



health

Department:
Health
PROVINCE OF KWAZULU-NATAL



2013/14 ANNUAL REPORT V O T E 7

Fighting Disease, Fighting Poverty, Giving Hope

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**SUBMITTING THE 2013/14 ANNUAL REPORT (VOTE 7) TO THE
EXECUTIVE AUTHORITY**

Dr S.M. Dhlomo

MEC for Health

KwaZulu-Natal Department of Health

**SUBMISSION OF THE 2013/14 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 2013 to 31 March 2014.

DR S.M. ZUNGU

ACCOUNTING OFFICER

KWAZULU-NATAL DEPARTMENT OF HEALTH

DATE:

PART A

GENERAL

INFORMATION

DEPARTMENT'S GENERAL INFORMATION

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LIST OF ABBREVIATIONS/ ACRONYMS

| Abbreviations | Description |
|---------------|---|
| A | |
| AGSA | Auditor General of South Africa |
| AIDS | Acquired Immune Deficiency Syndrome |
| AMS | Air Mercy Services |
| ANC | Ante Natal Care |
| APP | Annual Performance Plan |
| ART | Anti-Retroviral Therapy |
| ARV | Anti-Retroviral |
| ASSA | AIDS Committee of Actuarial Society of South Africa |
| ATE | Additional to Establishment |
| B | |
| BAS | Basic Accounting System |
| BUR | Bed Utilisation Rate |
| C | |
| CARC | Cluster Audit and Risk Committee |
| CARMMA | Campaign on Accelerated Reduction of Maternal and child Mortality in Africa |
| CCG's | Community Care Givers |
| CEO(s) | Chief Executive Officer(s) |
| CFO | Chief Financial Officer |
| CHC(s) | Community Health Centre(s) |
| COE | Compensation of Employees |
| COEC | College of Emergency Care |
| CTOP | Choice on Termination of Pregnancy |
| D | |
| DHER(s) | District Health Expenditure Review(s) |
| DHIS | District Health Information System |
| DHP's | District Health Plans |
| DOH | Department of Health |
| DOT | Directly Observed Treatment |
| DPME | Department Planning Monitoring and Evaluation |
| DPSA | Department of Public Service and Administration |
| DR-TB | Drug-Resistant Tuberculosis |
| DUT | Durban University of Technology |
| E | |
| EMS | Emergency Medical Services |
| EPMDS | Employee Performance Management and Development System |
| EPWP | Expanded Public Works Programme |
| ESMOE | Essential Steps in Management of Obstetric Emergencies |
| ETR.net | Electronic Register for TB |
| F | |
| FDC | Fixed Dose Combination (ARV) |
| FMC | Financial Misconduct Committee |
| FPS | Forensic Pathology Services |
| G | |
| GHS | General Household Survey |

| Abbreviations | Description |
|-------------------|--|
| GIS | Geographic Information System |
| H | |
| HCRW | Health Care Risk Waste |
| HCT | HIV Counselling and Testing |
| HIV | Human Immuno Virus |
| HOD | Head of Department |
| HPCSA | Health Professional Council of South Africa |
| HPTDG | Health Professional Training and Development Grant |
| HPV | Human Papilloma Virus |
| HR | Human Resources |
| HRD | Human Resource Development |
| HRMS | Human Resources Management Services |
| HRP | Human Resource Plan |
| HTA(s) | High Transmission Areas |
| I, J, K, L | |
| IALCH | Inkosi Albert Luthuli Central Hospital |
| IDT | Independent Development Trust |
| IDIP | Infrastructure Delivery Improvement Programme |
| IDMS | Infrastructure Delivery Management Programme |
| IMCI | Integrated Management of Childhood Illnesses |
| iMMR | Institutional Maternal Mortality Ratio |
| IPC | Infection Prevention and Control |
| KZN | KwaZulu-Natal |
| LG | Local Government |
| M | |
| M&E | Monitoring and Evaluation |
| MC&WH | Maternal Child & Women's Health |
| MDGs | Millennium Development Goals |
| MDR-TB | Multi Drug Resistant Tuberculosis |
| MEC | Member of the Executive Council |
| MIP | Massification Implementation Plan |
| MMC | Medical Male Circumcision |
| MMR | Maternal Mortality Rate |
| MNC&WH | Maternal, Neonatal, Child & Women's Health |
| MOU | Maternity Obstetric Unit |
| MRC | Medical Research Council |
| MTEC | Management Team Executive Committee |
| MTEF | Medium Term Expenditure Framework |
| MTSF | Medium Term Strategic Framework |
| N | |
| NDOH | National Department of Health |
| NDP | National Development Plan |
| NGO's | Non-Governmental Organisations |
| NHI | National Health Insurance |
| NHLS | National Health Laboratory Services |
| NIMART | Nurse Initiated and Managed Antiretroviral Therapy |
| NSDA | Negotiated Service Delivery Agreement |

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KwaZulu-Natal Department of Health

| Abbreviations | Description |
|----------------------|--|
| NVP | Nevirapine |
| O | |
| OHS | Occupational Health and Safety |
| OSS | Operation Sukuma Sakhe |
| P | |
| PARC | Provincial Audit and Risk Committee |
| P1 Calls | Priority 1 calls |
| 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 |
| PGDP | Provincial Growth and Development Plan |
| PHC | Primary Health Care |
| PMTCT | Prevention of Mother to Child Transmission |
| PN | Professional Nurse |
| PPP | Public Private Partnership |
| PPT | Planned Patient Transport |
| PQRS | Provincial Quarterly Reporting System |
| PTB | Pulmonary Tuberculosis |
| R | |
| RMC | Risk Management Committee |
| RV | Rota Virus |
| S | |
| SADHS | South African Demographic & Health Survey |
| SCM | Supply Chain Management |
| SCOPA | Standing Committee on Public Accounts |
| SDIP | Service Delivery Improvement Plan |
| SHS | School Health Services |
| SMS | Senior Management Service |
| SOPs | Standard Operating Procedures |
| Stats SA | Statistics South Africa |
| STI's | Sexually Transmitted Infections |
| STP | Service Transformation Plan |
| T | |
| TB | Tuberculosis |
| U | |
| UKZN | University of KwaZulu-Natal |
| U-AMP | User-Asset Management Plan |
| V, W, X, Y, Z | |
| WHO | World Health Organisation |
| WISN | Workload Indicators of Staffing Need |
| WMO | Waste Management Officers |
| XDR-TB | Extreme Drug Resistant Tuberculosis |
| YLL | Years of Life Lost |

FOREWORD BY THE MEC FOR HEALTH

The democratic government of South Africa has since 1994 placed at the heart of the reconstruction of our society the inevitable transformation of the health care system to attain equity in access and the highest possible quality of care to improve the ultimate health outcomes of all our people. Our core values continue to inspire us to work effortlessly towards an accessible, caring, equitable and quality health care system. We have made great strides in attaining the goals we have set for ourselves and the work we have done continues to lay the foundation for a strong public health care system.

Trust and confidence in the public health system have ebbed and flowed during 2013/14. The challenge remains to transform the existing health system, within available resources, to a system that will be capable of extending quality health care to all its beneficiaries. The complexity of the quadruple burden of disease, resource limitations and an ever increasing demand for innovative evidence-based health care services inevitably demanded harsh choices. It is however my conviction that the Department and the beneficiaries of healthcare in the Province will bear the fruit of these decisions in the years to come.

Positive health outcomes in HIV and AIDS, TB and Maternal and Child health is specifically encouraging moving towards the Millennium Development Goals countdown.

The HIV prevalence under antenatal women has stabilised at 37.4%; and the HIV prevalence among the 15 - 24 year olds (Millennium Development Goal 6, Target 7) decreased from 29.2% in 2010 to 25.8% in 2012.

Improved access to ART, with 840 738 patients remaining on treatment at the end of March

2014, contributes to the increase in life expectancy of 49.2 – 54.4 years for males, and 53.8 - 59.4 years for females (Statistics South Africa).

Since the launch of HIV Counselling and Treatment in 2010, more than 10 million people were screened for HIV which affords our people the opportunity to make informed decisions.

The mother to child transmission of HIV decreased further from 2.2% in 2012/13 to 1.6% in 2013/14 showing that we are well on the way to an AIDS free generation in KZN.

TB treatment outcomes show substantial improvement since 2012/13. The TB treatment success rate increased from 70.1% to 85%, and the TB cure rate from 73.5% to 81.8% in 2013/14.

The reduction in the institutional maternal mortality ratio from 165.5 (2012/13) to 147 per 100 000 live births in 2013/14 is evidence that we are indeed on the right track in improving the health of women.

The Department remained firmly focused on the vision of a "Long and healthy life for all South Africans" through universal access to high quality health care. Lessons learned in 2013/14 will craft the way forward with a firm commitment from the health leadership to lead by example.

My gratitude goes to the Head of Department for her leadership and support, all the managers, professional and support staff, Oversight Committees, employee representative organisations, as well as partners that worked tirelessly to improve health service delivery and health outcomes in KwaZulu-Natal.

I endorse the 2013/14 Annual Report for submission.



DR S.M. DHLOMO
MEC FOR HEALTH: KWAZULU-NATAL
DATE:

REPORT OF THE ACCOUNTING OFFICER

Overview of Operations

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

The 2013/14 financial year marks the 4th year of the 2010/11 to 2014/15 strategic planning cycle as guided by the Medium Term Strategic Framework 2009-2014. During the past 4 years the Department reviewed the Strategic Plan to make provision for new policy developments, to strengthen the response to the burden of disease informed by evidence, to accelerate system strengthening, and to align priorities with the National Development Plan 2030 and Provincial Growth and Development Plan 2030.

During 2013/14, the core priorities of the Department included health system strengthening, improved financial management and human resources for health, health facility planning and infrastructure development, accelerated implementation of PHC re-engineering, and expanding programmes targeting the reduction of morbidity and mortality including HIV, AIDS, TB, maternal, neonatal, child and women's health and non-communicable diseases.

Finance

The Department was able to overturn the significant unauthorised expenditure to an acceptable level during the year under review, and commenced implementation of an Asset Management and automated Supply Chain Management System that will improve financial management further.

Human Resources for Health

The reviewed macro organisational structure was approved by the Department of Public Service and Administration in October 2013, and review of the micro structures at Head Office is nearing completion. The Department continues to align roles and responsibilities of

the different organisational layers of the Department towards the promotion of seamless service delivery, improved health system effectiveness and improved service delivery. New organisational arrangements, making provision for four geographical health regions, was approved in late 2013/14. This is envisaged to improve strategic operations and operational oversight which will inter alia ensure that Head Office focus on strategic leadership and policy development (as strategic enabler).

During 2013/14, the Department awarded a cumulative total of 1 481 bursaries to the value of R205 880 040. A total of 302 bursaries were awarded to students that will study medicine in Cuba, which increased the total number of students in Cuba to 702.

The Department continued to employ Community Care Givers (CCGs) as part of the strategy to provide services at household level, with 7 292 CCGs actively engaged at community level at the end of March 2014. A total of 1 364 CCGs were career pathed in to various fields within the Department including nursing (Nursing Assistants) and nutrition (Nutritional Advisors).

Infrastructure

During the year under review, the Department completed 61 infrastructure projects to the total value of R 563 million. Ten new clinics were completed and commissioned in Amajuba, Harry Gwala, Umgungundlovu, Umzinyathi, and Zululand. The Greytown mortuary was commissioned; and upgrades of nurses' accommodation at Charles Jonson Memorial and Christ the King Hospitals, and doctors accommodation at Manguzi and Ceza Hospitals were completed which will improve retention of staff in these rural areas.

Service Outputs

More than 31.8 million patients visited primary health care services during the 2013/14 financial year of which 16% were children under the age of 5 years. A total of 387 community-based outreach teams (PHC, School Health, and HIV/TB) provided community-based outreach services to improve preventive and

promotive health at household level, and more than 3 million people were served by Community Care Givers. More than 6.4 million patients were managed at outpatient departments with 739 341 inpatient separations.

The Province is managing the biggest ART programme in the country, with the number of patients on ART increasing exponentially from 408 238 (2010/11) to 840 738 (106% increase) by the end of March 2014. The mother to child transmission of HIV reduced significantly from 6.8% (2010/11) to 1.6% in 2013/14 which contributes to improved child health outcomes. The number of male medical circumcisions increased from 33 875 (2010/11) to 359 919 in 2013/14.

The TB notification rate per 100 000 population decreased from 1 016 in 2012 to 897 in 2013. TB outcomes continue to show a positive trend between 2010/11 and 2013/14, with the TB (new pulmonary) cure rate increasing from 68.2% to 81.8%; the TB treatment success rate increasing

from 69% to 85%; and the TB defaulter rate decreasing from 7% to 4.8%.

Between 2010 and 2012, the HIV prevalence amongst antenatal women in KwaZulu-Natal decreased from 39.5% to 37.4%. Prevalence among 15 - 24 year old women (Millennium Development Goal 6, Target 7) decreased from 29.2% to 25.8%, with a slight decrease from 16.8% to 16.6% among teenagers in the age group 15 - 19 years. The HIV prevalence in the older age groups (above 24 years) remain high with the highest prevalence (59%) recorded in the age group 30 - 34 years.

Between 2010/11 and 2013/14, maternal deaths in facilities was reduced by 29% (from 393 to 280); the neonatal mortality decreased slightly from 10.4 to 10.3 per 1000; underweight for age under 5 years incidence decreased from 19.4 to 14 per 1000; and severe malnutrition incidence in children under 5 years decreased from 7 to 5.6 per 1000.

Overview of Financial Performance

Table 1: Departmental Receipts

| Departmental receipts | 2013/14 | | | 2012/13 | | |
|--|----------------|-------------------------|--------------------------|----------------|-------------------------|--------------------------|
| | Estimate | Actual Amount Collected | (Over)/ Under Collection | Estimate | Actual Amount Collected | (Over)/ Under Collection |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 |
| Tax Receipts | | | | | | |
| Sale of goods and services other than capital assets | 217 666 | 237 077 | (19 411) | 200 013 | 218 326 | (18 323) |
| Fines, penalties and forfeits | 21 | 29 | (8) | 17 | 17 | 1 |
| Interest, dividends and rent on land | 217 | 5 988 | (5 771) | 1 | 186 | (185) |
| Sale of capital assets | 12 000 | 9 607 | 8 407 | 0 | 35,941 | (35 941) |
| Financial transactions in assets and liabilities | 1 3 577 | 18 046 | (4 469) | 13 977 | 12 601 | 1 376 |
| Total | 243 481 | 270 747 | (27 266) | 213 992 | 267 071 | (53 149) |

The Department generates its revenue mainly from patient fees which includes claims from medical aids for service rendered, the Road Accident Fund for treatment of patients injured on public roads, and other health services rendered in hospitals to patients and other departments. Revenue is also generated from the use of Departmental facilities and

accommodation which includes boarding fees, non-residential and parking fees.

During the last two financial years, the Department noted substantial over-collection against sale of goods and services as a result of a concerted effort to ensure revenue recoveries through provision of training to institutions. The 2013/14 revenue target was

exceeded by R27.2 million (budget of R 243.4 million and R 270.7 million collected). The main reasons for over-collection are the improved payments from the Road Accident Fund Accounts and increase in financial transactions in assets and liabilities.

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 Fee Schedule as prescribed by the National Department of Health which is

reviewed annually. Boarding fees are treated as part of the housing allowance which is negotiated at the Bargaining Council.

Free Services

Free services rendered by the Department are in line with the Uniform Patient Fee Schedule and include primary health care services rendered at Clinics and Community Health Centres. It also includes services rendered to old age pensioners, children under six years, and pregnant women who are not members of a medical aid.

Programme Expenditure

Table 2: Programme Expenditure

| Programme Name | 2013/2014 | | | 2012/2013 | | |
|-------------------------------------|-------------------|-------------------|---------------------------|-------------------|-------------------|---------------------------|
| | Final | Actual | (Over)/ Under Expenditure | Final | Actual | (Over)/ Under Expenditure |
| | Appropriation | Expenditure | | Appropriation | Expenditure | |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 |
| Administration | | | | | | |
| Current payment | 553 070 | 610 483 | (57 413) | 408 770 | 416 655 | (7 885) |
| Transfers and subsidies | 1 549 | 1 300 | 249 | 2 426 | 6 172 | (3 746) |
| Payment for capital assets | 41 776 | 41 776 | 0 | 28 042 | 26 775 | 1 267 |
| Payment for financial assets | 7 | 33 629 | (33 622) | 0 | 1 | (1) |
| Total | 596 402 | 687 188 | (90 786) | 439 238 | 449 603 | (10 365) |
| District Health Services | | | | | | |
| Current payment | 12 644 501 | 12 844 312 | (199 811) | 11 499 831 | 11 583 558 | (83 727) |
| Transfers and subsidies | 419 246 | 355 229 | 64 017 | 338 270 | 271 170 | 67 100 |
| Payment for capital assets | 104 384 | 103 929 | 455 | 155 288 | 140 115 | 15 173 |
| Total | 13 168 131 | 13 303 470 | (135 339) | 11 993 389 | 11 994 843 | (1 454) |
| Emergency Medical Services | | | | | | |
| Current payment | 934 952 | 975 416 | (40 464) | 889 428 | 891 225 | (1 797) |
| Transfers and subsidies | 10 274 | 3 946 | 6 328 | 5 028 | 4 164 | 864 |
| Payment for capital assets | 25 800 | 30 578 | (4 778) | 61 394 | 59 659 | (1 735) |
| Total | 971 026 | 1 009 940 | (38 914) | 955 850 | 955 048 | 802 |
| Provincial Hospital Services | | | | | | |
| Current payment | 8 267 154 | 8 285 195 | (18 041) | 7 749 752 | 7 813 304 | (63 552) |
| Transfers and subsidies | 108 080 | 144 697 | (36 617) | 63 194 | 71 177 | (7 983) |
| Payment for capital assets | 37 030 | 30 568 | 6 462 | 37 743 | 22 970 | 14 773 |
| Total | 8 412 264 | 8 460 460 | (48 196) | 7 850 689 | 7 907 451 | (56 762) |

| Programme Name | 2013/2014 | | | 2012/2013 | | |
|-------------------------------------|-------------------|-------------------|---------------------------|-------------------|-------------------|---------------------------|
| | Final | Actual | (Over)/ Under Expenditure | Final | Actual | (Over)/ Under Expenditure |
| | Appropriation | Expenditure | | Appropriation | Expenditure | |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 |
| Central Hospital Services | | | | | | |
| Current payment | 2 914 371 | 2 914 371 | 0 | 2 722 745 | 2 753 848 | (31 103) |
| Transfers and subsidies | 4 887 | 4 890 | (3) | 2 540 | 2 773 | (233) |
| Payment for capital assets | 27 886 | 27 886 | 0 | 7 407 | 7 407 | 0 |
| Total | 2 947 144 | 2 947 147 | (3) | 2 732 692 | 2 764 028 | (31 336) |
| Health Sciences and Training | | | | | | |
| Current payment | 784 251 | 789 339 | (5 088) | 824 741 | 824 745 | (4) |
| Transfers and subsidies | 214 414 | 208 632 | 5 782 | 96 081 | 96 138 | (57) |
| Payment for capital assets | 1 426 | 1 426 | 0 | 9 911 | 9 910 | 1 |
| Total | 1 000 091 | 999 397 | 694 | 930 733 | 930 793 | (60) |
| Health Care Support Services | | | | | | |
| Current payment | 121 822 | 121 545 | 277 | 0 | 0 | 0 |
| Transfers and subsidies | 1 546 | 1 443 | 103 | 15 170 | 15 170 | 0 |
| Payment for capital assets | 0 | 14 | (14) | 0 | 0 | 0 |
| Total | 123 368 | 123 002 | 366 | 15 170 | 15 170 | 0 |
| Health Facilities Management | | | | | | |
| Current payment | 349 449 | 349 449 | 0 | 485 206 | 463 509 | 21 697 |
| Transfers and subsidies | 20 000 | 20 022 | (22) | 20 000 | 20 000 | 0 |
| Payment for capital assets | 1 631 335 | 1 631 335 | | 1 867 963 | 1 890 088 | (22 125) |
| Total | 2 000 784 | 2 000 806 | (22) | 2 373 169 | 2 373 597 | (428) |
| Departmental Total | 29 219 210 | 29 531 410 | (312 200) | 27 290 930 | 27 390 533 | (99 603) |

NOTE: Refer to "Notes to the Appropriation Statement" for the reasons for deviations.

Unauthorised Expenditure

The Department incurred unauthorized expenditure of R322 million (Note 11 in Annual Financial Statements) mainly attributable to the increased demand for ARV medication, increase in fuel price and cost of medicines, as well as the rand/dollar exchange rate. In order to reduce unauthorized expenditure, the Department will adhere to cost containment as per National Treasury Circular.

Public Private Partnership

The Department has a public private partnership (PPP) agreement with Cowslip Investments (Pty) Ltd and Impilo Consortium for

the delivery of non-clinical services at the Inkosi Albert Luthuli Central Hospital. Details of the PPP and the transactions relating thereto are disclosed under notes of the financial statements (Note 35).

Transfer/ New Activities

McCord Hospital, a grant funded hospital with a proud history of service delivery, was officially taken over by the Department on 1 February 2014. The takeover was supported by the Provincial Cabinet and Provincial Treasury and ensured job security to health care professionals employed at McCord Hospital as well as ongoing service delivery.

After a lengthy due diligence and negotiations, the Department had agreed to take over McCord Hospital as a going concern, thus taking over the 215 staff members, all movable and immovable assets, providing for the liquidation of all approved creditors and providing R 75 million guarantee for a period of 21 years for all medical legal claims that may arise against the Board Members of McCord Hospital. The Department also took over some of the student nurses that were being trained at the McCord Nursing College which will now be used as an Emergency Medical Services College.

The newly renovated outpatient building of the KZN Children's Hospital was officially opened by the Honourable MEC for Health, Dr SM Dhlomo in July 2013. The renovated building houses a Child Neuro-Development Assessment Centre, the Regional Paediatric and Adolescent Training Centre and the KZN Children's Hospital Trust offices. The next phase of development has commenced.

Asset Management

The Department received assistance from Provincial Treasury in putting together a project team to deal with asset management issues from the 2012/13 financial year. The Department has continued with this process during the 2013/14 financial year, and addressed various challenges through:

- Roll-out of a new Asset Management Policy;
- Implementation of Standard Operating Procedures (SOPs);
- Development and implementation of various technologies, templates and other tools to ensure effective and efficient management of assets;
- Training of over 500 Departmental Officials on all aspects of the asset management cycle to ensure sustainability, capacity building and skill transfer; and
- Filling of vacant posts.

The Department had reconciled its movable asset purchases from the period 1 April 2007 to 31 March 2013, and this cumulative number amounted to R 3.898 billion. This includes

payments to Inkosi Albert Luthuli Central Hospital, capital assets, minor assets and misclassified transactions. This was the base to attribute cost information to the movable assets. An amount of R778 million, which has been disclosed as thefts and losses, was not attributed to physical assets for the following reasons:

- Assets had been disposed of;
- Assets descriptions (per the invoice) did not correlate to the asset description as provided in the register;
- Theft of assets; and
- Asset purchases that are under investigation.

The Department purchased R346 million worth of movable assets in the 2013/14 financial year. An amount of R24 million has been disclosed as theft and losses and R800.995 million recorded as disallowance, damages and losses due to institutions and head office not being able to attribute a barcode to these assets. This amount will be investigated in the 2014/15 financial year.

The Department would like to thank the Provincial Treasury for their assistance in this process.

Supply Chain Management

The Department incurred irregular expenditure of R 1.219 billion (R1.295 billion in 2012/13) which is disclosed in *Note 31 to the Annual Financial Statements*. The amount irregular expenditure condoned in the current financial year is R659 million (R 1, 625 billion in 2012/13).

The Department also incurred a deviation to the value R 509 million (No deviation in 2012/13).

To address irregular expenditure, periodic contracts are being put into place as well as implementation of the automated Supply Chain Management System. In addition, critical Senior Management posts are being finalised for filling.

Gifts and Donations

During this financial year, an amount of R 3.667 million in respect of local and foreign donor funds was received by the Department, and an amount of R 9.479 million was brought forward from the previous financial year, totalling R 13.156 million for 2013/14. Of this amount, R 669 thousand was spent leaving a balance of R12.487 million which has been carried over to the 2014/15 financial year. All donor funding received was utilised according to the Donor Agreement.

Events after the reporting date

No event occurred subsequent to the balance sheet date.

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:

- BAS/Persal reconciliation

The Provincial Treasury 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 of South Africa.

- Disclosure of immovable assets

The disclosure of immovable assets is included under the annexure to the Annual Financial Statements of the Provincial Department of Works in accordance with a Provincial Treasury directive.

Other Matters

The dispute between the Department and the National Health Laboratory Services (NHLS) over the outstanding debt owed by the Department for laboratory services has not been finalised. The Minister of Health appointed a Task Team led by National Department of Health and comprising of representatives from the National and Provincial Department and NHLS to mediate over the dispute. The contingent liability has been disclosed under Contingent Liabilities Annexure 3B.

The annual financial statements set out on pages 243 to 321 are hereby approved by the Accounting Officer of the Department of Health: KwaZulu-Natal.

In conclusion, I would like to sincerely thank the management team and all the staff in the Department for their commitment and dedication during the year. I would also like to thank the Honourable MEC, Dr S.M. Dhlomo, for his support and commitment to improve health services in the Province.



DR SM ZUNGU
ACCOUNTING OFFICER
KWAZULU-NATAL DEPARTMENT OF HEALTH
DATE:

**ACCOUNTING OFFICER'S STATEMENT OF RESPONSIBILITY AND
CONFIRMATION OF ACCURACY OF THE ANNUAL REPORT**

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

All information and amounts disclosed throughout the Annual Report are consistent.

The Annual Report is complete, accurate and is free from any omissions.

The Annual Report has been prepared in accordance with the guidelines on the Annual Report as issued by National Treasury.

The Annual Financial Statements (Part E) have been prepared in accordance with the modified cash standard and the relevant frameworks and guidelines issued by the National Treasury.

The Accounting Officer is responsible for the preparation of the Annual Financial Statements and for the judgements made in this information.

The Accounting Officer is responsible for establishing, and implementing a system of Internal Control that has been designed to provide reasonable assurance as to the integrity and reliability of the Performance Information, the Human Resources Information and the Annual Financial Statements.

The external auditors are engaged to express an independent opinion on the Annual Financial Statements.

In my opinion, the Annual Report fairly reflects the operations, the performance information, the human resources information and the financial affairs of the department for the financial year ended 31 March 2014.

Yours faithfully

DR S.M. ZUNGU
ACCOUNTING OFFICER
KWAZULU-NATAL DEPARTMENT OF HEALTH
DATE:

STRATEGIC OVERVIEW

Vision

Optimal health status for all persons in KwaZulu-Natal

Mission

To develop a sustainable, coordinated 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

STRATEGIC OUTCOME ORIENTED GOALS

Table 3: Strategic Goals (Strategic Plan 2010-2014)

| Strategic Goal | Goal Statement | Rationale | Expected Outcomes |
|--|---|---|--|
| 1. Overhaul Provincial Health Services | Transform the Provincial health care system through implementation of the Service Transformation Plan (STP) to improve equity, availability, efficiency, quality and effective management in order to enhance service delivery and improve health outcomes of all citizens in the Province. | An efficient and well-functioning health care system with the potential to respond to the burden of disease and health needs in the Province. | <ul style="list-style-type: none"> ▪ Transformation in line with the National Health System 10 Point Plan, Negotiated Service Delivery Agreement and STP. ▪ Improved access, equity, efficiency, effectiveness and utilisation of public health services. ▪ Improved Human Resource Management including reconfiguration of organisational structures, appropriate placement of staff (appropriate skills mix and competencies), appropriate norms and standards to respond to burden of disease and package of services, strengthened performance management and decreased vacancy rates. ▪ Improved Financial & Supply Chain Management (SCM) efficiency and accountability to curb over-expenditure, improve return on investment and value for money, and budget aligned with service delivery priorities and needs. ▪ Appropriate response to the burden of disease and consequent health demands. |

| Strategic Goal | Goal Statement | Rationale | Expected Outcomes |
|--|--|--|---|
| | | | <ul style="list-style-type: none"> ▪ Improved governance including a regulatory framework and policies and delegations to facilitate implementation of the five year Strategic Plan. ▪ Decentralised delegations, controls and accountability. ▪ Improved information systems, data quality and information management, and improved performance monitoring and reporting. ▪ Strengthened infrastructure to improve service delivery. |
| 2. Improve the efficiency and quality of health services | Achieving the best possible health outcomes within the funding envelope and available resources. | Improved compliance with legislative/ policy requirements and core standards for quality service delivery in order to improve clinical/ health outcomes. | <ul style="list-style-type: none"> ▪ Accreditation of health facilities in line with National Core Standards for Quality. ▪ Improved management capacity. ▪ Improved health outcomes and increased life expectancy at birth as a result of improved clinical governance/outcomes. ▪ Improved performance towards achieving the Millennium Development Goals (MDGs). ▪ Patient satisfaction. |
| 3. Reduce morbidity and mortality due to communicable diseases and non-communicable conditions and illnesses | Implement integrated high impact strategies to improve prevention, detection, management and support of communicable diseases & non-communicable illnesses and conditions at all levels of care. | Reduction of preventable/ modifiable causes of morbidity and mortality at community and facility level contributing to a reduction in morbidity and mortality rates. | <ul style="list-style-type: none"> ▪ Decrease in morbidity and mortality – with specific reference to preventable causes. ▪ HIV & AIDS: Reduce HIV incidence to 1.4% by 2014/15. ▪ TB: Increase the TB cure rate to 85% by 2014/15. ▪ PMTCT: Decrease the baby tested PCR positive six weeks after birth as a proportion of babies tested at six weeks to less than 1% by 2014/15. ▪ Reduce the facility maternal mortality rate to 119/100k by 2014/15. ▪ Maintain the malaria incidence per 1000 population at risk at less than 1/1000 population. ▪ Change in trends of non-communicable disease patterns. |

The strategic goals of the KwaZulu-Natal Department of Health have been informed by the Medium Term Strategic Framework (2009-2014), National Health System 10 Point Plan, Negotiated Service Delivery Agreement for Health (2010-2014), Millennium Development Goals, National Department of Health priorities, and health service needs and demands in KwaZulu-Natal.

LEGISLATIVE AND OTHER MANDATES

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
- *KwaZulu-Natal Health Act 2009 (Act No 1 of 2009)*: Provides for rendering of Provincial health services within framework of the National Health Act, 2003

ORGANISATIONAL STRUCTURE

The macro organisational structure was approved by the Department of Public Service and Administration in September 2013. The structure gives credence to the core and support functions necessary to deliver on the mandate entrusted to the Department.

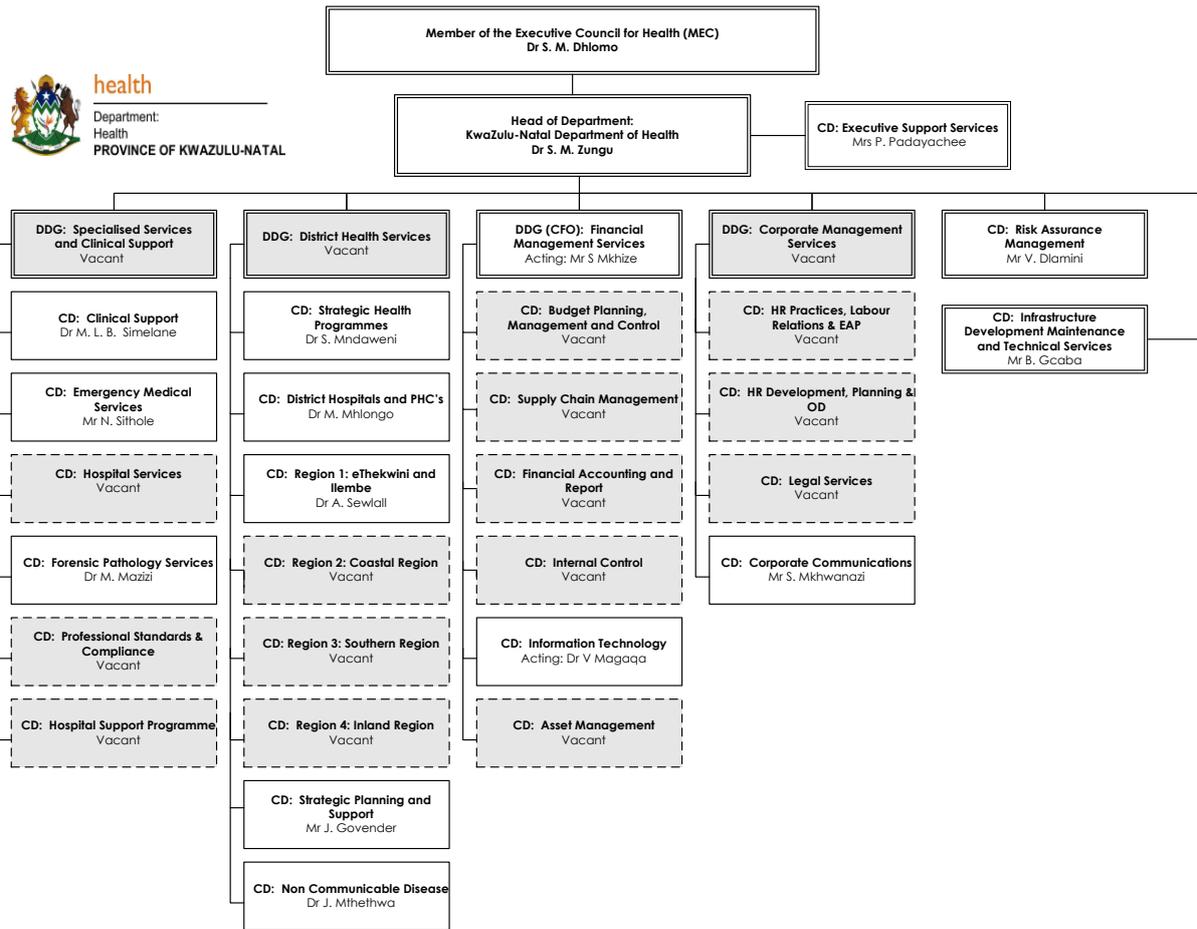
Implementation of the structure will improve leadership and oversight thereby giving impetus to improved service delivery and health system strengthening.

Figure 1 reflects the KZN Department of Health Senior Management Services (level 14 – 16) as at 31 March 2014.

The high vacancy rate in the macro structure is considered a high risk which will be prioritised during the next financial year.

The main challenge during 2013/14 remains insufficient funding for filling of posts.

Figure 1: Macro Organisational Structure



ENTITIES REPORTING TO THE MEC FOR HEALTH

Table 4: Entities reporting to the MEC for Health

| Name of Entity | Legislative Mandate | Financial Relationship | Nature of Operations |
|--|---|---|---|
| The Provincial Pharmaceutical Supply Depot | Established in terms of the Public Finance Management Act, 1 of 1999. | The Head of Department is the Accounting Officer. | Trading Entity operating within the KwaZulu-Natal Department of Health. Responsible for the procurement and delivery of pharmaceuticals |

PART B

PERFORMANCE INFORMATION

AUDITOR GENERAL REPORT ON PREDETERMINED OBJECTIVES

The Auditor General of South Africa (AGSA) performed an audit on the performance information in the 2013/14 Annual Report to provide reasonable assurance of the quality and accuracy of performance information in the form of an audit conclusion.

Material findings of the audit conclusion on Performance Information relates to:

1. Insufficient appropriate evidence to support the reliability of reported performance information; and
2. Ineffective systems of risk management and internal control with respect to performance information and management.

The full audit conclusion on performance against predetermined objectives is included under *Predetermined Objectives* in the Report of the Auditor General (Part E of this Annual Report - Page 239 to 240).

OVERVIEW OF DEPARTMENTAL PERFORMANCE

SERVICE DELIVERY ENVIRONMENT

In 2013/14, health services were provided to a total population of 10 456 909 (StatsSA)¹ and an estimated 9 056 593 uninsured population (GHS 2012).²

PHC re-engineering (community- and facility-based services) was prioritised during the reporting period with the aim to accelerate equity in service delivery towards universal access to health care in line with the National Health Insurance long-term vision and implementation plan.

Community-based services: Non-acute health services rendered at community and household level.

Services include health promotion/ education, screening, detection and referral, follow-up and support of patients on treatment, home-based care, and school health services including implementation of health promoting schools, the management of MDR-TB patients at household level, and mental health and chronic care.

Services are rendered by various outreach teams (Ward-Based PHC Teams, School Health Teams, HIV/MDR-TB Teams) that are attached to PHC facilities. This is supplemented by services rendered by CCG's, Home-Based Carers; and various Non-Governmental and Faith-Based Organisations.

Outreach Teams: **387**
CCG's: **7 292**
People served by Home-Based Carers: **3 008 107**
Village Posts: **54**
Health Promoting Schools: **245**

The Provincial Flagship Programme, Operation Sukuma Sakhe (OSS)³ serves as the primary vehicle for rendering of integrated community-based services. This ensured simultaneous services to address the social determinants of health including (but not exclusive to) poverty,

provision of sanitation, water, electricity and waste removal.

Table 5 outlines the number of public health facilities that rendered facility-based services in the Province during the reporting period.

Table 5: Public Health Facilities in KZN

| Facility | Number of facilities |
|-----------------------------------|----------------------|
| Mobile Clinics | 173 |
| PHC Clinics ^[1] | 569 |
| Community Health Centres | 19 |
| District Hospitals ^[2] | 38 |
| Regional Hospitals ^[3] | 13 |
| Specialised TB Hospitals | 10 |
| Specialised Psychiatric Hospitals | 6 |
| Chronic Hospitals | 2 |
| Tertiary Hospitals ^[4] | 2 |
| Central Hospitals ^[5] | 2 |

Notes

[1] Includes Provincial and Local Government clinics (excluding CHC's).

[2] Includes McCords Hospital that was taken over by the Provincial Department of Health on 1 February 2014. The hospital is currently classified as a District Hospital – review of the package of services will determine future classification.

[3] Lower Umfolozi War Memorial Hospital (Uthungulu) and Newcastle Hospital (Amajuba), classified as Regional Hospitals, render Mother and Child services.

[3] King Dinuzulu Hospital, classified as Regional Hospital, renders predominantly District Hospital services (400 beds commissioned in January 2013), limited tertiary services and Specialised TB and Psychiatric services.

[4] Greys (Umgungundlovu) renders 80% tertiary and 20% regional services; and Ngwelezane (Uthungulu), classified as developing Tertiary Hospital, renders 25% district, 42% regional and 33% tertiary services. There is no District or Regional Hospital in the UMhlatuze Municipality (Richards Bay area).

[5] King Edward VIII Hospital, classified as Central Hospital, renders 50% regional and 50% tertiary services.

Primary Health Care (PHC) services: Nurse driven health services provided at fixed facilities (clinics and CHC) and non-fixed facilities or mobiles clinics (Table 5).

PHC headcount: **31.8 million**
Children under 5 years headcount: **5.1 million** (16% of total PHC headcount)

¹ Statistics SA, Mid-Year Population Estimates 2013, Statistical Release P0302, Pretoria: Stats SA, 2013

² Statistics SA, General Household Survey 2012, Statistical Release P0318, Pretoria: Statistics SA, July 2012

³ OSS approved by the Provincial Cabinet in 2009 to improve the 12 Key Outcomes included in the 2010-2014 Medium Term Strategic Framework, Provincial Plan of Action and Provincial Growth and Development Plan

Services include PHC, maternal, child and women's health, services for communicable and non-communicable diseases, oral and dental health, environmental and port health, and nutrition.

The average catchment population per clinic (crude calculation) is 19 431, ranging between 10 494 (Umzinyathi) and 34 991 (eThekweni). The unique topography, location of facilities and the limited funding envelope poses significant challenges to addressing inequities in access and service delivery. Alignment of the Human Resource and Infrastructure Plans with the Service Transformation Plan (STP) will be re-prioritised in the coming cycle.

Hospital services: In- and out-patient services rendered at District, Regional, Specialised, Tertiary and Central Hospitals (Table 5).

District Hospital services form part of the District Health System and include services at General Practitioner level with varying degrees of General Specialist services to improve access to services in especially rural areas. Regional Hospitals render services at General Specialist level, and serve as referral from District Hospitals. Specialised Hospitals provide acute and sub-acute care to psychiatric and TB patients. Tertiary and Central Hospitals provide highly specialised tertiary and quaternary services.

In-patient separations: **739 341**
OPD headcount: **6.4 million**

Emergency Medical Services (EMS) and Planned Patient Transport (PPT): Services include emergency response, special operations, communication, air ambulance services, and planned patient transport.

In 2013/14, the ambulance to population ratio was 1: 49 558 compared to the national norm of 1: 10 000.

There are 78 ambulance bases, and 290 available ambulances (including 212 emergency vehicles, 40 obstetric ambulances and 38 inter-facility transfer ambulances).

Emergency cases: **610 115**
Inter-facility transfers: **192 814**

Aeromedical services are provided by Air Mercy Services (AMS) using 1 fixed wing aircraft and 2 rotor wing aircraft (helicopters) based at Richard's Bay and King Shaka Airport. During

2013/14, night availability of the 2 rotor wing aircraft was introduced to improve access during the night.

Forensic Pathology Services: Specialised Forensic Pathology Services are provided at 40 Medico-Legal Mortuaries with approximately 16 000 post mortems per annum.

Clinical Forensic Medicine: Crisis Centres have been established in all District and Regional Hospitals within the Province to strengthen clinical medico-legal services with a focus on the management of survivors of violence (including rape and sexual assault). This forms part of a broader victim empowerment programme with the main role players including the SA Police Services, and the Departments of Social Development, Education and Health.

The National Prosecuting Authority established 6 Thuthuzela Centres in the Province with the sole focus on survivors of rape. Centres were established in Prince Mshiyeni War Memorial, Mahatma Gandhi, Edendale, RK Khan, Ngwelezane, Port Shepstone, and Stanger Hospitals.

Main challenges during the period under review

Community-based data: Assumptions made with regards to the expected outcome/ impact of improved community-based services on PHC and hospital services cannot be tested yet due to the lack of reliable community-based data. The DHIS community-based module was activated in October 2013 which will provide relevant information on community-based services including household coverage, detection, screening, referral and support.

Community-based outreach teams: The restricted funding envelope limits functionality and expansion of teams (human resources and dedicated vehicles). Poor linking of teams to the appropriate responsibility codes in the Personnel and Salaries System (Persal) and Basic Accounting System (BAS) currently jeopardise interpretation of data to determine economies of scale. The Department commenced with a process to address correct linkage of teams and collection/ reporting of community-based data.

Infrastructure: Challenges pertaining to space constraints at PHC level mainly due to increased patient activity (exacerbated by down-referral of patients for initiation of ART); inadequate storage facilities for pharmaceuticals at PHC level; inadequate physical access for patients with disabilities; and the poor condition of the majority of Local Government clinics that were taken over by Province were targeted during the year under review. The Department is planning an Infrastructure Indaba in 2014/15 to re-prioritise infrastructure projects, within the funding envelope, for the next 5-10 years.

Hospital efficiencies: Poor utilisation of beds (considered a good measure of efficiency) is a concern in especially District Hospitals. The Department re-prioritised an in-depth review of the STP to inform optimisation of existing resources within the limited funding envelope. Training, mentoring and development to strengthen hospital management, and filling of vacant hospital management posts will be prioritised in 2014/15 and beyond.

Emergency Medical Services: Ongoing labour disputes re danger allowance, occupation specific dispensation, working hours, etc. have had a negative impact on staff morale and service delivery. The Department remains actively engaged in resolving issues raised by employees. Poor response times in both urban and rural areas (see Programme 3) necessitated a review of the turn-around strategy that will be finalised for implementation in 2014/15.

Forensic Pathology Services: Challenges pertaining to inadequate infrastructure (poor condition of mortuaries), quality and efficiencies informed the decision to rationalise Medico-Legal Mortuaries from 40 to 22 over the next 5 years.

Specialised TB and Psychiatric Hospitals: Low efficiencies of specialised hospitals are a continuous concern. This will be addressed as part of the STP review and rationalisation of hospital services.

SERVICE DELIVERY IMPROVEMENT PLAN

In accordance with Public Service Regulations, Chapter 1, Part III C, all departments are required to develop a Service Delivery Improvement Plan (SDIP) and to publish an Annual Statement of Public Service Commitment.

Table 6: Main services and standards

| Main services | Beneficiaries | Actual/ current standard of service | Desired standard of service | Actual achievements |
|-----------------------------|--|---|--|--|
| Creation of posts | Line function and support personnel of the Department. Members of the population attracted to work in the Department. | Structures not fully aligned with service delivery. | Structure which supports service delivery imperatives of the Department. | The macro structure was rationalised and aligned with the Departmental imperatives and requirements. |
| Human Resource Development | All employees of the Department. Students in tertiary institutions. | Workplace Skills Plan is not aligned with service delivery needs at all levels of care. The plan has not been costed to ensure effective implementation. | Competent employees that can discharge duties assigned by the employer. | 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 | Difficulty in recruiting and retaining critical skills at facility level. High turn-over rate of | The best available employees in the labour market are employed by the | Recruitment and selection processes were followed in line with the Departmental Policy for recruitment to ensure that |

| Main services | Beneficiaries | Actual/ current standard of service | Desired standard of service | Actual achievements |
|---------------------|--|--|--|---|
| | applicants. | certain specialities compromise service delivery. | Department. | competent employees are placed within the Department. |
| Labour Relations | All employees of the Department. | Not visible enough. | Labour peace in the workplace. | Competencies developed at District / Institutional levels to manage labour relations case. |
| Evaluation of posts | All prospective employees of the Department. | Job evaluation compromised due inadequate human resources. | Posts are correctly graded and at correct salary levels. | Appropriate skills mix and competencies identified to complement the Department's organogram and service delivery responsibilities. |

Table 7: Batho Pele arrangements with beneficiaries

| Type of arrangement | Actual and potential Customers | Actual achievements |
|------------------------|---------------------------------------|--|
| Batho Pele Principles | Clients using public health services. | Number of people trained on Batho Pele: 25 263 |
| Patients Right Charter | Clients using public health services. | Patients' Rights incorporated into Batho Pele |

Table 8: Service delivery information tool

| Current/actual information tools | Desired information tools | Actual achievements |
|---|--|---|
| Information communication material including posters, pamphlets, etc. | Same, available to all customers. Information tools for people with disabilities. | Posters displayed in institutions e.g. Batho Pele, Patients' Rights Charter, general health information, availability of services, etc. |
| Signage | Clear signage in all relevant languages. | Signage – facility location, facility names, opening times, services rendered, etc. |

Table 9: Complaints mechanism

| Current/actual complaints mechanisms(s) | Desired complaints mechanisms(s) | Actual achievements |
|---|---|--|
| Process through facility Public Relations Officers, complaint and compliment boxes in facilities, open door system. | More vigorous feedback to communities – active community involvement through Clinic Committees and Hospital Boards. | Public Relation Officers have been appointed in all hospitals and complaint /compliment boxed installed in all facilities. High turn-over rate of Hospital Board and Clinic Committee members jeopardise the critical link between health services and communities. |
| Client satisfaction surveys | Same | Annual Patient Satisfaction Surveys are being conducted in all facilities. Results from surveys are being used for service improvement. |
| Health Ombudsperson | Same | Health Ombudsperson appointed. |

ORGANISATIONAL ENVIRONMENT

The main purpose of the Department is to develop and implement a sustainable, coordinated, integrated and comprehensive

health system encompassing promotive, preventive, curative, rehabilitative and supportive/palliative care. This is guided by the

principles of accessibility, equity, community participation, appropriate technology, and inter-governmental/ inter-sectoral collaboration.

The reviewed macro organisational structure (Part A) was approved in October 2013, and review of the micro structures at Head Office is near completion. The Department continues to align roles and responsibilities of the different organisational layers of the Department towards the promotion of seamless service delivery, improved health system effectiveness and improved service delivery.

New organisational arrangements, making provision for four geographical health regions, was approved in 2013/14 (Figure 2). This is

envisaged to improve strategic operations and operational oversight which will inter alia ensure that Head Office focus on strategic leadership and policy development (as strategic enabler).

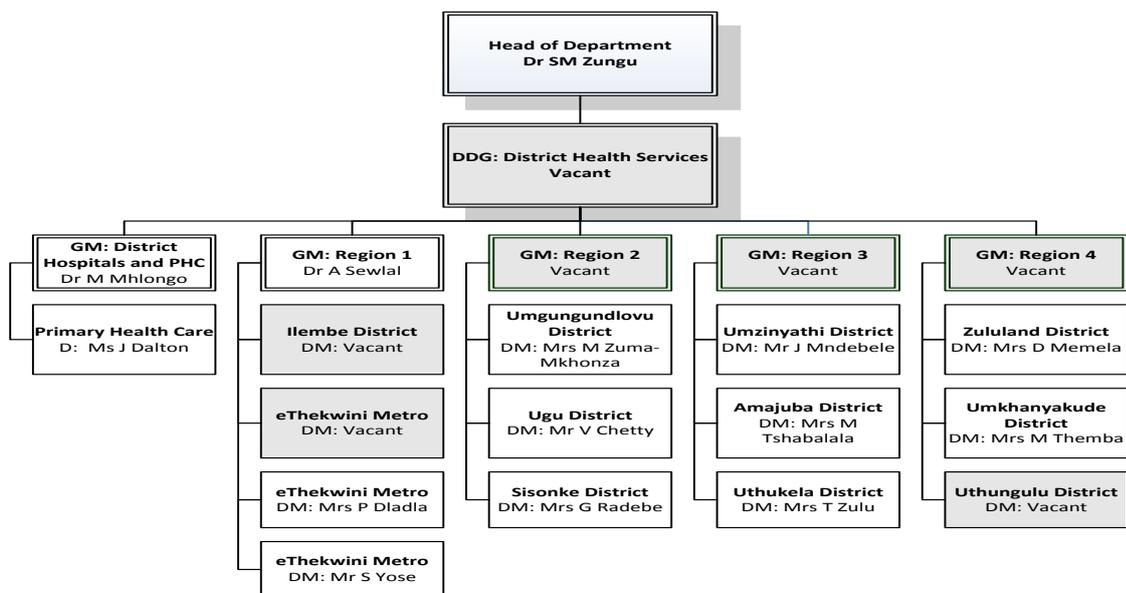
Three District Managers are currently acting in the three vacant Regional Manager Posts i.e.

Region 2: Mr V Chetty: Ugu District Manager

Regional 3: Mrs T Zulu: Uthukela District Manager

Region 4: Miss M Themba: Umkhanyakude District Manager

Figure 2: Regional and District Management Structure



The following resignations, appointments and vacancies at senior management level are relevant during the period under review:

Transfers, Resignations, and Retirements

- General Manager: Legal services (November 2013) - Post still vacant.
- District Manager: Ilembe (July 2013) – Post still vacant.
- District Manager: Uthungulu (April 2013) – Post still vacant.
- Hospital CEO: King Edward VIII (August 2013) – Post still vacant.
- Hospital CEO: Ceza (January 2014) – Post still vacant.
- Hospital CEO: EG Usher Memorial (January 2014) – Post still vacant.
- Hospital CEO: Mosvold (April 2013) – Post still vacant.
- Hospital CEO: Madadeni (January 2014) – Post still vacant.
- Hospital CEO: Ladysmith (July 2013) – Post still vacant.

Vacancies (other than the above)

- General Manager: Human Resource Management Services (since June 2012).
- Deputy Director General: District Health Services (since May 2013).
- Deputy Director General: Specialised Services and Clinical Support (since July 2013).

Appointments

- General Manager: Health Services Planning, Monitoring and Evaluation (October 2013).
- General Manager: Non-Communicable Diseases (February 2014).
- General Manager: Risk Management Services (July 2013).

- Addington Hospital CEO (August 2013).
- Prince Mshiyeni War Memorial Hospital CEO (June 2013).

Strike actions: There were no strike actions during the period under review.

System failures and cases of corruption: The Department has an approved Fraud Prevention Strategy (details in Part C of this report).

During the reporting year, 40 cases of fraud and corruption were investigated.

A total of 169 misconduct and disciplinary hearings were finalised, including 64 dismissals; 31 suspensions without pay; 57 final written warnings; 5 demotions, and 4 written warnings.

KEY POLICY DEVELOPMENTS AND LEGISLATIVE CHANGES

National Development Plan 2030: The following are relevant to Outcome 2 “A long and healthy life for all South Africans”.

Goals: Injury, accidents and violence reduced by 50% from 2010 levels; Health system reforms completed; PHC teams deployed to provide care to families and communities; universal health coverage achieved; and posts filled with skilled, committed and competent individuals.

Priorities: Strengthen the health care system; improve health information systems; improve quality by using evidence; financing universal health care coverage; improve human resources in the health sector; review management positions and appointments; and strengthen accountability mechanisms.

Medium Term Strategic Framework (MTSF) 2014-2019: For the period under review, the 2009-2014 MTSF is relevant.

The draft 2014-2019 MTSF prioritises the following Sub-Outcomes: (1) Prevent and reduce the disease burden and promote health; (2) Health facility planning; (3) Improved financial management in the health sector; (4) Efficient health management information system for improved decision-making; (5) Improved quality of care; (6) Implement re-engineering of PHC; (7) Universal health coverage; and (8) Improve human resources for health.

Human Papilloma Virus (HPV) Vaccine – March 2014: The vaccine was introduced in March 2014 targeting Grade 4 female learners with the aim to reduce the incidence of cervical cancer. Preparation commenced in March 2014 for rollout in the first quarter of 2014/15.

Revised National Contraceptive Policy and Guidelines - February 2014: The National Minister of Health launched the Contraception Campaign on 27 February 2014. The campaign aims to accelerate universal access to contraceptive services to accelerate progress towards achieving Millennium Development Goal 5; the targets of the Maputo Plan of Action; the Campaign on Accelerated Reduction of Maternal and Child Mortality in Africa (CARMMA); prongs one and two of the PMTCT strategy; and goals of Family Planning 2020. The revised policy makes provision for the long-acting, easily insertible implant which gives contraceptive cover for three years, and emphasises the importance of dual protection.

NDOH Guidelines for the management of TB/HIV in prisons - 2013: The guidelines make provision for HIV infected persons to receive Isoniazid Preventive Therapy for at least 36 months.

Regional mining “Indaba” 2013/14: Agreement on common protocols for the management of TB amongst miners and their families in South Africa, Lesotho, Swaziland and Mozambique.

Revised Choice on Termination of Pregnancy (CTOP) Policy and Guidelines – 2013/14: Revision of the policy was informed by the CTOP Act, 1996 (No 92 of 1996) and CTOP Amendment Act, 2008 (No 1 of 2008). The policy makes provision for Medical Termination of Pregnancy.

Revision of PMTCT Guidelines, introducing the Fixed Dose Combination ARV (FDC) - April 2013: Introduction of FDC was launched by the National Minister of Health in late 2012/13 for implementation from 1 April 2013/14.

Changes in the HIV Counselling and Testing Algorithm for pregnant women – 2013/14: The

revised testing regime is expected to increase early detection of HIV and reduce the mother to child transmission.

Provincial Policy Guideline for Provision of Assistive Devices - 2013/14: The policy standardise the provision of assisted devices.

Provincial Health Sector Drug Master Plan 2014-2017 (2013/14)

KZN Detoxification Protocols for Adults and Children - 2013

Policy for the Management of Intoxication and Psycho-Active Substances in the Workplace

STRATEGIC OUTCOME ORIENTED GOALS

STRATEGIC GOAL 1: OVERHAUL PROVINCIAL HEALTH SERVICES

The goal aims to transform the Provincial health care system through implementation of the 10 core components of the STP to improve equity, access and availability, efficiency, quality and effective management to enhance service delivery and improve the health outcomes in the Province.

The goal is aligned with Outcome 2: A long and healthy life for all South Africans, and gives expression to priorities in the National Development Plan (NDP) 2030, the National Health System 10 Point Plan, the Negotiated Service Delivery Agreement (NSDA) 2010-2014, and the Provincial Growth and Development Plan (PGDP) 2030 (Table 10).

