding the two State-aided hospitals in eThekwini District.
12. Number of District Hospital CEO's who have signed national delegation of authorities	0 (Provincial delegations signed)	39	36[47]	One hospital without a CEO (Church of Scotland Hospital).
13. Number of District Hospitals accredited	0	9	0	Accreditation dependent on the National Department of Health appointing the accreditation authority.
14. Number of District Hospitals conducting annual Patient Satisfaction Surveys	33	39	39	

[45] Data is incomplete and based on data received from 8 districts (outstanding Uthukela, Ilembe and eThekwini)
[46] This includes two State-aided Hospitals in eThekwini District
[47] This excludes two State-aided hospitals in eThekwini District

SUB PROGRAMME/PROGRAMME: District Hospitals				
Performance Indicators	Baseline (Actual output) 2010/11	Actual Performance against target		Reasons for variance and comments
		2011/12 APP Target	2011/12 Actual	
15. Average patient waiting time at OPD	2hrs 20min	<4 ½ hrs	2hrs 18minutes	
16. Average patient waiting time at admissions	55 min	<4 ½ hrs	51minutes	

Source: ISC quarterly report, Q.A. unit, DHIS, DQPR

HIV AND AIDS, STI AND TB CONTROL (HAST)

Table 37: (HIV 1) - Situation Analysis Indicators for HIV & AIDS, STI's and TB Control

Performance Indicators	Provincial 2011/12	Ugu 2011/12	UMgungundlovu 2011/12	Uthukela 2011/12	Umzinyathi 2011/12	Amajuba 2011/12	Zululand 2011/12	Umkhanyakude 2011/12	Uthungulu 2011/12	Ilembe 2011/12	Sisonke 2011/12	eThekwini 2011/12
1. Total number of patients (children and adults) on ART	547,411	39,304	66,099	36,337	27,543	26,808	35,469	43,405	62,164	35,665	25,436	149,181
2. Male condom distribution rate	9.0	7.0	6.9	10.4	13.1	13.7	14.8	13.9	11.5	8.9	14.0	5.2
3. New smear positive PTB defaulter rate[48]	6.7%	4.4%	6.8%	6.5%	1.5%	2.7%	3.6%	4.1%	4.8%	7.5%	5.9%	11.1%
4. PTB two month smear conversion rate[49]	68.3%	62.1%	80.5%	73.7%	75.1%	73.0%	84.3%	57.8%	75.0%	80.2%	56.6%	73.0%
5. Percentage of HIV-TB co-infected patients placed on ART	32.5%	28.7%	38.5%	41.9%	58.8%	53.2%	7.2%	29.8%	18.8%	28.4%	43.4%	33.0%
6. HCT testing rate	86%	97%	98%	99%	98%	99%	94%	98%	64%	99%	95%	77%

[48] District figures based on the updated report for the same period
[49] District figures based on the updated report for the same period

Performance Indicators	Provincial 2011/12	Ugu 2011/12	UMgungundlovu 2011/12	Uthukela 2011/12	Umzinyathi 2011/12	Amajuba 2011/12	Zululand 2011/12	Umkhanyakude 2011/12	Uthungulu 2011/12	Ilembe 2011/12	Sisonke 2011/12	eThekwini 2011/12
7. New smear positive PTB cure rate[50]	69.7%	69.8%	76.8%	69.5%	84.8%	79.7%	75.8%	58.3%	78.2%	81.9%	70.2%	64.6%

Source: Same as for Provincial indicators

Table 38: (HIV 1, HIV 2, HIV 3, and HIV 4) - Performance Indicators and targets for HIV & AIDS, STI and TB Control

SUB PROGRAMME/PROGRAMME: HIV&AIDS, STI and TB Control			
Performance Indicators	Baseline (Actual output) 2010/11	Actual Performance against target	Reasons for variance and comments
		2011/12 APP Target / 2011/12 Actual	
1. Total number of patients (children and adults) on ART	408,238	460,198 / 547,411	Policy changes and new strategies including intensified testing.
2. Male condom distribution rate	8.1	12 / 9.0 (31,914,706/3,440,461)	Poor recording and shortage of condoms and condotainers in some areas. The indicator does not include the distribution taking place outside of public health facilities
3. New smear positive PTB defaulter rate	7%	6.1% / 6.7% (2,075/30,787)	Poor tracing of patients who interrupt treatment, due to increased workload (high MDR-TB burden) for the tracer teams and lack of tracer teams in some areas. Lack of integration with CCGs
4. PTB two month smear conversion rate	69%	70% / 68.3%	

[50] District figures based on the updated report for the same period

SUB PROGRAMME/PROGRAMME: HIV&AIDS, STI and TB Control				
Performance Indicators	Baseline (Actual output) 2010/11	Actual Performance against target		Reasons for variance and comments
		2011/12 APP Target	2011/12 Actual	
			(21,454/31,366)	
5. Percentage of HIV-TB co-infected patients placed on ART	74.4%	80%	32.5% (20,910/64,325)	This indicator has only been correctly reported in the annual figure. It has emerged that this data should be sourced from the ETR.net and not on DHIS due to different entry points at each facility. The ETR.net provides a more comprehensive figure than DHIS does. This will be addressed by the implementation of the TIER.net system in 2012/13. 2011/12 data should be read with caution.
6. HCT testing rate	80%	90%	86% (2,511,872/2,892,810)	
7. Percentage of people with HIV-TB co-morbidity initiated on ART at a CD4 count of 350 or less	48%	80%	50.3%	The target was not met as most patients are started on TB treatment first before ART initiation and are therefore not reported in the same reporting period.
8. Number of neo-natal males circumcised	58	71,288/95,051 (75%)	53	The initial target for MMC was unrealistic and since been reviewed *(New target – 150).* Slow uptake of neonatal circumcision has been discussed with bioethics experts at UKZN in an effort to address ethical objections to the procedure. Training of medical personnel will also receive more attention in the next MTEF.
9. Number of adult males circumcised	33,817	373,406/1,867,030 (20% new & 30% cumulative)	90,589	The initial target for MMC was unrealistic and since been reviewed *(new target – 174,826).*
10. New smear positive PTB cure rate	68.2%	72%	69.7%	

SUB PROGRAMME/PROGRAMME: HIV&AIDS, STI and TB Control				
Performance Indicators	Baseline (Actual output) 2010/11	Actual Performance against target		Reasons for variance and comments
		2011/12 APP Target	2011/12 Actual	
			(21,478/30,787)	
11. HIV incidence	1.7% (MRC)	0.85%	1.01%[51]	Target for HIV incidence was determined in the National Strategic Plan for HIV, AIDS, and STIs 2007-2011. Projections from ASSA2008 (national source) demonstrated a decrease from 2010/11 baseline.
12. Percentage qualifying HIV-positive patients on ART	81%	80%	Not available	There is no mechanism of establishing the total number of eligible patients and therefore unable to provide the percentage. In the past the HAST unit collected the data element for the tested HIV positive and eligible directly from the institutions and used that information for planning. This parallel process to DHIS was stopped. It is hoped with the full implementation of the 3-TIER system the Department shall be able to assess this performance indicator once more. Current available data elements from DHIS related to this are Number of adults eligible for ART and Number of adults initiated on ART – annual non-cumulative, as well as cumulative total patients active since start of programme

Source: DHIS, ETR, DQPR, HAST

[51] 2011 Projection from ASSA 2008 document

MATERNAL, CHILD AND WOMEN'S HEALTH & NUTRITION

Table 39: (MCWH 1) - Situation Analysis Indicators for MC&WH&N

Performance Indicators	Provincial 2011/12	Ugu 2011/12	UMgungundlovu 2011/12	Uthukela 2011/12	Umzinyathi 2011/12	Amajuba 2011/12	Zululand 2011/12	Umkhanyakude 2011/12	Uthungulu 2011/12	Ilembe 2011/12	Sisonke 2011/12	eThekwini 2011/12
1. Immunisation coverage under-1 year	97%	95.3%	84.2%	105.4%	104.1%	77.7%	78.7%	99.0%	105.9%	96.8%	82.3%	106.1%
2. Vitamin A coverage 12 – 59 months	42.6%	45.0%	30.6%	32.8%	46.7%	37.3%	30.1%	29.5%	38.2%	49.6%	44.8%	54.9%
3. Measles 1st dose under 1 year coverage	98.9%	98.6%	85.6%	106.1%	107.0%	81.8%	83.5%	103.2%	99.7%	99.8%	89.2%	107.6%
4. Pneumococcal Vaccine (PCV) 3rd Dose Coverage	95.9%	98.4%	79.9%	99.9%	108.3%	84.5%	79.5%	103.7%	103.7%	99.1%	89.4%	100.0%
5. Rota Virus (RV) 2nd Dose coverage	103.5%	99.4%	90.5%	100.2%	108.3%	88.7%	84.7%	106.9%	105.0%	102.7%	89.6%	117.7%
6. Cervical cancer screening coverage	76.1%	71.5%	70.6%	56.2%	139.5%	53.7%	82.5%	87.0%	54.9%	90.0%	60.8%	79.5%
7. Antenatal visits before 20	41%	35.1%	48.3%	36.6%	44.0%	38.2%	42.3%	48.0%	39.6%	42.9%	37.4%	39.1%

Performance Indicators	Provincial 2011/12	Ugu 2011/12	UMgungundlovu 2011/12	Uthukela 2011/12	Umzinyathi 2011/12	Amajuba 2011/12	Zululand 2011/12	Umkhanyakude 2011/12	Uthungulu 2011/12	Ilembe 2011/12	Sisonke 2011/12	eThekwini 2011/12
weeks rate												
8. Baby tested PCR positive six weeks after birth as a proportion of babies tested at six weeks	4%	3.2%	3.0%	2.9%	3.6%	1.9%	3.7%	3.4%	2.9%	2.9%	3.0%	6.0%
9. Couple year protection rate	25.5%	26.9%	25.1%	25.2%	28.7%	28.0%	26.0%	28.0%	24.3%	25.6%	25.6%	24.4%
10. Facility maternal mortality rate	190.6/100k	177.9/100k	193.5/100k	132.8/100k	96.3/100k	173.4/100k	134.0/100k	68.1/100k	332.5/100k	112.5/100k	127.9/100k	251.6/100k
11. Delivery rate for women under 18 years	9.3%	11.2%	9.8%	8.9%	8.7%	9.2%	10.8%	10.5%	8.3%	11.0%	10.5%	8.0%
12. Facility infant mortality (under 1) rate	7.0%	8.9%	7.4%	9.6%	8.9%	5.2%	7.5%	8.5%	7.4%	11.5%	15.1%	3.1%
13. Facility child mortality (under5) rate	4.8%	6.1%	5.6%	7.5%	6.7%	3.6%	7.6%	6.6%	5.3%	8.1%	10.1%	1.6%

Source: Same as for Provincial indicators

Table 40: (MCWH 1, MCWH 2, MCWH 3, and MCWH 4) - Performance Indicators and targets for MCWH & Nutrition

SUB PROGRAMME/PROGRAMME: MCWH & Nutrition				
Performance Indicators	Baseline (Actual output) 2010/11	Actual Performance against target		Reasons for variance and comments
		2011/12 APP Target	2011/12 Actual	
1. Immunisation coverage under 1 year	86%	90%	97% (212,468/219,033)	
2. Vitamin A coverage 12 – 59 months	32.6%	55%	42 % (769,685/902,089*2)	Children are generally not brought to clinics for Vitamin A. Less visits for children older than 1 year (primary immunisation schedule).
3. Measles 1st dose under 1 year coverage	88%[52]	90%	98.9% (216,704/219,033)	
4. Pneumococcal Vaccine(PCV) 3rd Dose Coverage	80%	90%	95.9% (210,097/219,033)	The baseline data for 2010/11 refers to Pneumococcal (PCV) 1st dose coverage which was prescribed by the National Department of Health
5. Rota Virus (RV) 2nd Dose coverage	81%	90%	103.5% (226,776/219,033)	The baseline data for 2010/11 refers to Rota Virus (RV) 1st dose coverage which was prescribed by the National Department of Health. 100%+ coverage due to catch-up immunisation campaigns which include children that would normally go to private facilities
6. Cervical cancer screening coverage	57.4%	50%	76.1% (159,096/209,051)	
7. Antenatal visits before 20 weeks rate	36%	60%	41%	Poor accessibility of Antenatal Care services due to some clinics not offering daily ANC services, bad staff attitudes and ANC clinic

[52] Measles coverage under -1 year according to 2010/11 Annual Report

SUB PROGRAMME/PROGRAMME: MCWH & Nutrition				
Performance Indicators	Baseline (Actual output) 2010/11	Actual Performance against target		Reasons for variance and comments
		2011/12 APP Target	2011/12 Actual	
			(91,525/223,145)	schedules that do not suit some of the service beneficiaries. Data management issues, e.g. some clinics not including visits before 13 weeks in the number of visits before 20 weeks
8. % of pregnant women tested for HIV	91.8%	100%	114.2% (218,049/190,953)	The denominator, according to the DHIS calculation, is currently excluding ANC clients that were negative at previous visits, resulting to a numerator that is bigger than the denominator.
9. % of pregnant women who are eligible placed on ARV prophylaxis[53]	New indicator	95%	93% (53,310/57,565)	
10. % of eligible pregnant women placed on HAART	75%	75%	80% (19,574/24,468)	
11. % HIV exposed infants receive ARV's for PMTCT[54]	75.2%	95%	98% (66,262/67,886)	
12. % of mothers and new-born babies who received post-partum care within 6 days after delivery[55]	M: 31 B: 31	50%	Mothers – 58.1% (112,418/193,375) New born babies – 58.3% (111,217/190,452)	
13. Number of maternity care units that review Maternal and Peri-Natal deaths	50	All maternity care units	70	

[53] ANC client initiated on AZT during antenatal care rate from DHIS used
[54] Baby Nevirapine uptake rate according to DHIS
[55] Two separate indicators according to DHIS, i.e. Postnatal care mother visits within 6 days rate & Postnatal care baby visits within 6 days rate

SUB PROGRAMME/PROGRAMME: MCWH & Nutrition				
Performance Indicators	Baseline (Actual output) 2010/11	Actual Performance against target		Reasons for variance and comments
		2011/12 APP Target	2011/12 Actual	
and address identified deficiencies[56]				
14. Proportion of HIV exposed babies testing PCR positive[57]	6.8%	<6%	4% (2,900/73,193)	
15. Couple year protection rate	24.1%	40%	25.5%	Lack of integration of contraceptive services into other health programmes. Poor marketing of services.
16. Maternal mortality rate in facility	195/100 000	115/100 000	190.6/100 000 (363/190,452)	Poor or non-attendance of Antenatal care clinic. Poor management of labour and pregnancy related and non-pregnancy related conditions. The target was based on national requirements.
17. Delivery rate for women under 18 years	8.9%	8%	9.3% (17,933/193,375)	Teenage behaviour is complex and it is not possible to interpret in isolation (health behaviour). The Department embarked on intensified strategies to reach youth with behaviour change programmes.
18. Facility Infant mortality (under 1) rate	9.1%	8.5%	7.0% (2,342/33,257)	
19. Facility Child mortality (under 5) rate	7.6%	6.8%	4.8 % (2,779/57,774)	

Source: DHIS, DQPR,

[56] This includes only hospitals. No CHC's or PHC Clinics have been included in the totals for this indicator
[57] Baby tested PCR positive six weeks after birth as a proportion of babies tested at six weeks from DHIS used

DISEASE PREVENTION AND CONTROL

Table 41: (DCP 1) - Situation Analysis Indicators for Disease Prevention and Control

Performance Indicators	Provincial 2011/12	Ugu 2011/12	UMgungundlovu 2011/12	Uthukela 2011/12	Umzinyathi 2011/12	Amajuba 2011/12	Zululand 2011/12	Umkhanyakude 2011/12	Uthungulu 2011/12	Ilembe 2011/12	Sisonke 2011/12	eThekwini 2011/12
1. Malaria case fatality rate	0.75%	0.00%	0.00%	0.00%	0.00%	0.00%	5.26%	1.30%	0.00%	0.00%	0.00%	0.00%
2. Cholera fatality rate	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
3. Cataract surgery rate (per million population)	1,030.8/ 1mil	328.6/ 1mil	1,414.1/ 1mil	395.3/ 1mil	680.5/ 1mil	759.2/ 1mil	497.9/ 1mil	1,088.7/ 1mil	1,274.6/ 1mil	1,451.7/ 1mil	1,541.6/ 1mil	1,209.0/ 1mil

Source: Same as for Provincial indicators

Table 42: (DPC 1, DPC 2, DPC 3, and DPC 4) - Performance Indicators and targets for Disease Prevention and Control

Sub programme/programme: Disease Prevention and Control				
Performance Indicators	Baseline (Actual output) 2010/11	Actual Performance against target		Reasons for variance and comments
		2011/12 APP Target	2011/12 Actual	
1. Malaria case fatality rate	1.3 (5/380)	<1%	0.75% (4/531)	
2. Malaria incidence per 1,000 population at risk	0.03/1000	0.61 /1000	0.79/1000 (531/666,524)	The number of cases includes people who are coming from other countries like Ethiopia and Mozambique.

Sub programme/programme: Disease Prevention and Control			
Performance Indicators	Baseline (Actual output) 2010/11	Actual Performance against target	Reasons for variance and comments
		2011/12 APP Target / 2011/12 Actual	
3. Cholera fatality rate	0%	0% / 0%	
4. Cataract surgery rate (per million population)[58]	757/1mil	138.28/1 mil (1,500 operations) / 1,030.8/1 mil (9,170 operations)	

Source: DHIS, Chronic Diseases, Geriatrics and Prevention of Blindness, DQPR, Malaria Control Programme

[58] The data used to calculate the 2011/12 actual for this indicator are for 2011 calendar year. STATSSA/Council for Medical Scheme data Number of uninsured people figures used in the calculation of this indicator (**8 895 443) –** Source**:** Geriatrics and Prevention of Blindness programme


EMRS
10177

PROGRAMME 3.: EMERGENCY MEDICAL SERVICES

PROGRAMME PURPOSE

Provide emergency, medical, rescue & non-emergency (elective) transport and health disaster management services in the Province.

Sub-Programme 3.1: Emergency Patient Transport (EPT)

Provide emergency response (including the stabilisation of patients) and transport to all patients involved in trauma, medical/ maternal/ and other emergencies through the utilisation of specialised vehicles, equipment and skilled Emergency Care Practitioners.

Sub-Programme 3.2: Planned Patient Transport (PPT)

Provide transport services for non-emergency referrals between hospitals, and from PHC Clinics to Community Health Centres and Hospitals for indigent persons with no other means of transport.

Sub-Programme 3.3: Disaster Management

Mass casualty incident management. Conduct surveillance and facilitate action in response to Early Warning Systems for the Department and activate effective response protocols in line with the provisions of the Disaster Management Act, 2002.

STRATGIC GOALS AND OBJECTIVES

STRATEGIC GOAL 1: OVERHAUL PROVINCIAL HEALTH SERVICES

- **Strategic Objective 1.12:** To revitalise EMS and to improve response times to ≥ 70% for rural and urban areas by 2014/15.
- **Strategic Objective 1.13:** To establish effective training programmes to provide adequate skills base for EMS services in accordance with national norms

PRIORITIES

PRIORITY 1: Revitalisation of Emergency Medical Services (EMS)

- EMS is operating as a hybrid model with elements of centralisation to standardise service delivery and improve equity and general management.
- ***Ambulances***
  - The Province exceeded the national ratio of 1 operational ambulance per 10,000 people (1 per 57,417) indicating a shortfall of 855 ambulances (185/1,062). The 274 ambulances, procured in

2011/12, will be distributed to districts in 2012/13 once these ambulances have been converted according to specification.

- The current fleet of ambulances is old, with approximately 75% of ambulances exceeding 250,000 km on the odometer. The shortage of service providers for fleet maintenance in turn increased down time of ambulances for routine servicing and repairs.
- To ensure an adequate staff to ambulance ratio, the Department advertised 387 posts for Basic, Intermediate and Advanced Life Support Practitioners. During the 2nd quarter of 2011/12 a total of 332 Basic Life Support Practitioners were appointed.
- Inadequate wash bays, sluice facilities and ambulance bases (79 bases with 50% using park homes as base) still delay response times. Park homes in turn require high maintenance which increased cost of EMS services. Temporary bases have to be replaced with suitable fixed structures.
- The Department allocated 13 dedicated Obstetric Ambulances (1 per district and 2 each in eThekwini and Sisonke) as part of the intensified strategy to improve maternal and neonatal health outcomes. All maternity cases are triaged as red code and dispatched accordingly. The Department accelerated training on obstetric emergencies for staff manning Obstetric Ambulances; and monitored compliance with referral protocols and appropriate use for obstetric emergency care. Ambulance bases for specialised ambulances will be aligned with strategically placed MOUs to cover an identified cluster of clinics linked with MOUs.

- ***Operations Centres***
  - There is one Provincial Operations Centre which includes the flight desk for aero-medical services, and 11 District Control Centres (one per district). Five Control Centres have been upgraded to computerized systems i.e. Centres in Ilembe, Ugu, Uthukela, Umgungundlovu and eThekwini.
  - The long-term EMS Plan makes provision for integration of the current 11 District and Provincial Communication Centres into 4 Communications Centres that will serve all districts and Head Office. This will reduce duplication particularly relevant to upgrading of Centres to computerized systems which are expensive and require continuous monitoring, maintenance and upgrade.

- ***Ambulance Response Times***
  - Response times are far below the acceptable norm in both urban and rural areas as illustrated by the table below.

Table 43: Emergency Calls - 2010/11 and 2011/12

Year	P1 calls with a response time <15 minutes in an urban area		P1 calls with a response time <40 minutes in a rural area		All calls with a response time within 60 minutes	
	Total number of calls	% of calls with a response time <15 minutes in an urban area	Total number of calls	% of calls with a response time <40 minutes in a rural area	Total number of calls	% of calls with a response time within 60 minutes
2010/11	181,802	29%	199,885	37%	580,859	53%
2011/12	142,864	11%	185,479	36%	504,393	51%

- ***Patient Transport***
  - Demand for inter-hospital patient transport currently supersedes supply which resulted in increased turn-around times, non-compliance to admission and discharge policies and additional cost to facilities (increased length of stay). During 2011/12, 38% of inter-facility transportation was emergency inter-facility transportation and not Planned Patient Transportation (PPT).
  - The Department established two PPT Hubs in Empangeni and eThekwini to improve patient care during inter-facility transfer. Post establishments have not been finalised yet and staff were seconded to both hubs in the interim (27 in Empangeni and 2 in eThekwini).
- ***Air Medical Services***
  - Air ambulance services are provided by Air Mercy Services (AMS) on a month to month agreement with EMS until National Treasury award the National Air Ambulance contract.
  - There are currently two rotor wing aircraft (12hr days) and one fixed wing aircraft (24hr days). One rotor wing is based in Richards's Bay airport and the other at King Shaka airport. The helicopter in Richards's Bay provides Air Ambulance services to Area 3 and the Midlands, as well as providing access to Advanced Life Support skills to Area 3 due to the shortage of staff in the area. The helicopter assists with transfers from District Hospitals to Tertiary Hospitals in Empangeni and Durban which reduce travelling time of an ambulance by ±70%. The majority of these transfers require ALS skills which results in major delays and fatal outcomes when the rotor wing is unavailable. The helicopter also responds to clinics, road and farm accidents.
  - The Durban helicopter provides Air Ambulance services mainly to eThekwini and the rest of Area 1 and 2. It provides similar services as the Richards Bay helicopter although it has limitations in terms of availability. Due to the unpredictable weather conditions, the helicopter cannot always fly to Sisonke District that has a shortage of Advanced Life Support personnel.
  - The Fixed Wing Aircraft provides 24hr services for long distance transfers in/and outside the Province. The structure for Air Ambulance services has been approved and captured on Persal.

CHALLENGES

- Increased referrals to tertiary institutions and long travelling distances resulted in vehicles being out of operation for 8–10 hours – especially relevant to more rural areas e.g. Umkhanyakude and Zululand. This is a concern taking into consideration the limited number of operational ambulances.
- Inadequate number of qualified staff with specific reference to staff with Intermediate and Advanced Life Support qualifications.
- Inadequate infrastructure including accommodation for staff, offices, vehicle bases and communication centres.
- The EMS post establishment is not making provision for Communications Centres and PPT staff. As a result, operational staff has to be seconded to perform duties in Communications and PPT – perpetuating shortage of operational staff. During the reporting period, 236 Basic Life Support, 75 Intermediate Life Support and 2 Advanced Life Support staff performed communications duties effectively taking them out of operations.

PROGRAMME PERFORMANCE 2011/12

Table 44: (EMS1) - Situation Analysis Indicators for EMS

Indicators	Data Source	Province wide value 2011/12	Ugu 2011/12	Umgungundlovu 2011/12	Uthukela 2011/12	Umzinyathi 2011/12	Amajuba 2011/12	Zululand 2011/12	Umkhanyakude 2011/12	Uthungulu 2011/12	Ilembe 2011/12	Sisonke 2011/12	eThekwini 2011/12
1. Rostered ambulances per 10,000 people	EMS Database	0.17	0.19	0.17	0.20	0.29	0.23	0.17	0.18	0.17	0.17	0.25	0.11
2. P1 calls with a response of time <15 minutes in an urban area	EMS Database	11%	6%	27%	7%	52%	78%	0%	0%	33%	7%	0%	7%
3. P1 calls with a response time of <40 minutes in a rural area	EMS Database	36%	21%	17%	26%	36%	84%	48%	18%	34%	22%	18%	44%
4. All calls with a response time within 60 minutes	EMS Database	51%	39%	41%	46%	53%	91%	64%	32%	48%	35%	58%	48%

Source: EMS

Table 45: (EMS 1, EMS 2, EMS 3, and EMS 4) - Performance Indicators and targets for EMS and Patient Transport

SUB PROGRAMME/PROGRAMME: EMS and Patient Transport				
Performance Indicator	**Baseline (Actual output) 2010/11**	**Actual Performance against target**		**Reasons for variance and comments**
		2011/12 APP Target	**2011/12 Actual**	
1. P1 calls with a response time <15 minutes in an urban area	29%	15%	11% (16,242/142,864)	• The target was based on trends (standard deviation) and availability of vehicles. • Inadequate base infrastructure (EMS wash bays and sluice facilities) affects response times as vehicles have to travel long distances to clean and disinfect before being available for the next call-out. . • Limited number of operational ambulances, inadequate emergency staff increased number of referrals, and long distances severely affect efficiencies.
2. P1 calls with a response time <40 minutes in an rural area	37%	45%	36% (66,567/185,479)	
3. All calls with a response time within 60 minutes	53%	50%	51% (259,496/504,393)	
4. Total number of EMS emergency cases	642,760	944,162	585,955	• Emergency cases are determined by demand. The 10% increase (target) was based on previous trends – although not fully predictable. Data quality is a concern which will be addressed as part of the revitalisation of EMS.
5. Total number of inter facility transfers	Not reported on in 2010/11 Annual Report	140,665	171,868	
6. Rostered ambulances per 10,000 people	0.22	0.41 (320)	0.17 (185/ 10,622,204)	• Increased down-time of ambulances (6 days routine service, 8 days repairs, and 11 days accident damage repair). High rate of accidents (278 accidents in which 73 vehicles were severely damaged).

SUB PROGRAMME/PROGRAMME: EMS and Patient Transport				
Performance Indicator	Baseline (Actual output) 2010/11	Actual Performance against target		Reasons for variance and comments
		2011/12 APP Target	2011/12 Actual	
7. Locally-based staff with training in BLS (BAA)	70%	78%	70% (1,959/2,795)	• More ILS and ALS were employed and trained as the Department strive to improve quality and efficiencies in EMS.
8. Locally-based staff with training in ILS (AEA)	27%	28%	26% (725/2,795)	
9. Locally-based staff with training in ALS (Paramedics)	3%	4%	3% (91/2,795)	

Source: EMS

PROGRAMME 4.: REGIONAL AND SPECIALISED HOSPITALS

PROGRAMME PURPOSE

Deliver accessible, appropriate, effective and efficient General Specialist Hospital Services

Sub-Programme 4.1: Regional Hospitals

Render Regional Hospital Services at specialist level

Sub-Programme 4.2: Specialised TB Hospitals

Render Hospital services for TB, including Multi-Drug Resistant TB

Sub-Programme 4.3: Specialised Mental Health Hospitals

Render Hospital services for Mental Health

Sub-Programme 4.4: Dental Health Hospitals

Render comprehensive Dental Health services and provide training for Oral Health personnel

Sub-Programme 4.5: Step-Down and Rehabilitation Hospitals

Render Step-Down and Rehabilitation services to the chronically ill

STRATEGIC GOALS AND OBJECTIVES

STRATEGIC GOAL 1: OVERHAUL PROVINCIAL HEALTH SERVICES

Strategic Objective 1.14: To rationalize hospital services in line with service delivery needs and STP imperatives.[59]

STRATEGIC GOAL 2: IMPROVE EFFICIENCY AND QUALITY OF HEALTH SERVICES

- ***Strategic Objective 2.3:*** To implement the National Core Standards in 100% of Regional Hospitals for accreditation of 100% facilities by 2014/15.[60]
- ***Strategic Objective 2.4:*** To implement the National Core Standards in 100% of Specialised TB Hospitals for accreditation of 100% hospitals by 2014/15.

[59] Rationalisation of hospital services will be aligned with the STP (all components), NHS 10-Point Plan and informed by current service delivery needs, disease profile and funding envelope – assessment and output will be informed by the STP Implementation Plan

[60] Accreditation is dependent on the National processes – relevant to all facilities

- ***Strategic Objective 2.5:*** To implement the National Core Standards in 100% of Specialised Psychiatric Hospitals for accreditation of 100% hospitals by 2014/15.
- ***Strategic Objective 2.6:*** To implement the National Core Standards in 100% of Specialised Chronic Hospitals for accreditation of 100% hospitals by 2014/15.

PROVINCIAL PRIORITIES AND PROGRESS

PRIORITY 1: Rationalisation of Regional Hospital services

Regional Hospitals

- There are 14 Regional Hospitals of which 12 are rendering some tertiary services to improve equity and access. There are no Regional Hospital in Umzinyathi, Zululand, Umkhanyakude and Sisonke Districts (all Rural Development Nodes). Referral protocols however make provision for referral of patients to the nearest regional service which, in some instances, put considerable strain on EMS and patient transport (see Programme 3).
- According to Government Notice No R.655 of 12 August 2011, two current Regional Hospitals have been re-classified namely:
  - Ngwelezane Hospital (Uthungulu) to a Developing Tertiary Hospital (Revitalisation Programme).
  - New King Edward VIII Hospital (eThekwini) to Central Hospital (Revitalisation Programme).

Children's Hospital

- Phase 1 of the new Children's Hospital commenced in June 2011.
- Site survey commenced, the architect was commissioned, and development of the building plans is in progress.
- Re-construction of the "Old Outpatients Building" commenced in February 2012.
- A Training Centre, Adolescent Clinic, Child Development Assessment Centre (including psychological support, allied health services) and temporary parking is planned for completion of Phase 1 for the 2012/13 financial year.

Specialised TB Hospitals

- There are 6 decentralised MDR TB Units (281 beds) and 9 satellite MDR TB Units (129 beds) translating to 410 beds for MDR TB.
- The bed utilisation rate in Specialised TB Hospitals increased from 58.1% in 2010/11 to 62.2% in 2011/12 still raising concerns with regards to efficiency.

Specialised Psychiatric Hospitals

- There are currently 6 Specialised Psychiatric Hospitals in the Province.
- The bed utilisation rate increased from 73.8% in 2010/11 to 83.3% in 2011/12.

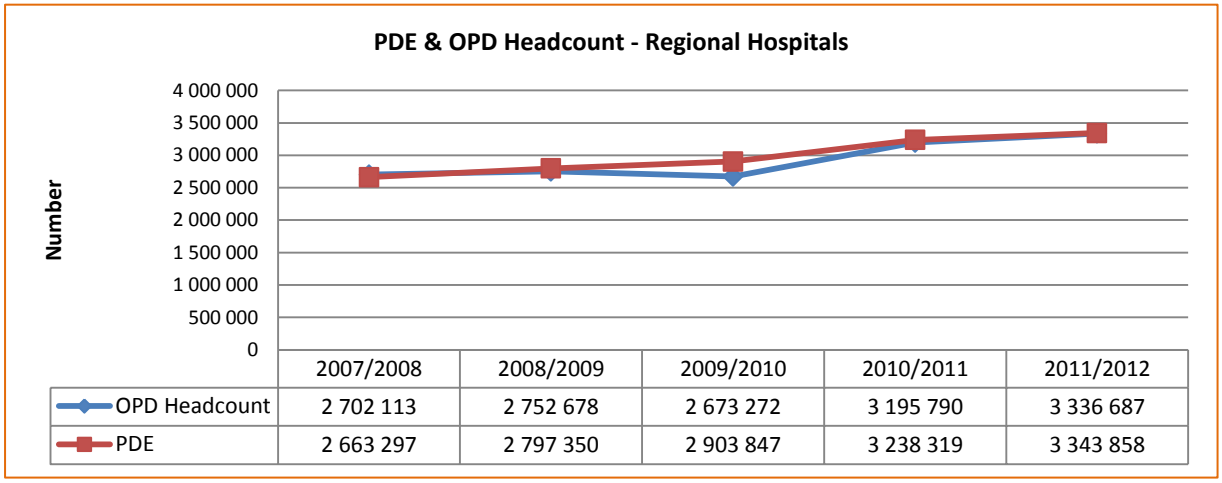
Chronic Hospitals

- The bed utilisation rate in Specialised Chronic Hospitals decreased from 63.4% in 2010/11 to 61.2% in 2011/12.

PRIORITY 2: Improve the quality and efficiency of Regional and Specialised Hospital services

- The target for Caesarean section rate was met.
- All Regional hospitals were assessed for compliance with the 6 priorities of the Core Standards and Quality Improvement Plans developed to improve efficiencies.
- The following graph shows the increase in the number of patients over the last five years which corresponds with the increasing burden of disease.

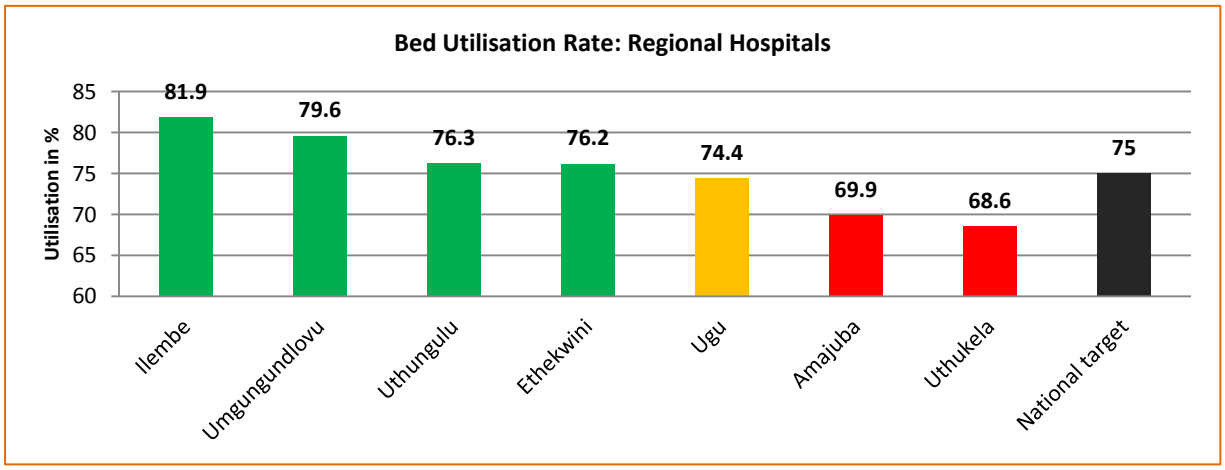
Graph 20: Patient Activity – Regional Hospitals



	2007/2008	2008/2009	2009/2010	2010/2011	2011/2012
OPD Headcount	2 702 113	2 752 678	2 673 272	3 195 790	3 336 687
PDE	2 663 297	2 797 350	2 903 847	3 238 319	3 343 858

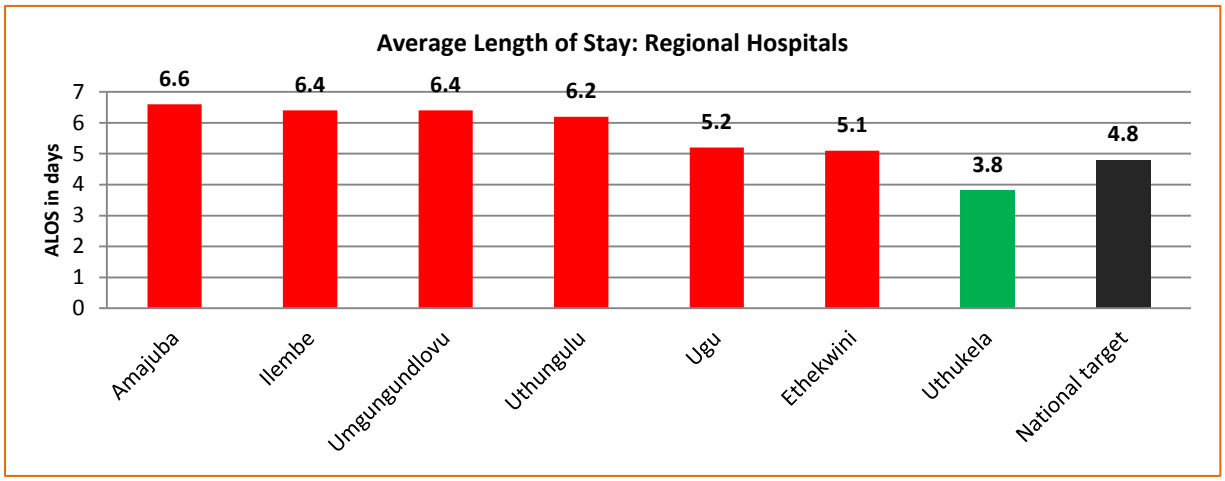
- Bed utilisation rate increased from 63.6% in 2010/11 to 78.4% in 2011/12 which is in line with the increase in patient activity as shown in the graph above. There is significant variation between hospitals as reflected in the graph below.
- The increase in the bed utilisation rate that is happening concurrently with the increase in the average length of stay points to increase in the pressure on the service delivery.

Graph 21: Regional Hospital Bed Utilisation Rate – 2011/12 (DHIS)



- The average length of stay varied between 5.3 and 5.5 days between 2008/09 and 2011/12 compared with the national norm of 4.8 Days.

Graph 22: Regional Hospital Average Length of Stay – 2011/12 (DHIS)



PROGRAMME PERFORMANCE 2011/12

Table 46: (PHS 1 (a), PHS 1 (b), PHS 2 (a), PHS 2 (b), PHS (c), PHS (d), and PHS 4) - Performance Indicators and targets for Regional Hospitals

SUB PROGRAMME/PROGRAMME: Regional Hospitals				
Performance Indicators	Baseline (Actual output) 2010/11[61]	Actual Performance against target		Reasons for variance and comments
		2011/12 APP Target	2011/12 Actual	
1. Caesarean section rate	38.8%	40%	38.2% (31,259/81,790)	The increasing burden of disease (including but not exclusive to HIV and AIDS) and poor/late attendance of antenatal care (poor booking before 20 weeks) increase undetected complications. Specialists are of the opinion that performance is within the expected range based on the disease profile in the Province.
2. Separations - total	327,902	356,567	381,657	
3. Patient day equivalents - totals	3,238,319	2,904,952	3,343,858	
4. OPD total headcounts - total	3,195,790	2,817,960	3,336,687	Poor quality of historic data influenced target setting (using trend data and standard deviation) to determine target. Current updated data (DHIS not real-time data) shows a steady increase between 2009/10 – 2011/12.
5. Average length of stay	5.4 Days	5.2 Days	5.5 Days	The increasing burden of disease, non-compliance with admission and discharge policies, high turn-over of Medical Officers, and inadequate step-down beds for down referral increased the average length of stay. Revitalisation of the public health system will address these challenges over time.

[61] 2010/11 Baseline data reflecting updated DHIS data where relevant

SUB PROGRAMME/PROGRAMME: Regional Hospitals				
Performance Indicators	Baseline (Actual output) 2010/11[61]	Actual Performance against target		Reasons for variance and comments
		2011/12 APP Target	2011/12 Actual	
6. Bed utilisation rate	63.6%	74%	78.4%	
7. Expenditure per patient day equivalent (PDE)	R 1 380	R 1 600	R 2 134 (7,136,117,884/ 3,343,858)	The lack of an effective costing model to determine expenditure per level of care in hospitals providing more than one service level is still a challenge.
8. Percentage of complaints of users of Regional Hospital services resolved within 25 days	79%	100%	66.0% (534/807)	Complaints acknowledged within 25 days although it is not possible to resolve all complaints within such limited time.
9. Percentage of Regional Hospitals with monthly maternal mortality and morbidity meetings	100%	100%	100%	
10. Percentage of users of Regional Hospital services satisfied with services received	New indicator	No target (Establish baseline)	60%	Methodology (including sample size) should be reviewed for a more accurate assessment of patient satisfaction.
11. Number of Regional Hospitals assessed for compliance with the 6 Priorities of the core standards	0	Routine 14	14	According to preliminary assessment data by HST, no hospital complied with the core standards of the 6 priority areas. Improvement Plans, to address challenges identified during assessment, have been developed and are actively monitored.
12. Number of CEO's (Regional Hospitals) who have signed delegations of authorities	14	14	14	
13. Number of Regional Hospitals accredited	0	10	0	The Office of Standard Compliance at National level has not been established at the time of writing the report.
14. Number of Regional Hospitals conducting	11	14	14	

SUB PROGRAMME/PROGRAMME: Regional Hospitals				
Performance Indicators	Baseline (Actual output) 2010/11[61]	Actual Performance against target		Reasons for variance and comments
		2011/12 APP Target	2011/12 Actual	
annual Patient Satisfaction surveys				
15. Average patient waiting time at OPD	56 min	<4 ½ hrs	1hour 59 minutes	
16. Average patient waiting time at admissions	27 min	<4 ½ hrs	1hour 13 minutes	

Source: DHIS, DQPR

Table 47: (PHS 1 (a), PHS 1 (b), PHS 2 (b), and PHS 2) - Performance Indicators and targets for Specialised TB Hospitals

SUB PROGRAMME/PROGRAMME: Specialised TB Hospitals				
Performance Indicators	Baseline (Actual output) 2010/11[62]	Actual Performance against target		Reasons for variance and comments
		2011/12 APP Target	2011/12 Actual	
1. Separations - total	9,289	8,500	10,662	Historic data was poor which influenced projection of targets. Data Management since embarked on a process to improve data completeness and quality which will make it possible to monitor trends.
2. Patient day equivalents - total	482,323	521,781	491, 803	
3. OPD headcounts - total	136,853	87,897	206, 452	
4. Average length of stay	25.9 Days	Data audit	39.9 Days	

[62] 2010/11 Baseline data reflects updated DHIS data where relevant

SUB PROGRAMME/PROGRAMME: Specialised TB Hospitals				
Performance Indicators	Baseline (Actual output) 2010/11[62]	Actual Performance against target		Reasons for variance and comments
		2011/12 APP Target	2011/12 Actual	
5. Bed utilisation rate	58.1%	65%	62.2%	Low bed utilisation is a concern, especially taking into account the high TB burden in the Province. Hospital efficiency will be addressed as part of the revitalisation of hospital services in the next MTEF.
6. Expenditure per patient day equivalent (PDE)	R 1 750	R 1 676	R 1 814 (892,013,737/ 491,803)	
7. Number of CEO's (Specialised TB Hospitals) who have signed delegation of authorities	10	10	9	
8. Number of Specialised TB Hospitals accredited annually	0	3	0	According to preliminary results (HST) none of the hospitals complied with the core standards. Improvement Plans have been developed to address challenges and are actively monitored.