Table 10: Strategic Goal 1 - Alignment

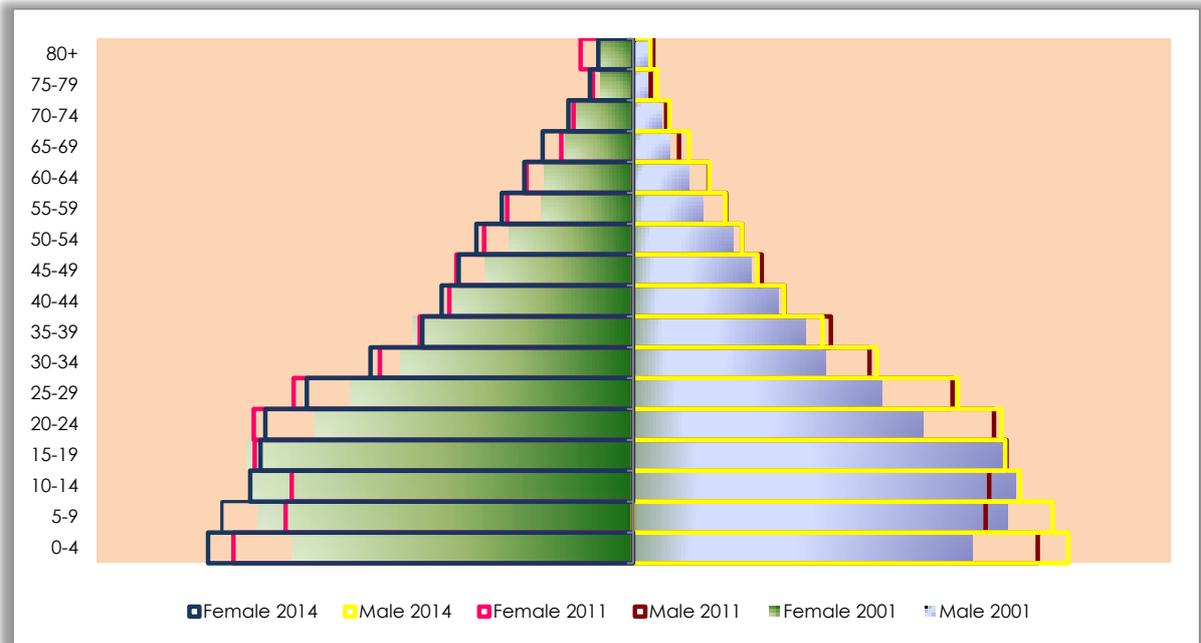
| NDP 2030 | NSDA 2010-2014 | PGDP 2030 |
|---|--|---|
| Strategic Goal 1: Overhaul Provincial Health Services | | |
| <ul style="list-style-type: none"> - Complete health systems reforms - Primary health care teams provide care to families and communities - Fill posts with skilled, committed and competent individuals - Universal health care coverage | <ul style="list-style-type: none"> - Strengthening health system effectiveness - Re-engineering of PHC - Improved health infrastructure availability - Improved human resources for health - Strengthening financial management - Improving healthcare financing through NHI - Strengthening health information systems | <ul style="list-style-type: none"> - Ensure equitable access to health services - Development and implementation of a comprehensive PHC system - Support implementation of NHI |

Life Expectancy

An increase in life expectancy is considered a good measure of mortality at all ages. The health sector is one of many contributors to increased life expectancy, which depends on a wide variety of other factors including broader development policies and other social, economic and environmental determinants of

health. It is used as an impact indicator to measure all aspects of development including, but not limited to, health. According to StatsSA, the life expectancy in KwaZulu-Natal increased from 45.7 to 53.4 years for males; and from 51 to 58.7 years for females between 2001 and 2012 (Figure 3).

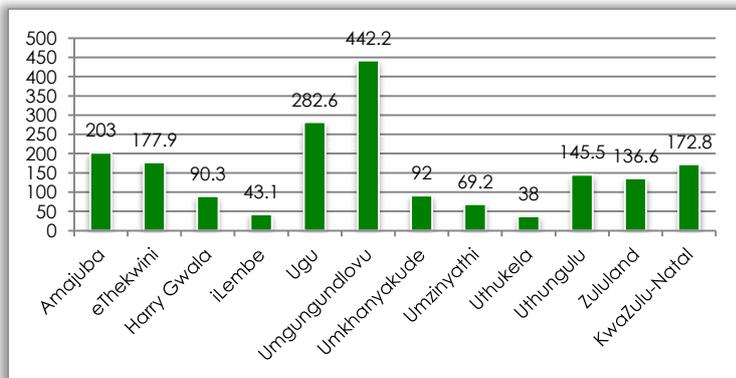
Figure 3: KwaZulu-Natal population pyramid 2001 – 2014



Source: Statistics South Africa (Census 2001, 2011 and mid-year population estimates)

Intentional and Un-Intentional Injuries

Graph 1: Rates of trauma admission per 100 000 population



Prior to 2012, trauma data was not routinely collected in the District Health Information System (DHIS). Since trauma has been identified as a significant cause of death in the province (StatsSA 2011), the Department developed a routine mini data set within the DHIS that will enable the Department to actively monitor trauma in the Province.

In 2013/14, the overall rate of admission for trauma in the Province was 172.8 per 100 000, excluding patients who visited a health facility due to trauma but were not admitted, and people who died on scene as a result of trauma whose bodies were taken directly to mortuaries.

The magnitude of undercounting of trauma can be estimated from a study which examined all health facility visits due to trauma in the Harry Gwala District in 2013 (Clarke et al

2014)^[1]. In this study, the annual incidence of trauma was estimated to be 1 590 per 100 000 population. However, even excluding these figures, this rate of trauma in the population is high compared to other areas of the world, such as Los Angeles, California with a recorded 151 per 100 000 (Demetriades et al 1998)^[2] which has one of the highest burdens of trauma in the United States.

The rates of admission for trauma in districts vary widely (Table 11). The higher rates recorded in

eThekweni, Ugu, Amajuba and Umgungundlovu Districts are due, in part, to the presence of specialist referral hospitals in these districts. However, this does not explain entirely the exceptionally high trauma admission rates in the Umgungundlovu District.

Further explanation may be the high percentage of trauma (as percentage of all emergencies) in the district, particularly the very high rate of inter-personal violence in the district (assault and gunshot injuries).

The high rate of trauma admissions in Ugu (the district with the second highest admission rate) seems predominantly due to non-intentional injuries.

Trauma admissions in Amajuba, which has the third highest rate of admissions due to trauma, are more diverse, being predominantly due to assault, motor vehicle accidents (MVA's) and non-intentional injuries.

Table 11: Trauma as % of emergencies

| | Assault | Gunshot | MVA | Non-Intentional injury |
|---------------|-------------|-------------|-------------|------------------------|
| Ugu | 10.5% | 0.3% | 5.6% | 12.4% |
| Umgungundlovu | 28.3% | 0.7% | 7.5% | 10.9% |
| Uthukela | 11.4% | 0.4% | 5.3% | 8.3% |
| Umzinyathi | 11.3% | 0.5% | 6.2% | 6% |
| Amajuba | 9.5% | 0.2% | 5% | 9% |
| Zululand | 14.9% | 0.4% | 7.9% | 7.2% |
| Umkhanyakude | 15.5% | 0.3% | 12.9% | 5.1% |
| Uthungulu | 10% | 0.6% | 6% | 7.5% |
| Ilembe | 20.4% | 1.1% | 10.4% | 18.7% |
| Harry Gwala | 14% | 0.3% | 7.6% | 14.1% |
| eThekweni | 7% | 0.5% | 5% | 8% |
| KZN | 8.5% | 0.5% | 5.2% | 6.9% |

[1] Clarke DL, Aldous C, Thomson SR. Assessing the gap between the acute trauma workload and the capacity of a single rural health district in South Africa. What are the implications for systems planning? Eur J Trauma Emerg Surg DOI 10.1007/s00068-013-0369-0

[2] Demetriades D, Murray J, Sinz B, Myles D, Chan L et al. Epidemiology of major trauma and trauma deaths in Los Angeles County. J Am Coll Surg 1998; 187(4):373-83

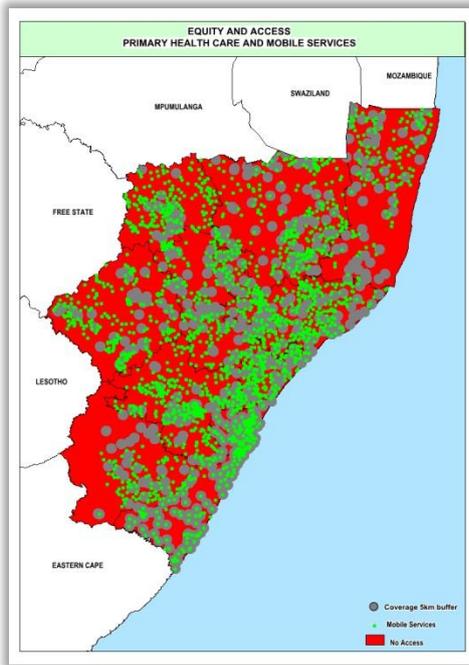
Re-engineering of Primary Health Care

Table 12: PHC 2010-2014 Core Targets

| Indicator | Baseline 2010/11 | Target 2014/15 | Actual 2013/14 | |
|---|------------------|--------------------|----------------|---|
| PHC utilisation rate | 2.5 | 4 | 3.1 |  |
| PHC utilisation rate children under 5 years | 4.5 | 5 | 4.4 |  |
| PHC supervision rate | 63.3% | 100% | 62.2% |  |
| Number of PHC Outreach Teams | 12 (2011) | 57 (fully staffed) | 109 |  |
| Number of School Health Teams | 86 (2011) | 159 | 176 |  |
| Number District Clinical Specialist Teams | 8 (2012) | 11 | 11 |  |
| Number accredited Health Promoting Schools | 188 | 228 | 245 |  |

 Achieved
 Likely to achieve
 Doubtful to achieve
 Unlikely to achieve

Map 1: PHC coverage



The re-engineering of PHC focussed on expansion of community-based services through outreach teams and integration with other departments and organisations through OSS. The limited funding envelope however delayed rapid expansion of ward-based teams to improve household coverage.

Province (83.3%) and Local Government (15.5%) remain the primary providers of PHC services in the province, together responsible for 98.8% of the total PHC headcount in 2013/14.

Access to PHC (fixed and mobile facilities) improved significantly over the last few years (Map 1), although the unique topography, population density and distribution of facilities pose numerous challenges to equitable distribution of services and resources with the ultimate aim of universal access to health services in KwaZulu-Natal.

Table 13 summarises the variations in equity specific to access, utilisation and distribution of resources (Provincial DHER 2013/14).

Table 13: Equity in access and allocation of resources

| District | Population | Clinics (excluding CHC's) | Average Catchment Population per Facility | CHC's | Headcount Range | PN Workload Range (norm of 35 patients per PN per day) |
|---------------|-------------------|---------------------------|---|-----------|------------------|--|
| Ugu | 733 228 | 55 | 13 331 | 2 | 10 812 - 137 583 | 12 - 74 |
| Umgungundlovu | 1 052 730 | 51 | 20 641 | 3 | 402 - 112 447 | 11 - 158 |
| Uthukela | 682 798 | 35 | 19 508 | 1 | 13 131 - 112 844 | 16 - 94 |
| Umzinyathi | 514 217 | 49 | 10 494 | - | 656 - 100 484 | 13 - 41 |
| Amajuba | 507 468 | 25 | 20 298 | - | 1 378 - 16 8027 | 8 - 73 |
| Zululand | 824 091 | 68 | 12 118 | 1 | 891 - 92 576 | 8 - 57 |
| Umkhanyakude | 638 011 | 56 | 11 393 | - | 4 562 - 123 773 | 22 - 81 |
| Uthungulu | 937 793 | 61 | 15 373 | 1 | 4 785 - 155 291 | 12 - 50 |
| Ilembe | 630 464 | 34 | 18 543 | 2 | 12 801 - 180 565 | 25 - 72 |
| Harry Gwala | 471 904 | 37 | 12 754 | 1 | 5 197 - 106 800 | 16 - 59 |
| eThekwini | 3 464 205 | 99 | 34 991 | 8 | 10 530 - 386 531 | 9 - 117 |
| KZN | 10 456 909 | 569 | 19 431 | 19 | | |

Notes

- Sources: Population estimates: Statistics SA; Clinics and CHC's per district: DHIS (excludes facilities currently under construction); Headcount and Workload: DHER 2013/14.
- Average catchment population per facility: A crude measure to determine the average coverage of clinics versus population per district/ province. This masks individual over- and under-utilisation of clinics and caution should therefore be exercised in interpretation of data. Population density, topography, location of clinics, road infrastructure, disease profile, etc. are all critical to determine equity in access.
- Headcount range: Size and location of clinics is considered in determining efficiencies and long-term planning.
- Workload: Accurate workloads are dependent on the accuracy of data e.g. linking of human resources on Peral and recording of working days. Out of adjustments (staff borrowed between facilities) still impact on the accuracy of data.

Provincialisation of Local Government clinics:
All PHC services have been provincialised with the exception of services in the uMhlatuze

Municipality and the eThekwini Metro. Provincialisation of the 2 clinics in uMhlatuze has been prioritised for takeover in 2014/15 pending

available funding. Infrastructure challenges, staff shortage and lease agreements in provincialised clinics remain a challenge and have been prioritised for the coming MTEF.

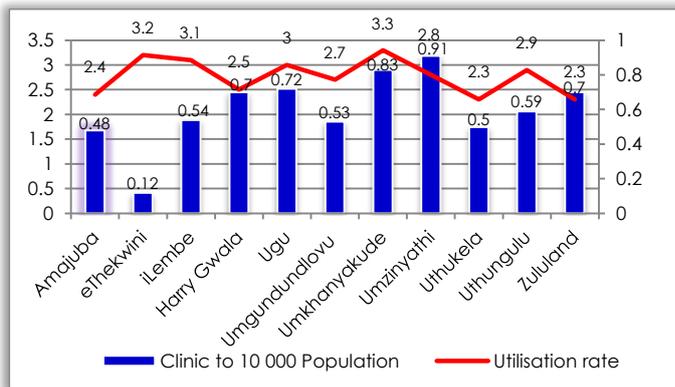
Community-based teams: The Department needs an additional 1 523 PHC Ward-Based Outreach Teams to comply with the national norm of 1 team per 6 660 population. Budget limitations for the appointment of staff and purchasing of vehicles however slowed down expansion, and the Department is exploring alternative models to fill the gap.

There is evidence of increased patient activity (headcount) at clinics with attached ward-based teams. Community-based data is

however still inadequate for in-depth analysis to determine the impact. At the end of the reporting period, 69% of ward-based teams reported through the community-based DHIS Module that was activated in October 2013. Data from this module will provide valuable information to determine the impact of services at community level.

Recruitment and retention of Specialists in the District Clinical Specialists Teams remain a challenge. The Department therefore aims to appoint one complete specialist team per Region (complete medical and nursing components) and 7 teams comprising the full nursing component. Recruitment and retention strategies will be prioritised during the MTEF.

Graph 2: Clinic to 10 000 population ratio versus Utilisation rate

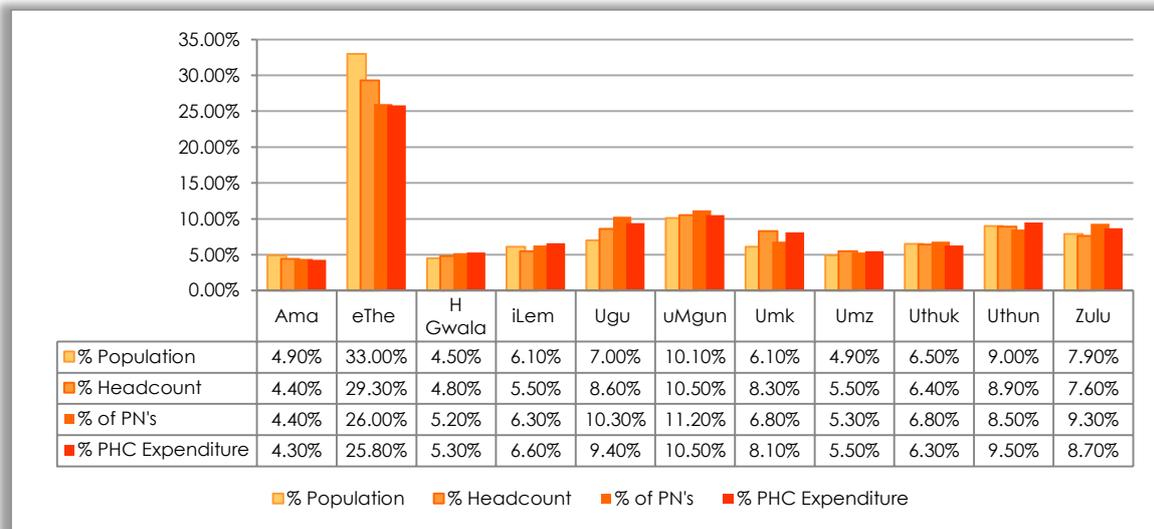


PHC access and utilisation: District variations (Graph 2) points to inequities in PHC access. It is significant to note that the Rural Development Nodes are all in quintile 5 for the clinics to population ratio, with the eThekweni Metro under pressure.

Customised structures for PHC facilities are under review to make provision for the burden of disease and service demands.

Source: 2013/14 District Health Expenditure Review

Graph 3: Equity in allocation of resources (DHER 2013/14)



The Professional Nurse (PN) per 100 000 population increased from 120 to 139 per 100 000 in 2013/14. The PN workload (PN per 100 000 headcount) however remains constant

at 50 PN's per 100 000 headcount - the increase in staff has therefore been parallel to the increase in headcount.

Emergency Medical Services and Planned Patient Transport

Table 14: EMS 2010-2014 Core Indicators

| Indicator | Baseline 2010/11 | Target 2014/15 | Actual 2013/14 |
|--|------------------|----------------|----------------|
| Rostered ambulances per 10 000 population | 0.20 | 0.34 (383) | 0.20 (212) |
| P1 calls with response time <15 minutes in an urban area | 29% | 50% | 6% |
| P1 calls with response time <40 minutes in a rural area | 37% | 65% | 31% |
| All calls with response time within 60 minutes | 53% | 70% | 44% |

Achieved ■

Likely to achieve ■

Doubtful to achieve ■

Unlikely to achieve ■

The ambulance to population ratio (1:49 558) is far below the national norm of 1 ambulance per 10 000 population. To comply with the national norm, the Department would need an additional 754 ambulances to fill the current gap (Table 15) at an approximate cost of R527.8 million (±R 700 000 per ambulance).

Fifteen (15) new medical rescue vehicles were distributed to districts in 2013/14 to improve response times to motor vehicle accidents and rapid access to entrapped patients. Amajuba, Ilembe, Harry Gwala, Ugu, and Umzinyathi Districts and the College of Emergency Care (COEC) received one vehicle each, and Uthukela, Uthungulu, Umgungundlovu and Umkhanyakude Districts received two vehicles each.

Table 15: Ambulance status 2013/14

| KZN Total Pop [1] | Required [2] | Allocated [3] | Available [4] 2013/14 | Operational 2013/14 [5] | Ambulance Gap [6] |
|-------------------|--------------|---------------|-----------------------|-------------------------|-------------------|
| 10 456 909 | 1 044 | 548 | 290 | 212 | 754 |

Notes

[1] Population estimates are based on the Stats SA, Mid-Year Population Estimates 2013 - Statistical Release P0302.

[2] The number of operational ambulances required to comply with the national norm of 1 ambulance per 10 000 people.

[3] The number of allocated ambulances, which makes provision for repairs and routine maintenance, as well as operational, pool, and unserviceable ambulances. An adequate number of pool ambulances are required to make provision for scheduled maintenance, vehicle and accident damage repairs, and routine disinfecting and spring cleaning of ambulances.

[4] All available ambulances are not operational at all times as this is dependent on availability of appropriately qualified staff to man ambulances, ambulance down-time (repairs/maintenance), etc.

[5] Operational ambulances in 2013/14 (73% of available ambulances) including 178 emergency; 22 obstetric; and 11 inter-facility ambulances.

[6] Gap between required and available ambulances.

Air Medical Services are provided by Air Mercy Services (AMS) using 2 rotor wing aircraft (helicopters) based at Richard's Bay and King Shaka Airports and 1 fixed wing aircraft. During 2013/14, night availability of the 2 rotor wing aircraft was introduced to improve night access.

Flying doctor services: All flying doctor service flights are coordinated out of Durban (King Shaka international airport). During the reporting year, 229 Specialists supported 43 Hospitals.

Vehicle Tracking System: A vehicle management and recovery system (real time tracking) contract has been awarded to Altech Netstar in 2013/14 to improve management of vehicles. Tracking units have been installed in 652 vehicles to date. The software to monitor vehicles has been installed at the Wentworth Communications Centre and training has been conducted for both operations management responsible for fleet management and District Management.

Inter-facility transport: Although inter-facility transport covers all institutions, demand superseded supply in 2013/14, with 192 814 inter-facility transfers and 443 262 patient transports. Approximately 50% of all inter-facility transportation was emergency inter-facility transport (not planned patient transport) which contributed to poor response times.

During 2013/14, the Department introduced 12 new 60-seater buses of which 5 were converted to accommodate stretcher patients. This is expected to reduce the demand on the emergency ambulances as well as assist in cases of disaster or mass casualty incidents.

Planned Patient Transport (PPT): During 2013/14, the PPT hub system has been introduced in Empangeni, Durban and Pietermaritzburg to improve PPT coordination.

Ambulance bases: There are 72 ambulance bases, with the following infrastructure projects in 2013/14: Wentworth refurbishment (100% complete); King Dinuzulu Medium Base (design phase); and Dannhauser Medium Base (CHC), Pomeroy Small Base (CHC) and Jozini Medium Base (CHC) in construction phase. The Umzinyathi large base project has not commenced as planned in 2013/14 as a result of budget cuts in Programme 8. The project has been re-prioritised for 2016/17.

Human Resources: During 2013/14, a total of 78 new operational EMS personnel were recruited including 21 Intermediate Life Support (Obstetrics); 2 Emergency Care Technicians (Obstetrics); 19 Basic Life Support (Operations); 5 Advanced Life Support (Operations); and 31 Shift Leaders (Operations).

Improved Human Resources for Health

To improve management capacity, the Department enrolled Senior Managers in management/ leadership programmes including the Albertina Sisulu Executive Leadership Programme (ASELPH) Masters in Public Health at University of Pretoria (11); Master's Degree at the University of Fort Hare (11); Master's in Public Health through the University of KwaZulu-Natal (12); Oliver Tambo Fellowship programme

SMS members enrolled in Leadership Programmes: **37**

through the University of Cape Town (3 District Managers completed the programme); Applied Population Science and Research Programme (APSTAR) through UKZN (3). Seventy five (75) Chief Executive Officers from eleven Districts were trained on Financial Management facilitated by the University of Pretoria in partnership with National Treasury and Office of the Premier.

Seven students were enrolled in the Clinical Associates Programme at the Walter Sisulu University.

The programme for Medical Orthotics and Prosthetics commenced at the Durban University of Technology (DUT) in 2013/14. A total of 60 students were enrolled, with 43 of these students provided with a full bursary from the Department. Three Angolan students joined the programme as part of a commitment made by the MEC for Health during a study tour to Angola in August 2013.

To improve maternal health outcomes, the Department is exploring the development of a cadre of "midwife surgeons" based on a model that was explored during a study visit to Mozambique in 2013. The proposed model will be submitted to the World Health Organisation for support prior to implementation.

Partnership with the University of KwaZulu-Natal (UKZN): The Department made significant progress in collaboration with UKZN with regard to the training of doctors and allied health professionals. Negotiations are in an advanced stage to conclude a new Memorandum of Understanding which will consolidate the training and development platform for these categories in a mutually beneficial manner. Development of a "new" Decentralised PHC Training Model for medical professionals is progressing well and will be a first for South Africa. The proposed model will support PHC re-engineering and ensure seamless alignment between the training and service delivery platforms. Selection of students and allocation of bursaries will be sensitive to quintile 1 and 2 areas to promote equity in opportunities and is expected to improve retention of staff.

Cuban Medical Training Programme: During 2013, a total of 302 students

Cuban Training Programme students (2013/14): **302**

commenced their medical training in Cuba - 292 of these students were funded by the Department and in some cases by parents. In February 2014, fourteen Cuban doctors commenced service in various hospitals in the Province (mostly rural), and an additional 142 foreign health professionals were recruited through African Health Placements during the 2013/14 financial year.

Bursary Programme: The Department awarded 189 bursaries during the 2014 academic year. Cumulatively for the 2013 and 2014 academic years, a total of 1 481 bursaries were awarded to the value of R 205 880 040. A total of 181 bursary holders, who completed studies in the 2013 academic year, have been placed in various institutions as part of their service obligation.

Community Service Officials: During 2013/14, Community Service Officials were allocated throughout the Province including 199 Medical Officers; 32 Dentists; 44 Pharmacists; 12 Clinical Psychologists; 32 Dieticians; 8 Environmental Health Officers; 57 Occupational Therapists; 53 Physiotherapists; 67 Radiographers; 48 Speech Therapists & Audiologists; and 294 Professional Nurses.

Community Service
Officials in 2013/14:
846

Community Care Givers (CCG's): During 2013/14, the Department career pathed 1 364 CCG's in to nursing and nutrition fields as Nursing Assistants and Nutritional Advisors as part of the development obligation and to strengthen community-based PHC re-engineering.

Delegations: HR Delegations of Authority were reviewed, finalised and disseminated to all institutions. A further review will be necessary once the Regional Model has been finalised.

Workload Indicators for Staffing Needs (WISN): The project, under national leadership, is being piloted in the three National Health Insurance Pilot Districts.

Leave Management: In August 2013, the Department introduced a leave strategy and management tools to improve leave management. Between October 2013 to February 2014, the Department conducted a

diagnostic audit of leave files (1 July 2000 to date) including terminations and turnaround time with regards to payment of benefits after exit and timeous exit of an employee on the Persal system to prevent overpayment. Results informed improved processes that will lead to better audit outcomes in respect of leave management.

The Department introduced an exit notice delivery register to monitor turnaround time from notice to completion of all exit processes, and in partnership with the Government Pension Administration Agency (GPAA) an "e-channel" or online system to process pension benefits of employees that have exited.

Strengthened Infrastructure to improve service delivery

Primary Health Care: Between 2009/10 to date, the Department commissioned 31 new clinics, while 12 new clinics are currently under construction. Four CHCs have been commissioned including KwaMashu (eThekweni), Turton and Gamalakhe Phase 1 (Ugu) and St Chads (Uthukela) at an average cost of R200 million per CHC. Three new CHCs are under construction (expected completion in 2014/15) namely Dannhauser (Amajuba), Pomeroy (Umzinyathi) and Jozini (Zululand). Upgrades commenced at the Inanda and Phoenix CHCs (eThekweni) and Phase 2 construction commenced at the Gamalakhe CHC in Ugu.

Maternal, Neonatal, Child and Women's Health: To improve maternal and child health outcomes the following infrastructure projects have been completed: New maternity and paediatric wards at Untunjambili and Mosvold Hospitals; neonatal intensive care unit at Ladysmith Hospital; and Mother's Lodges at Niemeyer Memorial and Lower Umfolozi War Memorial (60 beds) Hospitals.

The following hospital projects are under construction: Greys (neonatal intensive care unit); Bethesda (new paediatric ward and 20-bed mother's lodge); Stanger (new labour and neonatal block); Church of Scotland (new paediatric ward); Prince Mshiyeni War Memorial (nursery); KwaMagwaza (maternity upgrade); and Emmaus (maternity and nursery).

Tuberculosis: The Department has built and upgraded a number of facilities to improve TB management and outcomes including 40-bed MDR-TB facilities at Catherine Booth and Manguzi Hospitals. A 60-bed Parkhome has been commissioned at Thulasizwe Hospital to replace the condemned buildings. The Department is completing a 97-bed TB ward at Murchison Hospital, and installation of new air conditioning to the new TB multi-storey block in King Dinuzulu Hospital - the new TB complex and TB surgical OPD is planned for commissioning in 2014/15. The Department continues to improve the ventilation in all health facilities as part of infection prevention and control.

Forensic Pathology Services: The following medico-legal mortuaries have been upgraded: Gale Street (eThekweni); Newcastle (Amajuba); Richards Bay (Uthungulu); and Port Shepstone (Ugu). The Department is in the process to commission the new Phoenix forensic mortuary (460-body storage) to a value of R92.9 million.

Emergency Medical Services: The Department built/ refurbished the Wentworth Emergency Management Centre and base station and the KwaMashu base station.

Nursing Colleges: To date, the Department has spent R46 million towards upgrading of the following Nursing Colleges: Charles Johnson Memorial, Edendale, Addington and the Greys Hospital Nursing Home.

Laundry Services: During 2013/14, the Department upgraded laundry equipment in 30 hospital on-site mini laundries, and invested R210 million on upgrading of the Prince Mshiyeni Laundry. The first line production is expected to open in August 2014 and second production line in 2015/16. This will improve service reach to 11 hospitals. Design of the Dundee Laundry is at an advanced stage.

Major upgrades and additions to hospitals: The Department embarked on a process to upgrade existing hospitals to improve physical infrastructure of existing hospitals as part of the improved health service platform. Major projects include: Emmaus – new outpatient, casualty & related facilities (R132 237 million), GJ Crookes – casualty, trauma and admissions (R 138 000 million), Stanger – new labour and

neonatal ward and upgrading of existing psychiatric ward (R 146 290 million), Rietvlei – Admin, kitchen audio, ARV and staff accommodation (R127 097 million), Edendale – OPD, accident and emergency, CDC/ARV and psychiatric ward (R178 383 million), Lower Umfolozi War Memorial – upgrade and additions (R500 743 million), and Addington – repair & upgrade core block facade, operating theatres and maintenance (R206 866 million).

Improved Health Information Systems and use of information

The Department continues to actively monitor the implementation of policies and SOP's for improved performance information at district and facility level. An additional SOP for District Health Management Information System at facility level, highlighting the roles and responsibilities of all information staff category in the data flow process at the facility level, was introduced.

In response to the poor accountability and ownership of data at facility level, the Department introduced a verification form from each hospital and district office. During the reporting period, district submission to province was 100%, while two districts did not comply with submission requirements for hospital verification forms. This practice has seen noted improvement in data since CEO's are getting more involved with the review and verification of facility data.

A task team from the Department visited the Western Cape Health Department to benchmark best practices. Web-based information systems at hospitals and selected clinics have been identified as best practice based on the reduction in the number of recording errors since implementation. The Department is exploring similar systems for possible implementation in the Department.

The assessment of registers at facility level is planned for 2014/15 to inform standardisation of registers as one of the strategies to reduce recording errors at facility level.

The Department conducted 141 facility visits during 2013/14 to monitor compliance to information management policies and SOPs

and provide technical support and development in relation to performance information and data quality.

With financial support from a Development Partner, two Data Quality Assurance Officers were employed during the reporting period to audit facilities in the Province. The two officers also provided support with training and development contributing to a notable improvement of data in targeted facilities. Mthimude Clinic in Ugu recorded a clean audit during the preliminary audit by the National AGSA, and the Province was invited to share improvement strategies at the National Health Information System of South Africa (NHISSA) meeting at the National Department of Health.

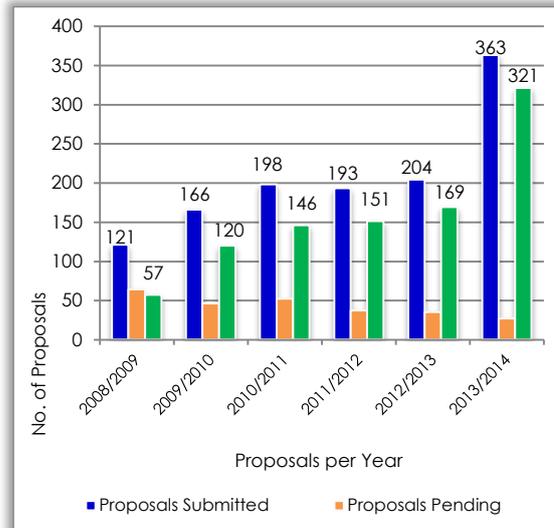
The Department continues to provide Geographic Information System (GIS) support for planning purposes. The Department is represented in the Task Team for the Establishment of Coterminal Structures commissioned by Cabinet, and the Provincial Growth and Development GIS Working Group.

The update of District Health booklets incorporating information from the 2011 census was finalised in 2013/14. The Department also provided support for the incorporation of spatial data in the Decongestion Strategy for eThekweni as part of a study done by King Dinuzulu Hospital.

The number of research applications submitted to the Provincial Health Research and Ethics Committee has increased over the past 6 years (Graph 1). This is encouraging in light of the renewed efforts to improve evidence-based practice and planning. Most research processed by the Health Research and Knowledge Management Unit is for academic purposes, and most is conducted in the eThekweni Metro and Umgungundlovu District.

The Department aims to strengthen the research ethos within the Department to increase the number of research projects conducted primarily to improve health and health care in the Province.

Graph 4: Research proposals submitted and processed



Review of clinical trial guidelines were reviewed in 2013. The review considered the importance of clinical trials to the development of new modalities of treatment, but also the costs to the Department of Health of the conduct of these trials.

The KZN Provincial Health Research and Ethics Committee (PHREC) was appointed in 2013 with membership including representatives from the KZN Department of Health, research and academic institutions in KZN, the private medical sector, and communities. The Umgungundlovu Health Ethics Review Board has been constituted, and is in the process of registering with the National Health Research Ethics Council.

Health research priorities were finalised during 2013/14 and are available on the following link (<http://healthweb.kznhealth.gov.za/hrkm.htm>). Research questions are being communicated to research and academic institutions to inform their research agenda. Compilations of research/ literature reviews are also available on the Departmental website.

The Department participated in piloting the National Health Research Database, a web application developed to create a central repository of health research in South Africa. The application is expected to be "live" in early 2014/15.

Based on the survey of hospital admissions conducted in 2012/13, district analyses were done for all districts in KZN during 2013/14. Analysis presented the demographic profile and major causes of admission, categorised according to ICD code for a sample of district, regional and tertiary hospitals in the province. This information facilitates decentralised planning and contextualises the unique situation of each district. See study reports on (<http://healthweb.kznhealth.gov.za/epidemiology.htm>). An important limitation of this analysis is the small sample size due to limited funding.

The Department plans to conduct an intensive analysis of routinely collected data on the District Health Information System (DHIS) in 2014/15. This will interrogate health data at both provincial and district level. Because DHIS data is not categorised according to disease or health states, it will be used to supplement rather than replace the survey of hospital admissions.

The Department completed an analysis of the early warning systems within the Department (<http://healthweb.kznhealth.gov.za/epidemiology.htm>). The analysis covered systems for environmental health, communicable diseases, financial services and human resources management. Cross cutting issues that needed to be addressed in all of these systems included:

- Staffing numbers, distribution, and management of staff (Management of accountability, discipline and grievance issues; and Training and role clarification

- Reporting channels: standardisation and avoidance of duplication
- Management (Monitoring (of staffing, activities, expenditure); and Internal control processes)
- Equipment including timeous ordering and maintenance.

The KZN Monitoring and Evaluation Framework (2010) is aligned with the National Government-Wide Monitoring and Evaluation Policy Framework (2009) developed by the Department of Performance Monitoring and Evaluation (now known as the Department of Planning, Performance Monitoring and Evaluation) in the Office of the Presidency.

M&E mainstreaming has occurred in all spheres of the Department to improve performance monitoring and reporting.

Appropriate reporting tools and processes have been developed to improve provincial and district reporting. An assessment of reporting quality was conducted in 2013/14 which resulting in the amendment of reporting tools that will be implemented in 2014/15.

The Department intensified technical support to districts and facilities in 2013/14 to address various data quality challenges.

Review of the various M&E structures, including roles and responsibilities, commenced in 2013/14 and is expected to be finalised in 2014/15.

GOAL 2: IMPROVE THE EFFICIENCY AND QUALITY OF HEALTH SERVICES

Table 16: Strategic Goal 2 – Alignment

| NDP 2030 | NSDA 2010-2014 | PGDP 2030 |
|--|---|-----------|
| Strategic Goal 2: Improve the efficiency and quality of health services | | |
| - Health system reforms completed | - Improving patient care and satisfaction | - |
| | - Accreditation of health facilities for compliance | |

The Department commenced with consultation for the establishment of a dedicated Health Standard and Compliance Unit in the macro structure, which should be finalised in 2014/15.

All facilities are implementing the National Core Standards to improve the quality of patient care and patient satisfaction. During 2013/14, internal assessment teams conducted 435 internal assessments to identify compliance gaps against the 6 core standard priorities.

Thirty seven (37) facilities were found to be compliant with extreme measures of the 6 core standards.

Systems for patient feedback are in place in all facilities and patient satisfaction surveys have been conducted in all hospitals during 2013/14. During the same period, 82% of complaints have been resolved within 25 days.

A specialist infection prevention and control (IPC) task team conducted a comprehensive IPC assessment/ gap analysis in facilities to inform the IPC improvement strategy. The team

also actively participated in new infrastructure projects to ensure compliance with IPC standards and requirements.

Of concern is the number of patients still lost to follow up and non-compliance with treatment requirements including HIV, TB and non-communicable diseases. The acceleration of community-based task teams and deployment of additional CCG's at household level has been prioritised for the next cycle, and the impact of these interventions on patient compliance to treatment will be monitored.

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

Table 17: Strategic Goal 3 - Alignment

| MDG | NDP 2030 | NSDA 2010-2014 | PGDP 2030 |
|--|--|---|---|
| Strategic Goal 3: Reduce morbidity and mortality due to communicable diseases and non-communicable conditions and illnesses | | | |
| <ul style="list-style-type: none"> - Eradicate extreme poverty and hunger - Reduce child mortality - Improve maternal health - Combat HIV and AIDS, Malaria and other diseases | <ul style="list-style-type: none"> - Reduce injury accidents and violence by 50 percent from 2010 levels - Reduce maternal, infant and child mortality - Progressively improve TB prevention and cure - Significantly reduce prevalence of non-communicable chronic diseases | <ul style="list-style-type: none"> - Decreasing maternal and child mortality - Combating HIV and AIDS and decreasing the burden of disease from Tuberculosis - Reducing non-communicable diseases (identified as additional core priority by the MEC for Health in 2012) | <ul style="list-style-type: none"> - Accelerate programmes to improve maternal, women and child health outcomes and decrease mortality ratios - Accelerate HIV and AIDS intervention programmes to improve TB outcomes - Decrease the prevalence of chronic illnesses - Promote healthy lifestyles and mental health programmes |

Table 18: HIV, AIDS, and TB 2010-2014 Core Targets

| Indicator | Baseline 2010/11 | Target 2014/15 | Actual 2013/14 | |
|--|------------------|----------------|----------------|--|
| Total clients remaining on ART at end of the month | 408 238 | 1 038 556 | 840 738 | |
| Number of males circumcised (cumulative) | 33 875 | 631 374 | 359 919 | |
| TB (new pulmonary) defaulter rate | 7% | 4.5% | 4.8% | |
| TB new client treatment success rate | 69% | 85% | 85% | |
| TB (new pulmonary) cure rate | 68.2% | 85% | 81.8% | |

Achieved ■
 Likely to achieve ■
 Doubtful to achieve ■
 Unlikely to achieve ■

HIV Counselling and Testing (HCT): Available in all public health facilities and 105 non-medical sites including tertiary institutions, truck stops, taxi ranks, farms and non-governmental organisations.

Since 2010, more than 2.5 million clients were counselled and tested for HIV through district campaigns including the Hlola, Manje Zivikele; First Things First and Graduate Alive campaigns in tertiary facilities. HCT has been integrated with health services at taxi ranks targeting taxi owners, drivers, hawkers and commuters. Five

taxi ranks in eThekweni are being serviced once a week using mobile units. This will be rolled out to the rest of the Province in the next MTEF. The Department procured 5 mobile units that will be used to target key population groups and hard to reach areas.

During 2013/14, a total of 2 544 218 clients were tested for HIV. The noted decrease in the HIV positivity rate, from 15.6% (2012/13) to 13% in 2013/14 is encouraging and an indication that prevention strategies are beginning to show positive outcomes.

Weekly multi-sectoral Nerve Centre meetings, in partnership with the Office of the Premier, ensure that all District and Local AIDS Councils and Districts participate in prevention strategies and collectively monitor performance.

Inadequate space at clinic level remains a challenge which is expected to get worse as more clients use PHC services for ART initiation and management. The limited funding envelope delays intervention to address this challenge and alternatives are being explored as part of the re-engineering of PHC.

HCT data from private practitioners and other organisations are not yet included in reported data, which indicates under-reporting of the total number of people tested in the Province.

Medical Male Circumcision (MMC): Since the launch of MMC in April 2010, a total of 359 919 males (all ages) have been circumcised (134,146 in 2013/14) using the Tara Klamp and conventional methods. There are 17 MMC high volume sites in health facilities, each doing a minimum of 35 circumcisions per day. Fifteen roving teams provide MMC outreach services in identified facilities.

The MMC Centre of Excellence at Northdale Hospital performs regular MMC quality assurance visits to districts, conduct research, and provide MMC training. A total of 1 563 health care workers have been trained to date.

The Department contracted 57 traditional MMC coordinators as part of the strategy to mobilise Traditional Leaders and Healers to support MMC. Coordinators mobilise males through the Traditional Leadership structures; distribute condoms and MMC promotional material at community level; monitor MMC clients before

and after the procedure; and promote safer sexual behaviour.

All circumcised males are inaugurated (Ukubuthwa) annually by His Majesty the King, which is part of behaviour change as the young men graduate to manhood.

Dialogues with men "Men's convocation/Isibaya samadoda", discussing men and family health, is gaining momentum and will be intensified in the next MTEF to capacitate men to be change agents for health in their families.

Post Exposure Prophylaxis (PEP): The number of PHC facilities that provides PEP increased from 90 (2012/13) to 110 in 2013/14, and 50 health care workers received three days training in the management of sexual assault.

The high number of sexual assault cases involving children under the age of 12 years remains a major concern. During the reporting year, 40.5% of sexual assault cases (or 4 695 cases) were children under the age of 12 years. OSS is used for the dissemination of information to communities including early reporting (within 72 hours of incident) to health facilities and/or other available services.

Condom Distribution (Barrier methods): In 2013/14, the Province distributed 134 737 662 male and 3 246 431 female condoms. Condoms are distributed from all health facilities and non-health outlets up to ward level. Non-traditional outlets, including tribal courts and private companies such as the South African Breweries have joined the Department in distributing condoms. An average of 6 000 male condoms are being distributed to taverns with each alcohol beverage delivery. CCG's distribute 200 condoms per household during household visits; Developmental Partners and NGOs distribute condoms from their service points; condoms are also distributed from doctor's rooms; and districts have established secondary distribution sites to improve condom access at the hard to reach areas. National condom stock outs remain one of the main challenges.

Sexually Transmitted Infections (STI's): STI incidence remains high (6.3%) with a total of 446 502 new STI episodes treated in 2013/14.

The male urethritis syndrome (MUS) incidence is 3.2%.

The National Department of Health, in collaboration with the National Institute of Communicable Disease, is currently conducting a sentinel surveillance of STI syndrome aetiologies and HPV genotypes among patients attending public health care facilities in KwaZulu-Natal. As STI's may increase both the acquisition and transmission of HIV infection, the national STI surveillance programme is a critical tool, not only to monitor trends in STI's but also to indirectly track changes in sexual behavior as a result of public health programmatic interventions to curb the HIV epidemic.

High Transmission Areas (HTA's): The Department established 92 HTA intervention sites. The service package in sites includes a minimum PHC package of services including HIV counselling and testing, condom distribution, treatment of STIs, and screening for communicable/ non-communicable diseases. Seven truck stops provide services for truck drivers with a total of 13 356 truck drivers reached with services in 2013/14.

Antiretroviral Treatment: Services are provided in 627 facilities with 545 of these PHC facilities. In 2013/14, a total of 190 040 clients were initiated on treatment comprising of 183 712

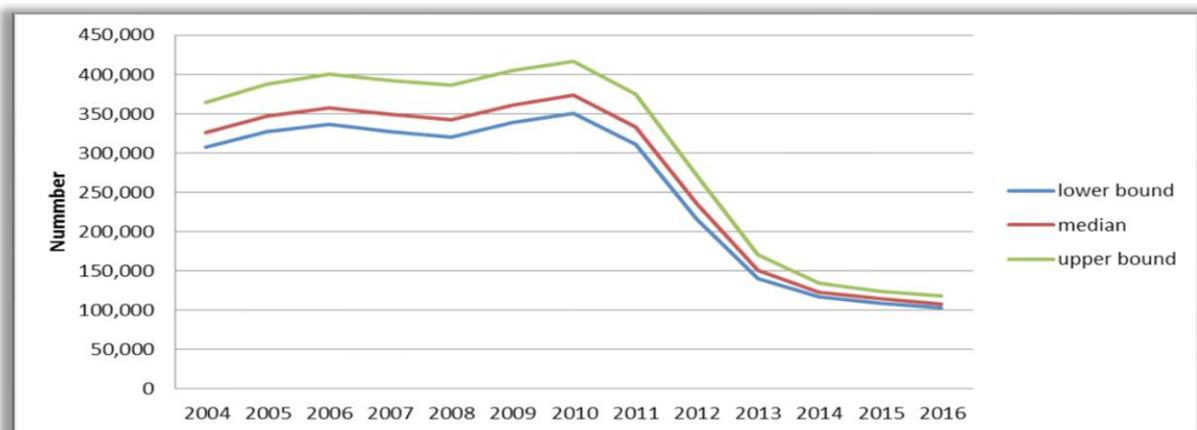
adults and 6 328 children. Rapid expansion of the programme is partly contributed to the Nurse Initiated and Managed Antiretroviral Therapy (NIMART), making it possible to decant patients to PHC. A total of 285 NIMART Nurse Mentors, doctors and initiating nurses were trained in 2013/14.

The significant reduction in mother to child transmission (1.6% at 6 weeks) has had an impact on the number of children initiated on treatment. During 2013/14, of the 1 950 children under 1 year who were eligible for treatment, a total of 1 509 (77%) were initiated on treatment; and of the 3 076 children 1-5 years who were eligible, a total of 3 278 (106.5%) were initiated on treatment.

At the end of 2013/14, a total of 840 738 ART patients remained in care. This achievement is attributed to the nurse driven HIV programme at PHC level. In October 2013, a directive was issued to switch all stable Regimen 1 patients who are fully viral load suppressed to the Fixed Dose Combination (FDC). At the end of 2013/14, a total of 274 151 ART patients, which included pregnant and breastfeeding women, were initiated on FDC.

Graph 5 illustrates the significant reduction in HIV and AIDS related deaths in South Africa between 2004 and 2013 with 2.6% (2008-2009); 5.6% (2009-2010); and 7.7% (2010-2011).

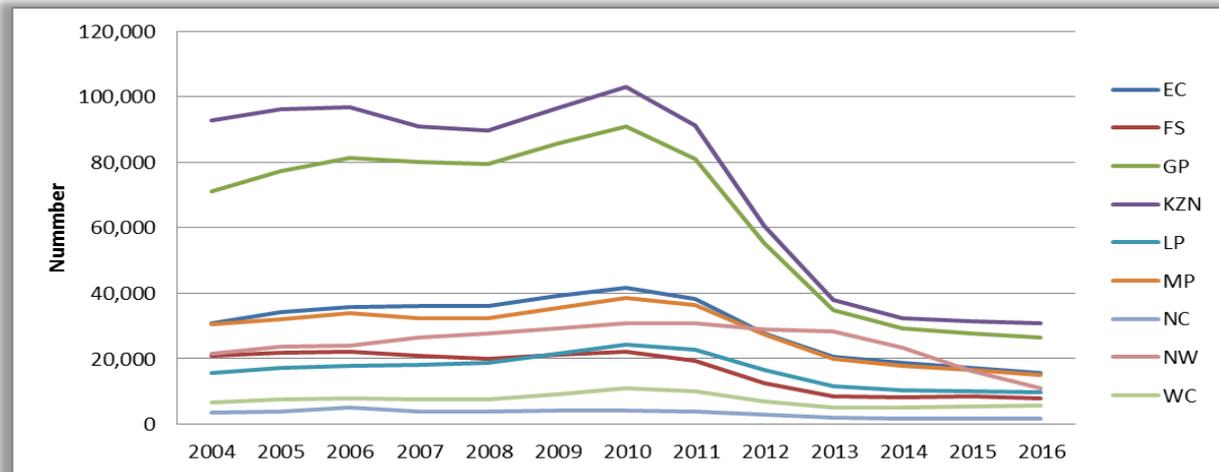
Graph 5: AIDS-related deaths in South Africa, 2004 – 2012 (UNAIDS)



Graph 6 illustrates the decline in Provincial AIDS related deaths between 2004 and 2013 with projections to 2016. The improved HIV and related outcomes have a direct impact on:

- Increased life expectancy at birth;
- HIV prevalence among pregnant women which is showing signs of stabilizing for the past 6 years; and
- The significant drop in mother to child transmission of HIV as confirmed by the 2013 MRC Report.

Graph 6: Annual Provincial AIDS deaths, 2004 – 2016 (UNAIDS)



Tuberculosis

The KZN TB incidence decreased from 1 090 new cases per 100 000 population in 2011 to 889 new cases per 100 000 population in 2012. Drug-resistant TB is increasing with a current incidence of 26.8 cases per 100 000 population making it the highest incidence in the world. The mortality rates among MDR-TB/HIV co-infected patients are exceedingly high (71% one year mortality) with approximately 15% of MDR-TB/HIV co-infected patients receiving ART at the time of their diagnosis.

Laboratory coverage for microscopy is good (80 microscopy centres), although culture services are still centralised in one laboratory at IALCH. This negatively impacts on result turn-around times which in turn delays diagnosis and appropriate management.

Drug-Resistant TB: There are 8 DR-TB (Drug-Resistant Tuberculosis) management units in the Province (7 decentralised and 1 centralised) with no decentralised units in Ilembe, Amajuba and Uthukela Districts. Patients from these districts are initiated on treatment at King Dinuzulu Hospital in eThekweni. In 2014/15, four decentralised XDR-TB initiation sites will be established at Murchison, Greytown M3,

Thulasizwe and Manguzi Hospitals, which will have an immediate impact on the workload at King Dinuzulu Hospital.

The extended waiting list at King Dinuzulu Hospital (managing all provincial TB drug resistant children, XDR-TB patients and referrals from districts with inadequate resources which accounts for 30% - 40% of the overall workload) is a concern, and confirms the urgency to develop more decentralised units to reduce waiting times and workload in the hospital.

Once the outpatient department in King Dinuzulu has been commissioned, the TB ward will be commissioned which will increase the number of TB beds in eThekweni from 377 to 590. To further reduce the workload at King Dinuzulu, infrastructure upgrades at Madadeni, Estcourt and Montebello Hospitals have been prioritised for the next MTEF.

The decongestion of follow-up patients has been alleviated in Zululand by decanting patients from Thulasizwe to Itshelejuba and Benedictine Hospitals (for follow-up treatment and consultation) and nurse initiated treatment at Vryheid hospital. Murchison Hospital and

Turton CHC also provide nurse initiated treatment to improve treatment outcomes in Ugu.

A total of 122 TB/ DR-TB and HIV outreach teams have been established to strengthen the MDR-TB community-based programme. Budget for a further 32 cars and 59 Professional Nurses has been requested to supplement existing resources during the next MTEF.

To date, 86 GeneXpert technology machines have been installed in the Province. This diagnostic test improves the diagnostic turn-around time which is essential to ensure early management of TB and drug-resistant TB. The increase in MDR-TB treatment is directly relevant to the shorter turn-around time between testing and confirmation of diagnosis.

TB Outreach Teams have been prioritised to expand community-based management of drug-resistant TB cases. TB Teams administer TB injections for drug-resistant TB cases at household level for 6 months, do household profiling, and contact and defaulter tracing.

Wellness programmes for staff working in high-risk areas remains a priority and will receive additional attention in the next MTEF.

Inefficiencies of Specialised Hospitals, including previous SANTA Hospitals, are a concern. Rationalisation of these hospitals is under review, and interventions will form part of the long-term plan for TB services in the Province.

Table 19: MDR Injection Teams vs. MDR cases

| District | No of TB Teams (2012/2013) | No. of MDR Cases (2012/13) |
|-------------------|----------------------------|----------------------------|
| eThekweni | 19 | 1 322 |
| Ugu | 2 | 196 |
| Umgungundlovu | 33 | 253 |
| Uthukela | 2.5 | 0 |
| Umzinyathi | 26 | 63 |
| Amajuba | 11 | 0 |
| Zululand | 9 | 311 |
| Umkhanyakude | 7 | 180 |
| Uthungulu | 18 | 211 |
| Ilembe | 3 | 0 |
| Harry Gwala | 1 | 68 |
| Provincial | 131.5 | 2 604 |

Table 20: Maternal, Child and Women's Health 2010-2014 Core Targets

| Indicator | Baseline 2010/11 | Target 2014/15 | Actual 2013/14 |
|--|------------------|----------------|----------------|
| Baby tested PCR positive six weeks after birth as proportion of babies tested at six weeks | 6.8% | <1% | 1.6% |
| Inpatient death under 5 years rate | 7.6% | 5.3% | 5.5% |
| Inpatient death under 1 year rate | 9.1% | 7% | 6.9% |
| Mother postnatal visit within 6 days rate | 31% | 80% | 71% |
| Antenatal visits before 20 weeks rate | 36% | 60% | 56.2% |
| Maternal mortality ratio (per 100 000 live births) - facility | 195/100 000 | 133/100 000 | 147/100 000 |
| Child under 5 years severe acute malnutrition incidence | 7/1000 | 6/1000 | 5.6/1000 |
| Neonatal mortality in facility rate (annualised) | 10.4/1000 | 10/1000 | 10.3/1000 |

Achieved 
Likely to achieve 
Doubtful to achieve 
Unlikely to achieve 

Prevention of Mother to Child Transmission

The Province adopted a cohesive and multi-pronged approach towards reducing the mother to child transmission. The Department established community structures in all districts and sub-districts to provide the platform for community leaders and civil society to engage with the social issues fuelling the epidemic. The integrated response focused on four prongs namely (1) Primary prevention of HIV (HCT Campaign: Know Your Status, Anti-Sugar Daddy Campaign); (2) Prevention of unwanted pregnancies (5-Point Contraceptive Strategy); (3) Prevention of vertical transmission; and (4) Care and treatment of mothers, children and families (PHC ART initiation and NIMART).

The Department launched the KZN Contraceptive 5 Point Plan in 2010, which informed finalisation of the National 2013 Contraceptive policy. The Province piloted and since rolled out a Quality Improvement Methodology focussing on core 'Dashboard' indicators to improve maternal, child and women's health outcomes.

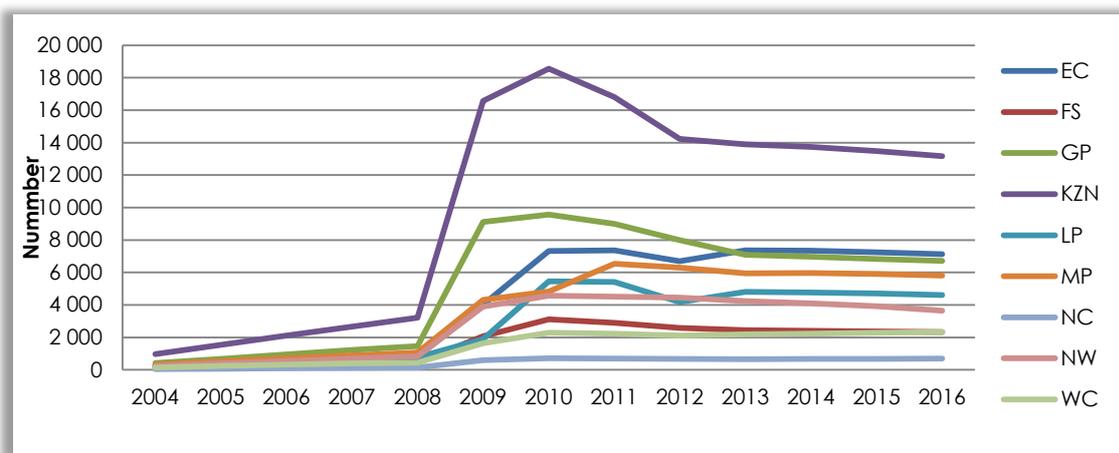
As part of the EMTCT Action Framework towards elimination of mother to child transmission, the Department developed a Communication Strategy that informed the National Campaign

for women and girls "ZAZI". The campaign aims to empower women and young girls in relation to circumstances that make them vulnerable to HIV including primary prevention of HIV; prevention of unwanted/teen pregnancies; prevention of gender-based violence and PEP; promoting healthy pregnancies for all women including early antenatal care booking, HIV testing and access to treatment for women living with HIV; and promoting post natal care and support including the uptake of exclusive breastfeeding.

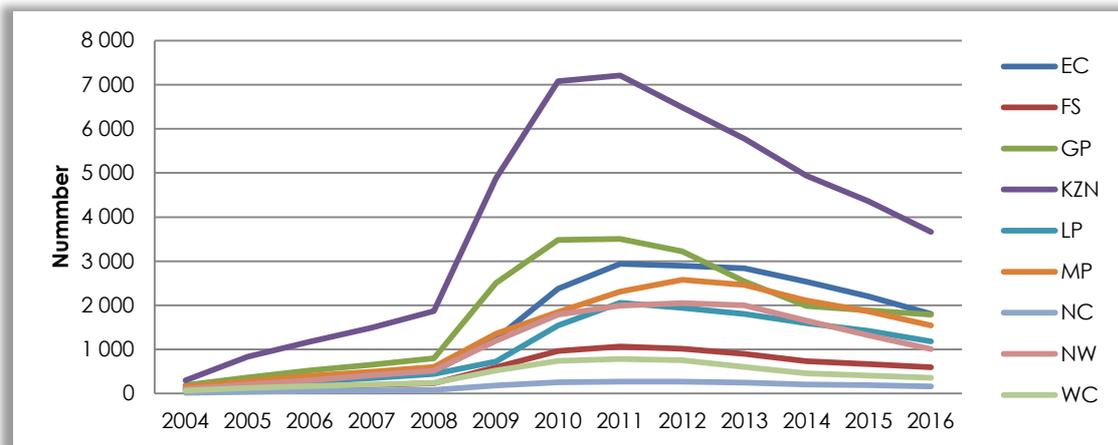
The mobile technology project (MomConnect) is a collaborative pilot project that aims to test the efficacy of personalised, unique antenatal and postnatal SMS reminders, to support pregnant women, irrespective of their HIV status, in 2 districts (Umgungundlovu and eThekweni) to improve health outcomes. MomConnect enables the provision of regular tailored supportive messages and reminders during antenatal and postnatal periods; the facilitation of clinic visits for mothers and babies; and improved communication between patients and service providers.

The infections averted by PMTCT were 3 220 (2008) compared to 14 234 in 2012 (Graph 7), and the deaths 1 868 (2008) compared to 6 483 in 2012 (Graph 8).