Source: DHIS, DQPR

Table 48: (PHS 1 (a), PHS 1 (b), PHS 2 (c), and PHS 3) - Performance Indicators and targets for Specialised Psychiatric Hospitals

SUB PROGRAMME/PROGRAMME: Specialised Psychiatric Hospitals				
Performance Indicators	Baseline (Actual output) 2010/11[63]	Actual Performance against target		Reasons for variance and comments
		2011/12 APP Target	2011/12 Actual	
1. Separations - total	2,945	1,350	20,408	Historic data is poor/ incomplete. Data Management commenced

[63] 2010/11 Baseline actual reflects updated DHIS data where relevant

SUB PROGRAMME/PROGRAMME: Specialised Psychiatric Hospitals				
Performance Indicators	Baseline (Actual output) 2010/11[63]	Actual Performance against target		Reasons for variance and comments
		2011/12 APP Target	2011/12 Actual	
				with a strategy to address data quality.
2. Patient day equivalents	644,750	641,053	626,312	
3. OPD headcounts - total	7,994	12,500	15,425	
4. Average length of stay	37.9 Days	Data audit for target	32.1 Days	
5. Bed utilisation rate	73.8%	70%	83.3%	
6. Expenditure per patient day equivalent (PDE)	R 864	R 1 100	R 924 (578,716,787/ 626,312)	
7. Number of CEO's (Specialised Psychiatric Hospitals) who have signed delegation of authorities	6	6	5	
8. Number of Specialised Psychiatric Hospitals accredited annually	0	1	0	

Ssource: DHIS, DQPR

Table 49: (PHS 1 (a), PHS 1 (b), PHS 2 (d), and PHS 4) - Performance Indicators and targets for Chronic Hospitals (including Step-Down Hospitals)

SUB PROGRAMME/PROGRAMME: Specialised Chronic Hospitals				
Performance Indicators	Baseline (Actual output) 2010/11[64]	Actual Performance against target		Reasons for variance and comments
		2011/12 APP Target	2011/12 Actual	
1. Separations -total	3,591	4,310	5,934	Incomplete and poor historic data. Forms part of the Data Management strategy to improve data quality.
2. Patient day equivalents - total	174,525	146,341	181,411	
3. OPD headcounts - total	136,951	3,877	157,386	
4. Average length of stay	24.3 Days	Data audit for target	22.1 Days	
5. Bed utilisation rate	63.4%	75%	61.2%	Low utilisation rate will be addressed as part of the revitalisation of hospital services in the next MTEF.
6. Expenditure per patient day equivalent (PDE)	R 574	R 943	R 602 (109,131,253/ 181,411)	
7. Number of CEO's (Specialised Chronic Care Hospitals) who have signed delegation of authorities	2	2	2	
8. Number of Specialised Chronic Care Hospitals accredited annually	0	2	0	

Source: DHIS, DQPR

[64] 2010/11 Baseline data reflects updated DHIS data where relevant

PROGRAMME 5.: TERTIARY AND CENTRAL HOSPITALS

PROGRAMME PURPOSE

Rendering Quaternary and other Tertiary Health Services

Sub-Programme 5.1: Central Hospitals

Rendering Central and Quaternary Hospital Services

Sub-Programme 5.2: Tertiary Hospitals

Rendering Tertiary Hospital services

STRATEGIC GOALS AND OBJECTIVES

STRATEGIC GOAL 1: OVERHAUL PROVINCIAL HEALTH SERVICES

- ***Strategic Objective 1.15:*** To rationalize hospital services in line with service delivery needs and STP imperatives[65]

STRATEGIC GOAL 2: IMPROVE EFFICIENCY AND QUALITY OF HEALTH SERVICES

- ***Strategic Objective 2.7:*** To implement the National Core Standards in 100% of Tertiary Hospitals for accreditation of 100% facilities by 2014/15[66]
- ***Strategic Objective 2.8:*** To implement the National Core Standards in 100% of Central Hospitals for accreditation of 100% facilities by 2014/15

PROVINCIAL PRIORITIES AND PROGRESS

PRIORITY 1: Rationalisation of hospital services

- Currently only Greys Hospital (530 approved beds) is classified as a Tertiary Hospital and Inkosi Albert Luthuli Central Hospital (IALCH) (810 approved beds) as Central Hospital. Only IALCH (eThekwini) provides 100% tertiary services.
- Greys Hospital in Umgungundlovu provides 80% tertiary services; Ngwelezane Hospital in Uthungulu 33% and Lower Umfolozi War Memorial Hospital in Uthungulu 37%. Limited tertiary services are provided in 12 Regional Hospitals to improve access to services. Review of the service delivery platform commenced in 2011/12.

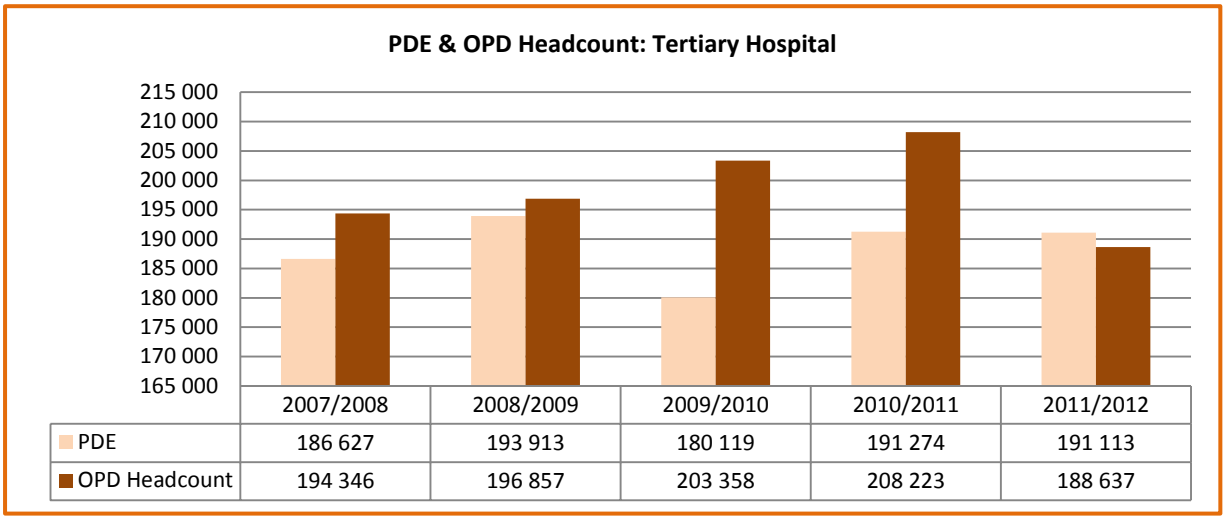
[65] Rationalisation of hospital services will be aligned with the STP (all components), NHS 10-Point Plan and informed by current service delivery needs, disease profile and funding envelope – assessment and output will be informed by the STP Implementation Plan

[66] Accreditation is dependent on the National processes for all facilities

PRIORITY 2: Improve quality of care through improved clinical governance, accountability and oversight

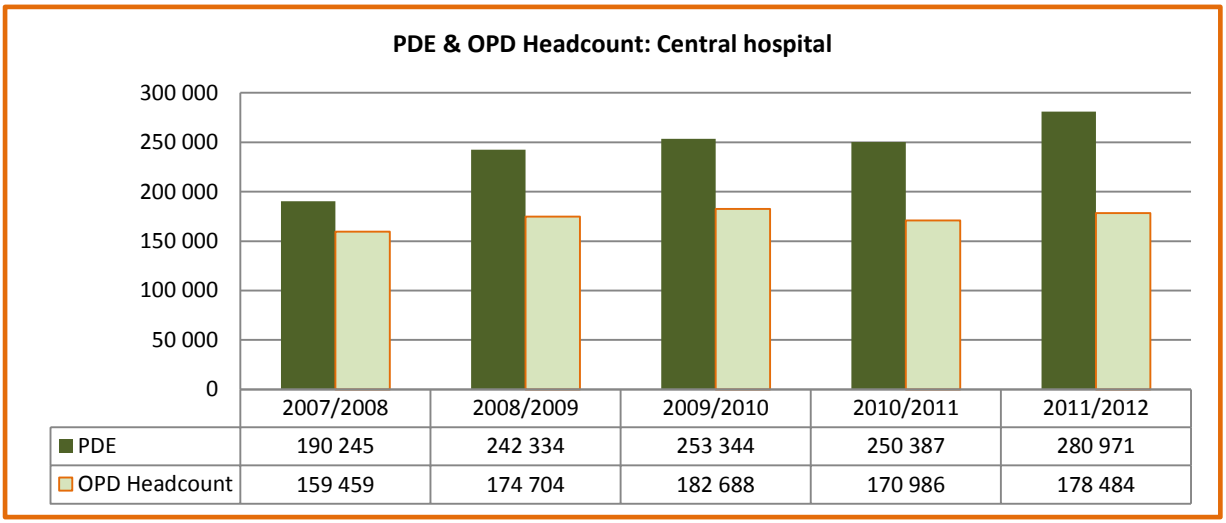
- The average length of stay in the Tertiary Hospital services remains high (9.9 days) compared with the national target of 4.5 days, which raises concerns with regards to compliance with admission and discharge policies.
- The following 2 graphs reflect patient activity in Tertiary and Central Hospitals for the period 2008/09 to 2011/12.

Graph 23: PDE and Out-Patient Headcounts for Tertiary Hospital (DHIS)



	2007/2008	2008/2009	2009/2010	2010/2011	2011/2012
PDE	186 627	193 913	180 119	191 274	191 113
OPD Headcount	194 346	196 857	203 358	208 223	188 637

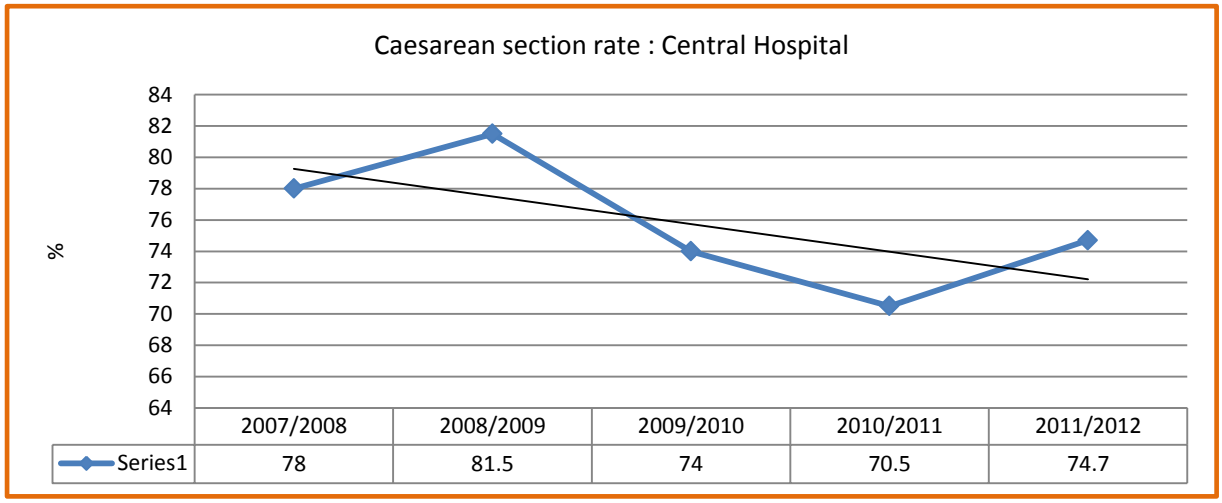
Graph 24: PDE and Out-Patient Headcounts for Central Hospital (DHIS)



	2007/2008	2008/2009	2009/2010	2010/2011	2011/2012
PDE	190 245	242 334	253 344	250 387	280 971
OPD Headcount	159 459	174 704	182 688	170 986	178 484

- The caesarean section rate for the Tertiary Hospital services decreased slightly from 69.3% in 2010/11 to 69% in 2011/12 although it still exceeds the national norm of 40%.
- The caesarean section rate for Central Hospital services increased from 70.5% in 2010/11 to 74.7% in 2011/12 compared with the national norm of 50%.

Graph 25: Caesarean section rate – Central Hospital



Challenges

- Compromised institutional management due to vacant CEO posts at Greys and Ngwelezane Hospitals.
- High vacancy rate of Specialists impacting on access to the full package of services.
- Lack of an appropriate costing model to ensure linkage of expenditure with service delivery.

PROGRAMME PERFORMANCE 2011/12

Table 50: (THS 1 (a), THS 1 (b), THS 2, and THS 3) - Performance Indicators and targets for Grey's Tertiary Hospital

SUB PROGRAMME/PROGRAMME: Grey's Tertiary Hospital				
Performance Indicators	Baseline (Actual output) 2010/11	Actual Performance against target		Reasons for variance
		2011/12 APP Target	2011/11 Actual	
1. Caesarean section rate	69.3%	70%	69% (1,093/1,585)	
2. Separations - total	12,633	12,266	12,785	
3. Patient day equivalents - total	191,274	192,938	191,113	
4. OPD total headcounts - total	208,223	181,793	188, 637	
5. Average length of stay	12 Days	9 Days	9.9 Days	Although the increasing burden of disease contributes to the length of stay, other contributing factors, including referral, EMS and patient transport and availability of beds for down referral have a significant impact on the length of stay.
6. Bed utilisation rate	73.4%	73%	70.5%	
7. Expenditure per patient day equivalent (PDE)	R 7 644	R 3 250	R3 490 (667,079,054/191,113)	
8. Percentage of complaints of users of Tertiary Hospital services resolved within 25 days	100%	100%	92% (199/216)	Complaints attended to within 25 days although it is not possible to resolve all issues within that time.
9. Percentage of Tertiary Hospitals with monthly maternal mortality and morbidity meetings	100%	100%	100%	

SUB PROGRAMME/PROGRAMME: Grey's Tertiary Hospital				
Performance Indicators	Baseline (Actual output) 2010/11	Actual Performance against target		Reasons for variance
		2011/12 APP Target	2011/11 Actual	
10. Percentage of users of Tertiary Hospital services satisfied with services received	New indicator	Establish baseline	80%	
11. Number of Tertiary Hospitals assessed for compliance with the 6 Priorities of the core standards	New indicator	Routine 1	1	According to preliminary assessment data, no hospital complied with the core standards of the 6 priority areas. Improvement Plans, to address challenges identified during assessment, have been developed and will be actively monitored.
12. Number of CEO's who have signed delegation of authorities[67]	1	1	1	
13. Number of Tertiary Hospitals accredited annually	0	1	0	According to preliminary assessment data, no hospital complied with the core standards of the 6 priority areas. Improvement Plans, to address challenges identified during assessment, have been developed and will be actively monitored.
14. Number of Tertiary Hospitals conducting Annual Patient Satisfaction Surveys	1	1	1	
15. Average patient waiting time at OPD	2 hours	<4 ½ hrs	1hour 6 minutes	
16. Average patient waiting time at admissions	20 min	<4 ½ hrs	1hour 10 minutes	

Source: DHIS, DQPR

[67] This is dependent on National Department of Health processes as indicated in the National Strategic Plan 2010/11 – 2012/13

Table 51: (CHS 1 (a), CHS 1 (b), CHS 2, and CHS 3) - Performance Indicators and targets for Inkosi Albert Luthuli Central Hospital

SUB PROGRAMME/PROGRAMME: Inkosi Albert Luthuli Central Hospital				
Performance Indicators	Baseline (Actual output) 2010/11	Actual Performance against target		Reasons for variance
		2011/12 APP Target	2011/12 Actual	
1. Caesarean section rate	70.5%	67%	74.7% (355/475)	
2. Separations - total	22,371	22,488	24, 331	
3. Patient day equivalents – total	250,387	269,014	280, 971	
4. OPD total headcounts - total	170,986	185,111	178, 484	
5. Average length of stay	8.6 Days	8 Days	9.1 Days	Although the increasing burden of disease contributes to the length of stay, other contributing factors, including referral, EMS and patient transport and availability of beds for down referral have a significant impact on the length of stay.
6. Bed utilisation rate	66.7%	69%	72.5%	
7. Expenditure per patient day equivalent (PDE)	R 9 171	R 8 000	R8 942 (2,512,653,984/ 280,971)	
8. Percentage of complaints of users of Central Hospital services resolved within 25 days	75%	100%	85.7% (36/42)	Complaints attended to within 25 days although it is not possible to resolve all issues within that time.
9. Percentage of Central Hospitals with monthly maternal mortality and morbidity meetings	100%	100%	100%	
10. Percentage of users of Central Hospital	New indicator	Establish	96.0%	

SUB PROGRAMME/PROGRAMME: Inkosi Albert Luthuli Central Hospital				
Performance Indicators	Baseline (Actual output) 2010/11	Actual Performance against target		Reasons for variance
		2011/12 APP Target	2011/12 Actual	
services satisfied with services received		baseline		
11. Number of Central Hospitals assessed for compliance with the 6 Priorities of the core standards	New indicator	Routine 1	1	According to preliminary assessment data, no hospital complied with the core standards of the 6 priority areas. Improvement Plans, to address challenges identified during assessment, have been developed and will be actively monitored.
12. Number of CEO's who have signed delegation of authorities[68]	1	1	1	
13. Number of Central Hospitals accredited annually	0	1	0	According to preliminary assessment data, no hospital complied with the core standards of the 6 priority areas. Improvement Plans, to address challenges identified during assessment, have been developed and will be actively monitored.
14. Number of Central Hospitals conducting Annual Patient Satisfaction Surveys	0	1	1	
15. Average patient waiting time at OPD	30 min	<4 ½ hrs	30 minutes	
16. Average patient waiting time at admissions	30 min	<4 ½ hrs	30 minutes	

Source: DHIS, DQPR

[68] This is dependent on National Department of Health processes as indicated in the National Strategic Plan 2010/11 – 2012/13

PROGRAMME 6.: HEALTH SCIENCES AND TRAINING

PROGRAMME PURPOSE

The provisioning of training and development opportunities for existing and potential employees of the Department

Sub-Programme 10.1: Nurse Training College

Training of Nurses at both undergraduate and postgraduate level

Sub-Programme 10.2: EMS Training College

Training of Emergency Care Practitioners

Sub-Programme 10.3: Bursaries

Provision of bursaries for students studying in health science programmes at undergraduate levels

Sub-Programme 10.4: PHC Training

Provision of PHC related training for Professional Nurses working in a PHC setting

Sub-Programme 10.5: Training (Other)

Provision of skills development interventions for all occupational categories

STRATEGIC GOALS AND OJBECTIVES

STRATEGIC GOAL 2: OVERHAUL PROVINCIAL HEALTH SERVICES

- ***Strategic Objective 1.17:*** *To expand and sustain the Registrar training programme to increase the pool of Specialists by retaining 75% of qualified Registrars*

STRATEGIC GOAL 2: IMPROVE THE EFFICIENCY AND QUALITY OF HEALTH SERVICES

- ***Strategic Objective 2.9:*** To implement a Training Strategy aligned with the core functions of the Department.

PROVINCIAL PRIORITIES

PRIORITY 1: Alignment of training with service delivery requirements.

- 256 New learners commenced nurse training for the 4-year programme in January 2011.

- 250 Professional Nurses commenced their contractual service obligation in July 2011 at various hospitals, clinics and CHCs. Of these, 56 were placed at clinics and CHCs in the general stream as they do not have the PHC qualification.
- In July 2011, a total of 179 Community Care Givers wrote the South African Nursing Council (SANC) first year external examination towards the qualification as Enrolled Nurse (Staff Nurse) with a further 450 selected for training according to the training plan.
- 425 Community Care Givers commenced training in October 2011 as essential component of PHC re-engineering and strengthening of community-based prevention and care programmes. The impact of training on community/ward-based programmes (as part of Operation Sukuma Sakhe) will be monitored in the next MTEF.

HWSETA Learnerships

- The HWSETA (Health and Welfare Sectoral Educational Training Authority) has granted the KwaZulu-Natal College of Nursing (KZNCN) 74 Learnerships for the 181 in-service learners in 2011 as expression of interest.
  - King Edward Campus: Diploma in Midwifery and Neonatal Nursing Science (Advanced Midwifery): 24.
  - St Aidens Sub-Campus: Bridging course leading to Registration as a General Nurse (R683): 27.
  - Bethesda Sub-Campus: Bridging course as a General Nurse (R683): 23.

Adult Education and Training (AET) Programme

- The AET Programme seeks to eradicate illiteracy of the lower categories of employees in the Department with the target group being the unskilled and semi-skilled workforce.
- The Department contracted 127 AET tutors with effect from April 2011.
- As at the end of the reporting period there were 1,017 learners in the programme.

Generic and Transversal Training Programmes

- Programmes ranged from skills programmes, short courses, and conferences/seminars with the objective to address the soft skills required for enhancing service delivery.
- A total of 1,128 employees were trained in 2011/12.

Community Service

- In 2011/12 there were 767 Community Service Officers rendering services in the Province including:
  - 342 Professional Nurses
  - 152 Medical Officers
  - 57 Radiographers
  - 40 Physiotherapists

- 37 Pharmacists
- 34 Environmental Health Practitioners
- 32 Occupational Therapists
- 31 Dieticians
- 30 Audio and Speech Therapists
- 12 Physiotherapists

Graduate Internship Programme

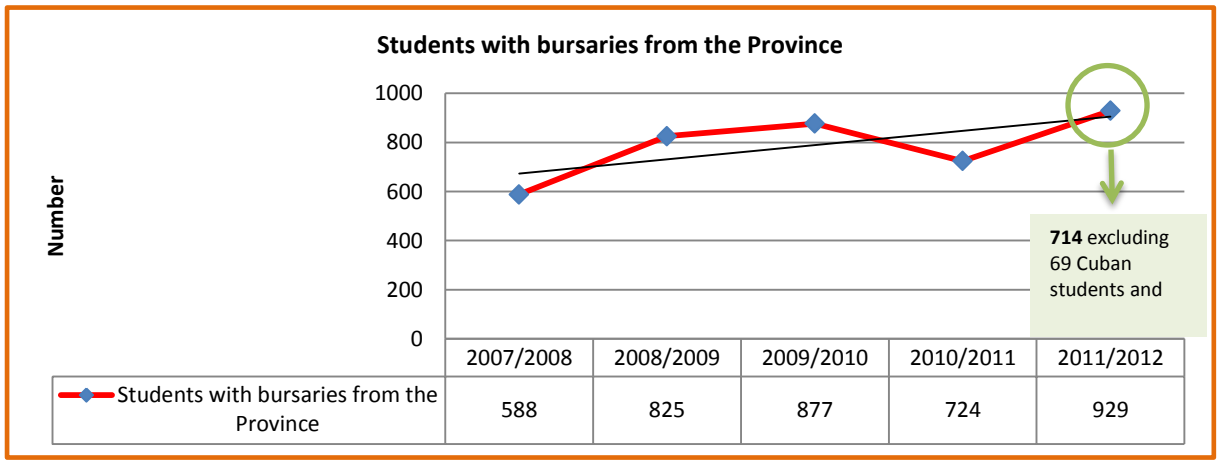
- This programme seeks to address the unemployment of graduates and youth.
- The Department contracted 402 graduate interns for the reporting period with a focus on Basic Life Support Practitioners (EMS), Nursing Auxiliaries and Assistant Nursing Auxiliaries.
- At the end of the reporting period 16 graduate interns have secured permanent employment in the Department and elsewhere.

Bursaries

- The Cuban Medical Training Programme is based on the PHC philosophy which supports the current drive to re-engineer PHC. The MEC for Health in an agreement with Cuba is spearheading an intensified programme to secure the production of an increased number of doctors in the years to come.
- A total of 69 students trained under the Cuban Programme in 2011/12.

The graph below illustrates the number of bursaries that were allocated to students over the last 5 years. .

Graph 26: Students with bursaries from Province



	2007/2008	2008/2009	2009/2010	2010/2011	2011/2012
Students with bursaries from the Province	588	825	877	724	929

PRIORITY 2: Establish a Management Training Strategy

- The Strategic Plan identified the lack of management competencies and skills as one of the root causes of poor service delivery especially at facility level. As immediate response, 24 Hospital CEO's enrolled for the Masters Programme in Public Health with the KZN University (UKZN) in 2009/10. Nineteen (19) of these students graduated in 2011/12.
- In 2011/12, the Department, in partnership with a Consortium consisting of PricewaterhouseCoopers (PwC), Performance Solutions Africa and UKZN, finalised a Management Training and Leadership Development Strategy. The programme, with a strong mentoring foundation to ensure sustainable growth and development, commenced in 2011 including the following programmes:
  - Strategic Management: 107
  - Ethics and Values: 12
  - Celebrating Innovative Health Management in the Public Sector Conference: 9
  - Good Clinical Practice: 1
  - Mentorship: 48 (on-going over the MTEF period)

PRIORITY 3: Implement a Mid-Level Worker Strategy

- The Programme will attempt to close the skills gap caused by the shortage of professionals, provide technical skills required in the identified clinical fields, and increase the required skills to support clinical practice in especially rural areas. During 2011/12:
  - 18 Health Technology Engineering (HTE) students commenced their studies at the Tshwane University.
  - Clinical Associates: 26 Students registered with the University of Pretoria and WITS for the Bachelor in Medical Practice Degree. Of these students, eleven (11) were in their 1st year; eight (8) in their 2nd year; and seven (7) in their final year.
  - 51 Occupational Therapy Technicians (OTT) will be trained over two years by UKZN. The first group completed their studies in April 2011.
  - 24 Pharmacist Assistants were appointed in 2011/12.
- The Department commenced with negotiations with universities to provide "top-up" training for employees towards qualification and registration in identified occupations including:
  - Speech Therapy Technicians
  - Audio Technicians
  - Orthotics and Prosthetics Technicians
  - Forensic Pathology Technicians
  - Dental therapist/Oral hygiene/Chair Assistants
- There is visible progress with the revitalisation of institutions. Construction commenced at the Charles Johnson Memorial campus, and other Nursing Education Institutions such as Edendale, Addington, Nkandla, Madadeni and Eshowe are under discussion.

PROGRAMME PERFOMRANCE 2011/12

Table 52: (HST 1 (a), HST 1 (b) and HST 2) - Performance Indicators and targets for Health Sciences and Training for 2011/12

SUB PROGRAMME/PROGRAMME: Health Sciences and Training				
Performance Indicators	Baseline (Actual output) 2010/11	Actual Performance against target		Reasons for variance
		2011/12 APP Target	2011/12 Actual	
1. Number of professional health care workers trained on Provider Initiated Counselling & Testing	664	647	1,201	Intensified focus on the prevention of HIV infection necessitated an increase in the number of providers trained during the reporting period. This is in line with the Multi-Sectoral Provincial Strategic Plan (KZNPSP) for HIV and AIDS, STIs and TB 2012 – 2016.
2. Intake of nurse students	Not reported on in 2011/12 Annual report	2,404	2,438	
3. Students with bursaries from the Province	601	842	929	146 Students completed their training at the end of 2011. According to the Human Resource Planning Implementation Report (HRPIR), the KZN College of Nursing awarded bursaries to 650 students for the 4-Year Programme (R425); 48 for the 1-Year Programme (R2176); and 548 for the 2-Year Programme (R2175).
4. Basic nurse students graduating	846	1,400	1,507	
5. Number of Professional Nurses graduating	846	820	972	
6. Number of Advanced Midwifes graduating per annum	105	106	120	
7. Medical Registrars graduating	40	65	93	
8. Number of Registrars in training - cumulative	567 (40 completed training)	620	610	Resignations, non-acceptance of offers made to Registrars and early exits from the Programme impact on the number of Registrars in training

SUB PROGRAMME/PROGRAMME: Health Sciences and Training				
Performance Indicators	Baseline (Actual output) 2010/11	Actual Performance against target		Reasons for variance
		2011/12 APP Target	2011/12 Actual	
9. Number of Registrars retained after qualifying	134/200 (67%)	310/620 (50%)	179	
10. Number of Managers accessing the Management Skills Programmes.	28	100	333	Intensifying development programmes for managers to improve service delivery and output
11. Number of SMS members trained on Massification Implementation Plan (MIP)	0	20	2	Non-availability of nominees due to workload. . Limited spaces offered by the Provincial Training Academy.

Source: KZN College of Nursing, Corporate Governance and ISC, HR

PROGRAMME 7.: HEALTH CARE SUPPORT SERVICES

PROGRAMME PURPOSE

Render Pharmaceutical services to the Department.

Sub-Programme 7.1: Pharmaceutical Services (Medicine Trading Account)

Manage the supply of pharmaceuticals and medical sundries to Hospitals, Community Health Centres, Clinics and Local Authorities via the Medicine Trading Account

STRATEGIC GOALS AND OBJECTIVES

GOAL 1: OVERHAUL PROVINCIAL HEALTH CARE SERVICES

- ***Strategic Objective 1.18:*** Ensure compliance with Pharmaceutical Legislation with 90% pharmacies compliant by 2014/15 and PPSD 100% compliant by 2012/13.

GOAL 2: IMPROVE THE EFFICIENCY & QUALITY OF PROVINCIAL HEALTH SERVICES

- ***Strategic Objective 2.10:*** To improve medicine supply management systems at PPSD and facility level.

PROVINCIAL PRIORITIES AND PROGRESS

The Provincial Pharmaceutical Supply Depot (PPSD) is the only trading entity operating within the Administration of the KwaZulu-Natal Department of Health. It is responsible for the procurement and delivery of pharmaceuticals as listed by National and Provincial Pharmaceutical Services and procurement of pharmaceuticals from suppliers for distribution to the various institutions.

PRIORITY 1: Improve compliance with Pharmaceutical Regulations and Legislation.

- The PPSD Warehouse is not complying with Pharmacy Regulations and failed to acquire a license from the Medicine Control Council to operate as a Pharmaceutical Wholesaler. The Pharmacy Council however gave the Department an exemption until alternative arrangements have been finalised.
- A new PPSD building has been approved. A site was identified at Clairwood Hospital and consultants appointed for the design. In the interim, two wards at the Clairwood Hospital have been allocated to PPSD to alleviate space constraints although wards are unsuitable for summer storage.

PRIORITY 2: Improve availability of medicines.

- Space constraints (within PPSD and facilities) put a strain on pharmaceutical operations and facilities designed before the revised specifications need to be reviewed to ensure compliance. The Department commenced with the upgrading of infrastructure although the backlog is significant.

PRIORITY 3: Improve quality of Pharmaceutical services.

- Shortage of experienced Pharmacy Managers jeopardizes effective management, security, and controls leading to an increased risk of leakage. The shortfall between the number of Pharmacists graduating annually and the demand from public and private sectors challenges recruitment and retention. In 2011/12, the Department commenced with development and mentoring programmes on effective medicine supply management targeting Pharmacy Managers. Pharmacy Stores Support Officers provided technical support and training in facilities.

CHALLENGES

- Suppliers unable to meet service demand resulting in unintended stock-outs.
- Delays in the awarding of national tenders resulting in many items bought out on quotation which increased cost.

PROGRAMME PERFORMANCE 2011/12

Table 53: (HCSS1 (a), HCSS1 (b), and HCSS2) - Performance Indicators and targets for Pharmaceutical Services

SUB PROGRAMME/PROGRAMME: Pharmaceutical Services				
Performance Indicators	Baseline (Actual output) 2010/11	Actual Performance against target		Reasons for variance and comments
		2011/12 APP Target	2011/12 Actual	
1. Tracer medicine stock-out rate in bulk store (PPSD)	15%	< 4%	13% (5/38)	A number of National medicines contracts were not awarded timeously requiring the Department to buy out on contract. This resulted in considerable delays and consequent stock-outs.
2. Tracer medicine stock-out rate in bulk store (Institutions)	10%	< 4%	1% (1,951/277,020)	Improved management of stock levels in institutions ensured that adequate stock levels were maintained at institutional level to counteract challenges with national contracts.
3. Average patient waiting time for Pharmacy	1 hour	< 1 hour	0.2 hours (1,237/5,287)	The methodology (including sample size) of the waiting time survey must be reviewed to ensure more reliable and representative analysis of waiting time.
4. Percentage of Pharmacies that obtained A or B grading on inspection[69]	Not achieved	60%	71% (61/86)	The target was based on an estimate.

Source: Pharmaceutical services

[69] Refers to being compliant with SAPC standards

PROGRAMME 8.: HEALTH FACILITIES MANAGEMENT

PROGRAMME PURPOSE

To provide new health facilities, upgrade and maintain existing health facilities, and manage the Hospital Revitalisation Programme and Conditional Grant.

Sub-Programme 8.1: Community Health Services including Primary Health Care clinics and Community Health Centres

Sub-Programme 8.2: District Hospitals

Sub-Programme 8.3: Emergency Medical Services

Sub-Programme 8.4: Provincial Hospital Services

Sub-Programme 8.5: Tertiary and Central Hospital Services

Sub-Programme 8.6: Other Facilities

STRATEGIC GOALS AND OBJECTIVES

GOAL 1: OVERHAUL PROVINCIAL HEALTH SERVICES

- ***Strategic Objective 1.19:*** Delivery of new clinical infrastructure in line with the approved IPIP (Infrastructure Programme Implementation Plan).
- ***Strategic Objective 1.20:*** Upgrading & renovation of existing clinical infrastructure in line with approved IPIP.

PROVINCIAL PRIORITIES AND PROGRESS

PRIORITY 1: Transform Provincial Health Services through implementation of the aligned Infrastructure Programme Implementation Plan (IPIP)

- The User-Asset Management Plan (U-AMP) has been aligned with the STP. Current deviations relate to old projects already in design or construction stage. The U-AMP also makes provision for the National Department of Health's Shock Treatment Plan.
- In order to fast-track infrastructure development and service delivery, the Department:
  - Finalised the U-AMP Infrastructure Reporting Model (IRM) to improve tracking of projects.
  - Appointed 6 technical officials, an acting Manager for Medical Technology and an acting Manager for the Hospital Revitalisation Programme.

Management of Implementing Agents

- The Department has two main implementing agents (Department of Public Works and Independent Development Trust) that are appointed to implement the projects of the Department. Infrastructure Programme Implementation Plans (IPIPs) of the Implementing Agents are approved and monitored by the Department and National Health attends progress meetings as part of monitoring progress.

PRIORITY 2: Create an enabling environment to support service delivery

Table 54: Infrastructure Project progress

Project	Progress 2011/12
Improve hospital infrastructure	
New King Edward Vlll Hospital	Transaction Advisor (TA) has been appointed in November 2011 to undertake the feasibility study.
King George V Hospital	District Hospital: Construction completed and operational - August 2011.
	TB Complex: Project under construction - progress 22%.
	Psychiatric Unit: Tender award approved at BAC on 09 December 2011. Project under construction – progress 30%.
Improve PHC infrastructure	
St Chad's CHC – Uthukela	Project completed and facility operational.
KwaMashu CHC - eThekwini	Project completed and facility operational.
Turton CHC - Ugu	Project completed and facility operational.
Gamalakhe CHC - Ugu	Phase 1: Completed and closed. Phase 2: Award approved at BAC on 02 February 2012, and site handover planned for 01 June 2012.
Pomeroy CHC - Umzinyathi	Site handover on 20 March 2012 and site establishment in progress.
Dannhauser CHC - Amajuba	Site handover on 14 March 2012 and site establishment in progress. Construction started.
uMzimkhulu CHC - Sisonke	Sketch plans were approved at Plans Approval Committee on 28 August 2011. Delays due to insufficiency of original identified site – consultants in process with EIA report on the newly identified site.
Improve Mortuary infrastructure	
Port Shepstone Mortuary	Construction 100% completed.
Newcastle Mortuary	Project under construction – progress 99%. Anticipated to be complete by 30 June 2012 (delays due to fire incident). Insurance is meeting the costs of remedial works. Time elapsed 177%.
Greytown Mortuary	Old contractor terminated, and completion contract was advertised in July 2011. Project under construction – progress 20%.
Phoenix Mortuary	Project under construction - progress 15%.

Project	Progress 2011/12
Maintenance Teams	
Number of Maintenance Teams	214 Unskilled and skilled maintenance posts have been advertised to create sustainable employment as per call from the President and Premier of KZN.
Job Creation	
Number of full time equivalent jobs created through the Expanded Public Works Programme (EPWP) incentive grant	The Department is implementing EPWP compliant projects, and has managed to create 145,164 job opportunities. Through the "maintenance of buildings programme" the Department has employed 145 participants from local communities who have already resume work in clinics, EMS bases and Forensic Mortuaries.

Maintenance

- The Department spent approximately R400 million on the Maintenance Programme during 2011/12.
- The Infrastructure Development Unit coordinated the development of facility and district maintenance plans to ensure appropriate intervention at facility level.
- Capacity constraints, mainly due to insufficient capacity to deliver the required projects, were addressed by engaging IDT to assist with additional capacity to implement the approved project list.

PRIORITY 3: Hospital Revitalisation Programme

Hospitals under the Revitalisation Programme include:

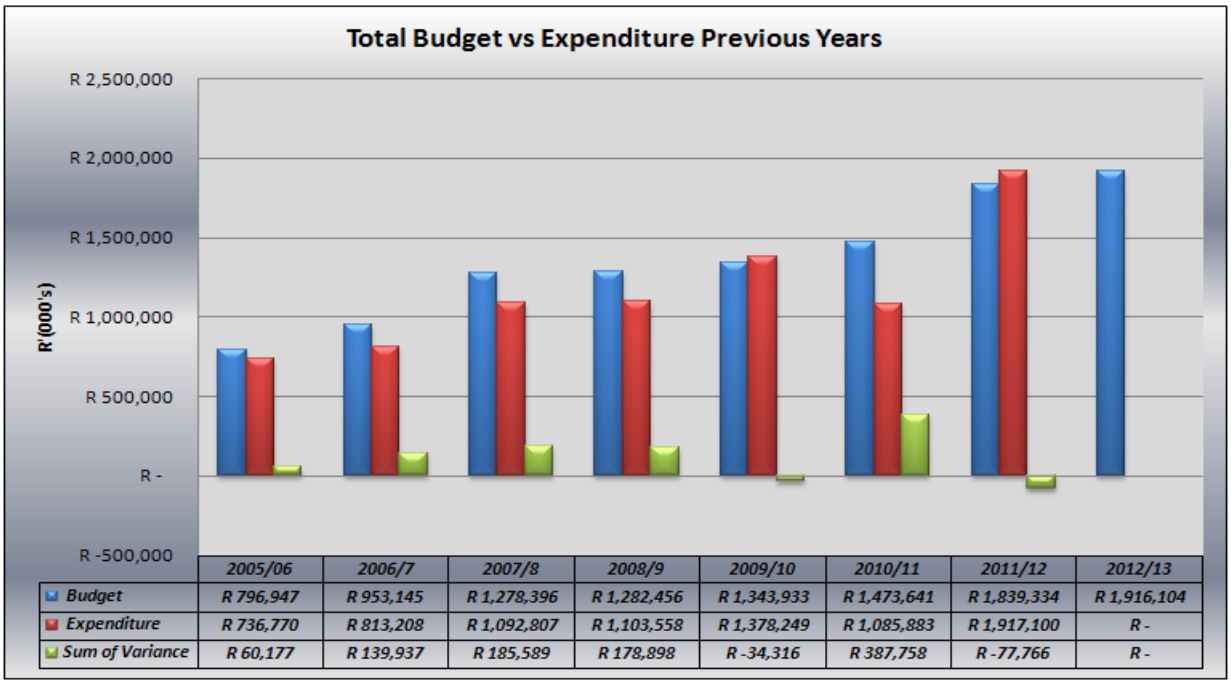
- Dr Pixley Ka Seme (new) - eThekwini
- Dr John Dube (new) - eThekwini
- King George V - eThekwini
- King Edward Vlll - eThekwini
- Edendale – Umgungundlovu District
- Rietvlei – Sisonke District
- Madadeni – Amajuba District
- Hlabisa – Umkhanyakude District
- Lower Umfolozi Memorial War /Ngwelezane – Uthungulu District

PRIORITY 4: Improved management of the Hospital Revitalisation Grant, Coroner Services Grant and Infrastructure Grant to Provinces

- Infrastructure Development experienced numerous challenges during the previous reporting period for which control measures were successfully implemented.
- The Department engaged with the Development Bank of South Africa (DBSA) with the medium-term provision of technical experts that would primarily assist in the Hospital Revitalisation Programme and the

Infrastructure Programme in general. This team comprises of a Mechanical and Civil Engineer, three Quantity Surveyors and one Architect. The Department is currently advertising the Project Manager posts for the Hospital Revitalisation Grant in order to ensure sustainable capacity development within the Department.