Graph 7: Infections averted by PMTCT in 2008



Source: UNAIDS Spectrum Files

Graph 8: Deaths averted by PMTCT in 2008

Source: UNAIDS Spectrum Files (Data from the Spectrum Files is based on the old PMTCT Guidelines.)

The National Minister of Health announced the implementation of FDC (3 in 1 ARV) in late 2012/13 for implementation from 1 April 2013. Changes in the HIV Counselling and Testing Algorithm for pregnant women (revised PMTCT ART Guidelines) were also introduced in 2013/14. This included initiation of all HIV positive pregnant women, irrespective of CD4 count, on FDC during the 1st antenatal visit.

The Department used a phased approach for the rollout of FDC by targeting new adult and adolescent patients and all pregnant women irrespective of CD4 count or clinical stage. The policy change makes provision for testing of all HIV negative pregnant women every 12 weeks for the duration of pregnancy and breastfeeding, and all babies tested for HIV at 18 months irrespective of the mothers' HIV status.

Neonatal and Child Health

The Province has embarked on a community-based child health programme, Phila Mntwana sites, linked to Operation Sukuma Sakhe (OSS) War Rooms, to prevent severe acute malnutrition and diarrhoea. Since September 2013, a total of 552 Phila Mntwana Sites have been established and 52 301 children have been screened for severe acute malnutrition and TB in these sites.

The Department intensified NIMART for HIV positive children through IMCI (Integrated Management of Childhood Illnesses) in 2013/14. A total of 3 264 children under 5 years have been initiated on ARVs; 1 528 597 have been screened for TB; and 9 409 diagnosed and treated for TB.

The reduction in the *in-hospital mortality rate* for children under-1 year is partly attributed to the reduction in the mother to child transmission of HIV.

The KwaZulu-Natal Initiative in *New Born Care* is being implemented in 60% of public health hospitals with ongoing training of nurses and doctors. To improve the management of babies dying from birth asphyxia during the first 7 days after birth, 22 trainers have been trained in the Health Babies Breathe Programme. Training will be cascaded incrementally.

The Province targeted the following interventions to improve child health outcomes:

Community: Phila Mntwana Centres to promote growth monitoring, oral rehydration, breastfeeding, and immunisation. The Department actively pursues the support of Community Leaders to ensure sustainability, improve community ownership for child health, and expand the reach of Centres.

Clinic: Identification and management of children with childhood illnesses, targeted areas

with low immunisation coverage, and promoted well-baby clinics.

Hospital: Strengthened critical care by ensuring that all hospitals have High Care and Intensive Care Unit beds according to identified norms and standards; improved the management of diarrhoea, TB and Pneumonia in District Hospitals; strengthened compliance to the Neonatal Resuscitation protocols and guidelines through training and mentorship; and strengthened implementation of Kangaroo Mother Care.

National stock outs of some vaccines e.g. polio and measles vaccines, were a challenge during 2013/14. To prevent outbreaks due to vaccine stock outs, the Department is planning a catch-up campaign in August 2014 for all the children under the age of 5 years who have missed their immunisation doses because of vaccine stock outs. This will prevent vaccine preventable deaths as a result of diarrhoea, pneumonia, meningitis TB and other diseases.

The transportation of critically ill babies must be improved through integrated strategies with EMS and other health services. Consultation for the development of appropriate integrated strategies (EMS and MNC&WH) commenced in 2013/14.

Maternal Health

The institutional maternal mortality ratio (IMMR) in KZN shows a consistent decline between 2010 and 2013 from 208.6/100 000 (2010); 186.6/100 000 (2011); 160/100 000 (2012); to 145.1 in 2013 (MaMMAS Report).

The Saving Mothers Report indicated that non-pregnancy related infections, mostly HIV, AIDS and TB, contributed most significantly to the maternal mortality over the years. This trend is similar in all other provinces (Saving Mothers Interim Report, Page 5). The decline that has been noted in the 2008 – 2010 Savings Mothers Report is believed to be due to the revision and implementation of the new PMTCT Guidelines which widened the eligibility criteria to a CD4 count of 350.

Until 2010, maternal deaths in facilities showed an increase (Table 21), especially noticeable in

districts which have been reporting very high maternal deaths e.g. Uthungulu, eThekweni, Ugu and Umgungundlovu. Four districts (Umzinyathi, Zululand, Umkhanyakude and Harry Gwala) do not have Regional Hospitals therefore increasing the burden on some Regional Hospitals.

Table 21: Maternal deaths per district

| District | 2009 | 2010 | 2011 | 2012 | 2013 |
|-----------------|------------|------------|------------|------------|------------|
| Amajuba | 11 | 9 | 6 | 5 | 10 |
| eThekweni | 124 | 126 | 122 | 113 | 97 |
| Ilembe | 19 | 35 | 12 | 11 | 21 |
| Harry Gwala | 2 | 7 | 13 | 14 | 7 |
| Ugu | 46 | 27 | 21 | 19 | 22 |
| Umgungundlovu | 21 | 42 | 49 | 54 | 34 |
| Umkhanyakude | 10 | 16 | 11 | 10 | 8 |
| Umzinyathi | 17 | 16 | 12 | 7 | 8 |
| Uthukela | 29 | 23 | 17 | 27 | 15 |
| Uthungulu | 54 | 49 | 57 | 52 | 38 |
| Zululand | 32 | 23 | 29 | 9 | 20 |
| Province | 365 | 393 | 361 | 320 | 280 |

Source: KZN MaMMAS Report (Confidential Enquiries)

It is envisaged that the IMMR is going to continue to decline as a result of a number of interventions including revision of the PMTCT Guidelines and implementation of FDC; training of nurses and doctors on the Essential Steps in the Management of Obstetric Emergencies (all hospitals have at least one Master Trainer); appointment of District Clinical Specialist Teams (DCSTs); and revision and launch of the National Contraceptives Policy (particularly introduction of Implants).

According to the KZN MaMMAS Interim Report maternal deaths showed a decline between 2011 and 2012 (Table 22). Deaths due to hypertension is >15% lower than the national average.

Table 22: Causes of death: MaMMAS Report

| | 2009 | 2010 | 2011 | 2012 |
|----------------------------------|------|------|--------|---------|
| Total maternal deaths | 378 | 389 | 360 | 319 |
| (% decrease) | | | (7.5%) | (11.4%) |
| Causes of maternal deaths | | | | |
| NPRI | 176 | 083 | 157 | 129 |
| ARV | 5 | 15 | 30 | 12 |

| | 2009 | 2010 | 2011 | 2012 |
|----------------------------|------|------|------|------|
| complications | | | | |
| Haemorrhage | 35 | 38 | 42 | 42 |
| Caesarean Section Bleeding | 16 | 11 | 14 | 21 |
| Hypertension | 43 | 34 | 35 | 31 |
| Medical and Surgical | 23 | 38 | 32 | 43 |
| Miscarriage | 22 | 25 | 24 | 14 |

Source: KZN MaMMAS Report (Confidential Enquiries)

Early booking for antenatal care (before 20 weeks) is gradually improving. CCG's and ward-based teams, through OSS, play a major role in communicating the message of "Miss one period and report to the clinic". Implementation of the "6x6x6 principle" (6 hours → baby and mother reviewed at clinic; 6 days → visit by the CCG at household level; and 6 weeks → visit to the health care facility by baby and mother) has been enforced during the reporting period.

Emergency Obstetric Care: The Department focussed on implementation of the 5H's to reduce maternal mortality (HIV management, Haemorrhage, Hypertension, Health worker training, and Health systems improvement).

Early warning observation charts are being used in all hospitals conducting caesarean sections and calcium supplements are available in PHC facilities to minimize incidents of hypertension. ESMOE training has been prioritised and 275 Master Trainers have been trained with each hospital having at least one or two Master Trainers. EMS harmonization workshops have been conducted to improve the efficiency of the 40 obstetric ambulances.

Implementation of CARMMA has been prioritised during 2013/14. A total of 545 health workers were trained on the new National Contraceptive and Fertility Policy and Guidelines; established 17 Maternity Waiting Homes with an additional 9 undergoing renovations; 19 Midwives Obstetric Units are operational; and DCST's (with full nursing component) have been appointed in all districts.

A tool to conduct perinatal mortality meetings was developed and is being implemented in all facilities to improve the quality of meetings.

Reproductive Health

The Revised National Contraception and Fertility Policy was launched in 2013 with emphasis on Integration with HIV, TB, PMTCT, sexual and reproductive health, maternal health and adolescent services; and expanded method mix including single-rod progesterone implant and emphasis on dual methods at all points of service delivery.

The Contraceptive Campaign was launched by the National Minister of Health on 27 February 2014 and will continue to 31 March 2015. The campaign aims to accelerate universal access to contraceptive services as a gate way to reach the South Africa's Millennium Development Goals, the Maputo Plan of Action, CARMMA, prongs one and two of the PMTCT strategy, as well as the goals of Family Planning 2020.

Prior to the official launch of the campaign, the Province trained 2 000 health care workers on the insertion and removal of the new implant. At the end of March 2013, a total of 25 800 clients have had Implanon inserted as their method of choice. National stock out of Implanon due to the high demand (especially amongst teenagers) is a concern.

A total of 12 community dialogues were conducted during 2013/14, which informed the Provincial communication strategy to improve communication on sexual and reproductive health and rights through OSS.

Phila Ma (Cervical Cancer Screening Programme): The MEC for Health re-launched the Phila Ma Campaign in April 2013 to re-affirm the strategy to improve access to timely breast and cervical cancer screening and other related services. The programme enjoys the patronage of the First Lady Ms Thobeka Madiba Zuma. Through Phila Ma, the Department aims to rally business, health care institutions, families, and communities to play a participatory role in preventing cervical and breast cancer.

Adequacy rates (Pap smears) improved from 37% (2012/13) to 46.4% in 2013/14. Delays in referred clients accessing treatment due to the limited number of facilities providing treatment is still a challenge. This will be addressed

pending availability of funding for the purchase of relevant equipment.

Choice on Termination of Pregnancy (CTOP): The CTOP Policy was reviewed in 2013/14 and includes Medical Termination of Pregnancy.

The number of facilities providing CTOP services increased from 16 (2012/13) to 19 in 2013/14 -

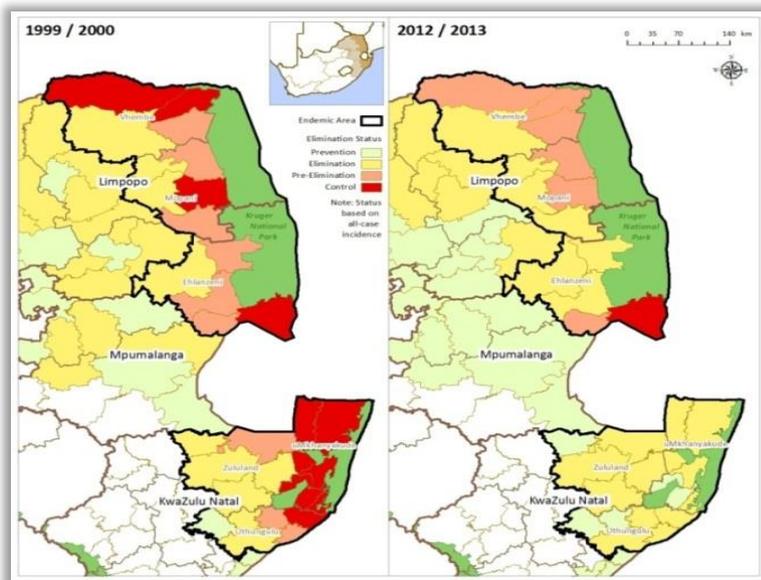
19 916 terminations were conducted in 2013/14. Thirty health care workers attended a five day Values Clarification workshop to improve attitudes towards provision of CTOP services, and 10 PNs completed a 5-day training course in Medical Abortion.

Table 23: Malaria 2010-2014 Core Indicators

| Indicator | Baseline 2010/11 | Target 2014/15 | Actual 2013/14 |
|---|------------------|----------------|----------------|
| Malaria incidence (per 1000 population at risk) | 0.03 | <1 | 1.09/1000 |
| Malaria case fatality rate | 1.3% | <0.5% | 1.7% |

Achieved ■
Likely to achieve ■
Doubtful to achieve ■
Unlikely to achieve ■

Map 2: Malaria elimination status 1999 – 2013 (MRC, 2013)



Approximately 10% of the total SA population lives in malaria endemic areas in Limpopo, Mpumalanga and KZN. Three districts in KZN (Umkhanyakude, Zululand and Uthungulu) are endemic to malaria, with approximately 2.5 million people (or ±22.7%) at risk of contracting the disease.

Between 2000 and 2013, the number of new malaria cases in the province dropped with 98.3% (or 41 090 cases) and the number of malaria deaths with 96.4% (or 328 cases).

A series of interventions have contributed to the decrease in malaria incidence including drug policy changes from monotherapy to artemisinin combination therapy; insecticide change from pyrethroids back to DDT; cross border collaboration (South Africa with Mozambique and Swaziland through the Lubombo Spatial Development Initiative); and financial investment in the programme. The indoor residual spraying coverage (92%) is

jeopardised by modernisation (furnishing in homes making it difficult to spray indoors).

There are 3 Malaria Parasitology Laboratories, 39 decentralised malaria camps, and 39/287 malaria surveillance agent teams for active surveillance (rapid tests are available in Umkhanyakude). Ongoing assessment of antimalarial drug efficiency confirmed that anti-malaria drugs are still effective with no signs of resistance.

Disability and Rehabilitation

The Provincial Policy Guideline for Provision of Assistive Devices, approved in 2013/14, will standardise provisioning of assistive devices.

Approximately 90% of health facilities have at least one Therapist available to improve access to rehabilitation services. The shortage of Therapists is a challenge although the allocation of Community Service Therapists has made it possible for communities and districts that did not have any form of rehabilitation service in the past to improve access. Space constraints and shortage of assistive devices and equipment receives attention.

The Department strengthened partnerships with NGOs and Disabled People Organizations to improve rehabilitation services at community level, wheelchair repair and maintenance, and provision of services for the blind.

Planning for the establishment of a Stroke Unit commenced in 2013/14.

Medical Orthotics and Prosthetics

The new Pietermaritzburg Orthotic and Prosthetic Centre were opened in 2013/14.

The service was strengthened by the appointment of 3 qualified Medical Orthotists and Prosthetists; 4 contract workers; 1 Orthopaedic Footwear Technician and 1 Orthopaedic & Prosthetic Assistant.

Four Orthopaedic & Prosthetic Assistants enrolled for Medical Orthotist and Prosthetist training; and bursaries were awarded to 60 Intern Medical Orthotist and Prosthetist students to improve scarce skills.

Chronic Diseases and Geriatrics

The Department partnered with a number of private sector organisations to strengthen and improve access to chronic diseases and geriatric services. Partnerships with the Department of Agriculture (One Home One Garden) and the Department of Sport and Recreation (promotion of sport and physical exercises) further strengthened basic services.

Support groups for older persons have been established at health facilities to encourage participation in healthy life style programmes, and screening for hypertension, blood sugar levels, and eye testing, and weighing form part of the routine agenda.

The KwaZulu-Natal Legislature started the Senior Citizen Parliament in 2009 with the aim to increase community consultation and commemorate International Day of the Older Person. The Departments of Health and Social Development became the custodians of these activities to address critical issues affecting senior citizens. During these consultations, health screening for eye care, chronic diseases, disability and oral health are conducted.

During the reporting period, 20 454 flu vaccines were administered to older persons.

Eye Health

Orbis International signed an MOU with the Department to establish Comprehensive Child Eye Health Services in the Province. The project was launched with three principal objectives:

- To establish a Child Eye Health Tertiary Facility at IALCH. The project commenced.
- To strengthen the referral network and follow-up system for paediatric eye care. The project made considerable progress.
- To increase public awareness to ensure early detection and treatment of children with eye conditions. The project commenced.

Four hospital-based skills transfer programmes, designed in partnership with local child eye health staff, have been conducted at IALCH, Edendale and Greys Hospitals. Medical staff, volunteered by Orbis, assisted with training targeting Ophthalmologists, Anaesthesiologists, Biomedical Technicians, Nurses, and other essential eye care personnel in the areas of blindness prevention and treatment.

As part of the agreement with the Department of Health, Orbis Africa provided surgical and diagnostic equipment with the objective to improve access to services and improve quality of eye health services. To date, Orbis has contributed R 3 382 818 towards the project.

The majority of this funding (R 1 609 263) went into provision of equipment to partner facilities; R 873 791 for skills transfer and training expenditure; and R 229 456 for travel and other operational costs.

The project has achieved notable improvements in the management of certain paediatric conditions, particularly congenital cataracts, retinoblastoma and retinopathy of prematurity. According to Dr Linda Visser, Head of Ophthalmology at Nelson R. Mandela School of Medicine, improved management is a direct result of (a) collaboration between Ophthalmology and other departments including Neonatology and Oncology (Retinoblastoma); (b) improved availability of specialised equipment in theatre and clinics; and (c) continuing education and training.

Since the beginning of the project, 345 nurses and 18 doctors have been trained.

Mental Health

Implementation of the Mental Health Strategy 2014-2019 will commence in 2014/15 with focus on integration at PHC level to increase access and improve management of mental health care users.

The mental health care package of services has been approved in 2013/14, although successful implementation will be dependent on availability of resources.

Implementation of the Out-Patient Community-Based Substance Abuse Model commenced at KwaMashu and Turton CHCs. The model includes strategies to reduce injuries and violence and will be rolled out to other facilities in coming years.

The Department is finalising the Provincial Non-Communicable Disease Strategy 2014-2019 which will be prioritised (within the funding envelope) as part of PHC re-engineering and inter-sectoral collaboration.

Appointment of the Provincial Mental Health Advisory Committee by the Head of Department ensured the necessary expertise and support for the development of the KwaZulu-Natal Mental Health Strategic Plan

2014-2019. The draft Plan was approved by the Health Operations Cluster in 2013/14 and will be submitted for final approval in 2014/15.

A Provincial Service Package for Psycho Social Rehabilitation has been finalised in 2013/14, enabling the Department to focus on projects most beneficial to end users. The package of services for Community Mental Health has been finalised in 2013/14 – awaiting approval.

Mental Health Review Boards have been established in all Health Regions in keeping with the Mental Health Care Act, 2002 (Act No. 17 of 2002). District Mental Health Forums have been established in all districts to (a) promote inter-sectoral collaboration; (b) ensure improved utilisation of available resources; and (c) strengthen advocacy.

HIV, AIDS and Mental Health programmes have been integrated with the psycho social support programme to improve mental well-being of all people living with HIV and AIDS. Screening and monitoring of psychological development of infants and children under 5 years and depression in ante- and post natal women has been improved through integration between the mental health and MNCWH programmes.

School Nurses from 7 districts have been trained on mental health promotion, provision of psycho social support and screening of children for psycho social problems using relevant screening tools.

Qualified psychological counsellors have been appointed to provide psychological services at CHC's, and 29 NGOs have been subsidised to provide rehabilitation services to chronic mental health care users. Vocational rehabilitation programmes are being implemented in rural districts, prioritising Regions 3 and 4.

Substance Abuse

The following policies and guidelines were developed during 2013/14:

- Provincial Health Sector Drug Master Plan 2014-2017
- KZN Detoxification Protocols for Adults and Children 2013
- Policy for the Management of Intoxication and Psycho-Active Substances in the

Workplace

- Draft Provincial Dual Diagnosis Policy (2013/14) to ensure appropriate and effective treatment of persons with both mental health and substance abuse disorders
- Development and piloting of the Minimum Standards for In-Patient Treatment Centres with the National Department of Social Development.

The Department conducted 24 inspections of Substance Abuse Treatment Centres and Half-Way Houses to confirm registration and licensing.

The Department is represented in a number of forums to address substance abuse including (a) Premiers Provincial Anti-Substance Abuse Forum; (b) My Life My Future and the Ke Moja Campaign in partnership with the Department of Education; and (c) Partnerships with The Office of the Premier in rolling out the "Social Ills" campaigns through Operation Sukuma Sakhe (OSS).

Treatment centres are mostly located in urban areas with two State Rehabilitation Centres in Madadeni (Newcastle) and Newlands Park Centre in Durban. Inadequate access results in high relapse/ low recovery rates, and as a result the Department initiated a Community-Based Model which has been rolled out to CHC's and Gateway Clinics at some hospitals.

Oral Health

The placement of 34 Community Service Dentists strengthened Oral Health services at PHC level. The Department recruited 21 Oral Hygienists to strengthen the Oral School Health Programme and facilities started the recruitment process for additional Oral Hygienists in institutions.

Since the launch of the School Health Programme in September 2012, a total of 1 594 schools were visited and oral health education has been provided to 28 921 learners. Drafting of an MOU between the Department and Colgate Palmolive is in the final stage which will give impetus to the expansion of mobile dental services as part of the School Health Programme.

Three Dental Mobile Units have been deployed in eThekweni, Umzinyathi and Umgungundlovu Districts. Four Dental Therapists and 2 Dental Assistants have been appointed for the mobile units.

During the reporting period, the Department has managed to provide 161 dental prosthetics to patients including dentures, obturators, and orthodontic appliances.

National Health Insurance

Implementation of NHI is on track in the three NHI Pilot Districts. The following activities are relevant:

- Completed the information baseline survey to monitor progress
- Research commenced to determine the root cause of poor PHC/ ward supervision
- Piloting of patient held record booklets in one municipality
- Internet connectivity prioritised for the introduction of electronic patient records
- Piloting and refining an improved referral system
- Testing M&E systems and processes to improve data quality and reporting
- Allocation of equipment in all facilities
- Contracting of Private Practitioners

PERFORMANCE INFORMATION BY PROGRAMME

| Budget Programme | Programme Description | Sub-Programmes |
|------------------|------------------------------|---|
| Programme 1 | Administration | 1.1 Office of the MEC 1.2 Office of the HOD - Management |
| Programme 2 | District Health Services | 2.1 District Management 2.2 Community Health Clinics 2.3 Community Health Centres 2.4 Community-Based Services 2.5 Other Community Services 2.6 HIV and AIDS 2.7 Nutrition 2.8 Forensic Pathology Services 2.9 District Hospitals |
| Programme 3 | Emergency Medical Services | 3.1 Emergency Medical Services 3.2 Planned Patient Transport |
| Programme 4 | Provincial Hospital Services | 4.1 General (Regional) Hospitals 4.2 Specialised TB Hospitals 4.3 Specialised Psychiatric Hospitals 4.4 Oral and Dental Training Centre 4.5 Sub-Acute, Step-Down and Chronic Medical Hospitals |
| Programme 5 | Central Hospital Services | 5.1 Central Hospitals 5.2 Tertiary Hospitals |
| Programme 6 | Health Sciences and Training | 6.1 Nurse Training College 6.2 Emergency Medical Services Training College 6.3 Bursaries 6.4 PHC Training 6.5 Training (Other) |
| Programme 7 | Health Care Support Services | 7.1 Laundry Services 7.2 Engineering Services 7.3 Forensic Services 7.4 Orthotic and Prosthetic Services 7.5 Medicine Trading Account |
| Programme 8 | Health Facilities Management | 8.1 Community Health Facilities 8.2 Emergency Medical Services 8.3 District Hospitals 8.4 Provincial (Regional) Hospitals 8.5 Central Hospitals 8.6 Other Facilities |

PROGRAMME 1: ADMINISTRATION

PROGRAMME DESCRIPTION

Programme Purpose

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

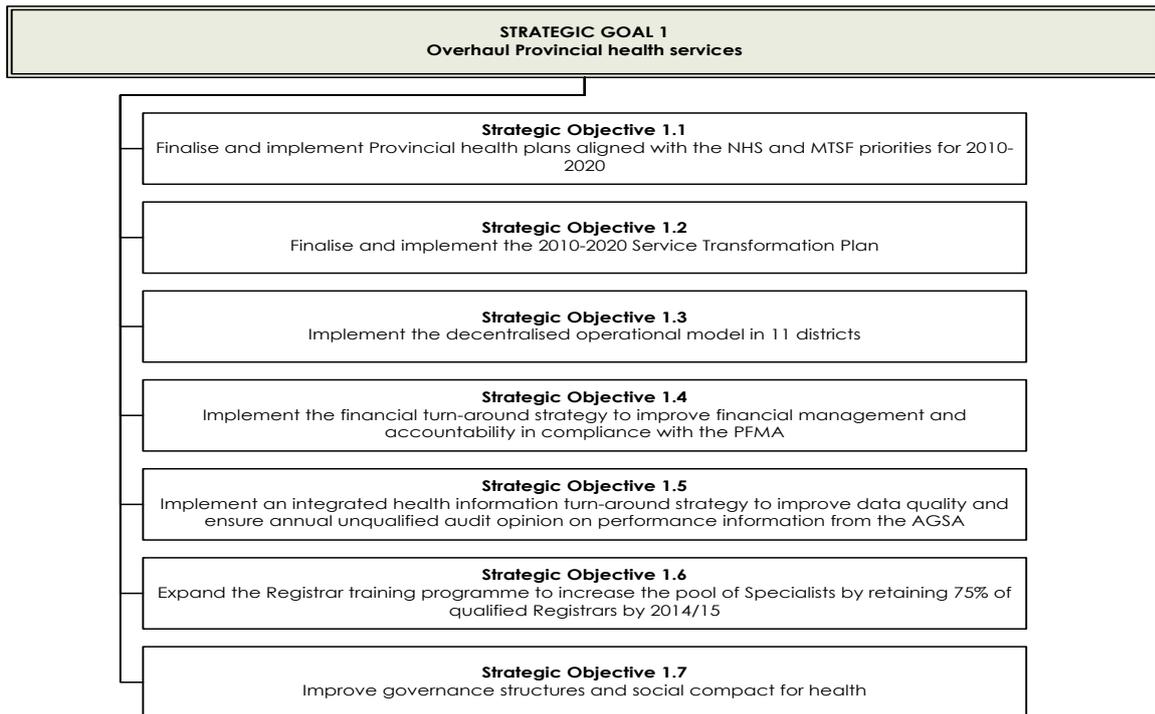
Sub-Programmes

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.

STRATEGIC GOALS AND OBJECTIVES

Figure 4: Programme 1 Strategic Goals and Objectives



STRATEGIC OBJECTIVES, PERFORMANCE INDICATORS, TARGETS AND ACTUAL ACHIEVEMENTS

Table 24: Situation Analysis and Projected Performance for Human Resources

| Sub-Programme 1.2 (APP: Page 77, Table 30 - ADMIN1) | | | | | | | |
|---|---|----------------------|----------------------------|------------------------|----------------------------|--|--|
| Strategic Objective | Performance Indicator | Data Source | Actual Achievement 2012/13 | Planned Target 2013/14 | Actual Achievement 2013/14 | Deviation from Planned Target to Actual Achievement during 2013/14 | Comment on Deviation |
| STRATEGIC GOAL 1: OVERHAUL PROVINCIAL HEALTH SERVICES | | | | | | | |
| 1.7) To review and align the Human Resource Plan with the STP and service delivery platform | 1. Medical Officers per 100 000 people | Manual calculation | 32 | 27 | 30.2 | 12% | See note at end of table. Target was based on the performance as end of December 2012 (26.4 per 100 000 people). |
| | <i>Number Medical Officers in posts</i> | <i>Persal</i> | 3 429 | 2 823 | 3 163 | | |
| | <i>Total population</i> | <i>Stats SA/DHIS</i> | 10 703 920 | 10 456 909 | 10 456 909 | | |
| | 2. Medical Officers per 100 000 people in rural districts | Manual calculation | 15.3 | 12 | 13.8 | 15% | See note at end of table. Target was based on the performance as end of December 2012 (11.4 per 100 000 people). |
| | <i>Number Medical Officers in posts in Rural Development Nodes</i> | <i>Persal</i> | 430 | 325 | 373 | | |
| | <i>Total population in Rural Development Nodes</i> | <i>Stats SA/DHIS</i> | 2 814 439 | 2 709 547 | 2 709 547 | | |
| | 3. Professional Nurses per 100 000 people | Manual calculation | 145.5 | 130 | 138.9 | 7% | See note at end of table. Target was based on the performance as end of December 2012 (128.6 per 100 000 people). |
| | <i>Number Professional Nurses in posts</i> | <i>Persal</i> | 15 579 | 13 594 | 14 527 | | |
| | <i>Total population</i> | <i>Stats SA/DHIS</i> | 10 703 920 | 10 456 909 | 10 456 909 | | |
| | 4. Professional Nurses per 100 000 people in rural districts | Manual calculation | 136.2 | 116 | 127.5 | 10% | See note at end of table. Target was based on the performance as end of December 2012 (114.2 per 100 000 people). |
| | <i>Number Professional Nurses in posts in Rural Development Nodes</i> | <i>Persal</i> | 3 832 | 3 143 | 3 454 | | |
| | <i>Total population in Rural Development Nodes</i> | <i>Stats SA/DHIS</i> | 2 814 439 | 2 709 547 | 2 709 547 | | |

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| Sub-Programme 1.2 (APP: Page 77, Table 30 - ADMIN1) | | | | | | | |
|---|---|----------------------|----------------------------|------------------------|----------------------------|--|--|
| Strategic Objective | Performance Indicator | Data Source | Actual Achievement 2012/13 | Planned Target 2013/14 | Actual Achievement 2013/14 | Deviation from Planned Target to Actual Achievement during 2013/14 | Comment on Deviation |
| | 5. Pharmacists per 100 000 people | Manual calculation | 6.3 | 6 | 6.9 | 15% | See note at end of table. Target was based on the performance as end of December 2012 (5.9 per 100 000 people). |
| | <i>Number Pharmacists in posts</i> | <i>Persal</i> | 671 | 627 | 718 | | |
| | <i>Total population</i> | <i>Stats SA/DHIS</i> | 10 703 920 | 10 456 909 | 10 456 909 | | |
| | 6. Pharmacists per 100 000 people in rural districts | Manual calculation | 4.8 | 4 | 5 | 25% | See note at end of table. Target was based on the performance as end of December 2012 (3.7 per 100 000 people). |
| | <i>Number Pharmacists in posts in Rural Development Nodes</i> | <i>Persal</i> | 136 | 108 | 136 | | |
| <i>Total population in Rural Development Nodes</i> | <i>Stats SA/DHIS</i> | 2 814 439 | 2 709 547 | 2 709 547 | | | |
| 7. Vacancy rate for Professional Nurses | Manual calculation | 7% | 9% | 8.9% | 1% | Deviation within acceptable range. Vacant posts increased with 256 (21.8%) between 2012/13 and 2013/14. | |
| | <i>Number Professional Nurse posts vacant</i> | <i>Persal</i> | 1 171 | | 1 427 | | |
| | <i>Number Professional Nurse posts</i> | <i>Persal</i> | 16 750 | | 15 954 | | |
| 8. Vacancy rate for Doctors | Manual calculation | 7.6% | 42% | 22.2% | 47% | Vacant posts increased with 617 (218%) between 2012/13 and 2013/14 | |
| | <i>Number Medical Officer posts vacant</i> | <i>Persal</i> | 283 | | 900 | | |
| | <i>Number Medical Officer posts</i> | <i>Persal</i> | 3 712 | | 4 063 | | |
| 9. Vacancy rate for Medical Specialists | Manual calculation | 27.1% | 44% | 28.3% | 36% | Vacant posts decreased with 15 (5.8%) between 2012/13 and 2013/14. | |
| | <i>Number Medical Specialist posts vacant</i> | <i>Persal</i> | 259 | | 244 | | |
| | <i>Number Medical Specialists posts</i> | <i>Persal</i> | 955 | | 863 | | |

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| Sub-Programme 1.2 (APP: Page 77, Table 30 - ADMIN1) | | | | | | | |
|--|----------------------------------|--------------------|----------------------------|------------------------|----------------------------|--|--|
| Strategic Objective | Performance Indicator | Data Source | Actual Achievement 2012/13 | Planned Target 2013/14 | Actual Achievement 2013/14 | Deviation from Planned Target to Actual Achievement during 2013/14 | Comment on Deviation |
| | 10. Vacancy rate for Pharmacists | Manual calculation | 15.8% | 28% | 16.1% | 43% | Vacant posts increased with 12 (9.5%) between 2012/13 and 2013/14. |
| | Number Pharmacist posts vacant | Persal | 126 | | 138 | | |
| | Number Pharmacist posts | Persal | 797 | | 856 | | |
| Notes | | | | | | | |
| <ul style="list-style-type: none"> ▪ <u>Indicators 2, 4 and 6 (rural districts)</u>: Rural districts refer to the 4 Rural Development Nodes i.e. Ugu, Umzinyathi, Zululand and Umkhanyakude. ▪ <u>Indicators 1-6 (Target versus baseline)</u>: The 2013/14 targets were based on 2012/13 Persal data as on 31 December 2012. Targets made provision for minimal increase in staff based on budget constraints and over-expenditure in COE. The 2012/13 actual achievement (31 March 2013) was however significant higher than the estimated data hence targets being lower than the 2012/13 actual. It is significant to note the decrease in the number of health professionals in all reported categories between 2012/13 and 2013/14 with the exception of Pharmacists which shows an increase of 7% over the same period. This is of concern since demand for health services increased – veracity of data will be confirmed. ▪ <u>Indicators 1-6 (Population)</u>: DHIS population were used for calculation of all population-based indicators to ensure consistency in reporting. The DHIS population is based on Statistics SA Mid-Year Estimates (Census 2011) - DHIS system populated by the National Department of Health. The population estimates for 2013 (estimates) are significantly lower to this time series used for historic data which have a definite impact on population-based indicators. ▪ <u>Population-based indicators</u>: Annual Report versus Provincial Quarterly Treasury Report: Annual Report use the 2013 estimated population as in DHIS. Treasury Report: The Treasury Report template was locked by National Treasury before population of the DHIS system with 2013 projected data. Indicators for the Treasury Report will therefore use 2012 projections for population-based indicators. The NDoH has informed the National Auditor General and National Treasury Departments. ▪ <u>Indicators 7-10 (Vacancy rates)</u>: Unfunded posts have been abolished from the system which skew vacancy rates significantly (change in baselines/denominators). Of more significance is the number of filled posts over the reporting period – captured in table. | | | | | | | |

Table 25: Provincial Strategic Objectives and Annual Targets for Administration

| Sub-Programme 1.2 (APP: Page 78, Table 31 - ADMIN2) | | | | | | | |
|---|---|----------------------------|----------------------------|------------------------|----------------------------|---|--|
| Strategic Objective | Performance Indicator | Data Source | Actual Achievement 2012/13 | Planned Target 2013/14 | Actual Achievement 2013/14 | Deviation from Planned Target to Actual Achievement for 2013/14 | Comment on Deviation |
| STRATEGIC GOAL 1: OVERHAUL PROVINCIAL HEALTH SERVICES | | | | | | | |
| 1.1) To finalise and implement Provincial Health Plans aligned with the NHS and MTSF priorities for 2010-2014 | 1.1.1) Tabled Annual Performance Plan (APP) | Legislative records | 2012/13 APP tabled | 2014/15 APP tabled | 2014/15 APP tabled | No deviation | - |
| | 1.1.2) Number of approved District Health Plans (DHPs) | Signed off DHPs | 11 | 11 | 11 | No deviation | - |
| 1.2) To finalise and implement the approved 2010-2020 KZN STP | 1.2.1) Published Service Transformation Plan (STP) | Approved STP | STP not finalised | STP approved | STP not finalised | 5 Chapters being reviewed | The following Chapters are under review: <ul style="list-style-type: none"> ▪ Hospital Services ▪ Emergency Medical Services ▪ Forensic Pathology Services ▪ Information Technology and Telemedicine ▪ Infrastructure Development ▪ Human Resources for Health |
| 1.3) To implement the decentralised Operational Model in 11 districts | 1.3.1) Number of Hospital Managers who have signed Performance Agreements (PAs) | Signed PAs/ EPMDS Records | 50 | 71 (100%) | 41 (57.7%) | (42%) | Inadequate controls to monitor and enforce compliance and accountability. See mitigating strategies for Programme 1. |
| | 1.3.2) Number of District Managers who have signed Performance Agreements | Signed PAs/ EPMDS Records | 11 | 11 | 10 (90.9%) | (9%) | Inadequate controls to monitor and enforce compliance and accountability. See mitigating strategies for Programme 1. |
| | 1.3.3) Percentage of Head Office Managers (Level 13 and above) who have signed Performance Agreements | EPMDS Records | 58% | 100% | 66% | (44%) | Inadequate controls to monitor and enforce compliance and accountability. See mitigating strategies for Programme 1. |
| | <i>Number Managers, level 13 and above, who signed Performance Agreements (PAs)</i> | Signed PAs/ EPMDS records | 29 | 50 | 33 | | |
| <i>Number Managers, level 13 and above</i> | <i>Persal</i> | 50 | 50 | 50 | | | |
| 1.4) To implement the Financial Turn-Around | 1.4.1) Annual unqualified audit opinion for financial statements | Audit Report from the AGSA | Qualified opinion | Unqualified opinion | Qualified | Qualified | See Report of the Auditor General |

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| Sub-Programme 1.2 (APP: Page 78, Table 31 - ADMIN2) | | | | | | | |
|---|--|----------------------------|------------------------------|------------------------------|------------------------------|---|--|
| Strategic Objective | Performance Indicator | Data Source | Actual Achievement 2012/13 | Planned Target 2013/14 | Actual Achievement 2013/14 | Deviation from Planned Target to Actual Achievement for 2013/14 | Comment on Deviation |
| Strategy to improve financial management and accountability in compliance with the PFMA | 1.4.2) Number of approved District Health Expenditure Reviews (DHER) | Signed DHER Reports | 11 | 11 | 11 | No deviation | - |
| 1.5) 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 | 1.5.1) Annual unqualified audit opinion on Performance Information | Audit Report from the AGSA | Disclaimer | Unqualified opinion | Qualified | Qualified | See Report of the Auditor General |
| | 1.5.2) Annual Report (AR) tabled | Legislative Records | 2011/12 Annual Report tabled | 2012/13 Annual Report tabled | 2012/13 Annual Report tabled | No deviation | - |
| | 1.5.3) Number of progress reports on implementation of the 10 Point Plan | Signed Progress Reports | 4 | 4 | 4 | No deviation | - |
| | 1.5.4) Number of functional Telemedicine sites | Telemedicine database | 37 | 47 | 41 | (13%) | Equipment damaged (1 facility); not connected due to renovations (2 facilities) and reduced budget as a result of reduced provincial allocation. |
| 1.6) To expand the Registrar training | 1.6.1) Number of Registrars in training | Registrar Register | 623 | 700 | 562 | (20%) | Budget constraints forced review of intakes. |

| Sub-Programme 1.2 (APP: Page 78, Table 31 - ADMIN2) | | | | | | | |
|---|---|---|----------------------------|------------------------|----------------------------|---|--|
| Strategic Objective | Performance Indicator | Data Source | Actual Achievement 2012/13 | Planned Target 2013/14 | Actual Achievement 2013/14 | Deviation from Planned Target to Actual Achievement for 2013/14 | Comment on Deviation |
| programme to increase the pool of Specialists by retaining 75% of qualified Registrars by 2014/15 | 1.6.2) Number of Registrars retained after qualifying | Persal | Results not yet available | 75% of total graduates | 42% of total graduates | (44%) | Not all Registrars write final examinations on completion of the 48 months training period (time spent on the Programme). The 42% represents Registrars who completed time in 2013/14 as well as previous years but who only wrote examinations in the 2013/14 financial year qualifying as Specialists. The Department was unable to fill available Specialist posts at facility level as a result of reduced budget in the 2013/14 financial year. A proportion of qualified Registrars prefer not to remain in the public service or prefer to relocate to peripheral facilities where posts are available. |
| 1.7) Improve governance structures and social compact for health | 1.7.1) Provincial Consultative Health Forum convened annually | Minutes of Meetings | 1 | Convened annually | Convened in October 2013 | No deviation | - |
| | 1.7.2) Number of Provincial Health Council meetings | Minutes of Meetings | 2 | 2 | 3 | 50% | Provincial Health Council meetings in April and May 2013 and March 2014. Members attended the Departmental Strategic Planning sessions as well as the Provincial Consultative Health Forum meeting – replacing one meeting. |
| | 1.7.3) Number of District Health Councils established | Appointment letters/ Inter-Government Relations (IGR) | 0 | 11 | 5 | (55%) | Finalisation of the process is dependent on Local Municipality co-operation, which has been a challenge. The partnership with Cooperative Governance and Traditional Affairs (COGTA) to accelerate nominations is ongoing. |
| | 1.7.4) Number of District Health Council meetings convened annually | Appointment letters/ IGR | 0 | 11 | 0 | (100%) | Appointment letters for appointed Council Members have been issued. The launch of the District Health Councils was postponed and no new dates confirmed. |

Table 26: Programme 1 Budget Appropriation and Expenditure

| Programme per Sub-Programme | 2013/14 | | | | | | | 2012/13 | |
|------------------------------|------------------------|-------------------|--------------|---------------------|--------------------|-----------------|---|---------------------|--------------------|
| | 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 | 19 159 | - | (2 714) | 16 445 | 16 459 | (14) | 100.1% | 15 573 | 16 366 |
| Transfers and subsidies | 7 | - | 9 | 16 | 17 | (1) | 106.3% | 10 | 10 |
| Payment for capital assets | 250 | - | 285 | 535 | 535 | - | 100.0% | 3 996 | 3 996 |
| 1.2 Management | | | | | | | | | |
| Current payment | 533 911 | - | 2 714 | 536 625 | 594 024 | (57 399) | 110.7% | 393 197 | 400 289 |
| Transfers and subsidies | 1 542 | - | (9) | 1 533 | 1 283 | 250 | 83.7% | 2 416 | 6 162 |
| Payment for capital assets | 39 834 | - | 1 407 | 41 241 | 41 241 | - | 100.0% | 24 046 | 22 779 |
| Payment for financial assets | 7 | - | - | 7 | 33 629 | (33 622) | 480414.3% | - | 1 |
| TOTAL | 594 710 | - | 1 692 | 596 402 | 687 188 | (90 786) | 115.2% | 439 238 | 449 603 |

Source: 2013/14 Annual Financial Statements

STRATEGIES TO OVERCOME AREAS OF UNDER-PERFORMANCE

- *Service Transformation Plan:* Review of the STP is in progress to make provision for the 2015-2019 strategic vision and alignment with the 2030 NDP. The Department initiated internal research, in partnership with UKZN, to explore innovative and evidence-based options to strengthen human resources for health taking into consideration the burden of disease. This will form an integral part of short, medium and long term plans. Review of District STP's commenced and will form part of the Provincial review process.
- *Employee Performance Management & Development System:* The EPMSD policy has been reviewed and provincial and decentralised workshops conducted. Disciplinary letters have been forwarded to all non-compliant managers to improve compliance. Pay progression have been linked with compliance to the policy. This is monitored closely.

- *Registrar intake:* The Registrar Programme is under review (Task Team with representation from the Department and UKZN). This process will be finalised in the 2014/15 financial year.

CHANGES TO PLANNED TARGETS

No targets have been changed during the reporting year.

LINKING PERFORMANCE WITH BUDGET

Programme 1 was over-spent by R90.786 million, largely against Goods and Services as a result of higher than expected costs related to computer services (mainly prior commitments, SITA and Microsoft licenses), increased costs incurred in the accelerated action against fraud and corruption.

PROGRAMME 2: DISTRICT HEALTH SERVICES

PROGRAMME DESCRIPTION

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-Programmes

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

Figure 5: Programme 2 Strategic Goals and Objectives

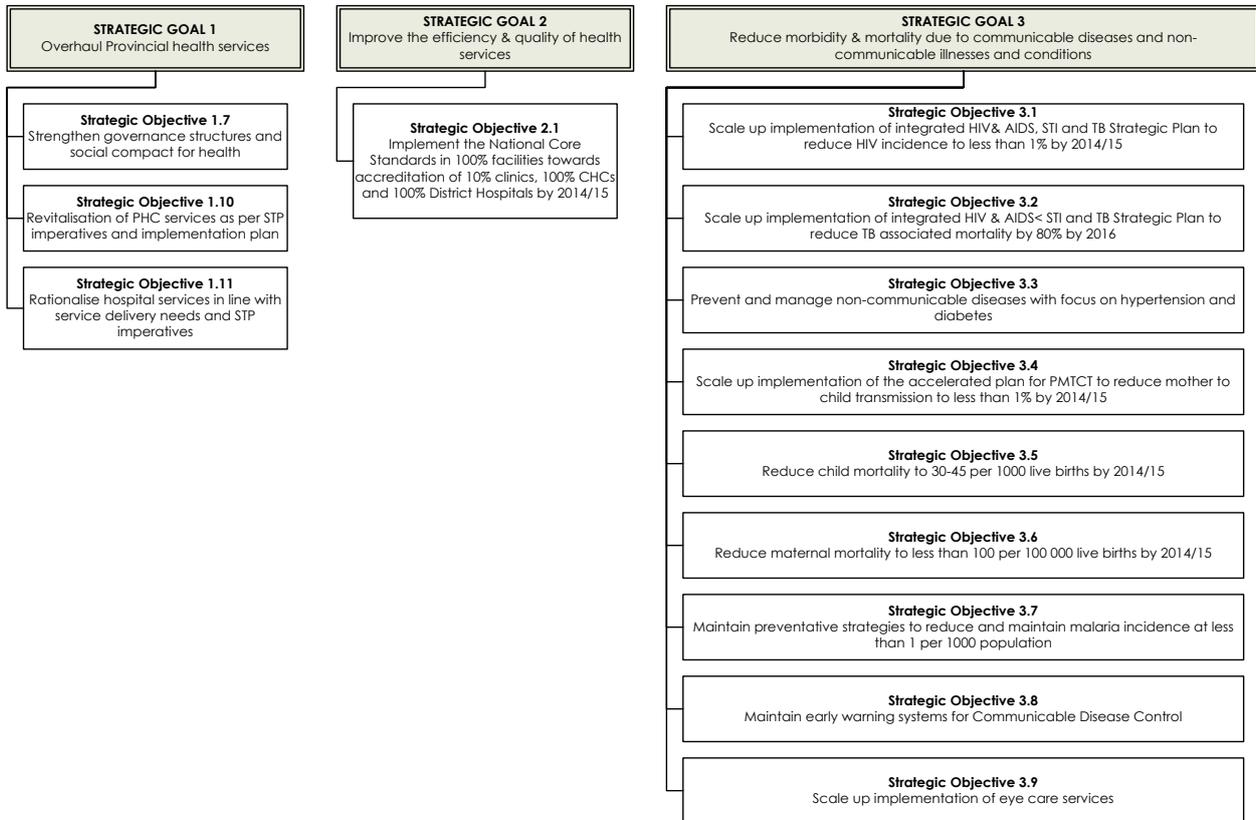


Table 27: District Health Service Facilities by Health District 2013/14

| Health District | Facility Type | Number of facilities | Population (DHIS) | Average catchment population per clinic | PHC utilisation rate 2013/14 |
|-----------------|---------------------------------------|----------------------|-------------------|---|------------------------------|
| Ugu | Mobiles | 17 | 733 228 | 12 863 | 3.4 |
| | Fixed Clinics | 55 | | | |
| | CHCs | 2 | | | |
| | <i>Total fixed Clinics & CHCs</i> | <i>57</i> | | | |
| | District Hospitals | 3 | | | |
| Umgungundlovu | Mobiles | 16 | 1 052 730 | 19 495 | 2.8 |
| | Fixed Clinics | 51 | | | |
| | CHCs | 3 | | | |
| | <i>Total fixed Clinics & CHCs</i> | <i>54</i> | | | |
| | District Hospitals | 2 | | | |
| Uthukela | Mobiles | 14 | 682 798 | 19 508 | 2.6 |
| | Fixed Clinics | 35 ⁴ | | | |
| | CHCs | 1 | | | |
| | <i>Total fixed Clinics & CHCs</i> | <i>35</i> | | | |
| | District Hospitals | 2 | | | |
| Umzinyathi | Mobiles | 11 | 514 217 | 10 494 | 3 |
| | Fixed Clinics | 49 | | | |
| | CHCs | 0 | | | |
| | <i>Total fixed Clinics & CHCs</i> | <i>49</i> | | | |
| | District Hospitals | 4 | | | |
| Amajuba | Mobiles | 7 | 507 468 | 20 298 | 2.4 |
| | Fixed Clinics | 25 | | | |
| | CHCs | 0 | | | |
| | <i>Total fixed Clinics & CHCs</i> | <i>25</i> | | | |
| | District Hospitals | 1 | | | |
| Zululand | Mobiles | 17 | 824 091 | 11 943 | 2.6 |
| | Fixed Clinics | 68 | | | |
| | CHCs | 1 | | | |
| | <i>Total fixed Clinics & CHCs</i> | <i>69</i> | | | |
| | District Hospitals | 5 | | | |
| Umkhanyakude | Mobiles | 17 | 638 011 | 11 393 | 3.6 |
| | Fixed Clinics | 56 | | | |
| | CHCs | 0 | | | |
| | <i>Total fixed Clinics & CHCs</i> | <i>56</i> | | | |
| | District Hospitals | 5 | | | |
| Uthungulu | Mobiles | 17 | 937 793 | 15 125 | 2.9 |
| | Fixed Clinics | 61 | | | |
| | CHCs | 1 | | | |
| | <i>Total fixed Clinics & CHCs</i> | <i>62</i> | | | |
| | District Hospitals | 6 | | | |
| Ilembe | Mobiles | 10 | 630 464 | 17 512 | 3.2 |
| | Fixed Clinics | 34 | | | |
| | CHCs | 2 | | | |
| | <i>Total fixed Clinics & CHCs</i> | <i>36</i> | | | |
| | District Hospitals | 3 | | | |

⁴ Ladysmith Gateway is classified as a mobile on DHIS – this has been amended in the list above

| Health District | Facility Type | Number of facilities | Population (DHIS) | Average catchment population per clinic | PHC utilisation rate 2013/14 |
|--|----------------------------|----------------------|-------------------|---|------------------------------|
| Harry Gwala | Mobiles | 13 | 471 904 | 12 418 | 2.8 |
| | Fixed Clinics | 37 | | | |
| | CHCs | 1 | | | |
| | Total fixed Clinics & CHCs | 38 | | | |
| | District Hospitals | 4 | | | |
| eThekweni Metro | Mobiles | 33 | 3 464 205 | 32 375 | 3.3 |
| | Fixed Clinics | 99 | | | |
| | CHCs | 8 | | | |
| | Total fixed Clinics & CHCs | 107 | | | |
| | District Hospitals | 3 | | | |
| KwaZulu-Natal Province | Mobiles | 173 | 10 456 909 | 17 783 | 3.1 |
| | Fixed Clinics | 569 | | | |
| | CHCs | 19 | | | |
| | Total fixed Clinics & CHCs | 588 | | | |
| | District Hospitals | 38 | | | |
| Notes | | | | | |
| <ul style="list-style-type: none"> Rural Development Nodes (Harry Gwala District): Only Umzimkhulu Municipality has been identified as Rural Development Node. Source: DHIS. Population data also sourced from the DHIS (populated using Stats SA mid-year estimates). Fixed Clinics: Including Local Government (excluding Satellite, Private, NGO's). Average catchment population per clinic: This reflects the global 'average' in coverage based on the total number of clinics in districts per total population – it is not a true reflection of catchment population per clinic. | | | | | |

Table 28: Personnel in District Health Services by Health District – 2013/14

| Health District/ (Population) | Personnel Category | Posts filled | Posts Approved | Vacancy Rate % | Staff per 1 000 Uninsured People |
|--|---------------------------|--------------|----------------|----------------|-------------------------------------|
| Ugu Uninsured population: 641 575 | PHC | | | | |
| | Medical Officers | 51 | 53 | 4% | 0.08 |
| | Professional Nurses | 345 | 369 | 7% | 0.54 |
| | Pharmacists | 30 | 38 | 21% | 0.05 |
| | Community Care Givers | 858 | 858 | 0% | 1.34 |
| | District Hospitals | | | | |
| | Medical Officers | 19 | 22 | 14% | 0.03 |
| | Professional Nurses | 388 | 420 | 8% | 0.60 |
| | Pharmacists | 11 | 12 | 8% | 0.02 |
| Umgungundlovu Uninsured population: 921 139 | PHC | | | | |
| | Medical Officers | 16 | 19 | 16% | 0.02 |
| | Professional Nurses | 461 | 534 | 14% | 0.50 |
| | Pharmacists | 13 | 14 | 7% | 0.01 |
| | Community Care Givers | 865 | 865 | 0% | 0.94 |
| | District Hospitals | | | | |
| | Medical Officers | 127 | 140 | 9% | 0.14 |
| | Professional Nurses | 302 | 331 | 9% | 0.33 |
| | Pharmacists | 20 | 26 | 23% | 0.02 |
| Uthukela Uninsured population: 597 448 | PHC | | | | |
| | Medical Officers | 4 | 5 | 20% | 0.01 |
| | Professional Nurses | 271 | 327 | 17% | 0.45 |
| | Pharmacists | 2 | 2 | 0% | 0.003 |

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| Health District/ (Population) | Personnel Category | Posts filled | Posts Approved | Vacancy Rate % | Staff per 1 000 Uninsured People |
|---|---------------------------|--------------|----------------|----------------|-------------------------------------|
| | Community Care Givers | 683 | 683 | 0% | 1.14 |
| | District Hospitals | | | | |
| | Medical Officers | 24 | 31 | 23% | 0.04 |
| | Professional Nurses | 171 | 189 | 10% | 0.29 |
| | Pharmacists | 12 | 20 | 40% | 0.02 |
| Umzinyathi Uninsured population: 449 940 | PHC | | | | |
| | Medical Officers | 0 | 0 | 0% | 0.0 |
| | Professional Nurses | 202 | 232 | 13% | 0.44 |
| | Pharmacists | 0 | 0 | 0% | 0.0 |
| | Community Care Givers | 408 | 408 | 0% | 0.91 |
| | District Hospitals | | | | |
| | Medical Officers | 45 | 61 | 26% | 0.10 |
| | Professional Nurses | 501 | 543 | 8% | 1.11 |
| | Pharmacists | 18 | 30 | 40% | 0.04 |
| Amajuba Uninsured population: 444 034 | PHC | | | | |
| | Medical Officers | 0 | 0 | 0% | 0.0 |
| | Professional Nurses | 181 | 206 | 12% | 0.41 |
| | Pharmacists | 0 | 0 | 0% | 0.0 |
| | Community Care Givers | 402 | 402 | 0% | 0.91 |
| | District Hospitals | | | | |
| | Medical Officers | 5 | 6 | 17% | 0.01 |
| | Professional Nurses | 48 | 56 | 14% | 0.11 |
| | Pharmacists | 5 | 5 | 0% | 0.01 |
| Zululand Uninsured population: 721 080 | PHC | | | | |
| | Medical Officers | 3 | 3 | 0% | 0.004 |
| | Professional Nurses | 357 | 402 | 11% | 0.50 |
| | Pharmacists | 4 | 4 | 0% | 0.006 |
| | Community Care Givers | 679 | 679 | 0% | 0.94 |
| | District Hospitals | | | | |
| | Medical Officers | 39 | 52 | 25% | 0.05 |
| | Professional Nurses | 583 | 629 | 7% | 0.81 |
| | Pharmacists | 26 | 30 | 13% | 0.04 |
| Umkhanyakude Uninsured population: 558 260 | PHC | | | | |
| | Medical Officers | 0 | 0 | 0% | 0.0 |
| | Professional Nurses | 271 | 323 | 16% | 0.49 |
| | Pharmacists | 0 | 0 | 0% | 0.0 |
| | Community Care Givers | 773 | 773 | 0% | 1.38 |
| | District Hospitals | | | | |
| | Medical Officers | 54 | 83 | 35% | 0.10 |
| | Professional Nurses | 480 | 515 | 7% | 0.86 |
| | Pharmacists | 23 | 28 | 18% | 0.04 |
| Uthungulu Uninsured population: 820 569 | PHC | | | | |
| | Medical Officers | 6 | 6 | 0% | 0.007 |
| | Professional Nurses | 325 | 386 | 16% | 0.40 |
| | Pharmacists | 4 | 6 | 33% | 0.005 |
| | Community Care Givers | 736 | 736 | 0% | 0.90 |
| | District Hospitals | | | | |
| | Medical Officers | 41 | 54 | 24% | 0.05 |
| | Professional Nurses | 428 | 490 | 13% | 0.52 |
| | Pharmacists | 20 | 28 | 29% | 0.02 |