Graph 27: Total budget versus expenditure previous years



	2005/06	2006/7	2007/8	2008/9	2009/10	2010/11	2011/12	2012/13
Budget	R 796,947	R 953,145	R 1,278,396	R 1,282,456	R 1,343,933	R 1,473,641	R 1,839,334	R 1,916,104
Expenditure	R 736,770	R 813,208	R 1,092,807	R 1,103,558	R 1,378,249	R 1,085,883	R 1,917,100	R -
Sum of Variance	R 60,177	R 139,937	R 185,589	R 178,898	R -34,316	R 387,758	R -77,766	R -

Health Technology Services

- In order to improve service delivery within Health Technology Services, the Department appointed twenty one (21) Health Technology Learner Technicians in January 2011. The incumbents completed two weeks training at the Department's expense to the Tshwane University of Technology and thereafter placed in the workshops to manage the repairing of Health Technology equipment.
- In January 2012, the Department appointed a further eighteen (18) learner technicians who also attended similar training.
- Seven (7) new technicians were appointed during 2011/12 to supervise work in the various workshops.

CHALLENGES

In 2011/12, the main challenges were:

- Delays in Supply Chain Management (SCM) especially with the Treasury note that compelled Departments to submit all projects which exceeded R10 million to Provincial Treasury prior to award. After long deliberations involving both Provincial and National Treasuries, the Practice Note was suspended.

- Tender Appeals continued to cause delays although there was a tremendous improvement from the previous years.
- Two major projects i.e. in RK Khan and Rietvlei Hospitals were held up by a court interdict and could not proceed on site. Both projects had a negative impact on the pharmaceutical services and both projects incorporated pharmacies. Only Rietvlei was finally resolved whilst RK Khan is still in court.
- Appointment of incompetent contractors by the Department of Public Works, especially in new construction and upgrades to clinics continued to cause problems. A solution is being sought to deal with this on-going problem.
- Failure to report on jobs created through the EPWP programme continued to cause problems as the Department could not claim grant funding allocated to EPWP. The Department eventually trained its own personnel and started to perform some of the work in-house. A Deputy Manager has also been allocated to manage the implementing agents as well.

PROGRAMME PERFORMANCE 2011/12

Table 55: (HFM 1, HFM 2 and HFM 3) - Performance Indicators and targets for Health Facilities Management

SUB PROGRAMME/PROGRAMME: Health Facilities Management				
Performance Indicators	Baseline (Actual output) 2010/11	Actual Performance against target		Reasons for variance and comments
		2011/12 APP Target	2011/12 Actual	
1. Equitable share capital programme as % of total health expenditure	2.3%	3%	4%	
2. Number of hospitals currently funded on the Revitalisation Programme	10	9	9	
3. Expenditure on facility maintenance as % of total health expenditure	0.82%	0.71%	1.43%	Clearing backlogs.
4. Average backlog of service platform in fixed PHC facilities	R 302,962 (maintenance) R 2,098,082 (replacement)	R 272 666 (maintenance) R 2 538 679 (replacement)	R 2 811 345	
5. Construction completed (New infrastructure)	14	6	10	Target exceeded as actual figure includes projects which were put on hold in previous years due to financial constraints
6. Commissioning completed (New infrastructure)	23	24	22	Insufficient funding to commission facilities
7. Construction completed (Upgrading and renovations)	41	14	27	Target exceeded as actual figure includes projects which were put on hold in previous years due to financial constraints
8. Commissioning completed (Upgrading and renovations)	3	54	54	Completed at a cost of R 739 215

Source: Infrastructure Development and Clinical Support

PART C: ANNUAL FINANCIAL STATEMENTS


MOBILE CLINIC
MOBILE CLINIC

3. ANNUAL FINANCIAL STATEMENTS

REPORT OF THE AUDIT COMMITTEE ON VOTE 7

The KwaZulu-Natal Provincial Audit & Risk Committee is pleased to present its report for the financial year ended 31 March 2012.

Provincial Audit & Risk Committee Members and Attendance

The Provincial Audit and Risk Committee (the PARC) consists of the members listed hereunder. The PARC is split into three (3) Cluster Audit & Risk Committees (the CARC) which consists of members of the PARC; is responsible for the Governance & Administration, Social and Economic Clusters respectively and reporting into the PARC. The Chairman of the PARC is also the Chairman of the different CARCs and attends all CARC meetings. The CARC and the PARC are required to meet at least four times and two times respectively in a financial year. During the financial year ending 31 March 2012, a total of thirteen meetings (13) were held, namely, two (2) PARC meetings, three (3) CARC meetings per cluster, and two (2) special meetings. Members attended the meetings as reflected below:

Surname & Initial	PARC		CARC		Special		Total no. of Meetings	Total no. of Meetings Attended
	No. of Meetings Held	Attended	No. of Meetings Held	Attended	No. of Meetings Held	Attended		
Ms T Tsautse (Chairman)	2	2	9	9#	2	2	13	13
Ms M Mothipe	2	1	3	3*	2	2	7	6
Ms N Jaxa	2	2	3	3*	2	2	7	7
Mr L Mangquku	2	2	3	3*	2	2	7	7
Mr T Boltman	2	2	3	3*	2	2	7	7
Mr F Docrat	2	2	3	3*	2	2	7	7
Mr V Naicker	2	2	3	3*	2	1	7	6

* - 3 Meetings per cluster were held

- Chairman attends all CARC meetings

Provincial Audit & Risk Committee Responsibility

The Provincial Audit and Risk Committee reports that it complied with its responsibilities arising from the Public Finance Management Act, No.1 of 1999 (PFMA), Treasury Regulations, including any other statutory and other regulations. The Provincial Audit and Risk Committee also reports that it adopted appropriate formal terms of reference as its Provincial Audit and Risk Committee Charter, regulated its affairs in compliance with this charter and discharged all its responsibilities as contained therein.

The Effectiveness of Internal Control

The systems of internal control are the responsibility of the department's management and are designed to provide effective assurance that assets are safeguarded and that liabilities and working capital are efficiently managed. In line with the requirements of the PFMA and the principles of the King III Report on Corporate Governance, the Internal Audit Function provides the Provincial Audit and Risk Committee and the departmental management with assurance that the systems of internal controls are appropriate and effective. This is achieved by means of the risk management process, as well as the identification of corrective actions and suggested enhancements to the controls and processes. From the various reports of the Internal Auditors; and the Report and Management Letter of the Auditor-General on the Annual Financial Statements, it was noted that the systems of internal control were not effective for the entire year under review as control deficiencies were detected in the following significant areas:

- Supply Chain Management
- Asset Management
- Forensic Pathology Services
- HIV/AIDS programmes
- Laundry Services
- Information Technology General Controls
- Human Resource Management
- Revenue Management

The quality of "In Year Monitoring" and monthly / quarterly reports submitted in terms of the Treasury Regulations and the Division of Revenue Act

The Provincial Audit and Risk Committee, through the Internal Audit Function, was satisfied with the content and quality of monthly and quarterly reports prepared and issued by the Accounting Officer and the department during the year under review except for over expenditure by the department; as well as a lack of adequate monitoring of private institutions by the department to ensure implementation of conditions in service level agreements.

Audit of Performance Information

The monitoring of the department's performance is a key function of the executive management of the department. The Provincial Audit & Risk Committee has no direct line of responsibility over the department's performance. However, the Provincial Audit and Risk Committee is responsible for ensuring, principally through the Internal Audit Function that the systems of performance management, measurement and reporting; as well as the systems of internal control that underpin the performance management framework of the department, remain robust and are reviewed routinely in the internal audit plans.

The Committee has accepted the responsibility of ensuring that adequate reporting on performance information is in line with its mandate and charter.

The Committee reviewed the Internal Audit and Auditor-General reports relating to Performance Information and noted the following material deficiencies:

- Inaccurate data reported
- Inadequate validation processes

- Inadequate approval processes

Internal Audit Function

The Provincial Audit & Risk Committee provides oversight and monitors the activities of the Internal Audit Function. Consequently, the Committee is able to report on the effectiveness and efficiency of the function.

The function was effective during the period under review and there were no unjustified restrictions or limitations. The Committee will in the forthcoming year, monitor progress to ensure that the Internal Audit Function continues to add value to the department and achieves its optimal performance.

Risk Management Function

Risk Management is a proactive discipline that involves scenario planning and that is intended to provide reasonable assurance that the department will achieve its objectives. King III principle 2.2 states that the board, (executive authority in the case of a government department) "should appreciate that strategy, risk, performance and sustainability are inseparable."

The committee noted that, during the 2011/12 financial year, the Internal Audit Unit assisted the department with a risk streamlining exercise. This exercise was an attempt to create one reference point for organizational risks – i.e. one risk register instead of pockets of risk registers that the department used to have prior to this exercise.

The consolidated risk register was presented to the Committee in the fourth quarter of the 2011/12 financial year. The committee advised that:

- The department review the accuracy of the risk register and the appropriateness of the risk ratings,
- The Internal Audit Unit formally handed-over the risk register to the department,
- The department strengthens its risk management function and oversight structures in order to ensure the sustainability of this process.

Other Governance Issues

As part of its governance responsibilities, the Committee also monitors the fraud prevention strategies that have been developed and implemented by provincial departments, and these responsibilities include monitoring the implementation of recommendations arising from forensic investigations.

During the period under review, the Committee noted that the department had 2 completed investigations and 1 on-going investigation that were conducted by the Provincial Treasury's Internal Audit Function.

The department was urged to implement recommendations arising from the completed investigation, and to provide the Internal Audit Function with a detailed list of all other investigations being conducted internally or by other relevant authorities.

Evaluation of Financial Statements

The Provincial Audit and Risk Committee reviewed the Annual Financial Statements of the Department, as well as the Auditor General's management report together with management's response thereto. The Provincial Audit and Risk Committee concurs and accepts the Auditor-General's conclusions on the annual financial statements, and is of the opinion that the audited annual financial statements be accepted and read together with the report of the Auditor-General.

Chairperson: Provincial Audit & Risk Committee

Date: 31 July 2012

REPORT OF THE ACCOUNTING OFFICER

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

1. GENERAL REVIEW OF THE STATE OF FINANCIAL AFFAIRS

The mandate of the Department of Health is to develop and implement a sustainable, coordinated, integrated and comprehensive health system through the primary health care approach which is based on accessibility, equity, community participation, use of appropriate technology and inter-sectoral collaboration.

The 2011/12 financial year represented the third year in the 2009/10 to 2014/2015 strategic planning cycle. Therefore, the programme for the year, with certain adjustments for new developments during the five year period, represents a third year of implantation of the strategic planning. Achievements attained during the period are detailed in the annual performance report. The major project for the period under review was to increase the access of health care services through procurement of 274 Ambulances to serve under-served areas and to increase the response times. This included procurement of 28 obstetric ambulances to deal with the reduction of maternal and child mortality and introduction of 38 inter-facility transfer ambulances.

During the year under review, the department completed the construction and commissioning of 10 projects which included Clinics, Community Health Centres, Forensic Mortuary and Accommodation units for health professional.

The Department is increasingly faced with the need for tough choices to be made in the prioritization of services in light of an increased demand on health services and increase in the burden of diseases. Non-communicable Diseases have been included as one of the quadruple diseases. The department continues with the primary health care re-engineering which is a cheaper way of providing health care as it focuses on health promotion and preventive medicine. This is evident by the significant investment in resources at primary health level. The department also continues to strive to contain costs by implementing cost containing measures. The strategy focuses on increasing efficiency across the board and cutting back on less essential cost driving items thereby promoting efficiency in the utilization of allocated resources without reducing the level of service delivery.

The Department's total appropriation was R24, 669, 096, 000 for the financial year. A total of R24, 791, 118, 000 was spent, resulting in an over-expenditure of R122, 022, 000 or 0.49% of the allocated budget for the year. The over-expenditure could be attributable to the implementation OSD for which a roll-over request relating to 2010/11 was not approved, revision of flat rate paid to laboratory services, increasing in maintenance expenditure at facilities, acceleration in the implementation of the infrastructure programme and commissioning of the new facilities.

The Department received an additional R184, 241 million at the Adjustments Estimate, which included an amount of R147, 015 million for the higher than anticipated 2010 Wage Agreement and the increased housing

allowance. The EPWP Incentive grant was reduced from R4, 9 million to R0, 536 million. The roll over for HIV/AIDs of R17, 885 was included in the adjustment estimates.

Programme	Total Appropriation	Actual Expenditure	Variance	% Spent	Factors that led to variances from voted funds, after considering the shifting and the virements of funds.
	R'000	R'000	R'000		
Administration	385, 678	387, 873	(2, 195)	100.56%	• The over-expenditure was due to the payment of exit costs for staff leaving the service which were higher than anticipated.
District Health Services	10, 819, 247	10, 833, 780	(14, 533)	100.13%	• The over-expenditure in the Compensation of Employees due the late implementation of the OSD for which 2010/11 roll-over request was not approved by the Provincial Treasury.
Emergency Medical Service	1, 106, 106	1, 106, 103	3	99.99%	• Money allocated was fully spent
Provincial Hospital Services	7, 126, 458	7, 136, 118	(9, 660)	100.13%	• Payment of OSD to qualifying Health professionals as well as the filling of critical posts. • Increase in the flat rate paid for laboratory services, increase in the cost of medical supplies, and clearing of payment backlog in respect to pharmaceutical companies.
Central Hospital Services	2, 461, 831	2, 512, 654	(50, 823)	102.06%	• Over expenditure on goods and services which is attributed to increased cost of blood products, increased stock levels of medical supplies and clearing of outstanding payments due to pharmaceutical companies. There was an alignment of payment to IALCH PPP in accordance with the agreement.
Health Sciences and Training	911, 553	905, 620	5, 933	99.35%	• Introduction of stipends to nursing students instead of a salary. • Delays in the implementation of training programmes for Dietician nutrition advisors, Data capturers. • Savings were realised due to utilisation of departmental venues & facilities for training.
Health Care Support Services	13, 971	13, 971	0	100%	• Money allocated was fully spent
Health Facilities	1, 844, 252	1,894, 999	(50, 747)	102.75%	• Clearing of maintenance backlog to bring the facilities up to standard for

Programme	Total Appropriation	Actual Expenditure	Variance	% Spent	Factors that led to variances from voted funds, after considering the shifting and the virements of funds.
Management					the roll-out of the NHI. • Commissioning of new Community Health Clinics & Community Health Centres.
Total	**24, 669, 096**	**24, 791, 118**	**(122, 022)**	**100.49%**	

2. FINANCIAL PERFORMANCE

2.1 REVENUE

The set revenue target was under collected by R21, 517 million. The main reason for the under-collection of Departmental Revenue was due to the fact that, the 2011/12 departmental target set for the revenue collection was based on actual collection of 2009/10 which included a once-off project between Department and Road Accident Fund. The agreement was to clear accumulated outstanding claims by RAF due to the department hence there was an over-collection of revenue. This was discussed with the Provincial Treasury and, as a result, in the 2012/13 financial year the target set for revenue collection has been revised to R213 million from R227 million (2011/12).

2.2 SERVICES RENDERED BY THE DEPARTMENT

The organisational configuration of the Department forms an important basis for effective and efficient health service delivery in pursuit of the objectives set in the Strategic Plan, the Service Transformation Plan and the Annual Performance Plan of the Department. Restructuring is therefore inevitable, the aim being to provide a blue print for successful decentralisation of services to ensure effective service delivery and to strengthen the management of health services, especially at the primary health care level. The Department is currently reviewing the organisation structure starting with the Head Office structure which has been submitted to DPSA for approval. The services provided by the Department include:

2.2.1 Primary Health Care Services

This category of services focuses on the prevention of illnesses and the provision of basic curative health services close to the community.

2.2.2 Hospital Services

District hospitals cater for those patients who require admission to hospital for treatment at general practitioner level, while the provincial, tertiary, central and other specialised hospitals cater for patients requiring high level of care.

2.2.3 Forensic Pathology Services

These services are directed at ensuring integrity of forensic evidence and providing coroner services to the Department of Justice. This service entails clinical investigation of deaths that appear to be not of natural causes.

2.2.4 Emergency Medical Services

The aim of this category is to provide emergency care and transport for victims of trauma, road traffic accidents, and emergency medical and obstetric conditions. Planned patient transport is provided for inter-hospital transfer and between clinics and hospitals.

2.2.5 Tariff policy

The main source of revenue for the Department, over and above its voted amount, is patient fees which are based on the Uniform Patient Fees Schedule as prescribed by the National Department of Health and it is reviewed annually.

2.2.6 Inventory

The total inventory on hand as at 31 March 2012 is disclosed under the Inventory annexure note.

3. CAPACITY CONSTRAINTS

The delivery of health services is dependent on the availability of all the necessary resources at the right quantity and the right mix to maximise the service delivery impact. The Department continues to strive to ensure that all the necessary resources are in place to enhance service delivery. However, the Department continues to face challenges due to shortage of skilled professional staff, inadequate health information systems, backlog in fixed infrastructure, inadequate machinery and equipment, increasing burden of disease and co-morbidities.

4. UTILISATION OF DONOR FUNDS

During this financial year an amount of R4, 231 million in respect of local and foreign donor funds was received by the Department. In addition an amount of R15, 943 million was brought forward from the previous financial year, giving a total of R20, 174 million for the year. Of this amount R6, 227 million was spent, leaving a balance of R13, 947 million which has been carried into the 2012/13 financial year.

5. TRADING AND PUBLIC ENTITIES

The only trading activity for the Department of Health is the Provincial Medical Supply Centre. The entity purchases pharmaceuticals from the suppliers and these are then distributed to the various institutions as requested. The pharmaceuticals are charged at actual cost plus a mark-up of 4% to 12% to cover the administrative costs.

An amount of R13, 971, 000 was transferred to the entity during the year under review to supplement the value of the buffer stock. The substantial increase in the amount transferred was due to the need for an increase in the Anti-retroviral stock to ensure that the stock levels of other medicine were not affected by the need for increase in ARV stock to cater for increases in the number of patients on the Anti-retroviral Treatment programme. The number of patients on treatment increased from 459, 670 in (2010/11) to 535, 910 in (2011/12).

The trading entity realised a surplus amounting R1, 4 million during the year under review (2011/12). The annual financial statements of the trading entity are reflected separately in this annual report.

6. ORGANISATIONS TO WHOM TRANSFER PAYMENTS HAVE BEEN MADE

Transfer payments are made to the following organizations in order to assist the Department in providing health care services to the population of KwaZulu-Natal:

- Local Municipalities, which provide primary health care services, and
- NGO's, which provide HIV and AIDS, Clinic, Mental Health and Hospital Services.

The department is still embarked in the provincialisation of municipal clinics.

Transfer payments also include the payment of bursaries, claims against the State, leave gratuities, the skills levy, and a provision for the augmentation of the Medicine Trading Account.

The detail of the above transfer payments is reflected in Annexure 1 of this report.

7. PUBLIC PRIVATE PARTNERSHIP (PPP)

The Department has in place a public private partnership agreement with Cowslip Investments (Pty) Ltd and Impilo Consortium for the delivery of non-clinical services to the Inkosi Albert Luthuli Central Hospital. Details of the PPP and the transactions relating thereto are disclosed under notes of the financial statements.

8. ASSET MANAGEMENT

All assets have been captured in the asset register to comply with the requirement for asset management. The Department is currently embarked on implementation of the assets software, asset management structure and procedures to manage the assets.

9. CORPORATE GOVERNANCE ARRANGEMENTS

9.1 Risk Management

The department has developed a draft risk management framework which will be implemented to manage the risks. Through the assistance of the Provincial Treasury Risks Management Unit, the department has identified the risks which may impact negatively in the attainment of the departmental objectives.

9.2 Fraud and Corruption

The Department is very serious about issues of fraud and corruption that plagues government departments. As part of the turnaround strategy of the department, a number of initiatives have been introduced by the Joint Management Team, amongst which, cases of alleged fraud and corruption are at the forefront.

The component has also been responsible for the management of the special project "Operation Cure" which is aimed at rooting out procurement related corruption in the Department. To date the department has recovered R12 million from the proceeds of crime.

10. EVENTS AFTER REPORTING DATE

There were no events after the reporting date.

11. PERFORMANCE INFORMATION

The performance information is discussed under Performance Information in the annual report for the financial year ended 31 March 2012.

12. PRIOR MODIFICATION TO AUDIT REPORTS

There were no prior modifications to audit reports.

13. EXEMPTIONS AND DEVIATIONS RECEIVED FROM THE NATIONAL TREASURY

No exemptions were requested from the National Treasury. The following exemptions have been obtained from the Provincial Treasury:

13.1 BAS/Persal reconciliation

The Provincial Treasury had approved a practice note on the compilation of the reconciliation. The Department was thereafter given approval to deviate from the practice note and utilize the original approach, which had been accepted by the Auditor-General

13.2 Disclosure of immovable assets

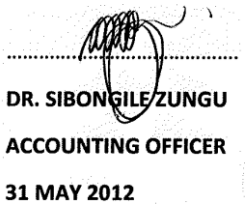
The disclosure of immovable assets is included under the annual financial statements of the Department of Works in accordance with a Provincial Treasury directive.

14. STANDING COMMITTEE ON PUBLIC ACCOUNTS RESOLUTIONS

The scopa resolution register is maintained and resolutions are be investigated and actioned.

15. APPROVAL

The annual financial statements set out on pages 180 to 254 are hereby approved by the Accounting Officer of the Department of Health: KwaZulu-Natal.



DR. SIBONGILE ZUNGU

ACCOUNTING OFFICER

31 MAY 2012

REPORT OF THE AUDITOR-GENERAL ON VOTE 7 DEPARTMENT OF HEALTH

Introduction

1. I have audited the financial statements of the Department of Health set out on pages 180 to 254, which comprise the appropriation statement, the statement of financial position as at 31 March 2012, statement of financial performance, statement of changes in net assets and the cash flow statement for the year then ended, and the notes, comprising a summary of significant accounting policies and other explanatory information.

Accounting officer's responsibility for the financial statements

2. The accounting officer is responsible for the preparation of these financial statements in accordance with the *Departmental financial reporting framework* prescribed by the National Treasury and the requirements of the Public Finance Management Act of South Africa, 1999 (Act No. 1 of 1999) (PFMA) and Division of Revenue Act of South Africa, 2011 (Act No. 6 of 2011) (DoRA), and for such internal control as the accounting officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor-General's responsibility

3. My responsibility is to express an opinion on the financial statements based on my audit. I conducted my audit in accordance with the Public Audit Act of South Africa, 2004 (Act No. 25 of 2004) (PAA), the *General Notice* issued in terms thereof and International Standards on Auditing. Those standards require that I comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

4. An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the department's preparation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the department's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

5. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my qualified audit opinion.

Basis for qualified opinion

Movable tangible capital assets and minor assets

6. The movable assets balance as per disclosure note 32 to the annual financial statements includes a cumulative adjustment to the prior year balances of R68, 621 million, for which adequate supporting documentation could not be furnished. Examination of the asset register revealed significant weaknesses and shortcomings, including asset locations and unique identification numbers that were not completed in the asset register, asset disposals that were not removed from the register, and details pertaining to valuation (supplier details and invoice details) that were not included, resulting in the asset register not being complete and accurate. Due to the deficiencies inherent in the asset register, physical verification procedures could not be performed satisfactorily to confirm the existence and completeness of the assets recorded in the department's asset register.

   Asset additions and disposals were not supported by sufficient appropriate audit evidence. It was therefore not feasible to perform alternative audit procedures to obtain sufficient and appropriate evidence on the existence, valuation and completeness of assets.

   Consequently, I was unable to obtain sufficient appropriate evidence to satisfy myself as to the valuation, existence and completeness of movable tangible capital assets of R2,728 billion (2011: R1,475 billion) and minor assets of R284,928 million (2011: R223,666 million).

Irregular expenditure

7. Section 38(1) (a) (iii) of the PFMA requires the department to implement and maintain an appropriate procurement and provisioning system which is fair, equitable, transparent, competitive and cost-effective. The department's control system did not identify all irregular expenditure due to a breakdown in the system of control over procurement. The department's records did not permit the application of alternative audit procedures. Consequently, I did not obtain sufficient appropriate audit evidence to satisfy myself as to the accuracy and completeness of irregular expenditure stated at R3, 291 billion (2011:R1, 254 billion) in note 26 to the financial statements.

Conditional grant expenditure

8. Supporting documentation (orders, invoices, payment vouchers) in respect of journal transactions relating to conditional grant expenditure could not be produced for audit. Consequently, I was unable to obtain sufficient appropriate audit evidence to confirm the occurrence, completeness, accuracy and classification of conditional grant expenditure journals for debit transactions totaling R675 million and credit transactions totaling R176 million.

Qualified opinion

9. In my opinion, except for the possible effects of the matters described in the Basis for qualified opinion paragraphs, the financial statements present fairly, in all material respects, the financial position of the Department of Health as at 31 March 2012 and its financial performance and cash flows for the year then ended, in accordance with the *Departmental financial reporting framework* prescribed by the National Treasury and the requirements of the PFMA and DoRA.

Emphasis of matters

10. I draw attention to the matters below. My opinion is not modified in respect of these matters.

Payables

11. Payables which exceed the payment term of 30 days as required in Treasury Regulation 8.2.3 amount to R19, 318 million. This amount in turn exceeds the voted funds to be surrendered. The amount of R19, 318 million would therefore constitute additional unauthorised expenditure had the amounts due been paid in a timely manner.

Significant uncertainties

12. With reference to note 20 to the financial statements, the department is the defendant in the following lawsuits.

    - Medical negligence
    - Claims against the state

    The ultimate outcome of the matters cannot presently be determined and no provision for any liability that may result has been made in the financial statements.

Unauthorised expenditure

13. As disclosed in note 10 to the financial statements, the department incurred unauthorised expenditure of R127,958 million as a result of exceeding the main division within the vote for the following programmes :

    - Programme 1 : Administration - R2,195 million, as a result of payment of exit costs of staff which were higher than anticipated.
    - Programme 2 : District Health Services - R14,533 million , as a result of over-expenditure due to late implementation of OSD.
    - Programme 4 : Provincial Hospital Services – R9,660 million, as a result of over-expenditure due to payment of OSD as well as filling of critical posts.
    - Programme 5 : Central Hospital Services – R50,823 million, as a result of payment to Inkosi Albert Luthuli Central Hospital Public Private Partnership PPP alliance in terms of the agreement.
    - Programme 7 : Health Facilities Management – R50, 747 million, as a result of clearing maintenance backlog to bring facilities up to standard and commissioning new facilities.

Restatement of corresponding figures

14. As disclosed in note 26 to the financial statements, the corresponding figures for irregular expenditure for 31 March 2011 have been restated as a result of an error discovered during 2012 in the financial statements of the Department of Health at, and for the year ended, 31 March 2011.

Additional matters

15. I draw attention to the matters below. My opinion is not modified in respect of these matters.

Unaudited supplementary schedules

16. The supplementary information set out on pages 255 to 286 does not form part of the financial statements and is presented as additional information. I have not audited these schedules and, accordingly, I do not express an opinion thereon.

Financial reporting framework

17. The financial reporting framework prescribed by the National Treasury and applied by the department is a compliance framework. The wording of my opinion on a compliance framework should reflect that the financial statements have been prepared in accordance with this framework and not that they "present fairly". Section 20(2) (a) of the PAA, however, requires me to express an opinion on the fair presentation of the financial statements. The wording of my opinion therefore reflects this requirement.

REPORT ON OTHER LEGAL AND REGULATORY REQUIREMENTS

18. In accordance with the PAA and the *General Notice* issued in terms thereof, I report the following findings relevant to performance against predetermined objectives, compliance with laws and regulations and internal control, but not for the purpose of expressing an opinion.

Predetermined objectives

19. I performed procedures to obtain evidence about the usefulness and reliability of the information in the annual performance report as set out on pages 67 to 160 of the annual report.

20. The reported performance against predetermined objectives was evaluated against the overall criteria of usefulness and reliability. The usefulness of information in the annual performance report relates to whether it is presented in accordance with the National Treasury annual reporting principles and whether the reported performance is consistent with the planned objectives. The usefulness of information further relates to whether indicators and targets are measurable (i.e. well defined, verifiable, specific, measurable and time bound) and relevant as required by the *National Treasury Framework for managing programme performance information*.

    The reliability of the information in respect of the selected programmes is assessed to determine whether it adequately reflects the facts (i.e. whether it is valid, accurate and complete).

21. The material findings are as follows:

Reliability of information

22. The National Treasury *Framework for managing programme performance information (FMPPI)* requires that documentation addressing the systems and processes for identifying, collecting, collating, verifying and storing information be properly maintained. The department could not provide sufficient appropriate evidence to support any of the selected programmes. The department's records did not permit the application of alternative audit procedures regarding the validity, accuracy and completeness of the reported performance information.

Compliance with laws and regulations

23. I performed procedures to obtain evidence that the department has complied with applicable laws and regulations regarding financial matters, financial management and other related matters. My findings on material non-compliance with specific matters in key applicable laws and regulations as set out in the *General Notice* issued in terms of the PAA are as follows:

Budgets

24. The accounting officer did not ensure that expenditure incurred by the department was in accordance with the vote of the department and the main divisions within the vote as per the requirements of section 39(1)(a) and section 39(2)(c) of the PFMA.

Annual financial statements

25. The financial statements submitted for auditing were not prepared in all material respects in accordance with the requirements of section 40(1) of the PFMA. Material misstatements identified by the auditors were not adequately corrected, which resulted in the financial statements receiving a qualified opinion.

Expenditure management

26. The accounting officer did not take reasonable steps to prevent unauthorised and irregular expenditure, as required by section 38(1)(c)(ii) and section 39(1)(b) of the PFMA.

27. The accounting officer did not ensure effective internal controls were in place for payment approval and processing of conditional grant expenditure, as required by Treasury Regulation 8.1.1.

Asset management

28. The accounting officer did not implement proper control systems for the safeguarding and maintenance of assets to prevent theft, losses, wastage and misuse as required by section 38(1)(d) of the PFMA and Treasury Regulations 10.1.

Financial misconduct

29. Investigations were not conducted into possible allegations of financial misconduct committed by officials relating to irregular expenditure, as required by Treasury Regulation 4.1.

Procurement and contract management

30. Goods and services with a transaction value between R10 000 and R500 000 were procured without inviting at least three written price quotations from prospective suppliers, as per the requirements of Treasury Regulation (TR) 16A6.1 and National Treasury Practice Note 8 of 2007/08.

31. Goods and services of a transaction value above R500 000 were procured without inviting competitive bids, as per the requirements of Treasury Regulation 16A.6.4 and Practice Note 8 of 2007/08.

32. Awards were made to suppliers that are listed on the National Treasury's database, as persons prohibited from doing business with the public sector in contravention of Treasury Regulation 16A9.1(c).

Service delivery

33. The department did not adhere to the general requirements for the storage of medical waste in contravention of Part 5, section 21 of the National Environmental Management Waste Act (Act No 59 of 2008).

Internal control

34. I considered internal control relevant to my audit of the financial statements, annual performance report and compliance with laws and regulations. The matters reported below under the fundamentals of internal control are limited to the significant deficiencies that resulted in the basis for qualified opinion, the findings on the annual performance report and the findings on compliance with laws and regulations included in this report.

Leadership

35. Significant deficiencies noted in the communication and implementation of policies and procedures as well as monitoring and oversight, to enable and support understanding and execution of internal control objectives, processes and responsibilities with respect to performance management, procurement and contract management, asset management as well as the maintenance of proper accounting records to supporting conditional grant expenditure.

Financial and performance management

36. Management failed to implement a proper asset management system as well as a proper record keeping system to ensure complete, relevant and accurate information to support irregular expenditure, conditional grant expenditure and performance reporting.

OTHER REPORTS

Investigations

37. Various investigations are being conducted into supply chain and human resource management to probe the awarding of certain contracts, accusations of theft, and the manner in which promotions were awarded within the department.

Performance audits

38. During the year under review, a performance audit was conducted on the Readiness of Government to report on its performance. The focus of the audit is on how government institutions are guided and assisted to report on their performance, as well as the systems and processes that they have put in place. The audit is currently in the reporting phase and the findings will be reported on in a separate report.

Auditor - General

Pietermaritzburg

31 July 2012

AUDITOR-GENERAL SOUTH AFRICA

Auditing to build public confidence

APPROPRIATION STATEMENT

APPROPRIATION PER PROGRAMME

	2011/12							2010/11	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
1. Administration									
Current payment	349 739	-	(6 178)	343 561	343 385	176	99.9%	348 978	347 872
Transfers and subsidies	1 538	-	(11)	1 527	3 392	(1 865)	222.1%	1 310	1 750
Payment for capital assets	26 884	-	13 665	40 549	40 549	-	100.0%	8 844	8 312
Payment for financial assets	41	-	-	41	547	(506)	1334.1%	-	380
	378 202	-	7 476	385 678	387 873	(2 195)		359 132	358 314
2. District Health Services									
Current payment	10 275 918	-	(5 671)	10 270 247	10 310 859	(40 612)	100.4%	9 901 284	9 398 002
Transfers and subsidies	350 004	-	576	350 580	338 569	12 011	96.6%	408 447	399 201
Payment for capital assets	274 200	-	(75 818)	198 382	184 308	14 074	92.9%	47 092	29 921
Payment for financial assets	38	-	-	38	44	(6)	115.8%	456	2 985
	10 900 160	-	(80 913)	10 819 247	10 833 780	(14 533)		10 357 279	9 830 109
3. Emergency Medical Services									
Current payment	864 147	-	(636)	863 511	880 351	(16 840)	102.0%	743 933	753 033
Transfers and subsidies	2 504	-	31	2 535	3 230	(695)	127.4%	1 784	2 966

		2011/12							2010/11	
		Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
		R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
	Payment for capital assets	168 776	-	71 284	240 060	222 521	17 539	92.7%	187 819	85 781
	Payment for financial assets	-	-	-	-	1	(1)	-	34	270
		1 035 427	-	70 679	1 106 106	1 106 103	3		933 570	842 050
4.	**Provincial Hospital Services**									
	Current payment	6 895 024	-	39 638	6 934 662	7 002 905	(68 243)	101.0%	5 780 524	5 563 408
	Transfers and subsidies	63 108	-	(616)	62 492	60 107	2 385	96.2%	69 791	71 170
	Payment for capital assets	138 158	-	(8 869)	129 289	73 091	56 198	56.5%	33 525	17 730
	Payment for financial assets	15	-	-	15	15	-	100.0%	268	1 917
		7 096 305	-	30 153	7 126 458	7 136 118	(9 660)		5 884 108	5 654 225
5.	**Central Hospital Services**									
	Current payment	2 197 498	216 971	3 403	2 417 872	2 494 543	(76 671)	103.2%	1 961 998	1 882 846
	Transfers and subsidies	3 000	-	-	3 000	2 257	743	75.2%	3 567	7 817
	Payment for capital assets	257 930	(216 971)	-	40 959	15 854	25 105	38.7%	219 001	212 705
	Payment for financial assets	-	-	-	-	-	-	-	-	55
		2 458 428	-	3 403	2 461 831	2 512 654	(50 823)		2 184 566	2 103 423
6.	**Health Sciences and Training**									
	Current payment	836 531	-	(32 792)	803 739	810 413	(6 674)	100.8%	819 385	781 961
	Transfers and subsidies	95 308	-	20	95 328	83 361	11 967	87.4%	72 087	68 625

		2011/12							2010/11	
		Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
		R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
	Payment for capital assets	12 748	-	(262)	12 486	11 845	641	94.9%	1 751	535
	Payment for financial assets	-	-	-	-	1	(1)		4	22
		944 587	-	(33 034)	911 553	905 620	5 933		893 227	851 143
7.	**Health Care Support Services**									
	Transfers and subsidies	13 971	-	-	13 971	13 971	-	100.0%	10 764	10 764
		13 971	-	-	13 971	13 971	-		10 764	10 764
8.	**Health Facilities Management**									
	Current payment	429 048	-	2 236	431 284	522 372	(91 088)	121.1%	337 354	258 169
	Transfers and subsidies	-	-	10 000	10 000	10 783	(783)	107.8%	-	-
	Payment for capital assets	1 412 968	-	(10 000)	1 402 968	1 361 844	41 124	97.1%	1 160 186	826 789
		1 842 016	-	2 236	1 844 252	1 894 999	(50 747)		1 497 540	1 084 958
	TOTAL	**24 669 096**	**-**	**-**	**24 669 096**	**24 791 118**	**(122 022)**	**100.5%**	**22 120 186**	**20 734 986**
	Reconciliation with Statement of Financial Performance									
Add:	Department receipt				207 998				191 221	
	Aid assistance				4 232				5 509	
Actual amounts per Statement of Financial Performance (Total Revenue)					**24 881 326**				**22 316 916**	
Add:	Aid assistance					6 227				7 800
Actual amounts per Statement of Financial Performance Expenditure						**24 797 345**				**20 742 786**

APPROPRIATION PER ECONOMIC CLASSIFICATION

	2011/12							2010/11	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments									
Compensation of employees	15 074 380	-	-	15 074 380	15 118 307	(43 927)	100.3%	13 234 110	12 935 381
Goods and services	6 773 525	216 971	-	6 990 496	7 246 503	(256 007)	103.7%	6 659 347	6 049 910
Interest and Rent on Land	-	-	-	-	20	(20)	-	-	-
Transfers & subsidies									
Provinces & municipalities	97 735	-	-	97 735	88 879	8 856	90.9%	137 345	126 756
Departmental agencies & accounts	22 559	-	-	22 559	22 559	-	100.0%	18 401	18 401
Non-profit institutions	283 265	-	10 000	293 265	273 487	19 778	93.3%	296 617	289 009
Households	125 874	-	-	125 874	130 743	(4 869)	103.9%	115 387	128 127
Payment for capital assets									
Buildings & other fixed structures	1 062 128	-	1 092	1 063 220	1 048 172	15 048	98.6%	1 358 288	1 021 375
Machinery & equipment	1 229 536	(216 971)	(22 487)	990 078	835 384	154 694	84.4%	299 131	159 600
Land and subsoil assets	-	-	11 395	11 395	26 455	(15 060)	232.2%	798	798
Payment for financial assets	94	-	-	94	609	(515)	647.9%	762	5 629
TOTAL	**24 669 096**	**-**	**-**	**24 669 096**	**24 791 118**	**(122 022)**	**100.5%**	**22 120 186**	**20 734 986**

DETAIL PER PROGRAMME 1 – ADMINISTRATION

Programme per Sub-programme	2011/12							2010/11	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
1.1 Office of the MEC									
Current payment	15 132	-	641	15 773	15 578	195	98.8%	14 513	13 613
Transfers and subsidies	-	-	4	4	4	-	100.0%	10	13
Payment for capital assets	2 376	-	(2 343)	33	33	-	100.0%	826	826
1.2 Management									
Current payment	334 607	-	(6 819)	327 788	327 807	(19)	100.0%	334 465	334 259
Transfers and subsidies	1 538	-	(15)	1 523	3 388	(1 865)	222.5%	1 300	1 737
Payment for capital assets	24 508	-	-	24 508	40 516	(16 008)	165.3%	8 018	7 486
Payment for financial assets	41	-	-	41	547	(506)	1 334.1%	-	380
Payment for capital assets	-	-	16 008	16 008	-	16 008	-	-	-
TOTAL	**378 202**	**-**	**7 476**	**385 678**	**387 873**	**(2 195)**	**100.6%**	**359 132**	**358 314**

Programme 1 Per Economic classification	2011/12							2010/11	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments									
Compensation of employees	210 886	-	(1 726)	209 160	208 965	195	99.9%	184 269	183 201
Goods and services	138 853	-	(4 452)	134 401	134 401	-	100.0%	164 709	164 671
Interest and Rent on land	-	-	-	-	20	(20)	-	-	-
Transfers & subsidies									
Provinces & municipalities	38	-	(11)	27	26	1	96.3%	35	33
Households	1 500	-	-	1 500	3 365	(1 865)	224.3%	1 275	1 717
Payments for capital assets									
Building & other fixed structures	-	-	-	-	-	-	-	-	2 289
Machinery & equipment	26 884	-	13 665	40 549	40 549	-	100.0%	8 844	6 023
Payment for financial assets	41	-	-	41	547	(506)	1 334.1%	-	380
TOTAL	**378 202**	**-**	**7 476**	**385 678**	**387 873**	**(2 195)**	**100.6%**	**359 132**	**358 314**

DETAIL PER PROGRAMME 2 - DISTRICT HEALTH SERVICES

Programme per sub-programme	2011/12							2010/11	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
2.1 District Management									
Current payment	160 477	-	(9 134)	151 343	151 343	-	100.0%	133 684	132 580
Transfers and subsidies	754	-	76	830	822	8	99.0%	1 078	796
Payment for capital assets	4 921	-	9 808	14 729	14 729	-	100.0%	937	231
Payment for financial assets	-	-	-	-	-	-	-	-	68
2.2 Community Health Clinics									
Current payment	2 130 029	-	33 889	2 163 918	2 182 767	(18 849)	100.9%	2 050 805	1 919 084
Transfers and subsidies	134 340	-	(51)	134 289	120 519	13 770	89.7%	165 567	155 307
Payment for capital assets	82 907	-	(31 047)	51 860	37 786	14 074	72.9%	4 115	4 115
Payment for financial assets	-	-	-	-	-	-	-	-	121
2.3 Community Health Centres									
Current payment	750 417	-	10 785	761 202	761 202	-	100.0%	653 230	628 010
Transfers and subsidies	1 400	-	51	1 451	1 277	174	88.0%	1 572	1 337
Payment for capital assets	25 423	-	(15 362)	10 061	10 061	-	100.0%	2 987	2 754
Payment for financial assets	-	-	-	-	2	(2)	-	-	233
2.4 Community Based Services									

Programme per sub-programme	2011/12							2010/11	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payment	40 000	-	(14 226)	25 774	25 774	-	100.0%	105 284	101 399
2.5 Other Community Services									
Current payment	656 688	-	(27 991)	628 697	628 698	(1)	100.0%	579 791	549 158
Transfers and subsidies	1 000	-	85	1 085	2 540	(1 455)	234.1%	1 584	1 731
Payment for capital assets	57 913	-	(41 315)	16 598	16 598	-	100.0%	1 322	1 322
Payment for financial assets	-	-	-	-	6	(6)	-	-	54