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| Health District/ (Population) | Personnel Category | Posts filled | Posts Approved | Vacancy Rate % | Staff per 1 000 Uninsured People |
|---|---------------------------|--------------|----------------|----------------|-------------------------------------|
| Ilembe Uninsured population: 551 656 | PHC | | | | |
| | Medical Officers | 9 | 12 | 24% | 0.02 |
| | Professional Nurses | 238 | 285 | 16% | 0.43 |
| | Pharmacists | 13 | 15 | 13% | 0.02 |
| | Community Care Givers | 647 | 647 | 0% | 1.17 |
| | District Hospitals | | | | |
| | Medical Officers | 20 | 22 | 9% | 0.04 |
| | Professional Nurses | 180 | 193 | 7% | 0.33 |
| | Pharmacists | 7 | 12 | 42% | 0.01 |
| Harry Gwala Uninsured population: 412 916 | PHC | | | | |
| | Medical Officers | 2 | 4 | 50% | 0.005 |
| | Professional Nurses | 239 | 266 | 10% | 0.58 |
| | Pharmacists | 3 | 3 | 0% | 0.007 |
| | Community Care Givers | 66 | 66 | 0% | 0.16 |
| | District Hospitals | | | | |
| | Medical Officers | 28 | 41 | 32% | 0.07 |
| | Professional Nurses | 281 | 296 | 5% | 0.68 |
| | Pharmacists | 18 | 27 | 33% | 0.04 |
| eThekweni Metro Uninsured population: 3 031 179 | PHC | | | | |
| | Medical Officers | 50 | 59 | 15% | 0.02 |
| | Professional Nurses | 1 048 | 1 136 | 8% | 0.35 |
| | Pharmacists | 48 | 61 | 21% | 0.02 |
| | Community Care Givers | 1 175 | 1 175 | 0% | 0.39 |
| | District Hospitals | | | | |
| | Medical Officers | 91 | 96 | 5% | 0.03 |
| | Professional Nurses | 449 | 461 | 3% | 0.15 |
| | Pharmacists | 45 | 51 | 12% | 0.01 |
| KwaZulu-Natal Province Uninsured population: 9 056 593 | PHC | | | | |
| | Medical Officers | 109 | 130 | 16% | 0.01 |
| | Professional Nurses | 3 981 | 4 517 | 12% | 0.44 |
| | Pharmacists | 98 | 117 | 16% | 0.01 |
| | Community Care Givers | 7 292 | 7 292 | 0% | 0.81 |
| | District Hospitals | | | | |
| | Medical Officers | 525 | 639 | 18% | 0.06 |
| | Professional Nurses | 3 768 | 4 072 | 7% | 0.42 |
| | Pharmacists | 224 | 295 | 24% | 0.02 |
| Notes | | | | | |
| <ul style="list-style-type: none"> ▪ <u>CCG's</u>: A small number of CCG's were in posts at 31 March 2014 (abnormal appointments). For purpose of the report, the number of CCG's at the end of April 2014 has been used (re-appointments following expiry of contracts). ▪ <u>Uninsured population</u>: The General Household Survey 2010 and 2012 (nationally acceptable source) has been used as source to calculate the uninsured population. | | | | | |

PRIMARY HEALTH CARE SERVICES**STRATEGIC OBJECTIVES AND PERFORMANCE INDICATORS, TARGETS AND ACTUAL ACHIEVEMENTS****Table 29: Situation Analysis Indicators for District Health Services – 2013/14**

| Sub-Programmes 2.2 - 2.5 (APP: Page 93, Table 36 - DHS2) | | | | | | | | | | | | |
|--|--------------------------------|-------------|-----------------------|------------------|--------------------|-----------------|------------------|----------------------|-------------------|----------------|---------------------|-------------------|
| Indicator | Provincial Performance 2013/14 | Ugu 2013/14 | Umgungundlovu 2013/14 | Uthukela 2013/14 | Umzinyathi 2013/14 | Amajuba 2013/14 | Zululand 2013/14 | Umkhanyakude 2013/14 | Uthungulu 2013/14 | iLembe 2013/14 | Harry Gwala 2013/14 | eThekweni 2013/14 |
| 1. Provincial PHC expenditure per uninsured person | R 786 | R 548 | R 459 | R 365 | R 337 | R 325 | R 446 | R 403 | R 411 | R 417 | R 462 | R 402 |
| <i>Total expenditure on PHC services</i> | 7 121 724 | 372 996 | 403 485 | 237 467 | 161 533 | 150 158 | 348 154 | 247 334 | 332 202 | 204 558 | 246 051 | 1 053 860 |
| <i>Uninsured population in KZN</i> | 9 056 593 | 641 575 | 921 139 | 597 448 | 449 940 | 444 034 | 721 080 | 558 260 | 820 569 | 551 656 | 412 916 | 3 031 179 |
| 2. PHC headcount total | 31 888 199 | 2 456 035 | 2 941 215 | 1 781 964 | 1 557 375 | 1 217 741 | 2 139 221 | 2 290 996 | 2 762 539 | 2 016 413 | 1 342 220 | 11 382 480 |
| 3. PHC headcount under 5 years | 5 123 775 | 398 849 | 435 725 | 338 051 | 303 980 | 187 364 | 380 404 | 415 911 | 503 307 | 333 047 | 250 035 | 1 577 102 |
| 4. PHC utilisation rate (annualised) | 3.1 | 3.4 | 2.8 | 2.6 | 3.0 | 2.4 | 2.6 | 3.6 | 2.9 | 3.2 | 2.8 | 3.3 |
| <i>PHC headcount total</i> | 31 888 199 | 2 456 035 | 2 941 215 | 1 781 964 | 1 557 375 | 1 217 741 | 2 139 221 | 2 290 996 | 2 762 539 | 2 016 413 | 1 342 220 | 11 382 480 |
| <i>Population total</i> | 10 456 909 | 733 228 | 1 052 730 | 682 798 | 514 217 | 507 468 | 824 091 | 638 011 | 937 793 | 630 464 | 471 904 | 3 464 205 |
| 5. PHC utilisation rate under 5 years (annualised) | 4.4 | 4.3 | 4.1 | 4.1 | 4.5 | 3.3 | 3.7 | 4.8 | 4.1 | 4.8 | 4.1 | 5.0 |
| <i>PHC headcount under 5 total</i> | 5 123 775 | 398 849 | 435 725 | 338 051 | 303 980 | 187 364 | 380 404 | 415 911 | 503 307 | 333 047 | 250 035 | 1 577 102 |

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| Sub-Programmes 2.2 - 2.5 (APP: Page 93, Table 36 - DHS2) | | | | | | | | | | | | |
|--|--------------------------------|-------------|-----------------------|------------------|--------------------|-----------------|------------------|----------------------|-------------------|----------------|---------------------|-------------------|
| Indicator | Provincial Performance 2013/14 | Ugu 2013/14 | Umgungundlovu 2013/14 | Uthukela 2013/14 | Umzinyathi 2013/14 | Amajuba 2013/14 | Zululand 2013/14 | Umkhanyakude 2013/14 | Uthungulu 2013/14 | iLembe 2013/14 | Harry Gwala 2013/14 | eThekweni 2013/14 |
| Population under 5 years KZN | 1 171 910 | 92 994 | 107 556 | 83 279 | 67 565 | 57 047 | 102 426 | 87 520 | 121 636 | 69 341 | 61 385 | 321 161 |
| 6. PHC supervisor visit rate (fixed clinic/ CHC/ CDC) | 62.3% | 65.9% | 35.5% | 48.3% | 47.8% | 53% | 84.2% | 83.5% | 64.2% | 71.7% | 81.7% | 62.2% |
| PHC supervisor visit (fixed clinic/ CHC/ CDC) | 4 816 | 451 | 277 | 249 | 309 | 160 | 700 | 571 | 485 | 327 | 376 | 911 |
| Fixed clinics plus fixed CHCs/ CDCs | 7 736 | 684 | 781 | 516 | 646 | 302 | 831 | 684 | 756 | 456 | 460 | 1 620 |
| 7. Complaints resolution within 25 working days rate | 89.6% | 90.6% | 87.7% | 80.7% | 94.9% | 97.2% | 89.4% | 92.1% | 86.8% | 70.9% | 92.9% | 90.1% |
| Complaints resolved within 25 working days | 3 041 | 386 | 362 | 46 | 56 | 173 | 135 | 441 | 177 | 100 | 156 | 1 009 |
| Total number complaints resolved | 3 396 | 426 | 413 | 57 | 59 | 178 | 151 | 4579 | 204 | 141 | 168 | 1 120 |
| 8. Number of PHC facilities assessed for compliance against the 6 priorities of the core standards | 416 | 48 | 53 | 19 | 37 | 24 | 61 | 38 | 56 | 36 | 38 | 6 |
| Notes | | | | | | | | | | | | |
| <ul style="list-style-type: none"> ▪ Source: Data sources are similar to sources indicated in the table below. ▪ Indicator 1 [Expenditure]: Sourced from the District Health Expenditure Review data file. Provincial expenditure in the above table will not align with expenditure in Table 25 due to items excluded in the DHER Reports (customised National Template). The eThekweni cost per PDE has been calculated manually as DHER calculation (R 4 496) was an error due to incorrect calculation. ▪ Indicators 4 & 5 [PHC utilisation]: This population data will not align with the Treasury Quarterly Report population data. The Quarterly Report Template was locked by National Treasury before DHIS population | | | | | | | | | | | | |

| Sub-Programmes 2.2 - 2.5 (APP: Page 93, Table 36 - DHS2) | | | | | | | | | | | | |
|---|--------------------------------|-------------|-----------------------|------------------|----------------------|-----------------|------------------|-------------------|----------------|---------------------|-------------------|--|
| Indicator | Provincial Performance 2013/14 | Ugu 2013/14 | Umgungundlovu 2013/14 | Uthukela 2013/14 | Umkhanyakude 2013/14 | Amajuba 2013/14 | Zululand 2013/14 | Uthungulu 2013/14 | iLembe 2013/14 | Harry Gwala 2013/14 | eThekweni 2013/14 | |
| <p>was amended. The NDoH has alerted the National Auditor General and National Treasury Departments.</p> <ul style="list-style-type: none"> Uninsured population: The General Household Survey 2010 and 2012) has been used as source for calculation of the uninsured population (87.5% of the total KZN population). Source for the uninsured population in the Treasury Report (84%) is not known and considered an under-reporting of actual uninsured population. For purposes of consistency in reporting, the uninsured population for the Annual Report is calculated at 87.5%. | | | | | | | | | | | | |

Table 30: Performance Indicators and Targets for District Health Services

| Sub-Programmes 2.2 – 2.5 (APP: Page 95, Table 37 - DHS4) | | | | | | | |
|---|--|------------------------------------|----------------------------|------------------------|----------------------------|---|---|
| Strategic Objective | Performance Indicator | Data Source | Actual Achievement 2012/13 | Planned Target 2013/14 | Actual Achievement 2013/14 | Deviation from Planned Target to Actual Achievement for 2013/14 | Comment on Deviation |
| STRATEGIC GOAL 1: OVERHAUL PROVINCIAL HEALTH SERVICES | | | | | | | |
| 1.10) Revitalisation of PHC services as per STP imperatives and Implementation Plan | 1. Provincial PHC expenditure per uninsured person | BAS/Stats SA | R 427* | R 516 | R 516 | No deviation | - |
| | <i>Total expenditure on PHC services</i> | BAS (R'000) | 4 076 544* | | 4 674 735 | | |
| | <i>Uninsured population in KZN</i> | Stats SA/ DHIS | 9 526 488 | | 9 056 593 | | |
| | 2. PHC headcount total | PHC tick register/ DHIS calculates | 31 110 527 | 34 032 545 | 31 888 199 | (6%) | Three-year trends show a decline in the annual increase of headcounts in clinics. One of the expected outcomes of improved community-based PHC services (as part of PHC re-engineering) is a reduction of patient activity in health facilities due to the successful transfer of the management of low-risk patients to community-based care. |

| Sub-Programmes 2.2 – 2.5 (APP: Page 95, Table 37 - DHS4) | | | | | | | |
|--|---|---------------------------------------|----------------------------|------------------------|----------------------------|---|--|
| Strategic Objective | Performance Indicator | Data Source | Actual Achievement 2012/13 | Planned Target 2013/14 | Actual Achievement 2013/14 | Deviation from Planned Target to Actual Achievement for 2013/14 | Comment on Deviation |
| | | | | | | | The community-based DHIS Module was activated in October 2013. This trend will be monitored once more data is collected on the community-based DHIS Module. |
| | 3. PHC headcount under 5 years | PHC tick register/ DHIS calculates | 5 173 787 | 5 511 337 | 5 123 775 | (7%) | It is suspected that strengthening of the community-based interventions including the Phila Mntwana Centres to promote growth monitoring, oral rehydration, and breast feeding and immunisation impacted on the under-5 headcount in clinics. The community-based DHIS Module was activated in October 2013. This trend will be monitored once more data is collected on the community-based DHIS Module. |
| | 4. PHC utilisation rate (annualised) | DHIS calculates | 2.9 | 3 | 3.1 | 3% | The 2012/13 target was set using the 2012/13 population (2013/14 estimated population not available at time of setting targets). The unexpected decrease in the estimated population influences the utilisation rate. |
| | <i>PHC headcount total</i> | <i>PHC tick register/ DHIS</i> | <i>31 110 527</i> | | <i>31 888 199</i> | | |
| | <i>Population total (KZN)</i> | <i>Stats SA/ DHIS</i> | <i>10 703 920</i> | | <i>10 456 909</i> | | |
| | 5. PHC utilisation rate under 5 years (annualised) | DHIS calculates | 4.7 | 5 | 4.4 | (12%) | It is suspected that the strengthening of community-based interventions including strengthening of the Phila Mntwana Centres to promote growth monitoring, oral rehydration, breast feeding and immunisation impact on the under-5 headcount in clinics. The assumption will be tested once community-based data is available. The Community-based DHIS Module was activated in October 2013. |
| | <i>PHC total headcount -under 5 years</i> | <i>PHC tick register/ DHIS</i> | <i>5 173 787</i> | | <i>5 123 775</i> | | |
| | <i>Population under 5 years</i> | <i>Stats SA/ DHIS</i> | <i>1 104 893</i> | | <i>1 171 910</i> | | |
| | 6. PHC supervisor visit rate (fixed clinic/ CHC/ CDC) | DHIS calculates | 65.1% | 68% | 62.3% | (9%) | Inadequate resources, including finance and human resources, affected supervisory visits to clinics. |

| Sub-Programmes 2.2 – 2.5 (APP: Page 95, Table 37 - DHS4) | | | | | | | |
|---|--|------------------------|----------------------------|-------------------------------|----------------------------|---|---|
| Strategic Objective | Performance Indicator | Data Source | Actual Achievement 2012/13 | Planned Target 2013/14 | Actual Achievement 2013/14 | Deviation from Planned Target to Actual Achievement for 2013/14 | Comment on Deviation |
| | PHC supervisor visit (fixed clinic/CHC/CDC) | Supervisor checklists | 4 784 | | 4 816 | | |
| | Fixed clinics plus fixed CHCs/CDCs | DHIS calculates | 613 | | 7 736 | | |
| | 7. Complaints resolution within 25 working days rate | DHIS calculates | Not reported | 75% | 89.6% | 19% | NIDS denominator changed from "number of complaints received" to "number of complaints resolved". Implementation of the National Core Standards (NCS) is expected to improve patient care and quality of services. |
| | Complaints resolved within 25 working days | Complaint register | | | 3 041 | | |
| | Total number complaints resolved | Complaint register | | | 3 396 | | |
| | 8. Number of PHC facilities assessed for compliance against the 6 priorities of the core standards | Assessment Records/ QA | 481* | 582 or 100% of PHC facilities | 416 (out of 588) | (29%) | The total number of PHC facilities increased from 582 to 588. The Local Government clinics in eThekweni have not been included in assessments. |
| Notes | | | | | | | |
| <ul style="list-style-type: none"> Indicator 1 [Provincial PHC expenditure per uninsured person]: Expenditure includes Sub-Programmes 2.2 - 2.7 (excluding Transfers & Subsidies and Payment for Capital and Financial Assets). The uninsured population was calculated using 87.5% of the total provincial population (Source: General Health Survey 2010/ 2012). [*] Denotes updated baseline data since tabling of the 2012/13 Annual Report. Indicators 4 & 5 [PHC utilisation]: Population data will not align with the Treasury Quarterly Report population data. The Quarterly Report Template was locked by National Treasury before DHIS population was amended. The NDoH has alerted the National Auditor General and National Treasury Departments. | | | | | | | |

Table 31: Provincial Strategic Objectives, Performance Indicators and Annual Targets for DHS

| Sub-Programmes 2.2 – 2.5 (APP: Page 97, Tables 38, 39 & 40 - DHS3 (a)(b)(c)) | | | | | | | |
|---|---|--------------------------------|----------------------------|------------------------|----------------------------|--|---|
| Strategic Objective | Performance Indicator | Data Source | Actual Achievement 2012/13 | Planned Target 2013/14 | Actual Achievement 2013/14 | Deviation from Planned Target to Actual Achievement for 2013/14 | Comment on Deviation |
| STRATEGIC GOAL 1: OVERHAUL PROVINCIAL HEALTH SERVICES | | | | | | | |
| 1.7) Strengthen governance structures, in line with the National Health Act, 2003 and social compact for health | 1.7.1) Percentage of clinics with functional Clinic Committees <i>Number of provincial clinics with a functional Clinic Committee</i> <i>Number of provincial clinics</i> | IGR database | 95.1% | 100% | 95% | (5%) | High turn-over rate of appointed committee members. |
| | | <i>Appointment letters</i> | 450 | | 541 | | |
| | | <i>DHIS calculates</i> | 473 | | 569 | | |
| | 1.7.2) Percentage of CHCs with functional Clinic Committees <i>Number CHC's with functional Clinic Committee</i> <i>Number of CHC's</i> | IGR database | 89.5% | 100% | 95% | (5%) | |
| | | <i>Appointment letters</i> | 17 | | 18 | | |
| | | <i>DHIS calculates</i> | 19 | | 19 | | |
| 1.10) Revitalisation of PHC services as per STP imperatives and Implementation Plan | 1.10.1) Number of accredited Health Promoting Schools (cumulative) | HPS database/ PGDP Report | 247 | 240 | 245 | 2% | Emphasis on health promotion as part of PHC re-engineering. |
| | 1.10.2) School ISHP coverage (annualised) <i>Number of schools where learners were screened</i> <i>Schools – total</i> | DHIS calculates | 60% | 70% | 9.6% | (86%) | The DHIS Module for School Health Services was activated in October 2013. Data is therefore incomplete. According to Programme records, 2 056 schools were visited for screening of learners (32.5% coverage). |
| | | <i>Tick register SHS/ DHIS</i> | 2 671 | | 613 | | |
| | | <i>DBE database/ DHIS</i> | 4 425 | | 6 335 | | |
| 1.10.3) Number of operational PHC Outreach Teams (cumulative) | PHC database | 45 | 86 | 109 | 27% | Re-engineering of PHC was prioritised including appointment of ward-based teams. | |
| 1.10.4) Number of operational School Health Teams (cumulative) | School Health database/ PGDP Report | 147 | 179 | 176 | (2%) | Within acceptable deviation range. | |

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| Sub-Programmes 2.2 – 2.5 (APP: Page 97, Tables 38, 39 & 40 - DHS3 (a)(b)(c)) | | | | | | | |
|--|---|--|----------------------------|------------------------|----------------------------|---|---|
| Strategic Objective | Performance Indicator | Data Source | Actual Achievement 2012/13 | Planned Target 2013/14 | Actual Achievement 2013/14 | Deviation from Planned Target to Actual Achievement for 2013/14 | Comment on Deviation |
| | 1.10.5) Number of operational District Specialist Teams | Appointment letters/ District Management | 11 | 11 | 11 | No deviation | All teams are incomplete, mainly due to challenges in recruitment of specialists. Recruitment and appointment processes prioritised for 2014/15. |
| | 1.10.6) Dental extraction to restoration ratio | DHIS calculates | 16:1 | 14:1 | 17:1 | (21%) | Poor compliance to protocols taking into consideration the increased number of extraction. Acceleration of the Oral School Health Programme is expected to impact on the indicator. |
| | <i>Total number of tooth extractions</i> | <i>Tick register/ DHIS</i> | <i>474 838</i> | | <i>512 888</i> | | |
| | <i>Total number of tooth restorations</i> | <i>Tick register/ DHIS</i> | <i>29 161</i> | | <i>30 089</i> | | |
| 1.10.7) Dental headcount | PHC tick register/ DHIS calculates | 546 730 | 557 664 | 588 650 | 6% | Improved access to the service at PHC level as part of the re-engineering of PHC. | |
| 1.10.8) PHC budget as % of total budget | BAS | 25.1%* | 26.11% | 26.4% | (1%) | Within acceptable deviation range. | |
| <i>Budget for Sub-Programmes 2.2 - 2.7</i> | <i>BAS (R'000)</i> | <i>6 902 553</i> | | <i>7 707 763</i> | | | |
| <i>Total health budget</i> | <i>BAS (R'000)</i> | <i>27 395 284</i> | | <i>29 219 210</i> | | | |
| STRATEGIC GOAL 2: IMPROVE THE EFFICIENCY AND QUALITY OF HEALTH SERVICES | | | | | | | |
| 2.1) Implement the National Core Standards for quality in 100% of facilities towards accreditation of 10% PHC clinics, 100% CHC's and 100% District Hospitals by 2014/15 | 2.1.1) Percentage of clinics fully compliant with the 6 priorities of the National Core Standards | QA database | 0% | 5% | 5.6% | 12% | Implementation of the National Core Standards has been prioritised. |
| | <i>Number of clinics fully compliant with the 6 priorities of the National Core Standards</i> | <i>Assessment records</i> | <i>0</i> | | <i>32</i> | | |
| | <i>Number of fixed PHC clinics</i> | <i>DHIS calculates</i> | <i>569</i> | | <i>569</i> | | |
| | 2.1.2) Percentage of CHCs fully compliant with the 6 priorities of the National Core Standards | QA database | 0% | 44% | 5.3% | (88%) | Slower than expected progress partly due to pressures on infrastructure projects (within limited funding envelope). |
| <i>Number of CHCs fully compliant with the 6 priorities of the National Core Standards</i> | <i>Assessment records</i> | <i>0</i> | | <i>1</i> | | | |
| <i>Total number of CHC's</i> | <i>DHIS calculates</i> | <i>19</i> | | <i>19</i> | | | |

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| Sub-Programmes 2.2 – 2.5 (APP: Page 97, Tables 38, 39 & 40 - DHS3 (a)(b)(c)) | | | | | | | |
|--|--|--|---------------------------------------|------------------------|--|---|---|
| Strategic Objective | Performance Indicator | Data Source | Actual Achievement 2012/13 | Planned Target 2013/14 | Actual Achievement 2013/14 | Deviation from Planned Target to Actual Achievement for 2013/14 | Comment on Deviation |
| | 2.1.3) Percentage of CHCs conducting annual Patient Satisfaction Survey's <i>Number CHCs that conducted a Patient Satisfaction Survey in the last 12 months</i> <i>Number of CHC's</i> | DHIS calculates <i>Survey reports</i> <i>DHIS calculates</i> | 89% <i>17</i> <i>19</i> | 100% | 100% <i>19</i> <i>19</i> | No deviation | - |
| STRATEGIC GOAL 3: REDUCE MORBIDITY AND MORTALITY DUE TO COMMUNICABLE DISEASES AND NON-COMMUNICABLE ILLNESSES AND CONDITIONS | | | | | | | |
| 3.3) Prevent and manage non-communicable diseases with a focus on hypertension and diabetes | 3.3.1) Diabetes client treatment - new | PHC tick register/ DHIS calculates | 23 856 | 25 151 | 18 915 | 25% | The significant decrease is against the expected trend and no evidence is available to explain the deviation. An in-depth evaluation and analysis is necessary to interpret disease trends. |
| | 3.3.2) Hypertension client treatment - new | PHC tick register/ DHIS calculates | 55 041 | 61 377 | 54 592 | 11% | The decrease is against the expected trend and no empirical evidence is available to explain the deviation. The impact of intensified healthy lifestyles programmes will be monitored over time to determine the impact on disease trends. |
| Notes | | | | | | | |
| <ul style="list-style-type: none"> ▪ [*] Denotes baseline data that have been updated since tabling of the 2012/13 Annual Report. ▪ <u>Indicators 1.10.3 and 1.10.4 [Number of operational PHC outreach and School Health Teams]</u>: The indicators report on the number of appointed teams. Due to poor linkage on information systems (Persal, BAS and reporting in DHIS) it is not possible to determine if all teams are fully operational. This is being corrected at provincial and district levels. ▪ <u>Indicator 1.10.6 [Dental extraction to restoration ratio]</u>: This data includes data at all levels of care (tooth extraction) including PHC, and district, regional and tertiary hospitals. ▪ <u>Indicator 1.10.8 [PHC budget]</u>: Numerator includes Sub-Programmes 2.1 – 2.7 | | | | | | | |

DISTRICT HOSPITALS**Table 32: Situation Analysis Indicators for District Hospitals**

| Sub-Programme 2.9 (APP: Page 105, Table 42 - DHS6) | | | | | | | | | | | | |
|--|--------------------------------|-------------|-----------------------|------------------|--------------------|-----------------|------------------|----------------------|-------------------|----------------|---------------------|-------------------|
| Indicator | Provincial Performance 2013/14 | Ugu 2013/14 | Umgungundlovu 2013/14 | Uthukela 2013/14 | Umzinyathi 2013/14 | Amajuba 2013/14 | Zululand 2013/14 | Umkhanyakude 2013/14 | Uthungulu 2013/14 | iLembe 2013/14 | Harry Gwala 2013/14 | eThekweni 2013/14 |
| 1. Delivery by caesarean section rate | 27.4% | 36.3% | 31.1% | 23.0% | 20.6% | 22.9% | 25.4% | 21.6% | 28.8% | 28.1% | 25.8% | 37.1% |
| <i>Delivery by caesarean section</i> | 23 862 | 3 128 | 2 142 | 1 162 | 2 226 | 157 | 3 735 | 2 620 | 2 045 | 735 | 2 100 | 3 812 |
| <i>Delivery in facility total</i> | 87 009 | 8 621 | 6 891 | 5 043 | 10 813 | 685 | 14 678 | 12 140 | 7 098 | 2 614 | 8 142 | 10 284 |
| 2. In-patient separations - total | 342 311 | 36 094 | 29 317 | 20 089 | 39 484 | 2 484 | 51 407 | 49 071 | 33 342 | 12 806 | 31 185 | 37 032 |
| 3. Patient day equivalent | 2 907 955 | 304 324 | 274 324 | 158 067 | 322 276 | 34 454 | 426 737 | 386 777 | 320 247 | 117 429 | 233 502 | 329 818 |
| 4. OPD headcount - total | 2 459 718 | 243 602 | 313 356 | 140 503 | 212 050 | 72 361 | 290 953 | 338 057 | 329 742 | 105 418 | 154 688 | 258 988 |
| 5. Average length of stay - total | 5.8 Days | 5.9 Days | 5.2 Days | 5.3 Days | 6.1 Days | 3.7 Days | 6.2 Days | 5.5 Days | 6.1 Days | 6.3 Days | 5.5 Days | 6.1 Days |
| <i>In-patient days - total</i> | 1 986 431 | 211 944 | 153 156 | 105 557 | 239 831 | 9 040 | 318 441 | 270 775 | 201 880 | 80 165 | 172 026 | 223 616 |
| <i>Day patients</i> | 10 623 | 153 | 816 | 184 | 165 | 420 | 983 | 195 | 298 | 1 060 | 208 | 6 141 |
| <i>Inpatient separations</i> | 342 311 | 36 094 | 29 317 | 20 089 | 39 484 | 2 484 | 51 407 | 49 071 | 332 342 | 12 806 | 31 185 | 37 032 |
| 6. In-patient bed utilisation rate - total | 64.5% | 70.9% | 74.6% | 63.4% | 63.6% | 44.3% | 67.5% | 60.7% | 47.2% | 56.7% | 66.8% | 83.2% |
| <i>In-patient days - total</i> | 1 986 431 | 211 944 | 153 156 | 105 557 | 239 831 | 9 040 | 318 441 | 270 775 | 201 880 | 80 165 | 172 026 | 223 616 |
| <i>Day patients</i> | 10 623 | 153 | 816 | 184 | 165 | 420 | 983 | 195 | 298 | 1 060 | 208 | 6 141 |

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| Sub-Programme 2.9 (APP: Page 105, Table 42 - DHS6) | | | | | | | | | | | | |
|--|--------------------------------|-------------|-----------------------|------------------|--------------------|-----------------|------------------|----------------------|-------------------|----------------|---------------------|-------------------|
| Indicator | Provincial Performance 2013/14 | Ugu 2013/14 | Umgungundlovu 2013/14 | Uthukela 2013/14 | Umzinyathi 2013/14 | Amajuba 2013/14 | Zululand 2013/14 | Umkhanyakude 2013/14 | Uthungulu 2013/14 | iLembe 2013/14 | Harry Gwala 2013/14 | eThekweni 2013/14 |
| Inpatient bed days available | 3 088 508 | 299 026 | 205 921 | 166 714 | 376 984 | 20 866 | 472 493 | 446 182 | 428 297 | 142 228 | 257 477 | 272 320 |
| 7. Expenditure per patient day equivalent | R 1 941 | R 1 523 | R 1 708 | R 1 781 | R 1 829 | R 1 981 | R 1 692 | R 1 674 | R 1 730 | R 2 119 | R 1 736 | R 1 063 |
| Sub-Programme 2.9 expenditure total (R'000) | 5 433 841 | 463 734 | 444 694 | 281 521 | 589 499 | 68 259 | 718 039 | 647 730 | 560 609 | 248 913 | 405 470 377 | 317 950 |
| Patient day equivalent | 2 799 322 | 304 324 | 274 324 | 158 067 | 322 276 | 34 454 | 426 268 | 386 777 | 320 247 | 117 429 | 233 502 | 223 654 |
| 8. Complaint resolution within 25 working days rate | 84.9% | 75.2% | 108.5% | 96.5% | 87.7% | 93.3% | 34.8% | 92.9% | 92.9% | 97.6% | 90.8% | 69.5% |
| Complaints resolved within 25 working days | 1 727 | 88 | 229 | 55 | 71 | 14 | 16 | 276 | 353 | 40 | 158 | 427 |
| Complaints resolved | 2033 | 117 | 211 | 57 | 81 | 15 | 46 | 297 | 380 | 41 | 174 | 614 |
| 9. Mortality and morbidity review rate | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| Number of District hospitals that conducted monthly mortality and morbidity meetings | 37 | 3 | 2 | 2 | 4 | 1 | 5 | 5 | 6 | 3 | 4 | 2 |
| Total number of District Hospitals (excluding State-Aided) | 37 | 3 | 2 | 2 | 4 | 1 | 5 | 5 | 6 | 3 | 4 | 2 |
| 10. Patient satisfaction rate | 88.2% | - | - | - | - | - | - | - | - | - | - | - |

| Sub-Programme 2.9 (APP: Page 105, Table 42 - DHS6) | | | | | | | | | | | | |
|--|--------------------------------|-------------|-----------------------|------------------|--------------------|-----------------|------------------|----------------------|-------------------|----------------|---------------------|-------------------|
| Indicator | Provincial Performance 2013/14 | Ugu 2013/14 | Umgungundlovu 2013/14 | Uthukela 2013/14 | Umzinyathi 2013/14 | Amajuba 2013/14 | Zululand 2013/14 | Umkhanyakude 2013/14 | Uthungulu 2013/14 | iLembe 2013/14 | Harry Gwala 2013/14 | eThekweni 2013/14 |
| Number satisfied customers | 7 144 | - | - | - | - | - | - | - | - | - | - | - |
| Number users participated in survey | 8 100 | - | - | - | - | - | - | - | - | - | - | - |
| 11. Number of hospitals assessed for compliance against the 6 priorities of the core standards | 37 | 3 | 2 | 2 | 4 | 1 | 5 | 5 | 6 | 3 | 4 | 2 |

Notes

- Source: Similar to table below.
- Indicator 7 [Expenditure per PDE]: Source - 2013/14 District Health Expenditure Review. Expenditure in DHER will not align with the Provincial data in the next table due to specific exclusion as per DHER Guidelines. The expenditure for Hlabisa, Catherine Booth & Manguzi (with MDR TB units funded under Sub-Programme 4.2) has been excluded in DHER calculations.
- Data for District Hospital services includes State-Aided Hospitals **except for Indicator 7** [Expenditure per Patient Day Equivalent] which is relevant to provincial hospitals only.
- McCords Hospital was taken over by the Provincial Department of Health on 1 February 2014 but remained classified as State-Aided Hospital on DHIS for 2013/14. This will change for 2014/15 reporting.

Table 33: Performance Indicators for District Hospitals

| Sub-Programme 2.9 (APP: Page 107, Table 43 - DHS8) | | | | | | | |
|---|---------------------------------------|--------------------------|----------------------------|------------------------|----------------------------|---|---|
| Strategic Objective | Performance Indicator | Data Source | Actual Achievement 2012/13 | Planned Target 2013/14 | Actual Achievement 2013/14 | Deviation from Planned Target to Actual Achievement for 2013/14 | Comment on Deviation |
| STRATEGIC GOAL 1: OVERHAUL PROVINCIAL HEALTH SERVICES | | | | | | | |
| 1.11) Rationalise hospital services in line with service delivery needs and STP imperatives | 1. Delivery by caesarean section rate | DHIS calculates | 27% | 25.5% | 27.4% | 7% | Factors considered relevant to deviation include late bookings for antenatal care (after 20 weeks); poor management of intra-partum care; the high teenage pregnancy rate; and HIV prevalence. |
| | <i>Delivery by caesarean section</i> | <i>Delivery register</i> | 23 523 | | 23 862 | | |
| | <i>Delivery in facility total</i> | <i>Delivery register</i> | 87 124 | | 87 009 | | |
| | | | | | | | |
| | 2. In-patient separations - total | DHIS calculates | 353 017 | 374 671 | 342 311 | (9%) | Patient activity is unpredictable although it is assumed that improved management of patients at PHC level will result in reduced patient activity at hospital level. Further in-depth analysis of trends over an extended period is necessary to test the assumption. |
| | 3. Patient day equivalent | DHIS calculates | 2 791 065* | 3 080 078 | 2 907 955 | (6%) | Patient activity is unpredictable although it is assumed that improved management of patients at PHC level will result in reduced patient activity at hospital level. Further in-depth analysis of trends over an extended period is necessary to test the assumption. |
| | 4. OPD headcounts - total | DHIS calculates | 2 611 405 | 2 738 534 | 2 459 718 | (10%) | Patient activity is unpredictable although it is assumed that improved management of patients at PHC level will result in reduced patient activity at hospital level. Further in-depth analysis of trends over an extended period is necessary to test the assumption. |

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| Sub-Programme 2.9 (APP: Page 107, Table 43 - DHS8) | | | | | | | |
|--|---|----------------------------|----------------------------|------------------------|----------------------------|---|---|
| Strategic Objective | Performance Indicator | Data Source | Actual Achievement 2012/13 | Planned Target 2013/14 | Actual Achievement 2013/14 | Deviation from Planned Target to Actual Achievement for 2013/14 | Comment on Deviation |
| | 5. Average length of stay - total | DHIS calculates | 5.6 Days | 5.4 Days | 5.8 Days | (7%) | The decrease in separations; longer stay of TB, mental health care users and orthopaedic patients; and high burden of disease contributes to increased average length of stay. |
| | <i>In-patient days - total</i> | <i>Midnight census</i> | <i>1 968 788</i> | | <i>1 986 431</i> | | |
| | <i>Day patients</i> | <i>Midnight census</i> | <i>15 315</i> | | <i>10 623</i> | | |
| | <i>Inpatient separations</i> | <i>DHIS calculates</i> | <i>353 017</i> | | <i>342 311</i> | | |
| | | | | | | | |
| | 6. In-patient bed utilisation rate - total | DHIS calculates | 63.2% | 66% | 64.5% | (2%) | Within an acceptable deviation range. Bed allocation (per clinical domain), resource allocation (human and financial resources) and the package of services are being reviewed to improve efficiencies. |
| | <i>In-patient days - total</i> | <i>Midnight census</i> | <i>1 968 788</i> | | <i>1 986 431</i> | | |
| | <i>Day patients</i> | <i>Midnight census</i> | <i>15 315</i> | | <i>10 623</i> | | |
| | <i>Inpatient beds total</i> | <i>Management</i> | <i>3 128 354</i> | | <i>3 088 508</i> | | |
| | 7. Expenditure per patient day equivalent | BAS / DHIS | R 1 756* | R 1 714 | R 1 941 | 13% | Mainly increased cost of medicines, blood and laboratory tests, which is exacerbated by the increasing burden of disease. |
| | <i>Expenditure total (R'000)</i> | <i>BAS (R'000)</i> | <i>4 901 829*</i> | | <i>5 433 841</i> | | |
| | <i>Patient day equivalent</i> | <i>DHIS calculates</i> | <i>2 791 065</i> | | <i>2 799 322</i> | | |
| | 8. Complaint resolution within 25 working days rate | DHIS calculates | 79.2% | 75% | 84.9% | 13% | The change in the NIDS definition i.e. denominator changing from "number of complaints received" to "complaints resolved" influenced performance against target. Implementation of the National Core Standards is expected to improve patient satisfaction and quality. |
| | <i>Complaints resolved within 25 working days</i> | <i>Complaints register</i> | <i>1 808</i> | | <i>1 727</i> | | |
| | <i>Complaints resolved</i> | <i>Complaints register</i> | <i>2 308</i> | | <i>2 033</i> | | |
| | 9. Mortality and morbidity review rate | Manually calculated | 91.8% | 100% | 100% | No deviation | - |
| | <i>Number of District hospitals that conducted monthly mortality and morbidity meetings</i> | <i>Minutes of meetings</i> | <i>34</i> | | <i>37</i> | | |
| | <i>Total number of District Hospitals</i> | <i>DHIS calculates</i> | <i>37</i> | | <i>37</i> | | |

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| Sub-Programme 2.9 (APP: Page 107, Table 43 - DHS8) | | | | | | | |
|--|---|--|----------------------------|------------------------|----------------------------|---|--|
| Strategic Objective | Performance Indicator | Data Source | Actual Achievement 2012/13 | Planned Target 2013/14 | Actual Achievement 2013/14 | Deviation from Planned Target to Actual Achievement for 2013/14 | Comment on Deviation |
| | 10. Patient satisfaction rate | DHIS Module | 84% | 100% | 88.2% | (11.8%) | Waiting times cited as most common complaint. Implementation of the National Core Standards is expected to have a positive impact on patient satisfaction. |
| | <i>Number satisfied customers</i> | <i>Patient satisfaction survey results</i> | 2 351 | | 7 144 | | |
| | <i>Number users participated in surveys</i> | <i>Patient satisfaction survey</i> | 2 801 | | 8 100 | | |
| | 11. Number of District Hospitals assessed for compliance against the 6 priorities of the core standards | Assessment records/ QA database | 35 | 37 | 37 | No deviation | - |
| Notes <ul style="list-style-type: none"> [*] Denotes data that have been verified and changed since tabling of the 2012/13 Annual Report. Indicator 9 [Mortality review meetings]: The DHIS definition is incorrect and QPR data will therefore not align with the Annual Report data. McCords Hospital has not been included in the denominator (taken over by Province in February 2014). Indicator 11 [Hospitals assessed for compliance against core standards]: Denominator excludes McCords Hospital that was taken over by the Province in February 2014. | | | | | | | |

Table 34: Provincial Strategic Objectives and Annual Targets for District Hospitals

| Sub-Programme 2.9 (APP: Page 109, Table 44 & 45 - DHS7 (a)(b)) | | | | | | | |
|--|--|---|----------------------------|------------------------|----------------------------|---|--|
| Strategic Objective | Performance Indicator | Data Source | Actual Achievement 2012/13 | Planned Target 2013/14 | Actual Achievement 2013/14 | Deviation from Planned Target to Actual Achievement for 2013/14 | Comment on Deviation |
| STRATEGIC GOAL 1: OVERHAUL PROVINCIAL HEALTH SERVICES | | | | | | | |
| 1.7) Strengthen governance structures and social compact for health. | 1.7.1) Percentage of District Hospitals with functional Hospital Boards | IGR database | 97.2% | 100% | 95% | 5% | High turn-over of appointed Board Members remain a challenges – especially in rural areas. |
| | <i>Total number of District Hospitals with functional Hospital Boards</i> | <i>Appointment letters/ Minutes of meetings</i> | 36 | | 36 | | |
| | <i>Total number of District Hospitals (excluding state-aided)</i> | <i>DHIS calculates</i> | 37 | | 38 | | |
| STRATEGIC GOAL 2: IMPROVE THE EFFICIENCY AND QUALITY OF HEALTH SERVICES | | | | | | | |
| 2.1) Implement the National Core Standards for quality in 100% of facilities towards accreditation of 100% District Hospitals by 2014/15 | 2.1.1) Number of District Hospitals fully compliant with the 6 priorities of the National Core Standards | Assessment records/ QA database | 0 | 7 | 2 | (71%) | Considerable investment is necessary to ensure facility compliance to the National Core Standards. Facility Improvement Teams have been appointed to scale up programmes. |

HIV & AIDS, STI AND TB CONTROL**Table 35: Situation Analysis Indicators for HIV & AIDS, STI and TB Control – 2013/14**

| Sub-Programme 2.6 (APP: Page 114, Table 47 - HIV1) | | | | | | | | | | | | |
|--|--------------------------------|-------------|-----------------------|------------------|---------------------|-----------------|------------------|----------------------|-------------------|----------------|---------------------|-------------------|
| Indicator | Provincial Performance 2013/14 | Ugu 2013/14 | Umgungundlovu 2013/14 | Uthukela 2013/14 | Umkhanyathi 2013/14 | Amajuba 2013/14 | Zululand 2013/14 | Umkhanyakude 2013/14 | Uthungulu 2013/14 | iLembe 2013/14 | Harry Gwala 2013/14 | eThekweni 2013/14 |
| 1. Total clients remaining on ART (TROA) at end of the month | 840 738 | 59 928 | 92 220 | 40 916 | 41 694 | 34 187 | 66 428 | 58 614 | 88 959 | 49 890 | 36 572 | 271 330 |
| 2. Male condom distribution rate (annualised) | 41.2 | 34.3 | 153.4 | 60.5 | 85.3 | 22.0 | 33.6 | 22.0 | 28.8 | 16.3 | 57.1 | 14.6 |
| <i>Male condoms distributed at public health facilities including NGO's & Private facilities</i> | 134 737 662 | 53 064 747 | 3 852 193 | 7 349 291 | 11 438 182 | 3 427 916 | 7 899 603 | 3 852 193 | 7 349 219 | 7 215 024 | 3 267 984 | 7 509 098 |
| <i>Male population 15 and older</i> | 3 258 094 | 209 771 | 344 096 | 193 224 | 133 296 | 155 245 | 234 104 | 174 299 | 254 396 | 198 888 | 130 838 | 1 229 937 |
| 3. TB (new pulmonary) defaulter rate | 4.8% | 5.4% | 5.2% | 3.3% | 1.6% | 4.4% | 3.7% | 3.0% | 0.4% | 2.5% | 4.6% | 7.3% |
| <i>TB (new pulmonary) treatment defaulter</i> | 1 504 | 118 | 167 | 42 | 20 | 51 | 66 | 59 | 11 | 43 | 79 | 848 |
| <i>TB (new pulmonary) client initiated on treatment</i> | 30 902 | 2 190 | 3 233 | 1 287 | 1 281 | 1 151 | 1 792 | 1 936 | 3 018 | 1 741 | 1 701 | 11 572 |
| 4. TB AFB sputum result turn-around time under 48 hours rate | 79% | 57% | 85% | 85.7% | 94% | 63% | 81.9% | 71% | Not available | 92% | 54% | 84% |

| Sub-Programme 2.6 (APP: Page 114, Table 47 - HIV1) | | | | | | | | | | | | |
|---|--------------------------------|-------------|-----------------------|------------------|---------------------|-----------------|------------------|----------------------|-------------------|----------------|---------------------|-------------------|
| Indicator | Provincial Performance 2013/14 | Ugu 2013/14 | Umgungundlovu 2013/14 | Uthukela 2013/14 | Umkhanyathi 2013/14 | Amajuba 2013/14 | Zululand 2013/14 | Umkhanyakude 2013/14 | Uthungulu 2013/14 | iLembe 2013/14 | Harry Gwala 2013/14 | eThekweni 2013/14 |
| TB AFB sputum result received within 48 hours | 159 001 | 10 911 | 20 048 | 15 002 | 14 221 | 10 257 | 17 046 | 8 052 | Not available | 7 039 | 7 692 | 30 919 |
| TB AFB sputum sample sent | 200 767 | 18 945 | 23 514 | 17 498 | 15 269 | 16 281 | 20 806 | 11 317 | 18 577 | 7 640 | 14 223 | 36 697 |
| 5. TB new client treatment success rate | 85% | 82.8% | 85.1% | 82% | 86.8% | 81.3% | 85% | 81.8% | 96.1% | 88.8% | 82.7% | 83.2% |
| TB clients cured or completed treatment | 26 256 | 1 814 | 2 750 | 1 054 | 1 112 | 936 | 1 523 | 1 583 | 2 895 | 2 899 | 1 406 | 9 633 |
| TB (new pulmonary) clients initiated on treatment | 30 902 | 2 190 | 3 233 | 1 287 | 1 281 | 1 151 | 1 792 | 1 936 | 3 018 | 1 741 | 1 701 | 11 572 |
| 6. HIV/TB co-infected patient initiated on ART rate | 59% | 42.0% | 54.1% | 44.5% | 59.4% | 60.3% | 81.2% | 71.0% | 45.4% | 59.4% | 87.8% | 64.3% |
| Total number of TB/HIV co-infected patients on ART | 26 285 | 2 366 | 1 997 | 1 132 | 754 | 482 | 2 510 | 1 469 | 2 320 | 1 861 | 1 280 | 10 064 |
| TB / HIV co-infected client - total | 44 445 | 5 638 | 3 692 | 2 542 | 1 269 | 799 | 3 091 | 2 069 | 5 109 | 3 132 | 1 458 | 15 646 |
| 7. HIV testing coverage | 34% | 45.0% | 25.5% | 31.7% | 56.0% | 43.1% | 36.2% | 32.5% | 39.1% | 30.4% | 48.7% | 27.5% |
| HIV test client 15-49 years | 1 885 590 | 170 096 | 149 529 | 111 985 | 146 364 | 115 980 | 155 472 | 105 082 | 184 602 | 105 693 | 118 222 | 522 565 |
| Population 15-49 years | 5 543 497 | 376 231 | 584 150 | 351 580 | 260 044 | 267 858 | 427 525 | 321 641 | 470 158 | 345 444 | 241 628 | 1 897 238 |
| 8. TB (new pulmonary) cure rate | 81.8% | 76.2% | 84.7% | 79.5% | 86.4% | 72.5% | 84.9% | 77.2% | 95.9% | 87.9% | 82.2% | 78.4% |

| Sub-Programme 2.6 (APP: Page 114, Table 47 - HIV1) | | | | | | | | | | | | |
|---|--------------------------------|-------------|-----------------------|------------------|---------------------|-----------------|------------------|----------------------|-------------------|----------------|---------------------|-------------------|
| Indicator | Provincial Performance 2013/14 | Ugu 2013/14 | Umgungundlovu 2013/14 | Uthukela 2013/14 | Umkhanyathi 2013/14 | Amajuba 2013/14 | Zululand 2013/14 | Umkhanyakude 2013/14 | Uthungulu 2013/14 | iLembe 2013/14 | Harry Gwala 2013/14 | eThekweni 2013/14 |
| <i>TB (new pulmonary) client cured</i> | 25 285 | 1 669 | 2 739 | 1 023 | 1 107 | 835 | 1 521 | 1 495 | 2 895 | 1 531 | 1 398 | 9 072 |
| <i>TB (new pulmonary) client initiated on treatment</i> | 30 902 | 2 190 | 3 233 | 1 287 | 1 281 | 1 151 | 1 792 | 1 936 | 3 018 | 1 741 | 1 701 | 11 572 |

Notes

- Source: Data sources are similar to sources indicated in the table below.
- Indicator 2 [Male Condom distribution rate]: The indicator reflects the global distribution of condoms.
- Indicator 7 [HIV testing coverage]: The indicator changed from HCT Testing (Numerator: Number of clients tested for HIV and Denominator: Number of clients pre-test counselled) to HIV testing coverage as indicated in the current indicator. The target was based on previous indicator and baseline established in 2013/14.
- Indicators 2 & 7: This population data will not align with the Treasury Quarterly Report population data, as the Quarterly Report Template was locked by National Treasury before the population was amended on DHIS. The NDoH has informed the National Auditor General and National Treasury Departments.

Table 36: Performance Indicators for HIV & AIDS, STIs and TB Control

| Sub-Programme 2.6 (APP: Page 115, Table 48 - HIV3) | | | | | | | |
|--|---|-------------------------------|----------------------------|------------------------|----------------------------|---|---|
| Strategic Objective | Performance Indicator | Data Source | Actual Achievement 2012/13 | Planned Target 2013/14 | Actual Achievement 2013/14 | Deviation from Planned Target to Actual Achievement for 2013/14 | Comment on Deviation |
| STRATEGIC GOAL 3: REDUCE MORBIDITY AND MORTALITY DUE TO COMMUNICABLE DISEASES AND NON-COMMUNICABLE ILLNESSES AND CONDITIONS | | | | | | | |
| 3.1) Scale up implementation of the integrated HIV & AIDS, STI and TB Strategic Plan to reduce HIV incidence to less than 1% by 2016 | 1. Total clients remaining on ART (TROA) at end of the month | ART register/ DHIS calculates | 726 338 | 846 919 | 840 738 | (0.7%) | Within acceptable deviation range. Clients lost to follow up and non-compliance to treatment influenced performance against target. Bogus healers, claiming to cure HIV & AIDS, continue to convince some clients to stop ARV treatment. This is being addressed as part of the communication strategy. |
| | 2. Male condom distribution rate (annualised) | DHIS calculates | 17.1 | 20 | 41.2 | 106% | Integrated strategy between health and non-health agencies/ facilities improved distribution. Other contributing factors, coordinated by the Department to ensure sustainability, include: Four newly established distribution sites for taxi drivers in Harry Gwala District; Two sites for Correctional Services in Uthukela; and five sites for sex workers in eThekweni Metro. Five mobile vehicles have been procured in 2013/14 to cover areas that were identified potential new HTA intervention sites. |
| | <i>Male condoms distributed at public health facilities, NGO's & private facilities</i> | <i>Stock cards/ DHIS</i> | <i>59 771 737</i> | | <i>134 737 662</i> | | |
| | <i>Male population 15 and older</i> | <i>Stats SA/ DHIS</i> | <i>3 493 699</i> | | <i>3 258 094</i> | | |
| 3. TB (new pulmonary) defaulter rate | ETR.Net calculates | 5.4% | 5% | 4.8% | 4% | Improved patient linkage, patient education and improved tracking and tracing systems at community level contributed to better than expected performance. | |
| <i>TB (new pulmonary) treatment defaulter</i> | <i>TB register</i> | <i>1 809</i> | | <i>1 504</i> | | | |
| <i>TB (new pulmonary) client initiated on treatment</i> | <i>TB register</i> | <i>33 731</i> | | <i>30 902</i> | | | |
| 4. TB AFB sputum result turn-around time under 48 hours rate | ETR.Net calculates | 70.1% | 65% | 79% | 22% | Improved daily sputum collection directly from clinics by NHLS and the SMS printer system for results from NHLS reduced turn-around time for | |

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| Sub-Programme 2.6 (APP: Page 115, Table 48 - HIV3) | | | | | | | |
|--|---|--------------------------|----------------------------|------------------------|----------------------------|---|---|
| Strategic Objective | Performance Indicator | Data Source | Actual Achievement 2012/13 | Planned Target 2013/14 | Actual Achievement 2013/14 | Deviation from Planned Target to Actual Achievement for 2013/14 | Comment on Deviation |
| | TB AFB sputum result received within 48 hours | TB register | 487 257 | | 159 001 | | sputum results resulting in earlier initiation of treatment. |
| | TB AFB sputum sample sent | TB register | 694 643 | | 200 767 | | |
| | 5. TB new client treatment success rate | ETR.Net calculates | 70.1% | 80% | 85% | 6% | Improved management of patients (compliance to protocols and guidelines) resulting in improved TB outcomes i.e. decreased defaulter and death rates. |
| | TB clients cured OR completed treatment | TB register | 24 500* | | 26 256 | | |
| | TB (new pulmonary) clients initiated on treatment | TB register | 34 951* | | 30 902 | | |
| | 6. HIV/TB co-infected patient initiated on ART rate | ETR.Net/ DHIS calculates | 63.3% | 70% | 59% | (16%) | The delay in ART initiation is often due to patients who have to start on the TB intensive phase treatment before they can be initiated on ART. Data is therefore often updated in the subsequent quarter as a result of this delay in initiation of ART. |
| | Total number of TB/HIV co- infected patients on ART | ART and TB registers | 38 309 | | 26 285 | | |
| | TB / HIV co-infected client - total | ART register | 60 470 | | 44 445 | | |
| | 7. HIV testing coverage | DHIS calculates | 91.2% | 95% | 34% | Target not relevant to revised indicator | The indicator changed from HCT coverage (<u>Numerator</u> : Number of clients tested for HIV and <u>Denominator</u> : Number of clients pre-test counselled). The target (95%) was set for this indicator. Data from Private Practitioners and NGO's are not included in the testing numbers, and all districts did not conduct the Hlola Manje Campaign during 2013/14 due to funding limitations. |
| | HIV test client 15-49 years | PHC tick register | 2 312 535 | | 1 885 590 | | |
| | Population 15-49 years | Counselling register | 2 534 537 | | 5 543 497 | | |
| | 8. TB (new pulmonary) cure rate | ETR.Net calculates | 73.5% | 78.9% | 81.8% | 3% | Improved management of patients (compliance to protocols and guidelines) and improved TB outcomes i.e. decreasing defaulter and death rates. |
| | TB (new pulmonary) client cured | TB register | 24 799 | | 25 285 | | |
| | TB (new pulmonary) client initiated on treatment | TB Register | 33 731 | | 30 902 | | |
| Note | | | | | | | |

| Sub-Programme 2.6 (APP: Page 115, Table 48 - HIV3) | | | | | | | |
|--|-----------------------|-------------|----------------------------|------------------------|----------------------------|---|----------------------|
| Strategic Objective | Performance Indicator | Data Source | Actual Achievement 2012/13 | Planned Target 2013/14 | Actual Achievement 2013/14 | Deviation from Planned Target to Actual Achievement for 2013/14 | Comment on Deviation |
| <ul style="list-style-type: none"> Indicator 7 [HIV testing coverage]: The target included in the 2013/14 Annual Performance Plan makes provision for monitoring the number of clients tested versus counselled. The current indicator, population based, will therefore be significantly lower than target set. The target will be amended in the 2014/15 Annual Performance Plan. | | | | | | | |

Table 37: Provincial Strategic Objectives and Annual Targets for HIV & AIDS, STI and TB

| Sub-Programme 2.6 (APP: Page 116, Table 49 - HIV2) | | | | | | | |
|---|---|-------------------------------|----------------------------|------------------------|----------------------------|---|---|
| Strategic Objective | Performance Indicator | Data Source | Actual Achievement 2012/13 | Planned Target 2013/14 | Actual Achievement 2013/14 | Deviation from Planned Target to Actual Achievement for 2013/14 | Comment on Deviation |
| STRATEGIC GOAL 3: REDUCE MORBIDITY AND MORTALITY DUE TO COMMUNICABLE DISEASES AND NON-COMMUNICABLE ILLNESSES AND CONDITIONS | | | | | | | |
| 3.1) Scale up implementation of the integrated HIV & AIDS, STI and TB Strategic Plan to reduce HIV incidence to less than 1% by 2014/15 | 3.1.1) HIV incidence in the general population | ASSA2008 | 1.01% (ASSA2008) | <1% | 1.01% (ASSA2008) | (1%) | Within an acceptable deviation range – note that this is a projection and not actual data. |
| | 3.1.2) Percentage qualifying HIV-positive patients on ART | Calculates manually | Not available | 90% | 118.6 % | 32% | The transfer-in of eligible patients is considered one of the reasons for the actual performance. |
| | <i>Total of the number of patients initiated on ART</i> | ART register/ DHIS | - | | 183 712 | | |
| <i>Total number of eligible HIV positive clients</i> | ASSA2008/ MRC projections | - | | | 155 088 | | |
| | 3.1.3) Number of neo-natal males circumcised (cumulative) | MMC register/ DHIS calculates | 216 | 300 | 709 | 136% | The bulk of neonatal MMC is being done at the Northdale Hospital Centre of Excellence (Umgungundlovu District). |

| Sub-Programme 2.6 (APP: Page 116, Table 49 - HIV2) | | | | | | | |
|--|---|---------------------------------|----------------------------|------------------------|----------------------------|---|---|
| Strategic Objective | Performance Indicator | Data Source | Actual Achievement 2012/13 | Planned Target 2013/14 | Actual Achievement 2013/14 | Deviation from Planned Target to Actual Achievement for 2013/14 | Comment on Deviation |
| | 3.1.4) Number of adult males circumcised (cumulative) | MMC register/ DHIS calculates | 258 946 | 356 960 | 359 210 | 0.6% | MMC is one of the priority programmes in prevention of HIV and AIDS. Activities contributing to the better than expected actual include active mobilisation of the target population, use of Roving Teams to increase output, MMC camps, and training of Medical Officers to perform MMC. |
| | 3.1.5) HIV positive new client initiated on IPT rate | DHIS calculates | 29.3% | 70% | 78.9% | 13% | Improved compliance to the IPT Policy and Guidelines as well as ongoing training and support. |
| | <i>HIV positive new patients started on IPT⁵</i> | ART and PHC tick register/ DHIS | 102 478 | | 112 120 | | |
| | <i>HIV positive client eligible for IPT</i> | ART and PHC tick register/ DHIS | 350 060 | | 142 145 | | |
| | 3.1.6) HIV/TB co-infected patient initiated on CPT rate | DHIS calculates | 59.9% | 90% | 80.9% | (10%) | Clinical management of HIV/TB co-infected patients (adherence to policy and guidelines) is below expectation in some facilities. This is being addressed through training and support. |
| | <i>TB/HIV positive new patients started on co-trimoxazole prophylaxis</i> | ART and PHC tick register/ DHIS | 36 214 | | 35 964 | | |
| | <i>HIV test positive new (including ANC)</i> | ART and PHC tick register/ DHIS | 60 470 | | 44 467 | | |
| | 3.1.7) STI treated new episode incidence (annualised) | DHIS calculates | 6.5% | 2.4% | 6.3% | (163%) | The target (as per Provincial HIV, AIDS, STI and TB Strategic Plan 2012-2016) is considered idealistic especially taking into consideration the HIV disease burden and limited funding envelope. |
| | <i>STI treated -new episode</i> | PHC tick register/ DHIS | 471 781 | | 446 502 | | |
| | <i>Population 15 years and older</i> | Stats SA/ DHIS | 7 264 197 | | 7 037 548 | | |

⁵ DHIS: HIV positive new patients started on INH prevention therapy (IPT)

| Sub-Programme 2.6 (APP: Page 116, Table 49 - HIV2) | | | | | | | |
|---|--|--|----------------------------|------------------------|----------------------------|---|---|
| Strategic Objective | Performance Indicator | Data Source | Actual Achievement 2012/13 | Planned Target 2013/14 | Actual Achievement 2013/14 | Deviation from Planned Target to Actual Achievement for 2013/14 | Comment on Deviation |
| 3.2) Scale up implementation of the integrated HIV & AIDS, STI and TB Strategic Plan to reduce TB associated mortality by 80% by 2016 | 3.2.1) Number of MDR-TB cases registered | EDR register/EDR.Web | 2 667* | 2 600 | 3 899 | (50%) | Baseline data was extracted from EDR.Web (not included in the 2012/13 Annual Report). The target was based on preliminary 2012/13 data which changed significantly. Roll-out of GeneXpert technology increase the number of MDR-TB patients put on treatment (shortened turn-around time for results). |
| | 3.2.2) TB-MDR death rate <i>TB-MDR client death during treatment</i> <i>TB-MDR confirmed client initiated on treatment</i> | EDR register/EDR.Web <i>EDR Register</i> <i>EDR Register</i> | Not reported | 10% | 12.7% 224 1 768 | (27%) | Prognosis for MDR-TB patients is poor especially if treatment is delayed (late diagnosis) or if patients are non-compliant to the treatment regime. It is expected that early diagnosis (GeneXpert) will have an impact on disease outcomes. |
| | 3.2.3) TB-MDR treatment success rate <i>TB-MDR client successfully treated</i> <i>TB-MDR confirmed client put on treatment</i> | EDR register/EDR.Web <i>EDR Register</i> <i>EDR Register</i> | Not reported | 65% | 60.4% 1 068 1 768 | (7%) | Rollout of the GeneXpert technology (improved turn-around time for diagnosis) and expansion of the community-based management of MDR-TB is expected to improve TB outcomes. |
| | 3.2.4) Number XDR-TB cases registered | EDR register/EDR.Web | 265* | 300 | 207 | 31% | Baseline data from EDR.Web (not included in the 2012/13 Annual Report). Target was based on preliminary 2012/13 data which changed significantly. Active surveillance and improved TB outcomes will have a positive impact on XDR-TB (reduced number of XDR-TB cases). |
| | 3.2.5) TB XDR death rate <i>TB XDR client death during treatment</i> <i>TB XDR confirmed client initiated on treatment</i> | EDR register/EDR.Web <i>EDR Register</i> <i>EDR Register</i> | Not reported | 30% | 33.15% 62 187 | (11%) | Prognosis for XDR-TB patients is poor. It is expected that early diagnosis (GeneXpert) will have an impact on disease outcomes. |

| Sub-Programme 2.6 (APP: Page 116, Table 49 - HIV2) | | | | | | | |
|--|--|--|----------------------------|------------------------|----------------------------|---|--|
| Strategic Objective | Performance Indicator | Data Source | Actual Achievement 2012/13 | Planned Target 2013/14 | Actual Achievement 2013/14 | Deviation from Planned Target to Actual Achievement for 2013/14 | Comment on Deviation |
| | 3.2.6) TB XDR treatment success rate <i>TB XDR client successfully treated</i> <i>TB XDR confirmed client put on treatment</i> | EDR register/EDR.Web <i>EDR Register</i> <i>EDR Register</i> | Not reported | 35% | 31% 58 187 | (11%) | Delayed or late diagnosis negatively impact on treatment success rate. |

MATERNAL, NEONATAL, CHILD & WOMEN'S HEALTH AND NUTRITION**Table 38: Situation Analysis Indicators for Maternal, Neonatal, Child & Women's Health and Nutrition – 2013/14**

| Sub-Programme 2.2 – 2.7 (APP: Page 124, Table 51 - MCWH1) | | | | | | | | | | | | |
|---|--------------------------------|-------------|-----------------------|------------------|---------------------|-----------------|------------------|----------------------|-------------------|----------------|---------------------|-------------------|
| Indicator | Provincial Performance 2013/14 | Ugu 2013/14 | Umgungundlovu 2013/14 | Uthukela 2013/14 | Umkhanyathi 2013/14 | Amajuba 2013/14 | Zululand 2013/14 | Umkhanyakude 2013/14 | Uthungulu 2013/14 | iLembe 2013/14 | Harry Gwala 2013/14 | eThekweni 2013/14 |
| 1. Immunisation coverage under 1 year (annualised) | 85.8% | 73.8% | 96.3% | 76.5% | 77.2% | 70.3% | 80.6% | 74.3% | 81.2% | 75.2% | 80.9% | 104.7% |
| <i>Immunised fully under 1 year - new</i> | 201 824 | 13 571 | 19 947 | 13 632 | 11 892 | 7 989 | 17 030 | 13 899 | 19 054 | 11 610 | 10 062 | 63 138 |
| <i>Population under 1 year</i> | 236 094 | 18 525 | 20 691 | 17 941 | 15 621 | 11 256 | 21 177 | 18 897 | 23 477 | 15 568 | 12 382 | 60 559 |
| 2. Vitamin A 12 – 59 months coverage (annualised) | 47.8% | 45.7% | 42.2% | 59.7% | 56.4% | 51.4% | 66.4% | 51.0% | 51.4% | 61.9% | 70.8% | 66.7% |
| <i>Vitamin A dose 12 - 59 months</i> | 893 481 | 62 297 | 64 046 | 44 332 | 53 556 | 31 795 | 78 591 | 54 131 | 81 729 | 56 678 | 50 363 | 315 963 |
| <i>Population 12-59 months</i> | 1 862 246 | 147 906 | 175 042 | 127 484 | 98 534 | 91 986 | 160 654 | 133 280 | 197 410 | 103 106 | 97 216 | 529 628 |
| 3. Measles 1st dose under 1 year coverage (annualised) | 84.5% | 73.7% | 73.9% | 76.6% | 79.9% | 72.3% | 81.4% | 79.3% | 83.5% | 74.4% | 85.4% | 102.7% |
| <i>Measles 1st dose under 1 year</i> | 198 662 | 13 599 | 15 304 | 13 653 | 12 280 | 8 214 | 17 201 | 14 831 | 19 576 | 11 482 | 10 618 | 61 944 |
| <i>Population under 1 year</i> | 236 094 | 18 525 | 20 691 | 17 941 | 15 621 | 11 256 | 21 177 | 18 897 | 23 477 | 15 568 | 12 382 | 60 559 |

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| Sub-Programme 2.2 – 2.7 (APP: Page 124, Table 51 - MCWH1) | | | | | | | | | | | | |
|--|--------------------------------|--------------|-----------------------|------------------|--------------------|-----------------|------------------|----------------------|-------------------|----------------|---------------------|-------------------|
| Indicator | Provincial Performance 2013/14 | Ugu 2013/14 | Umgungundlovu 2013/14 | Uthukela 2013/14 | Umzinyathi 2013/14 | Amajuba 2013/14 | Zululana 2013/14 | Umkhanyakude 2013/14 | Uthungulu 2013/14 | iLembe 2013/14 | Harry Gwala 2013/14 | eThekweni 2013/14 |
| 4. Pneumococcal vaccine 3rd dose coverage (annualised) | 85.7% | 73.3% | 73.9% | 76.0% | 80.1% | 73.2% | 81.9% | 79.3% | 84.6% | 74.5% | 84.7% | 107% |
| PCV 3rd dose | 201 555 | 13 489 | 15 299 | 13 551 | 12 343 | 8 322 | 17 311 | 14 834 | 19 834 | 11 493 | 10 535 | 64 544 |
| Population under 1 year | 236 094 | 18 525 | 20 691 | 17 941 | 15 621 | 11 256 | 21 177 | 18 897 | 23 477 | 15 568 | 12 382 | 60 559 |
| 5. Rota Virus 2nd dose coverage (annualised) | 91.9% | 76.4% | 78.3% | 77.6% | 80.6% | 81.5% | 86.3% | 84.5% | 88.6% | 81.0% | 85.7% | 119.9% |
| RV 2nd dose | 216 063 | 14 051 | 16 219 | 13 828 | 12 419 | 9 263 | 18 251 | 15 796 | 20 787 | 12 492 | 10 657 | 72 300 |
| Population under 1 year | 236 094 | 18 525 | 20 691 | 17 941 | 15 621 | 11 256 | 21 177 | 18 897 | 23 477 | 15 568 | 12 382 | 60 559 |
| 6. Child under 5 years diarrhoea with dehydration incidence (annualised) | 15 / 1000 | 17.1 / 1000 | 15.8 / 1000 | 7.2 / 1000 | 8.2 / 1000 | 23.3 / 1000 | 12.6 / 1000 | 8.2 / 1000 | 14 / 1000 | 23.6 / 100 | 9.5 / 1000 | 18.4 / 1000 |
| Child under 5 years diarrhoea with dehydration new | 17 564 | 1 576 | 1 701 | 603 | 550 | 1 333 | 1 290 | 715 | 1 696 | 1 637 | 582 | 5 881 |
| Population under 5 years | 1 171 910 | 92 994 | 107 556 | 83 279 | 67 565 | 57 047 | 102 426 | 87 520 | 121 636 | 69 341 | 61 385 | 321 161 |
| 7. Child under 5 years pneumonia incidence (annualised) | 92.2 / 1000 | 110.4 / 1000 | 128.9 / 1000 | 68.8 / 1000 | 54.5 / 1000 | 64.8 / 1000 | 51.7 / 1000 | 103.9 / 1000 | 83.2 / 1000 | 105.5 / 1000 | 114.9 / 1000 | 99.5 / 1000 |

| Sub-Programme 2.2 – 2.7 (APP: Page 124, Table 51 - MCWH1) | | | | | | | | | | | | |
|--|--------------------------------|-------------|-----------------------|------------------|--------------------|-----------------|------------------|----------------------|-------------------|----------------|---------------------|-------------------|
| Indicator | Provincial Performance 2013/14 | Ugu 2013/14 | Umgungundlovu 2013/14 | Uthukela 2013/14 | Umzinyathi 2013/14 | Amajuba 2013/14 | Zululana 2013/14 | Umkhanyakude 2013/14 | Uthungulu 2013/14 | iLembe 2013/14 | Harry Gwala 2013/14 | eThekweni 2013/14 |
| <i>Child under 5 years with pneumonia new</i> | 107 894 | 10 239 | 13 864 | 5 725 | 3 677 | 3 712 | 5 296 | 9 072 | 10 105 | 7 324 | 7 071 | 31 809 |
| <i>Population under 5 years</i> | 1 171 910 | 92 994 | 107 556 | 83 279 | 67 565 | 57 047 | 102 426 | 87 520 | 121 636 | 69 341 | 61 385 | 321 161 |
| 8. <i>Cervical cancer screening coverage (annualised)</i> | 75.3% | 87.8% | 78.9% | 63.8% | 102.2% | 53.0% | 78.0% | 51.4% | 68.0% | 53.2% | 79.7% | 81.0% |
| <i>Cervical cancer screening in women 30 years and older</i> | 169 315 | 13 045 | 19 065 | 8 933 | 10 551 | 5 424 | 11 592 | 5 978 | 12 863 | 7 314 | 6 871 | 67 649 |
| <i>Population 30 years and older female/10</i> | 223 346 | 14 764 | 24 044 | 13 919 | 10 268 | 10 164 | 14 738 | 11 552 | 18 812 | 13 633 | 8 574 | 83 177 |
| 9. <i>Antenatal 1st visit before 20 weeks rate</i> | 56.2% | 58.6% | 58.8% | 84.4% | 59.6% | 59.5% | 58.1% | 61.2% | 57.1% | 52.1% | 53.5% | 53.5% |
| <i>Antenatal 1st visit before 20 weeks</i> | 136 813 | 9 508 | 12 065 | 8 005 | 8 047 | 7 240 | 11 942 | 10 802 | 13 303 | 7 445 | 6 522 | 41 934 |
| <i>Antenatal 1st visit total</i> | 242 759 | 16 202 | 20 616 | 14 693 | 13 503 | 10 488 | 20 537 | 17 657 | 23 315 | 14 298 | 12 197 | 79 253 |
| 10. <i>Infant 1st PCR test positive around 6 weeks rate</i> | 1.6% | 2.1% | 1.4% | 1.6% | 1.3% | 1.4% | 2.0% | 1.8% | 1.3% | 2.7% | 1.6% | 1.3% |
| <i>Infant 1st PCR test positive around 6 weeks</i> | 1 188 | 116 | 102 | 74 | 51 | 44 | 134 | 103 | 94 | 133 | 54 | 283 |
| <i>Total number of babies tested 6 weeks after birth for HIV</i> | 75 081 | 5 498 | 7 152 | 4 731 | 3 945 | 3 088 | 6 694 | 5 866 | 7 310 | 4 960 | 3 360 | 22 477 |

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| Sub-Programme 2.2 – 2.7 (APP: Page 124, Table 51 - MCWH1) | | | | | | | | | | | | |
|---|--------------------------------|-------------|-----------------------|------------------|--------------------|-----------------|------------------|----------------------|-------------------|----------------|---------------------|-------------------|
| Indicator | Provincial Performance 2013/14 | Ugu 2013/14 | Umgungundlovu 2013/14 | Uthukela 2013/14 | Umzinyathi 2013/14 | Amajuba 2013/14 | Zululana 2013/14 | Umkhanyakude 2013/14 | Uthungulu 2013/14 | iLembe 2013/14 | Harry Gwala 2013/14 | eThekweni 2013/14 |
| 11. Couple year protection rate (annualised) | 45% | 41.9% | 110.7% | 53.1% | 59.9% | 34.9% | 37.0% | 32.6% | 36.0% | 32.7% | 51.7% | 30.4% |
| Contraceptive years dispensed | 1 293 378 | 82 891 | 332 000 | 100 271 | 86 642 | 48 836 | 83 980 | 56 272 | 92 408 | 58 860 | 66 490 | 284 729 |
| Population 15-49 years female | 2 864 858 | 197 433 | 298 839 | 188 143 | 144 044 | 139 422 | 226 190 | 171 950 | 256 275 | 179 152 | 128 264 | 935 146 |
| 12. Maternal mortality in facility ratio (annualised) | 147/100k | 160.5/100k | 200.8/100k | 123.0/100k | 71.6/100k | 109.8/100k | 123.3/100k | 53.6/100k | 186.6/100k | 194.1/100k | 84/100k | 171/100k |
| Maternal death in facility | 280 | 22 | 34 | 15 | 8 | 10 | 20 | 8 | 38 | 21 | 7 | 97 |
| Life births in facility | 190 512 | 13 708 | 16 929 | 12 199 | 11 175 | 9 104 | 16 223 | 14 939 | 20 362 | 10 820 | 8 331 | 56 722 |
| 13. Delivery in facility under 18 years rate | 9.1% | 10.6% | 8.8% | 9.3% | 10% | 9.8% | 10.2% | 11.3% | 8.0% | 10.7% | 10% | 7.7% |
| Delivery in facility to woman under 18 years | 17 688 | 1 447 | 1 534 | 1 137 | 1 129 | 893 | 1 682 | 1 683 | 1 638 | 1 165 | 843 | 4 537 |
| Delivery in facility total | 194 110 | 13 678 | 17 422 | 12 286 | 11 278 | 9 083 | 16 459 | 14 910 | 20 522 | 10 850 | 8 422 | 59 200 |
| 14. Inpatient death under 1 year rate | 6.9% | 6.6% | 10.8% | 6.4% | 9.0% | 7.0% | 9.6% | 7.0% | 10.8% | 10.2% | 9.8% | 4.4% |
| Inpatient death under 1 year | 3 556 | 252 | 329 | 222 | 227 | 139 | 267 | 141 | 589 | 194 | 182 | 1 014 |
| Inpatient separations under 1 year | 51 700 | 3 836 | 3 174 | 3 440 | 2 468 | 1 989 | 2 756 | 2 016 | 5 391 | 1 898 | 1 849 | 22 883 |

| Sub-Programme 2.2 – 2.7 (APP: Page 124, Table 51 - MCWH1) | | | | | | | | | | | | |
|---|--------------------------------|-------------|-----------------------|------------------|--------------------|-----------------|------------------|----------------------|-------------------|----------------|---------------------|-------------------|
| Indicator | Provincial Performance 2013/14 | Ugu 2013/14 | Umgungundlovu 2013/14 | Uthukela 2013/14 | Umzinyathi 2013/14 | Amajuba 2013/14 | Zululana 2013/14 | Umkhanyakude 2013/14 | Uthungulu 2013/14 | iLembe 2013/14 | Harry Gwala 2013/14 | eThekweni 2013/14 |
| 15. Inpatient death under 5 years rate | 5.5% | 4.8% | 7.5% | 4.8% | 6.3% | 4.8% | 7.3% | 5.1% | 8.3% | 6.7% | 6.9% | 4.1% |
| <i>Inpatient deaths under 5 years</i> | 4 426 | 300 | 448 | 262 | 277 | 155 | 331 | 197 | 658 | 260 | 223 | 1 315 |
| <i>Inpatient separations under 5 years</i> | 80 472 | 6 237 | 6 113 | 5 472 | 4 368 | 3 247 | 4 524 | 3 852 | 7 831 | 3 847 | 3 243 | 31 737 |
| Notes | | | | | | | | | | | | |
| <ul style="list-style-type: none"> ▪ <u>Source:</u> Data sources are similar to sources indicated in the table below. ▪ <u>Population data:</u> Population data will not align with the Treasury Quarterly Report. The National Treasury locked the Quarterly Report Template before amendment of population in DHIS could be activated. The NDoH has informed the National AG and National Treasury Departments. | | | | | | | | | | | | |

Table 39: Performance Indicators for Maternal, Neonatal, Child & Women's Health and Nutrition

| Sub-Programme 2.2 – 2.7 (APP: Page 125, Table 52 - MCWH3) | | | | | | | |
|--|---|--|---|------------------------|---|---|---|
| Strategic Objective | Performance Indicator | Data Source | Actual Achievement 2012/13 | Planned Target 2013/14 | Actual Achievement 2013/14 | Deviation from Planned Target to Actual Achievement for 2013/14 | Comment on Deviation |
| STRATEGIC GOAL 3: REDUCE MORBIDITY AND MORTALITY DUE TO COMMUNICABLE DISEASES AND NON-COMMUNICABLE ILLNESSES AND CONDITIONS | | | | | | | |
| 3.5) Reduce child mortality to 30-45/1000 live births by 2014/15 | 1. Immunisation coverage under 1 year (annualised) <i>Immunised fully under 1 year - new</i> <i>Population under 1 year</i> | DHIS calculates <i>Tick register PHC/ DHIS</i> <i>Stats SA/ DHIS</i> | 95.1% <i>202 617</i> <i>213 213</i> | 90% | 85.8% <i>201 824</i> <i>236 094</i> | (5%) | The reduction in the number of children immunised as opposed to increased under-1 population will be verified to exclude under-reporting. It is suspected that data from Phila Mntwana Centres (immunisation) has been excluded in some Centres. This will be verified and corrected. |
| | 2. Vitamin A 12 – 59 months coverage (annualised) <i>Vitamin A dose 12 - 59 months</i> <i>Population 12-59 months x 2</i> | DHIS calculates <i>Tick register PHC/ DHIS</i> <i>Stats SA/ DHIS</i> | 43.7% <i>776 254</i> <i>1 783 364</i> | 45% | 47.8% <i>893 481</i> <i>1 862 246</i> | 6% | Vitamin A was included in the second round Immunisation (Polio) campaign. Issuing of Vitamin A by CCG's is contributing to improved coverage although the current data is not inclusive of CCG data (coverage including CCG data: 57.7%). |
| | 3. Measles 1st dose under 1 year coverage (annualised) <i>Measles 1st dose under 1 year</i> <i>Population under 1 year</i> | DHIS calculates <i>Tick register PHC/ DHIS</i> <i>Stats SA/ DHIS</i> | 96.5% <i>205 691</i> <i>219 033</i> | 90% | 84.5% <i>198 662</i> <i>236 094</i> | (6%) | The reduction in the number of children immunised as opposed to increased under-1 population will be verified to exclude under-reporting. It is suspected that data from Phila Mntwana Centres (immunisation) has been excluded in some Centres. This will be verified and corrected. |
| | 4. Pneumococcal vaccine 3rd dose coverage (annualised) <i>PCV 3rd dose</i> <i>Population under 1 year</i> | DHIS calculates <i>Tick register PHC/ DHIS</i> <i>Stats SA/ DHIS</i> | 97.4% <i>207 531</i> <i>213 213</i> | 90% | 85.7% <i>201 555</i> <i>236 094</i> | (5%) | The reduction in the number of children immunised as opposed to increased under-1 population will be verified to exclude under-reporting. It is suspected that data from Phila Mntwana Centres (immunisation) has been excluded in some Centres. This will be verified and corrected. |

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| Sub-Programme 2.2 – 2.7 (APP: Page 125, Table 52 - MCWH3) | | | | | | | |
|---|--|---|----------------------------|------------------------|----------------------------|---|---|
| Strategic Objective | Performance Indicator | Data Source | Actual Achievement 2012/13 | Planned Target 2013/14 | Actual Achievement 2013/14 | Deviation from Planned Target to Actual Achievement for 2013/14 | Comment on Deviation |
| | 5. Rota Virus 2nd dose coverage (annualised) | DHIS calculates | 102.1% | 90% | 91.9% | 2% | The reduction in the number of children immunised as opposed to increased under-1 population will be verified to exclude under-reporting. It is suspected that data from Phila Mntwana Centres (immunisation) has been excluded in some Centres. This will be verified and corrected. |
| | <i>RV 2nd dose</i> | <i>Tick register PHC/ DHIS</i> | <i>217 609</i> | | <i>216 063</i> | | |
| | <i>Population under 1 year</i> | <i>Stats SA/ DHIS</i> | <i>213 213</i> | | <i>239 094</i> | | |
| | 6. Child under 5 years diarrhoea with dehydration incidence (annualised) | DHIS calculates | 9.5/1000* | 113/ 1000 (-10%) | 15 / 1000 | (87% error) | Target error in the 2013/14 Annual Performance Plan. Reduction of population under 5 years (Stats SA estimated mid-year population in DHIS) impacted on actual achievement. |
| | <i>Child under 5 years diarrhoea with dehydration new</i> | <i>PHC Tick Register/ DHIS</i> | <i>17 013*</i> | | <i>17 564</i> | | |
| | <i>Population under 5 years</i> | <i>Stats SA/ DHIS</i> | <i>1 783 364</i> | | <i>1 171 910</i> | | |
| | 7. Child under 5 years pneumonia incidence (annualised) | DHIS calculates | 118.5/1000 | 110/ 1000 (-10%) | 92.2 / 1000 | 16% | Introduction of the Pneumococcal Vaccine as part of the Expanded Programme of Immunisation. |
| | <i>Child under 5 years with pneumonia new</i> | <i>PHC Tick Register/ DHIS</i> | <i>130 557</i> | | <i>107 894</i> | | |
| | <i>Population under 5 years</i> | <i>Stats SA/DHIS</i> | <i>1 783 364</i> | | <i>1 171 910</i> | | |
| 3.6) Reduce maternal mortality to ≤ 100/ 100 000 by 2014/15 | 8. Cervical cancer screening coverage (annualised) | DHIS calculates | 81.8% | 75% | 75.3% | 0.4% | Deviation within an acceptable range. The target has been based on the national target/norm as indicated in the National and Provincial Cervical Cancer Screening Policy. |
| | <i>Cervical cancer screening in women 30 years and older</i> | <i>Tick register PHC/ Hospital register/ DHIS</i> | <i>172 000</i> | | <i>169 315</i> | | |
| | <i>Population 30 years and older female/10</i> | <i>Stats SA/ DHIS</i> | <i>1 653 008</i> | | <i>223 346</i> | | |
| | 9. Antenatal 1 st visit before 20 weeks rate | DHIS calculates | 46.4% | 56% | 56.2% | 0.4% | Deviation within an acceptable range. |

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| Sub-Programme 2.2 – 2.7 (APP: Page 125, Table 52 - MCWH3) | | | | | | | |
|---|---|---|---|------------------------|---|---|--|
| Strategic Objective | Performance Indicator | Data Source | Actual Achievement 2012/13 | Planned Target 2013/14 | Actual Achievement 2013/14 | Deviation from Planned Target to Actual Achievement for 2013/14 | Comment on Deviation |
| | <i>Antenatal 1st visit before 20 weeks</i> | <i>Tick register PHC/ DHIS</i> | 104 507 | | 136 813 | | |
| | <i>Antenatal 1st visit total</i> | <i>DHIS calculates</i> | 225 121 | | 242 759 | | |
| 3.4) Scale up implementation of the Accelerated Plan for PMTCT to reduce mother to child transmission to <1% by 2014/15 | 10. Infant 1 st PCR test positive around 6 weeks rate <i>Infant 1st PCR test positive around 6 weeks</i> <i>Total number of babies tested 6 weeks after birth for HIV</i> | DHIS calculates <i>Tick register PHC/ DHIS</i> <i>Tick register PHC/ DHIS</i> | 2.2% 1 702 78 040 | <1.4% | 1.6% 1 188 75 081 | (14%) | The strategic objective was decreased since tabling of the 2010 – 2014 Strategic Plan as the target was exceeded. The Province achieved the national elimination target of < 2% - while NHLS March 2014 data showed an MTCT rate of 1.4%. Training on PCR specimen collection has been intensified with support by the District Clinical Specialist Teams. |
| 3.6) Reduce maternal mortality to ≤ 100/ 100 000 by 2014/15 | 11. Couple year protection rate (annualised) <i>Contraceptive years dispensed</i> <i>Population 15-49 years female</i> | DHIS calculates <i>PHC tick register/ DHIS calculates</i> <i>Stats SA/ DHIS</i> | 37.5% 1 019 668 2 936 748 | 40% | 45% 1 293 378 2 864 858 | 12% | Implementation of the National Contraceptive Strategy and the reaching of 1 Million Youth for Contraceptive Campaign. |
| | 12. Maternal mortality in facility ratio (annualised) <i>Maternal death in facility</i> <i>Life births in facility</i> | DHIS calculates <i>Midnight census/ DHIS</i> <i>Delivery register/ DHIS</i> | 165.5/100 000 317 191 587 | 180/100 000 | 147 / 100 000 280 190 512 | 18% | Maternal Health prioritised – implementation and scaling up of CARRMA and associated programmes. |
| | 13. Delivery in facility under 18 years rate <i>Delivery in facility to woman under 18 years</i> | DHIS calculates <i>Delivery register/ DHIS</i> | 9.3% 17 878 | 8.5% | 9.1% 17 688 | 7% | Numerous factors contribute to teenage pregnancy including broader social, economic, cultural and psychological factors (poverty, school failure, drug abuse and |

| Sub-Programme 2.2 – 2.7 (APP: Page 125, Table 52 - MCWH3) | | | | | | | |
|--|--|--------------------------------|----------------------------|------------------------|----------------------------|---|--|
| Strategic Objective | Performance Indicator | Data Source | Actual Achievement 2012/13 | Planned Target 2013/14 | Actual Achievement 2013/14 | Deviation from Planned Target to Actual Achievement for 2013/14 | Comment on Deviation |
| | <i>Delivery in facility total</i> | <i>Delivery register/ DHIS</i> | 192 659 | | 194 110 | | sexual abuse). The number of deliveries in facilities decreased slightly (190) between 2012/13 and 2013/14. |
| 3.5) Reduce child mortality to 30-45/1000 live births by 2014/15 | 14. Inpatient death under 1 year rate | DHIS calculates | 6.5% | 7% | 6.9% | (1%) | The following has an impact on performance of inpatient deaths: Identification and prevention of modifiable causes of death; Mom & Baby Friendly Hospital Initiative coupled with promotion of the Infant & Young Child Policy; Implementation of the WHO ten steps in the management of severe malnutrition to reduce in hospital deaths due to malnutrition; Community Outreach Programmes including Phila Mntwana; Well Child Services, Integrated Management of Childhood Illnesses NIMART; Emergency training and triage of critically ill children in hospital; KwaZulu-Natal Initiative on Newborn Care; Kangaroo Mother Care and Neonatal Experiential Learning Sites. |
| | <i>Inpatient death under 1 year</i> | <i>DHIS calculates</i> | 2 978 | | 3 556 | | |
| | <i>Inpatient separations under 1 year</i> | <i>DHIS calculates</i> | 46 024 | | 51 700 | | |
| | 15. Inpatient death under 5 years rate | DHIS calculates | 5.2% | 5.3% | 5.5% | 4% | |
| | <i>Inpatient deaths under 5 years</i> | <i>DHIS calculates</i> | 3 831 | | 4 426 | | |
| | <i>Inpatient separations under 5 years</i> | <i>DHIS calculates</i> | 69 661 | | 80 472 | | |

Table 40: Provincial Strategic Objectives and Annual Targets for Maternal, Neonatal, Child & Women's Health and Nutrition

| Sub-Programme 2.2 – 2.7 (APP: 128, Table 53 - MCWH2) | | | | | | | |
|--|---|--|----------------------------|------------------------|----------------------------|---|---|
| Strategic Objective | Performance Indicator | Data Source | Actual Achievement 2012/13 | Planned Target 2013/14 | Actual Achievement 2013/14 | Deviation from Planned Target to Actual Achievement for 2013/14 | Comment on Deviation |
| STRATEGIC GOAL 3: REDUCE MORBIDITY AND MORTALITY DUE TO COMMUNICABLE DISEASES AND NON-COMMUNICABLE ILLNESSES AND CONDITIONS | | | | | | | |
| 3.4) Scale up implementation of the Accelerated Plan for PMTCT to reduce mother to child transmission to <1% by 2014/15 | 3.4.1) % of pregnant women tested for HIV | DHIS calculates | 120.4% | 100% | 82.7% | (17%) | Data inconsistencies e.g. misinterpretation of indicator at facility level e.g. not excluding clients at 1 st ANC visit that already know their HIV positive status but not on ART, patients already on treatment at the 1 st ANC visit, and referrals that are not tested. Data being corrected. |
| | <i>Antenatal clients tested for HIV</i> | <i>PHC tick register/ DHIS</i> | 199 553 | | 200 690 | | |
| | <i>Antenatal 1st visit total</i> | <i>DHIS calculates</i> | 186 910 | | 242 759 | | |
| | 3.4.2) Antenatal client initiated on ART rate ⁶ | DHIS calculates | 83.5% | 95% | 85.4% | (10%) | The initial challenges with pivot tables in DHIS influenced data quality – challenge has been resolved during the year. Improvement noticed since implementation of the revised PMTCT guidelines, although late booking for antenatal care still impacts on initiation of treatment for eligible women. |
| | <i>Number of HIV -positive ANC clients initiated on HAART during current pregnancy⁷</i> | <i>PHC tick register/ ART register/ DHIS</i> | 17 921 | | 55 877 | | |
| | <i>Number of HIV -positive ANC clients with CD4 count under the specified threshold and/ or a WHO stage 4⁸</i> | <i>ART register/ DHIS</i> | 21 453 | | 65 466 | | |
| 3.4.3) Infant given NVP within 72 hours after delivery uptake rate | DHIS calculates | 94.6% | 98% | 98.2% | 0.2% | Variation within an acceptable range. | |
| <i>Infant given NVP within 72 hours after birth</i> | <i>Tick register OPD/ PHC, delivery register/ DHIS</i> | 64 415 | | 65 200 | | | |
| <i>Live births to HIV positive woman</i> | <i>Delivery register/ DHIS</i> | 68 121 | | 66 391 | | | |
| 3.5) Reduce child mortality to 30-45/1000 | 3.5.1) Underweight for age under 5 years incidence (annualised) | DHIS calculates | 16.6/1000 | 16/ 1000 | 14 / 1000 | 12% | Community outreach programmes (including Phila Mntwana and CCG home visits) and |

⁶ The indicator changed from "Antenatal client initiated on HAART rate" due to the change in treatment regime

⁷ DHIS data element: Antenatal client initiated on HAART

⁸ DHIS data element: Antenatal client eligible for HAART

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| Sub-Programme 2.2 – 2.7 (APP: 128, Table 53 - MCWH2) | | | | | | | |
|--|---|-------------------------|----------------------------|------------------------|----------------------------|---|---|
| Strategic Objective | Performance Indicator | Data Source | Actual Achievement 2012/13 | Planned Target 2013/14 | Actual Achievement 2013/14 | Deviation from Planned Target to Actual Achievement for 2013/14 | Comment on Deviation |
| live births by 2014/15 | Underweight for age under 5 years - new cases | Tick register PHC/ DHIS | 18 289 | | 16 399 | | improved screening, early detection and appropriate referral have a positive impact on outcomes. Less new cases detected but the expectation is an increase with the implementation of Phila Mntwana, CMAM and the placement of Nutrition Advisors at PHC level. |
| | Population under 5 years | Stats SA/ DHIS | 1 104 893 | | 1 171 910 | | |
| | 3.5.2) Not gaining weight rate under 5 years | DHIS calculates | 0.5% | 1% | 0.4% | (60%) | Fewer children detected to be growth faltering – implementation of Phila Mntwana and community-outreach programmes. The indicator will be redefined to accurately determine the number of children with moderate acute malnutrition. |
| | Number of children under 5 years not gaining weight | Tick register PHC/ DHIS | 23 921 | | 18 851 | | |
| | Children under 5 years weighed | Tick register PHC/ DHIS | 4 432 454 | | 4 572 952 | | |
| | 3.5.3) Child under 5 severe acute malnutrition incidence (annualised) | DHIS calculates | 6.5/1000 | 6.1/ 1000 | 5.6 / 1000 | (8%) | Implementation of malnutrition prevention strategies such as breastfeeding support, vitamin A supplementation and complementary feeding advice through community outreach programmes such as Operation Sukuma Sakhe, CCGs, Family Health Teams and Nutrition Advisors. |
| Child under 5 years with severe acute malnutrition new | Tick register PHC/ DHIS | 7 137 | | 6 569 | | | |
| Population under 5 years | Stats SA/ DHIS | 1 104 893 | | 1 171 910 | | | |
| 3.6) Reduce maternal mortality to less than 100/100 000 by 2014/15 | 3.6.1) Postnatal care baby visits within 6 days rate | DHIS calculates | 71.1% | 70% | 73.9% | 6% | Maternal and Neonatal, Child Health prioritised. Integration with community-based services e.g. follow-up of discharged new mothers by CCGs at household level to promote early return after delivery. |
| | Baby postnatal visit within 6 days of birth | Tick register PHC/ DHIS | 136 239 | | 136 447 | | |
| | Number of live births in a facility | Delivery register/ DHIS | 191 587 | | 190 512 | | |
| | 3.6.2) Mother postnatal visit within 6 days rate | DHIS calculates | 69.4% | 75% | 71% | (5%) | The upward trend is as a result of integration with community-based PHC services |

| Sub-Programme 2.2 – 2.7 (APP: 128, Table 53 - MCWH2) | | | | | | | |
|--|--|--------------------------------|----------------------------|------------------------|----------------------------|---|---|
| Strategic Objective | Performance Indicator | Data Source | Actual Achievement 2012/13 | Planned Target 2013/14 | Actual Achievement 2013/14 | Deviation from Planned Target to Actual Achievement for 2013/14 | Comment on Deviation |
| | <i>Mother postnatal visit within 6 days after delivery</i> | <i>Tick register PHC/ DHIS</i> | 133 758 | | 137 764 | | including follow-up by Community Care Givers. |
| | <i>Delivery in facility total</i> | <i>Delivery register/ DHIS</i> | 192 659 | | 194 110 | | |
| | 3.6.3) Neonatal mortality in facility rate (annualised) | DHIS calculates | 10.4/ 1000 | 8.5/ 1000 | 10.3 / 1000 | (21%) | Deaths from severe malnutrition are still observed in areas with a high poverty index e.g. Umzinyathi & Zululand. Child health data remains a challenge at facility level. Inadequate critical care due to inadequate high care and intensive care units beds. The management of diarrhoea, TB and pneumonia in District Hospitals needs to be strengthened. |
| | <i>Inpatient death neonatal</i> | <i>Midnight census/ DHIS</i> | 2 001 | | 2 493 | | |
| | <i>Population estimated live births</i> | <i>Delivery register/ DHIS</i> | 191 587 | | 243 176 | | |

DISEASE PREVENTION AND CONTROL**Table 41: Situation Analysis Indicators for Disease Prevention and Control**

| Sub-Programme 2.3 and 2.5 (APP: Page 134, Table 55 - DCP1) | | | | | | | | | | | | |
|--|--------------------------------|-------------|-----------------------|------------------|----------------------|-----------------|------------------|----------------------|-------------------|----------------|---------------------|-------------------|
| Indicator | Provincial Performance 2013/14 | Ugu 2013/14 | Umgungundlovu 2013/14 | Uthukela 2013/14 | Umkhanyakude 2013/14 | Amajuba 2013/14 | Zululand 2013/14 | Umkhanyakude 2013/14 | Uthungulu 2013/14 | iLembe 2013/14 | Harry Gwala 2013/14 | eThekweni 2013/14 |
| 1. Malaria case fatality rate | 1.7% | - | - | - | - | - | - | 1.7% | - | - | - | - |
| Number of deaths due to malaria (new) | 12 | - | - | - | - | - | - | 12 | - | - | - | - |
| Number of malaria cases (new) | 696 | - | - | - | - | - | - | 696 | - | - | - | - |
| 2. Cholera fatality rate | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. Cataract surgery rate (annualised) | 758.1/1mil | 690.5/1mil | 1743.5/1mil | 249.4/1mil | 448.9/1mil | 644/1mil | 0 | 935/1mil | 1375.9/1mil | 607.3/1mil | 1 605.7/1mil | 835/1mil |
| Cataract surgery total | 6 866 | 443 | 1 606 | 149 | 202 | 286 | 0 | 522 | 1 129 | 335 | 663 | 2 531 |
| Population uninsured | 9 056 593 | 641 575 | 921 139 | 597 448 | 449 940 | 444 034 | 721 080 | 558 260 | 820 569 | 551 656 | 412 916 | 3 031 179 |

Table 42: Performance Indicators for Disease Prevention and Control

| Sub-Programme 2.3 and 2.5 (APP: Page 134, Table 56 - DCP3) | | | | | | | |
|--|--|--|----------------------------|------------------------|----------------------------|---|---|
| Strategic Objective | Performance Indicator | Data Source | Actual Achievement 2012/13 | Planned Target 2013/14 | Actual Achievement 2013/14 | Deviation from Planned Target to Actual Achievement for 2013/14 | Comment on Deviation |
| STRATEGIC GOAL 3: REDUCE MORBIDITY AND MORTALITY DUE TO COMMUNICABLE DISEASES AND NON-COMMUNICABLE ILLNESSES AND CONDITIONS | | | | | | | |
| 3.7) Maintain preventative strategies to reduce and maintain the malaria incidence at $\leq 1/1000$ population | 1. Malaria case fatality rate ⁹ | Malaria register | 1.3% | <0.5% | 1.7% | (240%) | Inadequate sprayable surfaces in some areas due to more furniture in homes. Use of DDT is gradually being phased out due to high cost and opposition from environmentalists. This contributes to the poor acceptance of spraying as one of the major intervention methods in the fight against malaria. |
| | <i>Number of deaths due to malaria (new)</i> | <i>Malaria register/ Tick sheets PHC</i> | 6 | | 12 | | |
| | <i>Number of malaria cases (new)</i> | <i>Malaria register/ Tick sheets PHC</i> | 459 | | 696 | | |
| 3.8) Maintain Early Warning Systems for Communicable Disease Control | 2. Cholera fatality rate | CDC database | 0% | 0% | 0% | No deviation | - |
| | <i>Number of reported cholera deaths</i> | <i>CDC surveillance system</i> | 0 | | 0 | | |
| | <i>Number of reported cholera cases</i> | <i>CDC surveillance system</i> | 0 | | 0 | | |
| 3.9) Scale up implementation of eye care services to comply with national targets | 3. Cataract surgery rate (annualised) | Cataract database | 931.2/1 mil | 1 430/ 1 mil | 758.1/ 1 mil | (47%) | Due to inadequate Specialists for cataract surgery Zululand is not providing the service and surgery in Madadeni and Ladysmith decreased since the Specialist resigned. Inadequate theatre time for cataract surgery. Due to the limitations of the funding envelope, old equipment cannot be replaced. |
| | <i>Cataract surgery total</i> | <i>Theatre register/ DHIS</i> | 8 871 | | 6 866 | | |
| | <i>Population uninsured</i> | <i>Stats SA/ DHIS</i> | 9 526 488 | | 9 056 593 | | |

⁹ The malaria case fatality rate includes all cases detected in the Province (local, imported, and unclassified)

Table 43: Provincial Strategic Objectives and Annual Targets for Disease Prevention and Control

| Sub-Programme 2.3 and 2.5 (APP: Page DPC2) | | | | | | | |
|--|---|--|----------------------------|------------------------|----------------------------|---|--|
| Strategic Objective | Performance Indicator | Data Source | Actual Achievement 2012/13 | Planned Target 2013/14 | Actual Achievement 2013/14 | Deviation from Planned Target to Actual Achievement for 2013/14 | Comment on Deviation |
| STRATEGIC GOAL 3: REDUCE MORBIDITY AND MORTALITY DUE TO COMMUNICABLE DISEASES AND NON-COMMUNICABLE ILLNESSES AND CONDITIONS | | | | | | | |
| 3.7) Maintain preventative strategies to reduce and maintain the malaria incidence at less than 1/1000 population | 3.7.1) Malaria incidence per 1 000 population at risk | Malaria database | 0.11 per 1000 population | <1 per 1000 population | 1.09 per 1000 population | 9% | Deviation within acceptable range. Malaria cases include local, unclassified and imported cases (imported cases excluded in 2012/13) – previous year excluded. |
| | <i>Number of malaria cases (new)</i> | <i>Malaria register/ Tick register PHC</i> | 75 | | 696 | | |
| | <i>Population Umkhanyakude</i> | <i>Stats SA/ DHIS</i> | 666 521 | | 638 011 | | |
| | 3.7.2) Indoor residual spraying coverage | Malaria database | 92% | 95% | 85% | (11%) | Use of Temporary Spray Operators for spraying and surveillance compromised quality, and contributed to the increasing refusal of households to allow spraying of homes in high-risk areas. |

FORENSIC PATHOLOGY SERVICES**Table 44: Provincial Strategic Objectives and Annual Targets for Forensic Pathology Services**

| Sub-Programme 2.8 (APP: Page 138, Table 59) | | | | | | | |
|--|---|--------------|----------------------------|------------------------|----------------------------|---|---|
| Strategic Objective | Performance Indicator | Data Source | Actual Achievement 2012/13 | Planned Target 2013/14 | Actual Achievement 2013/14 | Deviation from Planned Target to Actual Achievement for 2013/14 | Comment on Deviation |
| STRATEGIC GOAL 2: IMPROVE THE EFFICIENCY AND QUALITY OF HEALTH SERVICES | | | | | | | |
| To revitalise Forensic Pathology Services (FPS) in alignment with the STP | Percentage of paupers stored for longer than three months | FPS Register | New indicator | 55% | 75% | 36.4% | Delays in taking fingerprints; follow up with Criminal Records Centre and Home Affairs; and tracing of relatives (SAPS). Some bodies require DNA tests which takes a long time to obtain the results. Some municipalities have insufficient budget to bury paupers, resulting in the bodies being stored for a long time. |
| | Percentage of mortuary facilities that have been audited in terms of quality assurance <i>Mortuary facilities that have been audited</i> <i>Total mortuary facilities</i> | FPS Register | New indicator | 80% | 80% | No deviation | - |

Table 45: Programme 2 Budget Appropriation and Expenditure

| Programme per sub-programme | 2013/14 | | | | | | | 2012/13 | |
|-------------------------------------|------------------------|-------------------|---------------|---------------------|--------------------|-----------------|---|---------------------|--------------------|
| | 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 | 210 825 | - | (8 081) | 202 744 | 202 733 | 11 | 100.0% | 191 702 | 192 590 |
| Transfers and subsidies | 1 220 | - | 138 | 1 358 | 1 485 | (127) | 109.4% | 636 | 638 |
| Payment for capital assets | 5 310 | - | 8 029 | 13 339 | 13 339 | - | 100.0% | 51 166 | 45 696 |
| 2.2 Community Health Clinics | | | | | | | | | |
| Current payment | 2 644 264 | - | - | 2 644 264 | 2 654 239 | (9 975) | 100.4% | 2 428 682 | 2 428 897 |
| Transfers and subsidies | 176 855 | - | (1 539) | 175 316 | 108 807 | 66 509 | 62.1% | 134 472 | 59 603 |
| Payment for capital assets | 43 212 | - | (15 736) | 27 476 | 27 476 | - | 100.0% | 25 286 | 25 286 |
| 2.3 Community Health Centres | | | | | | | | | |
| Current payment | 1 027 954 | - | 4 143 | 1 032 097 | 1 037 649 | (5 552) | 100.5% | 946 451 | 946 616 |
| Transfers and subsidies | 2 830 | - | 36 | 2 866 | 3 081 | (215) | 107.5% | 2 260 | 2 921 |
| Payment for capital assets | 10 835 | - | (2 975) | 7 860 | 7 860 | - | 100.0% | 13 708 | 13 844 |
| 2.4 Community Based Services | | | | | | | | | |
| Current payment | - | - | - | - | - | - | - | - | - |
| 2.5 Other Community Services | | | | | | | | | |
| Current payment | 880 228 | - | 3 781 | 884 009 | 884 009 | - | 100.0% | 713 981 | 713 975 |
| Transfers and subsidies | 4 379 | - | 244 | 4 623 | 7 217 | (2 594) | 156.1% | 4 060 | 4 745 |
| Payment for capital assets | 29 798 | - | (14 149) | 15 649 | 15 649 | - | 100.0% | 6 045 | 6 045 |
| 2.6 HIV and AIDS | | | | | | | | | |
| Current payment | 2 609 281 | - | 4 617 | 2 613 898 | 2 709 111 | (95 213) | 103.6% | 2 318 480 | 2 371 566 |
| Transfers and subsidies | 38 081 | - | - | 38 081 | 16 442 | 21 639 | 43.2% | 20 650 | 20 613 |
| Payment for capital assets | 4 710 | - | (4 617) | 93 | 93 | - | 100.0% | 511 | 511 |
| 2.7 Nutrition | | | | | | | | | |
| Current payment | 49 308 | - | (5 342) | 43 966 | 43 966 | - | 100.0% | 44 423 | 44 387 |
| Payment for capital assets | 40 | - | 84 | 124 | 123 | 1 | 99.2% | 40 | 46 |
| 2.8 Coroner Services | | | | | | | | | |
| Current payment | 154 481 | - | (2 530) | 151 951 | 151 951 | - | 100.0% | 139 382 | 139 842 |
| Transfers and subsidies | 260 | - | 46 | 306 | 232 | 74 | 75.8% | 220 | 427 |
| Payment for capital assets | 2 500 | - | 1 634 | 4 134 | 4 134 | - | 100.0% | 159 | 273 |
| 2.9 District Hospitals | | | | | | | | | |
| Current payment | 5 047 182 | - | 24 390 | 5 071 572 | 5 160 654 | (89 082) | 101.8% | 4 716 730 | 4 745 685 |
| Transfers and subsidies | 227 728 | (30812) | (220) | 196 696 | 217 965 | (21 269) | 110.8% | 175 972 | 182 223 |
| Payment for capital assets | 9 647 | - | 26 062 | 35 709 | 35 255 | 454 | 98.7% | 58 373 | 48 414 |
| TOTAL | 13 180 928 | (30812) | 18 015 | 13 168 131 | 13 303 470 | (135339) | 101.0% | 11 993 389 | 11 994 843 |

Source: Annual Financial Statements

STRATEGIES TO OVERCOME AREAS OF UNDER PERFORMANCE

- Robust monitoring of community-based outreach outputs to determine the impact on PHC utilisation and the burden of disease.

- Scale up health information strengthening strategies to improve on the quality and management of health information at all levels. Strengthen decentralised support and development to improve evidence-based decision-making and planning.

- Scale up implementation of strategic health programmes including HIV, AIDS, STI and TB and maternal, neonatal, child and women's health through implementation of reviewed strategies.
- Implementation of the approved strategies for Mental Health, Non-Communicable Diseases and Rehabilitation. Integration would be prioritised.
- Explore new innovations to improve access to health care within limitations of the funding envelope.
- Carry-over payments from 2012/13 for fuel supplies, domestic charges, food services and security services.
- Increase in the price of fuel, together with the price increases for water and electricity.
- Higher than expected litigation costs.
- Impact of OSD for professional nurses (approximately R57 million) working in maternity, mainly in respect of district hospitals (nurses inadvertently omitted from the original OSD in 2007).
- Pressure from the filling of critical posts to accelerate the HIV and AIDS programme, as well as filling critical posts at CHC's and clinics.

CHANGES TO PLANNED TARGETS

No changes to targets during the reporting period.

PERFORMANCE AND BUDGET

District Health Services over-spent by R135.339 million. There was significant over-expenditure against Goods and Services (R194.602 million) and Transfers and Subsidies to Households (R38.806 million) and over-spending against Compensation of employees (R5.187 million) related to:

- Medicines and medical supplies were higher than anticipated due to clearing of the backlog payments from 2012/13 (particularly for ARV drugs and micronutrients), and introduction of new tenders.

This over-spending was mitigated by under-spending against Transfers and Subsidies to Provinces and Municipalities (R 81.879 million) related to the late signing of SLA's by municipalities for municipal clinics.

In addition, the Department introduced a new reporting template in February 2014 (following the signing of SLA's) for municipal payments and the verification of invoices received in March 2014 was still in progress year end. As no roll-over in this regard will be possible due to the department total over-spending, this will impact significantly on spending in 2014/15.

Also mitigating the over-expenditure, was under-spending of R 20.932 million against Transfer and Subsidies to Non-Profit Institutions, which can be ascribed to reduced expenditure on HIV and AIDS support as a result of the late presentation of invoices by NGO's, which will have an impact on the 2014/15 spending.

PROGRAMME 3: EMERGENCY MEDICAL SERVICES

PROGRAMME DESCRIPTION

Programme Purpose

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

Sub-Programmes

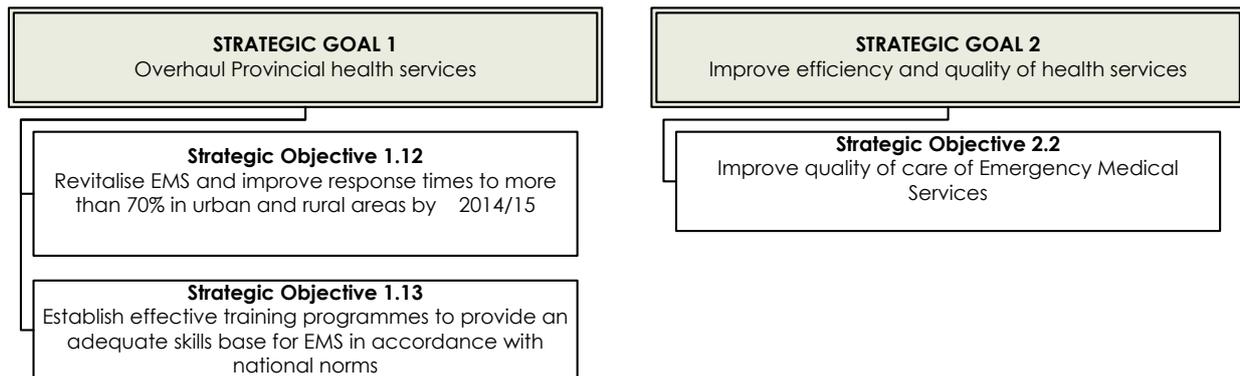
Sub-Programme 3.1 - Emergency Patient Transport (EPT): Provide emergency response (including the

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.