DETAIL PER PROGRAMME 2 - DISTRICT HEALTH SERVICES

Programme per sub-programme	2011/12							2010/11	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
2.6 HIV and AIDS									
Current payment	1 874 942	-	22 056	1 896 998	1 899 525	(2 527)	100.1%	1 591 145	1 430 690
Transfers and subsidies	13 653	-	1	13 654	14 219	(565)	104.1%	61 420	69 527
Payment for capital assets	18 717	-	(18 434)	283	313	(30)	110.6%	33	33
2.7 Nutrition									
Current payment	56 720	-	8 514	65 234	65 234	-	100.0%	63 042	35 932
Transfers and subsidies	-	-	-	-	-	-	-	-	-
Payment for capital assets	215	-	(212)	3	3	-	100.0%	10	682
2.8 Forensic Pathology Services									
Current payment	148 405	-	(12 722)	135 683	135 682	1	100.0%	112 988	111 069
Transfers and subsidies	40	-	54	94	111	(17)	118.1%	123	121
Payment for capital assets	1 736	-	(495)	1 241	1 241	-	100.0%	6 694	6 694
2.9 District Hospitals									
Current payment	4 458 240	-	(16 842)	4 441 398	4 460 634	(19 236)	100.4%	4 611 315	4 490 080
Transfers and subsidies	198 817	-	360	199 177	199 081	96	100.0%	177 103	170 382
Payment for capital assets	82 368	-	21 239	103 607	103 577	30	100.0%	30 994	14 090

Programme per sub-programme	2011/12							2010/11	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Payment for financial assets	38	-	-	38	36	2	94.7%	456	2 509
TOTAL	**10 900 160**	**-**	**(80 913)**	**10 819 247**	**10 833 780**	**(14 533)**	**100.1%**	**10 357 279**	**9 830 109**

DETAIL PER PROGRAMME 2 - DISTRICT HEALTH SERVICES

Programme 2 Per Economic Classification Economic classification	2011/12							2010/11	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current Payment									
Compensation of employees	7 147 265	-	14 168	7 161 433	7 193 071	(31 638)	100.4%	6 552 130	6 452 713
Goods and services	3 128 653	-	(19 839)	3 108 814	3 117 789	(8 975)	100.3%	3 349 154	2 945 289
Transfers & subsidies									
Provinces & municipalities	96 029	-	576	96 605	86 838	9 767	89.9%	136 089	124 913
Non-profit institutions	229 081	-	-	229 081	213 387	15 694	93.1%	249 455	247 899
Households	24 894	-	-	24 894	38 343	(13 449)	154.0%	22 903	26 389
Payment of Capital Assets									
Building and other Fixed Structure	-	-	-	-	-	-	-	47 092	29 921
Machinery & equipment	274 200	-	(75 818)	198 982	184 307	14 075	92.9%	-	-
Payment for financial assets	38	-	-	38	45	(7)	118.4%	456	2 985
TOTAL	**10 900 160**	**-**	**(80 913)**	**10 819 247**	**10 833 780**	**(14 533)**	**100.1%**	**10 357 279**	**9 830 109**

DETAIL PER PROGRAMME 3 - EMERGENCY MEDICAL SERVICES

Programme per sub programme	2011/12							2010/11	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
3.1 Emergency Transport									
Current payment	829 747	-	(3 615)	826 132	842 973	(16 841)	102.0%	702 855	720 532
Transfers and subsidies	2 504	-	30	2 534	3 175	(641)	125.3%	1 243	2 864
Payment for capital assets	168 776	-	71 284	240 060	222 521	17 539	92.7%	187 819	85 781
Payment for financial assets	-	-	-	-	1	(1)	-	-	270
3.2 Planned Patient transport									
Current payment	34 400	-	2 979	37 379	37 378	1	100.0%	41 078	32 501
Transfers and subsidies	-	-	1	1	55	(54)	5500.0%	541	102
Payment for capital assets	-	-	-	-	-	-	-	-	-
Payment for financial assets	-	-	-	-	-	-	-	34	-
TOTAL	**1 035 427**	**-**	**70 679**	**1 106 106**	**1 106 103**	**3**	**100.0%**	**933 570**	**842 050**

DETAIL PER PROGRAMME 3 – EMERGENCY MEDICAL SERVICES

Programme 3 per Economic classification	2011/12							2010/11	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current Payment									
Compensation of employees	595 893	-	(639)	595 254	595 253	1	100.0%	521 433	521 434
Goods and services	268 254	-	3	268 257	285 098	(16 841)	106.3%	222 500	231 599
Transfers & subsidies									
Provinces & municipalities	924	-	31	955	1 842	(887)	192.9%	937	1 461
Households	1 580	-	-	1 580	1 388	192	87.8%	847	1 505
Payment for Capital Assets									
Buildings & other fixed structures	-	-	-	-	-	-	-	-	19
Machinery & equipment	168 776	-	71 284	240 060	222 521	17 539	92.7%	187 819	85 762
Payment for financial assets	-	-	-	-	1	(1)	-	34	270
TOTAL	**1 035 427**	**-**	**70 679**	**1 106 106**	**1 106 103**	**3**	**100.0%**	**933 570**	**842 050**

DETAIL PER PROGRAMME 4 - PROVINCIAL HOSPITAL SERVICES

Programme per sub programme	2011/12							2010/11	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
4.1 General (Regional) Hospitals									
Current payment	5 341 660	-	35 098	5 376 758	5 445 000	(68 242)	101.3%	4 229 210	4 099 527
Transfers and subsidies	31 461	-	(664)	30 797	31 208	(411)	101.3%	42 437	44 556
Payment for capital assets	93 222	-	28 544	121 766	65 568	56 198	53.8%	18 923	16 301
Payment for financial assets	15	-	-	15	-	15	-	268	1 614
4.2 Tuberculosis Hospitals									
Current payment	853 763	-	12 837	866 600	866 600	-	100.0%	873 168	816 781
Transfers and subsidies	23 186	-	23	23 209	21 150	2 059	91.1%	20 699	19 378
Payment for capital assets	30 178	-	(25 930)	4 248	4 248	-	100.0%	13 822	846
Payment for financial assets	-	-	-	-	15	(15)	-	-	99
4.3 Psychiatric Hospitals									
Current payment	584 644	-	(10 490)	574 154	574 154	-	100.0%	569 261	537 287
Transfers and subsidies	2 400	-	25	2 425	2 204	221	90.9%	1 752	2 312
Payment for capital assets	10 758	-	(8 399)	2 359	2 359	-	100.0%	540	540
Payment for financial assets	-	-	-	-	-	-	-	-	187
4.4 Chronic Medical Hospitals									

Programme per sub programme	2011/12							2010/11	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payment	100 718	-	1 981	102 699	102 700	(1)	100.0%	96 238	97 549
Transfers and subsidies	6 061	-	-	6 061	5 545	516	91.5%	4 900	4 922
Payment for capital assets	3 500	-	(2 614)	886	886	-	100.0%	42	43
Payment for financial assets	-	-	-	-	-	-	-	-	17
4.5 Dental Training hospitals									
Current payment	14 239	-	212	14 451	14 451	-	100.0%	12 647	12 264
Transfers and subsidies	-	-	-	-	-	-	-	3	2
Payment for capital assets	500	-	(470)	30	30	-	100.0%	198	-
TOTAL	**7 096 305**	**-**	**30 153**	**7 126 458**	**7 136 118**	**(9 660)**	**100.1%**	**5 884 108**	**5 654 225**

DETAIL PER PROGRAMME 4 - PROVINCIAL HOSPITAL SERVICES

Programme 4 per Economic classification	2011/12							2010/11	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current Payment									
Compensation of employees	5 221 180	-	-	5 221 180	5 233 665	(12 485)	100.2%	4 231 771	4 112 995
Goods and services	1 673 844	-	39 638	1 713 482	1 769 240	(55 758)	103.3%	1 548 753	1 450 413
Transfers & subsidies									
Provinces & municipalities	738	-	(616)	122	143	(21)	117.2%	254	318
Non-profit institutions	38 770	-	-	38 770	35 802	2 968	92.3%	33 672	32 600
Households	23 600	-	-	23 600	24 162	(562)	102.4%	35 865	38 252
Payment of Capital Assets									
Machinery & equipment	138 158	-	(8 869)	129 289	73 091	56 198	56.5%	33 525	17 730
Payment for financial assets	15	-	-	15	15	-	100.0%	268	1 917
TOTAL	**7 096 305**	**-**	**30 153**	**7 126 458**	**7 136 118**	**(9 660)**	**100.1%**	**5 884 108**	**5 654 225**

DETAIL PER PROGRAMME 5 - CENTRAL HOSPITAL SERVICES

Programme per sub programme	2011/12							2010/11	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
5.1 Central Hospital									
Current payment	560 843	216 971	(14 092)	763 722	868 630	(104 908)	113.7%	489 535	488 373
Transfers and subsidies	1 000	-	-	1 000	665	335	66.5%	166	238
Payment for capital assets	106 299	(216 971)	6 358	(104 314)	(110 672)	6 358	106.1%	201 865	201 134
5.2 Tertiary Hospitals									
Current payment	1 636 655	-	17 495	1 654 150	1 625 913	28 237	98.3%	1 472 463	1 394 473
Transfers and subsidies	2 000	-	-	2 000	1 592	408	79.6%	3 401	7 579
Payment for capital assets	151 631	-	(6 358)	145 273	126 526	18 747	87.1%	17 136	11 571
Payment for financial assets	-	-	-	-	-	-	-	-	55
TOTAL	**2 458 428**	**-**	**3 403**	**2 461 831**	**2 512 654**	**(50 823)**	**102.1%**	**2 184 566**	**2 103 423**

DETAIL PER PROGRAMME 5 - CENTRAL HOSPITAL SERVICES

Programme 5 Per Economic classification	2011/12							2010/11	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current Payment									
Compensation of employees	1 157 026	-	(2 666)	1 154 360	1 154 360	-	100.0%	986 474	942 537
Goods and services	1 040 472	216 971	6 069	1 263 512	1 340 183	(76 671)	106.1%	975 524	940 309
Transfers & subsidies									
Provinces & municipalities	-	-	-	-	4	(4)	-	12	6
Households	3 000	-	-	3 000	2 253	747	75.1%	3 555	7 811
Payment of Capital Assets									
Building and other fixed structure	-	-	-	-	-	-	-	219 001	212 705
Machinery & equipment	257 930	(216 971)	-	40 959	15 854	25 105	38.7%	-	-
Payment for financial assets	-	-	-	-	-	-	-	-	55
TOTAL	**2 458 428**	**-**	**3 403**	**2 461 831**	**2 512 654**	**(50 823)**	**102.1%**	**2 184 566**	**2 103 423**

DETAIL PER PROGRAMME 6 - HEALTH SCIENCES AND TRAINING

Programme per sub programme	2011/12							2010/11	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
6.1 Nursing Training Colleges									
Current payment	390 456	-	(11 608)	378 848	385 523	(6 675)	101.8%	407 684	382 855
Transfers and subsidies	3 896	-	(2)	3 894	3 824	70	98.2%	2 371	3 044
Payment for capital assets	12 198	-	-	12 198	11 720	478	96.1%	310	211
Payment for financial assets	-	-	-	-	1	(1)	-	-	22
6.2 EMS Training Colleges									
Current payment	13 279	-	(1 894)	11 385	11 384	1	100.0%	18 228	13 889
Transfers and subsidies	100	-	22	122	22	100	18.0%	-	12
Payment for capital assets	-	-	-	-	11	(11)	-	300	217
6.3 Bursaries									
Current payment	10 160	-	(4 779)	5 381	5 381	-	100.0%	2 710	2 661
Transfers and subsidies	70 000	-	-	70 000	59 052	10 948	84.4%	50 432	51 611
6.4 Primary Health Care Training									
Current payment	60 162	-	(1 399)	58 763	58 763	-	100.0%	78 412	72 865
Transfers and subsidies	200	-	-	200	159	41	79.5%	1	89
Payment for capital assets	50	-	-	50	-	50	-	39	107

Programme per sub programme	2011/12							2010/11	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
6.5 Training Other									
Current payment	362 474	-	(13 112)	349 362	349 362	-	100.0%	312 351	309 691
Transfers and subsidies	21 112	-	-	21 112	20 304	808	96.2%	19 283	13 869
Payment for capital assets	500	-	(262)	238	114	124	47.9%	1 102	-
Payment for financial assets	-	-	-	-	-	-	-	4	-
TOTAL	**944 587**	**-**	**(33 034)**	**911 553**	**905 620**	**5 933**	**99.3%**	**893 227**	**851 143**

DETAIL PER PROGRAMME 6 - HEALTH SCIENCES AND TRAINING

Programme 6 Per Economic classification	2011/12							2010/11	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current Payments									
Compensation of employees	731 630	-	(11 373)	720 257	720 257	-	100.0%	752 875	717 464
Goods and services	104 901	-	(21 419)	83 482	90 156	(6 674)	108.0%	66 510	64 497
Transfers & subsidies									
Provinces & municipalities	6	-	20	26	26	-	100.0%	18	25
Departmental agencies & accounts	8 588	-	-	8 588	8 588	-	100.0%	7 637	7 637
Non-profit institutions	15 414	-	-	15 414	14 298	1 116	92.8%	13 490	8 510
Households	71 300	-	-	71 300	60 449	10 851	84.8%	50 942	52 453
Capital									
Machinery & equipment	12 748	-	(262)	12 486	11 845	641	94.9%	1 751	535
Payment for financial assets	-	-	-	-	1	(1)	-	4	22
TOTAL	**944 587**	**-**	**(33 034)**	**911 553**	**905 620**	**5 933**	**99.3%**	**893 227**	**851 143**

DETAIL PER PROGRAMME 7 - HEALTH CARE SUPPORT SERVICES

Programme per sub programme	2011/12							2010/11	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
7.1 Medicine Trading Account									
Transfers and subsidies	13 971	-	-	13 971	13 971	-	100.0%	10 764	10 764
TOTAL	**13 971**	**-**	**-**	**13 971**	**13 971**	**-**	**100.0%**	**10 764**	**10 764**

Programme 7 Per Economic classification	2011/12							2010/11	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Transfers & Subsidies									
Departmental agencies & accounts	13 971	-	-	13 971	13 971	-	100.0%	10 764	10 764
TOTAL	**13 971**	**-**	**-**	**13 971**	**13 971**	**-**	**100.0%**	**10 764**	**10 764**

DETAIL PER PROGRAMME 8 - HEALTH FACILITIES MANAGEMENT

Programme per sub-programme	2011/12							2010/11	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
8.1 Community Health Services									
Current payment	536	-	86 622	87 158	87 165	(7)	100.0%	25 706	20 894
Transfers and subsidies	-	-	-	-	783	(783)	-	-	-
Payment for capital assets	337 885	-	3 378	341 263	338 154	3 109	99.1%	408 294	326 671
8.2 District Hospitals									
Current payment	-	-	116 084	116 084	206 843	(90 759)	178.2%	86 858	83 111
Payment for capital assets	517 732	-	(3 789)	513 943	513 943	-	100.0%	454 319	341 203
8.3 Emergency Medical Services									
Current payment	-	-	884	884	884	-	100.0%	524	296
Payment for capital assets	3 700	-	(1 299)	2 401	2 401	-	100.0%	133	132
8.4 Provincial Hospital Services									
Current payment	-	-	87 649	87 649	87 971	(322)	100.4%	64 930	62 913
Payment for capital assets	508 323	-	(18 829)	489 494	443 990	45 504	90.7%	265 177	141 778
8.5 Central Hospital Services									
Current payment	-	-	3 539	3 539	3 539	-	100.0%	18 564	6 139
Payment for capital assets	-	-	1 181	1 181	1 181	-	100.0%	-	5 843

Programme per sub-programme	2011/12							2010/11	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
8.6 Other Facilities									
Current payment	428 512	-	(292 542)	135 970	135 970	-	100.0%	140 772	84 816
Transfers and subsidies	-	-	10 000	10 000	10 000	-	100.0%	-	-
Payment for capital assets	45 328	-	9 358	54 686	62 175	(7 489)	113.7%	32 263	11 162
TOTAL	**1 842 016**	**-**	**2 236**	**1 844 252**	**1 894 999**	**(50 747)**	**102.8%**	**1 497 540**	**1 084 958**

DETAIL PER PROGRAMME 8 – HEALTH FACILITIES MANAGEMENT

Programme 8 per Economic classification	2011/12							2010/11	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current Payment									
Compensation of employees	10 500	-	2 236	12 736	12 736	-	100.0%	5 158	5 037
Goods and services	418 548	-	-	418 548	509 636	(91 088)	121.8%	332 197	253 132
Transfers and subsidies									
Non-profit Institution	-	-	10 000	10 000	10 000	-	100.0%	-	-
Households	-	-	-	-	783	(783)	-	-	-
Payment of Capital Assets									
Buildings & other fixed structures	1 062 128	-	1 092	1 063 220	1 048 172	15 048	98.6%	1 092 195	776 441
Machinery & equipment	350 840	-	(22 487)	328 353	287 217	41 136	87.5%	67 192	49 550
Land & subsoil assets	-	-	11 395	11 395	26 455	(15 060)	232.2%	798	798
TOTAL	**1 842 016**	**-**	**2 236**	**1 844 252**	**1 894 999**	**(50 747)**	**102.8%**	**1 497 540**	**1 084 958**

NOTES TO THE APPROPRIATION STATEMENT

1. Detail of transfers and subsidies as per Appropriation Act (after Virement):

Detail of these transactions can be viewed in note on Transfers and subsidies, disclosure notes and Annexure 1 (A-H) to the Annual Financial Statements.

2. Detail of specifically and exclusively appropriated amounts voted (after Virement):

Detail of these transactions can be viewed in note 1 (Annual Appropriation) to the Annual Financial Statements.

3. Detail on payments for financial assets

Detail of these transactions per programme can be viewed on the note to Payments for financial assets to the Annual Financial Statements.

4. Explanations of material variances from Amounts Voted (after Virement):

4.1 Per Programme:

	Final Appropriation	Actual Expenditure	Variance	Variance as a % of Final Appropriation
	R'000	R'000	R'000	
Administration	385 678	387 873	(2 195)	1.01
The over-expenditure was due to the payment of exit costs for staff leaving the service which were higher than anticipated				
District Health Services	10 819 247	10 833 780	(14 533)	0.1%
The over-expenditure in the Compensation of Employees due the late implementation of the OSD for which 2010/11 roll-over request was not approved by the Provincial Treasury.				
Emergency Medical Service	1 106 106	1 106 103	3	0.0%
Money allocated was fully spent				
Provincial Hospital Services	7 126 458	7 136 118	(9 660)	0.1%
• Payment of OSD to qualifying Health professionals as well as the filling of critical posts. • Increase in the flat rate paid for laboratory services, increase in the cost of medical supplies, and clearing of Payment backlog in respect of Pharmaceutical companies				

	Final Appropriation	Actual Expenditure	Variance	Variance as a % of Final Appropriation
	R'000	R'000	R'000	
Central Hospital Services	2 461 831	2 512 654	(50 823)	2%
Payment to IALCH PPP alliance in terms of the agreement.				
Health Sciences and Training	911 553	905 620	5 933	(0.01%)
Introduction of stipends to nurse training instead of Salary. Use of Departmental venues for workshops and training. Delays in the implementation of training for Dietician Nutrition Advisors and Data Capturers. Saving on using departmental venue for training.				
Health Facilities Management	1 844 252	1 894 999	(50 747)	2%
Clearing of Maintenance backlog, to bring facilities up to standard for roll out of NHI. Commissioning of new Community Health Care Facilities.				

4.2 Per Economic Classification:

	Final Appropriation	Actual Expenditure	Variance	Variance as a % of Final Appropriation
	R'000	R'000	R'000	%
Current expenditure				
Compensation of employees	15 074 380	15 118 307	(43 927)	100.0%
Goods and services	6 990 496	7 246 503	(256 007)	104.4%
Interest and Rent on land	-	20	(20)	-
Transfers and subsidies				
Provinces and municipalities	97 735	88 879	8 856	90.9%
Departmental agencies and accounts	22 559	22 559	-	100.0%
Non-profit institutions	293 265	273 487	19 778	93.3%
Households	125 874	130 743	(4 869)	103.9%
Payments for capital assets				
Buildings and other fixed structures	1 063 220	1 048 172	15 048	98.58%
Machinery and equipment	990 078	835 384	154 694	84.38%
Land and subsoil assets	11 395	26 455	(15 060)	232.16%
Payments for financial assets	94	609	(515)	647.87%

STATEMENT OF FINANCIAL PERFORMANCE

	Note	2011/12	2010/11
		R'000	R'000
REVENUE			
Annual appropriation	1	24 669 096	22 120 186
Department Revenue	2	207 998	191 221
Aid Assistance	3	4 232	5 509
TOTAL REVENUE		**24 881 326**	**22 316 916**
EXPENDITURE			
Current expenditure			
Compensation of employees	4	15 118 307	12 935 381
Goods and services	5	7 246 503	6 258 116
Interest and Rent on land		20	-
Aid Assistance	3	6 227	7 294
Total current expenditure		**22 371 057**	**19 200 791**
Transfers and subsidies			
Transfers and subsidies	8	515 668	562 293
Total transfers & subsidies		**515 668**	**562 293**
Expenditure for capital assets			
Tangible capital assets	9	1 910 011	974 073
Total expenditure for capital assets		**1 910 011**	**974 073**

	Note	2011/12	2010/11
		R'000	R'000
Payments of Financial Assets	7	609	5 629
TOTAL EXPENDITURE		**24 797 345**	**20 742 786**
SURPLUS/ (DEFICIT) FOR THE YEAR		**83 981**	**1 574 130**
Reconciliation of Net Surplus/ (Deficit) for the year			
Voted Funds		(122 022)	1 385 200
Annual Appropriation		121 486	1 331 430
Conditional Grants		536	110 069
Departmental Revenue and NRF Receipts	15	207 998	191 221
Aid assistance	3	(1 995)	(2 291)
SURPLUS / DEFICIT FOR THE YEAR		**83 981**	**1 574 130**

STATEMENT OF FINANCIAL POSITION

	Note	2011/12	2010/11
		R'000	R'000
ASSETS			
Current assets		**954 156**	**2 320 957**
Unauthorised expenditure	10	885 959	2 255 998
Cash and Cash Equivalent	11	284	279
Prepayments and advances	12	79	59
Receivables	13	67 834	64 621
TOTAL ASSETS		**954 156**	**2 320 957**
LIABILITIES			
Current Liabilities		**931 840**	**2 297 498**
Voted funds to be surrendered to the Revenue Fund	14	5 400	1 142 854
Departmental revenue and NRF Receipts to be surrendered to the Revenue Fund	15	3 122	6 547
Bank overdraft	16	908 238	943 519
Payables	17	1 132	185 461
Aid assistance unutilised	3	13 948	19 117
TOTAL LIABILITIES		**931 840**	**2 297 498**
NET ASSETS		**22 316**	**23 459**
Represented by:			
Recoverable revenue		22 316	23 459
TOTAL		**22 316**	**23 459**

STATEMENT OF CHANGES IN NET ASSETS

	2011/12	2010/11
	R'000	R'000
Recoverable revenue		
Opening balance	23 459	17 814
Transfers	**(1 143)**	**5 645**
Irrecoverable amounts written off	609	-
Debts recovered (included in departmental receipts)	(1 752)	-
Debts raised	-	5 645
Closing balance	**22 316**	**23 459**

CASH FLOW STATEMENT

	Note	2011/12 R'000	2010/11 R'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts		**24 880 790**	**22 067 339**
Annual appropriated funds received	1.1	24 668 560	21 877 840
Departmental revenue received	2	207 998	183 990
Aid assistance received	3	4 232	5 509
Net (increase)/ decrease in working capital		1 182 477	2 009 684
Surrendered to Revenue Fund		(1 354 277)	(285 992)
Surrendered to RDP Fund/Donor		(3 174)	-
Current payments		(22 243 099)	(19 200 791)
Payments for Financial Assets		(609)	(5 629)
Transfers and subsidies paid		(515 668)	(562,293)
Net cash flow available from operating activities	18	**1 946 440**	**4 022 318**
CASH FLOWS FROM INVESTING ACTIVITIES			
Payments for capital assets	9	(1 910 011)	(974 073)
Proceeds from sale of capital assets	2.4	-	7 231
Net cash flows from investing activities		**(1 910 011)**	**(966 842)**
CASH FLOWS FROM FINANCING ACTIVITIES			
Increase/ (decrease) in net assets		(1 143)	5 645
Net cash flows from financing activities		**(1 143)**	**5 645**
Net increase/ (decrease) in cash and cash equivalents		35 286	3 061 121
Cash and cash equivalents at beginning of period		(943 240)	(4 004 361)
Cash and cash equivalents at end of period	19	**(907 954)**	**(943 240)**

STATEMENT OF ACCOUNTING POLICIES AND RELATED MATTERS

The Financial Statements have been prepared in accordance with the following policies, which have been applied consistently in all material aspects, unless otherwise indicated 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 issued in terms of the Act and the Division of Revenue Act, Act 12 of 2009.

1. Presentation of the Financial Statements

1.1 Basis of preparation

The Financial Statements have been prepared on a modified cash basis of accounting, except where stated otherwise. The modified cash basis constitutes the cash basis of accounting supplemented with additional disclosure items. Under the cash basis of accounting transactions and other events are recognised when cash is received or paid.

1.2 Presentation currency

All amounts have been presented in the currency of the South African Rand (R) which is also the functional currency of the department.

1.3 Rounding

Unless otherwise stated all financial figures have been rounded to the nearest one thousand Rand (R'000).

1.4 Comparative figures

Prior period comparative information has been presented in the current year's financial statements together with such other comparative information that the department may have for reporting. Where necessary figures included in the prior period financial statements have been reclassified to ensure that the format in which the information is presented is consistent with the format of the current year's financial statements.

1.5 Comparative figures - Appropriation Statement

A comparison between actual amounts and final appropriation per major classification of expenditure is included in the appropriation statement.

2. Revenue

2.1 Appropriated funds

Appropriated funds comprises of departmental allocations as well as direct charges against revenue fund (i.e. statutory appropriation). Appropriated funds and adjusted appropriated funds are recognised in the financial records on the date the appropriation becomes effective. Adjustments to the appropriated funds made in terms of the adjustments budget process are recognised in the financial records on the date the adjustments become effective.

Total appropriated funds are presented in the statement of financial performance.

Unexpended appropriated funds are surrendered to the Provincial Revenue Fund, unless approval has been given by the Provincial Treasury to rollover the funds to the subsequent financial year. These rollover funds form part of retained funds in the annual financial statements. Amounts owing to the Provincial Revenue Fund at the end of the financial year are recognised in the statement of financial position.

2.2 Departmental Revenue

All departmental revenue is paid into the Provincial Revenue Fund when received, unless otherwise stated. Amounts owing to the Provincial Revenue Fund at the end of the financial year are recognised in the statement of financial position. Amounts receivable at the reporting date are disclosed in the disclosure notes to the annual financial statements.

2.2.1 Sales of goods and services other than capital assets

The proceeds received from the sale of goods and/or the provision of services is recognised in the statement of financial performance when the cash is received.

2.2.2 Fines, penalties & forfeits

Fines, penalties & forfeits are compulsory unrequited amounts which were imposed by a court or quasi-judicial body and collected by the department. Revenue arising from fines, penalties and forfeits is recognised in the statement of financial performance when the cash is received.

2.2.3 Interest, dividends and rent on land

Interest, dividends and rent on land is recognised in the statement of financial performance when the cash is received. No provision is made for interest or dividends receivable from the last day of receipt to the end of the reporting period.

2.2.4 Sale of capital assets

The proceeds received on sale of capital assets are recognised in the statement of financial performance when the cash is received.

2.2.5 Financial transactions in assets and liabilities

Repayments of loans and advances previously extended to employees and public corporations for policy purposes are recognised as revenue in the statement of financial performance on receipt of the funds. Amounts receivable at the reporting date are disclosed in the disclosure notes to the annual financial statements.

Cheques issued in previous accounting periods that expire before being banked are recognised as revenue in the statement of financial performance when the cheque becomes stale. When the cheque is reissued the payment is made from Revenue.

2.2.6 Gifts, donations and sponsorships (transfers received)

All cash gifts, donations and sponsorships are paid into the Provincial Revenue Fund and recorded as revenue in the statement of financial performance when received. Amounts receivable at the reporting date are disclosed in the disclosure notes to the financial statements.

All in-kind gifts, donations and sponsorships are disclosed at fair value in the annexure to the financial statements.

2.3 Aid assistance

Local and foreign aid assistance is recognised in the financial records when the department directly receives the cash from the donor(s). The total cash amounts received during the year is reflected in the statement of financial performance as revenue.

All in-kind local and foreign aid assistance are disclosed at fair value in the annexure to the annual financial statements.

The cash payments made during the year relating to local and foreign aid assistance projects are recognised as expenditure in the statement of financial performance. A receivable is recognised in the statement of financial position to the value of the amounts expensed prior to the receipt of the funds.

A payable is raised in the statement of financial position where amounts have been inappropriately expensed using local and foreign aid assistance, unutilised amounts are recognised in the statement of financial position.

3. Expenditure

3.1 Compensation of employees

Salaries and wages comprise payments to employees. Salaries and wages are recognised as an expense in the statement of financial performance when the final authorisation for payment is effected on the system (by no later than 31 March of each year). Capitalised compensation forms part of the expenditure for capital assets in the statement of financial performance.

All other payments are classified as current expense.

Social contributions include the department's contribution to social insurance schemes paid on behalf of the employee. Social contributions are recognised as an expense in the statement of financial performance when the final authorisation for payment is effected on the system.

3.1.1 Short term employee benefits

Short term employee benefits comprise of leave entitlements (capped leave), thirteenth cheques and performance bonuses. The cost of short-term employee benefits is expensed as salaries and wages in the statement of financial performance when the final authorisation for payment is effected on the system (by no later than 31 March of each year).

Short-term employee benefits that give rise to a present legal or constructive obligation are disclosed in the notes to the financial statements. These amounts are not recognised in the statement of financial performance.

3.1.2 Long-term employee benefits

3.1.2.1 Termination benefits

Termination benefits such as severance packages are recognised as an expense in the statement of financial performance as a transfer when the final authorisation for payment is effected on the system (by no later than 31 March of each year).

3.1.2.2 Medical Benefits

The department provides medical benefits for its employees through defined benefit plans. Employer contributions to the fund are incurred when the final authorization for payment is effected on the system. No provision is made for medical benefits in the Annual Financial Statements of the department.

3.1.2.3 Post-employment retirement benefits

The department provides retirement benefits (pension benefits) for certain of 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 the final authorisation for payment to the fund is effected on the system (by no later than 31 March of each year). 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 Provincial Revenue Fund and not in the financial statements of the employer department. Social contribution (such as medical benefits) made by the department for certain of its ex-employees are classified as transfers to households in the statement of financial performance.

3.1.2.4 Other Long Term Employee Benefits

Other long-term employee benefits (such as capped leave) are recognised as an expense in the statement of financial performance as a transfer (to households) when the final authorisation for payment is effected on the system (by no later than 31 March of each year).

Long-term employee benefits that give rise to a present legal or constructive obligation are disclosed in the disclosure notes to the financial statements.

3.2 Goods and services

Payments made for goods and/or services are recognised as an expense in the statement of financial performance when the final authorisation for payment is effected on the system (by no later than 31 March of each year). The expense is classified as capital if the goods and services were used on a capital project or if the total purchase price exceeds the capitalisation threshold (currently R5, 000). All other expenditures are classified as current.

3.3 Interest and rent on land

Interest and rental payments are recognised as an expense in the statement of financial performance when the final authorisation for payment is effected on the system (by no later than 31 March of each year). This item excludes rental for the use of buildings or other fixed structures.

3.4 Financial transactions in assets and liabilities

Debts are written off when identified as irrecoverable. Debts written-off are limited to the amount of savings and/or under spending of appropriated funds. The write off occurs at year-end or when funds are available. No provision is made for irrecoverable amounts but an estimate is included in the disclosure notes to the financial statements amounts.

All other losses are recognised when authorisation has been granted for the recognition thereof.

3.5 Unauthorised expenditure

Unauthorised expenditure is defined as:

- The overspending of a vote or the 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.

When discovered, unauthorised expenditure is recognised as an asset in the statement of financial position until such time as the expenditure is either approved by the relevant authority, recovered from the responsible person or written off as irrecoverable in the statement of financial performance.

Unauthorised expenditure approved with funding is recognised in the statement of financial performance when the unauthorised expenditure is approved and the related funds are received. Where the amount is approved without funding it is recognised as expenditure, subject to availability of savings, in the statement of financial performance on the date of approval.

3.6 Fruitless and wasteful expenditure

Fruitless and wasteful expenditure is recognised as an asset in the statement of financial position until such time as the expenditure is recovered from the responsible person or written off as irrecoverable in the statement of financial performance.

Fruitless and wasteful expenditure is defined as: expenditure that was made in vain and would have been avoided had reasonable care been exercised.

3.7 Irregular expenditure

Irregular expenditure is defined as:

Expenditure other that unauthorized expenditure, incurred in contravention or not in accordance with a requirement of an applicable legislation, including

- The Public Finance Management Act
- The State Tender Board Act, or any regulations in terms of the act, or
- Any provincial legislation providing for procurement procedures in the department.

Irregular expenditure is recognised as expenditure in the statement of financial performance. If the expenditure is not condoned by the relevant authority it is treated as an asset until it is recovered or written off as irrecoverable.

3.8 Transfers and subsidies

Transfers and subsidies are recognised as an expense when the final authorisation for payment is effected on the system (by no later than 31 March of each year).

3.9 Expenditure for capital assets

Capital Assets are assets that have a value of >R 5,000 per unit and that can be used repeatedly or continuously in production for more than one year.

Payments made for capital assets are recognised as an expense in the statement of financial performance when the final authorisation for payment is effected on the system (by no later than 31 March of each year).

4. Assets

4.1 Cash and cash equivalents

Cash and cash equivalents are carried in the statement of financial position at cost. Bank overdrafts are shown separately on the face of the statement of financial position.

For the purposes of the cash flow statement, cash and cash equivalents comprise cash on hand, deposits held, other short-term highly liquid investments and bank overdrafts.

4.2 Prepayments and advances

Amounts prepaid or advanced are recognised in the statement of financial position when the payments are made and where the goods and services have not been received by year end.

Prepayments and advances outstanding at the end of the year are carried in the statement of financial position at cost.

4.3 Receivables

Receivables included in the statement of financial position arise from cash payments made that are recoverable from another party or from the sale of goods/rendering of services.

Receivables outstanding at year-end are carried in the statement of financial position at cost plus any accrued interest. Amounts that are potentials irrecoverable are included in the disclosure notes.

4.4 Inventory

Inventories that qualify for recognition must be initially reflected at cost. Where inventories are acquired at no cost, or for nominal consideration, their cost shall be their fair value at the date of acquisition.

All inventory items at year-end are reflected using the weighted average cost or FIFO cost formula.

4.5 Capital assets

Movable assets

Initial recognition

A capital asset is recorded on receipt of the item at cost. Cost of an asset is defined as the total cost of acquisition. Where the cost cannot be determined accurately, the movable capital asset is stated at fair value. Where fair value cannot be determined, the capital asset is included in the asset register at R1.

All assets acquired prior to 1 April 2002 are included in the register at R1.

Subsequent recognition

Subsequent expenditure of a capital nature is recorded in the statement of financial performance as "expenditure for capital asset" and is capitalised in the asset register of the department on completion of the project.

Repairs and maintenance is expensed as current "goods and services" in the statement of financial performance.

Immovable assets

Initial recognition

A capital asset is recorded on receipt of the item at cost. Cost of an asset is defined as the total cost of acquisition. Where the cost cannot be determined accurately, the immovable capital asset is stated at R1 unless the fair value for the asset has been reliably estimated.

Subsequent recognition

Work-in-progress of a capital nature is recorded in the statement of financial performance as "expenditure for capital asset". On completion, the total cost of the project is included in the asset register of the department that legally owns the asset or the provincial/national department of public works.

Repairs and maintenance is expensed as current "goods and services" in the statement of financial performance.

5. Liabilities

5.1 Payables

Recognised payables mainly comprise of amounts owing to other governmental entities. These payables are carried at cost in the statement of financial position.

Contingent liabilities

Contingent liabilities are included in the disclosure notes to the financial statements when it is possible that economic benefits will flow from the department, or when an outflow of economic benefits or service potential is probable but cannot be measured reliably.

Contingent assets

Contingent assets are included in the disclosure notes to the financial statements when it is possible that an inflow of economic benefits will flow to the entity.

Commitments

Commitments are not recognised in the statement of financial position as a liability or as expenditure in the statement of financial performance but are included in the disclosure notes

5.2 Lease commitments

The accounting policy previously stated:

Lease commitments are not recognised in the Statement of Financial Position as a liability or as expenditure in the Statement of Financial Performance but are included in the disclosure notes.

Operating and finance lease commitments are expensed when the payments are made Assets acquired in terms of finance lease agreements are disclosed in the Annexures and disclosure notes to the financial statements"

The accounting policy is subject to various interpretations. As a result, the accounting policy for lease commitments is revised to read as follows:

Lease commitments

Finance leases

Finance leases are not recognised as assets and liabilities in the statement of financial position. Finance lease payments are recognised as an expense in the statement of financial performance and are apportioned between the capital and the interest portions. The finance lease liability is disclosed in the disclosure notes to the financial statements.

Operating leases

Operating lease payments are recognised as an expense in the statement of financial performance. The operating lease commitments are disclosed in the disclosure notes to the financial statement.

5.3 Accruals

Accruals represent goods/services that have been received, but where no invoice has been received from the supplier at the reporting date, or where an invoice has been received but final authorisation for payment has not been effected on the system.

Accruals are not recognised in the statement of financial position as a liability or as expenditure in the statement of financial performance but are included in the disclosure notes.

5.4 Contingent liabilities

A contingent liability is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the department; or

a contingent liability is a present obligation that arises from past events but is not recognised because:

- It is not probable that an outflow of resources embodying economic benefits or service potential will be required to settle the obligation; or
- The amount of the obligation cannot be measured with sufficient reliability.

Contingent liabilities are included in the disclosure notes.

5.5 Commitments

Commitments represent goods/services that have been approved and/or contracted, but where no delivery has taken place at the reporting date.

Commitments are not recognised in the statement of financial position as a liability or as expenditure in the statement of financial performance but are included in the disclosure notes.

Receivables for departmental revenue

Receivables for departmental revenue are disclosed in the disclosure notes to the annual financial statements.

6. Net Assets

6.1 Recoverable revenue

Recoverable revenue represents payments made and recognised in the Statement of Financial Performance as an expense in previous years due to non-performance in accordance with an agreement, which have now become recoverable from a debtor.

Amounts are recognised as recoverable revenue when a payment made and recognised in a previous financial year becomes recoverable from a debtor in the current financial year.

7. Related party transactions

Related parties are departments that control or significantly influence the department in making financial and operating decisions. Specific information with regards to related party transactions is included in the disclosure notes.

8. Key management personnel

Key management personnel are those persons having the authority and responsibility for planning, directing and controlling the activities of the department.

Compensation paid to key management personnel including their family members where relevant, is included in the disclosure notes.

9. Public private partnerships

A public private partnership (PPP) is a commercial transaction between the department and a private party in terms of which the private party:

- Performs an institutional function on behalf of the institution; and/or
- Acquires the use of state property for its own commercial purposes; and
- Assumes substantial financial, technical and operational risks in connection with the performance of the institutional function and/or use of state property; and
- Receives a benefit for performing the institutional function or from utilizing the state property, either by way of:
- Consideration to be paid by the department which derives from a Revenue Fund;
- Charges fees to be collected by the private party from users or customers of a service provided to them; or
- A combination of such consideration and such charges or fees.

A description of the PPP arrangement, the contract fees and current and capital expenditure relating to the PPP arrangement is included in the disclosure notes.

NOTES TO THE ANNUAL FINANCIAL STATEMENTS (INCLUDING ACCOUNTING POLICIES)

1. Annual Appropriation

1.1 Annual Appropriation

Included are funds appropriated in terms of the Appropriation Act for Provincial Departments (Equitable Share).

Programmes	Final Appropriation R'000	2011/12 Actual Funds received R'000	Funds not requested/ not received R'000	Appropriation received 2010/11 R'000
Administration	385 678	385 678	-	359 132
District Health Services	10 819 247	10 819 247	-	10 357 279
Emergency Medical Services	1 106 106	1 106 106	-	933 570
Provincial Hospital Services	7 126 458	7 126 458	-	5 884 108
Central Hospital Services	2 461 831	2 461 831	-	2 184 566
Health Sciences and Training	911 553	911 553	-	893 227
Health Care Support Services	13 971	13 971	-	10 764
Health Facilities Management	1 844 252	1 843 716	536	1 255 194
Total	**24 669 096**	**24 668 560**	**536**	**21 877 840**

1.2 Conditional grants

	Note	2011/12 R'000	2010/11 R'000
Total grants received	Ann 1A	4 452 554	3 685 801
Provincial Grants included in Total grants received		**358 471**	**280 449**

(It should be noted that Conditional grants are included in the amounts per the Total Appropriation in Note 1.1)

2 Departmental Revenue

		2011/12	2010/11
		R'000	R'000
Sales of goods and services other than capital assets	2.1	196 395	164 198
Fines, penalties and forfeits	2.2	17	2 449
Interest, dividends and rent on land	2.3	366	816
Sales of capital assets	2.4	-	7 231
Transactions in financial assets and liabilities	2.5	11 220	16 527
Total Revenue Collected		**207 998**	**191 221**
Departmental revenue collected		**207 998**	**191 221**

			2011/12	2010/11
			R'000	R'000
2.1	**Sales of goods and services other than capital assets**	2		
	Sales of goods and services produced by the department		**195 657**	**163 929**
	Sales by market establishment		16 492	17 791
	Administrative Fees		3 028	3 337
	Other sales		176 137	142 801
	Sales of scrap, waste and other used current goods		738	269
	Total		**196 395**	**164 198**

2.2	**Fines, penalties and forfeits**	2		
	Fines		-	2 449
	Penalties		14	-
	Forfeits		3	-
			17	**2 449**

			2011/12	2010/11
			R'000	R'000
2.3	**Interest, dividends and rent on land**	2		
	Interest		**366**	**816**
2.4	**Sales of capital assets**	2		
	Tangible Assets		**-**	**7 231**
	Machinery and Equipment	2	-	7 231
2.5	**Transactions in Financial assets and liabilities**	2		
	Receivables		3 622	3 488
	Stale cheques written back		394	-
	Other receipts including recoverable revenue		7 204	13 039
	Total		**11 220**	**16 527**

3. Aid assistance

3.1 Aid Assistance received in cash from RDP

	2011/12	2010/11
	R'000	R'000
Foreign		
Opening Balance	4 668	9 760
Revenue	-	101
Expenditure	**(1 463)**	**(5 193)**
Current	(1 463)	(5 193)
Surrendered to the RDP	(3 174)	-
Closing balance	**31**	**4 668**

3.2 Aid Assistance received in cash from other sources

	2011/12	2010/11
	R'000	R'000
Local		
Opening balance	11 167	7 398
Revenue	4 232	5 408
Expenditure	**(2 158)**	**(1 639)**
Current	(2 158)	(1 639)
Capital	-	-
Closing balance	**13 241**	**11 167**
Foreign		
Opening balance	3 282	4 250
Revenue	-	-
Expenditure	**(2 606)**	**(968)**
Current	(2 606)	(462)
Capital	-	(506)
Closing balance	**676**	**3 282**

3.3 Total

	2011/12	2010/11
	R'000	R'000
Opening Balance	19 117	21 408
Revenue	4 232	5 509
Expenditure	**(6 227)**	**(7 800)**
Current	(6 227)	(7 294)
Capital	-	(506)
Surrendered / Transferred to retained funds	(3 174)	-
Closing balance	**13 948**	**19 117**

3.4 Analysis of balance

Aids Assistance Unutilised	**13 948**	**19 117**
RDP	-	4 668
Other Sources	13 948	14 449
Closing Balances	**13 948**	**19 117**

4. Compensation of employees

4.1 Salaries and wages

	2011/12	**2010/11**
	R'000	**R'000**
Basic Salary	10 095 165	8 582 629
Performance award	369	9 774
Service Based	19 486	6 346
Compensative/circumstantial	1 108 039	959 451
Periodic payments	34 488	36 816
Other non-pensionable allowances	1 879 582	1 637 121
Total	**13 137 129**	**11 232 137**

4.2 Social contributions

4.2.1 Pension

	2011/12	**2010/11**
	R'000	**R'000**
	1 215 864	1 051 099
Medical	759 759	650 132
UIF	-	1
Bargaining council	5 312	2 005

	2011/12	2010/11
	R'000	R'000
Official unions and associates	165	1
Insurance	78	6
Total	**1 981 178**	**1 703 244**
Total compensation of employees	**15 118 307**	**12 935 381**
Average number of employees	**78 213**	**70 799**

5 Goods and services

	Note	2011/12 R'000	2010/11 R'000
Administrative fees		28	67
Advertising		11 982	8 879
Assets less than R5,000	5.1	69 825	36 369
Bursaries (employees)		1 877	1 033
Catering		4 929	2 057
Communication		83 785	82 127
Computer services	5.2	164 578	80 192
Consultants, contractors and agency/ outsourced services	5.3	1 792 985	1 205 563
Entertainment		62	3
Audit cost - External	5.4	9 257	12 307
Inventory	5.5	3 758 106	3 469 118
Operating leases		109 374	152 340
Property payments	5.6	1 054 893	1 021 084
Transport provided as part of the departmental activities		35 299	30 360
Travel and subsistence	5.7	54 883	38 063
Venues and facilities		5 378	1 444
Training and staff development		33 693	29 646
Other operating expenditure	5.8	55 569	87 464
Total		**7 246 503**	**6 258 116**

5.1 Assets less than R5,000

	Note	2011/12	2010/11
		R'000	R'000
	5		
Tangible assets		**69 825**	**36 369**
Machinery and equipment		69 825	36 369
Total		**69 825**	**36 369**

5.2 Computer services

	Note	2011/12	2010/11
		R'000	R'000
SITA computer services	5	87 662	76 266
External computer service providers		76 916	3 926
Total		**164 578**	**80 192**

5.3 Consultants, contractors and agency/outsourced services

	Note	2011/12	2010/11
		R'000	R'000
	5		
Business and advisory services		43 016	33 855
Infrastructure and planning		4 912	8 668
Laboratory services		566 011	408 247
Legal costs		5 037	4 267
Contractors		240 942	75 983
Agency and support/outsourced services		933 067	674 543
Total		**1 792 985**	**1 205 563**

Included in Agency and Support / outsourced services is an amount of R216, 791 m for PPP agreement for Inkosi Albert Luthuli Central Hospital in respect to the asset replacement reserve.

5.4 Audit cost – external

	Note	2011/12	2010/11
		R'000	R'000
	5		
Regulatory audits		9 257	12 297
Performance audits		-	10
Total		**9 257**	**12 307**

5.5 Inventory

	Note	2011/12	2010/11
		R'000	R'000
	5		
Food and food supplies		126 371	123 637
Fuel, oil and gas		298 100	250 048
Other consumable		208 012	230 706
Materials and supplies		6 269	48 404
Stationery and printing		51 454	43 989
Medical supplies		1 199 821	917 147
Medicine		1 868 079	1 855 187
Total		**3 758 106**	**3 469 118**

5.6 Property Payment

	Note	2011/12	2010/11
		R'000	R'000
	5		
Municipal Services		327 380	269 126
Property maintenance and repairs		346 379	524 556
Other		381 134	227 402
Total		**1 054 893**	**1 021 084**

5.7 Travel and subsistence

	Note	2011/12	2010/11
		R'000	R'000
	5		
Local		51 828	36 177
Foreign		3 055	1 886
Total		**54 883**	**38 063**

5.8 Other operating expenditure

	Note	2011/12	2010/11
		R'000	R'000
	5		
Learner ships		9 298	2 790
Professional bodies, membership and subscription fees		10 307	18 860
Resettlement costs		14 274	8 208
Other		21 690	57 606
Total		**55 569**	**87 464**

	Note	2011/12	2010/11
		R'000	R'000
6 Interest and Rent on Land			
Interest paid		20	-
Total		**20**	**-**

		Note	2011/12	2010/11
			R'000	R'000
7.	**Payment for Financial Assets**			
	Material losses through criminal conduct		-	-
	Theft	7.1	-	-
	Debts written off		609	5 629
	Total		**609**	**5 629**

7.1	**Debts written off**		
	Nature of debts written off		
	Staff debts written off	609	5 629
	Total	**609**	**5 629**

		Note	2011/12	2010/11
			R'000	R'000
7.2	**Receivables for Department revenue written off**	25.2		
	Nature of Losses			
	Patients Fees written Off		8 679	14 621
	Total		**8 679**	**14 621**

		Note	2011/12	2010/11
			R'000	R'000
8.	**Transfers and subsidies**	ANNEXURE ,		
	Provinces and municipalities	1B,Annexure 1D	88 879	126 756
	Departmental agencies and accounts	Annexure 1E	22 559	18 401
	Non-profit institution	Annexure 1F	273 487	289 009
	Households	Annexure 1G	130 743	128 127
	Total		**515 668**	**562 293**

Unspent funds transferred to the above beneficiaries

		Note	2011/12	2010/11
			R'000	R'000
9.	**Expenditure for capital assets**			
	Tangible assets		**1 910 011**	**974 073**
	Buildings and other fixed structures		1 063 220	778 749
	Machinery and equipment		835 384	194 526
	Land & subsoil Assets		11 407	798
	Total		**1 910 011**	**974 073**

9.1 Analysis of funds utilised to acquire capital assets — **2011/12**

	Voted Funds	Aid assistance	TOTAL
	R'000	R'000	R'000
Tangible assets	**1 910 011**	**-**	**1 910 011**
Buildings and other fixed structures	1 063 220	-	**1 063 220**
Machinery and equipment	835 384	-	**835 384**
Land & Subsoil assets	11 407	-	**11 407**
Total	**1 910 011**	**-**	**1 910 011**

9.2 Analysis of funds utilised to acquire capital assets- — **2010/11**

	Voted Funds	Aid assistance	TOTAL
	R'000	R'000	R'000
Tangible Assets	**973 567**	**506**	**974 073**
Buildings and other fixed structures	778 749	-	**778 749**
Machinery and equipment	194 020	506	**194 526**
Land and subsoil assets	798	-	**798**
Total	**973 567**	**506**	**974 073**

		Note	2011/12	2010/11
			R'000	R'000
10.	**Unauthorised expenditure**			
10.1	**Reconciliation of unauthorised expenditure**			
	Opening balance		2 255 998	4 126 895
	Unauthorised expenditure- discovered in current year	14	127 958	-
	Less: Amount approved by parliament/ legislature with funding		(1 497 997)	(1 870 897)
	Less: Amount transferred to receivables for recovery		-	-
	Unauthorised expenditure awaiting authorisation / Written off		**885 959**	**2 255 998**
10.2	**Analysis of unauthorised expenditure awaiting authorisation per economic classification**			
	Current		885 959	2 255 998
	Capital		-	-
	Total		**885 959**	**2 255 998**
10.3	**Analysis of unauthorised expenditure awaiting authorisation per type**			
	Unauthorised expenditure relating to overspending of the vote or a main division within the vote		885 959	2 255 998
	Total		**885 959**	**2 255 998**

			2011/12
10.4	**Details of unauthorised expenditure - current year**		**R'000**
	Incident	**Disciplinary steps taken/criminal proceedings**	
	Programme 1	Overspending of vote	2 195
	Programme 2	Overspending of vote	14 533
	Programme 4	Overspending of vote	9 660
	Programme 5	Overspending of vote	50 823
	Programme 8	Overspending of vote	50 747
	Total		**127 958**

		2011/12	2010/11
		R'000	R'000
11.	**Cash and cash equivalents**		
	Cash on hand	284	279
	Total	**284**	**279**

		2011/12	2010/11
		R'000	R'000
12.	**Prepayments and advances**		
	Travel and subsistence	79	59
	Total	**79**	**59**

		Note	2011/12 Less than one year	One to three years	Older than three years	Total	2010/11
13.	**Receivable**						
	Claims recoverable	13.1	3 506	-	-	3 506	4,472
	Recoverable Expenditure	*13.2*	196	-	-	196	199
	Staff debt	*13.3*	8 845	18 623	31 411	58 879	53 520
	Other debtors	*13.4*	5 253	-	-	5 253	6 430
	Total		**17 800**	**18 623**	**31 411**	**67 834**	**64 621**

		Note	2011/12	2010/11
			R'000	R'000
13.1	**Claims recoverable**	13		
	National departments		-	411
	Provincial departments		3 506	4 034
	Public entities		-	27
	Total		**3 506**	**4 472**

		Note	2011/12	2010/11
			R'000	R'000
13.2	**Recoverable Expenditure (disallowance accounts)**	13		
	Disallowance dishonoured cheque		17	7
	Disallowance payment fraud: CA		179	192
	Total		**196**	**199**

		Note	2011/12	2010/11
			R'000	R'000
13.3	**Staff debt**	13		
	Breach of Contract		4 919	2 720
	Employee Debt		12 149	14 114
	Ex-Employee Debt		40 039	35 924
	Government Accidents		3	7
	State Guarantee		28	34
	Telephone Debt		1	1
	Other Staff Debt		544	720
	Tax Debt		1 196	-
	Total		**58 879**	**53 520**

		Note	2011/12	2010/11
			R'000	R'000
13.4	**Other debtors**	13		
	Salary control accounts		5 253	6 430
	Total		**5 253**	**6 430**

		Note	2011/12	2010/11
			R'000	R'000
14.	**Voted funds to be surrendered to the Revenue Fund**			
	Opening balance		1 142 854	75 189
	Transfer from Statement of Financial Performance		(122 022)	1 385 200
	Add: Unauthorised expenditure for current year	10	127 958	-
	Voted funds not requested/not received	1.1	(536)	(242 346)
	Paid during the year		(1 142 854)	(75 189)
	Closing balance		**5 400**	**1 142 854**

		2011/12	2010/11
		R'000	R'000
15.	**Departmental revenue and NRF Receipts to be surrendered to the Revenue Fund**		
	Opening balance	6 547	26 129
	Transfer from Statement of Financial Performance	207 998	191 221
	Paid during the year	(211 423)	(210 803)
	Closing balance	**3 122**	**6 547**

		2011/12	2010/11
		R'000	R'000
16.	**Bank overdraft**		
	Consolidated Paymaster General Account	908 238	943 519
	Total	**908 238**	**943 519**

		Note	2011/12	2010/11
			R'000	R'000
17.	**Payables - current**			
	Clearing accounts	17.1	17 832	14 069
	Other payables	17.2	(16 700)	171 392
	Total		**1 132**	**185 461**

		Note	2011/12	2010/11
			R'000	R'000
17.1	**Clearing account**	*17*		
	Salary control account		3 028	9 798
	Inventory profit and loss		14 804	4 271
	Total		**17 832**	**14 069**

		Note	2011/12	2010/11
			R'000	R'000
17.2	**Other payables**	*17*		
	Pension recoverable account		6 580	5 521
	Medsas Account		(23 280)	165 871
	Total		**(16 700)**	**171 392**

Medsas Account relates to Provincial Pharmaceutical Supply Depot that is a Trade Account that operates within the Department and is reported on its own AFS the Medsas account shows a receivable balance however PPSD reports on GAAP Statements.

		2011/12	2010/11
		R'000	R'000
18.	**Net cash flow available from operating activities**		
	Net surplus as per Statement of Financial Performance	83 981	1 574 130
	Add back non-cash movements/ movements not deemed operating activities:	1 862 459	2 448 188
	(Increase/decrease in receivables – current	(3 213)	76 610
	Increase)/decrease in prepayments and advances	(20)	57
	(Increase)/decrease in other current assets	1 497 997	1 870 897
	(Decrease)/Increase in payables – current	(184 329)	62 120
	Proceeds from sale of capital assets	-	(7 231)
	Expenditure on capital assets	1 910 011	974 073
	Surrenders to revenue fund	(1 354 277)	(285 992)
	Surrenders to RDP Fund/Donor	(3 174)	-
	Voted funds not requested/not received	(536)	(242 346)
	Net cash flow generated by operating activities	**1 946 440**	**4 022 318**

		2011/12	2010/11
		R'000	R'000
19.	**Reconciliation of cash and cash equivalents for cash flow purposes**		
	Consolidated Paymaster General Account	(908 238)	(943 519)
	Cash on hand	284	279
	Total	**(907 954)**	**(943 240)**

DISCLOSURE NOTES TO THE ANNUAL FINANCIAL STATEMENTS

			Note	2011/12 R'000	2010/11 R'000
20.	**Contingent liabilities and Contingent Assets**				
20.1	**Liable to**	**Nature**			
	Motor vehicle guarantees	Employees	Annex 2A	299	-
	Housing loan guarantees	Employees	Annex 2A	25 825	17 603
	Claims against the department		Annex 2B	911 256	627 126
	Other departments (Interdepartmental Unconfirmed balances)		Annex 4	157 930	17 230
	Other			1 143 112	514 105
	Total			**2 238 422**	**1 176 064**

		2011/12 R'000	2010/11 R'000
20.2	**Contingent Assets**		
	Nature of Contingent Assets		
	Occupation Specific Dispensation (Nursing over payments)	11 500	20 208
	Total	**11 500**	**20 208**

		2011/12	2010/11
		R'000	R'000
21.	**Commitments**		
	Current expenditure		
	Approved and contracted	85 933	52 435
	Approved but not yet contracted	11 659	9 499
	Sub Total	**97 592**	**61 934**
	Capital expenditure (including transfers)		
	Approved and contracted	1 348 179	343 105
	Approved but not yet contracted	4 618 796	3 281 195
	Sub Total	**5 966 975**	**3 624 300**
	Total Commitments	**6 064 567**	**3 686 234**

Capital Commitments will exceed more than 1 year

		30 Days	30+ Days	2011/12 Total	2010/11 Total
		R'000	R'000	R'000	R'000
22.	**Accruals**				
	Goods and services	318 649	19 318	**337 967**	194 756
	Capital Assets	29 269	-	**29 269**	14 271
	Total	**347 918**	**19 318**	**367 236**	**209 027**

Listed by programme level	2011/12 R'000	2010/11 R'000
Administration	39 074	20 855
District Health Services	203 853	108 797
Emergency Medical Services	3 342	1 767
Provincial Hospital Services	13 367	7 137
Central Hospital Services	74 182	39 584
Health Service and Training	4 150	2 209
Health Facilities Management	29 268	28 678
Total	**367 236**	**209 027**

Include reasons for material accruals.

		2011/12 R'000	2010/11 R'000
Confirmed balances with other departments	Annex 4	2 136	18 498
Confirmed balances with other government entities	Annex 4	92 974	121 141
Total		**95 110**	**139 639**

		2011/12 R'000	2010/11 R'000
23.	**Employee benefit provisions**		
	Leave entitlement	708 230	627 660
	Service Bonus (Thirteenth cheque)	398 243	345 941
	Capped leave commitments	782 560	773 616
	Other	3 932	2 708
	Total	**1 892 965**	**1 749 925**

24. Lease commitments

24.1 Operating leases expenditure

2011/12	Land	Buildings and other fixed structures	Machinery and equipment	Total
Not later than 1 year	-	35 727	5 959	41 686
Later than 1 year and not later than 5 years	-	6859	2193	9 052
Total lease commitments	**-**	**42 586**	**8 152**	**50 738**

2010/11	Land	Buildings and other fixed structures	Machinery and equipment	Total
Not later than 1 year	-	33 144	32 849	65 993
Later than 1 year and not later than 5 years	-	77 554	-	77 554
Total lease commitments	**-**	**110,698**	**32,849**	**143 547**

Cell phone R2, 684

	2011/12	2010/11
	R'000	R'000
25. Receivables for departmental revenue		
Sales of goods and services other than capital assets	148 670	148 092
Total	**148 670**	**148 092**

		2011/12	2010/11
		R'000	R'000
25.1	**Analysis of receivables for departmental revenue**		
	Opening Balances	148 092	104 697
	Less: Amounts received	100 468	62 561
	Add: Amounts recognised	124 539	120 577
	Less: Amounts written-off/reversed as irrecoverable	23 493	14 621
	Closing balance	**148 670**	**148 092**

		2011/12	2010/11
		R'000	R'000
25.2	**Receivables for department revenue written off Nature of losses**		
	(Group major categories, but list material items)		
	Patient Fees written Off	8 679	14 621
	Total	**8 679**	**14 621**

		2011/12	2010/11
		R'000	R'000
26.	**Irregular Expenditure**		
26.1	**Reconciliation of irregular expenditure**		
	Opening balance	1 253 708	851 999
	Add: Irregular expenditure - relating to prior year	1 039 189	-
	Add: Irregular expenditure - relating to current year	998 910	401 709
	Less: Amounts condoned	-	-
	Irregular expenditure awaiting con donation	**3 291 807**	**1 253 708**
	Analysis of awaiting Condonation per age classification		
	Current year	998 910	401 709
	Prior years	2 292 897	851 999
	Total	**3 291 807**	**1 253 708**

			2011/12
26.2	**Details of irregular expenditure -**	**Current year**	**R'000**
	Incident	**Disciplinary steps taken/criminal proceedings**	
	As per irregular register		998 910
	Total		**998 910**

26.3	**Details of irregular expenditure under investigation**	**2011/12**
	Incident	**R'000**
	Techmed	99 646
	Intaka	3 365
	Stedone Civils	68 997
	Metator	26 696
	Dispotech Medical & Surgical	3 106
	IDT	20 084
	Destination Travel	11 621
		233 515

		2011/12	**2010/11**
27	**Fruitless and wasteful expenditure**	**R'000**	**R'000**
27.1	**Reconciliation of fruitless and wasteful expenditure**		
	Fruitless and wasteful expenditure – relating to current year	20	-
	Total	**20**	**-**

		2011/12	**2010/11**
		R'000	**R'000**
27.2	**Analysis of awaiting condonement per economic classification**		
	Current	20	.
	Total	**20**	**-**

			2011/12
27.3	**Analysis of Current Year's Fruitless and wasteful expenditure**		**R'000**
	Incident	**Disciplinary steps taken/criminal proceedings**	
	Arbitration award - Salary arrears interest payment	To be investigated	20
	Total		**20**

			2011/12	2010/11
		No of	**R'000**	**R'000**
28.	**Key management personnel**	***Individuals***		
	Officials:	1	1 566	1 420
	Level 15 to 16	1	3 008	3 897
	Level 14 (incl CFO if at a lower level)	12	11371	11 332
	Total		**15 945**	**16 649**

The MEC for Health is the Honourable Dr S.M. Dhlomo

29. Public Private Partnership

Inkosi Albert Luthuli Central Hospital PPP

The Department has in place a public private partnership agreement with Cowslip Investments (Pty) Ltd and Impilo Consortium for the delivery of non-clinical services to the Inkosi Albert Luthuli Central Hospital. The Department is satisfied that the performance of the PPP partners was adequately monitored in terms of the provisions of the agreement.

The Department has the right to the full use of the assets and the consortium may not pledge the assets as security against any borrowings for the duration of the agreement.

The Impilo Consortium is responsible for the provision of the following goods and services:

- supply of Equipment and IM&T Systems that are State of the Art and replace the Equipment and IM&T Systems so as to ensure that they remain State of the Art;
- supply and replacement of Non-Medical Equipment;
- provision of all Services necessary to manage the Project Assets in accordance with Best Industry Practice;

- maintenance and replacement of the Departmental Assets in terms of the replacement schedules;
- provision or procurement of Utilities and Consumables and Surgical Instruments; and
- Provision of Facilities Management Services.

The agreement was concluded with a view to provide the Department with the opportunity to concentrate on the delivery of clinical services at the highest standards in terms of quality, efficiency, effectiveness and patient focussed care.

The Department is responsible for the employment of all healthcare staff and the administration staff, together with the provision of all consumables used in the provision of the healthcare services.

Impilo Consortium is required at its own cost and risk to provide, deliver, Commission, manage, maintain and repair (as the case may be) Project Assets and Department Assets (or part thereof), including the renewal or replacement of Project Assets and Department Assets at such times and in such manner as to enable it to meet the IM&T Output Specifications and the FM Output Specifications; as to ensure that the Department is, at all times, able to provide Clinical Services that fulfil Hospital's Output Specifications using State of the Art Equipment and IM&T Systems; as would be required having regard to Best Industry Practice; and as required by Law.

The replacement of assets over the period of the contract is based on the Replacement Programme which operates on a rolling basis. To that end, at least 1 (one) month prior to the start of each Contract Year thereafter, Impilo Consortium is required to furnish to the Asset Replacement Committee for approval a revised Replacement Programme.

The assets will only transfer to the Department at the end of the period of the agreement.

The Impilo Consortium has to ensure that, at the end of the Project Term the Project Assets and Department Assets comply with the requirements of the Agreement and are in a state of repair which is sound and operationally safe, fair wear and tear excepted and the items comprising each level of Project Assets specified in the agreement between them have an average remaining useful life not less than one third of the original useful life.

Public Private Partnership – (continued)

Amendment 2 to the PPP agreement was concluded during December 2005. The main aim thereof was to consolidate various amendments agreed upon since the inception date of the contract and no additional financial implications were incurred as a result of the amendments.

The commencement date of the contract was 4 February 2002, with a final commissioning date for the hospital functions being 31 August 2003. The contract is for a period of 15 years from the

commencement date. The Department has the option to renew the agreement only for a further year after 15 years.

The agreement requires the Department to pay a monthly service fee as stipulated in the schedule of payments to cover the monthly operational costs for facilities management, provision of information technology services, maintenance of equipment and the supply of equipment related consumables which the consortium is responsible for. The service fee is adjusted monthly for applicable performance penalties in accordance with the provisions of the penalty regime. The Department is also responsible for the payment of a quarterly fee towards the asset replacement reserve. The fee for the year under review was as follows:

	Actual Expenditure: 2011/12 R'000	**Commitment for 2012/13 R'000**	**Payments from 1 April 2010 till the End of the contract R'000**
Monthly Service Fee	468,646	294,104	3,116,817
Quarterly Fee	216,971	188,278	2,041,574
TOTAL	**685,616**	**482,382**	**5,158,391**

	Actual Expenditure: 2010/11 R'000	**Commitment for 2011/12 R'000**	**Payments from 1 April 2010 till the end of the contract R'000**
Monthly Service Fee	386,303	282,190	2,353,011
Quarterly Fee	208,206	178,582	1,254,758
TOTAL	**594,509**	**460,772**	**3,607,769**

Listed below were the expenditure incurred for the current and prior year

	2011/12	2010/11
	R'000	R'000
Contract fee paid		
Indexed component	685 616	594 509
Total	**685 616**	**594 509**

PPP agreement with Cowslip Investments

		2011/12	2010/11
		R'000	R'000
30.	**Impairment**		
	Debtors	31 411	27 203
	Total	**31 411**	**27 203**

		2011/12	2010/11
		R'000	R'000
30.1	**Provisions**		
	Potential irrecoverable debts		
	Other Debtors	-	27 203
	Total	**-**	**27 203**

32. Movable Tangible Capital Assets

Movement in tangible capital assets per asset register for the year ended 31 March 2012

HERITAGE ASSETS	Opening balance Cost R'000	Current Year Adjustments to prior year balances Cost R'000	Additions Cost R'000	Disposals/ Transfers Cost R'000	Closing balance Cost R'000
Machinery and Equipment	**1 475 881**	**427 548**	**835 165**	**9 635**	**2 728 959**
Transport Assets	748 244	75 578	228 007	-	1 051 829
Computer equipment	40 343	15 763	162 938	8 674	210 370
Furniture and Office equipment	112 706	5 845	3 696	-	122 247
Other machinery & Equipment	574 588	330 362	440 524	961	1 344 513
Total tangible assets	**1 475 881**	**427 548**	**835 165**	**9 635**	**2 728 959**

32.1 Additions to tangible capital asset per asset register for the year ended 31 March 2012

	Cash Cost R'000	Non-Cash Fair Value R'000	(Capital work in progress - current costs) Cost R'000	Received current year, not paid (Paid current year, received prior year) Cost R'000	Total Cost R'000
Machinery and equipment	**835 165**	**-**	**-**	**-**	**835 165**
Transport assets	228 007	-	-	-	228 007
Computer equipment	162 938	-	-	-	162 938
Furniture and Office equipment	3 696	-	-	-	3 696
Other machinery and equipment	440 524	-	-	-	440 524
Total capital assets	**835 165**	**-**	**-**	**-**	**835 165**

32.2 Disposals of movable tangible capital assets per asset register for the year ended 31 March 2012

	Sold for cash	Transfer out or destroyed or scrapped	Total disposalsl	Cash received Actual
	Cost	Fair Value	Cost	Actual
	R'000	R'000	R'000	R'000
MACHINERY AND EQUIPMENT	**174**	**9 461**	**9 635**	**750**
Computer equipment	-	8 674	8 674	-
Other machinery and equipment	174	787	961	750
Total	**174**	**9 461**	**9 635**	**750**

Movement for 2010/2011

32.3 Movement in tangible capital assets per asset register for the year ended 31 March 2011

	Opening balance	Additions	Disposals	Closing Balance
	R'000	R'000	R'000	R'000
Machinery and equipment	**1 331 536**	**194 019**	**49 674**	**1 475 881**
Transport assets	736 226	61 692	49 674	748 244
Computer equipment	18 876	21 467	-	40 343
Furniture and Office equipment	109 728	2 978	-	112 706
Other machinery and equipment	466 706	107 882	-	574 588
Total tangible assets	**1 331 536**	**194 019**	**49 674**	**1 475 881**

32.4 Minor assets

Movement in minor asset per the asset register for the ended 31 March 2012

	Intangible assets	Heritage assets	Machinery and equipment	Biological assets	Total
	R'000	R'000	R'000	R'000	R'000
Opening Balance	-	-	223 666	-	223 666
Current year adjustment to Prior year Balance	-	-	(10 159)	-	(10 159)
Additions	-	-	69 756	-	69 756
Disposals	-	-	(1 665)		(1 665)
TOTAL	**-**	**-**	**284 928**	**-**	**284 928**

32.5

	Intangible assets	Heritage assets	Machinery and equipment	Biological assets	Total
	R'000	R'000	R'000	R'000	R'000
Number of R1 minor assets	-	-	273	-	273
Number of minor assets at cost	-	-	423	-	426
TOTAL	**-**	**-**	**696**	**-**	**696**

32.6 Minor assets

MINOR ASSETS OF THE DEPARTMENT FOR 31 MARCH 2011

	Intangible assets	Heritage assets	Machinery and equipment	Biological assets	Total
	R'000	R'000	R'000	R'000	R'000
Opening balance	-	-	222 015	-	222 015
Current Year Adjustments to Prior Year Balances	-	-	(34 718)	-	(34 718)
Additions	-	-	36 369	-	36 369
TOTAL	**-**	**-**	**223 666**	**-**	**223 666**

	Intangible assets	Heritage assets	Machinery and equipment	Biological assets	Total
Number of R1 minor assets	-	-	197	-	197
Number of minor assets cost	-	-	361	-	361
TOTAL	**-**	**-**	**558**	**-**	**558**

33. Immovable Tangible Capital Assets

Additions

Additions to immovable tangible capital assets per asset register for the year ended 31 March 2012

	Cash	Non-cash	(Capital work-in-progress current costs and finance lease payment)	Received current, not paid (paid current year, received prior year	Total
	R'000	R'000	R'000	R'000	R'000
Building and Other Fixed Structures	**794 495**	**-**	**(794 495)**	**-**	**-**
Non-residential Buildings	794 495	-	(794 495)	-	-
Total tangible assets	**794 495**	**-**	**(794 495)**	**-**	**-**

ANNEXURES (UNAUDITED SUPPLEMENTARY SCHEDULES)

ANNEXURE A

SCHEDULE – IMMOVABLE ASSETS, LAND AND SUB SOIL ASSETS

Opening balances – 2007/2008

In the 2006/07 financial year the department applied Accounting Circular 1 of 2007. The impact of this circular on the financial statements resulted in the cumulative balances on buildings being transferred to the provincial Department of Works. The balance that was transferred was R549, 366 million under the category *Buildings and other fixed structures.*

Movements to immovable assets – 2007/2008

The department has applied the exemption as granted by the National Treasury and thus immovable assets have not been disclosed on the face of the annual financial statements.

Additions

The additions for the 2007/08 financial year on buildings recorded under the category *Buildings and other fixed structures were* R 623,762 million.

Disposals

The department did not dispose of any additions on buildings for the 2007/08 financial year.

Movements to immovable assets – 2008/2009

The department has applied the exemption as granted by the National Treasury and thus where there is uncertainty with regards to ownership of immovable assets; these have not been disclosed on the face of the annual financial statements.

Additions

The additions for the 2008/09 financial year on buildings recorded under the category *Buildings and other fixed structure was* R635, 593 million.

Disposals

The department did not dispose of any additions on buildings for the 2008/09 financial year.

Movements to immovable assets – 2009/2010

The department has applied the Guidelines as issued by the National Treasury and thus where there is doubt as to which department is responsible for the property and the GIAMA allocation process has not been finalised, these assets must not be disclosed in the notes to the annual financial statements. The register for immovable in the Province of KwaZulu Natal resides with the Department of Public Works.

Additions

The additions for the 2009/2010 year recorded on Buildings and fixed structures are R 1,005,258 billion.

Work in Progress

The Work-in-progress as at 31 March 2010 recorded on Building and fixed structures are R 861,758 million

Disposals/Transfers

The department did not dispose of any additions on buildings for the 2009/10 financial year.

Movements to immovable assets – 2010/2011

The department has applied the Guidelines as issued by the National Treasury and thus where there is doubt as to which department is responsible for the property and the GIAMA allocation process has not been finalised, these assets must not be disclosed in the notes to the annual financial statements. The register for immovable in the Province of Kwa-Zulu Natal resides with the Department of Public Works.

Additions

The additions for the 2010/2011 year recorded on Buildings and fixed structures are R778, 749 million

Work in Progress

The Work-in-progress as at 31 March 2011 recorded on Building and fixed structures are R425, 072 million

Disposals/Transfers

The department did not dispose of any additions on buildings for the 2010/11 financial year.

Movements to immovable assets – 2011/2012

The department has applied the Guidelines as issued by the National Treasury and thus where there is doubt as to which department is responsible for the property and the GIAMA allocation process has not been finalised, these assets must not be disclosed in the notes to the annual financial statements. The register for immovable in the Province of Kwa-Zulu Natal resides with the Department of Public Works.

Additions

The additions for the 2011/2012 year recorded on Buildings and fixed structures are R1, 063,220 billion

Work in Progress

The Work-in-progress as at 31 March 2012 recorded on Building and fixed structures are R794, 495 million

Disposals/Transfers

The department did not dispose of any additions on buildings for the 2011/12 financial year.

The supplementary information presented does not form part of the annual financial statements and is unaudited.

ANNEXURE 1 A

STATEMENT OF CONDITIONAL GRANTS RECEIVED

NAME OF GRANT	GRANT ALLOCATION					SPENT			2010/11	
	Division of Revenue Act	Roll Over	DoRA Adjustments	Other Adjustments	Total Available	Amount received by department	Amount spent by department	% of Available funds spent	Division of Revenue Act	Amount spent by department
	R'000	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Division of Revenue Act										
2010 World Cup Prep Strategy	-	-	-	-	-	-	-	-	3 538	3 538
National Tertiary Services Grant	1 201 831	-	-	-	1 201 831	1 201 831	1 201 831	100%	1 102 585	1 102 517
HIV / AIDS Grant	1 889 427	17 885	-	-	1 907 312	1 907 312	1 907 312	100%	1 518 811	1 500 926
Forensic Pathology Grant	161 550	-	-	-	161 550	161 550	161 550	100%	152 406	152 406
Hospital Revitalisation Grant	611 651	-	-	-	611 651	547 698	547 698	100%	389 565	297 570
Health Professional & Training Grant	249 917	-	-	-	249 917	249 917	249 917	100%	235 771	235 771
Infrastructure Grant to Provinces	358 471	-	-	-	358 471	358 471	358 471	100%	280 449	280 449
EPWP Grant for Social Sector	25 775	-	-	-	25 775	25 775	25 775	100%	2 676	2 555
EPWP Incentive Grant to Provinces for Infrastructure Sect	536	-	-	-	536	-	-		-	-
Total	**4 499 158**	**17 885**	**-**	**-**	**4 517 043**	**4 452 554**	**4 452 554**		**3 685 801**	**3 575 732**

Departments are reminded of the DORA requirement to certify that all transfers in terms of this Act were deposited into the primary bank account of the province or, where appropriate, into the CPD account of a province.

ANNEXURE 1 B

STATEMENT OF CONDITIONAL GRANTS PAID TO PROVINCES

NAME OF DEPARTMENT	GRANT ALLOCATION				TRANSFER		SPENT			2010/11
	Amount	Roll Over	Other Adjustments	Total Available	Actual Transfer	% of Available Transferred	Amount received by department	Amount spent by department	% of Available funds spent by department	Total Available
	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000	%	R'000
Claims against the State	-	-	-	-	-		-	-	-	2
Department of Transport	-	-	-	-	-		-	-	-	2866
	-	-	-	-	-					
Total	**-**	**-**	**-**	**-**	**-**		**-**	**-**		**2868**

National Departments are reminded of the DORA requirements to indicate any re-allocations by the National Treasury or the transferring department, certify that all transfers in terms of this Act were deposited into the primary bank account of a province or, where appropriate, into the CPD account of a province as well as indicate the funds utilised for the administration of the receiving officer.

ANNEXURE 1 C

STATEMENT OF UNCONDITIONAL TRANSFERS PAID TO PROVINCES

NAME OF DEPARTMENT	GRANT ALLOCATION				TRANSFER		SPENT			2010/11
	Amount	Roll Over	Other Adjustments	Total Available	Actual Transfer	% of Available Transferred	Amount received by department	Amount spent by department	% of Available funds spent by department	Total Available
	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000	%	R'000
Department of Transport	-	-	-	-	2 839		2 839	2 839		2 868
Total	**-**	**-**	**-**	**-**	**2 839**		**2 839**	**2 839**		**2 868**

ANNEXURE 1 D

STATEMENT ON UNCONDITIONAL GRANTS AND TRANSFERS TO MUNICIPALITIES

NAME OF MUNICIPALITY		GRANT ALLOCATION			TRANSFER		SPENT			2010/11
	Division of Revenue Act	Roll Over	Adjustments	Total Available	Actual Transfer	% of Available Funds Transferred	Amount received by municipality	Amount spent by municipality	% of Available funds spent by municipality	Division of Revenue Act
	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000	%	R'000
Abaqulusi	648	-	-	648	-	-	-	-	-	1 117
Dannhauser	672	-	-	672	-	-	-	-	-	895
Edumbe	479	-	-	479	-	-	-	-	-	826
Emnambithi / Ladysmith	5 465	-	-	5 465	3 614	66%	3 614	3 614	100%	11 599
Endondasuka / Mandeni	1 128	-	-	1 128	541	48%	541	541	100%	1 240
Endumeni	-	-	-	-	-	-	-	-	-	3 109
eThekwini	47 212	-	-	47 212	47 212	100%	47 212	47 212	100%	42 613
Hibiscus Coast	3 536	-	-	3 536	3 536	100%	3 536	3 536	100%	6 104
Kwa Dukuza	4 589	-	-	4 589	2 294	50%	2 294	2 294	100%	4 084
Mpofona	978	-	-	978	489	50%	489	489	100%	1 690
Msunduzi	9 667	-	-	9 667	9 667	100%	9 667	9 667	100%	16 689
Mthonjaneni	993	-	-	993	256	26%	256	256	100%	1 075
Newcastle	1 265	-	-	1 265	1 109	88%	1 109	1 109	100%	2 008

NAME OF MUNICIPALITY		GRANT ALLOCATION			TRANSFER		SPENT			2010/11
	Division of Revenue Act	Roll Over	Adjustments	Total Available	Actual Transfer	% of Available Funds Transferred	Amount received by municipality	Amount spent by municipality	% of Available funds spent by municipality	Division of Revenue Act
	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000	%	R'000
Okhahlamba	1 393	-	-	1 393	1 393	100%	1 393	1 393	100%	2 199
Umdoni	2 172	-	-	2 172	1 663	77%	1 663	1 663	100%	3 750
Umhlathuze	4 886	-	-	4 886	4 886	100%	4 886	4 886	100%	4 348
Umlalazi	2 426	-	-	2 426	5 325	219%	5 325	5 325	-	4 188
Umngeni	1 346	-	-	1 346	673	50%	673	673	100%	2 324
Umtshezi	2 262	-	-	2 262	1 921	85%	1 921	1 921	100%	2 875
Umuziwabantu	919	-	-	919	417	45%	417	417	100%	1 586
Umvoti	1 667	-	-	1 667	834	50%	834	834	100%	3 096
Umshwathi Municipal Clinic	470	-	-	470	210	45%	210	210	100%	-
TOTAL	**94 173**	**-**	**-**	**94 173**	**86 040**		**86 040**	**86 040**		**117 415**

ANNEXURE E

STATEMENT OF TRANSFERS TO DEPARTMENTAL AGENCIES AND ACCOUNTS

DEPARTMENTS/AGENCY/ACCOUNT	TRANSFER ALLOCATION				TRANSFER		2010/11
	Adjusted Appropriation Act	Roll Over	Adjustments	Total Available	Actual Transfer	% of Available Transferred	Final Appropriation Act
	R'000	R'000	R'000	R'000	R'000	%	R'000
Cape Medical Depot Augmentation (PPSD)	13 971	-	-	13 971	13 971	100%	27 528
Skills Development Levy	8 588	-	-	8 588	8 588	100%	6 784
TOTAL	**22 559**	**-**	**-**	**22 559**	**22 559**		**34 312**

ANNEXURE 1 F

STATEMENT OF TRANSFERS AND SUBSIDIES TO NON-PROFIT INSTITUTIONS

NON PROFIT INSTITUTIONS	TRANSFER ALLOCATION				EXPENDITURE		2010/11
	Adjusted Appropriation Act	Roll Over	Adjustments	Total Available	Actual Transfer	% of Available Transferred	Final Appropriation Act
	R'000	R'000	R'000	R'000	R'000	%	R'000
Subsidies							
Austerville Halfway House	500	-	-	500	500	100%	474
Azalea House	462	-	-	462	462	-	438
Bekimpelo/Bekulwandle Trust Clinic	7 238	-	-	7 238	7 238	-	6 775
Benedictine Clinic	363	-	-	363	363	-	339
Cleremont Day Care Centre	353	-	-	353	353	-	324
Day Care Club 91	96	-	-	96	96	-	52
Durban School For The Deaf	193	-	-	193	193	-	181
Ekukhanyeni Clinic	834	-	-	834	884	-	1 011
Elandskop Clinic	436	-	-	436	436	-	408
Enkumane Clinic	263	-	-	263	263	-	246
Happy Hour Amaoti	471	-	-	471	471	-	335
Happy Hour Durban North	235	-	-	235	235	-	223

NON PROFIT INSTITUTIONS	TRANSFER ALLOCATION				EXPENDITURE		2010/11
	Adjusted Appropriation Act	Roll Over	Adjustments	Total Available	Actual Transfer	% of Available Transferred	Final Appropriation Act
	R'000	R'000	R'000	R'000	R'000	%	R'000
Happy Hour Mariannhill	118	-	-	118	118	-	101
Happy Hour Mpumalanga	377	-	-	377	377	-	335
Happy Hour Ninikhona	235	-	-	235	235	-	179
Happy Hour Nyangwini	248	-	-	248	248	-	234
Happy Hour Overport	177	-	-	177	177	-	167
Happy Hour Phoenix	235	-	-	235	235	-	223
Hlanganani Ngothando DCC	200	-	-	200	200	-	179
Ikhwezi Cripple Care	1 792	-	-	1 792	1 443	-	1 344
Ikhwezi Dns	167	-	-	167	-	-	157
Jewel House	321	-	-	321	321	-	304
John Peattie House	1 284	-	-	1 284	1 284	-	1 192
Jona Vaughn Centre	2 247	-	-	2 247	2 247	-	2 130
Lynn House	562	-	-	562	562	-	633
Madeline Manor	809	-	-	809	809	-	767
Masada NGO	71	-	-	71	71	-	67
Masibambeni Day Care Centre	141	-	-	141	141	-	134
Matikwe Oblate Clinic	472	-	-	472	472	-	442