STRATEGIC GOALS AND OBJECTIVES

Figure 6: Programme 3 Strategic Goals and Objectives



STRATEGIC OBJECTIVES, PERFORMANCE INDICATORS, TARGETS AND ACTUAL PERFORMANCE

Table 46: Situation Analysis Indicators for Emergency Medical Services – 2013/14

| Programme 3 (Page 145, Table 63 - EMS1) | | | | | | | | | | | | |
|--|--------------------------------|-------------|-----------------------|------------------|---------------------|-----------------|------------------|----------------------|-------------------|----------------|---------------------|-------------------|
| Indicator | Provincial Performance 2013/14 | Ugu 2013/14 | Umgungundlovu 2013/14 | Uthukela 2013/14 | Umkhanyathi 2013/14 | Amajuba 2013/14 | Zululand 2013/14 | Umkhanyakude 2013/14 | Uthungulu 2013/14 | iLembe 2013/14 | Harry Gwala 2013/14 | eThekweni 2013/14 |
| 1. Rostered ambulances per 10,000 people | 0.20 | 0.22 | 0.17 | 0.28 | 0.29 | 0.32 | 0.25 | 0.25 | 0.20 | 0.19 | 0.34 | 0.13 |
| Total number of rostered ambulances | 212 | 16 | 18 | 19 | 15 | 16 | 21 | 16 | 19 | 12 | 16 | 44 |
| Total population in KZN | 10 456 909 | 733 228 | 1 052 730 | 682 798 | 514 217 | 507 468 | 824 091 | 638 011 | 937 793 | 630 464 | 471 904 | 3 464 205 |
| 2. P1 calls with a response of time <15 minutes in an urban area | 6% | 5% | 4% | 8% | 45% | 80% | - | - | 18% | 6% | -- | 4% |
| No P1 urban calls with response times under 15 minutes | 10 408 | 738 | 806 | 945 | 496 | 2 558 | - | - | 97 | 395 | - | 4 373 |
| All P1 urban call outs | 174 157 | 14 863 | 18 759 | 12 377 | 1 096 | 3 196 | - | - | 540 | 6 625 | - | 116 701 |
| 3. P1 calls with a response time of <40 minutes in a rural area | 31% | 22% | 10% | 27% | 34% | 81% | 57% | 16% | 14% | 18% | 18% | 33% |
| No P1 rural calls with response times under 40 minutes | 69 846 | 3 590 | 1 431 | 5 610 | 8 898 | 17 114 | 17 759 | 4 008 | 4 453 | 2 400 | 4 467 | 116 |
| All P1 rural call outs | 226 280 | 16 031 | 14 027 | 21 113 | 26 199 | 21 016 | 31 285 | 24 930 | 32 471 | 13 460 | 25 393 | 355 |

| Programme 3 (Page 145, Table 63 - EMS1) | | | | | | | | | | | | |
|--|--------------------------------|-------------|-----------------------|------------------|---------------------|-----------------|------------------|----------------------|-------------------|----------------|---------------------|-------------------|
| Indicator | Provincial Performance 2013/14 | Ugu 2013/14 | Umgungundlovu 2013/14 | Uthukela 2013/14 | Umkhanyathi 2013/14 | Amajuba 2013/14 | Zululand 2013/14 | Umkhanyakude 2013/14 | Uthungulu 2013/14 | iLembe 2013/14 | Harry Gwala 2013/14 | eThekweni 2013/14 |
| 4. All calls with a response time within 60 minutes ¹⁰ | 44% | 44% | 31% | 49% | 51% | 82% | 84% | 26% | 26% | 32% | 26% | 41% |
| <i>No of P1 calls with response times within 60min</i> | 175 990 | 13 910 | 10 096 | 16 508 | 13 839 | 19 942 | 26 136 | 6 500 | 8 499 | 6 436 | 6 697 | 47 427 |
| <i>All P1 call outs</i> | 400 837 | 31 294 | 32 786 | 33 490 | 27 295 | 24 212 | 31 285 | 24 930 | 33 011 | 20 085 | 25 393 | 117 056 |
| Notes | | | | | | | | | | | | |
| <ul style="list-style-type: none"> Data sources are similar to sources indicated in Table 2 below | | | | | | | | | | | | |

¹⁰ The indicator changed from (All) calls to (P1) calls with a response time under 60 minutes – the numerator/ denominator stay the same

Table 47: Performance Indicators for Emergency Medical Services and Patient Transport

| Programme 3 (Page 145, Table 64 - EMS3) | | | | | | | |
|--|--|--------------------------------|----------------------------|------------------------|----------------------------|---|---|
| Strategic Objective | Performance Indicator | Data Source | Actual Achievement 2012/13 | Planned Target 2013/14 | Actual Achievement 2013/14 | Deviation from Planned Target to Actual Achievement for 2013/14 | Comments on Deviation |
| STRATEGIC GOAL 1: OVERHAUL PROVINCIAL HEALTH SERVICES | | | | | | | |
| 1.12) Revitalise EMS and improve response times to more than 70% in rural and urban areas by 2014/15 | 1. Rostered ambulances per 10 000 population | EMS database | 0.20 per 10,000 pop | 0.28 per 10,000 pop | 0.20 per 10,000 pop | (29%) | Inadequate staff to operate operational ambulances. Staff shortage is further exacerbated by sick leave and extended sick leave due to injury on duty. Shortage of service providers for fleet maintenance increase down time of ambulances for routine servicing and repairs therefore contributing to reduced operational ambulances - particularly in rural districts. Poor road infrastructure in especially rural areas contributes to increased vehicle wear and tear. High accident rate resulting in increased ambulance down time as well as replacement numbers. |
| | <i>Total number of rostered ambulances</i> | <i>Daily operation reports</i> | 212 | | 212 | | |
| | <i>Total population in KZN</i> | <i>Stats SA/ DHIS</i> | 10 703 920 | | 10 456 909 | | |
| | 2. P1 calls with a response of time <15 minutes in an urban area | EMS database | 8.4% | 37% | 6% | (84%) | <u>Comments relevant to Indicators 2, 3 and 4:</u> Inadequate emergency service vehicles, base infrastructure, customised wash bays and sluice facilities. Long distances travelled to tertiary institutions with an increased demand of referral cases. |
| | <i>No P1 urban calls with response times under 15 minutes</i> | <i>EMS callout register</i> | 14 336 | | 10 408 | | |
| | <i>All P1 urban call outs</i> | <i>EMS callout register</i> | 171 053 | | 174 157 | | |
| | 3. P1 calls with a response time of <40 minutes in a rural area | EMS database | 32.1% | 50% | 31% | (38%) | Operational ambulances not allocated to exclusive rural or urban cases. Emergency vehicles therefore responding to cases in both rural and urban areas resulting in delays in urban areas. Low number of operational ambulances and inadequate staff particularly intermediate and |
| | <i>No P1 rural calls with response times under 40 minutes</i> | <i>EMS callout register</i> | 69 903 | | 69 846 | | |
| | <i>All P1 rural call outs</i> | <i>EMS callout register</i> | 217 491 | | 226 280 | | |

| Programme 3 (Page 145, Table 64 - EMS3) | | | | | | | |
|---|---|----------------------|----------------------------|------------------------|----------------------------|---|---|
| Strategic Objective | Performance Indicator | Data Source | Actual Achievement 2012/13 | Planned Target 2013/14 | Actual Achievement 2013/14 | Deviation from Planned Target to Actual Achievement for 2013/14 | Comments on Deviation |
| | 4. All calls with a response time within 60 minutes ¹¹ | EMS database | 40% | 65% | 44% | (32%) | advanced life support. |
| | No of P1 calls with response times within 60min | EMS callout register | 222 142 | | 175 990 | | Shortage of service providers for fleet maintenance increase down time of ambulances for routine servicing and repairs contributing to reduced operational ambulances. |
| | All P1 call outs | EMS callout register | 555 860 | | 400 837 | | High accident rates reduce operational ambulances and increase response times. <i>In addition for Indicator 3:</i> Rural terrain and poor road infrastructure contributes to poor response times and increased vehicle wear and tear. Lack of staff accommodation, offices and ambulance bases in rural areas. |

¹¹ The indicator changed from (All) calls to (P1) calls – numerator and denominator stay the same

Table 48: Provincial Strategic Objectives and Annual Targets for Emergency Medical Services

| Programme 3 (Page 147, Table 65 - EMS2) | | | | | | | |
|---|--|-----------------------------|----------------------------|------------------------|----------------------------|---|---|
| Strategic Objective | Performance Indicator | Data Source | Actual Achievement 2012/13 | Planned Target 2013/14 | Actual Achievement 2013/14 | Deviation from Planned Target to Actual Achievement for 2013/14 | Comment on Deviation |
| STRATEGIC GOAL 1: OVERHAUL PROVINCIAL HEALTH SERVICES | | | | | | | |
| 1.12) Revitalise EMS and improve response times to more than 70% for rural and urban areas by 2014/15 | 1.12.1) EMS clients total | EMS register/ database | 576 682 | 600 000 | 610 115 | 2% | Emergency cases determined by demand for emergency services – therefore difficult to predict as it is not related to a specific trends. |
| | 1.12.2) EMS inter-facility transfer | EMS register/ database | 185 489 | 200 000 | 192 814 | (4%) | The service demand is unpredictable as it is influenced by the burden of disease. |
| 1.13) Improve the quality of care of Emergency Medical Services | 1.13.1) Locally based staff with training in BLS (BAA) | EMS database | 67% | 61% | 65.2% | 7% | Recruitment of appropriately trained staff remains a challenge. |
| | <i>Number locally based staff with training in BLS (BAA)</i> | <i>Persal/EMS database</i> | <i>1 810</i> | | <i>1 842</i> | | |
| | <i>Total number of EMS staff</i> | <i>Persal/ EMS database</i> | <i>2 703</i> | | <i>2 823</i> | | |
| | 1.13.2) Locally based staff with training in ILS (AEA) | EMS database | 28.9% | 32% | 31.2% | (3%) | Deviation within an acceptable range. |
| | <i>Number locally based staff with training in ILS (AEA)</i> | <i>Persal/EMS database</i> | <i>780</i> | | <i>880</i> | | |
| | <i>Total number of EMS staff</i> | <i>Persal/ EMS database</i> | <i>2 703</i> | | <i>2 823</i> | | |
| 1.13.3) Locally based staff with training as ECT (Emergency Care Technician) | EMS database | 0.6% | 3% | 0.5% | (83%) | Recruitment of appropriately trained staff remains a challenge. | |
| <i>Number locally based staff with training as ECT</i> | <i>Persal/EMS database</i> | <i>17</i> | | <i>15</i> | | | |
| <i>Total number of EMS staff</i> | <i>Persal/ EMS database</i> | <i>2 703</i> | | <i>2 823</i> | | | |

| Programme 3 (Page 147, Table 65 - EMS2) | | | | | | | |
|---|--|---|-----------------------------|------------------------|----------------------------|---|--|
| Strategic Objective | Performance Indicator | Data Source | Actual Achievement 2012/13 | Planned Target 2013/14 | Actual Achievement 2013/14 | Deviation from Planned Target to Actual Achievement for 2013/14 | Comment on Deviation |
| | 1.13.4) Locally based staff with training in ALS (Paramedics) <i>Number locally based staff with training in ALS (Paramedics)</i> <i>Total number of EMS staff</i> | EMS database <i>Persal/EMS database</i> <i>Persal/ EMS database</i> | 3.5% 94 2 703 | 4% | 3% 85 2 823 | (25%) | Recruitment of appropriately trained staff remains a challenge. |
| 1.14) To establish effective training programmes to provide an adequate skills base for EMS in accordance with national norms | 1.14.1) Number of successfully trained ILS staff | EMS College register/ database | 88 | 144 | 44 | (69%) | The HPCSA accreditation was reduced from 6 to 3 courses per annum, and the College of Emergency Care therefore had to reduce the number of courses. During 2013/14, there were a total of 72 ILS student intakes (3 courses with 24 students each). |
| | 1.14.2) Number of successfully trained ECT staff | EMS College register/database | 0 | 0 | 0 | No deviation | Currently 2 intakes in training: First intake March 2013 (23 students) with expected completion February 2015. Second intake January 2014 (21 students) with expected completion December 2015. The HPCSA expressed intention to withdraw the ECT accreditation due to the poor infrastructure. |
| | 1.14.3) Number of successfully trained ALS staff | EMS College register/database | Not reported | 0 | 0 | No deviation | The EMS short course training is set to be discontinued at a National level therefore HPCSA is not accrediting training facilities for short courses. |

Table 49: Programme 3 Budget Appropriation and Expenditure

| Programme per sub programme | 2013/14 | | | | | | | 2012/13 | |
|--------------------------------------|------------------------|-------------------|----------|---------------------|--------------------|-----------------|---|---------------------|--------------------|
| | 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 | 880 952 | - | 17 113 | 898 065 | 938 342 | (40 277) | 104.5% | 826 508 | 828 288 |
| Transfers and subsidies | 4 429 | - | - | 4 429 | 3 733 | 696 | 84.3% | 4 993 | 4 164 |
| Payment for capital assets | 25 800 | - | - | 25 800 | 25 133 | 667 | 97.4% | 61 394 | 59 659 |
| 3.2 Planned Patient Transport | | | | | | | | | |
| Current payment | 54 000 | - | (17 113) | 36 887 | 37 074 | (187) | 100.5% | 62 920 | 62 937 |
| Transfers and subsidies | 5 845 | - | - | 5 845 | 213 | 5 632 | 3.6% | 35 | - |
| Payment for capital assets | - | - | - | - | 5 445 | (5 445) | - | - | - |
| TOTAL | 971 026 | - | - | 971 026 | 1 009 940 | (38 914) | 104.0% | 955 850 | 955 048 |

Source: 2013/14 Annual Financial Statements.

STRATEGIES TO OVERCOME AREAS OF UNDER PERFORMANCE

Accreditation of College of Emergency Care

- An alternative training venue has been identified in 2013/14 and the Department is awaiting Health Professional Council of South Africa (HPCSA) assessment.

Improving response times

- Rostered ambulances: First Auto has been engaged to increase the pool of service providers and to increase supervision of fleet matters. District Fleet Officers engage with service providers regularly to limit ambulance downtime.
- Infrastructure budget has been allocated (within limited funding envelope) to incrementally increase the number of customized built bases.
- Exploring appointment of a Provincial Accident and Investigating Committee to finalise accident reports.
- Staff establishment has been reviewed and posts will be advertised as budget allows.
- Improve call taking procedures and caller location identification. Five districts have been upgraded to the computerised Communications Control Centre.
- Consolidation of Communications Centres.

- More appropriate triage of calls.
- Optimise utilisation of vehicle tracking information for dispatch purposes.
- Improve communication of information to crews through use of Mobile Data Terminals, improve the radio network and when implemented by the South African Police Services (SAPS) utilize a terrestrial trunked radio system in conjunction with the SAPS.
- Improve turn-around times for vehicles through improved interfacing with Accident and Emergency Units, improved routing of patients (e.g. use of CHC for minor cases) and stricter control over resources by the dispatch.
- Improve fleet management.

Improving quality of care

- Improve in-service training programmes relating to clinical skills, equipment use, and re-confirming compliance with policies and procedures.
- Implement quality assurance programmes and vigorously monitor compliance through regular inspections and case reviews.
- Improve supervision and monitor availability of appropriate equipment and consumables using daily checklists of vehicles and routine inspections/ supervisory visits.

- Improve compliance with infection prevention and control e.g. cleanliness of vehicles.
- Implementing regular refresher courses for staff.
- Regular refresher courses, case reviews and Continued Professional Development.
- Finalise and implement Standard Operating Procedures.

CHANGES TO PLANNED TARGETS

There have been no target changes during the reporting period.

PERFORMANCE AND BUDGET

Emergency Medical Services over-spent by R38.914.

This is mainly related to vehicle repairs, fuel price increase, contractual price increases for Air Medical Services and an increase in demand for the number of medical emergency flights (and night flights).

Also contributing was a minor over-expenditure against Compensation of Employees resulting from the implementation of danger allowance, as per labour agreements signed by the department in December 2013, as well as an increase in the demand for overtime, which is exacerbated by a supply shortage of specialised paramedic staff.

PROGRAMME 4: REGIONAL AND SPECIALISED HOSPITALS

PROGRAMME DESCRIPTION

Programme Purpose

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

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-Programmes

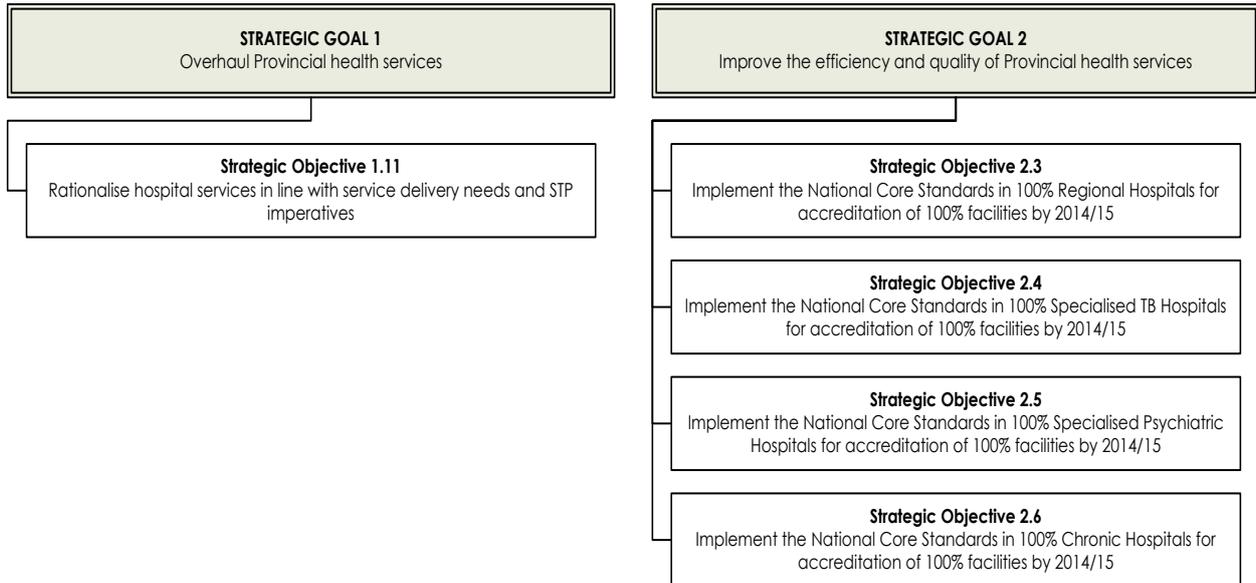
Sub-Programme 4.1 - Regional Hospitals: Render Regional Hospital Services at specialist level

Sub-Programme 4.5 - Step-Down and Rehabilitation Hospitals: Render Step-Down and Rehabilitation services to the chronically ill

Sub-Programme 4.2 - Specialised TB Hospitals: Render Hospital services for TB, including Multi-Drug Resistant TB

STRATEGIC GOALS AND OBJECTIVES

Figure 7: Programme 4 Strategic Goals and Objectives



STRATEGIC OBJECTIVES, PERFORMANCE INDICATORS, TARGETS AND ACTUAL PERFORMANCE

REGIONAL HOSPITALS

Table 50: Performance Indicators for Regional Hospitals

| Sub-Programme 4.1 (Page 155, Table 69 - PHS2) | | | | | | | |
|---|---|--------------------------------|----------------------------|------------------------|----------------------------|--|--|
| Strategic Objective | Performance Indicator | Data Source | Actual Achievement 2012/13 | Planned Target 2013/14 | Actual Achievement 2013/14 | Deviation from Planned Target to Actual Achievement for 2013/14 | Comment on Deviation |
| STRATEGIC GOAL 1: OVERHAUL PROVINCIAL HEALTH SERVICES | | | | | | | |
| 1.14) Rationalise hospital services in line with service delivery needs and STP imperatives | 1. Delivery by caesarean section rate | DHIS calculates | 39.8% | 37.5% | 39.7% | (6%) | Increase in caesarean sections is expected with transfer to higher level of care due to complexity of referred cases, high HIV prevalence of pregnant women. Zero caesarean sections at Addington Hospital due to transfer of cases to King Dinuzulu Hospital as a result of construction at Addington. |
| | <i>Number of caesarean sections performed</i> | <i>Delivery Register/ DHIS</i> | 30 393 | | 29 660 | | |
| | <i>Total number of deliveries in the facility</i> | <i>Delivery Register/ DHIS</i> | 76 306 | | 74 755 | | |
| | 2. Inpatient separations - total | DHIS calculates | 361 422 | 376 239 | 315 039 | (16%) | The decrease in patient activity at Regional Hospitals is suspected to be affiliated with improved management of patients at PHC and District Hospitals. |
| | 3. Patient day equivalents - total | DHIS calculates | 3 083 881 | 3 305 263 | 3 085 116 | (7%) | |
| | 4. OPD headcount - total | DHIS calculates | 3 158 541 | 3 231 987 | 3 086 956 | (4%) | |
| | 5. Average length of stay - total | DHIS calculates | 5.4 Days | 5 Days | 6.1 Days | (22%) | TB, Psychiatric, Orthopaedic and HIV positive patients remain in care longer – collective calculation on DHIS. The burden of disease also contributes to increased stay to stabilise patients before referral out. |
| <i>Inpatient days-total</i> | <i>Midnight Census/ DHIS</i> | 1 930 175 | | 1 911 384 | | | |
| <i>Day patients</i> | <i>Midnight Census/ DHIS</i> | 41 603 | | 45 561 | | | |
| <i>Separations</i> | <i>DHIS calculates</i> | 361 422 | | 315 039 | | | |
| 6. Inpatient bed utilisation rate – total | DHIS calculates | 75.2% | 75% | 77.4% | 3% | Deviation within acceptable range - improved efficiency. Two hospitals reported utilisation rates of more than 95%, which increased the average | |
| <i>Inpatient days-total</i> | <i>Midnight Census/ DHIS</i> | 1 930 175 | | 1 911 384 | | | |

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| Sub-Programme 4.1 (Page 155, Table 69 - PHS2) | | | | | | | |
|--|--|---|----------------------------|------------------------|----------------------------|---|--|
| Strategic Objective | Performance Indicator | Data Source | Actual Achievement 2012/13 | Planned Target 2013/14 | Actual Achievement 2013/14 | Deviation from Planned Target to Actual Achievement for 2013/14 | Comment on Deviation |
| | <i>Day patients</i> | <i>Midnight Census/ DHIS</i> | 41 603 | | 45 561 | | provincial utilisation rate. |
| | <i>Number of usable beds</i> | <i>FIO/ DHIS</i> | 2 593 355 | | 2 498 942 | | |
| | 7. Expenditure per patient day equivalent (PDE) | BAS/ DHIS | R 2 067* | R 2 047 | R 2 186 | 7% | Increased cost (compensation of employees and goods and services). |
| | <i>Total expenditure Regional Hospital</i> | <i>BAS (R'000)</i> | 6 375 683* | | 6 744 282 | | |
| | <i>Patient day equivalents</i> | <i>DHIS calculates</i> | 3 083 881 | | 3 085 116 | | |
| 8. Complaint resolution within 25 working days rate | <i>Complaint resolved within 25 working days</i> | <i>DHIS calculates</i> | 57.4% | 75% | 94% | 25% | Implementation of the National Core Standards improved response to complaints. |
| | <i>Complaint resolved</i> | <i>Complaints register/ DHIS</i> | 529 | | 1 190 | | |
| | <i>Complaint resolved</i> | <i>Complaints register/ DHIS</i> | 916 | | 1 612 | | |
| 2.3) Implement the National Core Standards in 100% of Regional Hospitals for accreditation of 100% facilities by 2014/15 | 9. Mortality and morbidity review rate | DHIS calculates | 100% | 100% | 100% | No deviation | - |
| | <i>Mortality and morbidity review conducted</i> | <i>Minutes of meetings/ QA database</i> | 13 | | 13 | | |
| | <i>Planned mortality and morbidity review</i> | <i>DHIS calculates</i> | 13 | | 13 | | |
| | 10. Patient satisfaction rate | DHIS calculates | 76% | 80% | 95.6% | 20% | Implementation of the National Core Standards improved patient satisfaction. |
| | <i>Total number of users that were satisfied with the services they received</i> | <i>Patient Satisfaction Survey results/DHIS</i> | 1 178 | | 7 056 | | |
| | <i>The total number of users that participated in Client Satisfaction Survey</i> | <i>Patient Satisfaction Survey results/DHIS</i> | 1 545 | | 7 380 | | |
| | 11. Number of Regional Hospitals assessed for compliance with the 6 priorities of the Core Standards | Assessment records/ QA database | 13 | 13 | 13 | No deviation | - |
| <ul style="list-style-type: none"> [*] Denotes baseline data that have been changed since tabling of the 2012/13 Annual Report. | | | | | | | |

Table 51: Provincial Strategic Objectives and Annual Targets for Regional Hospitals

| Sub-Programme 4.1 (Page 157, Table 70, 71 - PHS1 (a)(b)) | | | | | | | |
|--|--|------------------------------------|----------------------------|------------------------|----------------------------|---|--|
| Strategic Objective | Performance Indicator | Data Source | Actual Achievement 2012/13 | Planned Target 2013/14 | Actual Achievement 2013/14 | Deviation from planned Target to Actual Achievement for 2013/14 | Comment on Deviation |
| STRATEGIC GOAL 1: OVERHAUL PROVINCIAL HEALTH SERVICES | | | | | | | |
| 1.14) Rationalize hospital services in line with service delivery needs and STP imperatives | 1.14.1) Number of Regional Hospitals designated as Ophthalmic Centres of Excellence (cumulative) | Management | 3 | 3 | 3 | No deviation | - |
| STRATEGIC GOAL 2: IMPROVE THE EFFICIENCY AND QUALITY OF PROVINCIAL HEALTH SERVICES | | | | | | | |
| 2.3) Implement the National Core Standards in 100% of Regional Hospitals for accreditation of 100% facilities by 2014/15 | 2.3.1) Number of Regional Hospitals compliant with the 6 priority areas of the Core Standards | Assessment records/ QA database | 0 | 3 | 1 | (67%) | Considerable resources required towards compliance which is delayed as a result of the limited funding envelope. |

SPECIALISED TB HOSPITALS**Table 52: Performance Indicators for Specialised TB Hospitals**

| Sub-Programme 4.2 (Page 161, Table 73 - PHS2(b)) | | | | | | | |
|---|------------------------------------|------------------------------|----------------------------|------------------------|----------------------------|---|---|
| Strategic Objective | Performance Indicator | Data Source | Actual Achievement 2012/13 | Planned Target 2013/14 | Actual Achievement 2013/14 | Deviation from Planned Target to Actual Achievement for 2013/14 | Comment on Deviation |
| STRATEGIC GOAL 1: OVERHAUL PROVINCIAL HEALTH SERVICES | | | | | | | |
| 1.14) Rationalize hospital services in line with service delivery needs and STP imperatives | 1. Inpatient separations - total | DHIS calculates | 15 354* | 13 775 | 19 468 | 41% | Changed treatment protocols changed patient activity at facility level. |
| | 2. Patient day equivalents - total | DHIS calculates | 486 284 | 511 216 | 455 721 | (11%) | Changed treatment protocols changed patient activity at facility level. |
| | 3. OPD headcounts - total | DHIS calculates | 236 657* | 244 658 | 246 728 | 0.8% | Changed treatment protocols changed patient activity at facility level. |
| | 4. Average length of stay - total | DHIS calculates | 26.1 Days* | 30 Days | 18.8 Days | (37%) | Changed treatment protocols changed patient activity at facility level. |
| | <i>Inpatient days-total</i> | <i>Midnight Census/ DHIS</i> | <i>400 051*</i> | | <i>366 100</i> | | |
| | <i>Day patients</i> | <i>Midnight Census/ DHIS</i> | <i>1 212</i> | | <i>548</i> | | |
| | <i>Separations</i> | <i>DHIS calculates</i> | <i>15 354*</i> | | <i>19 468</i> | | |
| 5. Inpatient bed utilisation rate - total | DHIS calculates | 55.6% | 68% | 56.5% | (17%) | Changed treatment protocols changed patient activity at facility level - community-based management of TB changed the admission criteria. | |
| <i>Inpatient days-total</i> | <i>Midnight Census/ DHIS</i> | <i>400 051</i> | | <i>366 100</i> | | | |
| <i>Day patients</i> | <i>Midnight Census/ DHIS</i> | <i>1 212</i> | | <i>548</i> | | | |
| | <i>Number of usable beds</i> | <i>FIO/ DHIS</i> | <i>720 285*</i> | | <i>648 696</i> | | |
| 6. Expenditure per patient day equivalent | BAS/ DHIS | R 1 217* | R 1 221 | R 1 314 | 8% | Increased cost (compensation of employees and goods and services). | |
| <i>Total expenditure Specialised TB Hospital</i> | <i>BAS (R'000)</i> | <i>591 900*</i> | | <i>599 097</i> | | | |
| <i>Patient day equivalents</i> | <i>DHIS calculates</i> | <i>486 284*</i> | | <i>455 721</i> | | | |

| Sub-Programme 4.2 (Page 161, Table 73 - PHS2(b)) | | | | | | | |
|---|-----------------------|-------------|----------------------------|------------------------|----------------------------|---|----------------------|
| Strategic Objective | Performance Indicator | Data Source | Actual Achievement 2012/13 | Planned Target 2013/14 | Actual Achievement 2013/14 | Deviation from Planned Target to Actual Achievement for 2013/14 | Comment on Deviation |
| Notes | | | | | | | |
| <ul style="list-style-type: none"> [*] Denotes baseline data that have been updated since tabling of the 2012/13 Annual Report. March 2014 data for King Dinuzulu Hospital is not available on the DHIS. This affects all indicators for Specialised TB Hospitals. All TB data must be verified before finalisation. | | | | | | | |

Table 53: Provincial Strategic Objectives and Annual Targets for Specialised TB Hospitals

| Sub-Programme 4.2 (Page 162, Table 74 - PHS1(d)) | | | | | | | |
|--|---|---------------------------------|----------------------------|------------------------|----------------------------|---|---|
| Strategic Objective | Performance Indicator | Data Source | Actual Achievement 2012/13 | Planned Target 2013/14 | Actual Achievement 2013/14 | Deviation from Planned Target to Actual Achievement for 2013/14 | Comment on Deviation |
| STRATEGIC GOAL 2: IMPROVE THE EFFICIENCY AND QUALITY OF PROVINCIAL HEALTH SERVICES | | | | | | | |
| 2.4) Implement the National Core Standards in 1005 of Specialised TB Hospitals for accreditation of 100% facilities by 2014/15 | 2.4.1) Number of Specialised TB Hospitals compliant with the 6 priority areas of the Core Standards | Assessment records/ QA database | 0 | 3 | 0 | 100% | Considerable resources required towards compliance – delayed as a result of limited funding envelope. |

SPECIALISED PSYCHIATRIC HOSPITALS**Table 54: Performance Indicators for Specialised Psychiatric Hospitals**

| Sub-Programme 4.3 (Page 165, Table 76 - PHS2(c)) | | | | | | | |
|---|---|------------------------------|----------------------------|------------------------|----------------------------|---|--|
| Strategic Objective | Performance Indicator | Data Source | Actual Achievement 2012/13 | Planned Target 2013/14 | Actual Achievement 2013/14 | Deviation from Planned Target to Actual Achievement for 2013/14 | Comment on Deviation |
| STRATEGIC GOAL 1: OVERHAUL PROVINCIAL HEALTH SERVICES | | | | | | | |
| 1.14) Rationalize hospital services in line with service delivery needs and STP imperatives | 1. Inpatient separations - total | DHIS calculates | 2 430 ¹² | 2 429 | 2 152 | (11%) | Impact of improved community-based management of mental health users on hospital activity will be determined once community-based DHIS data is available (Module was activated in October 2013). |
| | 2. Patient day equivalents - total | DHIS calculates | 647 115 | 652 943 | 633 336 | (3%) | |
| | 3. OPD headcounts - total | DHIS calculates | 17 647 | 14 119 | 16 215 | 15% | |
| | 4. Average length of stay - total | DHIS calculates | 264 Days | 269 Days | 291.8 Days | 8% | Bed allocation makes provision for more medium-long term stay beds compared to acute beds. Inadequate community-based services/ programmes to deinstitutionalise mental health care users. |
| | <i>Inpatient days-total</i> | <i>Midnight Census/ DHIS</i> | 641 542 | | 627 900 | | |
| | <i>Day patients</i> | <i>Midnight Census/ DHIS</i> | 2 | | 0 | | |
| | <i>Separations</i> | <i>DHIS calculates</i> | 2 430 | | 2 152 | | |
| | 5. Inpatient bed utilisation rate - total | DHIS calculates | 68.7% | 75% | 70.1% | (7%) | Three hospitals reported utilisation rates below 60% which influenced the provincial average. The majority of beds in Specialised Hospitals are allocated for medium-long term stay with inadequate provision for acute admissions. |
| | <i>Inpatient days-total</i> | <i>Midnight Census/ DHIS</i> | 641 542* | | 627 900 | | |
| | <i>Day patients</i> | <i>Midnight Census/ DHIS</i> | 2 | | 0 | | |
| <i>Number of usable beds</i> | <i>FIO/ DHIS</i> | 934 107* | | 895 649 | | | |
| 6. Expenditure per patient day equivalent | BAS/ DHIS | R 991* | R 1 073 | R 1 073 | No deviation | - | |
| <i>Total expenditure Specialised Psychiatric Hospital</i> | <i>BAS (R'000)</i> | 641 667* | | 679 875 | | | |

¹² Ekuhlengeni is included in calculation although it is classified as a State-Aided Hospital in DHIS – this will be corrected on the system

| Sub-Programme 4.3 (Page 165, Table 76 - PHS2(c)) | | | | | | | |
|--|-------------------------|-----------------|----------------------------|------------------------|----------------------------|---|----------------------|
| Strategic Objective | Performance Indicator | Data Source | Actual Achievement 2012/13 | Planned Target 2013/14 | Actual Achievement 2013/14 | Deviation from Planned Target to Actual Achievement for 2013/14 | Comment on Deviation |
| | Patient day equivalents | DHIS calculates | 647 115 | | 633 336 | | |

Table 55: Provincial Strategic Objectives and Annual Targets for Specialised Psychiatric Hospitals

| Sub-Programme 4.3 (Page 166, Table 77 - PHS4(c)) | | | | | | | |
|---|--|---------------------------------|----------------------------|------------------------|----------------------------|---|---|
| Strategic Objective | Performance Indicator | Data Source | Actual Achievement 2012/13 | Planned Target 2013/14 | Actual Achievement 2013/14 | Deviation from Planned Target to Actual Achievement for 2013/14 | Comment on Deviation |
| STRATEGIC GOAL 2: IMPROVE THE EFFICIENCY AND QUALITY OF PROVINCIAL HEALTH SERVICES | | | | | | | |
| 2.5) Implement the National Core Standards in 1005 of Specialised Psychiatric Hospitals for accreditation of 100% facilities by 2014/15 | 2.5.1) Number of Specialised Psychiatric Hospitals compliant with the 6 priority areas of the Core Standards | Assessment records/ QA database | 0 | 2 | 0 | 100% | Considerable resources required towards compliance – delayed as a result of the limited funding envelope. |

CHRONIC AND LONG-TERM HOSPITALS**Table 56: Performance Indicators for Chronic Hospitals**

| Sub-Programme 4.5 (Page 170, Table 79 - PHS2(d)) | | | | | | | |
|---|---|------------------------------|----------------------------|------------------------|----------------------------|---|--|
| Strategic Objective | Performance Indicator | Data Source | Actual Achievement 2012/13 | Planned Target 2013/14 | Actual Achievement 2013/14 | Deviation from Planned Target to Actual Achievement for 2013/14 | Comment on Deviation |
| STRATEGIC GOAL 1: OVERHAUL PROVINCIAL HEALTH SERVICES | | | | | | | |
| 1.14) Rationalize hospital services in line with service delivery needs and STP imperatives | 1. Inpatient separations - total | DHIS | 3 302 | 3 745 | 3 239 | (14%) | Inpatient separations lower than expected. Increased average length of stay is a contributory factor. |
| | 2. Patient day equivalents - total | DHIS | 167 007 | 137 237 | 156 378 | 14% | Increased average length of stay is a contributory factor. This will be explored based on service package and referrals. |
| | 3. OPD headcounts - total | DHIS | 115 055 | 162 558 | 107 487 | (34%) | Data inconsistencies – Gateway (PHC) data captured as OPD headcount in Clairwood Hospital (being corrected). |
| | 4. Average length of stay - total | DHIS | 39.1 Days* | 30 Days | 37.2 Days | 24% | Variation between the two hospitals (different packages of services) impact on actual performance against targets. |
| | <i>Inpatient days-total</i> | <i>Midnight Census/ DHIS</i> | <i>129 037</i> | | <i>120 549</i> | | |
| <i>Day patients</i> | <i>Midnight Census/ DHIS</i> | <i>354*</i> | | <i>0</i> | | | |
| | <i>Separations</i> | <i>DHIS calculates</i> | <i>3 302</i> | | <i>3 239</i> | | |
| | 5. Inpatient bed utilisation rate - total | DHIS | 67.4% | 70% | 64% | (9%) | Significant variation between Clairwood Hospital (47%) and Hillcrest Hospital (97.1%) which is influenced by the package of services rendered at these hospitals. Long-term patients admitted in Hillcrest and more chronic patients at Clairwood (quick bed turn-over). |
| | <i>Inpatient days-total</i> | <i>Midnight Census/ DHIS</i> | <i>129 037</i> | | <i>120 549</i> | | |
| | <i>Day patients</i> | <i>Midnight Census/ DHIS</i> | <i>354*</i> | | <i>0</i> | | |
| | <i>Number of usable beds</i> | <i>FIO/ DHIS</i> | <i>191 707*</i> | | <i>188 340</i> | | |

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| Sub-Programme 4.5 (Page 170, Table 79 - PHS2(d)) | | | | | | | |
|--|--|------------------------|----------------------------|------------------------|----------------------------|---|--|
| Strategic Objective | Performance Indicator | Data Source | Actual Achievement 2012/13 | Planned Target 2013/14 | Actual Achievement 2013/14 | Deviation from Planned Target to Actual Achievement for 2013/14 | Comment on Deviation |
| | 6. Expenditure per patient day equivalent | BAS/ DHIS | R 1 217* | R 1 596 | R 1 436 | 10% | Different service packages at the two hospitals. |
| | <i>Total expenditure Chronic Hospitals</i> | <i>BAS (R'000)</i> | <i>203 283*</i> | | <i>224 618</i> | | |
| | <i>Patient day equivalents</i> | <i>DHIS calculates</i> | <i>167 007</i> | | <i>156 378</i> | | |
| <ul style="list-style-type: none"> [*] Denotes baseline data that have been changed since tabling of the 2012/13 Annual Report. | | | | | | | |

Table 57: Provincial Strategic Objectives and Annual Targets for Chronic Hospitals

| Sub-Programme 4.5 (Page 171, Table 80 - PHS1 (h)) | | | | | | | |
|---|--|---------------------------------|----------------------------|------------------------|----------------------------|---|---|
| Strategic Objective | Performance Indicator | Data Source | Actual Achievement 2012/13 | Planned Target 2013/14 | Actual Achievement 2013/14 | Deviation from Planned Target to Actual Achievement for 2013/14 | Comment on Deviation |
| STRATEGIC GOAL 2: IMPROVE THE EFFICIENCY AND QUALITY OF PROVINCIAL HEALTH SERVICES | | | | | | | |
| 2.6) Implement the National Core Standards in 100% of Chronic Hospitals for accreditation of 100% facilities by 2014/15 | 2.6.1) Number of Chronic Hospitals compliant with the 6 priority areas of the Core Standards | Assessment records/ QA database | 0 | 1 | 0 | 100% | Considerable resources required towards compliance – delayed as a result of limited funding envelope. |

Table 58: Programme 4 Budget Appropriation and Expenditure

| Programme per sub programme | 2013/14 | | | | | | | 2012/13 | |
|---|------------------------|-------------------|-----------------|---------------------|--------------------|-----------------|---|---------------------|--------------------|
| | 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 | 6 717 966 | - | 26 870 | 6 744 836 | 6 765 420 | (20 584) | 100.3% | 6 340 380 | 6 393 379 |
| Transfers and subsidies | 81 811 | - | (7 328) | 74 483 | 108 560 | (34 077) | 145.8% | 32 209 | 38 740 |
| Payment for capital assets | 49 500 | - | (17 639) | 31 861 | 25 404 | 6 457 | 79.7% | 29 529 | 15 653 |
| 4.2 Tuberculosis Hospitals | | | | | | | | | |
| Current payment | 599 804 | - | (620) | 599 184 | 599 097 | 87 | 100.0% | 555 060 | 565 779 |
| Transfers and subsidies | 22 587 | - | 7 324 | 29 911 | 29 998 | (87) | 100.3% | 21 167 | 21 669 |
| Payment for capital assets | 2 000 | - | 268 | 2 268 | 2 267 | 1 | 100.0% | 4 451 | 4 452 |
| 4.3 Psychiatric / Mental Hospitals | | | | | | | | | |
| Current payment | 697 012 | - | (15 158) | 681 854 | 679 875 | 1 979 | 99.7% | 643 352 | 643 185 |
| Transfers and subsidies | 2 670 | - | 3 | 2 673 | 4 650 | (1 977) | 174.0% | 4 159 | 4 405 |
| Payment for capital assets | 1 500 | - | 573 | 2 073 | 2 072 | 1 | 100.0% | 2 042 | 2 038 |
| 4.4 Chronic Medical Hospitals | | | | | | | | | |
| Current payment | 236 407 | - | (11 314) | 225 093 | 224 618 | 475 | 99.8% | 196 441 | 196 442 |
| Transfers and subsidies | 1 004 | - | 4 | 1 008 | 1 485 | (477) | 147.3% | 5 655 | 6 341 |
| Payment for capital assets | 400 | - | 350 | 750 | 747 | 3 | 99.6% | 1 393 | 500 |
| 4.5 Dental Training Hospitals | | | | | | | | | |
| Current payment | 15 965 | - | 222 | 16 187 | 16 185 | 2 | 100.0% | 14 519 | 14 519 |
| Transfers and subsidies | 5 | - | - | 5 | 4 | 1 | 80.0% | 4 | 22 |
| Payment for capital assets | 300 | - | (222) | 78 | 78 | - | 100.0% | 328 | 327 |
| TOTAL | 8 428 931 | - | (16 667) | 8 412 264 | 8 460 460 | (48 196) | 100.6% | 7 850 689 | 7 907 451 |

Source: 2013/14 Annual Financial Statements.

STRATEGIES TO OVERCOME AREAS OF UNDER PERFORMANCE

Rationalisation of hospital services has been prioritised for the next MTEF which will address challenges of efficiency and optimisation of resources.

CHANGES TO PLANNED TARGETS

There have been no changes to targets during the reporting year

PERFORMANCE AND BUDGET

Provincial Hospital Services over-spent by R48.196.

This was due to excessive costs of medico-legal litigation, mainly in respect of maternity related cases.

In addition, staff exit costs were significantly higher than anticipated.

Also contributing was increased demand for regional services as well as costs for TB medication resulting from an increased use of GeneXpert system, which has resulted in an increase in the number of patients diagnosed and placed on treatment.

PROGRAMME 5: CENTRAL AND TERTIARY HOSPITALS

PROGRAMME DESCRIPTION

Programme Purpose

Rendering Quaternary and other Tertiary Health Services

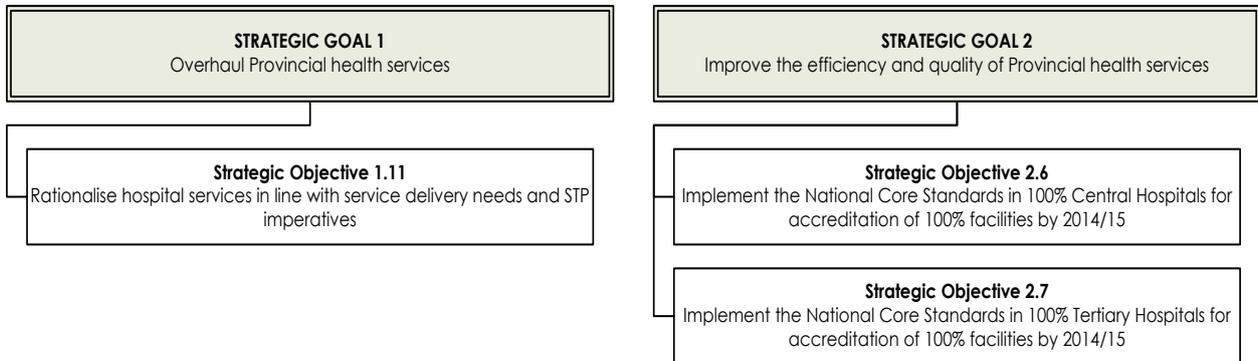
Sub-Programmes

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

Figure 8: Programme 5 Strategic Goals and Objectives



CENTRAL HOSPITALS**STRATEGIC OBJECTIVES, PERFORMANCE INDICATORS, TARGETS AND ACTUAL PERFORMANCE****Table 59: Performance Indicators and Targets for Central Hospitals - Inkosi Albert Luthuli Central Hospital**

| Sub-Programme 5.1 (Page 179, Table 84 - CHS2) | | | | | | | |
|---|---|--------------------------------|----------------------------|------------------------|----------------------------|---|---|
| Strategic Objective | Performance Indicator | Data Source | Actual Achievement 2012/13 | Planned Target 2013/14 | Actual Achievement 2013/14 | Deviation from Planned Target to Actual Achievement for 2013/14 | Comment on Deviation |
| STRATEGIC GOAL 1: OVERHAUL PROVINCIAL HEALTH SERVICES | | | | | | | |
| 1.11) Rationalize hospital services in line with service delivery needs and STP imperatives | 1. Delivery by caesarean section rate | DHIS calculates | 79.8% | 74% | 78.5% | 6% | Caesarean sections generally increase with the level of care and complexity of the cases. |
| | <i>Number of caesarean sections performed</i> | <i>Delivery Register/ DHIS</i> | 394 | | 394 | | |
| | <i>Total number of deliveries in the facility</i> | <i>Delivery Register/ DHIS</i> | 494 | | 502 | | |
| | 2. Inpatient separations - total | DHIS calculates | 26 068 | 27 014 | 25 579 | (5%) | Increased average length of stay is a contributory factor. |
| | 3. Patient day equivalent | DHIS calculates | 279 186 | 282 383 | 292 157 | 3% | Increased average length of stay is a contributory factor. |
| | 4. OPD headcount - total | DHIS calculates | 179 617 | 183 192 | 192 629 | 5% | No specific reason could be identified for the deviation. |
| | 5. Average length of stay - total | DHIS calculates | 8.4 Days | 8.4 Days | 8.9 Days | 6% | Complexity of cases requires extended hospital admission before transferring out. |
| | <i>Inpatient days-total</i> | <i>Midnight Census/ DHIS</i> | 217 577 | | 225 640 | | |
| | <i>Day Patients</i> | <i>Midnight Census/ DHIS</i> | 1 526 | | 1 737 | | |
| | <i>Separations</i> | <i>DHIS calculates</i> | 26 068 | | 25 579 | | |
| | 6. Inpatient bed utilisation rate - total | DHIS calculates | 70.5% | 75% | 73.5% | (2%) | Within acceptable deviation range showing improved utilisation since 2012/13. Increased inpatient days. |
| | <i>Inpatient days-total</i> | <i>Midnight Census/ DHIS</i> | 217 577 | | 225 640 | | |
| <i>Day Patients</i> | <i>Midnight Census/ DHIS</i> | 1 526 | | 1 737 | | | |

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| Sub-Programme 5.1 (Page 179, Table 84 - CHS2) | | | | | | | |
|---|--|----------------------------------|----------------------------|------------------------|----------------------------|---|--|
| Strategic Objective | Performance Indicator | Data Source | Actual Achievement 2012/13 | Planned Target 2013/14 | Actual Achievement 2013/14 | Deviation from Planned Target to Actual Achievement for 2013/14 | Comment on Deviation |
| | <i>Inpatient beds total</i> | <i>FIO/ DHIS</i> | 309 885* | | 307 938 | | |
| | 7. Expenditure per patient day equivalent | BAS/ DHIS | R 3 128* | R 6 337 | R 2 873 | 55% | Expenditure data has been reviewed (to exclude transfers and subsidies) which is not relevant to this indicator. Target therefore incorrect and will be corrected in subsequent plans. |
| | <i>Total expenditure Central Hospital</i> | <i>BAS (R'000)</i> | 873 521* | | 839 485 | | |
| | <i>Patient day equivalents</i> | <i>DHIS calculates</i> | 279 186 | | 292 157 | | |
| STRATEGIC GOAL 2: IMPROVE THE EFFICIENCY AND QUALITY OF PROVINCIAL HEALTH SERVICES | | | | | | | |
| 2.6) Implement the National Core Standards in 100% of Central Hospitals for accreditation of 100% facilities by 2014/15 | 8. Complaints resolved rate within 25 working days rate | DHIS calculates | 84.6% | 90% | 100% | 11% | Implementation of the National Core Standards contributed to improved performance. |
| | <i>Complaint resolved within 25 working days</i> | <i>Complaints register/ DHIS</i> | 22 | | 46 | | |
| | <i>Complaint resolved</i> | <i>Complaints register/ DHIS</i> | 26 | | 46 | | |
| | 9. Mortality and morbidity review rate | DHIS calculates | 100% | 100% | 100% | No deviation | - |
| | <i>Mortality and morbidity review conducted</i> | <i>Minutes of meetings/ DHIS</i> | 1 | | 1 | | |
| | <i>Planned mortality and morbidity review</i> | <i>DHIS calculates</i> | 1 | | 1 | | |
| | 10. Patient satisfaction rate | DHIS calculates | 90% | 100% | 95% | (5%) | Within acceptable deviation range. |
| | <i>Users satisfied with the services they received</i> | <i>Survey results/DHIS</i> | 18 | | 19 | | |
| | <i>Total number of users that participated in PSS</i> | <i>Survey results/DHIS</i> | 20 | | 20 | | |
| | 11. Number of hospitals assessed for compliance against the 6 priorities of the core standards | Assessment records/ QA database | 1 | 1 | 1 | No deviation | - |

Table 60: Provincial Strategic Objectives and Annual Targets for Central Hospitals (IALCH)

| Sub-Programme 5.1 (Page 181, Table 85 - CHS1(b)) | | | | | | | |
|---|---|------------------------------------|----------------------------|------------------------|----------------------------|---|----------------------|
| Strategic Objective | Performance Indicator | Data Source | Actual Achievement 2012/13 | Planned Target 2013/14 | Actual Achievement 2013/14 | Deviation from Planned Target to Actual Achievement for 2013/14 | Comment on Deviation |
| STRATEGIC GOAL 2: IMPROVE THE EFFICIENCY AND QUALITY OF PROVINCIAL HEALTH SERVICES | | | | | | | |
| 2.6) Implement the National Core Standards in 100% of Central Hospitals for accreditation of 100% facilities by 2014/15 | 2.6.1) Number of Central Hospitals that comply with the 6 core priorities of the core standards | Assessment records/ QA database | 0 | 1 | 1 | No deviation | - |

TERTIARY HOSPITALS**Table 61: Performance Indicators and Targets for Tertiary Hospitals - Greys Hospital**

| Sub-Programme 5.2 (Page 183, Table 87 - THS2) | | | | | | | |
|---|---|--------------------------------|----------------------------|------------------------|----------------------------|---|---|
| Strategic Objective | Performance Indicator | Data Source | Actual Achievement 2012/13 | Planned Target 2013/14 | Actual Achievement 2013/14 | Deviation from Planned Target to Actual Achievement for 2013/14 | Comment on Deviation |
| STRATEGIC GOAL 1: OVERHAUL PROVINCIAL HEALTH SERVICES | | | | | | | |
| 1.11) Rationalize hospital services in line with service delivery needs and STP imperatives | 1. Delivery by caesarean section rate | DHIS calculates | 73.2% | 67.7% | 69% | 2% | Deviation within acceptable range. Increased caesarean section rate expected at tertiary level. |
| | <i>Number of caesarean sections performed</i> | <i>Delivery Register/ DHIS</i> | 1 004 | | 898 | | |
| | <i>Total number of deliveries in the facility</i> | <i>Delivery Register/ DHIS</i> | 1 372 | | 1 301 | | |
| | 2. Inpatient separations - total | DHIS calculates | 11 320 | 13 425 | 12 742 | (5%) | Within acceptable deviation range. |
| | 3. Patient day equivalent | DHIS calculates | 201 607 | 200 669 | 192 613 | (4%) | Within acceptable deviation range. |
| | 4. OPD headcount - total | DHIS calculates | 185 307 | 198 069 | 139 994 | (29%) | Suspected improved management of patients at District and Regional Hospitals impacted on reduced OPD headcount. |
| | 5. Average length of stay - total | DHIS calculates | 12.2 Days ¹³ | 12.3 Days | 11.2 Days | (9%) | Compliance with admission and discharge protocols. |
| | <i>Inpatient days-total</i> | <i>Midnight Census/ DHIS</i> | 137 598 | | 138 949 | | |
| | <i>Day Patients</i> | <i>Midnight Census/ DHIS</i> | 239 | | 7 728 | | |
| | <i>Separations</i> | <i>DHIS calculates</i> | 11 320 | | 12 742 | | |
| | 6. Inpatient bed utilisation rate - total | DHIS calculates | 80.5% | 75% | 79% | 5% | Improved efficiency. |
| | <i>Inpatient days-total</i> | <i>Midnight Census/ DHIS</i> | 137 598 | | 138 949 | | |
| <i>Day Patients</i> | <i>Midnight Census/ DHIS</i> | 239 | | 7 728 | | | |
| <i>Number of usable beds</i> | <i>FIO/ DHIS</i> | 171 124 | | 180 735 | | | |

¹³ Variance in Annual Report and PQRS is due to inclusion of Ngwelezane Hospital as Tertiary Hospital

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| Sub-Programme 5.2 (Page 183, Table 87 - THS2) | | | | | | | |
|--|--|----------------------------------|----------------------------|------------------------|----------------------------|---|---|
| Strategic Objective | Performance Indicator | Data Source | Actual Achievement 2012/13 | Planned Target 2013/14 | Actual Achievement 2013/14 | Deviation from Planned Target to Actual Achievement for 2013/14 | Comment on Deviation |
| | 7. Expenditure per patient day equivalent | BAS/ DHIS | R 3 825 | R 3 924 | R 4 425 | 12% | Increased cost goods and services and Cost of Employees including OSD |
| | <i>Total expenditure Greys Hospital (R'000)</i> | <i>BAS (R'000)</i> | 771 069 | | 852 426 | | |
| | <i>Patient day equivalents</i> | <i>DHIS calculates</i> | 201 607 | | 192 613 | | |
| STRATEGIC GOAL 2: IMPROVE THE EFFICIENCY AND QUALITY OF PROVINCIAL HEALTH SERVICES | | | | | | | |
| 2.7) Implement the National Core Standards in 100% of Tertiary Hospitals for accreditation of 100% facilities by 2014/15 | 8. Complaint resolution within 25 working days rate | DHIS calculates | 95% | 90% | 100% | 11% | Target exceeded. Improved response to patient complaints contributed to by the implementation of National Core Standards. |
| | <i>Complaint resolved within 25 working days</i> | <i>Complaints register/ DHIS</i> | 138 | | 83 | | |
| | <i>Complaint resolved</i> | <i>Complaints register/ DHIS</i> | 146 | | 83 | | |
| | 9. Mortality and morbidity review rate | DHIS calculates | 100% | 100% | 100% | No deviation | - |
| | <i>Mortality and morbidity review conducted</i> | <i>Minutes of meetings/ DHIS</i> | 1 | | 1 | | |
| | <i>Planned mortality and morbidity review</i> | <i>DHIS calculates</i> | 1 | | 1 | | |
| | 10. Patient satisfaction rate | DHIS calculates | Data not available | 90% | 95% | 6% | Improved service delivery partly influenced by implementation of the National Core Standards. |
| | <i>Users satisfied with the services they received</i> | <i>Survey results/ DHIS</i> | - | | 57 | | |
| | <i>Total number of users that participated in PSS</i> | <i>Survey results/ DHIS</i> | - | | 60 | | |
| | 11. Number of hospitals assessed for compliance against the 6 priorities of the core standards | Assessment records/ QA database | 1 | 1 | 1 | No deviation | - |

Table 62: Performance Indicators and Targets for Tertiary Hospitals - Ngwelezane Hospital

| Sub-Programme 5.2 (Page 183, Table 87 - TSH2) | | | | | | | |
|---|---|--------------------------------|----------------------------|------------------------|----------------------------|---|---|
| Strategic Objective | Performance Indicator | Data Source | Actual Achievement 2012/13 | Planned Target 2013/14 | Actual Achievement 2013/14 | Deviation from Planned Target to Actual Achievement for 2013/14 | Comment on Deviation |
| STRATEGIC GOAL 1: OVERHAUL PROVINCIAL HEALTH SERVICES | | | | | | | |
| 1.11) Rationalize hospital services in line with service delivery needs and STP imperatives | 1. Delivery by caesarean section rate | N/A | N/A | N/A | N/A | N/A | No deliveries/ caesarean sections at Ngwelezane Hospital – all cases managed at Lower Umfolozi War Memorial Hospital (Mother and Child Hospital). |
| | <i>Number of caesarean sections performed</i> | <i>Delivery Register/ DHIS</i> | | | | | |
| | <i>Total number of deliveries in the facility</i> | <i>Delivery Register/ DHIS</i> | | | | | |
| | 2. Inpatient separations - total | DHIS calculates | 17 481 | 19 178 | 18 811 | (2%) | Within acceptable deviation range. |
| | 3. Patient day equivalent | DHIS calculates | 208 738 | 206 956 | 237 511 | 15% | Hospital renders level 1, 2 and 3 services and no District Hospital in the UMhlatuze Municipality. |
| | 4. OPD headcount - total | DHIS calculates | 128 720 | 130 313 | 168 519 | 29% | Hospital renders level 1, 2 and 3 services and no District Hospital in the UMhlatuze Municipality. |
| | 5. Average length of stay - total | DHIS calculates | 9.0 | 8.6 Days | 9.1 Days | 6% | Burden of disease and referral challenges (out-referral) due to lack of District/ Regional Hospital. |
| | <i>Inpatient days-total</i> | <i>Midnight Census/ DHIS</i> | <i>157 062</i> | | <i>169 742</i> | | |
| <i>Day patients</i> | <i>Midnight Census/ DHIS</i> | <i>132</i> | | <i>1 425</i> | | | |
| <i>Separations</i> | <i>DHIS calculates</i> | <i>17 481</i> | | <i>18 811</i> | | | |
| 6. Inpatient bed utilisation rate - total | DHIS calculates | 90.1% | 75% | 124.6% | 66% | Renders a combination of Tertiary, Regional and District Hospital package of services and serves all Region 4 patients. There is no District Hospital in the densely populated sub-district resulting in over-congestion of the hospital. | |
| <i>Inpatient days-total</i> | <i>Midnight Census/ DHIS</i> | <i>157 062</i> | | <i>169 742</i> | | | |
| <i>Day patients</i> | <i>Midnight Census/ DHIS</i> | <i>132</i> | | <i>1 425</i> | | | |
| <i>Number of usable beds</i> | <i>FIO/ DHIS</i> | <i>174 470</i> | | <i>136 722</i> | | | |
| 7. Expenditure per patient day equivalent | BAS/ DHIS | - | R 2 231 | R 2 305 | 3% | Increased cost goods and services and Cost of Employees including OSD | |

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| Sub-Programme 5.2 (Page 183, Table 87 - TSH2) | | | | | | | |
|--|--|----------------------------------|----------------------------|------------------------|----------------------------|---|---|
| Strategic Objective | Performance Indicator | Data Source | Actual Achievement 2012/13 | Planned Target 2013/14 | Actual Achievement 2013/14 | Deviation from Planned Target to Actual Achievement for 2013/14 | Comment on Deviation |
| | <i>Total expenditure Ngwelezane Hospital</i> | <i>BAS (R'000)</i> | - | | 548 532 | | |
| | <i>Patient day equivalents</i> | <i>DHIS calculates</i> | 208 738 | | 237 511 | | |
| STRATEGIC GOAL 2: IMPROVE THE EFFICIENCY AND QUALITY OF PROVINCIAL HEALTH SERVICES | | | | | | | |
| 2.7) Implement the National Core Standards in 100% of Tertiary Hospitals for accreditation of 100% facilities by 2014/15 | 8. Complaint resolution within 25 working days rate | DHIS calculates | 75% | 90% | 100% | 11% | Implementation of the National Core Standards contributed to improved response to complaints. |
| | <i>Complaint resolved within 25 working days</i> | <i>Complaints register/ DHIS</i> | 142 | | 120 | | |
| | <i>Complaint resolved</i> | <i>Complaints register/ DHIS</i> | 190 | | 120 | | |
| | | | | | | | |
| | 9. Mortality and morbidity review rate | DHIS calculates | 100% | 100% | 100% | No deviation | - |
| | <i>Mortality and morbidity review conducted</i> | <i>Minutes of meetings/ DHIS</i> | 1 | | 1 | | |
| | <i>Planned mortality and morbidity review</i> | <i>DHIS calculates</i> | 1 | | 1 | | |
| 10. Patient satisfaction rate | | DHIS calculates | Data not available | 90% | 95% | 6% | Improved service delivery partly influenced by implementation of the National Core Standards. |
| | <i>Users satisfied with the services they received</i> | <i>Survey results/DHIS</i> | - | | 57 | | |
| | <i>Total number of users that participated in PSS</i> | <i>Survey results/DHIS</i> | - | | 60 | | |
| | 11. Number of hospitals assessed for compliance against the 6 priorities of the core standards | Assessment records/ DHIS | 1 | 1 | 1 | No deviation | - |

Table 63: Performance Indicators and Targets for Tertiary Hospitals – Greys and Ngwelezane Hospitals

| Sub-Programme 5.2 (Page 183, Table 87 - THS2) | | | | | | | |
|--|---|--------------------------------|----------------------------|------------------------|----------------------------|---|---|
| Strategic Objective | Performance Indicator | Data Source | Actual Achievement 2012/13 | Planned Target 2013/14 | Actual Achievement 2013/14 | Deviation from Planned Target to Actual Achievement for 2013/14 | Comment on Deviation |
| STRATEGIC GOAL 1: OVERHAUL PROVINCIAL HEALTH SERVICES | | | | | | | |
| 1.11) To rationalize hospital services in line with service delivery needs and STP imperatives | 1. Delivery by caesarean section rate | DHIS calculates | 73.2% | 69% | 69% | No deviation | - |
| | <i>Number of caesarean sections performed</i> | <i>Delivery Register/ DHIS</i> | <i>1 004</i> | | <i>898</i> | | |
| | <i>Total number of deliveries in the facility</i> | <i>Delivery Register/ DHIS</i> | <i>1 372</i> | | <i>1 301</i> | | |
| | 2. Inpatient separations - total | DHIS calculates | 28 801 | 32 603 | 31 553 | (3%) | Within acceptable deviation range. |
| | 3. Patient day equivalent | DHIS calculates | 410 345 | 407 625 | 430 124 | 6% | Increase in the Emergency headcount and Day patients. |
| | 4. OPD headcount - total | DHIS calculates | 314 027* | 328 382 | 308 513 | (6%) | High OPD headcount in Ngwelezane Hospital that renders District, Regional and Tertiary services. No District Hospital in the UMhlatuze Municipality resulting in patients accessing services at hospital. |
| | 5. Average length of stay - total | DHIS calculates | 10.2 Days* | 10 Days | 9.9 Days | (1%) | Deviation within acceptable range. |
| | <i>Inpatient days-total</i> | <i>Midnight Census/ DHIS</i> | <i>294 660*</i> | | <i>308 673</i> | | |
| | <i>Day patients</i> | <i>Midnight Census/ DHIS</i> | <i>371*</i> | | <i>9 153</i> | | |
| | <i>Separations</i> | <i>DHIS calculates</i> | <i>28 801*</i> | | <i>31 553</i> | | |
| | 6. Inpatient bed utilisation rate - total | DHIS calculates | 85.3%* | 75% | 98.7% | 32% | Ngwelezana Hospital renders Tertiary, Regional and District hospitals and caters for all Region 4 patients therefore increasing the utilisation rate. |
| | <i>Inpatient days-total</i> | <i>Midnight Census/ DHIS</i> | <i>294 660*</i> | | <i>308 673</i> | | |
| | <i>Day patients</i> | <i>Midnight Census/ DHIS</i> | <i>371*</i> | | <i>9 153</i> | | |
| <i>Inpatient beds total</i> | <i>FIO/ DHIS</i> | <i>345 594*</i> | | <i>317 459</i> | | | |

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| Sub-Programme 5.2 (Page 183, Table 87 - THS2) | | | | | | | |
|--|---|---------------------------|----------------------------|------------------------|----------------------------|---|---|
| Strategic Objective | Performance Indicator | Data Source | Actual Achievement 2012/13 | Planned Target 2013/14 | Actual Achievement 2013/14 | Deviation from Planned Target to Actual Achievement for 2013/14 | Comment on Deviation |
| | 7. Expenditure per patient day equivalent | BAS/ DHIS | R 4 605* | R 3 064 | R 3 257 | 6% | Increased cost of compensation of employees and goods and services. Ngwelezane a developing Tertiary Hospital with significant cost implications. |
| | <i>Total expenditure Tertiary Hospital</i> | BAS (R'000) | 1 889 885* | | 1 400 958 | | |
| | <i>Patient day equivalents</i> | DHIS calculates | 410 345* | | 430 124 | | |
| STRATEGIC GOAL 2: IMPROVE THE EFFICIENCY AND QUALITY OF PROVINCIAL HEALTH SERVICES | | | | | | | |
| 2.7) Implement the National Core Standards in 100% of Tertiary Hospitals for accreditation of 100% facilities by 2014/15 | 8. Complaint resolution within 25 working days rate | DHIS calculates | 83.3%* | 90% | 100% | 11% | Implementation of the National Core Standards improved response to complaints. |
| | <i>Complaint resolved within 25 working days</i> | Complaints register/ DHIS | 280* | | 203 | | |
| | <i>Complaint resolved</i> | Complaints register/ DHIS | 336* | | 203 | | |
| | 9. Mortality and morbidity review rate | DHIS calculates | 100% | 100% | 100% | No deviation | - |
| <i>Mortality and morbidity review conducted</i> | Minutes of meetings/ DHIS | 2 | | 2 | | | |
| <i>Planned mortality and morbidity review</i> | DHIS calculates | 2 | | 2 | | | |
| 10. Patient satisfaction rate | DHIS calculates | Data not available | 90% | 95% | 5% | Implementation of the National Core Standards. | |
| <i>Users satisfied with the services they received</i> | Survey results/ DHIS | - | | 114 | | | |
| <i>Total number of users that participated in Patient Satisfaction Survey</i> | Survey results/ DHIS | - | | 120 | | | |
| 11. Number of hospitals assessed for compliance against the 6 priorities of the core standards | Assessment records/ QA database | 2 | 2 | 2 | No deviation | - | |
| <ul style="list-style-type: none"> [*] Denotes baseline data that have been changed since tabling of the 2012/13 Annual Report. | | | | | | | |

Table 64: Provincial Strategic Objectives and Annual Targets for Tertiary Hospitals - Grey's and Ngwelezane Hospitals

| Sub-Programme 5.2 (Page 188, Table 88 - THS1(b)) | | | | | | | |
|---|---|---------------------------------|----------------------------|------------------------|----------------------------|---|----------------------|
| Strategic Objective | Performance Indicator | Data Source | Actual Achievement 2012/13 | Planned Target 2013/14 | Actual Achievement 2013/14 | Deviation from Planned Target to Actual Achievement for 2013/14 | Comment on Deviation |
| STRATEGIC GOAL 2: IMPROVE THE EFFICIENCY AND QUALITY OF PROVINCIAL HEALTH SERVICES | | | | | | | |
| 2.7) To implement the National Core Standards in 100% of Tertiary Hospitals for accreditation of 100% facilities by 2014/15 | 2.7.1) Number of Tertiary Hospitals that comply with the 6 priorities of the core standards | Assessment records/ QA database | 0 | 1 | 1 | No deviation | - |

Table 65: Programme 5 Budget Appropriation and Expenditure

| Programme per sub programme | 2013/14 | | | | | | | 2012/13 | |
|---|------------------------|-------------------|----------------|---------------------|--------------------|------------|---|---------------------|--------------------|
| | 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 Services | | | | | | | | | |
| Current payment | 839 549 | - | (65) | 839 484 | 839 485 | (1) | 100.0% | 873 521 | 873 521 |
| Transfers and subsidies | 950 | - | 61 | 1 011 | 1 011 | - | 100.0% | 580 | 580 |
| Payment for capital assets | - | - | - | - | - | - | - | - | - |
| 5.2 Provincial Tertiary Hospitals Services | | | | | | | | | |
| Current payment | 2 080 668 | - | (5 781) | 2 074 887 | 2 074 886 | 1 | 100.0% | 1 849 224 | 1 880 327 |
| Transfers and subsidies | 3 812 | - | 64 | 3 876 | 3 879 | (3) | 100.1% | 1 960 | 2 193 |
| Payment for capital assets | 27 000 | - | 886 | 27 886 | 27 886 | - | 100.0% | 7 407 | 7 407 |
| TOTAL | 2 951 979 | - | (4 835) | 2 947 144 | 2 947 147 | (3) | 100.0% | 2 732 692 | 2 764 028 |

Source: 2013/14 Annual Financial Statements.