NON PROFIT INSTITUTIONS	TRANSFER ALLOCATION				EXPENDITURE		2010/11
	Adjusted Appropriation Act	Roll Over	Adjustments	Total Available	Actual Transfer	% of Available Transferred	Final Appropriation Act
	R'000	R'000	R'000	R'000	R'000	%	R'000
Montebello Chronic Sick Home	4 732	-	-	4 732	4 732	-	4 430
Mountain View Special Hospital	9 496	-	-	9 496	9 496	-	8 890
Noyi Bazi Oblate Clinic	477	-	-	477	477	-	446
Pongola Hospital	3 837	-	-	3 837	3 837	-	3 592
Scadifa Centre	913	-	-	913	913	-	913
Siloah Special Hospital	15 702	-	-	15 702	15 702	-	16 167
Sparks Estate	1 016	-	-	1 016	1 016	-	1 166
St. Lukes Home	695	-	-	695	695	-	482
St. Mary's Hospital Mariannhill	101 837	-	-	101 837	101 837	-	95 141
Sunfield Home	294	-	-	294	294	-	127
Umlazi Halfway House	250	-	-	250	250	-	237
Phrenaid	96	-	-	96	96	-	91
Rainbow Haven	374	-	-	374	374	-	355
District Serv. Delivery: Ugu (HIV/AIDA)	316	-	-	316	316	-	3 422
District Serv. Delivery: Umgungundlovu	-	-	-	-	369	-	4 541
District Serv. Delivery: Uthukela	-	-	-	-		-	3 231
District Serv. Delivery: Umzinyathi	-	-	-	-	122	-	1 398

NON PROFIT INSTITUTIONS	TRANSFER ALLOCATION				EXPENDITURE		2010/11
	Adjusted Appropriation Act	Roll Over	Adjustments	Total Available	Actual Transfer	% of Available Transferred	Final Appropriation Act
	R'000	R'000	R'000	R'000	R'000	%	R'000
District Serv. Delivery: Zululand	148	-	-	148	74	-	3 127
District Serv. Delivery: Umkhanyakude	224	-	-	224	224	-	2 930
District Serv. Delivery: Uthungulu	814	-	-	814	114	-	6 032
District Serv. Delivery: Illembe	-	-	-	-	853	-	6 461
District Serv. Delivery: Sisonke	199	-	-	199	523	-	2 276
District Serv. Delivery: eThekwini	1 159	-	-	1 159	1 158	-	9 058
Genesis care Centre	2 753	-	-	2 753	2 763	-	5 434
Mhlummayo Clinic	560	-	-	560	560	-	525
Philanjolo Hospice	3 078	-	-	3 078	1 956	64%	2 882
Entabeni Stepdown Centre	3 692	-	-	3 692	3 692	100%	3 450
Budget Control Holding Funds	18 168	-	-	18 168	-	-	3 324
Head Office HAST	-	-	-	-	-	-	1 001
Greytown Hospital	-	-	-	-	191	-	-
Kwa-Zulu Natal Childrens Hospital	10 000	-	-	10 000	10 000	100%	-
	293 265	**-**	**-**	**293 265**	**273 487**		**296 617**
TOTAL	**293 265**	**-**	**-**	**293 265**	**273 487**		**296 617**

ANNEXURE 1 G

STATEMENT OF TRANSFERS AND SUBSIDES TO HOUSEHOLDS

HOUSEHOLDS	TRANSFER ALLOCATION				EXPENDITURE		2010/11
	Adjusted Appropriation Act	Roll Overs	Adjustments	Total Available	Actual Transfer	% of Available Transferred	Final Appropriation Act
	R'000	R'000	R'000	R'000	R'000	%	R'000
Employee Social Benefits - Injury on Duty	231	-	-	231	232	100%	307
Employee Social Benefits - Leave Gratuity	51 255	-	-	51 255	56 970	111%	44 804
Employee Social Benefits - Post Retirement Ben	449	-	-	449	587	131%	50
Employee Social Benefits - Severance Package	1 067	-	-	1 067	1 067	100%	279
Bursaries : Non-Employee	70 000	-	-	70 000	59 052	84%	50 432
Claims Against the State	2 716	-	-	2 716	12 670	466%	19 465
PMT / Refunds & Rem - Act of Grace	156	-	-	156	165	106%	50
TOTAL	**125 874**	**-**	**-**	**125 874**	**130 743**		**115 387**

ANNEXURE 1 H

STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED FOR THE YEAR ENDED 31 MARCH 2012

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2011/12	2010/11
		R'000	R'000
Received in Cash			
Prior year donation received		-	-
Subtotal		**-**	**-**
Received in kind			
Prior year received		-	14 864
Adcock Ingram	Haemodialysis	105	-
Umthombo Youth Development Foundation	Psychometric Equipment	69	-
Jenset	Trophies X3	1	-
Johnson & Johnson Medical	Laboratory Furniture	5	-
SAB Ltd	208 Boxes of Sanitary packs	50	-
Broad Reach	PCR Consent Stamps X77	8	-
Broad Reach	IMCI Charts Booklets'	8	-
D BeeChetty	Jungle Gym	5	-
MatCh	Diathermy & Exam Couches	110	-

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2011/12	2010/11
		R'000	R'000
Bethasaida Ministries International	Blankets X30	1	-
Broad Reach	Additional Storage	250	-
Netcare Kingswayn Hospital	X3 Hi-Lo Beds	45	-
Com-Biz	X4 Samsung Cellphones	6	-
Thembisa Harding Mall	X30 Blankets	2	-
Norvatis	Additional Storage	750	-
Novo Norsdik Pty Ltd	Bar Fridge	2	-
Rishi Harpesard	X60 Lamps	1	-
Comtech	X6 Telephone	2	-
Glenwood Dental	Panoramic X Ray machines	250	-
Mahatma Ghandhi	TV Set (Samsung)	1	-
Dr DH Rungan	Defy Microwave	1	-
Sea Ide Sai Centre	x12 Baby Blankets 50 Blankets	2	-
Ethicon Endo-Surgery	Laparoscopic Skills Lab	190	-
Gift of the Givers	20x9 Fin Oil Heaters	9	-
Kingdom Church	R12000 Cash	12	-
Ilex SA	Gem 3000 Blood Gas Ana	60	-
Simunye Apex	32inch Flat Screen TV	7	-
Rotors	Sony Digital Camera	2	-
Hillcrest High School	Lounge Furniture	10	-

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2011/12	2010/11
		R'000	R'000
United Nations Childrens Fund	Ford Ranger Double cab	150	-
Derul Ihsan centre	x50 Blankets	3	-
Matron CS Mpungose	KIC Refrigerator	2	-
Netcare St Annes	X9 Hi-Lo Beds	30	-
Broad Reach	X11 Computer's & printers	120	-
Addington HCF	X25 Blankets	1	-
Lutheran Church in SA	Laptop x2 & Stat Cupboard	15	-
Mr Ashley Balaram	x10 pairs of school shoes+	1	-
Municipal WR Services	LG TV Set	3	-
Drager	Apple I Pad2	7	-
Med clinic PMB & Howick	Labour Ward Bed	50	-
Anns Fruit & Veg	X6 Photo Frames	1	-
Endomed medical & Surgical Suppliers	LG TV Sets	4	-
Drager	X4 C2000CS incubators	221	-
Care Fusion	X60L Infusion Pumps	519	-
Comforth investments PTY Ltd	For access control doors	170	-
Pick & Pay Supermkts	R5000 cash	5	-
Lions Club (Kokstad)	Children's Play equipment	3	-
Broad Reach	Equipment & Furniture	54	-
Broad Reach	Equipment	662	-

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2011/12	2010/11
		R'000	R'000
Old Mutual	Logic TV Set	2	-
Thomas family	Microwave & toaster	1	-
Sri Sathya Sai Seva Organisation of SA	100 plates 100cups & tum	1	-
Broad Reach	X5 testing bootschairstabl	41	-
IALCH CEO & Management	C-Arm X-Ray	400	-
Broad Reach	Pharmacy equipment	62	-
Sri Sathya Sai Seva Organisation of SA	Microwave	1	-
IALCH CEO & Management	X1 Zeiss Microscope	300	-
MTN SA Fondation	X15 Laptops	75	-
Xerox	X20 laptops	100	-
National Dept of Health	X10 computers	10	-
Broad Reach	X1 Laptop	10	-
Old Mutual	X1 microwave	1	-
Addington HCF	X25 Blankets	1	-
Mrs M Padayachee	X50Pillows & Pillow cases	1	-
Johnson & Johnson	X50 Baby Hampers	4	-
UKZN Pmb	Park home	167	-
America to Africa Help	X12 Stethoscopes, X40 Digital Thermometers, X100 Specimen cups, X11 Silicon Foleys Catheter, X18 Infant Hats, X8 Receiving blankets & X1 Big baby blanket	4	-
Ms RM Sithole (Nursing Manager)	Decoder with a satellite dish	1	-
Mr James Pillay (Member ofHappy Heart Club)	Telefunken TV Set	2	-

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2011/12	2010/11
		R'000	R'000
Tongaat Hullet LTD	Chromodec Shelter	55	-
Broad Reach Health Care	UPS X10	9	-
Islamic Medical Association of SA	Computer	5	-
Digicom Solutions	Digital Signage	148	-
Express Stores	X6 wheel chairs	9	-
Barbara Michel	Make over for Rec Room	10	-
Pathfinder International	TV Set	3	-
Checkers Hyper	X3 Bar stools	1	-
Gaterite Supermarket	X10 band aid clear strips & X1 Formosa chair	1	-
Aspen	Office furniture & equipment	108	-
Dr Salesh Srikewal	X1 TV set & X1 DVD player	1	-
N Suleman	Chicken ACMI	7	-
Pathfinder		9	-
Manchi Innovations	X2 Laptops	10	-
Pathfinder	X2 TV sets	4	-
Express Stores	X40 wheelchairs	60	-
Sound Lab	Plasma TV set	6	-
Anonymous	Door Intercom	1	-
Checkers	X4 fans industrial	1	-
Broad Reach Health Care	PHC equipment	60	-

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2011/12	2010/11
		R'000	R'000
Broad Reach Health Care	Pharmacy equipment	74	-
Drs Rampersadh, Singh & Associates Inc	Siemens ultrasound machine	50	-
TOTAL		**5 801**	**14 864**

Donations under R500.00 are not indicated and donations over R500.00 have been rounded to nearest R1000.00

ANNEXURE 1I

STATEMENT OF AID ASSISTANCE RECEIVED

NAME OF DONOR	PURPOSE	OPENING BALANCE	REVENUE	EXPENDI-TURE	CLOSING BALANCE
		R'000	R'000	R'000	R'000
Received in cash					
Geneva Global	Enhancement of care for HIV/AIDS patients	1 463	-	1 463	-
Aspen Pharmcare	Development of Thathazakhe Clinic		3 500	1 000	2 500
Atlantic Philanthropies	Improvements to KZN College of Nursing	9 573	-	144	9 429
Bayer Health Care : Greys	Neurology	6	-	-	6
Dept of Water Affairs & Forestry	Cholera epidemic	124	-	124	-
Dept of Local Govt & Traditional Affairs	Purchase of EMRS vehicles	1 079	-	851	228
HW Seta Mseleni / Mosvold	Learnership to Mseleni & Mosveld Hosp	12	-	-	12
HW Seta Learnership Mosvold	Learnership to Mosveld Hosp	91	-	-	91
Astra Zeneca (Astra Zeneca Pharm)	Drug Trials	210	-	14	196
HW Seta Learnership St Aidans	Learnership to St Aidans Hosp	-	323	-	323
HW Seta Learnership Head Office	Learnership	95	-	58	37
HW Seta Prince Mshiyeni Hospital	Learnership	86	-	32	54
HW Seta HIV/AIDS Support	Learnership	60	-	15	45
HW Seta Learnership : Bethesda Sub-Campus	Learnership	-	121	-	121

NAME OF DONOR	PURPOSE	OPENING BALANCE	REVENUE	EXPENDI-TURE	CLOSING BALANCE
		R'000	R'000	R'000	R'000
HW Seta Learnership : King Edward Sub-Campus	Learnership	-	126	-	126
Zinc study (Nu Health & Pfizer)	Drug Trials	3	-	3	-
Rashid Suliaman & Associates	To be used at Institution	2	-	2	-
Impumumelelo Trust Innovation	Training programme for HIV and AIDS	24	-	-	24
EU Funding(PHC)	Partnership for Delivery of PHC Programme	3 064	-	2 462	602
SA Breweries	HIV/AIDS Testing	50	-	48	2
BEN Booysen	Equipment at East-Street Boom CHC	1	-	1	-
Conforth Investments	Installation of access control doors & purchasing of furniture in Haematology Dept	-	151	-	151
Comrades Marathon	Healthy Lifestyle Initiative	-	10	10	-
Psychiatric Observation	Claims to the Department of Justice	-	-	-	-
TOTAL		**15 943**	**4 231**	**6 227**	**13 947**

ANNEXURE 2 A

STATEMENT OF FINANCIAL GUARANTEES ISSUED AS AT 31 MARCH 2012 - LOCAL

Guarantor Institution	Guarantee in respect of	Original Guaranteed capital amount	Opening Balance 1 April 2008	Guarantee drawdown during the year	Guarantee repayments/ cancelled/ reduced/ released during the year	Currency Revaluations	Closing balance 31 March 2011	Realised losses not recoverable i.e. claims paid out
		R'000	R'000	R'000	R'000	R'000	R'000	R'000
Motor vehicles								
Standard Bank	Motor Vehicles	299	-	299	-	-	299	-
Total Motor Vehicles		**299**	**-**	**299**	**-**	**-**	**299**	**-**
Housing								
ABSA	Housing	12 692	3 264	2 266	46	-	5 484	-
BOE Bank Ltd	Housing	46	46	-	-	-	46	-
First Rand Bank Ltd	Housing	14 264	4 023	2 341	23	-	6 341	-
Green Start Home Loans	Housing	45	-	6	-	-	6	-
ITHALA Limited	Housing	1 973	1 108	304	15	-	1 397	-
Ned bank Ltd	Housing	3 269	1 559	495	-	-	2 054	-
Old Mutual Bank	Housing	12 898	3 835	1 663	63	-	5 435	-

Guarantor Institution	Guarantee in respect of	Original Guaranteed capital amount	Opening Balance 1 April 2008	Guarantee drawdown during the year	Guarantee repayments/ cancelled/ reduced/ released during the year	Currency Revaluations	Closing balance 31 March 2011	Realised losses not recoverable i.e. claims paid out
		R'000	R'000	R'000	R'000	R'000	R'000	R'000
Peoples Bank Ltd	Housing	446	226	76	-	-	302	-
SA Home Loans	Housing	51	228	19	-	-	247	-
Standard Bank	Housing	7 092	3 298	1 171	-	-	4 469	-
Company Unique Finance	Housing	102	16	28	-	-	44	-
Total Housing Guarantee		**52 878**	**17 603**	**8 369**	**147**	**-**	**25 825**	**-**
GRAND TOTAL		**53 177**	**17 603**	**8 668**	**147**	**-**	**26 124**	**-**

ANNEXURE 2 B

STATEMENT OF CONTIGENT LIABILITIES AS AT 31 MARCH 2012

Nature of liability	Opening balance 1 April 2011	Liabilities incurred during the year	Liabilities paid/ cancelled/ reduced during the year	Liabilities recoverable (Provide details hereunder)	Closing balance 31 March 2012
	R'000	R'000	R'000	R'000	R'000
Claims against the department					
Medico Legal	559 928	326 342	41 357	-	844 913
Claims against the State (Transport, Labour, Civil)	65 759	4 796	4 212	-	66 343
Subtotal	**625 687**	**331 138**	**45 569**	**-**	**911 256**
Others					
National Health Laboratory Services	514 105	629 007	-	-	1 143 112
Subtotal	**514 105**	**629 007**	**-**	**-**	**1 143 112**
TOTAL	**1 139 792**	**960 145**	**45 569**	**-**	**2 054 368**

ANNEXURE 3

INTER-GOVERNMENT RECEIVABLES

Government Entity	Confirmed balance		Unconfirmed balance		Total	
	31/03/2012	31/03/2011	31/03/2012	31/03/2011	31/03/2012	31/03/2011
	R'000	R'000	R'000	R'000	R'000	R'000
Department						
Agriculture	7	8	4	-	11	8
Arts and Culture	-	2	-	-	-	2
Community Safety and Liaison	17	14	4	2	21	16
Department of Health Gauteng	-	-	76	229	76	229
Education	278	-	-	1 000	278	1 000
Free State Department of Health	-	-	-	23	-	23
Labour	-	-	-	7	-	7
Local Government and Traditional Affairs	1	108	-	-	1	108
Mpumalanga Department of Health	-	61	-	-	-	61
National Department of Home Affairs	12	-	-	-	12	-
National Treasury	-	411	-	-	-	411
Office of the Premier	-	-	33	168	33	168
Provincial Treasury	-	2	-	-	-	2
Royal Household	2	-	-	2	2	2
Social Welfare and Population Development	-	-	80	492	80	492

Government Entity	Confirmed balance		Unconfirmed balance		Total	
	31/03/2012	31/03/2011	31/03/2012	31/03/2011	31/03/2012	31/03/2011
	R'000	R'000	R'000	R'000	R'000	R'000
South African Social Security Agency	-	-	128	70	128	70
Sports and Recreation	40	-	-	3	40	3
Transport	122	-	503	1 752	625	1 752
Works	15	-	-	91	15	91
Justice and Constitutional Development	-	-	2 542	-	2 542	-
KZN Legislature	-	-	12	-	12	-
Total	**494**	**606**	**3 382**	**3 839**	**3 876**	**4 445**

Government Entity	Confirmed balance		Unconfirmed balance		Total	
	31/03/2012	31/03/2011	31/03/2012	31/03/2011	31/03/2012	31/03/2011
	R'000	R'000	R'000	R'000	R'000	R'000
Other Government Entities						
Less (credit amount within claims recoverable account)	-	-	(2 017)	-	(2 017)	-
CSIR	-	-	132	-	132	-
Other (Claims recoverable account / HWSETA)	-	-	-	27	-	27
Fraud Recovery	-	-	(250)	-	(250)	-
HWSETA Pharmacy	-	-	74	-	74	-
HWSETA Unemployed Graduates	-	-	700	-	700	-
HWSETA Social Auxiliary Worker	-	-	137	-	137	-
University of KwaZulu-Natal (UKZN)	-	-	855	-	855	-
Subtotal	**-**	**-**	**(369)**	**27**	**(369)**	**27**
Total	**494**	**606**	**3 013**	**3 866**	**3 507**	**4 472**

ANNEXURE 4

INTER – GOVERNMENTAL PAYABLES – CURRENT

GOVERNMENT ENTITY	Confirmed balance outstanding		Unconfirmed balance outstanding		TOTAL	
	31/03/2012	31/03/2011	31/03/2012	31/03/2011	31/03/2012	31/03/2011
	R'000	R'000	R'000	R'000	R'000	R'000
DEPARTMENTS						
Current						
Department of Health & Social Development: Limpopo	-	-	386	23	386	23
Department of Health: Eastern Cape	-	2 660	4 635	-	4 635	2 660
Department of Health: Western Cape	-	-	-	3	-	3
Department of Justice and constitutional Development	-	2 270	-	-	-	2 270
Department of Public Works: Mpumalanga	-	-	-	8	-	8
Department of Social Development	-	181	-	30	-	211
Department of Transport	1 789	11 028	22 198	3 950	23 987	14 978
Departments of Works	-	2 194	74 597	11 147	74 597	13 341
KZN- Office of the Premier	136	-	347	225	483	225
KZN Provincial Treasury	-	61	-	-	-	61
Department of Health: Northern Cape	-	50	-	27	-	77
South African Police Services	-	54	37	-	37	54
SUB TOTAL	**1 925**	**18 498**	**102 200**	**15 413**	**104 125**	**33 911**

GOVERNMENT ENTITY	Confirmed balance outstanding		Unconfirmed balance outstanding		TOTAL	
	31/03/2012	31/03/2011	31/03/2012	31/03/2011	31/03/2012	31/03/2011
	R'000	R'000	R'000	R'000	R'000	R'000
OTHER GOVERNMENT ENTITY						
Current						
University of Kwa-Zulu Natal	16 419	35 316	-	-	16 419	35 316
National Health Laboratory Services	48 505	48 795	55 941	-	104 446	48 795
South African National Blood Services	25 491	28 442	-	-	25 491	28 442
Auditor - General South Africa	2 324	-	-	1 817	2 324	1 817
Health and Welfare Sector Education Training Authority	-	8 588	-	-	-	8 588
PALAMA	235	-	-	-	235	-
TOTAL	**92 974**	**121 141**	**55 941**	**1 817**	**148 915**	**122 958**

Prior year Balance has been corrected for Departments Current Payables

ANNEXURE 5

INVENTORY

Inventory	*Notes*	Quantity	2011/12 R'000	Quantity	2010/11 R'000
Opening balance		-	621 410	-	442 838
Add: Additions/Purchases - Cash		-	3 758 107	-	3 412 819
(Less): Issues		-	(3 730 068)	-	(3 234 247)
Closing balance		**-**	**649 449**	**-**	**621 410**

ANNUAL FINANCIAL STATEMENTS OF PROVINCIAL PHARMACEUTICAL SUPPLY DEPOT

GENERAL REVIEW OF THE STATE OF FINANCIAL AFFAIRS

The Provincial Pharmaceutical Supply Depot is a trading entity which is incorporated in South Africa.

The principal place of business is: 1 Higginson Highway
Mobeni
4060

The Provincial Pharmaceutical Supply Depot has shown a trading surplus of R 52,575 million for the period ended 31 March 2012. This has mainly been due to the effect of increased trading activities resulting in an annual turnover of R 1,973 billion, being an increase of 4,9% over the prior year. Operating costs showed an increase of 10,82% for the same period, due mainly to increased maintenance, repairs and running costs. However, an decrease of 2,25% in staff costs due reduced overtime being worked and other operating expenses contributed to the increase in overall operating costs. Inventory purchase prices did not increase significantly during the period under review.

The main factors contributing to the increase in trading activities were:

1.1 The continually increasing distribution of inventories due to the ongoing ARV Project, which are charged directly to the Institutions.

1.2 The number of patients serviced increased dramatically over the previous year, largely due to the increase in the number of clinics currently being serviced. These clinics were previously serviced by the various hospitals.

2. SERVICES RENDERED BY THE DEPARTMENT

2.1 The Provincial Pharmaceutical Supply Depot is the only trading entity operating within the administration of the KwaZulu-Natal Department of Health. This entity is responsible for the procurement and delivery of pharmaceuticals as listed by National Health Pharmaceutical Services and Provincial Health Pharmaceutical Services. The pharmaceuticals are procured from the suppliers and are then distributed to the various institutions as requested. Pharmaceuticals are charged at actual cost plus a mark-up of 4% to 12% to cover the administrative costs.

2.2 The tariff policy is structured as follows:

Surcharge of 5% - levied on all pharmaceutical items procured by and received at PPSD and thereafter delivered to the institutions.

Surcharge of 4% - levied on all pharmaceutical items procured by PPSD and delivered directly by the supplier to the said institutions.

Surcharge of 12% - levied on all pharmaceuticals that involve the use of PPSD human resources in terms of repacking, manufacturing etc.

3. CAPACITY CONSTRAINTS

3.1 The increasingly limited availability of warehousing has continued to contribute to capacity constraints.

3.2 Although the Manufacturing Laboratories have ceased operating in accordance with pharmacy regulations, the Pre Packing of medicines and tablets continues to be a part of ongoing operations.

4. PERFORMANCE INFORMATION

Listed below is a table containing performance and outcome targets of PPSD, for the year under review:

Objective	Indicator	2011/2012 (Target)	2011/2012 (Actual)
Increase in standard stock account	Stock level	R 187,202 million	R 173,231 million
Adequate working capital to support adequate stockholding	Stock Turnover	R 1,960,750 million	R 1,887,813million
Sufficient stock available at end user	Service Level	92%	90%

Stock turnover target was not achieved due to cost containment adopted during the period under review (2011/2012).

APPROVAL

The annual financial statements set out on pages 292 to 306 have been approved by the Accounting Officer.

Dr S. M. Zungu
Accounting Officer
31 March 2012

REPORT OF THE AUDITOR-GENERAL ON PROVINCIAL PHARMACEUTICAL SUPPLY DEPOT

Introduction

1. I have audited the financial statements of the Provincial Pharmaceutical Supply Depot set out on pages 292 to 307, which comprise the statement of financial position as at 31 March 2012, the statement of financial performance, statement of changes in equity and the statement of cash flows for the year then ended, and the notes, comprising a summary of significant accounting policies and other explanatory information.

Accounting officer responsible for the financial statements

2. The accounting officer is responsible for the preparation and fair presentation of these financial statements in accordance with South African Statements of General Accepted Accounting Practice (SA Statement of GAAP) and the requirements of the Public Finance Management Act, 1999 (Act No.1 of 1999) (PFMA), and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor-General's responsibility

3. My responsibility is to express an opinion on these financial statements based on my audit. I conducted my audit in accordance with the Public Audit Act of South Africa, 2004 (Act No. 25 of 2004) (PAA), the *General Notice* issued in terms thereof and International Standards on Auditing. Those standards require that I comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

4. An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the trading entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the trading entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

5. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

Opinion

6. In my opinion, the financial statements present fairly, in all material respects, the financial position of the Provincial Pharmaceutical Supply Depot as at 31 March 2012, and its financial performance and cash flows for the year then ended in accordance with SA Statements of GAAP and the requirements of the PFMA.

Emphasis of matter

7. I draw attention to the matter below. My opinion is not modified in respect of this matter.

Irregular expenditure

8. As disclosed in note 6 to the annual financial statements, the trading entity incurred irregular expenditure totalling R44, 490 million, as a result of not complying with Supply chain management (SCM) requirements and Public service regulations. The trading entity does not have appropriate controls to prevent and detect irregular expenditure.

REPORT ON OTHER LEGAL AND REGULATORY REQUIREMENTS

9. In accordance with the PAA and the *General Notice* issued in terms thereof, I report the following findings relevant to performance against predetermined objectives, compliance with laws and regulations and internal control, but not for the purpose of expressing an opinion.

Predetermined objectives

10. I performed procedures to obtain evidence about the usefulness and reliability of the information in the annual performance report as set out on pages 151 to 153 of the annual report.

11. The reported performance against predetermined objectives was evaluated against the overall criteria of usefulness and reliability. The usefulness of information in the annual performance report relates to whether it is presented in accordance with the National Treasury annual reporting principles and whether the reported performance is consistent with the planned objectives. The usefulness of information further relates to whether indicators and targets are measurable (i.e. well defined, verifiable, specific, measurable and time bound) and relevant as required by the *National Treasury Framework for managing programme performance information*.

    The reliability of the information in respect of the selected programmes is assessed to determine whether it adequately reflects the facts (i.e. whether it is valid, accurate and complete).

12. There were no material findings on the annual performance report concerning the usefulness and reliability of the information.

Compliance with laws and regulations

13. I performed procedures to obtain evidence that the trading entity has complied with applicable laws and regulations regarding financial matters, financial management and other related matters. My findings on material non-compliance with specific matters in key applicable laws and regulations as set out in the *General Notice* issued in terms of the PAA are as follows:

Audit committee

14. An audit committee was not in place, as required by sections 38(1)(a)(ii) and 77 of the PFMA and Treasury Regulation 3.1.1.

Internal audit

15. The accounting officer did not ensure that the internal audit function was established, as required by section 38(1)(a)(i) of the PFMA and Treasury Regulations 3.2.2, 3.2.3 and 3.2.4.

Procurement and contract management

16. Goods and services of a transaction value above R500 000 were procured without inviting competitive bids as per the requirements of TR 16A.6.4 and Practice Note 8 of 2007/08.

Expenditure management

17. The accounting officer did not take reasonable steps to prevent irregular expenditure, as required by sections 38(1)(c)(ii) and 39(1)(b) of the PFMA.

Annual financial statements

18. The financial statements submitted for auditing were not prepared in all material respects in accordance with the requirements of section 40(1) of the PFMA. Material misstatements of irregular expenditure identified by the auditors were subsequently corrected, resulting in the financial statements receiving an unqualified audit opinion.

Internal control

19. I considered internal control relevant to my audit of the financial statements, annual performance report and compliance with laws and regulations. The matters reported below under the fundamentals of internal control are limited to the significant deficiencies that resulted in the findings on compliance with laws and regulations included in this report.

Leadership

20. The accounting officer did not exercise adequate oversight responsibility regarding accuracy of the financial statements and compliance with SCM Regulations, PFMA and Treasury Regulations.
21. Adequate monitoring processes have not been implemented to prevent, detect and report irregular expenditure.

Governance

22. The accounting officer of the trading entity did not implement an internal audit function and an audit committee was not appointed to identify internal control deficiencies and recommend corrective action.

Pietermaritzburg

31 July 2012

AUDITOR-GENERAL
SOUTH AFRICA

Auditing to build public confidence

SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

1.1 Basis of preparation

The principal accounting policies applied in the preparation of the annual financial statements are consistent with previous years unless otherwise stated. The financial statements of Provincial Pharmaceutical Supply Depot (PPSD) are prepared on a historic basis in accordance with International Financial Reporting Standards (IFRS) and in the manner required by the Public Finance Management Act.

1.2 Presentation Currency

All amounts have been presented in the currency of the South African Rand (R).

1.3 Rounding

Unless otherwise stated all financial figures have been rounded to the nearest one thousand rand (R'000).

1.4 Going Concern

The financial statements are prepared on the assumption that the entity is a going concern and will continue in operation for the foreseeable future.

1.5 Revenue

Revenue is recognised to the extent that it is probable that the economic benefits will flow to the PPSD and the revenue can be reliably measured. Revenue is measured at a fair value of the consideration received, excluding discounts, rebates, and other sales taxes or duty. The following specific recognition criteria must also be met before revenue is recognised:

Revenue from the sale of goods is recognised when significant risks and rewards of ownership of the goods have been transferred at the point when the goods are handed over to the courier on site for delivery to respective health institutions.

1.6 Property, plant and equipment

Property, plant and equipment are stated at revaluation or fair value amount less accumulated depreciation and accumulated impairment losses. Such cost includes the cost of replacing part of the plant and equipment when that cost is incurred, if the recognition criteria are met. Likewise, when major inspection is performed, its cost is recognised in the carrying amount of the plant and equipment as a replacement if the recognition criteria are satisfied. All other repair and maintenance costs are recognised in profit or loss as incurred.

Depreciation is calculated on a straight line basis over the useful life of the asset as follows:

	%
Plant and equipment	10% - 16.67%
Vehicles	12% - 16,67%
Computer Equipment	25% - 33.33%
Furniture and Fittings	10% - 16.67%

An item of property, plant and equipment is derecognised upon disposal or when no future economic benefits are expected from its use or disposal. Any gain or loss arising on de-recognition of the asset (calculated as the difference between the net disposal proceeds and the carrying amount of the asset) is included in profit or loss in the year the asset is derecognised.

The asset's residual values, useful lives and method of depreciation are reviewed, and adjusted if appropriate, at each financial year end.

Valuations are performed after every three year cycle period to ensure that the fair value of a revalued asset does not differ materially from its carrying amount. Any revaluation surplus is credited to the asset revaluation reserve included in the equity section of the Statement of Financial Position via other comprehensive income. A revaluation deficit is recognised in profit or loss, except that a deficit directly offsetting a previous surplus on the same asset is offset against the surplus in the asset revaluation reserve via other comprehensive income. Additionally, accumulated depreciation as at the revaluation date is eliminated against the gross carrying amount of the asset, and the net amount is restated to the revalued amount of the asset. Upon disposal, any revaluation reserve relating to a particular asset being disposed is transferred to retained earnings.

At each balance sheet date, the entity reviews the carrying amounts of its tangible to determine whether there is any indication that those assets may be impaired. If any such indication exists, the recoverable amount of the asset is estimated in order to determine the extent of the impairment loss (if any). Where it is not possible to estimate the recoverable amount for an individual asset, the recoverable amount is determined for the cash-generating unit to which the asset belongs.

If the recoverable amount of an asset (cash-generating unit) is estimated to be less than its carrying amount, the carrying amount of the asset (cash-generating unit) is reduced to its recoverable amount. Impairment losses are immediately recognised as an expense.

Where an impairment loss subsequently reverses, the carrying amount of the asset (cash-generating unit) is increased to the revised estimate of its recoverable amount, but so that the increased carrying amount does not exceed the carrying amount that would have been determined had no impairment loss been recognised for the asset (cash-generating unit) in prior years. A reversal of an impairment loss is recognised as income immediately.

1.7. Financial instruments – Financial assets

For the PPSD, there were no financial assets applicable.

1.8 Financial instruments – Financial liabilities

Financial liabilities comprise trade and other payables, which are recognised at cost. Trade and other payables are not restated to their fair value at year-end as they are settled within 30 days.

1.9 Inventory

Inventories are valued at the lower of cost and net realisable value. Costs incurred in bringing each product to its present location and condition are accounted for on weighted average cost basis.

Net realisable value is the estimated selling price in the ordinary course of business, less estimated costs of completion and the estimated costs necessary to make the sale.

1.10 Employee benefits

Post-employee benefits

Retirement

The entity provides a defined benefit fund for the benefit of its employees, which is the Government Employee's Pension Fund.

The entity is not liable for any deficits due to the difference between the present value of the benefit obligations and the fair value of the assets managed by the Government Employee's Pension Fund. Any potential liabilities are disclosed in the financial statements of the National Revenue Fund and not in the financial statements of PPSD.

Medical

No contributions are made by the entity to the medical aid of retired employees**.**

Short and long-term benefits

The cost of all short-term employee benefits, such as salaries, bonuses, housing allowances, medical and other contributions is recognised during the period in which the employee renders the related service.

The vesting portion of long-term benefits is recognised and provided for at balance sheet date, based on current salary rates.

1.11 Irregular expenditure

Irregular expenditure

Irregular expenditure is defined as:

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

- the Public Finance Management Act
- the State Tender Board Act, or any regulations made in terms of this act, or
- any provincial legislation providing for procurement procedures in that provincial government.

It is treated as expenditure in the Statement of Financial Performance. If such expenditure is not condoned and it is possibly recoverable it is disclosed as receivable in the Statement of Financial Position at year-end.

Fruitless and wasteful expenditure

Fruitless and wasteful expenditure is defined as:

Expenditure that was made in vain and would have been avoided had reasonable care been exercised, therefore

- it must be recovered from a responsible official (a debtor account should be raised), or
- the vote. (If responsibility cannot be determined.)

Such expenditure is treated as a current asset in the Statement of Financial Position until such expenditure is recovered from the responsible official or written off as irrecoverable.

1.12 Capitalisation reserve

The capitalisation reserve represents an amount equal to the value held in a suspense account by Department of Health on behalf of the Provincial Medical Supply Centre for the procurement of pharmaceuticals.

1.13 Cash flow statement

The cash flow statement is prepared in terms of the direct method and discloses the effect that operating activities, investing activities and financing activities have on the movement of cash and cash equivalents during the year.

- **Operating Activities** are primarily derived from the revenue producing or primary operating activities of the entity.
- **Investing Activities** are the acquisition and disposal of long-term assets and other investments not included in cash equivalents.
- **Financing Activities** are activities that result in changes in the size and composition of the contributed capital and borrowings of the entity.

1.14 Related party and related party transactions

Related parties are departments that control or significantly influence entities in making financial and operating decisions. Specific information with regards to related parties is included in the notes.

STATEMENT OF FINANCIAL POSITION

	Note	2011/12 R'000	2010/11 R'000 (Restated)
ASSETS			
Non-current assets			
Property, plant and equipment	7	**7,799**	**3,225**
Current assets		**286,537**	**386,660**
Inventory	8	166,912	115,597
Receivables	9	119,625	271,063
		294,336	**389,885**
EQUITY			
Capital and Reserves	10	262,052	379,941
Total Equity		**262,052**	**379,941**
LIABILITIES			
Current Liabilities			
Trade and other payments	11	**32,284**	**9,944**
Total equity and liabilities		**294,336**	**389,885**

STATEMENT OF FINANCIAL PERFORMANCE

	Note	2011/12 R'000	2010/11 R'000 (Restated)
REVENUE			
Sale of goods	1	1,973,465	1,887,833
TOTAL REVENUE		**1,973,465**	**1,887,833**
EXPENDITURE			
Cost of Sales	2	(1,882,003)	(1,698,316)
Other expenditure		(38,887)	(40,659)
Administrative Expenses	3	(9,381)	(7,724)
Staff Costs	4	(27,482)	(28,484)
Other operating expenses	5	(2,024)	(4,481)
TOTAL EXPENDITURE		**(1,920,890)**	**(1,738,975)**
NET SURPLUS FOR THE YEAR		**52,575**	**148,858**
Other Comprehensive Income:			
Surplus on revaluation of assets		5,883	-
TOTAL COMPREHENSIVE INCOME FOR THE YEAR		**5,883**	**-**

STATEMENT OF CHANGES IN EQUITY

	Accumulated Surplus/ (Deficit)	Revaluation Reserve	Capitalisation Reserves	Total Equity
	R'000	R'000	R'000	R'000
Balance as at 1 April 2010	**57,852**	**-**	**162,467**	**220,319**
Surplus for the year	148,858	-	-	148,858
Transfers to/ (from) reserves	-	-	10,764	10,764
Other comprehensive income	-	-	-	
Balance as at 31 March 2011 as originally stated	**206,710**	**-**	**173,231**	**379,941**
Surplus for the year	52,575		-	52,575
Transfers to/ (from) reserves	(190,318)	-	13,971	(176,347)
Other comprehensive Income	-	5,883	-	5,883
Balance as at 31 March 2012	**68,967**	**5,883**	**187,202**	**262,052**

CASH FLOW STATEMENT

	Note	2011/12 R'000	2010/11 R'000 (Restated)
Cash flows from operating activities			
Cash received from Provincial Departments		2,124,903	1,788,52
Cash paid to suppliers and employees		(1,948,432)	(1,798,055)
Net cash outflows from operating activities	12	**176,471**	**(9,534)**
Cash flows from investing activities			
Acquisition of Property, Plant and Equipment	13	(124)	(1,230)
Net cash outflows from investing activities		**(124)**	**(1,230)**
Cash flows from financing activities			
Net Increase in Reserves		(176,347)	(10,764)
Net cash flows from financing activities	14	**(176, 471)**	**(10,764)**
Net increase in cash and cash equivalents		**-**	**-**
Cash and bank balances at the beginning of the year		-	-
Cash and bank balances at the end of the year		**-**	**-**

CASHFLOW STATEMENT

		2011/12 R'000	2010/11 R'000 (Restated)
1.	**Sales of Goods**		
	Provincial Departments	1,973,447	1,887,813
	Other	18	20
		1,973,465	**1,887,833**
2.	**Cost of Sales**		
	Opening inventory	115,597	140,057
	Purchases	1,933,318	1,673,856
		2,048,915	**1,813,913**
	Less Closing Inventory	(166,912)	(115,597)
		1,882,003	**1,698,316**
3.	**Administration Expenses**		
	General administrative expenses	8,641	6,821
	Stationery and printing	719	773
	Training and staff development	21	130
		9,381	**7'724**
4.	**Staff Costs**		
	Wages and Salaries		
	- Performance awards		
	- Basic salaries	15,783	15,522
	- Periodic payments	3,809	3'350
	- Overtime pay	437	2,214
		20,029	**21,086**
	Social contributions (Employer's contributions)		
	- Medical	1,848	1,727
	- Official unions and associations	4	4
	- Other salary related costs	224	389
		2,076	**2,120**
	Defined Pension contribution plan expense		

- Current service cost	**2,090**	**2,047**
Other long-term employee benefits including long-service leave, profit sharing, deferred compensation	**3,287**	**3,201**
	27,482	**28,484**

4. Staff Costs (continued)

The Accounting Officer for the Provincial Pharmaceutical Supply Depot received a basic salary package of R3,008 million per annum during the 2011/2012 financial year.

5. Other operating expenses

Maintenance, repairs and running costs	**310**	**2,940**
- Property and buildings	-	1,796
- Machinery and Equipment	-	-
- Other maintenance, repairs and running costs	310	1,144
Depreciation	**1,433**	**1,308**
- Assets carried at cost	-	1,308
- Assets carried at re-valued amounts	1,433	-
Consumables	224	183
Municipal Services	-	-
Travel and Subsistence	57	50
	2,024	**4,481**

6. Irregular Expenditure

	23,046	**-**
Opening Balance		
Expired Contracts	20,838	22,381
Less than two quotes awards	495	665
Overtime	111	-
Closing Balance	**44,380**	**23,046**
Analysis awaiting condonation per age analysis:		
Current year	21,444	23,046
Prior year	23,046	-
Awaiting to be condoned	**44,490**	**23,046**

7. Property, plant and equipment

Vehicles		
Opening net carrying amount	**79**	**159**
- Gross carrying amount	478	478
- Accumulated depreciation	(399)	(319)
Valuation	445	-
Depreciation charge	(176)	(80)
Closing net carrying amount - 31 March	**348**	**79**
- Gross carrying amount	923	478
- Accumulated depreciation	(575)	(399)
Computer equipment		
Opening net carrying amount	**652**	**637**
- Gross carrying amount	1,811	1,459
- Accumulated depreciation	(1,159)	(822)
Additions	124	352
Revaluation	1,265	-
Depreciation charge	(261)	(337)
Closing net carrying amount - 31 March	**1,780**	**652**
- Gross carrying amount	3,200	1,811
- Accumulated depreciation	(1,420)	(1,159)
Office furniture and fittings		
Opening net carrying amount	**1,502**	**1,307**
- Gross carrying amount	3,205	2,521
- Accumulated depreciation	(1,703)	(1,214)
Additions	-	684
Revaluation	2,213	-
Depreciation charge	(545)	(489)
Closing net carrying amount - 31 March	**3,170**	**1,502**
- Gross carrying amount	5,418	3,205
- Accumulated depreciation	(2,248)	(1,703)
Other machinery and equipment		

Opening net carrying amount	**992**	**1,200**
- Gross carrying amount	2,525	2,331
- Accumulated depreciation	(1,533)	(1,131)
Additions	-	194
Revaluation	1,960	-
Depreciation charge	(451)	(402)
Closing net carrying amount - 31 March	**2,501**	**992**
- Gross carrying amount	4,485	2,525
- Accumulated depreciation	(1,984)	(1,533)

Total property, plant and equipment

Opening net carrying amount	**3,225**	**3,303**
- Gross carrying amount	8,019	6,789
- Accumulated depreciation	(4,794)	(3,486)
Additions	124	1,230
Revaluation	5,883	-
Depreciation charge	(1,433)	(1,308)
Closing net carrying amount - 31 March	**7,799**	**3,225**
- Gross carrying amount	14,026	8,019
- Accumulated depreciation	(6,227)	(4,794)

8. Inventory

Raw Materials	871	277
Finished goods	166,041	115,320
	166,912	**115,597**

9. Receivables

Medsas Account - Department of Health	**(23,279)**	**44,371**
Medsas: Capital	187,202	173,231
Medsas: Pre-Pak	15	(1,061)
Medsas: Cut, Make and Trim	(974)	(1,132)

Medsas: Stock	(166,591)	(198,384)
Medsas: Stock Surplus	8,830	5,301
Revenue Accrual - BAS surplus	21,044	128,233
Medsas: Stock Loss	(16,960)	(7,760)
Medsas: Claims Payable – adjustment error	-	-
Medsas: Claims Payable	(55,845)	(54,057)
Accrual Adjustments*	**142,904**	**226,692**
Opening Accumulated Surplus / (Deficit)	57,491	34,410
Medsas: Stock Purchases Gen	(6,473)	(8,777)
Medsas: Sales	(1,029)	(3,989)
Medsas: Claims Payable	83,064	59,412
Cost of Sales	51,315	(24,461)
Accumulated Surplus – Transfer Payment Reversal	-	81,225
Accumulated Surplus – Transfer Payment	(41,464)	-
Medsas: Stock Purchases Gen (Prior year reversal)	-	88,957
Medsas: Sales (Prior year reversal)	-	(55)
Other Reconciliation Items	-	(30)
TOTAL	**119,625**	**271,063**

Note: * Prior year accrual adjustments have been regrouped to enhance interpretation of the adjustments. The regrouping has no effect of the financial statements

10. Capital and reserves

Accumulated surplus		
Balance at the beginning of the year	**206,710**	**57,852**
Surplus for the year	52,575	148,858
Correction of prior year error	-	-
Transfers	(190,318)	-
Balance at 31 March	**68,967**	**206,710**
Revaluation Reserves		
Balance at the beginning of the year	-	-
Other comprehensive income	5,883	-
Balance at 31 March	**5,883**	**-**

Capitalization		
Balance at the beginning of the year	**173,231**	**162,467**
Transfers	13,971	10,764
Balance at 31 March	**187,202**	**173,231**
Total Equity		
Balance at the beginning of the year	**379,941**	**220,319**
Surplus for the year	52,575	148,858
Correction of prior year error	-	-
Transfers	(176,347)	10,764
Other comprehensive income	**5,883**	**-**
Balance at 31 March	**262,052**	**379,941**

11. Trade and other payables

Trade creditors	27,220	5,355
Accruals	1,977	1,725
Other payables	-	-
Revenue accrual account	-	-
Leave pay commitments	3,087	2,864
	32,284	**9,944**

12. Reconciliation of profit before taxation to cash generated from/(utilised in) operations

Surplus/(deficit) before taxation	**52,575**	**148,858**
Adjusted for non-cash movements/ working capital changes:	**123,896**	**(158,392)**
- Depreciation on property, plant and equipment	1,433	1,308
- (Increase)/ decrease in inventories	(51,315)	24,460
- (Increase) in receivables	151,438	(103,356)
- Increase/ (Decrease) in payables	22,340	(80,804)
- Correction of prior period errors	-	-
Cash generated from operations	**176,471**	**(9,534)**

13. Cash flows from investing activities

Purchase of Property, Plant and Equipment	**(124)**	**(1,230)**

14. Cash flows from financing activities

Increase in capital reserves	13,971	10,764
Prior year surplus paid	(190,318)	-
Correction of prior period errors	-	-
	(176,471)	**10,764**

15. Operating Leasing

Commitment Under Operating Lease

Minimum Lease Payments for Period Less Than 1 Year	162	220
Minimum Lease Payments for Period Greater than 1 Year But Less Than 5 Years	56	293
Minimum Lease Payments for Period Less Greater 5 Years	-	-
Totals	**218**	**513**

16. Impairment of Assets

The entity did not have any impairment of assets during the 2009/2010 financial year. As a result no impairment losses were recognised in the income statement.

17. Taxation

The entity is not liable for any income tax in terms of Section 10(1)(a) of the Income Tax Act, as amended. The entity is not registered for Value Added Tax in terms of the Tax Authorities media statement dated 27 September 1991, which was subsequently confirmed by value-added tax directive dated 21 January 2003.

18. Related Party and Related Party Transactions

The Provincial Medical Supply Centre is the only trading entity operating within the administration of the KwaZulu-Natal Department of Health. This entity is responsible for the procurement and delivery of pharmaceuticals as listed by National Health Pharmaceutical Services and Provincial Health Pharmaceutical Services. The pharmaceuticals are procured from the suppliers and are then distributed to the various institutions as requested. Pharmaceuticals are charged at actual cost plus a mark-up of 4% to 12% to cover the administrative costs. Further details in this regard are provided in the Accounting Officer's report. The movement in balances and funds between the Provincial Medical Supply Centre and the Department is included in the above notes to the annual financial statements.

19. Financial risk management objectives

PPSD's principal financial instruments consist of trade receivables and trade payables, which arise directly from its operations. The potential risks arising from PPSD's financial instruments are cash flow risk, liquidity

risk and credit risk. However, as PPSD is funded by the Department of Health and its only supplier is the Department of Health, these potential risks are not applicable.

20. Prior year adjustment

Depreciation on manufacturing equipment was incorrectly included in the cost of sales instead of other operating expenses. However, the adjustment has not affected the net surplus for the year. The reallocation results in the following adjustment:

Decrease in cost of sales	-	(67)
Increase in other operating expenses	-	67
Effect on net surplus	Nil	Nil

21. Prior Year Error

Operating Leases

Prior year operating leases had been erroneously understated and has now been corrected. The error has been corrected and the financial statement of March 2011 has been re-stated with the following effect:

Commitment Under Operating Lease

Minimum Lease Payments for Period Less than 1 Year	131	158
Minimum Lease Payments for Period Greater than 1 Year but Less than 5 Years	56	257
Minimum Lease Payments for Period Greater 5 Years	-	-
Totals	**187**	**415**

PART D: HUMAN RESOURCE MANAGEMENT OVERSIGHT REPORT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Closing the gap: From evidence to action
HEALTH
KwaZulu - Natal

4. HUMAN RESOURCE MANAGEMENT REPORT

4.1 SERVICE DELIVERY

All Departments are required to develop a Service Delivery Improvement Plan (SDIP). The following tables reflect the components of the SDIP as well as progress made with implementation of the Plan.

Table 56: Main services provided and standards

Main services	Actual customers	Potential customers	Standard of service	Actual achievement against standards
Creation of posts	Line function and support personnel of the Department	Members of the population attracted to work in the Department	Efficient workforce	The macro structure was rationalised and aligned with Departmental imperatives and requirements.
Human Resource Development	All employees of the Department	Students in Tertiary Institutions	Efficient employees	Training and development programmes were implemented to enhance personnel competencies in line with requirements in job descriptions and the work place.
Human Resource provisioning	All employees of the Department	Prospective applicants	Competent employees	Recruitment and selection processes were followed in line with the Departmental Policy for recruitment to ensure that competent employees are placed within the Department.
Labour Relations	All employees of the Department	None	Knowledge of conditions of Service and Labour Relations prescripts	Competencies developed at District/Institutional levels to manage labour relations cases.
Evaluation of posts	All prospective employees of the Department	None	Appropriate levels of posts determined	Appropriate skills mix and competencies identified to complement the Department's organogram and service delivery responsibilities.

Table 57: Consultation arrangements with customers

Type of arrangement	Actual Customers	Potential Customers	Actual achievements
Institutional Management and Labour Committees	Employees, Organised Labour and Management	None	Institutional Committees provide first level intervention on transversal issues.
Bargaining Chamber	Employees, Organised	None	Resolving of disputes emanating from

Type of arrangement	Actual Customers	Potential Customers	Actual achievements
	Labour and Management		Institutional Management and Labour Committees (IMLC) and reach agreement on sector specific conditions.
Human Resources Management Forum (Family Meetings)	Human Resources Managers, Employees and Head Office Management	Organised Labour	Allows for first level contact with Districts and sharing of best practices amongst Institutions.

Table 58: Service delivery access strategy

Access Strategy	Actual achievements
Batho Pele Principles	Number of people trained on Batho Pele: **510**.
Patients' Right Charter	Patients' Rights incorporated into Batho Pele.

Table 59: Service information tool

Types of information tools	Actual achievements
Reports to Health Committees	**Monthly reports to Committees**
Information posters and pamphlets	Posters displayed in institutions e.g. Batho Pele, Patients' Rights Charter, and other health information.
Signage	Signage – directions to facilities, facility names, opening times, services rendered, etc.

Table 60: Complaints mechanism

Complaints Mechanism	Actual achievements
Grievance Procedure	PSCBC Resolution No. 14 of 2002 is followed for grievances.
Dispute Resolution Mechanism	PSCBC Resolution No. 1 of 2003 is followed for disciplinary procedures.

4.2 EXPENDITURE

Departmental budget in terms of clearly defined Programmes: The following tables summarise final audited expenditure by Programme (Table 2.1) and by Salary Bands (Table 2.2). It provides an indication of the amount spent on personnel costs in terms of each of the Programmes or Salary Bands within the Department.

Table 61: Personnel costs by programme - 2011/12

Programme	Total Expenditure (R'000)	Personnel Expenditure (R'000)	Training Expenditure (R'000)	Professional and Special Services (R'000)	Personnel cost as a percent of total expenditure	Average personnel cost per employee (R'000)
Administrative	387 768	208 860	0	0	53.9	238
District Health Services	10 833 711	7 193 076	0	0	66.4	161
Emergency Medical Services	1 106 182	595 253	0	0	53.8	185
Provincial Hospital Services	7 136 567	5 233 869	0	0	73.3	253
Central Hospital Services	2 512 653	1 154 359	0	0	45.9	276
Health Sciences & Training	905 620	720 257	89 403	0	79.5	153
Health Care Support Services	13 971	0	0	0	0	0
Health Facilities Management	1 894 748	12 736	0	0	0.7	1 415
Total	**24 791 221**	**15 118 410**	**89 403**	**0**	**61**	**193**

Table 62: Personnel costs by salary bands - 2011/12

Salary Bands	Personnel Expenditure (R'000)	% of Total Personnel Cost	Average Personnel Cost per Employee (R'000)
Lower skilled (Levels 1-2)	722 340	4.7	103 799
Skilled (Levels 3-5)	4 166 421	27.4	129 718
Highly skilled production (Levels 6-8)	2 827 740	18.6	221 575
Highly skilled supervision (Levels 9-12)	5 675 951	37.3	441 090
Senior management (Levels 13-16)	475 398	3.1	1 212 750
Contract (Levels 1-2)	252 203	1.7	22 560
Contract (Levels 3-5)	8 953	0.1	120 986
Contract (Levels 6-8)	101 146	0.7	218 458
Contract (Levels 9-12)	770 348	5.1	496 039
Contract (Levels 13-16)	32 609	0.2	1 417 783
Periodical Remuneration	35 882	0.2	51 928
Abnormal Appointment	14 433	0.1	26 678
Total	**15 083 424**	**99**	**189 433**

The following tables provide a summary per Programme (Table 64) and Salary Bands (Table 65) of expenditure incurred as a result of Salaries, Overtime, Home Owners Allowance and Medical Assistance. In each case, the table provides an indication of the percentage of the personnel budget that was used for these items.

Table 63: Salaries, overtime, home owners allowance and medical assistance by programme - 2011/12

Programme	Salaries		Overtime		Home Owners Allowance		Medical Assistance	
	Amount (R'000)	Salaries as a % of Personnel Cost	Amount (R'000)	Overtime as a % of Personnel Cost	Amount (R'000)	HOA as a % of Personnel Cost	Amount (R'000)	Medical Assistance as a % of Personnel Cost
Administrative	163 317	72.8	1 855	0.8	5 017	2.2	9 649	4.3
District Health Services	5 397 218	70.8	171 030	2.3	293 584	3.8	386 708	5
Emergency Medical Services	371 101	62	69 107	11.5	27 492	4.6	44 614	7.5
Provincial Hospital Services	3 408 721	69	303 127	6.1	161 388	3.3	244 778	5
Central Hospital Services	769 939	70.9	71 592	6.6	31 089	2.9	55 244	5.1
Health Sciences & Training	514 469	70.2	75 202	10.3	19 735	2.7	20 131	2.7
Health Facilities Management	3 550	79.3	0	0	34	0.8	53	1.2
Donor Funds	2 223	93	0	0	0	0	0	0
Persal Agencies	4 541	73.1	735	11.8	70	1.1	139	2.2
Trading Accounts	16 855	61.2	434	1.6	1 092	4	1 848	6.7
Total	**10651934**	**69.9**	**693 082**	**4.5**	**539 501**	**3.5**	**763 164**	**5**

Table 64: Salaries, overtime, home owners allowance and medical assistance by salary bands - 2011/12

Salary Bands	Salaries		Overtime		Home Owners Allowance		Medical Assistance	
	Amount (R'000)	Salaries as a % of Personnel Cost	Amount (R'000)	Overtime as a % of Personnel Cost	Amount (R'000)	HOA as a % of Personnel Cost	Amount (R'000)	Medical Assistance as a % of Personnel Cost
Lower skilled (Levels 1-2)	495 204	68.3	635	0.1	66 691	9.2	53 192	7.3
Skilled (Levels 3-5)	2 851 632	67.8	52 900	1.3	277 318	6.6	374 664	8.9
Highly skilled production (Levels 6-8)	2 012 883	70.4	40 479	1.4	107 743	3.8	171 857	6
Highly skilled	4 094 890	71.4	323 905	5.6	80 764	1.4	153 609	2.7

Salary Bands	Salaries		Overtime		Home Owners Allowance		Medical Assistance	
	Amount (R'000)	Salaries as a % of Personnel Cost	Amount (R'000)	Overtime as a % of Personnel Cost	Amount (R'000)	HOA as a % of Personnel Cost	Amount (R'000)	Medical Assistance as a % of Personnel Cost
supervision (Levels 9-12)								
Senior management (Levels 13-16)	312 844	64.7	91 655	18.9	1 804	0.4	4 285	0.9
Contract (Levels 1-2)	241 441	95.7	0	0	3 044	1.2	1 858	0.7
Contract (Levels 3-5)	8 031	89.3	10	0.1	238	2.6	159	1.8
Contract (Levels 6-8)	89 047	87.6	1 466	1.4	934	0.9	1 102	1.1
Contract (Levels 9-12)	520 947	67.4	176 952	22.9	899	0.1	2 243	0.3
Contract (Levels 13-16)	24 401	73.5	5 078	15.3	63	0.2	195	0.6
Periodical Remuneration	0	0	0	0	0	0	0	0
Abnormal Appointment	612	4.2	0	0	0	0	0	0
Total	**10651932**	**69.9**	**693 080**	**4.5**	**539 498**	**3.5**	**763 164**	**5**

4.3 EMPLOYMENT AND VACANCIES

The following tables summarise the number of posts on the establishment, the number of employees, the vacancy rate, and whether there are any staff that are additional to the establishment. This information is presented in terms of three key variables i.e. Programmes (Table 66), Salary Bands (Table 67), and Critical Occupations (Table 68). Table 68 provides Establishment and Vacancy information for the key critical occupations of the Department. The vacancy rate reflects the percentage of posts that are not filled.

Table 65: Employment and vacancies by programme - 31 March 2012

Programme	Number of posts	Number of posts filled	Vacancy rate	Number of posts filled additional to establishment[70]
Administrative, Permanent	1,273	733	42.4	45
District Health Services, Permanent	54,679	44,815	18	3,352

[70] The bulk of the "Additional to Establishment" posts are for Community Care Givers who are employed on contract. The contract expiry date of 31 March meant that the re-appointments from 1 April were still being processed at the time of the data download

Programme	Number of posts	Number of posts filled	Vacancy rate	Number of posts filled additional to establishment[70]
District Health Services, Temporary	231	303	-31.2	0
Emergency Medical Services, Permanent	3,433	3,228	6	0
Provincial Hospital Services, Permanent	26,601	20,113	24.4	1
Provincial Hospital Services, Temporary	170	260	-53	0
Central Hospital, Permanent	4,773	4,098	14.1	0
Central Hospital, Temporary	62	86	-38.7	0
Health Sciences & Training, Permanent	35,376	4,612	14.2	16
Health Facilities Management, Permanent	16	9	43.8	0
Persal Agencies, Permanent	13	12	7.7	0
Persal Agencies, Temporary	0	1	0	0
Trading Accounts, Permanent	159	125	21.4	0
Total	**96,786**	**78,394**	**19**	**3,414**

Table 66: Employment and vacancies by salary bands - 31 March 2012

Salary band	Number of posts	Number of posts filled	Vacancy rate	Number of posts filled additional to establishment
Lower skilled (Levels 1-2)	10,005	6,980	30.2	0
Skilled (Levels 3-5)	38,175	32,023	16.1	0
Highly skilled production (Levels 6-8)	15,903	12,629	20.6	0
Highly skilled supervision (Levels 9-12)	18,278	12,430	32	2
Senior management (Levels 13-16), Permanent	670	389	41.9	0
Senior management (Levels 13-16), Temporary	2	2	0	0
Contract (Levels 1-2), Permanent	11,179	11,179	0	3,383[71]
Contract (Levels 3-5), Permanent	74	74	0	2
Contract (Levels 6-8), Permanent	463	463	0	19
Contract (Levels 9-12), Permanent	1,553	1,553	0	5
Contract (Levels 13-16), Permanent	23	23	0	3
Total	**96,786**	**78,394**	**19**	**3,414**

[71] Mainly refers to Community Care Givers

Table 67: Employment and vacancies by critical occupation - 31 March 2012

Critical occupations	Number of posts	Number of posts filled	Vacancy rate	Number of posts filled additional to the establishment
Administrative related, Permanent	413	272	34.1	1
All artisans in the building metal machinery etc., Permanent	459	370	19.4	0
Ambulance and related workers, Permanent	3,162	3,020	4.5	0
Artisan project and related superintendents, Permanent	142	109	23.2	0
Auxiliary and related workers, Permanent	14,769	12,508	15.3	3,328
Biochemistry pharmacology, zoology & life sciences technology, Permanent	1	0	100	0
Boiler and related operators, Permanent	187	138	26.2	0
Building and other property caretakers, Permanent	462	409	11.5	0
Bus and heavy vehicle drivers, Permanent	169	152	10.1	0
Cashiers tellers and related clerks, Permanent	4	3	25	0
Chiropodists and other related workers, Permanent	1	1	0	0
Civil engineering technicians, Permanent	1	1	0	0
Cleaners in offices workshops hospitals etc., Permanent	5,954	5,317	10.7	0
Client information clerks (switchboard receptionist information clerks), Permanent	328	279	14.9	0
Communication and information related, Permanent	105	84	20	2
Community development workers, Permanent	1	1	0	0
Dental practitioners, Permanent	147	110	25.2	0
Dental practitioners, Temporary	2	3	-50	0
Dental specialists, Permanent	3	1	66.7	0
Dental therapy, Permanent	107	82	23.4	0
Dieticians and nutritionists, Permanent	195	150	23.1	0
Draught and related trades, Permanent	2	2	0	0
Economists, Permanent	39	28	28.2	0

Critical occupations	Number of posts	Number of posts filled	Vacancy rate	Number of posts filled additional to the establishment
Emergency services related, Permanent	46	44	4.3	0
Engineering sciences related, Permanent	2	0	100	0
Engineers and related professionals, Permanent	4	3	25	0
Environmental health, Permanent	287	187	34.8	0
Farm hands and labourers, Permanent	2	2	0	0
Finance and economics related, Permanent	104	50	51.9	0
Financial and related professionals, Permanent	4	3	25	0
Financial clerks and credit controllers, Permanent	663	555	16.3	0
Food services aids and waiters, Permanent	1,038	918	11.6	0
Food services workers, Permanent	87	86	1.1	16
Forestry labourers, Permanent	1	1	0	0
Health sciences related, Permanent	1,015	866	14.7	1
Home-based personal care workers, Permanent	100	100	0	8
Household and laundry workers, Permanent	2,013	1,751	13	0
Household food and laundry services related, Permanent	33	29	12.1	0
Housekeepers laundry and related workers, Permanent	8	7	12.5	0
Human resources & organisational development & related professionals, Permanent	44	31	29.5	0
Human resources clerks, Permanent	1,180	1,002	15.1	0
Human resources related, Permanent	243	180	25.9	1
Information technology related, Permanent	21	18	14.3	0
Inspectors of apprentices works and vehicles, Permanent	7	7	0	0
Language practitioners interpreters & other communication, Permanent	33	17	48.5	16

Critical occupations	Number of posts	Number of posts filled	Vacancy rate	Number of posts filled additional to the establishment
Legal related, Permanent	10	5	50	0
Librarians and related professionals, Permanent	15	12	20	0
Library mail and related clerks, Permanent	169	140	17.2	0
Life science professionals, Permanent	1	0	100	0
Life sciences related, Permanent	9	7	22.2	1
Light vehicle drivers, Permanent	340	292	14.1	3
Logistical support personnel, Permanent	1	1	0	0
Managers, Permanent	2	0	100	0
Material-recording and transport clerks, Permanent	46	35	23.9	0
Medical practitioners, Permanent	4,257	2,781	34.7	0
Medical practitioners, Temporary	319	446	-39.8	0
Medical research and related professionals, Permanent	17	16	5.9	0
Medical specialists, Permanent	1,673	600	64.1	0
Medical specialists, Temporary	93	145	-55.9	0
Medical technicians/ technologists, Permanent	174	116	33.3	0
Messengers porters and deliverers, Permanent	781	702	10.1	0
Motor vehicle drivers, Permanent	72	63	12.5	0
Nursing assistants, Permanent	8,257	6,481	21.5	0
Occupational therapy, Permanent	191	141	26.2	0
Occupational therapy, Temporary	1	1	0	0
Optometrists and opticians, Permanent	40	35	12.5	0
Oral hygiene, Permanent	53	43	18.9	0
Other administrative & related clerks and organisers, Permanent	5,475	4,503	17.8	19
Other administrative policy and related officers, Permanent	216	177	18.1	0
Other information technology personnel., Permanent	10	9	10	0
Other machine operators, Permanent	229	182	20.5	0

Critical occupations	Number of posts	Number of posts filled	Vacancy rate	Number of posts filled additional to the establishment
Other occupations, Permanent	48	48	0	0
Pharmaceutical assistants, Permanent	1,003	792	21	0
Pharmacists, Permanent	879	596	32.2	0
Pharmacists, Temporary	11	10	9.1	0
Pharmacologists pathologists & related professional, Permanent	279	279	0	0
Photographic lithographic and related workers, Permanent	4	2	50	0
Physicists, Permanent	8	7	12.5	0
Physicists, Temporary	1	0	100	0
Physiotherapy, Permanent	300	240	20	0
Physiotherapy, Temporary	2	2	0	0
Printing and related machine operators, Permanent	11	6	45.5	0
Professional nurse, Permanent	18,848	14,581	22.6	0
Professional nurse, Temporary	20	20	0	0
Psychologists and vocational counsellors, Permanent	108	69	36.1	0
Psychologists and vocational counsellors, Temporary	7	15	-114.3	0
Radiography, Permanent	600	533	11.2	0
Radiography, Temporary	6	6	0	0
Rank: Management and general support personnel sr2, Permanent	1	0	100	0
Road workers, Permanent	2	2	0	0
Secretaries & other keyboard operating clerks, Permanent	283	238	15.9	4
Security guards, Permanent	1,038	932	10.2	1
Security officers, Permanent	208	178	14.4	8
Senior managers, Permanent	154	110	28.6	5
Shoemakers, Permanent	4	4	0	0
Social sciences related, Permanent	2	1	50	0
Social sciences supplementary workers, Permanent	4	4	0	0

Critical occupations	Number of posts	Number of posts filled	Vacancy rate	Number of posts filled additional to the establishment
Social work and related professionals, Permanent	317	245	22.7	0
Speech therapy and audiology, Permanent	126	86	31.7	0
Speech therapy and audiology, Temporary	1	1	0	0
Staff nurses and pupil nurses, Permanent	13,276	10,845	18.3	0
Student nurse, Permanent	2,557	2,168	15.2	0
Supplementary diagnostic radiographers, Permanent	16	16	0	0
Trade labourers, Permanent	608	512	15.8	0
Trade/industry advisers & other related profession, Permanent	12	11	8.3	0
Water plant and related operators, Permanent	3	3	0	0
Total	**96,786**	**78,392**[72]	**19**	**3,414**

The information in each case reflects the situation as at 31 March 2012. For an indication of changes in staffing patterns over the year under review, please refer to section 5 of this report.

4.4 JOB EVALUATION

The Public Service Regulations of 1999 introduced Job Evaluation as a way of ensuring that work of equal value is remunerated equally. Within a nationally determined framework, executing authorities may evaluate or re-evaluate any job in his/ her organisation. In terms of the Regulations, all vacancies on salary levels 9 and higher must be evaluated before they can be filled. This has been complemented by a decision by the Minister for Public Service and Administration that all SMS jobs must be evaluated before 31 December 2002.

The following table (Table 69) summarises the number of jobs that were evaluated during the year under review. The table also provides statistics on the number of posts that were upgraded or downgraded.

Table 68: Job Evaluation - 1 April 2011 to 31 March 2012

[72] The difference of 1 filled post (compared with Table 3.1) is due to the MEC for Health not being counted as a post that the department can fill (cabinet appointment).

Salary band	Number of posts	Number of jobs[73] evaluated	% of posts evaluated by salary bands	Posts upgraded		Posts downgraded	
				Number	% of posts evaluated	Number	% of posts evaluated
Lower skilled (Levels 1-2)	10,049	0	0	1	0	0	0
Contract (Levels 1-2)	11,179	0	0	1	0	0	0
Contract (Level 3-5)	74	0	0	1	0	0	0
Contract (Levels 6-8)	463	0	0	0	0	0	0
Contract (Levels 9-12)	1,553	4	0.3	0	0	0	0
Contract (B and A)	10	0	0	0	0	0	0
Contract (B and B)	9	0	0	0	0	0	0
Contract (B and C)	2	0	0	0	0	0	0
Contract (B and D)	2	0	0	0	0	0	0
Skilled (Levels 3-5)	38,223	5	0	845	16900[74]	6	120
Highly skilled production (Levels 6-8)	15,996	8	0.1	4	50	0	0
Highly skilled supervision (Levels 9-12)	18,554	40	0.2	0	0	3	7.5
Senior management service Band A	284	3	1.1	0	0	0	0
Senior management service Band B	336	1	0.3	0	0	0	0
Senior management service Band C	50	0	0	0	0	0	0
Senior management service Band D	2	0	0	0	0	0	0
Total	**96,786**	**61**	**0.1**	**852**	**1,396.7**	**9**	**14.8**

The following table provides a summary of the number of employees whose salary positions were upgraded due to their posts being upgraded. The number of employees might differ from the number of posts upgraded since not all employees are automatically absorbed into the new posts and some of the posts upgraded could also be vacant.

[73] The number of jobs evaluated includes the occupational category e.g. 1 HR Officer Job evaluated. The number of posts refer to all the posts affected by the job evaluation result

[74] (845 posts) divided by (5 jobs) multiplied by (100). Posts (occupied by people) and jobs (job titles)

Table 69: Profile of employees whose salary positions were upgraded due to their posts being upgraded - 1 April 2011 to 31 March 2012

Beneficiaries	African	Asian	Coloured	White	Total
Female	3	0	0	0	3
Male	1	0	0	0	1
Total	0	0	0	0	4[75]
Employees with a disability					**0**

The following table summarises the number of cases where remuneration levels exceeded the grade determined by job evaluation. Reasons for the deviation are provided in each case.

Table 70: Employees whose salary level exceed the grade determined by job evaluation - 1 April 2011 to 31 March 2012 (in terms of PSR 1.V.C.3)

Occupation	Number of employees	Job evaluation level	Remuneration level	Reason for deviation
Nil	-	-	-	-
Nil	-	-	-	-
Total number of employees whose salaries exceeded the level determined by job evaluation in 2011/12				**0**
Percentage of total employment				**0**

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

Table 71: Profile of employees whose salary level exceed the grade determined by job evaluation, 1 April 2011 to 31 March 2012 (in terms of PSR 1.V.C.3)

Beneficiaries	African	Asian	Coloured	White	Total
Female	0	0	0	0	0
Male	0	0	0	0	0
Total	0	0	0	0	0

Employees with a disability	**0**

[75] Telkom and Switchboard Operator posts were upgraded without incumbents – officials had to apply for posts (explain small number)

4.5 EMPLOYMENT CHANGES

This section provides information on changes in employment over the financial year. Turnover rates provide an indication of trends in the employment profile of the Department. The following tables provide a summary of turnover rates by salary band (Table 73) and critical occupations (Table 74).

Table 72: Annual turnover rates by salary band for the period 1 April 2011 to 31 March 2012

Salary Band	Number of employees per band on 1 April 2011	Appointments and transfers into the department	Terminations and transfers out of the department	Turnover rate
Lower skilled (Levels 1-2), Permanent	11,440	5,460	6,225	54.4
Lower skilled (Levels 1-2), Temporary	54	5	12	22.2
Skilled (Levels 3-5), Permanent	29,872	3,853	1,056	3.5
Skilled (Levels 3-5), Temporary	51	4	10	19.6
Highly skilled production(Levels 6-8), Permanent	12,208	557	646	5.3
Highly skilled production (Levels 6-8), Temporary	165	16	37	22.4
Highly skilled supervision(Levels 9-12), Permanent	11,351	467	722	6.4
Highly skilled supervision(Levels 9-12), Temporary	369	51	60	16.3
Senior Management Service Band A, Permanent	117	7	10	8.5
Senior Management Service Band B, Permanent	166	4	7	4.2
Senior Management Service B and B, Temporary	0	1	0	0
Senior Management Service Band C, Permanent	26	0	3	11.5
Senior Management Service Band D, Permanent	2	0	0	0
Contract (Levels 1-2), Permanent	3,362	5,131	5,778	171.9
Contract (Levels 3-5), Permanent	77	56	15	19.5
Contract (Levels 6-8), Permanent	470	359	236	50.2
Contract (Levels 9-12), Permanent	1,394	530	351	25.2
Contract (Band A), Permanent	10	2	3	30
Contract (Band B), Permanent	8	2	4	50

Salary Band	Number of employees per band on 1 April 2011	Appointments and transfers into the department	Terminations and transfers out of the department	Turnover rate
Contract (Band C), Permanent	3	0	0	0
Contract (Band D), Permanent	1	0	0	0
Total	**67,726**	**11,369**	**9,385**	**13.9**

Table 73: Annual turnover rates by critical occupation for the period 1 April 2011 to 31 March 2012

Occupation	Number of employees per occupation as on 1 April 2011	Appointments and transfers into the department	Terminations and transfers out of the department	Turnover rate
Administrative related, Permanent	261	10	13	5
All artisans in the building metal machinery etc., Permanent	358	39	38	10.6
Ambulance and related workers, Permanent	2,725	366	75	2.8
Artisan project and related superintendents, Permanent	89	13	6	6.7
Auxiliary and related workers, Permanent	5,722	4,796	5,614	98.1[76]
Boiler and related operators, Permanent	144	6	12	8.3
Building and other property caretakers, Permanent	440	0	24	5.5
Bus and heavy vehicle drivers, Permanent	154	7	11	7.1
Cashiers tellers and related clerks, Permanent	2	0	0	0
Chiropodists and other related workers, Permanent	1	0	0	0
Civil engineering technicians, Permanent	1	0	0	0
Cleaners in offices workshops hospitals etc., Permanent	5,541	233	224	4
Client inform clerks (switchboard receptionist information clerks), Permanent	229	13	5	2.2
Communication and information related, Permanent	71	13	4	5.6
Community development workers,	1	0	0	0

[76] Approximately 8,800 Community Care Givers appointed with 12 month contract (either withdrawal or service termination after expiry of contract or re-appointed in new financial year) hence high turn-over rate

Occupation	Number of employees per occupation as on 1 April 2011	Appointments and transfers into the department	Terminations and transfers out of the department	Turnover rate
Permanent				
Dental practitioners, Permanent	95	28	17	17.9
Dental practitioners, Temporary	3	0	0	0
Dental specialists, Permanent	4	0	0	0
Dental specialists, Temporary	1	0	0	0
Dental therapy, Permanent	48	33	1	2.1
Dieticians and nutritionists, Permanent	126	38	23	18.3
Draught and related trades, Permanent	2	0	0	0
Economists, Permanent	24	6	1	4.2
Emergency services related, Permanent	18	29	3	16.7
Engineers and related professionals, Permanent	2	1	1	50
Environmental health, Permanent	180	39	59	32.8
Farm hands and labourers, Permanent	2	0	0	0
Finance and economics related, Permanent	29	10	0	0
Financial and related professionals, Permanent	2	0	1	50
Financial clerks and credit controllers, Permanent	461	54	17	3.7
Food services aids and waiters, Permanent	968	37	53	5.5
Food services workers, Permanent	22	20	1	4.5
Forestry labourers, Permanent	1	0	0	0
Health sciences related, Permanent	867	16	57	6.6
Home-based personal care workers, Permanent	22	22	6	27.3
Household and laundry workers, Permanent	1,761	52	106	6
Household food and laundry services related, Permanent	24	3	0	0
Housekeepers laundry and related workers, Permanent	7	0	0	0
Human resources & organisational development & related professionals,	31	0	0	0

Occupation	Number of employees per occupation as on 1 April 2011	Appointments and transfers into the department	Terminations and transfers out of the department	Turnover rate
Permanent				
Human resources clerks, Permanent	892	86	27	3
Human resources related, Permanent	140	11	4	2.9
Information technology related, Permanent	17	0	0	0
Inspectors of apprentices works and vehicles, Permanent	9	0	1	11.1
Language practitioners interpreters & other communicators, Permanent	19	0	1	5.3
Legal related, Permanent	5	2	0	0
Librarians and related professionals, Permanent	11	1	0	0
Library mail and related clerks, Permanent	135	27	5	3.7
Life sciences related, Permanent	10	0	0	0
Light vehicle drivers, Permanent	319	39	16	5
Logistical support personnel, Permanent	1	0	0	0
Material-recording and transport clerks, Permanent	35	1	4	11.4
Medical practitioners, Permanent	2,711	560	445	16.4
Medical practitioners, Temporary	431	62	84	19.5
Medical research and related professionals, Permanent	11	8	4	36.4
Medical specialists, Permanent	510	44	34	6.7
Medical specialists, Temporary	142	13	25	17.6
Medical technicians/technologists, Permanent	62	58	10	16.1
Messengers porters and deliverers, Permanent	756	13	50	6.6
Motor vehicle drivers, Permanent	61	4	2	3.3
Nursing assistants, Permanent	6,160	1,092	205	3.3
Occupational therapy, Permanent	130	51	43	33.1
Optometrists and opticians, Permanent	24	13	0	0
Oral hygiene, Permanent	27	17	0	0
Other administrative & related clerks and	4,268	548	306	7.2

Occupation	Number of employees per occupation as on 1 April 2011	Appointments and transfers into the department	Terminations and transfers out of the department	Turnover rate
organisers, Permanent				
Other administrative & related clerks and organisers, Temporary	2	0	1	50
Other administrative policy and related officers, Permanent	185	1	8	4.3
Other information technology personnel., Permanent	11	0	1	9.1
Other machine operators, Permanent	181	6	8	4.4
Other occupations, Permanent	52	0	0	0
Pharmaceutical assistants, Permanent	713	68	13	1.8
Pharmacists, Permanent	517	172	98	19
Pharmacists, Temporary	10	0	1	10
Pharmacologists pathologists & related professional, Permanent	4	0	7	175
Photographic lithographic and related workers, Permanent	2	0	0	0
Physicists, Permanent	6	1	1	16.7
Physiotherapy, Permanent	225	52	54	24
Physiotherapy, Temporary	2	0	0	0
Printing and related machine operators, Permanent	8	0	1	12.5
Professional nurse, Permanent	13,465	583	681	5.1
Professional nurse, Temporary	23	1	4	17.4
Psychologists and vocational counsellors, Permanent	58	23	16	27.6
Psychologists and vocational counsellors, Temporary	17	1	3	17.6
Radiography, Permanent	484	81	50	10.3
Radiography, Temporary	7	0	1	14.3
Rank: Social worker, Permanent	3	0	0	0
Road workers, Permanent	2	0	0	0
Secretaries & other keyboard operating clerks, Permanent	263	24	12	4.6
Security guards, Permanent	1,015	5	54	5.3
Security officers, Permanent	189	5	11	5.8

Occupation	Number of employees per occupation as on 1 April 2011	Appointments and transfers into the department	Terminations and transfers out of the department	Turnover rate
Senior managers, Permanent	100	6	8	8
Shoemakers, Permanent	4	0	1	25
Social sciences related, Permanent	2	0	1	50
Social sciences supplementary workers, Permanent	4	0	0	0
Social work and related professionals, Permanent	229	23	12	5.2
Speech therapy and audiology, Permanent	94	15	21	22.3
Speech therapy and audiology, Temporary	1	0	0	0
Staff nurses and pupil nurses, Permanent	9,722	1259	520	5.3
Student nurse, Permanent	2,242	486	131	5.8
Supplementary diagnostic radiographers, Permanent	15	0	0	0
Trade labourers, Permanent	533	23	27	5.1
Trade related, Permanent	1	0	1	100
Trade/industry advisers & other related profession, Permanent	7	0	0	0
Water plant and related operators, Permanent	3	0	0	0
TOTAL	**67,726**	**11,369**	**9,385**	**13.9**

Table 74: Reasons why staff are leaving the department

Termination Type	Number	% of total
Death, Permanent	552	5.9
Death, Temporary	4	0
Resignation, Permanent	1,726	18.4
Resignation, Temporary	83	0.9
Expiry of contract, Permanent	5,995	63.9
Expiry of contract, Temporary	28	0.3
Dismissal – operational changes	2	0
Dismissal – misconduct, Permanent	134	1.4

Termination Type	Number	% of total
Dismissal-misconduct, Temporary	2	0
Dismissal – inefficiency	1	0
Discharged due to ill-health	29	0.3
Retirement, Permanent	814	8.7
Retirement, Temporary	1	0
Other, Permanent	7	0.1
Other, Temporary	1	0
Transfers to other Public Service Departments	8	0.1
Other	7	0.1
Total	**9,385**	**100**
Total number of employees who left as a % of the total employment		**13.9**

Table 75: Promotions by critical occupation

Occupation	Employees as at 1 April 2011	Promotions to another salary level	Salary level promotions as a % of employees by occupation	Progressions to another notch within a salary level	Notch progressions as a % of employees by occupation
Administrative related	261	26	10	140	53.6
All artisans in the building metal machinery etc.	358	23	6.4	187	52.2
Ambulance and related workers	2,725	9	0.3	2,158	79.2
Artisan project and related superintendents	89	14	15.7	49	55.1
Auxiliary and related workers	5,722	104	1.8	2,320	40.5
Boiler and related operators	144	2	1.4	63	43.8
Building and other property caretakers	440	0	0	223	50.7
Bus and heavy vehicle drivers	154	3	1.9	103	66.9
Cashiers tellers and related clerks	2	0	0	0	0
Chiropodists and other related workers	1	0	0	0	0
Civil engineering technicians	1	0	0	0	0
Cleaners in offices workshops hospitals etc.	5,541	29	0.5	3,406	61.5
Client inform clerks (switchboard	229	31	13.5	91	39.7

Occupation	Employees as at 1 April 2011	Promotions to another salary level	Salary level promotions as a % of employees by occupation	Progressions to another notch within a salary level	Notch progressions as a % of employees by occupation
receptionists information clerks)					
Communication and information related	71	4	5.6	41	57.7
Community development workers	1	0	0	1	100
Dental practitioners	98	2	2	24	24.5
Dental specialists	5	0	0	1	20
Dental therapy	48	0	0	3	6.3
Dieticians and nutritionists	126	4	3.2	16	12.7
Draught and related trades	2	0	0	0	0
Economists	24	4	16.7	14	58.3
Emergency services related	18	0	0	10	55.6
Engineers and related professionals	2	1	50	0	0
Environmental health	180	1	0.6	9	5
Farm hands and labourers	2	0	0	0	0
Finance and economics related	29	16	55.2	17	58.6
Financial and related professionals	2	0	0	2	100
Financial clerks and credit controllers	461	48	10.4	361	78.3
Food services aids and waiters	968	12	1.2	626	64.7
Food services workers	22	0	0	3	13.6
Forestry labourers	1	0	0	0	0
Health sciences related	867	71	8.2	538	62.1
Home-based personal care workers	22	0	0	0	0
Household and laundry workers	1,761	61	3.5	1,084	61.6
Household food and laundry services related	24	1	4.2	17	70.8
Housekeepers laundry and related workers	7	0	0	2	28.6
Human resources & organisational development & related professionals	31	6	19.4	18	58.1
Human resources clerks	892	177	19.8	299	33.5
Human resources related	140	30	21.4	88	62.9
Information technology related	17	1	5.9	12	70.6

Occupation	Employees as at 1 April 2011	Promotions to another salary level	Salary level promotions as a % of employees by occupation	Progressions to another notch within a salary level	Notch progressions as a % of employees by occupation
Inspectors of apprentices works and vehicles	9	0	0	3	33.3
Language practitioners interpreters & other communication	19	0	0	0	0
Legal related	5	0	0	2	40
Librarians and related professionals	11	0	0	8	72.7
Library mail and related clerks	135	11	8.1	89	65.9
Life sciences related	10	0	0	3	30
Light vehicle drivers	319	5	1.6	151	47.3
Logistical support personnel	1	0	0	1	100
Material-recording and transport clerks	35	3	8.6	8	22.9
Medical practitioners	3,142	153	4.9	550	17.5
Medical research and related professionals	11	0	0	4	36.4
Medical specialists	652	40	6.1	154	23.6
Medical technicians/technologists	62	3	4.8	16	25.8
Messengers porters and deliverers	756	4	0.5	404	53.4
Motor vehicle drivers	61	4	6.6	47	77
Nursing assistants	6,160	0	0	3,040	49.4
Occupational therapy	130	2	1.5	21	16.2
Optometrists and opticians	24	0	0	6	25
Oral hygiene	27	0	0	7	25.9
Other administration & related clerks and organisers	4,270	239	5.6	2,464	57.7
Other administrative policy and related officers	185	9	4.9	126	68.1
Other information technology personnel.	11	0	0	4	36.4
Other machine operators	181	11	6.1	84	46.4
Other occupations	52	0	0	16	30.8
Pharmaceutical assistants	713	23	3.2	303	42.5
Pharmacists	527	32	6.1	143	27.1