STRATEGIES TO OVERCOME AREAS OF UNDER PERFORMANCE

The Department prioritised the rationalisation of hospital services for the next MTEF, which should improve hospital efficiencies.

CHANGES TO PLANNED TARGETS

No changes have been made to targets for the reporting period.

PERFORMANCE AND BUDGET

Central Hospital Services over-spent by R3 million.

Although there was almost no variance at economic classification level, there were variances within Goods and Services, largely from pressures in NHLS and medical supplies resulting from the increased demand for services.

This was mitigated by under-spending against Agency/ outsourced services due to a delay in the final payment to the PPP at IALCH. The payment will be an added pressure in 2014/15.

PROGRAMME 6: HEALTH SCIENCES AND TRAINING

PROGRAMME DESCRIPTION

Programme Purpose

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

Sub-Programme 6.2 - EMS Training College: Training of Emergency Care Practitioners

Sub-Programme 6.3 - Bursaries: Provision of bursaries for students studying in health science programmes at undergraduate levels

Sub-Programmes

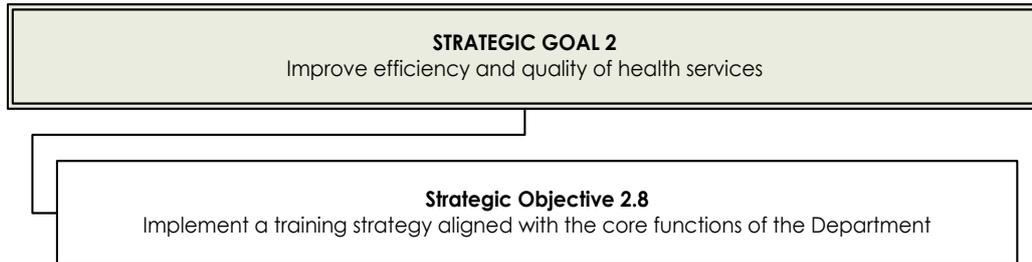
Sub-Programme 6.1 - Nurse Training College: Training of Nurses at both undergraduate and postgraduate level

Sub-Programme 6.4 - PHC Training: Provision of PHC related training for Professional Nurses working in a PHC setting

Sub-Programme 6.5 - Training (Other): Provision of skills development interventions for all occupational categories

STRATEGIC GOALS AND OBJECTIVES

Figure 9: Programme 6 Strategic Goals and Objectives



STRATEGIC OBJECTIVES, PERFORMANCE INDICATORS, TARGETS AND ACTUAL PERFORMANCE

Table 66: Performance Indicators and Targets for Health Sciences and Training

| Programme 6 (Table 92 – HST2) | | | | | | | |
|--|--|-------------------------|----------------------------|------------------------|----------------------------|---|--|
| Strategic Objective | Performance Indicator | Data Source | Actual Achievement 2012/13 | Planned Target 2013/14 | Actual Achievement 2013/14 | Deviation from Planned Target to Actual Achievement for 2013/14 | Comment on Deviation |
| STRATEGIC GOAL 2: IMPROVE THE EFFICIENCY AND QUALITY OF HEALTH SERVICES | | | | | | | |
| 2.9) implement a Training Strategy aligned with the core functions of the Department | 1. Intake of nurse students | KZNCN training register | 1 923 | 1 500 | 1 397 | (7%) | Student intakes for R683, R2175 and R2176 have been reduced as a result of over-production in the past. Benedictine and CJM Campuses cancelled R425 intakes for July 2013 due to financial constraints. Edendale Campus has had no intakes for the R425 Programme due to Infrastructure construction. Difficulty in recruitment of lecturers and high staff turnover rate especially in rural areas; and Inadequate/ lack of staff accommodation (Benedictine and Ceza) negatively impacting on retention of staff. |
| | 2. Students with bursaries from the Province | Bursary database | 1 099 | 770 | 775 | 0.6% | Deviation within an acceptable range. |
| | 3. Basic nurse students graduating | KZNCN training register | 2 058 ¹⁴ | 1 000 | 845 | (16%) | See comments for Indicator 1 above as graduation are directly relevant to student intake. |

¹⁴ Post-Basic Training Statistics not included here

Table 67: Provincial Strategic Objectives and Annual Targets for Health Sciences and Training

| Programme 6 (Table 93 – HST1(b)) | | | | | | | |
|---|--|-------------------------|----------------------------|------------------------|----------------------------|---|---|
| Strategic Objective | Performance Indicator | Data Source | Actual Achievement 2012/13 | Planned Target 2013/14 | Actual Achievement 2013/14 | Deviation from Planned Target to Actual Achievement for 2013/14 | Comment on Deviation |
| STRATEGIC GOAL 2: IMPROVE THE EFFICIENCY AND QUALITY OF PROVINCIAL HEALTH SERVICES | | | | | | | |
| 2.9) Implement a Training Strategy aligned with the core functions of the Department | 2.9.1) Number of Professional Nurses graduating | KZNCN Training Register | 1 007 | 820 | 845 | 3% | Deviation within an acceptable range |
| | 2.9.2) Number of Advanced Midwives graduating per annum | KZNCN Training Register | 107 | 100 | 90 | (10%) | Resource constraints. |
| | 2.9.3) Number of Managers accessing Management Skills Programmes | HRD database | 77 | 550 | 113 ¹⁵ | (79%) | Time constraints due to management commitments. Associated costs (courses, S&T) due to severe budget constraints - especially relevant to managers in outlying areas e.g. Zululand and Umkhanyakude Districts. A total of 1 288 Managers on salary levels 9 to 12 were trained on Mentoring for Growth during the reporting period. |
| | 2.9.4) Number of SMS members trained on the Management Induction Programme (MIP) | HRD database | 5 | 20 | 0 | (100%) | Delays in the roll-out of the Compulsory Induction Programme (CIP) as per DPISA directive. Delay in roll-out impacts on finalisation of officials' probationary period which result in grievances being lodged against HRMS. Work pressures and limited financial resources (S&T) have a significant impact on attendance of course. |

¹⁵ Training includes all Management Skills Programmes including ASELP, MPH, and Oliver Tambo Fellowship Financial Management Training for CEO'S through the University of Pretoria

Table 68: Programme 6 Budget Appropriation and Expenditure

| Programme per sub programme | 2013/14 | | | | | | | 2012/13 | |
|---|------------------------|-------------------|-----------------|---------------------|--------------------|------------|---|---------------------|--------------------|
| | 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 | 303 215 | - | (13 716) | 289 499 | 289 499 | - | 100.0% | 348 758 | 348 760 |
| Transfers and subsidies | 1 812 | - | (14) | 1 798 | 1 803 | (5) | 100.3% | 4 212 | 4 212 |
| Payment for capital assets | 4 000 | - | (2 684) | 1 316 | 1 316 | - | 100.0% | 9 886 | 9 885 |
| 6.2 EMS Training Colleges | | | | | | | | | |
| Current payment | 5 451 | - | 447 | 5 898 | 5 852 | 46 | 99.2% | 10 890 | 10 890 |
| Transfers and subsidies | 30 | - | 6 | 36 | 36 | - | 100.0% | 14 | 14 |
| Payment for capital assets | - | - | 110 | 110 | 110 | - | 100.0% | - | - |
| 6.3 Bursaries | | | | | | | | | |
| Current payment | 5 000 | - | 526 | 5 526 | 10 663 | (5 137) | 193.0% | 13 791 | 13 791 |
| Transfers and subsidies | 201 004 | - | - | 201 004 | 195 217 | 5 787 | 97.1% | 69 149 | 69 206 |
| 6.4 Primary Health Care Training | | | | | | | | | |
| Current payment | 49 512 | - | (2 705) | 46 807 | 46 806 | 1 | 100.0% | 54 385 | 54 385 |
| Transfers and subsidies | 400 | - | (163) | 237 | 237 | - | 100.0% | 189 | 189 |
| 6.5 Training Other | | | | | | | | | |
| Current payment | 440 331 | - | (3 810) | 436 521 | 436 519 | 2 | 100.0% | 396 917 | 396 919 |
| Transfers and subsidies | 11 515 | - | (176) | 11 339 | 11 339 | - | 100.0% | 22 517 | 22 517 |
| Payment for capital assets | - | - | - | - | - | - | - | 25 | 25 |
| TOTAL | 1 022 270 | - | (22 179) | 1 000 091 | 999 397 | 694 | 99.9% | 930 733 | 930 793 |

Source: 2013/14 Annual Financial Statements.

STRATEGIES TO OVERCOME AREAS OF UNDER PERFORMANCE

Management Training

Management development will be partly centralised to Head Office with decentralised Supervisory Training to improve coordination and follow-up of training at district and facility levels.

More emphasis will be placed on on-the-job training, mentoring and video-conferencing to save costs, improve follow-up and support, and ensure more effective application of training skills.

Introduction of e-learning will be prioritised to reduce travelling time and allow managers to complete training sessions timeously.

KwaZulu-Natal College of Nursing

The future of Nursing Colleges remains uncertain with regard to accreditation as Higher Education Institutions. Planning for new qualifications and

preparation of Colleges continue with Principals of all Nursing Education Institutions.

The process to restructure Nursing Education Institutions commenced, including amalgamation of sub-campus in Districts, to improve efficiency and equity.

Infrastructure: Upgrade at Edendale Campus commenced, and staff accommodation at Nursing Campuses, especially in rural areas, will be prioritised to improve recruitment and retention of lecturers and other support staff.

Induction Programme

Compliance with conditions for confirmation of probation will be closely monitored including attendance of the Compulsory Induction Programme.

CIP training will be decentralised to reduce cost and improve attendance.

CHANGES TO PLANNED TARGETS

There has been no change to targets for the reporting period.

This was mitigated by pressures against Goods and Services as a result of travel and subsistence, as well as computer costs, due to higher than expected travel claims for the Cuban Doctor's Programme and a misallocation of computer costs, which will be journalled.

PERFORMANCE AND BUDGET

Health Sciences and Training over-spent by R694 000 with savings in bursary payments due to a reduced student nurse intake.

PROGRAMME 7: HEALTH CARE SUPPORT SERVICES

PROGRAMME DESCRIPTION

Programme Purpose

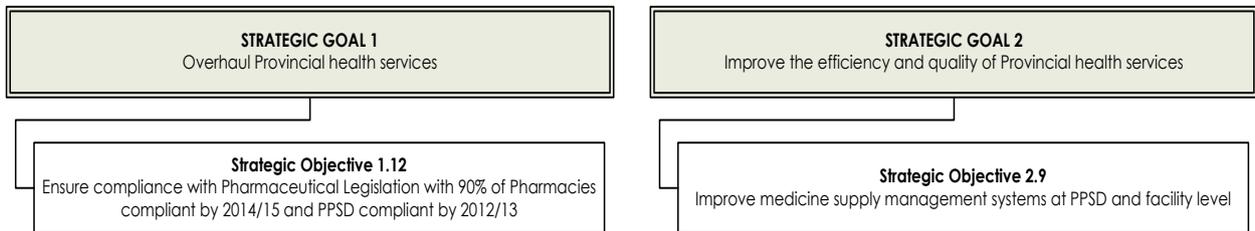
Render Pharmaceutical services to the Department.

Sub-Programmes

Sub-Programme 7.1 0 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

Figure 10: Programme 7 Strategic Goals and Objectives



STRATEGIC OBJECTIVES, PERFORMANCE INDICATORS, TARGETS AND ACTUAL PERFORMANCE

Table 69: Provincial Strategic Objectives and Annual Targets for Health Care Support Services

| Sub-Programme 7.5 (Table 97 and 98 - HCSS1) | | | | | | | |
|---|---|--|----------------------------|------------------------|----------------------------|---|---|
| Strategic Objective | Performance Indicator | Data Source | Actual Achievement 2012/13 | Planned Target 2013/14 | Actual Achievement 2013/14 | Deviation from Planned Target to Actual Achievement for 2013/14 | Comment on Deviation |
| STRATEGIC GOAL 1: OVERHAUL PROVINCIAL HEALTH SERVICES | | | | | | | |
| 1.13) Ensure compliance with Pharmaceutical Legislation with 90% pharmacies compliant by 2014/15 and PPSD compliant by 2012/13. | 1.13.1) Percentage of pharmacies that obtained A or B grading on inspection <i>Pharmacies with A or B Grading</i> <i>Number of pharmacies</i> | Pharm database | 80% | 80% | 81% | 1% | Within acceptable deviation range. |
| | | <i>Grading certificate/ Pharm database</i> | 71 | | 71 | | |
| | <i>Pharm database</i> | 89 | | 88 | | | |
| | 1.13.2) PPSD compliant with Good Wholesaling Practice Regulations | Certificate of Compliance | Not compliant | 100% compliant | Not compliant | Not compliant | Infrastructure challenges - insufficient storage space and temperature control for storage of medicine. |
| STRATEGIC GOAL 2: IMPROVE THE EFFICIENCY AND QUALITY OF PROVINCIAL HEALTH SERVICES | | | | | | | |
| 2.3) To improve medicine supply management systems at PPSD and facility level | 2.3.1) Tracer medicine stock out rate (PPSD) <i>Any tracer medicine stock out rate</i> <i>Number of tracer medicines expected to be in the bulk store</i> | Pharm database/ DHIS calculates | 1.4% | <2% | 5.7% | (185%) | National stock out of medicines. |
| | | <i>Pharmacy records/ DHIS</i> | 3 638 | | 12 | | |
| | <i>Pharmacy records/ DHIS</i> | 255 220 | | 212 | | | |
| | 2.3.2) Tracer medicine stock-out rate (institutions) <i>Any tracer medicine stock out in facilities (PHC, CHC & Hospital)</i> <i>Number of tracer medicine expected to be in bulk store (PHC, CHC & Hospital)</i> | Pharm database/ DHIS calculates | 9% | <2% | 1.8% | 10% | Improved medicine management. |
| | | <i>Pharmacy records/ DHIS</i> | 19 | | 4 476 | | |
| | | <i>Pharmacy records/ DHIS</i> | 220 | | 251 125 | | |

Table 70: Programme 7 Budget Appropriation and Expenditure

| Programme per sub programme | 2013/14 | | | | | | | 2012/13 | |
|---|------------------------|-------------------|-------------|---------------------|--------------------|------------|---|---------------------|--------------------|
| | 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 | - | - | - | - | - | - | - | 15 170 | 15 170 |
| 7.2 Laundry Services | | | | | | | | | |
| Current payment | 90 962 | - | (1 390) | 89 572 | 89 572 | - | 100.0% | - | - |
| Transfers and subsidies | 1 569 | - | (340) | 1 229 | 834 | 395 | 67.9% | - | - |
| Payment for capital assets | 5 665 | - | (5 665) | - | 14 | (14) | - | - | - |
| 7.3 ORTHOTIC AND PROSTHETIC SERVICES | | | | | | | | | |
| Current payment | 25 195 | - | 7 055 | 32 250 | 31 973 | 277 | 99.1% | - | - |
| Transfers and subsidies | 2 | - | 315 | 317 | 609 | (292) | 192.1% | - | - |
| TOTAL | 123 393 | - | (25) | 123 368 | 123 002 | 366 | 99.7% | 15 170 | 15 170 |

Source: 2013/14 Annual Financial Statements.

STRATEGIES TO OVERCOME AREAS OF UNDER PERFORMANCE

Tracer medicine stock out rate

Weekly medicine availability reports will be submitted to Head Office as part of the strategy to improve monitoring and oversight.

The Department will explore stock re-distribution through modern technology with pilots being introduced in the NHI pilot districts.

Pharmacist Assistants are being placed at PHC facilities to improve medicine management and capacity building in effective management and planning of stock.

Stock re-distribution within districts and Medicine Supply Management training will be scaled up.

CHANGES TO PLANNED TARGETS

No change of targets during the reporting period.

PERFORMANCE AND BUDGET

Health Care Support services under-spent by R366 000.

This is mainly due to under-spending against Transfers and Subsidies to Departmental Agencies and Accounts resulting from an over-allocation of budget for TV licenses.

PROGRAMME 8: HEALTH FACILITIES MANAGEMENT

PROGRAMME DESCRIPTION

Programme Purpose

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

Sub-Programmes

Sub-Programme 8.1 - Community Health Services:

Construction of new Community Health Centres, AND Primary Health Care clinics and the upgrading and maintenance of all community health facilities

Sub-Programme 8.2 - District Hospitals:

Construction of new District Hospitals, and the upgrading and maintenance of all District Hospitals

Sub-Programme 8.3 - Emergency Medical Services:

Construction of new Emergency Medical Service facilities, and the upgrading and maintenance of all Emergency Medical Service facilities

Sub-Programme 8.4 - Provincial Hospital Services:

Construction of new Provincial Hospitals, and the upgrading and maintenance of all Provincial Hospitals

Sub-Programme 8.5 - Tertiary and Central Hospital Services:

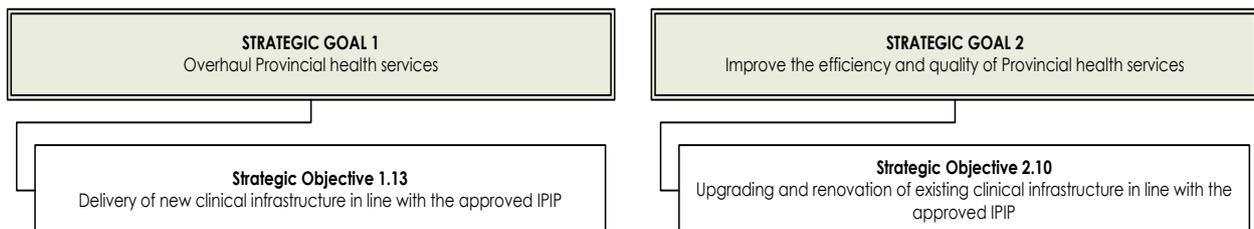
Construction of new Tertiary and Central Hospitals, and the upgrading and maintenance of all Tertiary and Central Hospitals

Sub-Programme 8.6 - Other Facilities:

Construction of other new health facilities, and the upgrading and maintenance of all other facilities

STRATEGIC GOALS AND OBJECTIVES

Figure 11: Programme 8 Strategic Goals and Objectives



STRATEGIC OBJECTIVES, PERFORMANCE INDICATORS, TARGETS AND ACTUAL PERFORMANCE

Table 71: Provincial Strategic Objectives and Annual Targets for Health Facilities Management

| Programme 8 (Table 103 - HFM1) | | | | | | | |
|---|--|-------------------------------------|----------------------------|------------------------|----------------------------|---|---|
| Strategic Objective | Performance Indicator | Data Source | Actual Achievement 2012/13 | Planned Target 2013/14 | Actual Achievement 2013/14 | Deviation from Planned Target to Actual Achievement for 2013/14 | Comment on Deviation |
| STRATEGIC GOAL 1: OVERHAUL PROVINCIAL HEALTH SERVICES | | | | | | | |
| 1.19) Delivery of new clinical infrastructure in line with the approved IPIP | 1.19.1) Number of new clinical projects with completed construction | IRM, IPMP, Optimisation Plan, U-Amp | 6* | 10 (Reviewed target) | 11 | 10% | Target reviewed during 2013/14 and reduced from 14 to 10 projects due to Programme 8 budget cuts. Deviation within acceptable range. |
| | 1.19.2) Number of new clinical projects where commissioning is completed | IRM, IPMP, Optimisation Plan, U-Amp | 6 | 6 | 6 | No deviation | - |
| 1.20) Upgrading and renovation of existing clinical infrastructure in line with the approved IPIP | 1.20.1) Number of upgrading and renovation projects with completed construction | IRM, IPMP, Optimisation Plan, U-Amp | 38* | 45 | 67 | 49% | Focus on maintenance, upgrades and renovations – in line with re-prioritisation of Infrastructure priorities. |
| | 1.20.2) Number of upgrading and renovation projects where commissioning is completed | IRM, IPMP, Optimisation Plan, U-Amp | 18 | 77 (Reviewed target) | 37 | (52%) | Target reviewed during 2013/14 and reduced from 125 to 77 projects due to Programme 8 budget cuts. Delays in completion of projects due to challenges with contractors and resource constraints. |

Table 72: Health Facilities Management

| Programme per sub-programme | 2013/14 | | | | | | | 2012/13 | |
|--|------------------------|-------------------|---------------|---------------------|--------------------|-------------|---|---------------------|--------------------|
| | 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 Facilities | | | | | | | | | |
| Current payment | 49 126 | - | (5 227) | 43 899 | 42 259 | 1 640 | 96.3% | 54 582 | 44 823 |
| Payment for capital assets | 510 383 | - | (31 655) | 478 728 | 481 460 | (2 732) | 100.6% | 496 934 | 517 247 |
| 8.2 Emergency Medical Rescue Services | | | | | | | | | |
| Current payment | 1 010 | - | (1) | 1 009 | 1 315 | (306) | 130.3% | 1 411 | 1 411 |
| Payment for capital assets | - | - | - | - | 13 | (13) | - | 3 966 | 3 966 |
| 8.3 District Hospital Services | | | | | | | | | |
| Current payment | 71 420 | - | 5 320 | 76 740 | 81 194 | (4 454) | 105.8% | 160 420 | 155 975 |
| Payment for capital assets | 697 723 | - | (102 998) | 594 725 | 507 294 | 87 431 | 85.3% | 464 062 | 495 639 |
| 8.4 Provincial Hospital Services | | | | | | | | | |
| Current payment | 83 317 | - | (2 740) | 80 577 | 100 221 | (19 644) | 124.4% | 124 152 | 116 637 |
| Payment for capital assets | 273 425 | 30 812 | 129 546 | 433 783 | 500 737 | (66 954) | 115.4% | 727 241 | 696 260 |
| 8.5 Central Hospital Services | | | | | | | | | |
| Current payment | 10 320 | - | (115) | 10 205 | 10 918 | (713) | 107.0% | 17 131 | 17 131 |
| Payment for capital assets | 2 504 | - | 10 740 | 13 244 | 13 478 | (234) | 101.8% | 11 467 | 11 467 |
| 8.6 Other Facilities | | | | | | | | | |
| Current payment | 140 196 | - | (3 177) | 137 019 | 113 542 | 23 477 | 82.9% | 127 510 | 127 532 |
| Transfers and subsidies | 20 000 | - | - | 20 000 | 20 022 | (22) | 100.1% | 20 000 | 20 000 |
| Payment for capital assets | 86 549 | - | 24 306 | 110 855 | 128 353 | (17 498) | 115.8% | 164 293 | 165 509 |
| TOTAL | 1 945 973 | 30 812 | 23 999 | 2 000 784 | 2 000 806 | (22) | 100.0% | 2 373 169 | 2 373 597 |

Source: 2013/14 Annual Financial Statements.

STRATEGIES TO OVERCOME AREAS OF UNDER PERFORMANCE

Innovative and cost effective service delivery models are being explored to reduce infrastructure costs (rail project, more advanced mobile services, etc.).

CHANGES TO PLANNED TARGETS

Two targets have been reviewed during the 2013/14 financial year as a result of significant Programme 8 budget cuts (Table 73). The Department re-prioritised urgent and essential projects to align with the funding envelope.

Table 73: Reviewed targets

| Indicator | Original Target | Reviewed Target |
|--|-----------------|-----------------|
| <i>Strategic Objective 1.19: Delivery of new clinical infrastructure in line with the approved IPIP</i> | | |
| 1.19.1: Number of new clinical projects with completed construction | 14 | 10 |
| <i>Strategic Objective 1.20: Upgrading and renovation of existing clinical infrastructure in line with the approved IPIP</i> | | |
| 1.20.2: Number of upgrading and renovation projects where commissioning is completed | 125 | 77 |

PERFORMANCE AND BUDGET

Health Facilities Management over-spent by R22 000.

KwaZulu-Natal Department of Health

This follows post adjustments virements with funding shifted from Machinery and equipment within the programme, as well as from other programmes to mitigate pressures against Buildings and other fixed structures that resulted from committed projects at the beginning of the year being higher than the budget, and the Department being unable to slow down delivery sufficiently to match the final appropriation.

These projects included Dr Pixley ka Isaka Seme, Jozini and Dannhauser CHC's, Ngwelezane Hospital upgrades to electrical reticulation, as well as the KZN Provincial Laundry.

The over-spending was mitigated to some extent by under-spending on the regional laundry in Dundee.

TRANSFER PAYMENTS**TRANSFER PAYMENTS TO ALL ORGANISATIONS OTHER THAN PUBLIC ENTITIES**

The table below reflects the transfer payments made for the period 1 April 2013 and 31 March 2014.

Table 74: Transfer payments to organisations other than Public Entities

| Name of transferee | Purpose for which the funds were used | Compliance with section 38(1)(j) of the PFMA | Amount transferred (R'000) | Amount spent by the entity | Reasons for the funds unspent by the entity |
|---|--|--|----------------------------|----------------------------|--|
| Municipalities | | | | | |
| Endondasuka/Mandeni | To subsidise the provision of primary health care for personal health services at municipal clinics | Yes | R 657 | R 657 | Payments made on a claim back basis as per SLA |
| uMngeni | To subsidise the provision of primary health care for personal health services at municipal clinics | Yes | R 764 | R 764 | Payments made on a claim back basis as per SLA |
| Msunduzi | To subsidise the provision of primary health care for personal health services at municipal clinics | Yes | R 5 074 | R 5 074 | Payments made on a claim back basis as per SLA |
| uMhlatuze | To subsidise the provision of primary health care for personal health services at municipal clinics | Yes | R 6 771 | R 6 771 | Payments made on a claim back basis as per SLA |
| Umvoti | To subsidise the provision of primary health care for personal health services at municipal clinics | Yes | R 417 | R 417 | Payments made on a claim back basis as per SLA |
| eThekweni | To subsidise the provision of primary health care for personal health services at municipal clinics | Yes | R 61 051 | R 61 051 | Payments made on a claim back basis as per SLA |
| Departmental Agencies And Accounts | | | | | |
| Medical Depot PPSD | Payment made to enable the provincial Medical Supply Centre to carry sufficient medical stock to meet demand | Yes | R 123 368 | R 123 002 | |
| Skills Development Levy | Compulsory levy paid to Health and Welfare Sector Education Training Authority for skills development | Yes | R 11 315 | R 11 315 | |
| Com: SABC TV Licences | TV licences annual fees | Yes | R 532 | R 532 | |
| Department of Transport | For the licensing of departmental motor vehicles | | | | |

The table below reflects the transferred payments which were budgeted for in the period 1 April 2013 and 31 March 2014, but no transfer payments were made.

Table 75: Payments budgeted for but not made

| Name of transferee | Purpose for which the funds were to be used | Amount budgeted for (R'000) | Amount transferred (R'000) | Reasons why funds were not transferred |
|----------------------------|---|-----------------------------|----------------------------|--|
| eThekweni | To subsidise the provision of primary health care for personal health services at municipal clinics | R 61 051 | R 0 | Delays in the presentation of invoices |
| Umshwathi Municipal Clinic | To subsidise the provision of primary health care for personal health services at municipal clinics | R 372 | R 0 | The clinic was provincialised (taken over by the department) |
| Umgeni | To subsidise the provision of primary health care for personal health services at municipal clinics | R 1 059 | R 0 | The clinic was provincialised (taken over by the department) |
| Mpofana | To subsidise the provision of primary health care for personal health services at municipal clinics | R 734 | R 0 | The clinic was provincialised (taken over by the department) |
| Msunduzi | To subsidise the provision of primary health care for personal health services at municipal clinics | R 5 074 | R 0 | The clinic was provincialised (taken over by the department) |

- *Monitoring System:* Monthly supervisory visits by PHC supervisors to monitor output; and regular monitoring by clinical programmes and finance to ensure that the requirements of the service level agreement were complied with.
- *Challenges:* Delays in Provincialisation of Municipal Clinics due to delays in the finalisation of negotiations between the Department of Health and SALGA. This negatively impacted on the finalisation of Service Level Agreements (SLAs) with consequent delays in payments.
- *Strategies/ action to rectify difficulties:* Several meetings were held between the Department of Health, SALGA and Municipalities to resolve the impasse.

CONDITIONAL GRANTS

CONDITIONAL GRANTS AND EARMARKED FUNDS RECEIVED

The tables below detail the Conditional Grants and Earmarked Funds received for the period 1 April 2013 to 31 March 2014

Table 76: National Tertiary Services Grant

| Name of the grant | National Tertiary Services Grant |
|--------------------------------------|---|
| Department who transferred the grant | National Department of Health (Vote 16). |
| Purpose of the grant | Ensure provision of tertiary health services for all South African citizens. |
| | To compensate tertiary facilities for the additional costs associated with provision of these services. |
| Expected outputs of the grant | Provision of designated central and national tertiary services (T1, T2 and T3) in 4 hospitals/ complexes as agreed between the Provincial and National Departments of Health. |

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| Name of the grant | National Tertiary Services Grant |
|--|--|
| Actual outputs achieved | <ul style="list-style-type: none"> The 2013/14 Service Level Agreement (SLA) was reviewed by relevant stakeholders. The 4 funded hospitals were able to sustain current services as per SLA. Procurement of medical equipment contributed to improved clinical outcomes. Equipment for the Cath Lab, ICU, operating theatre, orthopaedic drill, ophthalmic microscope and orthopaedic implants were funded from the NTSG allocation. |
| Amount per amended DORA | R 1 415 731 000 |
| Amount received (R'000) | R 1 415 731 000 |
| Reasons if amount as per DORA was not received | The Department received the full amount. |
| Amount spent by the department (R'000) | R 1 415 731 000 |
| Reasons for the funds unspent by the entity | The grant was fully spent. |
| Reasons for deviations on performance | There were no deviations. |
| Measures taken to improve performance | <ul style="list-style-type: none"> Although there is a draft National Tertiary Health Service Plan, the staffing and medical equipment norms have not been finalised by the National Department of Health. Lack of an approved Tertiary Hospital post establishment and appropriate costing model impacts negatively on budget allocations and compromise service delivery. |
| Monitoring mechanism by the receiving department | <ul style="list-style-type: none"> The NTSG is monitored by the Tertiary Services Programme Manager. Performance indicators in the Hospital Business Plan are aligned to the Conditional Grants – Schedule 4, DORA and PFMA prescripts. National and Provincial Strategic priorities for the delivery of Tertiary Services are integrated into the activities of the NTSG Service Delivery Plan. Governance structures are in place, managed by the Hospital Executive Management Team and the Tertiary Services Programme Manager. Hospitals are responsible for monitoring the service delivery outputs, budgeting process, monthly cash flow meetings and expenditure reviews, which are reported on a quarterly basis for analysis and report back from the Tertiary Programme Manager. All reports are escalated up to the Acting Deputy Director General. Monthly clinical audits are conducted by multidisciplinary teams. Quality Improvement Plans (QIP), aligned to the NTSG Business Plans, are monitored by the Quality Management Teams in each hospital and reported to the Tertiary Services Programme Manager. |

Table 77: Comprehensive HIV and AIDS Grant

| Name of the grant | Comprehensive HIV / AIDS Grant | |
|--------------------------------------|--|-------------|
| Department who transferred the grant | National Department of Health (Vote 16). | |
| Purpose of the grant | <ul style="list-style-type: none"> To enable the health sector to develop an effective response to HIV and AIDS including universal access to HIV Counselling and Testing (HCT). To support the implementation of the National Operational Plan for comprehensive HIV and Aids treatment and care. To subsidise in-part funding for the antiretroviral treatment programme. | |
| Expected outputs of the grant | Number of fixed public health facilities offering ART services | 615 |
| | Number of new patients that started on ART | 180 000 |
| | Total number of patients on ART remaining in care | 846 919 |
| | Number of beneficiaries served by home-based caregivers | 3 300 000 |
| | Number of active home-based carers receiving stipends | 9 752 |
| | Number of male and female condoms distributed | 213 272 000 |
| | Number of High Transmission Areas (HTA) intervention sites | 85 |
| | Number of Antenatal Care (ANC) clients initiated on life-long ART | 25 000 |
| | Number of babies Polymerase Chain Reaction (PCR) tested at 6 weeks | 70 000 |
| | Number of HIV positive clients screened for TB | 462 324 |

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| Name of the grant | Comprehensive HIV / AIDS Grant | |
|--|---|-------------|
| | Number of HIV positive patients that started on IPT | 300 512 |
| | Number of active lay counsellors on stipends | 2 621 |
| | Number of clients pre-test counselled on HIV testing (including antenatal) | 3 210 580 |
| | Number of clients tested for HIV (including antenatal) | 2 889 522 |
| | Number of health facilities offering MMC services | 72 |
| | Medical Male Circumcision performed | 174 826 |
| | Sexual assault cases offered ARV prophylaxis | 4 900 |
| | Step Down Care facilities/units | 4 |
| | Doctors and professional nurses trained on HIV/AIDS, STIs, TB and chronic diseases | 330 |
| Actual outputs achieved | Number of fixed public health facilities offering ART services | 632 |
| | Number of new patients that started on ART | 190 040 |
| | Total number of patients on ART remaining in care | 841 341 |
| | Number of beneficiaries served by home-based caregivers | 3 008 107 |
| | Number of active home-based carers receiving stipends | 9 710 |
| | Number of male and female condoms distributed | 138 085 301 |
| | Number of High Transmission Areas (HTA) intervention sites | 92 |
| | Number of Antenatal Care (ANC) clients initiated on life-long ART | 54 432 |
| | Number of babies Polymerase Chain Reaction (PCR) tested at 6 weeks | 75 106 |
| | Number of HIV positive clients screened for TB | 613 642 |
| | Number of HIV positive patients that started on IPT | 253 217 |
| | Number of active lay counsellors on stipends | 2 121 |
| | Number of clients pre-test counselled on HIV testing (including antenatal) | 2 594 303 |
| | Number of clients tested for HIV (including antenatal) | 2 544 218 |
| | Number of health facilities offering MMC services | 72 |
| | Medical Male Circumcision performed | 105 338 |
| | Sexual assault cases offered ARV prophylaxis | 5 381 |
| | Step Down Care (SDC) facilities/units | 4 |
| | Doctors and professional nurses trained on HIV/AIDS, STIs, TB and chronic diseases | 1 689 |
| Amount per amended DORA | R 2 652 072 000 | |
| Amount received (R'000) | R 2 652 072 | |
| Reasons if amount as per DORA was not received | The department received the full amount. | |
| Amount spent by the department (R'000) | R 2 652 072 | |
| Reasons for the funds unspent by the entity | The grant was fully spent. | |
| Reasons for deviations on performance | <ul style="list-style-type: none"> ▪ Delays in procurement of capital equipment through Supply Chain Management. ▪ Delays in the successful recruitment of staff for critical posts (allocated under Conditional Grant). | |
| Measures taken to improve performance | <ul style="list-style-type: none"> ▪ Implementation of the annual procurement plan during the first month of the first quarter to avoid delays in procurement of capital equipment. ▪ Implementation of the MMC escalation plan and condom distribution plan will improve performance. ▪ Incorporation of data from the Developmental Partners into DHIS to improve reporting. | |
| Monitoring mechanism by the receiving department | <ul style="list-style-type: none"> ▪ Quarterly meetings and technical support visits with districts facilitated by Provincial Programme Managers to monitor performance targets and expenditure. | |

Table 78: Health Professional Training and Development Grant

| Name of the grant | Health Professional Training And Development |
|--|---|
| Department who transferred the grant | National Department of Health (Vote 16). |
| Purpose of the grant | <ul style="list-style-type: none"> ▪ Support provinces to fund service costs associated with training of health science trainees on the public service platform. ▪ Co-funding of the National Human Resource Plan for Health in expanding undergraduate medical education for 2012 and beyond (2025). |
| Expected outputs of the grant | Increase Trained Health Professionals. |
| Actual outputs achieved | Achieved the target. |
| Amount per amended DORA | R 292 837 000 |
| Amount received (R'000) | R 292 837 |
| Reasons if amount as per DORA was not received | The Department received full amount. |
| Amount spent by the department (R'000) | R 292 837 000 |
| Reasons for the funds unspent by the entity | The grant was fully spent. |
| Reasons for deviations on performance | No deviation. |
| Measures taken to improve performance | N/A |
| Monitoring mechanism by the receiving department | <ul style="list-style-type: none"> ▪ Quarterly monitoring of performance indicators with the Provincial Human Resource representative. ▪ Actively monitoring of financial journals to ensure appropriate utilisation of grant. ▪ Quarterly reports submitted to the Acting Deputy Director General Specialized Services and Clinical Support, CFO, HOD and NDOH in accordance with the DORA reporting framework. |

Table 79: National Health Insurance Grant – Umzinyathi District

| Name of the grant | National Health Insurance – Umzinyathi District |
|--------------------------------------|--|
| Department who transferred the grant | National Department of Health (Vote 16). |
| Purpose of the grant | <ul style="list-style-type: none"> ▪ To contribute towards assessing the feasibility and affordability of innovative ways of engaging private sector resources for public purpose. ▪ Test innovations in health services provision for implementing National Health Insurance, allowing for each district to interpret and design innovations relevant to its specific context. ▪ To undertake health system strengthening initiatives. ▪ To support selected pilot districts in implementing identified service delivery interventions. |
| Expected outputs of the grant | <ul style="list-style-type: none"> ▪ Improved supply chain management systems and processes to support efficient and effective health services provision within the district. ▪ Enhanced district capacity in the areas of district health planning and monitoring and evaluation. ▪ Strengthened referral system based on a re-engineered primary health care platform with a particular focus in rural and previously disadvantaged areas. |

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| Name of the grant | National Health Insurance – Umzinyathi District |
|--|---|
| Actual outputs achieved | <ul style="list-style-type: none"> ▪ Information baseline survey conducted by UKZN to monitor outcomes of programmes/ strategies as part of NHI. Preliminary report available. ▪ DVD produced for PHC re-engineering as part of the NHI Baseline. ▪ Electronic patient record benchmark visit to Western Cape in March 2014. ▪ Deputy Manager NHI appointed 1 November 2013. ▪ M&E Managers from four Hospitals, one from the District Office and Deputy Manager NHI attended training on outcome-based M&E by University of Pretoria in February 2014. ▪ Procured patient held record booklets to pilot in the Umvoti sub-district. All sub-districts were trained on use of the booklet. ▪ Connectivity has been completed in 14 clinics for the introduction of electronic patient records (a project managed by the NDOH). ▪ Supply Chain Management staff, Data captures, Facility Information Officers and District Information Officer attended training courses to improve on deliverables. ▪ Implementation of the referral system in all sub-districts. Referral books were procured and distributed to all sub-districts. ▪ Training on Basic Life Support and Advanced Life Support conducted for Doctors, Nurses and EMRS personnel. |
| Amount per amended DORA | R 4 850 000 |
| Amount received (R'000) | R 4 850 000 |
| Reasons if amount as per DORA was not received | Full amount received. |
| Amount spent by the department (R'000) | R 7 080 000 |
| Reasons for the funds unspent by the entity | <ul style="list-style-type: none"> ▪ Constant procurement delays at Provincial SCM affect performance at service delivery level. ▪ District financial delegation is limiting. |
| Reasons for deviations on performance | Delays in procurement of goods seriously affecting performance against targets in Business Plan. |
| Measures taken to improve performance | Procurement will be initiated from 1 April 2014. Regular meetings with SCM to ensure fast tracking of processes. |
| Monitoring mechanism by the receiving department | SCM processes will be monitored on a weekly basis to address challenges timeously. |

Table 80: NHI Grant – Umgungundlovu District

| Name of the grant | National Health Insurance- Umgungundlovu District |
|--------------------------------------|--|
| Department who transferred the grant | National Department of Health (Vote 16). |
| Purpose of the grant | <ul style="list-style-type: none"> ▪ To contribute towards assessing the feasibility and affordability of innovative ways of engaging private sector resources for public purpose. ▪ Test innovations in health services provision for implementing National Health Insurance, allowing for each district to interpret and design innovations relevant to its specific context. ▪ To undertake health system strengthening initiatives. ▪ To support selected pilot districts in implementing identified service delivery interventions. |
| Expected outputs of the grant | <ul style="list-style-type: none"> ▪ Improved supply chain management systems and processes to support efficient and effective health services provision within the district. ▪ Enhanced district capacity in the areas of district health planning and monitoring and evaluation. ▪ Strengthened referral system based on a re-engineered primary health care platform with a particular focus in rural and previously disadvantaged areas. |
| Actual outputs achieved | <ul style="list-style-type: none"> ▪ District M&E processes audited to determine baseline at a cost of R845 817; ▪ Staff trained to improve data quality and strengthen M&E in the district: computer literacy, data quality tools and M&E at a cost of R462 348; ▪ Registries established at Northdale Hospital (100% completed) and at district office (7.5% completed) at a cost of R412 337; ▪ NHI Manager contracted on 1 January to manage NHI Project at a cost of R123 910; ▪ Staff trained on SCM practice notes and regulations at a cost of R200 000; and ▪ GPs orientated and inducted at a cost of R23 616. ▪ The following was acquired with the rollover funds: Medical equipment, installations of basins, linen, cutlery and crockery at accost of R2 535 398. |

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| Name of the grant | National Health Insurance- Umgungundlovu District |
|--|--|
| Amount per amended DORA | R 24 649 000 |
| Amount received (R'000) | R 7 565 |
| Reasons if amount as per DORA was not received | The Department received full amount. |
| Amount spent by the department (R'000) | R 4 603 |
| Reasons for the funds unspent by the entity | <ul style="list-style-type: none"> ▪ Patient hand held records were initiated in 2012/13 and again budgeted for in the 2013/14 financial year. Activity's cost is above the district's financial delegation and procurement escalated to Provincial SCM. This process could not be completed prior to the 2013/14 financial year ending due to SCM delays. ▪ Electronic medical record was not implemented as planned due to delays at provincial level. Installation of satellite connectivity for the preparation of the EMR was delayed as the company experienced difficulties in obtaining the cabling from suppliers. A request for the rollover of funds to the 2014/15 financial year has been submitted. ▪ The SCM audit could not be completed due to SCM delays. Permission was granted for the R600 000 initially budgeted for the SCM audit to be used for the installation of video conferencing in the District, Appelsbosch Hospital and an upgrade of the existing, but outdated, system at Northdale Hospital. The project was also delayed due to delayed relocation of the district office to new premises. A request for the rollover of funds to the 2014/15 financial year was submitted. ▪ Only 84% of the baseline assessment's budget was used as the invoice was cheaper than the payment. ▪ Only 78% of the registry budget was expended as a result of the relocation of the district office to new premises which hampered installation of shelving, counters, etc. ▪ The contracting of GPs took longer than anticipated and only 1 orientation session was held in October 2013. It was planned to have a session in the 4th quarter, which did not materialize as NDOH took over the orientation. Approval was obtained to move the identified savings to training, NHI Manager's salary and the installation of the video conferencing facility. |
| Reasons for deviations on performance | <ul style="list-style-type: none"> ▪ Patient hand held records were not received because the inadequate financial delegations at district level compelled the district to submit this request to Provincial SCM for advertising, evaluation and adjudication. The process of having this request executed has taken more than a year and a supplier was finally engaged in the 1st quarter of 2014/15 and, due to the volume of records to be printed in such a short time span, the patient hand held records could not be completed prior to the 2013/14 financial year ending. Feedback confirmed that these records will be available in the first quarter of the 2014/15 financial year and a request for the rollover of funds has thus been made to cater for these records. ▪ The installation of an electronic medical record and its supporting satellite connectivity were delayed as an existing, suitable EMR was unsuccessfully scouted for at Provincial level. During the 4th quarter Provincial IT was engaged who advised that they will arrange for the continuation of the installation of satellite connectivity for the preparation of the EMR. The installation process was however delayed due to the fact that the company was experiencing difficulties in obtaining the cabling from suppliers. A request for the rollover of funds to the 2014/15 financial year has been requested. ▪ The budget for the video conference facility was moved from the SCM Audit due to the fact that the audit would not be done in the 2013/14 financial year as a result of slow progress at Provincial SCM. Video conference facilities (see annexure 4) commenced in the last quarter and were not completed because of a lack of time as the installation had to be done at the new premises. Unfortunately the move to the new premises was delayed between the Department of Public Works and the owner of the building. ▪ Only 84% of the Baseline assessment's budget was expended, because a lesser fee was charged than what was initially estimated and allocated. This payment was less than what was initially planned for. ▪ Only 78% of the registry budget was expended because the district office is on the verge of relocating and requirements such as counters and shelves could not be installed prior to taking possession of the building. ▪ The SCM processes were not audited due to a delay at Provincial SCM level – again resultant from inadequate financial delegations at district level – the budget therefor was moved to cater for video conferencing at the district office which was also delayed due to the inability to relocate timeously to the new district office premises. ▪ It was envisaged that GP contracting would commence in the beginning of the financial year and that quarterly induction and orientation sessions would take place. Only one session took place in October 2013 and induction and orientations were thereafter taken over by the NDOH. Virement was approved and the identified savings was moved to training, NHI Manager Salary and Video Conferencing. |

| Name of the grant | National Health Insurance- Umgungundlovu District |
|--|---|
| Measures taken to improve performance | <ul style="list-style-type: none"> ▪ The Acting CFO agreed to attend to the matter of inadequate financial delegations at district level on receipt of evidence that the bottleneck is indeed at provincial SCM level. The NHI Project Manager is monitoring the SCM processes at Provincial level. ▪ An NHI Programme Manager has been contracted and appointed in January 2014, whose core function will be to attend to NHI business, manage the NHI budget and expenditure and monitor and evaluate outputs on a continuous basis. ▪ A request has been sent to the Provincial office for the approval of the rollover of funds for those activities for which orders have been placed and service delivery commenced within the 2013/14 financial year. |
| Monitoring mechanism by the receiving department | <ul style="list-style-type: none"> ▪ NHI Project Manager appointed who will monitor and evaluate the performance of activities against a detailed operational plan with stipulated timeframes. ▪ Working closely with SCM Head Office in an attempt to speed up the SCM processes. ▪ Working closely with Finance to ensure timeous processing of payments to facilitate a true reflection of expenditure against budget allocations. ▪ Enter into contingency plans sooner to allow for sufficient time to change activities and/or virement funds. ▪ Meet weekly with appointed contractors to coordinate progress between contractors so that delays may be address timeously. |

Table 81: NHI Grant – IALCH

| Name of the grant | National Health Insurance- IALCH |
|--|---|
| Department who transferred the grant | National Department of Health (Vote 16). |
| Purpose of the grant | <ul style="list-style-type: none"> ▪ Test innovations necessary for implementing National Health Insurance. ▪ To undertake health system strengthening initiatives and support selected pilot districts in implementing identified service delivery interventions. ▪ To strengthen the resource management of selected central hospitals. |
| Expected outputs of the grant | <ul style="list-style-type: none"> ▪ A framework that: <ul style="list-style-type: none"> – Enhances managerial autonomy, delegation of functions and accountability in districts and health facilities. – Provides for a scalable model, including the required institutional arrangements, for a district health authority (DHA) as the contracting agency. – Tests the linkage between health service management and administration and how it relates to the functions and responsibilities of DHAs. – Provides models for contracting private providers that include innovative arrangements for harnessing private sector resources at a primary health care level. – Provides for a rational referral system based on a re-engineered primary health care platform with a particular focus in rural and previously disadvantaged areas. ▪ Provides a model for revenue collection and management model for identified central hospitals. |
| Actual outputs achieved | <ul style="list-style-type: none"> ▪ Medikredit system installed and linked to ITC verification of patients. ▪ 52 additional work stations (computers) installed. |
| Amount per amended DORA | R 901 000 |
| Amount received (R'000) | R 901 000 |
| Reasons if amount as per DORA was not received | The department received full amount. |
| Amount spent by the department (R'000) | R 901 000 |
| Reasons for the funds unspent by the entity | N/A |
| Reasons for deviations on performance | N/A |
| Measures taken to improve performance | N/A |
| Monitoring mechanism by the receiving department | N/A |

Table 82: Hospital Revitalisation Grant

| Name of the grant | Hospital Revitalisation Grant |
|--|---|
| Department who transferred the grant | National Department of Health (Vote 16). |
| Purpose of the grant | <ul style="list-style-type: none"> ▪ To provide funding to enable provinces to plan, manage, modernise, rationalise and transform health infrastructure, health technology, monitoring and evaluation of the health facilities in line with national policy objectives. ▪ To supplement expenditure on health infrastructure delivered through public-private partnerships. |
| Expected outputs of the grant | Number of hospitals upgraded, rebuilt and fully commissioned. |
| Actual outputs achieved | <ul style="list-style-type: none"> ▪ Edendale Hospital - Upgrade existing roads, parking and helistop. ▪ Edendale Hospital - Upgrade Psychiatric Ward. ▪ King Edward VIII Hospital - Refurbishment of lifts to S, N & I Blocks. ▪ King Dinuzulu Hospital - New Crèche. ▪ King Dinuzulu Hospital - Waste handling facility/ Waste disposal. ▪ King Dinuzulu Hospital - New TB Admin Block. ▪ Madadeni Hospital - Fencing of site. ▪ Edendale Hospital - Conditional Assessment of the Hospital. ▪ King Dinuzulu Hospital - Lift Installation: Double Lift to AC Multi Storey. ▪ King Dinuzulu Hospital - Lift Installation: Single Lift to AC Multi Storey. ▪ King Edward VIII Hospital - Repairs of existing dilapidated aircon at MOPD. |
| Amount per amended DORA | R 560 104 000 |
| Amount received (R'000) | R 564 104 |
| Reasons if amount as per DORA was not received | The Department received full amount. |
| Amount spent by the department (R'000) | R 560 115 |
| Reasons for the funds unspent by the entity | The grant was fully spent. |
| Reasons for deviations on performance | No deviations. |
| Measures taken to improve performance | Appointment of additional staff to assist with planning and monitoring PIAs. |
| Monitoring mechanism by the receiving department | Monthly Progress Meeting with PIAs, Site meetings, IRM and PMIS. |

Table 83: Health Infrastructure Grant to Provinces

| Name of the grant | Health Infrastructure Grant to Provinces |
|--|--|
| Department who transferred the grant | National Department of Health (Vote 16). |
| Purpose of the grant | To supplement provincial funding of health infrastructure to address backlogs, and accelerate the provision of health facilities and ensure proper life cycle maintenance of provincial health infrastructure. |
| Expected outputs of the grant | <ul style="list-style-type: none"> ▪ Number of health facilities, planned, designed, constructed, maintained and operationalised. ▪ Number of work opportunities created. |
| Actual outputs achieved | <ul style="list-style-type: none"> ▪ Number of health facilities planned - 1 ▪ Number of health facilities designed - 11 ▪ Number of health facilities constructed - 40 ▪ Number of health facilities maintained - 545 ▪ Number of health facilities operationalised - 12 |
| Amount per amended DORA | R 484 031 000 |
| Amount received (R'000) | R 484 031 |
| Reasons if amount as per DORA was not received | The Department received full amount. |
| Amount spent by the | R 484 453 |

| Name of the grant | Health Infrastructure Grant to Provinces |
|--|--|
| department (R'000) | |
| Reasons for the funds unspent by the entity | The grant was fully spent. |
| Reasons for deviations on performance | No deviations. |
| Measures taken to improve performance | Appointment of additional staff to assist with planning and monitoring PIAs. |
| Monitoring mechanism by the receiving department | Monthly Progress Meeting with PIAs, Site meetings, IRM and PMIS. |

Table 84: Nursing Colleges and Schools Grant

| Name of the grant | Nursing Colleges and Schools Grant |
|--|--|
| Department who transferred the grant | National Department of Health (Vote 16). |
| Purpose of the grant | To supplement provincial funding of health infrastructure to accelerate the provision of health facilities including office furniture and related equipment and to ensure proper maintenance of provincial health infrastructure for nursing colleges and schools. |
| Expected outputs of the grant | Number of nursing colleges and schools, planned, designed, constructed, operationalised and maintained. Number of work opportunities created. |
| Actual outputs achieved | Two planned projects are in construction as planned - both 99% complete. |
| Amount per amended DORA | R 28 396 000 |
| Amount received (R'000) | R 28 396 |
| Reasons if amount as per DORA was not received | The Department received full amount. |
| Amount spent by the department (R'000) | R 27 963 |
| Reasons for the funds unspent by the entity | The total Health Facility Revitalisation Grant was spent (R1 72 531 000) which comprises the three components. |
| Reasons for deviations on performance | No deviations. |
| Measures taken to improve performance | Appointment of additional staff to assist with planning and monitoring PIAs. |
| Monitoring mechanism by the receiving department | Monthly Progress Meeting with PIAs, Site meetings, IRM and PMIS. |

Table 85: Expanded Public Works Integrated Grant to Provinces

| Name of the grant | EPW Integrated Grant to Province |
|--------------------------------------|---|
| Department who transferred the grant | National Department of Public Works (Vote 7). |
| Purpose of the grant | To incentivise provincial departments to expand work creation efforts through the use of labour intensive delivery methods in the following identified focus areas, in compliance with the EPWP guidelines:- road maintenance and the maintenance of buildings. |
| Expected outputs of the grant | <ul style="list-style-type: none"> ▪ Increased number of people employed and receiving income through the EPWP. ▪ Increased average duration of the work opportunities created. ▪ Increased income per EPWP beneficiary. |
| Actual outputs achieved | <ul style="list-style-type: none"> ▪ Full Time Equivalent Jobs: Planned (3 812) and Actual (1 914) ▪ Work Opportunities: Planned (3 745) and Actual (1 786) ▪ Number of people employed: Planned (4 168) and Actual (1 988) |
| Amount per amended DORA | R 3 000 000 |
| Amount received (R'000) | R 3 000 |
| Reasons if amount as per DORA | The Department received full amount. |

| Name of the grant | EPW Integrated Grant to Province |
|--|---|
| was not received | |
| Amount spent by the department (R'000) | R 3 000 |
| Reasons for the funds unspent by the entity | The grant was fully spent. |
| Reasons for deviations on performance | The department exceeded all its targets set for Infrastructure EPWP. |
| Measures taken to improve performance | Continual close monitoring of implementing agents and internal programme. |
| Monitoring mechanism by the receiving department | Monthly reports from Implementing Agents and Institutions. |

DONOR FUNDS

DONOR FUNDS RECEIVED

The table below details donor funds received for the period 1 April 2013 and 31 March 2014.