Occupation	Employees as at 1 April 2011	Promotions to another salary level	Salary level promotions as a % of employees by occupation	Progressions to another notch within a salary level	Notch progressions as a % of employees by occupation
Pharmacologists pathologists & related professionals	4	0	0	19	475
Photographic lithographic and related workers	2	0	0	1	50
Physicists	6	0	0	3	50
Physiotherapy	227	4	1.8	41	18.1
Printing and related machine operators	8	0	0	4	50
Professional nurse	13,488	506	3.8	7,309	54.2
Psychologists and vocational counsellors	75	4	5.3	7	9.3
Radiography	491	19	3.9	153	31.2
Social worker	3	0	0	0	0
Road workers	2	0	0	2	100
Secretaries & other keyboard operating clerks	263	15	5.7	135	51.3
Security guards	1,015	0	0	481	47.4
Security officers	189	3	1.6	134	70.9
Senior managers	100	9	9	28	28
Shoemakers	4	0	0	0	0
Social sciences related	2	0	0	0	0
Social sciences supplementary workers	4	0	0	2	50
Social work and related professionals	229	1	0.4	46	20.1
Speech therapy and audiology	95	2	2.1	7	7.4
Staff nurses and pupil nurses	9,722	214	2.2	4,241	43.6
Student nurse	2,242	3	0.1	721	32.2
Supplementary diagnostic radiographers	15	1	6.7	5	33.3
Trade labourers	533	12	2.3	312	58.5
Trade related	1	0	0	0	0
Trade/industry advisers & other related profession	7	3	42.9	4	57.1

Occupation	Employees as at 1 April 2011	Promotions to another salary level	Salary level promotions as a % of employees by occupation	Progressions to another notch within a salary level	Notch progressions as a % of employees by occupation
Water plant and related operators	3	0	0	1	33.3
Total	**67,726**	**2,015**	**3**	**33,236**	**49.1**

Table 76: Promotions by salary band

Salary Band	Employees on 1 April 2011	Promotions to another salary level	Salary bands promotions as a % of employees by salary level	Progressions to another notch within a salary level	Notch progressions as a % of employees by salary band
Lower skilled (Levels 1-2), Permanent	8,024	13	0.2	3,166	39.5
Lower skilled (Levels 1-2), Temporary	54	0	0	2	3.7
Skilled (Levels 3-5), Permanent	29,872	765	2.6	17,127	57.3
Skilled (Levels 3-5), Temporary	51	0	0	5	9.8
Highly skilled production (Levels 6-8), Permanent	12,208	572	4.7	5,576	45.7
Highly skilled production (Levels 6-8), Temporary	165	0	0	20	12.12
Highly skilled supervision (Levels 9-12), Permanent	11,351	600	5.3	6,858	60.4
Highly skilled supervision (Levels 9-12), Temporary	369	0	0	83	22.5
Senior management (Levels 13-16), Permanent	307	27	8.8	160	52.1
Senior management (Levels 13-16), Temporary	0	0	0	1	0
Contract (Levels 1-2), Permanent	3,362	6	0.2	49	1.5
Contract (Levels 3-5), Permanent	77	0	0	16	20.8
Contract (Levels 6-8), Permanent	470	2	0.4	6	1.3
Contract (Levels 9-12), Permanent	1,394	26	1.9	161	11.5
Contract (Levels 13-16), Permanent	22	4	18.2	6	27.3
Total	**67,726**	**2,015**	**3.0**	**33,236**	**49.1**

4.6 EMPLOYMENT EQUITY

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

Table 77: Total number of employees (including employees with disabilities) in each of the following occupational categories as on 31 March 2012

Occupational categories (SASCO)	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Legislators, senior officials and managers	42	0	10	3	39	4	7	5	110
Professionals	1,375	48	865	416	1,936	94	1,169	441	6,344
Technicians and associate professionals	3,851	48	418	41	24,617	509	1,902	416	31,802
Clerks	1,977	43	423	31	3,482	135	482	179	6,752
Service and sales workers	4,668	47	539	33	15,517	215	557	101	21,677
Craft and related trades workers	271	38	75	83	24	1	1	0	493
Plant and machine operators and assemblers	610	11	75	1	123	4	8	1	833
Elementary occupations	2,754	40	298	34	6,114	103	260	55	9,658
Other, Permanent	10	0	2	0	59	1	1	1	74
Total	**15,558**	**275**	**2,705**	**642**	**51,911**	**1,066**	**4,387**	**1,199**	**77,743**
Employees with disabilities	74	6	23	1	50	1	7	3	165

Table 78: Total number of employees (including employees with disabilities) in each of the following occupational bands as on 31 March 2012

Occupational Bands	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Top Management (L15 – L16)	6	0	18	11	0	0	1	2	38
Contract (Top Management), Permanent	1	0	0	1	1	0	0	1	4
Senior Management (L13 – L14)	51	4	111	69	33	5	55	23	351
Senior Management, Temporary	0	0	2	0	0	0	0	0	2
Contract (Senior Management), Permanent	10	0	1	5	3	0	0	0	19
Professionally qualified and experienced specialists and mid-management	1,398	45	700	221	7,812	244	1,570	440	12,430
Professionally qualified and experienced specialists and mid-management, Temporary	147	0	99	62	41	0	50	31	430
Skilled technical and academically qualified workers, junior management, supervisors, foreman and superintendents, Permanent	2,227	77	843	98	7,621	305	1,136	322	12,629
Skilled technical and academically qualified workers, junior management, supervisors, foreman and superintendents, Temporary	26	1	34	16	16	1	12	22	128
Semi-skilled and discretionary decision making, Permanent	8,217	101	630	63	21,475	347	1,018	172	32,023
Semi-skilled and discretionary decision making, Temporary	5	0	18	6	4	2	3	4	42
Unskilled and defined decision making	2,199	25	142	16	4,395	58	134	11	6,980
Unskilled and defined decision making, Temporary	4	0	17	14	4	0	5	3	47

Occupational Bands	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Contract (Professionally qualified), Permanent	364	17	211	153	361	35	252	160	1553
Contract (Skilled technical), Permanent	97	2	23	4	189	4	81	63	463
Contract (Semi-skilled), Permanent	18	0	3	0	45	1	5	2	74
Contract (Unskilled), Permanent	970	4	23	1	9976	67	135	3	11179
Total	**15,740**	**276**	**2,875**	**740**	**51,976**	**1,069**	**4,457**	**1,259**	**78,392**

Table 79: Recruitment for the period 1 April 2011 to 31 March 2012

Occupational Bands	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Senior Management, Permanent	4	0	1	1	4	0	0	1	11
Senior Management, Temporary	0	0	1	0	0	0	0	0	1
Professionally qualified and experienced specialists and mid-management, Permane nt	64	3	41	24	221	10	69	35	467
Professionally qualified and experienced specialists and mid-management, Temporary	20	0	6	8	3	0	11	3	51
Skilled technical and academically qualified workers, junior management, supervisors, foreman and superintendents, Permanent	94	3	9	3	371	18	41	18	557
Skilled technical and academically qualified workers, junior management, supervisors,	5	0	4	2	2	0	2	1	16

Occupational Bands	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
foreman and superintendents, Temporary									
Semi-skilled and discretionary decision making, Permanent	946	9	34	6	2,783	19	53	3	3,853
Semi-skilled and discretionary decision making, Temporary	0	0	3	1	0	0	0	0	4
Unskilled and defined decision making, Permanent	118	2	3	2	197	1	0	1	324
Unskilled and defined decision making, Temporary	1	0	1	1	2	0	0	0	5
Contract (Senior Management), Permanent	2	0	1	0	1	0	0	0	4
Contract (Professionally qualified), Permanent	112	9	60	55	124	11	82	77	530
Contract (Skilled technical), Permanent	68	1	21	3	125	4	79	58	359
Contract (Semi-skilled), Permanent	16	0	2	0	32	1	3	2	56
Contract (Unskilled), Permanent	409	1	14	1	4,602	50	53	1	5,131
Total	**1,859**	**28**	**201**	**107**	**8,467**	**114**	**393**	**200**	**11,369**

Employees with disabilities	8	0	0	0	3	0	0	0	11

Table 80: Promotions for the period 1 April 2011 to 31 March 2012

Occupational Bands	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Top Management, Permanent	5	1	23	9	0	0	6	4	48
Top Management, Temporary	0	0	0	0	0	0	1	0	1
Senior Management	19	0	43	28	12	2	21	14	139
Professionally qualified and experienced specialists and mid-management, Permanent	679	16	325	78	5,100	174	875	212	7,459
Professionally qualified and experienced specialists and mid-management, Temporary	22	0	15	6	13	0	19	8	83
Skilled technical and academically qualified workers, junior management, supervisors, foreman and superintendents, Permanent	1,084	54	519	67	3,591	178	511	148	6,152
Skilled technical and academically qualified workers, junior management, supervisors, foreman and superintendents, Temporary	4	0	4	1	2	0	5	4	20
Semi-skilled and discretionary decision making, Permanent	5,186	51	384	37	11,464	179	555	92	17,948
Semi-skilled and discretionary decision making, Temporary	1	0	3	0	1	0	0	0	5
Unskilled and defined decision making, Permanent	895	13	76	10	2,100	30	56	7	3,187
Unskilled and defined decision making, Temporary	0	0	0	0	0	0	1	1	2
Contract (Senior Management), Permanent	6	0	0	3	0	0	0	1	10

Occupational Bands	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Contract (Professionally qualified), Permanent	46	5	22	17	30	9	29	29	187
Contract (Skilled technical), Permanent	2	1	0	0	2	0	1	2	8
Contract (Semi-skilled), Permanent	5	0	0	0	6	2	3	0	16
Contract (Unskilled), Permanent	12	0	0	0	43	0	0	0	55
Total	7,966	141	1,414	256	22,364	574	2,084	522	35,320
Employees with disabilities	42	1	13	1	33	1	3	3	97

Table 81: Terminations for the period 1 April 2011 to 31 March 2012

Occupational Bands	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Top Management, Permanent	0	0	1	1	0	0	1	0	3
Senior Management, Permanent	4	0	4	2	2	0	3	2	17
Professionally qualified and experienced specialists and mid-management, Permanent	73	3	39	39	419	23	78	48	722
Professionally qualified and experienced specialists and mid-management, Temporary	20	1	15	7	11	0	5	1	60
Skilled technical and academically qualified workers, junior management, supervisors, foreman and superintendents, Permanent	117	5	29	15	365	14	60	41	646
Skilled technical and academically qualified	5	0	7	8	8	0	7	2	37

Occupational Bands	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
workers, junior management, supervisors, foreman and superintendents, Temporary									
Semi-skilled and discretionary decision making, Permanent	341	8	29	5	610	18	32	13	1,056
Semi-skilled and discretionary decision making, Temporary	4	0	3	0	2	0	0	1	10
Unskilled and defined decision making, Permanent	128	0	5	2	284	4	10	2	435
Unskilled and defined decision making, Temporary	1	0	5	1	3	0	1	1	12
Contract (Senior Management), Permanent	2	0	1	2	1	0	0	1	7
Contract (Professionally qualified), Permanent	49	8	26	53	77	12	52	74	351
Contract (Skilled technical), Permanent	36	1	5	5	85	8	43	53	236
Contract (Semi-skilled), Permanent	3	0	0	0	10	1	1	0	15
Contract (Unskilled), Permanent	427	1	7	0	5,281	33	26	3	5,778
Total	**1,210**	**27**	**177**	**140**	**7,158**	**113**	**319**	**242**	**9,385**

Employees with disabilities	2	0	0	0	3	0	0	1	6

Table 82: Disciplinary action for the period 1 April 2011 to 31 March 2012

	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Disciplinary action	33	0	5	3	75	0	4	1	121

Table 83: Skills development for the period 1 April 2011 to 31 March 2012

Occupational categories	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Legislators, senior officials and managers	100		16	5	150	6	26	9	312
Professionals	529	6	160	19	1,306	35	278	68	2,401
Technicians and associate professionals	144	3	64		398	6	80	7	702
Clerks	317	17	41	7	494	24	65	15	980
Service and sales workers	132		8		284	2	13	2	441
Skilled agriculture and fishery workers & Craft and related trades workers	7	1	1	2	11	3	4	1	30
Plant and machine operators and assemblers	11	1	6	3	25		2		48
Elementary occupations	23	5	12	5	67				112
Total	**1,263**	**33**	**308**	**41**	**2,735**	**76**	**468**	**102**	**5,026**

4.7 PERFORMANCE REWARDS

To encourage good performance, the Department has granted the following performance rewards during the year under review. The information is presented in terms of race, gender, and disability (Table 85), salary bands (Table 86) and critical occupations (Table 87.

Table 84: Performance Rewards by race, gender, and disability from 1 April 2011 to 31 March 2012

	Beneficiary Profile			Cost	
	Number of beneficiaries	Total number of employees in group	% of total within group	Cost (R'000)	Average cost per employee
African, Female	1	51, 926	0	10	10,091
African, Male	0	15,666	0	0	0
Asian, Female	0	4,450	0	0	0
Asian, Male	0	2,852	0	0	0
Coloured, Female	0	1,068	0	0	0
Coloured, Male	0	270	0	0	0
White, Female	0	1,256	0	0	0
White, Male	0	739	0	0	0
Employees with a disability	0	165	0	0	0
Total	**1**	**78,392**	**0**	**10**	**10,091**

Table 85: Performance Rewards by salary bands for personnel below Senior Management Service, 1 April 2011 to 31 March 2012

Salary Bands	Beneficiary Profile			Cost		
	Number of beneficiaries	Number of employees	% of total within salary bands	Total Cost (R'000)	Average cost per employee	Total cost as a % of the total personnel expenditure[77]
Lower skilled (Levels 1-2)	0	6,959	0	0	0	0
Skilled (Levels 3-5)	0	32,119	0	0	0	0
Highly skilled production (Levels 6-8)	0	12,762	0	0	0	0
Highly skilled supervision (Levels 9-12)	1	12,868	0	10	10,000	0
Contract (Levels 1-2)	0	11,179	0	0	0	0
Contract (Levels 3-5)	0	74	0	0	0	0
Contract (Levels 6-8)	0	463	0	0	0	0
Contract (Levels 9-12)	0	1,553	0	0	0	0
Periodical Remuneration	0	691	0	0	0	0
Abnormal Appointment	0	541	0	0	0	0
Total	**1**	**79,209**	**0**	**10**	**10,000**	**0**

[77] Personnel cost per salary level is not provided. COE is R 770 million (less than 0.0012%)

Table 86: Performance Rewards by critical occupations from 1 April 2011 to 31 March 2012

Critical Occupations	Beneficiary Profile			Cost	
	Number of beneficiaries	Number of employees	% of total within occupation	Total Cost (R'000)	Average cost per employee
Administrative related	0	272	0	0	0
All artisans in the building metal machinery	0	370	0	0	0
Ambulance and related workers	0	3,020	0	0	0
Artisan project and related superintendents	0	108	0	0	0
Auxiliary and related workers	0	12,508	0	0	0
Boiler and related operators	0	136	0	0	0
Building and other property caretakers	0	409	0	0	0
Bus and heavy vehicle drivers	0	152	0	0	0
Cashiers tellers and related clerks	0	3	0	0	0
Chiropodists and other related workers	0	1	0	0	0
Civil engineering technicians	0	1	0	0	0
Cleaners in offices workshops hospitals etc.	0	5,315	0	0	0
Client inform clerks(switchboard receptionist information clerks)	0	279	0	0	0
Communication and information related	0	84	0	0	0
Community development workers	0	1	0	0	0
Dental practitioners	0	113	0	0	0
Dental specialists	0	1	0	0	0
Dental therapy	0	80	0	0	0

Critical Occupations	Beneficiary Profile			Cost	
	Number of beneficiaries	Number of employees	% of total within occupation	Total Cost (R'000)	Average cost per employee
Dieticians and nutritionists	0	150	0	0	0
Draught and related trades	0	2	0	0	0
Economists	0	28	0	0	0
Emergency services related	0	44	0	0	0
Engineers and related professionals	0	3	0	0	0
Environmental health	0	187	0	0	0
Farm hands and labourers	0	2	0	0	0
Finance and economics related	0	50	0	0	0
Financial and related professionals	0	3	0	0	0
Financial clerks and credit controllers	0	554	0	0	0
Food services aids and waiters	0	918	0	0	0
Food services workers	0	86	0	0	0
Forestry labourers	0	1	0	0	0
Health sciences related	0	866	0	0	0
Home-based personal care workers	0	100	0	0	0
Household and laundry workers	0	1,750	0	0	0
Household food and laundry services related	0	29	0	0	0
Housekeepers laundry and related workers	0	7	0	0	0
Human resources & organisational development & related	0	31	0	0	0

Critical Occupations	Beneficiary Profile			Cost	
	Number of beneficiaries	Number of employees	% of total within occupation	Total Cost (R'000)	Average cost per employee
professional					
Human resources clerks	0	1,002	0	0	0
Human resources related	0	180	0	0	0
Information technology related	0	18	0	0	0
Inspectors of apprentices works and vehicles	0	7	0	0	0
Language practitioners interpreters & other communication	0	17	0	0	0
Legal related	0	5	0	0	0
Librarians and related professionals	0	12	0	0	0
Library mail and related clerks	0	140	0	0	0
Life sciences related	0	7	0	0	0
Light vehicle drivers	0	291	0	0	0
Logistical support personnel	0	1	0	0	0
Material-recording and transport clerks	0	35	0	0	0
Medical practitioners	0	3,223	0	0	0
Medical research and related professionals	0	16	0	0	0
Medical specialists	0	744	0	0	0
Medical technicians/technologists	0	116	0	0	0
Messengers porters and deliverers	0	702	0	0	0
Motor vehicle drivers	0	63	0	0	0

Critical Occupations	Beneficiary Profile			Cost	
	Number of beneficiaries	Number of employees	% of total within occupation	Total Cost (R'000)	Average cost per employee
Nursing assistants	0	6,450	0	0	0
Occupational therapy	0	142	0	0	0
Optometrists and opticians	0	35	0	0	0
Oral hygiene	0	43	0	0	0
Other administrative & related clerks and organisers	0	4,501	0	0	0
Other administrative policy and related officers	0	177	0	0	0
Other information technology personnel.	0	9	0	0	0
Other machine operators	0	182	0	0	0
Other occupations	0	48	0	0	0
Pharmaceutical assistants	0	790	0	0	0
Pharmacists	0	606	0	0	0
Pharmacologists pathologists & related professionals	0	279	0	0	0
Photographic lithographic and related workers	0	2	0	0	0
Physicists	0	7	0	0	0
Physiotherapy	0	241	0	0	0
Printing and related machine operators	0	6	0	0	0
Professional nurse	1	14,596	0	10	10,000
Psychologists and vocational counsellors	0	84	0	0	0
Radiography	0	539	0	0	0

Critical Occupations	Beneficiary Profile			Cost	
	Number of beneficiaries	Number of employees	% of total within occupation	Total Cost (R'000)	Average cost per employee
Rank: Unknown	0	74	0	0	0
Road workers	0	2	0	0	0
Secretaries & other keyboard operating clerks	0	238	0	0	0
Security guards	0	932	0	0	0
Security officers	0	178	0	0	0
Senior managers	0	110	0	0	0
Shoemakers	0	4	0	0	0
Social sciences related	0	1	0	0	0
Social sciences supplementary workers	0	4	0	0	0
Social work and related professionals	0	244	0	0	0
Speech therapy and audiology	0	87	0	0	0
Staff nurses and pupil nurses	0	10,830	0	0	0
Student nurse	0	2,166	0	0	0
Supplementary diagnostic radiographers	0	16	0	0	0
Trade labourers	0	512	0	0	0
Trade/industry advisers & other related profession	0	11	0	0	0
Water plant and related operators	0	3	0	0	0
Total	**1**	**78,392**	**0**	**10**	**10,000**

Table 87: Performance related rewards (cash bonus), by salary band, for Senior Management Service

Salary Band	Beneficiary Profile			Total Cost (R'000)	Average cost per employee	Total cost as a % of the total personnel expenditure
	Number of beneficiaries	Number of employees	% of total within band			
Band A	0	185	0	0	0	0
Band B	0	188	0	0	0	0
Band C	0	38	0	0	0	0
Band D	0	4	0	0	0	0
Total	**0**	**415**	**0**	**0**	**0**	**0**

4.8 FOREIGN WORKERS

The tables below summarise the employment of foreign nationals in the Department in terms of salary bands and by major occupation. The tables also summarise changes in the total number of foreign workers in each salary band and by each major occupation.

Table 88: Foreign Workers, 1 April 2011 to 31 March 2012, by salary band

Salary Band	1 April 2011		31 March 2012		Change	
	Number	% of total	Number	% of total	Number	% change
Lower skilled (Levels 1-2)	2	0.4	2	0.4	0	0
Skilled (Levels 3-5)	9	1.8	9	1.7	0	0

Salary Band	1 April 2011		31 March 2012		Change	
	Number	% of total	Number	% of total	Number	% change
Highly skilled production (Levels 6-8)	24	4.7	19	3.5	-5	-14.7
Highly skilled supervision (Levels 9-12)	257	50.6	246	45.4	-11	-32.4
Senior management (Levels 13-16)	22	4.3	32	5.9	10	29.4
Contract (Levels 3-5)	1	0.2	4	0.7	3	8.8
Contract (Levels 6-8)	6	1.2	20	3.7	14	41.2
Contract (Levels 9-12)	182	35.8	201	37.1	19	55.9
Contract (Levels 13-16)	3	0.6	8	1.5	5	14.7
Periodical Remuneration	2	0.4	1	0.2	-1	-2.9
Total	**508**	**100**	**542**	**100**	**34**	**100**

Table 89: Foreign Worker, 1 April 2011 to 31 March 2012, by major occupation

Major Occupation	1 April 2011		31 March 2012		Change	
	Number	% of total	Number	% of total	Number	% change
Administrative office workers	3	0.6	4	0.7	1	2.9
Craft and related trades workers	1	0.2	1	0.2	0	0
Elementary occupations	5	1	5	0.9	0	0
Professionals and managers	494	97.2	523	96.5	29	85.3
Social natural technical and medical sciences and support	4	0.8	7	1.3	3	8.8
Technicians and associated professionals	1	0.2	2	0.4	1	2.9

Major Occupation	1 April 2011		31 March 2012		Change	
	Number	% of total	Number	% of total	Number	% change
Total	**508**	**100**	**542**	**100**	**34**	**100**

4.9 LEAVE UTILISATION FOR THE PERIOD 1 JANUARY 2011 TO 31 DECEMBER 2011

The Public Service Commission identified the need for careful monitoring of sick leave within the public service. The following tables provide an indication of the use of sick leave (Table 91) and disability leave (Table 92). In both cases, the estimated cost of the leave is also provided.

Table 90: Sick leave, 1 January 2011 to 31 December 2011

Salary Band	Total days	% days with medical certification	Number of Employees using sick leave	% of total employees using sick leave	Average days per employee	Estimated Cost (R'000)
Lower skilled (Levels 1-2)	32,588	90.3	3,898	8.9	8	7 878
Skilled (Levels 3-5)	165,956.5	88.8	20,473	46.7	8	54 276
Highly skilled production (Levels 6-8)	75,633.5	87.6	9,315	21.2	8	40 731
Highly skilled supervision (Levels 9-12)	64,798	85.8	8,457	19.3	8	70 061
Senior management (Levels 13-16)	1,021	79.1	137	0.3	7	3 253
Contract (Levels 1-2)	3,376	84.4	769	1.8	4	445
Contract (Levels 3-5)	112	82.1	23	0.1	5	36
Contract (Levels 6-8)	1,322	70.7	225	0.5	6	673

Salary Band	Total days	% days with medical certification	Number of Employees using sick leave	% of total employees using sick leave	Average days per employee	Estimated Cost (R'000)
Contract (Levels 9-12)	2,486.5	66.4	554	1.3	4	3,331
Contract (Levels 13-16)	10	100	2	0	5	30
Total	**339,997**	**88.1**	**42,280**	**100%**	**8**	**176 199**

Table 91: Disability leave (temporary and permanent), 1 January 2011 to 31 December 2011

Salary Band	Total days taken	% days with medical certification	Number of Employees using disability leave	% of total employees using disability leave	Average days per employee	Estimated Cost (R'000)
Lower skilled (Levels 1-2)	3,661	100	150	12.5	24	902
Skilled (Levels 3-5)	14,959	99.9	612	50.9	24	4 853
Highly skilled production (Levels 6-8)	6,666	100	237	19.7	28	3 655
Highly skilled supervision (Levels 9-12)	5,834	100	197	16.4	30	6 457
Senior management (Levels 13-16)	128	100	7	0.6	18	341
Contract (Levels 6-8)	1	100	1	0.1	1	1
Contract (Levels 9-12)	7	100	1	0.1	7	6
Total	**31,248**	**100**	**1,203**	**100%**	**26**	**16 208**

Table 93 summarises the utilisation of annual leave. The wage agreement concluded with trade unions in the PSCBC in 2000 requires management of annual leave to prevent high levels of accrued leave being paid at the time of termination of service.

Table 92: Annual Leave for 1 January 2011 to 31 December 2011

Salary Bands	Total days taken	Average per employee
Lower skilled (Levels 1-2)	126,426.4	21
Skilled Levels (3-5)	514,769.6	20
Highly skilled production (Levels 6-8)	235,361.3	20
Highly skilled supervision(Levels 9-12)	233,861	21
Senior management (Levels 13-16)	6,706	20
Contract (Levels 1-2)	28,367.08	14
Contract (Levels 3-5)	340	10
Contract (Levels 6-8)	4,317	15
Contract (Levels 9-12)	14,871.56	15
Contract (Levels 13-16)	259	17
Not Available	10	10
Total	**1,165,288.93**	**20**

Table 93: Capped leave for 1 January 2011 to 31 December 2011

Salary Bands	Total days of capped leave taken	Average number of days taken per employee	Average capped leave per employee as at 31 December 2011
Lower skilled (Levels 1-2)	533	4	33
Skilled Levels (3-5)	1,941	5	50
Highly skilled production (Levels 6-8)	2,115	5	61
Highly skilled supervision(Levels 9-12)	2,957	7	65
Senior management (Levels 13-16)	49	4	51
Contract (Levels 9-12)	2	2	27
Total	**7,597**	**6**	**55**

The following table summarises payments made to employees as a result of leave that was not taken.

Table 94: Leave pay-outs for the period 1 April 2011 to 31 March 2012

Reason	Total Amount (R'000)	Number of Employees	Average payment per employee
Leave pay out for 2011/12 due to non-utilisation of leave for the previous cycle	10	4	2 500
Capped leave payouts on termination of service for 2011/12	18 666	2,157	8 654
Current leave payout on termination of service for 2011/12	4 660	641	7 270
Total	**23 336**	**2,802**	**8 328**

4.10 HIV ANDS AIDS & HEALTH PROMOTION PROGRAMMES

Table 95: Steps taken to reduce the risk of occupational exposure

Units/categories of employees identified to be at high risk of contracting HIV & related diseases (if any)	Key steps taken to reduce the risk
Medical Officers	Introduction of retractable syringes.
Nurses	Introduction of retractable syringes.
General Assistants	Provision of protective clothing (gloves).
Laundry personnel	Provision of gloves.
Grounds personnel	Provision of protective clothing.

Units/categories of employees identified to be at high risk of contracting HIV & related diseases (if any)	Key steps taken to reduce the risk
Laboratory personnel	Provision of gloves and masks i.e. T.B.
EMS personnel	Provision of gloves.

Table 96: Details of Health Promotion and HIV and AIDS Programmes

Question	Yes	No	Details, if yes
1. Has the department designated a member of the SMS to implement the provisions contained in Part VI E of Chapter 1 of the Public Service Regulations, 2001? If so, provide her/his name and position.	✓		Mr DD Dumisa: Manager: Employee Wellness
2. Does the department have a dedicated unit or has it designated specific staff members to promote the health and well-being of employees? If so, indicate the number of employees who are involved in this task and the annual budget that is available for this purpose.	✓		Head Office structure is in place although vacancies impact on service delivery. Increasing demand further challenge the effectiveness of programmes. Budget is still inadequate to ensure comprehensive and sustainable EAP services.
3. Has the department introduced an Employee Assistance or Health Promotion Programme for your employees? If so, indicate the key elements/services of this Programme.	✓		Health Promotion Programme and EAP are available in all Districts and Head Office, although it still does not meet demand and in many instances lack sustainability. Key elements/services: Supervisory training; Marketing and promotion of wellness programmes; Counselling services; assessment and referral; Wellness Programmes including staff HCT campaigns; Financial Wellness Programmes available in terms of Retirement Planning, financial education and Debt Counselling; Work and Play Programmes and being introduced and linked to wellness days.
4. Has the department established (a) committee(s) as contemplated in Part VI E.5 (e) of Chapter 1 of the Public Service Regulations, 2001? If so, please provide the names of the members of the committee and the stakeholder(s) that they represent.		✓	
5. Has the department reviewed its employment policies and practices to ensure that these do not unfairly discriminate against employees on the basis of their HIV status? If so, list the employment policies/practices so reviewed.	✓		• HIV/AIDS in the workplace • Affirmative Action and Representativity
6. Has the department introduced measures to protect HIV-positive employees or those perceived to be HIV-positive from discrimination? If so, list the key elements of these measures.	✓		• HIV/AIDS Policy • Confidentiality

Question	Yes	No	Details, if yes
7. Does the department encourage its employees to undergo Voluntary Counselling and Testing? If so, list the results that you have you achieved.	✓		• Pre Test Counselled: **2,486** • Tested: **1,941** • Tested Positive: **103** • Tested Negative: **1,814** • Inconclusive: **8** • General Wellness Screening: **2,784**
8. Has the department developed measures/indicators to monitor & evaluate the impact of its health promotion programme? If so, list these measures/indicators.	✓		• EAP Clients and Supervisors satisfaction. • Questions including tools for Financial Wellness • A process evaluation has been developed to measure worksite EAP against the standard set by EAPA Association • Workshops and capacity building programmes - evaluation questions have been drawn up.

4.11 LABOUR RELATIONS

The following collective agreements were entered into with trade unions within the Department.

Table 97: Collective agreements from 1 April 2011 to 31 March 2012

Subject Matter	Date
The Provincial Bargaining Chamber does not sign Collective Agreement. It is the competency of National Bargaining Chamber	
Resolution 3 of 2011	Agreement on the appointment of full time Shop Stewards and Office Bearers. ***Signed**: 08 December 2011*
Resolution 2 of 2011	Agreement on improvement in salaries and other conditions of service for 2011/12. ***Signed**: 16 August 2011*

If there were no agreements, then use the following table

Total collective agreements	**None**

The following table summarises the outcome of disciplinary hearings conducted within the department for the year under review.

Table 98: Misconduct and disciplinary hearings finalised from 1 April 2011 to 31 March 2012

Outcomes of disciplinary hearings	Number	% of total
Correctional counselling	19	11.8
Verbal warning	-	-
Written warning	45	27.9
Final written warning	52	32.3
Suspended without pay	15	9.3
Fine	-	-
Demotion	6	3.7
Dismissal	14	8.8
Not guilty	-	-
Case withdrawn	10	6.2
Total	**161**	

If there were no disciplinary hearings, then use the following table

Disciplinary hearings – 2011/12	**None**

Table 99: Types of misconduct addressed at disciplinary hearings

Type of misconduct	Number	% of total
Fraud and Corruption	53	32.9
Insubordination	16	9.9
Absenteeism	45	28
Sexual Harassment	2	1.2
Under the influence of Alcohol	7	4.3
Other	38	23.7
Total	**161**	

Table 100: Grievances lodged for the period 1 April 2011 to 31 March 2012

	Number	% of Total
Number of grievances resolved	122	42.2
Number of grievances not resolved	154	57.8
Total number of grievances lodged	276	

Table 101: Disputes lodged with Councils for the period 1 April 2011 to 31 March 2012

	Number	% of Total
Number of disputes upheld	3	1.6%
Number of disputes dismissed	20	10.4%
Total number of disputes lodged	193	100%
Outstanding/ Pending	173	88%

Table 102: Strike actions for the period 1 April 2011 to 31 March 2012

Total number of person working days lost	Nil
Total cost (R'000) of working days lost	Nil
Amount (R'000) recovered as a result of no work no pay	Nil

Table 103: Precautionary suspensions for the period 1 April 2011 to 31 March 2012

Number of people suspended	27
Number of people whose suspension exceeded 30 days	27
Average number of days suspended	180 Days
Cost (R'000) of suspensions	R 2 000 825

4.12 SKILLS DEVELOPMENT

This section highlights the efforts of the department with regard to skills development.

Table 104: Training needs identified 1 April 2011 to 31 March 2012

Occupational Categories	Gender	Number of employees as at 1 April 2011	Training needs identified at start of reporting period			
			Learnerships	Skills Programmes & other short courses	Other forms of training	Total
Legislators, senior officials and managers	Female	485	0	144	0	144
	Male	650	0	116	0	116
Professionals	Female	16,731	90	2,619	89 (Bursaries)	2,798
	Male	4,101	07	1,220	50 (Bursaries)	1,277

Occupational Categories	Gender	Number of employees as at 1 April 2011	Training needs identified at start of reporting period			
			Learnerships	Skills Programmes & other short courses	Other forms of training	Total
Technicians and associate professionals	Female	26,645	32	1,941	15[78] 10[79] 60[80]	2,058
	Male	7,922	06	888	5[81] 21[82] 80[83]	1,000
Clerks	Female	4,252	0	908	0	908
	Male	2,697	0	562	0	562
Service and sales workers	Female	0	0	0	0	0
	Male	0	0	0	0	0
Skilled agriculture and fishery workers, Craft and related trades workers	Female	329	0	44	0	44
	Male	900	0	212	0	212
Plant and machine operators and assemblers	Female	189	0	30	0	30
	Male	709	0	158	0	158
Elementary occupations	Female	2,536	0	486	772[84]	1,258
	Male	1,247	0	270	274[85]	544
Sub Total	Female	51,167	122	6,172	946	7,240
	Male	18,226	13	3,431	430	3,874
Total		**69,393**	**135**	**9,603**	**1,376**	**11,109**

[78] Mid-Level Workers: Occupational Therapy Technicians
[79] Mid-Level Worker: Physiotherapy Technicians
[80] Interns: Data Capturers
[81] Mid-Level Worker: Occupational Therapy Technicians
[82] Mid-Level Worker Programme: Physiotherapy Technicians
[83] Interns: Data Capturers
[84] Adult Education and Training
[85] Adult Education and Training

Table 105: Training provided 1 April 2011 to 31 March 2012

Occupational Categories	Gender	Number of employees as at 1 April 2011	Training provided within the reporting period	
			Learnerships	Skills Programmes & other short courses Other forms of training Total
Legislators, senior officials and managers	Female	818		152
	Male	625		82
Professionals	Female	16,564		1,387
	Male	3,976		414
Technicians and associate professionals	Female	542		423
	Male	413		113
Clerks	Female	4,252		475
	Male	2,697		260
Service and sales workers	Female	17,507	143	246
	Male	6,093	21	85
Skilled agriculture and fishery workers, Craft and related trades workers	Female	329		16
	Male	900		7
Plant and machine operators and assemblers	Female	103		23
	Male	640		13
Elementary occupations	Female	6,294		54
	Male	2,615		20
Sub Total	Female	**46,409**	143	2,776
	Male	**17,959**	21	994
Total		**64,368**	**164**	**3,770**

4.13 INJURY ON DUTY

The following tables provide basic information on injury on duty.

Table 106: Injury on duty from 1 April 2011 to 31 March 2012

Nature of injury on duty	Number	% of total
Required basic medical attention only	799	65.01
Temporary Total Disablement	423	34.42
Permanent Disablement	2	0.16
Fatal	5	0.41
Total	1,229	

4.14 UTILISATION OF CONSULTANTS

Refer to page 230, point 5.3 “Consultants, Contractors and Agency Outsource Services.”

PART E: OTHER INFORMATION OTHER INFORMATION


Real men
DO NOT spread HIV
and AIDS
Honest men abstain
from spreading HIV
and AIDS

ACRONYMS

ABBREVIATION	FULL DESCRIPTION
AET	Adult Education and Training
AGSA	Auditor-General of South Africa
AIDS	Acquired Immune Deficiency Syndrome
ALOS	Average Length of Stay
AMS	Air Mercy Services
ALS	Advanced Life Support.
ANC	Ante Natal Care
APP	Annual Performance Plan
ART	Anti-Retroviral Therapy
ARV	Anti-Retroviral
ASSA	Actuarial Society of South Africa
BANC	Basic Ante Natal Care
BAS	Basic Accounting System
BLS	Basic Life Support
BOD	Burden of Disease
BOR	Bed Occupancy Rate
CCG's	Community Care Givers
CCMDU	Central Chronic Medication Dispensing Unit
CCMT	Comprehensive Care Management & Treatment
CDC	Communicable Disease Control
CEO	Chief Executive Officer
CHC	Community Health Centre
Child PIP	Child Problem Identification Programme
CHW	Community Health Worker
COE	Compensation of Employees
COEC	College of Emergency Care.
COGTA	Department of Co-operative Governance and Traditional Affairs
CPSS	Central Pharmaceutical Supply Store
CPT	Cotrimoxazole Prophylactic Treatment
CRH	Centre for Rural Health
CTOP	Choice on Termination of Pregnancy
DBSA	Development Bank of South Africa

ABBREVIATION	FULL DESCRIPTION
DHER	District Health Expenditure Review
DHIS	District Health Information System
DHMIS	District Health Management Information System
DHP's	District Health Plans
DHS	District Health System
DOE	Department of Education
DSD	Department of Social Development
DOH	Department of Health
DOTS	Directly Observed Treatment Short Course
DQPR	District Quarterly Progress Report
DPSA	Department of Public Service and Administration
EAP	Employee Assistance Programme
ECP	Emergency Care Practitioner
EH	Environmental Health
EHP	Environmental Health Practitioner
EMS	Emergency Medical Services
EPI	Expanded Programme on Immunisation
EPT	Emergency Patient Transport
EPWP	Expanded Public Works Programme
ESV	Emergency Services Vehicle
ETBR	Electronic Tuberculosis Register
ETR.net	Electronic Register for TB
FP	Family Planning
FTE	Full Time Equivalent
GIS	Geographic Information System
H1N1	Influenza A subtype
HAART	Highly Active Ante-Retroviral Therapy
HAST	HIV, AIDS, STI and TB
HBC	Home Based Carer
HCBC	Home & Community Based Carers
HCT	HIV Counselling and Testing
HDI	Historically Disadvantaged Individuals
HIV	Human Immunodeficiency Virus
HOD	Head of Department

ABBREVIATION	FULL DESCRIPTION
HP	Health Promotion
HPS	Health Promoting Schools
HR	Human Resources
HRD	Human Resource Development
HRKM	Health Research & Knowledge Management
HRMS	Human Resource Management Services
HRP	Human Resource Plan
HST	Health Systems Trust.
HTA's	High Transmission Areas
HTE	Health Technology Engineering
HWSETA	Health and Welfare Sectoral Educational Training Authority
IALCH	Inkosi Albert Luthuli Central Hospital
IGR	Inter-Governmental Relations
ILS	Intermediate Life Support
IMCI	Integrated Management of Childhood Illnesses
IMLC	Institutional Management and Labour Committees
INDS	Integrated National Disability Strategy
IPC	Infection Prevention & Control
IPIP	Infrastructure Programme Implementation Plan
IRM	Infrastructure Reporting Model
IUCD	Intra Uterine Contraceptive Device
ISC	Intersectoral collaboration
IT	Information Technology
KZN	KwaZulu-Natal
KZNPSP	KwaZulu-Natal Provincial Strategic Plan
ManCo	Management committee
M&E	Monitoring and Evaluation
MC&WH	Maternal Child & Women's Health
MDG	Millennium Development Goals
MDR TB	Multi Drug Resistant Tuberculosis
MEC	Member of the Executive Council
MHCA	Mental Health Care Act.
MIP	Massification Implementation Plan
MMC	Medical Male Circumcision

ABBREVIATION	FULL DESCRIPTION
MO	Medical Officer
MOP	Medical Orthotist and Prosthetist
MOU	Midwife Obstetric Unit
MRC	Medical Research Council
MSP	Master Systems Plan
MTEF	Medium Term Expenditure Framework
MTS	Modernisation of Tertiary Services
MTSF	Medium Term Strategic Framework
NGO's	Non-Governmental Organisations
NHC	National Health Council
NHI	National Health Insurance
NHIRD	National Health Information Repository Data Warehouse
NHIS	National Health Information System.
NHS	National Health System.
NIMART	Nurse Initiated and Managed ART
NIP	National Integrated Nutrition Programme.
NSP	National Strategic Plan.
NVP	Nevirapine
OPD	Out-Patient Department.
OTT	Occupational Therapy Technician
OSD	Occupation Specific Dispensation.
OSS	Operation Sukuma Sakhe
OTP	Office of the Premier
PCR	Polymerase Chain Reaction
PCV	Pneumococcal Vaccine
PDE	Patient Day Equivalent
PEP	Post Exposure Prophylaxis.
Persal	Personnel and Salaries System.
PFMA	Public Finance Management Act
PHC	Primary Health Care
PHRC	Provincial Health Research Committee
PHREC	Provincial Health Research and Ethics Committee
PICT	Provider Initiated Counseling & Testing
PMDS	Performance Management and Development System

ABBREVIATION	FULL DESCRIPTION
PMOs	Principal Medical Officers
PMR	Peri-natal Mortality Rate
PMTCT	Prevention of Mother to Child Transmission
PN	Professional Nurse
PNC	Post Natal Care
PPIP	Peri-Natal Problem Identification Programme
PPSD	Provincial Pharmaceutical Supply Depot
PPT	Planned Patient Transport
PTB	Pulmonary Tuberculosis
PwC	PricewaterhouseCoopers
Q.A.	Quality Assurance
RV	Rota Virus
SADHS	South African Demographic & Health Survey
SAPC	South African Pharmacy Council
SARS	South African Revenue Services
SCM	Supply Chain Management.
SDIP	Service Delivery Improvement Plan
SHS	School Health Services
SITA	State Information and Technology Agency
SMS	Senior Management Service
Stats SA	Statistics South Africa
STIs	Sexually Transmitted Infections
STP	Service Transformation Plan
TB	Tuberculosis
TOP	Termination of Pregnancy
UKZN	University of KwaZulu-Natal
U-AMP	User –Asset Management Plan
UNFPA	United Nations Population Fund
VCT	Voluntary Counseling and Testing
WHO	World Health Organisation
XDR TB	Extensively Drug Resistant Tuberculosis

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