Table 86: Donor funds received

| Name of donor | Astra Zeneca (Astra Zeneca Pharm) |
|--|-----------------------------------|
| Full amount of the funding | R 196 000 |
| Period of the commitment | Not Specified |
| Purpose of the funding | Drug Trials |
| Expected outputs | Drug Trials |
| Actual outputs achieved | The project is still in progress |
| Amount carried over (R'000) | R 117 000 |
| Amount spent by the department (R'000) | R 88 000 |
| Reasons for the funds unspent | The project is still in progress |
| Monitoring mechanism by the donor | Non specified |

| Name of donor | Atlantic Philanthropies |
|--|--|
| Full amount of the funding | R 9 429 000 |
| Period of the commitment | Two years (further extension received) |
| Purpose of the funding | Improvements to KZN College of Nursing |
| Expected outputs | Upgrading of infrastructure at nursing colleges, purchase of computers, teaching aids and capacity building |
| Actual outputs achieved | Feasibility study for the policy & procedure development & accreditation of new qualification |
| | Procured Teaching & Learning Equipment (100 PCs, 20 x Laptops, 25 x printers, 12 x data projectors) |
| Amount carried over (R'000) | R 7 922 |
| Amount spent by the department (R'000) | R 305 |
| Reasons for the funds unspent | Due to continued delays experienced with the tender process, this donation could not be spent in 2013/14. The continuation of this donation is still in progress. As per request of the donor a consultant has been appointed to assist with a revised business plan which must be according to specifications of the donor. |
| Monitoring mechanism by the | Progress report |

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| | |
|-------|--|
| donor | |
|-------|--|

| Name of donor | Conforth Investments |
|--|--|
| Full amount of the funding | R 151 000 |
| Period of the commitment | Not specified |
| Purpose of the funding | Improvement of the infection control unit in ward A4 |
| Expected outputs | Installation of access control doors/ purchasing of furniture in Haematology |
| Actual outputs achieved | Installation 2 access control doors and additional seating for patients in ward A4 west |
| Amount carried over (R'000) | R 50 |
| Amount spent by the department (R'000) | R 0 |
| Reasons for the funds unspent | Actual expenditure was less than initial quote received. Awaiting further action from donor on the utilisation of the remaining balance. |
| Monitoring mechanism by the donor | None |

| Name of donor | Dept of Local Government & Traditional Affairs |
|--|--|
| Full amount of the funding | R 228 000 |
| Period of the commitment | Not specified |
| Purpose of the funding | Purchase of EMS vehicles and medical equipment |
| Expected outputs | Emergency and Rescue equipment for the EMS Vehicles |
| Actual outputs achieved | Purchased emergency and rescue equipment |
| Amount carried over (R'000) | R 228 |
| Amount spent by the department (R'000) | R 225 |
| Reasons for the funds unspent | The remaining R3 000 will be rolled over to 2014/15 and spent in the first quarter |
| Monitoring mechanism by the donor | None |

| Name of donor | Impumumelelo Trust Innovation |
|--|---|
| Full amount of the funding | R 24 000 |
| Period of the commitment | Not specified |
| Purpose of the funding | Training programme for HIV and AIDS |
| Expected outputs | Prize money to be spent on HIV and ADIS related project |
| Actual outputs achieved | None |
| Amount carried over (R'000) | R 24 |
| Amount spent by the department (R'000) | R 0 |
| Reasons for the funds unspent | Due to the exit of staff involved with this project, no further action was taken with the spending hereof. Still in the planning phase. |
| Monitoring mechanism by the donor | None |

| Name of donor | MRI Novartis Training |
|----------------------------|--|
| Full amount of the funding | R 55 000 |
| Period of the commitment | Not specified |
| Purpose of the funding | Training of Radiographers on MRI machines |
| Expected outputs | Radiographers to gain knowledge on T2 scanning |
| Actual outputs achieved | Training conducted |

| | |
|--|---|
| Amount carried over (R'000) | R 55 |
| Amount spent by the department (R'000) | R 55 |
| Reasons for the funds unspent | This donation has been utilised in full |
| Monitoring mechanism by the donor | Progress report |

| | |
|--|---|
| Name of donor | SA Breweries |
| Full amount of the funding | R 2 000 |
| Period of the commitment | not specified |
| Purpose of the funding | HIV and AIDS Testing |
| Expected outputs | Testing of patients for HIV |
| Actual outputs achieved | Project completed |
| Amount carried over (R'000) | R 2 |
| Amount spent by the department (R'000) | R 0 |
| Reasons for the funds unspent | The project has been finalised. The balance will be journalised to revenue account of the Department if not utilised in the new financial year. |
| Monitoring mechanism by the donor | Quarterly reports |

CAPITAL INVESTMENT

CAPITAL INVESTMENT, MAINTENANCE AND ASSET MANAGEMENT PLAN

Progress: Maintenance of Infrastructure

The total amount allocated in 2013/14 for institutional maintenance for all 11 districts including maintenance at Head Office is R 270 925 million and are broken down into 4 categories. Of this, a total amount of R 245 051 million was spent equating to 90% of the budget. These maintenance projects are procured and managed by the districts and institutions.

The maintenance performance over the last 5 years shows that the Department has spent on average close to 90% of its allocated maintenance budgets. Table 87 shows the annual expenditure against the budgets. The average percentage budget allocation for maintenance is in the order of 20% of the overall annual budget.

The Department has developed a turnaround strategy whereby districts provide their maintenance needs to inform prioritisation and

budget allocation. In addition, districts developed term contracts for building/civil work. These term contracts are not yet in place but are at award stage and should be in place during the 2014/15 financial year.

Commissioning of new completed facilities will put additional pressure on expenditure. The increase in baseline does not match the demand resulting from the completion of these facilities.

Addington Hospital Refurbishment & Renovations to the Core Block: Total project cost R171 million. Core Block overall progress is 38% on site and is anticipated to complete 30 July 2014; the Administration Block was completed in October 2013; Theatre Block progress is 98% on site; the Chillers and Cooling Towers progress is 90%. A revised programme has been drawn-up as delays are anticipated in completion of the core block building. The targeted date will not be achieved due to mainly the scaffolding on the Eastern section of the building which has over time severely rusted and has been deemed unsafe to work on. The contractor is currently dismantling the severely

rusted sections and replacing it to allow for a safe working platform.

Ekhulengeni Life Care Centre: Completed renovations of the Hospital. The total project cost is R47 million and overall progress on site is 85%. The expected completion date is the end of June 2014.

Addington Nursing College: Major renovations to the College with a total project cost of R31 million. Overall progress on site is 95% with expected completion date the end of June 2014.

Fort Napier Hospital: Renovations to Peter De Vos Building Nurses Residence, Ward 3, Forensic

Ward, Dining room, Jabula Ward and Laundry. The total project cost is R17 million with overall progress on site at 58%. Partial handover of the Nurses Accommodation planned for April 2014. Peter De Vos: Internal painting, glazing as well as replacing of floor finishes is in progress. Forensic Ward: Preparation for installation of in-floor heating as well CCTV cameras is in progress. The final coat of paint must be applied on completion of flooring. The expected completion date is end of June 2014.

Ngwelezane Clinic Repairs and Renovations: The total project cost is R2.9 million with overall progress on site at 65%. The expected completion date is the end of July 2014.

Table 87: Annual expenditure against budget

| Infrastructure projects | 2013/14 | | | 2012/13 | | |
|---|---------------------------|--------------------------|--------------------------------|---------------------------|--------------------------|--------------------------------|
| | Final Appropriation R'000 | Actual Expenditure R'000 | (Over)/Under Expenditure R'000 | Final Appropriation R'000 | Actual Expenditure R'000 | (Over)/Under Expenditure R'000 |
| New and replacement assets | 343 742 | 431 203 | (87 461) | 629 609 | 653 662 | (24 053) |
| Existing infrastructure assets | 1 570 584 | 1 586 629 | (16 045) | 1 864 056 | 1 892 373 | (28 317) |
| – Upgrades and additions | 904 757 | 840 089 | 64 668 | 1 016 507 | 1 018 685 | (2 178) |
| – Rehabilitation, renovations & refurbishment | 322 085 | 315 337 | 6 748 | 217 940 | 220 026 | (2 086) |
| – Maintenance and repairs | 328 430 | 371 060 | (42 630) | 442 781 | 420 866 | 21 915 |
| Infrastructure transfer | 20 000 | 20 000 | - | 1 884 056 | 1 912 373 | (28 317) |
| – Current | - | - | - | 442 781 | 420 866 | 21 915 |
| – Capital | 20 000 | 20 000 | - | 1 884 056 | 1 912 373 | (28 317) |
| Total | 1 919 014 | 1 977 689 | (58 675) | 2 326 837 | 2 333 239 | (6 402) |

The Department ended the year with an over-spending of R 58.675 million or 3.06 per cent more than the Final Appropriation largely due to committed projects at the beginning of the year being higher than the allocated budget, and the Department being unable to slow down delivery sufficiently to match the final appropriation.

The over-spending of R 87.461 million against new and replacement assets relates mainly to higher than expected costs, as well as faster than anticipated progress on a number of projects including the Dr. Pixley Ka Seme

Hospital (ground works), as well as the Pomeroy and Dannhauser CHC's.

The under-spending of R64.668 million against upgrading and additions is mainly attributed to underspending in projects at the Dundee Regional Laundry upgrade and equipment (R34 million), and Health Technology Equipment for king Dinuzulu Hospital (R35 million).

The Department under-spent by R 6.728 million on the Final Appropriation for Rehabilitation, Renovations and Refurbishment with GJ Crooks hospital under-spending by R28.2 million on the casualty, trauma and admissions project,

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Townhill Hospital under-spending by R14.9 million on the replacement or renovations to roof admin block, North Park Uitsig. The KwaZulu-Natal Central Laundry over-spent the original allocation by R54.2 million due to a variation order.

The Department over-spent by R 42.630 million on maintenance and repairs. It must be noted that this category also includes the Rental of staff and office accommodation, at R61.5 million.

Table 88: Projects completed in 2013/14

| No | Province | Financial Year | Name of Institution | Project Description | Type of Facility | Municipality Name/ Area | District Municipality Name | Nature of Investment | Completion Date | Construction Start Date | Construction Duration (Months) | Project Value (R'000) | Total Expenditure (R'000) |
|----|----------|----------------|-----------------------------------|--|------------------------|-------------------------|----------------------------|--|-----------------|-------------------------|--------------------------------|-----------------------|---------------------------|
| | 61 | 61 | 61 | 61 | 61 | 61 | 61 | 61 | 61 | 61 | 61 | R 563 353 | R 521 228 |
| 1 | KZN | 2013-14 | Altona Clinic | Repairs And Renovations | Clinic | UPhongolo | Zululand | Renovations Rehabilitation or Refurbishments | 22 March 2013 | 12 Dec 2013 | 9 | R 10 322 | R 10 039 |
| 2 | KZN | 2013-14 | Babanango Clinic | Construction Of New Clinic | Clinic | Ulundi | Zululand | New or Replaced | 08 Dec 2011 | 16 May 2013 | 18 | R 18 434 | R 18 417 |
| 3 | KZN | 2013-14 | Bethesda Hospital | Completion of new reservoir and upgrade water reticulation | Hospital | Jozini | Umkhanyakude | upgrade and Additions | 06 July 2012 | 25 Oct 2013 | 16 | R 5 429 | R 5 429 |
| 4 | KZN | 2013-14 | Ceza Hospital | Renovations to Ceza Hospital Mpumalanga Flats and existing doctors houses | Hospital | Nongoma | Zululand | Upgrade and Additions | 17 Aug 2012 | 22 Jan 2014 | 17 | R 20 523 | R 14 078 |
| 5 | KZN | 2013-14 | Ceza Hospital | Construction of New Theatre and CSSD | Hospital | Nongoma | Zululand | Upgrade and Additions | 18 Jan 2012 | 11 Sept 2013 | 20 | R 18 241 | R 17 730 |
| 6 | KZN | 2013-14 | Charles Johnson Memorial Hospital | Upgrading of Nurses residences | Nursing Accommodation | Nquthu | Umzinyathi | Upgrade and Additions | 22 Aug 2012 | 16 Oct 2013 | 14 | R 1 850 | R 1 712 |
| 7 | KZN | 2013-14 | Charles Johnson Memorial Hospital | New Kitchen, Laundry and Casualty Department (Completion contract of 017704) | Hospital | Nquthu | Umzinyathi | Upgrade and Additions | 27 Oct 2011 | 25 July 2013 | 21 | R 15 749 | R 15 736 |
| 8 | KZN | 2013-14 | Christ The King Hospital | Relocate Accom | Nursing/ Student Accom | Ubuhlebezwe | Sisonke | Upgrade and Additions | 31 Jan 2008 | 03 Sept 2013 | 68 | R 35 498 | R 34 823 |
| 9 | KZN | 2013-14 | Edendale Hospital | Upgrade existing roads, parking and helistop | Hospital | Msunduzi | uMgungundlovu | upgrade and Additions | 13 June 2012 | 25 Nov 2013 | 18 | R 8 484 | R 8 341 |
| 10 | KZN | 2013-14 | Edendale Hospital | Upgrade Psychiatric Ward | Hospital | Msunduzi | uMgungundlovu | upgrade and Additions | 16 Oct 2012 | 20 Dec 2013 | 14 | R 9 926 | R 7 084 |
| 11 | KZN | 2013-14 | Ekhombe Hospital | Replace old gavanised pipes and hydrant | Hospital | Umlalazi | uThungulu | Upgrade and Additions | 18 Jan 2012 | 12 April 2013 | 15 | R 5 264 | R 5 167 |
| 12 | KZN | 2013-14 | Enhlekiseni Clinic | Construction of a small Clinic, B2 Residential Accom and | Clinic | Abaqulusi | Zululand | New or Replaced | 01 Dec 2011 | 13 Feb 2014 | 27 | R 14 156 | R 13 615 |

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| No | Province | Financial Year | Name of Institution | Project Description | Type of Facility | Municipality Name/ Area | District Municipality Name | Nature of Investment | Completion Date | Construction Start Date | Construction Duration (Months) | Project Value (R'000) | Total Expenditure (R'000) |
|----|----------|----------------|----------------------|---|----------------------|-------------------------|----------------------------|---|-----------------|-------------------------|--------------------------------|-----------------------|---------------------------|
| | 61 | 61 | 61 | 61 | 61 | 61 | 61 | 61 | 61 | 61 | 61 | R 563 353 | R 521 228 |
| | | | | Gurad House | | | | | | | | | |
| 13 | KZN | 2013-14 | Eshowe Hospital | Replacement Of Sewer And Water Services | Hospital | Umlalazi | uThungulu | Upgrade and Additions | 05 July 2012 | 03 May 2013 | 10 | R 8 600 | R 7 940 |
| 14 | KZN | 2013-14 | Estcourt Hospital | R&R Nurses Home & Wards (2nd Completion contract of 030253/047237) | Hospital | Umtshezi | Uthukela | Renovations, Rehabilitation or Refurbishments | 04 Dec 2012 | 22 July 2013 | 8 | R 4 537 | R 4 006 |
| 15 | KZN | 2013-14 | Ex Boys Model School | Major repairs to roof | Office Accommodation | Msunduzi | uMgungundlovu | Upgrade and Additions | 28 June 2012 | 25 April 2013 | 10 | R 8 999 | R 8 723 |
| 16 | KZN | 2013-14 | Fort Napier Hospital | Upgrade lifts at Peter de Vos Building | Lift Upgrade | Msunduzi | uMgungundlovu | Upgrade and Additions | 09 Jan 2012 | 03 April 2013 | 15 | R 701 | R 635 |
| 17 | KZN | 2013-14 | Greys Hospital | New 16 Bed I.C.U. Facilities In The Vacated Path. Lab. | Hospital | Msunduzi | uMgungundlovu | Upgrade and Additions | 30 July 2012 | 07 Oct 2013 | 14 | R 9 959 | R 9 959 |
| 18 | KZN | 2013-14 | Greytown Hospital | Additions to the existing clinic to provide 2 additional consulting rooms, dispensary, 2additional offices and patients toilets | Hospital | Umvoti | Umzinyathi | Upgrade and Additions | 11 April 2012 | 12 July 2013 | 15 | R 5 069 | R 5 069 |
| 19 | KZN | 2013-14 | Greytown Mortuary | Construction Of Forensic Mortuary (Completion Contract) | Mortuaries | Umvoti | Umzinyathi | New or Replaced | 10 July 2008 | 26 July 2013 | 61 | R 10 848 | R 10 848 |
| 20 | KZN | 2013-14 | Hartland Clinic | Demolish and rebuild Nurses Accom upgrade storm water system, new ablutions and sewer system. | Clinic | eDumbe | Zululand | Renovations, Rehabilitation or Refurbishments | 28 Nov 2011 | 24 July 2013 | 20 | R 4 990 | R 4 990 |

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| No | Province | Financial Year | Name of Institution | Project Description | Type of Facility | Municipality Name/ Area | District Municipality Name | Nature of Investment | Completion Date | Construction Start Date | Construction Duration (Months) | Project Value (R'000) | Total Expenditure (R'000) |
|----|----------|----------------|---|--|------------------|-------------------------|----------------------------|-----------------------|-----------------|-------------------------|--------------------------------|-----------------------|---------------------------|
| | 61 | 61 | 61 | 61 | 61 | 61 | 61 | 61 | 61 | 61 | 61 | R 563 353 | R 521 228 |
| 21 | KZN | 2013-14 | Ingogo Clinic | Construction Of A New (CIm)Clinic With Consulting And Counselling Rooms With Guardhouse And Visitors Toilets | Clinic | Newcastle | Amajuba | New or Replaced | 28 Sept 2011 | 28 June 2013 | 21 | R 17 059 | R 16 185 |
| 22 | KZN | 2013-14 | Isiboniso Clinic | Phase 2: Three Bedroomed house | Clinic | uMhlatuze | uThungulu | Upgrade and Additions | 20 April 2012 | 19 April 2013 | 12 | R 4 862 | R 4 862 |
| 23 | KZN | 2013-14 | King Dinuzulu Hospital (King George V Hospital) | New Crèche | Hospital | Sydenham | Metros KZ | Upgrade and Additions | 23 Feb 2011 | 31 May 2013 | 28 | R 3 943 | R 3 160 |
| 24 | KZN | 2013-14 | King Dinuzulu Hospital (King George V Hospital) | Waste handling facility/Waste disposal | Hospital | Sydenham | Metros KZ | Upgrade and Additions | 23 Sept 2011 | 13 Feb 2014 | 29 | R 7 468 | R 6 117 |
| 25 | KZN | 2013-14 | King Dinuzulu Hospital (King George V Hospital) | New TB Admin | Hospital | Sydenham | Metros KZ | Upgrade and Additions | 28 June 2011 | 16 Oct 2013 | 28 | R 7 622 | R 6 795 |
| 26 | KZN | 2013-14 | Kwahemlana Clinic | Construct New Clinic | Clinic | Nongoma | Zululand | New or Replaced | 01 Dec 2011 | 30 Nov 2013 | 24 | R 13 973 | R 13 973 |
| 27 | KZN | 2013-14 | Kwamagwaza Hospital (St Mary's) | Construction of a new pharmacy | Hospital | Mthonjaneni | uThungulu | upgrade and Additions | 02 May 2012 | 29 Nov 2013 | 19 | R 9 500 | R 7 687 |
| 28 | KZN | 2013-14 | Ladysmith Provincial Hospital | Upgrade all lifts | Lift Upgrade | Emnambithi/Ladysmith | Uthukela | Upgrade and Additions | 22 Feb 2012 | 21 April 2013 | 14 | R 4 500 | R 3 713 |
| 29 | KZN | 2013-14 | Macambini Clinic | Maintenance For 2001/2002 Programme (Repairs & Renovations) | Clinic | KwaDukuza | iLembe | Upgrade and Additions | 02 Aug 2011 | 27 June 2013 | 23 | R 7 141 | R 7 141 |
| 30 | KZN | 2013-14 | Madadeni Hospital | Fencing of site | Hospital | Newcastle | Amajuba | Upgrade and Additions | 21 Nov 2012 | 03 May 2013 | 5 | R 3 900 | R 3 739 |
| 31 | KZN | 2013-14 | Mahlutshini Clinic | Ph 9 : New Clinic (Completion contract) | Clinic | Impendle | uMgungundlovu | New or Replaced | 10 Oct 2011 | 18 May 2013 | 20 | R 9 332 | R 8 761 |
| 32 | KZN | 2013-14 | Manguzi Hospital | 3x3 Bedroom Accom for | Hospital | Umhlabuyaling | Umkhanyakude | Upgrade and | 25 July 2012 | 23 Aug 2013 | 13 | R 3 836 | R 3 567 |

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| No | Province | Financial Year | Name of Institution | Project Description | Type of Facility | Municipality Name/ Area | District Municipality Name | Nature of Investment | Completion Date | Construction Start Date | Construction Duration (Months) | Project Value (R'000) | Total Expenditure (R'000) |
|----|----------|----------------|--------------------------|--|------------------|-------------------------|----------------------------|---|-----------------|-------------------------|--------------------------------|-----------------------|---------------------------|
| | 61 | 61 | 61 | 61 | 61 | 61 | 61 | 61 | 61 | 61 | 61 | R 563 353 | R 521 228 |
| | | | | medical officers | | ana | | Additions | | | | | |
| 33 | KZN | 2013-14 | Mduku Clinic | Construct TB Wing (Donor funded project) | Clinic | Nkandla | uThungulu | upgrade and Additions | 07 June 2013 | 07 June 2013 | 0 | R 1 000 | R - |
| 34 | KZN | 2013-14 | Mosvold Hospital | New Mortuary (completion contract) | Hospital | Jozini | Umkhanyakude | upgrade and Additions | 22 Jan 2013 | 25 Oct 2013 | 9 | R 9 654 | R 9 654 |
| 35 | KZN | 2013-14 | Mosvold Hospital | Demolish and rebuild existing maternity , Female Ward and Paediatric ward | Hospital | Jozini | Umkhanyakude | Upgrade and Additions | 03 April 2012 | 02 Oct 2013 | 18 | R 20 276 | R 20 276 |
| 36 | KZN | 2013-14 | Mseleni Hospital | New Therapy and Housing | Hospital | Umhlabuyaling ana | Umkhanyakude | Upgrade and Additions | 22 June 2011 | 27 June 2013 | 25 | R 36 809 | R 36 809 |
| 37 | KZN | 2013-14 | Ndlozana Clinic | New Clinic: K2, R2 x 2, R3 x 1, Guard House, Car Port And Vi | Clinic | Nongoma | Zululand | New or Replaced | 06 Dec 2011 | 03 June 2013 | 18 | R 15 662 | R 15 662 |
| 38 | KZN | 2013-14 | Newcastle Hospital | Refurbish roofs, lift motor rooms and storage tanks (Completion contract of 044034) | Hospital | Newcastle | Amajuba | Renovations, Rehabilitation or Refurbishments | 04 Dec 2012 | 17 Sept 2013 | 10 | R 6 818 | R 6 223 |
| 39 | KZN | 2013-14 | Newcastle: SAPS Mortuary | Upgrade Existing Saps Mortuary (Completion contract 037099) | Mortuaries | Newcastle | Amajuba | Upgrade and Additions | 04 Dec 2012 | 02 July 2013 | 7 | R 5 843 | R 5 843 |
| 40 | KZN | 2013-14 | Nkandla Hospital | Upgrading Wards | Hospital | Nkandla | uThungulu | Upgrade and Additions | 14 June 2011 | 13 Dec 2013 | 30 | R 21 000 | R 20 639 |
| 41 | KZN | 2013-14 | Ntinini Clinic | Upgrading of a Clinic to 24hr Service and construction of Additional staff accommodation (Completion contract) | Clinic | Nquthu | Umzinyathi | Upgrade and Additions | 04 Dec 2012 | 22 Aug 2013 | 9 | R 2 630 | R 2 630 |
| 42 | KZN | 2013-14 | Nxamalala Clinic | Phase 8 : Replace Existing Clinic (Completion contract) | Clinic | Impendle | uMgungundlovu | Upgrade and Additions | 27 March 2013 | 18 Jan 2014 | 10 | R 2 095 | R 899 |
| 43 | KZN | 2013-14 | Okhukho Clinic | Construction of a new small clinic | Clinic | Ulundi | Zululand | New or Replaced | 15 Dec 2011 | 30 Oct 2013 | 23 | R 20 270 | R 20 270 |

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| No | Province | Financial Year | Name of Institution | Project Description | Type of Facility | Municipality Name/ Area | District Municipality Name | Nature of Investment | Completion Date | Construction Start Date | Construction Duration (Months) | Project Value (R'000) | Total Expenditure (R'000) |
|----|----------|----------------|----------------------|---|------------------|-------------------------|----------------------------|-----------------------|-----------------|-------------------------|--------------------------------|-----------------------|---------------------------|
| | 61 | 61 | 61 | 61 | 61 | 61 | 61 | 61 | 61 | 61 | 61 | R 563 353 | R 521 228 |
| | | | | with residences | | | | | | | | | |
| 44 | KZN | 2013-14 | Sokhela Clinic | Phase 8 : New Clinic (Completion Of A Terminated Contract) | Clinic | Ingwe | Sisonke | New or Replaced | 23 Feb 2012 | 29 Oct 2013 | 20 | R 5 800 | R 5 459 |
| 45 | KZN | 2013-14 | Stedham Clinic | Clinic Maintenance & Upgrading Programme Phase 1 (Completion contract) | Clinic | Ulundi | Zululand | Upgrade and Additions | 28 June 2013 | 25 Oct 2013 | 4 | R 2 200 | R 2 067 |
| 46 | KZN | 2013-14 | Thathazakhe Clinic | Construction of a new clinic | Clinic | Nquthu | Umzinyathi | New or Replaced | 17 Nov 2011 | 27 May 2013 | 19 | R 13 405 | R 13 405 |
| 47 | KZN | 2013-14 | Thulasizwe Hospital | Provision of Parkhome | Hospital | Ulundi | Zululand | Upgrade and Additions | 11 Sept 2012 | 26 July 2013 | 11 | R 6 577 | R 6 183 |
| 48 | KZN | 2013-14 | Umngeni Hospital | Replacement of water reticulation system | Hospital | Msunduzi | uMgungundlovu | Upgrade and Additions | 08 May 2012 | 31 May 2013 | 13 | R 10 520 | R 10 323 |
| 49 | KZN | 2013-14 | Vryheid Hospital | Reconfigure High Care Unit (Completion contract) | Hospital | Abaqulusi | Zululand | Upgrade and Additions | 13 Nov 2012 | 03 July 2013 | 8 | R 1 795 | R 1 795 |
| 50 | KZN | 2013-14 | Vumani Clinic | Construction of a small Clinic, B2 Residential Accom and Guard House | Clinic | Abaqulusi | Zululand | New or Replaced | 08 Dec 2011 | 19 Nov 2013 | 24 | R 15 973 | R 14 058 |
| 51 | KZN | 2013-14 | Benedictine Hospital | Review of MYP | Hospital | Nongoma | Zululand | Upgrade and Additions | 30 June 2012 | 15 June 2013 | 12 | R 303 | R 303 |
| 52 | KZN | 2013-14 | Edendale Hospital | Conditional Assessment of the Hospital | Hospital | Msunduzi | uMgungundlovu | Upgrade and Additions | 10 Nov 2012 | 30 Aug 2013 | 10 | R 2 100 | R 1 097 |
| 53 | KZN | 2013-14 | Natalia Building | Refurbish of 12 lifts | Lift Upgrade | Msunduzi | uMgungundlovu | Upgrade and Additions | 30 Nov 2011 | 29 Nov 2013 | 24 | R 18 127 | R 15 013 |
| 54 | KZN | 2013-14 | Addington Hospital | Poly Clinic/Informatics & Centenary Hall- Electrical and Mechanical Maintenance | Hospital | eThekwini | Metros KZ | Upgrade and Additions | 13 March 2013 | 02 Dec 2013 | 9 | R 5 028 | R - |

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| No . | Province | Financial Year | Name of Institution | Project Description | Type of Facility | Municipality Name/ Area | District Municipality Name | Nature of Investment | Completion Date | Construction Start Date | Construction Duration (Months) | Project Value (R'000) | Total Expenditure (R'000) |
|------|----------|----------------|---|--|---------------------|-------------------------|----------------------------|---|-----------------|-------------------------|--------------------------------|-----------------------|---------------------------|
| | 61 | 61 | 61 | 61 | 61 | 61 | 61 | 61 | 61 | 61 | 61 | R 563 353 | R 521 228 |
| 55 | KZN | 2013-14 | Wentworth Hospital | Refurbishment of the existing office block /Upgrade and additions to Admin Block for EMRS | Hospital | eThekwini | Metros KZ | Upgrade and Additions | 01 Oct 2012 | 12 Aug 2013 | 11 | R 12 185 | R 9 990 |
| 56 | KZN | 2013-14 | KwaMashu CHC/ Poly Clinic | Electrical power supply to ventilation plant, Ventilation of patient waiting areas, Medical gas in short stay ward | Clinic | eThekwini | Metros KZ | Upgrade and Additions | 22 Nov 2012 | 31 July 2013 | 8 | R 1 700 | R 857 |
| 57 | KZN | 2013-14 | Newcastle Hospital | Urgent repairs to dislocated roof cantilever FACIA | Hospital | Newcastle | Amajuba | Renovations, Rehabilitation or Refurbishments | 02 April 2013 | 17 Sept 2013 | 6 | R 3 200 | R 2 133 |
| 58 | KZN | 2013-14 | Natalia Building | Chillers Replacement | Chiller Replacement | Msunduzi | uMgungundlovu | Upgrade and Additions | 01 June 2012 | 06 April 2013 | 10 | R 7 676 | R 6 284 |
| 59 | KZN | 2013-14 | King Edward VIII Hospital | Repairs of existing dilapidated aircon at MOPD | Hospital | eThekwini | Metros KZ | Renovations, Rehabilitation or Refurbishments | 24 Jan 2014 | 28 Jan 2014 | 0 | R 180 | R 180 |
| 60 | KZN | 2013-14 | King Edward V111 Hospital: N and I Blocks | Refurbishment of lifts to N & I Blocks. | Lift Upgrade | eThekwini | Metros KZ | Renovations, Rehabilitation or Refurbishments | 16 Feb 2012 | 07 Aug 2013 | 18 | R 2 256 | R 2 143 |
| 61 | KZN | 2013-14 | King Edward V111 Hospital: S Block | Refurbishment of lifts to S | Lift Upgrade | eThekwini | Metros KZ | Renovations, Rehabilitation or Refurbishments | 16 Feb 2012 | 07 Aug 2013 | 18 | R 1 555 | R 992 |

PART C

GOVERNANCE

INTRODUCTION

The Department is committed to maintain the highest standards of governance by ensuring that good governance structures are in place to effectively, efficiently and economically utilize state resources. Overall accountability for the Department rests with the Head of Department on an administrative level and the MEC for Health on a political level.

Legislative oversight is provided by:

- The Executive Council (Cabinet)
- The Provincial Legislature
- Standing Committee on Public Accounts (SCOPA)
- The Finance Portfolio Committee
- The Health Portfolio Committee
- The Provincial Health Council
- Cluster Audit and Risk Committee (CARC)

The Department has actively participated and cooperated with all Oversight Committees and have responded to all questions emanating from its deliberations with these Committees.

The MEC for Health inaugurated the Provincial Health Council on the 12th of August 2011 and bi-annual meetings have been held since. In 2013/14, meetings were held in April and May 2013 and March 2014. Council Members participated in the Provincial Strategic Planning Workshops in 2013/14 thereby expanding the reach for consultation and participation in planning and service delivery.

RISK MANAGEMENT

The Department has an approved Risk Management Policy, Strategy and Implementation (Action) Plan which have been prepared in consultation with the Risk Management Committee and approved by the Head of Department. Progress on implementation of the Plan is reported to the Departments' Management Committee as well as the Risk Management Committee on a monthly and quarterly basis.

Risk assessments are conducted annually per Business Unit and Risk Owners are reporting on progress on a regular basis.

District Health Councils have been established and appointment letters issued to members in 5 districts namely Amajuba (April 2013), Uthungulu (April 2013), Umkhanyakude (July 2013), Sisonke (July 2013, and Umgungundlovu (November 2013). The launch of Councils will be in 2014/15. The Department, in partnership with the Department Cooperative Governance and Traditional Affairs, is in the process to call for nominations for the establishment of the remaining 6 District Health Councils.

The MEC for Health convened the mandatory Provincial Consultative Health Forum in October 2013. Recommendations from this meeting were taken to the national level for further deliberation and decision-making on overall health policy issues.

Since promulgation of the KZN Health Act, 2009 (Act No.1 of 2009) the Department has successfully formalised Hospital Boards at 68 out of 71 hospitals (96%). Three hospitals have interim boards and one hospital is in the process to appoint an interim Board. Clinic Committees have been established in 363 clinics, with the remainder of clinics establishing interim committees. The high turn-over rate of Board/Committee Members remains a challenge and impact negatively on the functionality of Boards and Committees.

The Head of Department has established a Risk Management Committee (RMC) comprising of internal officials and an external member appointed as Chairperson. The RMC executes its mandate in terms of the approved Terms of Reference and is accountable to the Head of Department.

The Department is a member of the Provincial Audit and Risk Committee which is also responsible for discharging an oversight role over the Risk Management activities. Progress reports on all activities relating to activities of Risk Management are submitted quarterly to the

Audit Committee through the Provincial Treasury.

The Department monitors and reports on the Top 20 Risks that were prioritised through the overall

risk register by providing the Risk Management Committee and the Provincial Audit & Risk Committee with quarterly status reports on the implementation of the identified action plans meant to address the identified risks.

FRAUD AND CORRUPTION

The Department has an approved Fraud Prevention Strategy including a Policy and Implementation Plan. Activities included in the Plan are monitored by the Risk Management Committee. The Fraud Prevention Strategy is on the Departmental intranet to ensure access to all staff. Awareness workshops are conducted regularly for both management and staff at grass root level.

The Department partly relies on the Office of the Premier to receive allegations of fraud and corruption which have been reported through the Presidential Hotline. A dedicated fraud e-mail hotline has been established on the

Departmental website wherein 'whistle blowers' can report allegations of fraud with an option of remaining anonymous. This hotline can only be accessed by the General Manager: Audit & Risk Management and the Manager: Forensic Investigation Unit.

All allegations of fraud and corruption are managed with caution and confidentiality for the purpose of protecting the constitutional rights of both 'whistle blowers' and possible perpetrators. All proven cases of fraud and corruption are subject to both internal disciplinary and criminal processes as required in terms of the applicable legislation.

MINIMISING CONFLICT OF INTEREST

In addition to the requirement to declare interests, the Department has established a Financial Misconduct Committee (FMC) to deal with issues of conflict of interest.

The FMC investigates and makes recommendations on reported cases of conflict of interest. The recommendations include having the implicated officials disciplined and/or recovering losses incurred.

CODE OF CONDUCT

The Code of Conduct is to promote a high standard of professional standards in the workplace, encourage public servants to behave ethically and ensure acceptable behaviour.

Breach of the code of conduct is immediately addressed in terms of the formal and informal disciplinary code and procedures.

HEALTH SAFETY AND ENVIRONMENTAL ISSUES

The Department established Health and Safety Committees as prescribed in the Occupational Health and Safety (OHS) Act. The Health and Safety Committees ensure that problem areas are brought to the attention of the responsible managers. The small number of reportable incidents is an indication that the strategy is successful.

The Department adopted the SHERQ Policy from the Department of Public Service and Administration (DPSA), and all health workers will be treated according to the policy.

The provision of a healthy workplace is a core focus area in the Department with specific focus on infection prevention and control. This

includes preventive measures to prevent the spread of TB in crowded facilities.

Environmental Issues

Health care waste is a combination of health care general waste (±80% and similar to municipal waste) and health care risk waste (HCRW), which is the hazardous component of health care waste considered to be infectious (±20%).

The HCRW Management Policy was promulgated and is being implemented - Version 2 is currently under review.

The HCRW management structure at Provincial and District level has been revised and a dedicated Assistant Manager (Provincial) has been appointed. HCRW has been included in the job descriptions of District Environmental Health Managers.

Eighty six (86) Waste Management Officers (WMO) has been appointed at all public hospitals and CHCs. All WMOs have been trained using the HPCSA accredited HCRW training programme. Rapid assessments of

compliance to HCRW legislation has been completed and preliminary need analysis plans have been drafted to address identified gaps.

A standard design for facility waste storage areas have been developed (within the framework of legal norms and standards) and based on the volumes of waste generated per facility. Technical specifications for weighing scales have been submitted to Finance for budget approval. Specifications for 2 versions of internal transport between clinics and hospitals are currently being investigated.

Technical specifications for a new HCRW Tender have been completed. The tender will address the irregular month to month contract with the existing supplier, and it includes the provision of rural transport, and the provision of Waste scales, which will address two areas of current noncompliance to HCRW management legislation.

Outsourcing of HCRW services, infrastructure, and vehicles is currently under review to provide the most suitable and cost effective solution to HCRW management.

HEALTH PORTFOLIO COMMITTEE

The Health Portfolio Committee exercises oversight over service delivery performance, and regular meetings were held during the reporting year as indicated below.

- 18 April 2013
- 29 May 2013
- 21 June 2013
- 6 August 2013
- 5 September 2013
- 26 November 2013

- 6 February 2014
- 18 March 2014

The resolutions of the Portfolio Committee has been responded to in all instances and where improvement/ action plans were required to address the reported matters, these were compiled and status updates/ reports compiled and submitted to the Committee.

SCOPA RESOLUTIONS

SCOPA meetings for the 2013/14 financial year were held on:

- 8 November 2014
- 25 February 2014

Table 89: 2013/14 SCOPA Resolutions and Response

| Resolution No. | Subject | Details | Response by the department | Resolved (Yes/No) |
|----------------|---|--|---|-------------------|
| 13 of 2013 | Legal Opinion on Government employees performing private remunerative work (RWOPS). | Adoption of the legal opinion on government employees performing private remunerative work without authorisation. Investigation of 8 officials identified to have had business interests. | Response indicating that the authority to perform RWOPS in the Department has been withdrawn was compiled. | Yes |
| 25 of 2013 | Transversal Resolution - 2012/13 findings of the Auditor-General on Information Technology. | What action was taken to address the findings? Whether the Provincial IT Governance Framework has been rolled out. | Responses compiled and submitted. | Yes |
| 26 of 2013 | Transversal Resolution – 2012/13 Irregular Expenditure. | Details of the transactions and whether value for money was received. Was the emergency deviation used? Whether the procedure for the treatment of irregular expenditure followed. What were the actions to resolve the weaknesses? | A detailed response dated 29 January 2014 was compiled and submitted and an action plan was developed and implemented. | Yes |
| 27 of 2013 | Transversal Resolution - Reports on Forensic Investigations. | This relates to Resolution 1 of 2011 - Release of Forensic Reports to the Legislature. | Responses compiled and submitted. | Yes |
| 28 of 2013 | Transversal Resolution - Material misstatements and omissions in the submitted Annual Financial Statements. | Reporting on material misstatements. | Response indicating no material misstatements compiled and submitted. | Yes |
| 29 of 2013 | Transversal Resolution - 2012/13 findings on Predetermined Objectives. | What actions are being taken to address the findings of the Auditor-General? | Responses compiled and submitted. | Yes |
| 30 of 2013 | Transversal Resolution - Findings on the achievement of planned targets. | What actions are being taken to address the findings of the Auditor-General? | Responses compiled and submitted. | Yes |
| 31 of 2013 | Transversal Resolution - Filling of key vacancies. | What actions are being taken to address the filling of vacancies in senior management positions? | Responses compiled and submitted. | Yes |
| 35 of 2013 | 2012/13 Unauthorised Expenditure of R 117 618 000. | The approval of R117 618 000 as a direct charge. | Responses compiled and submitted. | Yes |
| 1 of 2014 | Basis for the qualification on movable tangible capital assets. | That the Accounting Officer reports by 31 May 2014 on progress with the Asset Management Project Plan. | Report is in the process of being finalised and submitted. | In progress |
| 2 of 2014 | The basis for the qualification on leave entitlement liability. | That the Accounting Officer reports by 31 May 2014 on progress with the action plan to address the qualification. | That the Accounting Officer reports by 31 May 2014 on progress with the action plan to address the above qualification. | In progress |

PRIOR MODIFICATIONS TO AUDIT REPORTS

The following mechanisms were put in place by the Accounting Officer to resolve the matters reported by the AGSA in the previous financial year (2012/13).

Table 90: Mechanisms to resolve matters reported by the AGSA in previous year

| Nature of qualification, disclaimer, adverse opinion and matters of non-compliance | Financial year in which it first arose | Progress made in clearing / resolving the matter* |
|--|--|---|
| Movable tangible capital assets. | 2008/09 | <ul style="list-style-type: none"> ▪ An Audit Improvement Plan was developed. ▪ An Asset Management project was embarked upon with the assistance of the KZN Provincial Treasury. |
| Leave entitlement liability. | 2012/13 | <ul style="list-style-type: none"> ▪ An Audit Improvement Plan was developed. ▪ A Leave Management project was embarked upon to ensure that all leave files were audited and all leave applications captured. |

INTERNAL CONTROL UNIT

The Audit and Internal Control Component, comprising two sub-components namely Audit Management and Internal Control, has been responsible for the management of all audits undertaken by the Auditor-General of South Africa and the KwaZulu-Natal Provincial Treasury Internal Audit Unit; the undertaking of compliance audits; internal control assessments; responding to the resolutions of the Portfolio Committees and SCOPA; as well as undertaking ad-hoc investigative assignments as requested by the Head of Department.

Audit and Internal Control has been responsible for ensuring that all audit queries/ findings, as identified by the Office of the Auditor-General and the Internal Audit Unit of the KwaZulu-Natal Provincial Treasury, are analysed, co-ordinated and responded to and created and maintained a working relationship with both the Office of the Auditor-General and the Internal Audit Unit of the KwaZulu-Natal Provincial Treasury.

The Component is also responsible for the compilation of the Audit Improvement Plan(s), the implementation and monitoring of the actions/ mitigation strategies as well as the reporting thereof to the various Oversight Committees, the National Department of Health and Provincial and National Treasury.

The Component has been responsible for the undertaking of internal control assessments and

providing management support at Head Office, Districts and Institutions with information concerning the various internal control weaknesses/ risk areas that prevail in the Department as well as developing strategies and actions to ensure that the identified control weaknesses/risks are mitigated through the development and implementation of audit improvement plans / action plans.

Further to the above, the Component is responsible for the drafting of reports to the Standing Committee on Public Accounts (SCOPA) and the Cluster Audit and Risk Committee (CARC) relative to the reports of the Auditor-General and that of the KwaZulu-Natal Provincial Treasury Internal Audit Unit. The Component has been responsible for the co-ordination, formulation and finalisation of all responses to resolutions of SCOPA, the Finance Portfolio Committee and the Health Portfolio Committee.

During the 2013/14 financial year, CARC meetings were held on:

- 24 May 2013
- 3 September 2013
- 31 October 2013
- 13 November 2013
- 11 March 2014

INTERNAL AUDIT AND COMMITTEES

The Audit Committee meets with the Department on a quarterly basis to discuss:

- Assurance assignments (audits) that were undertaken during the quarter.
- Financial performance.
- Performance information.
- Risk Management.
-

The Annual Financial Statements are reviewed by Provincial Treasury and the Audit Committee prior to the submission thereof on 31 May of each year. The Audit Committee then issues a report relative to the appended matters which are included in the Annual Report.

- Audit Committee Responsibility.
- The Effectiveness of Internal Control.
- In-Year Management and Monthly/Quarterly Report.
- Evaluation of Financial Statements.
- Auditor General's Report.

The Audit Committee also issues a comment relative to the acceptance of the conclusions of the Auditor-General on the Annual Financial Statements and whether the audited Annual Financial Statements can be accepted when read together with the report of the Auditor-General.

AUDIT COMMITTEE REPORT

1. OBJECTIVE AND RESPONSIBILITY OF THE AUDIT AND RISK COMMITTEE

The Provincial Audit and Risk Committee (PARC) has been established to assist the KZN Provincial Government in fulfilling its oversight responsibilities for the integrity of financial reporting processes, system of internal control over financial reporting, audit process for monitoring compliance with laws and regulations and KZN Provincial Government Code of conduct, fraud prevention, the risk management process and any other good governance processes.

The Provincial Audit and Risk Committee reports that it has complied with its responsibilities arising from the Public Finance Management Act, No.1 of 1999 (PFMA), Treasury Regulations 3.1, including all other related prescripts. 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 Committee is therefore, pleased to present its report for the financial year ended 31 March 2014.

2. AUDIT COMMITTEE MEMBERS AND ATTENDANCE

The KwaZulu-Natal Provincial Government has established the PARC as the shared audit committee for its provincial departments. The PARC is further sub-divided into three Cluster Audit and Risk Committees (CARCs) to provide oversight to provincial departments i.e. with the Department of Health being served by the Social CARC. The PARC and the Social CARC consists of the members listed below. As per approved terms of reference, the Social CARC and PARC should meet at least 4 times per annum respectively. During the financial year under review, four (4) PARC and four (4) Social CARC meetings were held as outlined in the table below.

Table 91: PARC and CARC meetings for 2013/14

| | Name of Member | PARC Meetings Attended | Social CARC Meetings Attended |
|----|----------------------------|------------------------|-------------------------------|
| 1. | Ms T Tsautse (Chairperson) | 4 | 4 |
| 2. | Ms M Mothipe | 4 | N/A |
| 3. | Mr V Naicker | 2 | N/A |
| 4. | Ms N Jaxa | 4 | N/A |
| 5. | Mr L Mangquku | 4 | N/A |
| 6. | Mr F Docrat | 4 | 4 |
| 7. | Mr T Boltman | 4 | 4 |

- N/A = Not a member of the Social CARC
- PARC meetings, include 2 special meetings

3. THE EFFECTIVENESS OF INTERNAL CONTROL

The Committee has reviewed the reports of the Internal Auditors, the Audit report on the Annual Financial Statements and Management Report of the Auditor General of South Africa (AGSA) and has noted with concern, the weaknesses in controls around the following areas:

- Supply Chain Management (i.e. procurement and contract management);
- Asset Management (Movable tangible capital assets and minor assets);
- Human Resources management;
- Value IT Review;
- Expenditure Management (i.e. Irregular expenditure, unauthorized expenditure, payments to suppliers);
- Conditional Grants; and
- Contingent Liabilities.

Risk Management

With regard to risk management, the Committee has noted that the Department has not taken full responsibility and ownership for compliance with section 38(1)(a)(i) of the PFMA, which requires the Accounting Officer to ensure the maintenance of an effective system of internal control and risk management. The Department was still assisted by the Provincial Internal Audit Service (Risk and Advisory Services) to fulfil its risk management responsibilities.

During the period under review, we have noted that the Department did not finalize updating its risk register to incorporate risks associated with clinical services. The reviewed top 20 risks were presented during the Social CARC meeting held in the 4th Quarter of the 2013/14 financial year (excluding the clinical risks). We also received quarterly progress reports on the implementation of risk mitigation during the period under review.

In order to improve the general control environment in relation to risk management, the Department have been advised to:

- Ensure that completed risk mitigation plans are validated, measured and the risk register regularly updated;
- Report on emerging risks, if any, on a quarterly basis;
- The Provincial Internal Audit Service capacitates the Department and its Risk Management Officer to enable them to execute the risk management activities on their own.
- Establish additional capacity in the Department to ensure that each Programme has the risk champion that will be responsible for undertaking the daily risk management responsibilities and report to the Risk Management Officer.

Forensics Investigations

During the period under review, the Committee noted that there were five (5) forensic investigations that the Department has referred

to the Provincial Internal Audit Services for investigation. Two (2) of these investigations were completed, and the other three (3) were still in progress. The Department and the Provincial Internal Audit Service have been urged to promptly finalize the outstanding investigations, and work together to implement recommendations on the finalized investigation.

The Committee is unable to comment on the completeness of the investigations conducted during the year under review as the Department failed to respond to the request to furnish the Provincial Internal Audit Services (PIAS) with a list of all in-house or outsourced investigations to other service providers by the Department. As a result, the committee is unable to further comment on the completeness of the Department's fraud risk profile.

Quality of in-year management and monthly/quarterly reports

The Committee was satisfied with the content and quality of quarterly reports in respect of in year management and quarterly performance reports submitted in terms of the PFMA and the Division of Revenue Act prepared and issued by the Accounting Officer of the Department during the year under view, except for the overspending of the budget.

The Committee has noted with concern, the slow improvement around the performance information management in the Department. Although the report of Internal Audit depicted some improvement in some of the programmes, the weaknesses identified around the reliability of performance information as well the lack of records to support achieved performance are yet to be addressed by the Accounting Officer. The management has been urged to address these concerns.

4. EVALUATION OF FINANCIAL STATEMENTS

The Committee has:

- Reviewed and discussed the audited Annual Financial Statements to be included in the Annual Report, with the Auditor General and the Accounting Officer.
- Reviewed the Auditor General's Management Report and Management's response thereto.
- Reviewed the Department's processes for compliance with legal and regulatory provisions and has noted with concern, a lack of adequate processes to verify accuracy of information provided by employees during appointments, failure to implement mechanisms to ensure adherence to limits on overtime payments, failure to ensure that spending on conditional grants is for the intended purposes and where expenditure has been incurred, it cannot be substantiated, failure to pay suppliers within 30 days and failure to prevent irregular expenditure as a result of non-compliance to supply chain management prescripts, leave entitlement liability and poor asset management.
- Reviewed material adjustments resulting from the audit of the Department and we note with concern that the material misstatements on the financial statements and annual performance plan were not adequately corrected. This area requires immediate attention and we urge the Department to devise improvement strategies to address the shortcomings relating to the preparation of financial statements.

The Committee concurs and accepts the Auditor General's opinion regarding the Annual Financial Statements, and proposes that the Audited Annual Financial Statements be accepted and read together with the report of the Auditor General.

Of grave concern again to the Committee is the perpetual qualified audit opinions issued by the Auditor General with repeat findings around the financial management and reporting processes, SCM and HR Management processes that the Department is failing to address. The Provincial Treasury has been urged to continue to provide the necessary support to the department in order to improve its audit outcomes.

5. INTERNAL AUDIT

In line with the PFMA and the King III Report on Corporate Governance requirements, Internal Audit Function provides the Audit Committee and Management with reasonable assurance that the internal controls are adequate and effective. This is achieved through the implementation of a risk based Internal Audit plan. The Committee has, through the CARC monitoring processes, considered internal audit reports issued after assessing the adequacy and effectiveness of controls designed to mitigate the risks associated with operational and strategic activities of the department, as well as the appropriateness of the of corrective actions provided by management to improve the control environment.

The Internal Audit 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. The Committee also monitored the implementation of Internal Audit recommendations to the Department.

6. AUDITOR-GENERAL'S REPORT

The Committee has throughout the financial year, constantly monitored the implementation of corrective action plans to address the audit issues raised in the prior year by the Auditor General. The Committee has met with the Auditor General of South Africa to ensure that there were no unresolved issues that emanated from the current regulatory audit.

The Committee will ensure that corrective actions on the detailed findings emanating from the current regulatory audit are monitored on a quarterly basis through the CARC processes.

7. APPRECIATION

The Committee wishes to express its appreciation to the Management of the Department, the Auditor General of South

Africa, and the Provincial Internal Audit Services for the co-operation and information they have provided to enable us to compile this report.



Ms T Tsautse

Chairman: KZN Provincial Audit and Risk Committee

11 August 2014

PART D
HUMAN
RESOURCES
OVERSIGHT
REPORT

INTRODUCTION

The information contained in this part of the Annual Report has been prescribed by the Minister for Public Service and Administration for all departments within the public sector service - Public Service Regulations (Chapter 1, Part III J.3 and J.4).

NOTE: See narrative in Part B: Human Resources for Health for summary of achievements in 2013/14.

Challenges during 2013/14 include:

- Poor adherence to time frames with regard to mandatory activities including submission of financial disclosures; signing of performance agreements; and review of job descriptions all of which lead to negative audit findings.
- The target for the training and development of senior managers was not achieved as a result of competing priorities, unavailability of managers due to other commitments, and the high costs of certain training programmes. There will be added focus on management development and training in the next MTEF.
- As a result of the reclassification of hospitals, there has been a degree of resistance by some Medical Managers to assume the role of both CEO and Medical Manager. This is being addressed in line with the regulations and policies.
- Implementation of the Human Resources for Health (HRH) Plan, in line with the HRH Strategy for the Health Sector 2012/13 – 2016/17, has still to be implemented meaningfully. Supply and demand remains a challenge while retention strategies need to be strengthened especially for critical clinical skills. The lack of an essential post list

to direct filling of critical prioritised posts is a challenge that will be addressed in the next planning cycle.

- A change management strategy for the Department is still to be developed. This is crucial in order to manage change effectively.
- The challenges that presented with regard to the OSD have been partially addressed. Some of the challenges that remain are currently being addressed.
- Certain internal systems that create bottlenecks have not been addressed. Amongst others the review of structures at all levels, the long and cumbersome processes for the unfreezing and filling of posts, approvals for overtime, require attention and a change in approach and methodology.

In 2014/15, the focus will be on:

- Finalise and implement the Regional service delivery model.
- Review various Human Resource systems and processes that will lead to greater efficiencies.
- Finalisation of structures for Primary Health Care - support implementation.
- Align the Human Resource Plan with the Service Transformation, Strategic and Annual Performance Plans (including development of a priority post list) to ensure adequate provision of human resources.
- Strengthen monitoring and evaluation to ensure better audit outcomes.

Table 92: Budget Programmes – Vote 7

| Programme Number | Programme Classification |
|------------------|--|
| Programme 1 | Administration |
| Programme 2 | District Health Services |
| Programme 3 | Emergency Medical Services |
| Programme 4 | Provincial Hospital Services (including Specialised Hospitals) |
| Programme 5 | Central Hospital Services (including Tertiary Hospitals) |
| Programme 6 | Health Sciences and Training |
| Programme 7 | Health Care Support Services |
| Programme 8 | Health Facilities Management (Infrastructure) |

SERVICE DELIVERY

The following tables reflect the SDIP as well as progress made with implementation of the Plan.

Table 93: Main services and standards

| Main Services | Beneficiaries | Actual/ Current Standard of Service | Desired 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 | Commenced with alignment of micro structures to the approved macro structure | All structures aligned with service delivery imperative to ensure high quality service delivery | The macro structure was rationalised and aligned with the Departmental imperatives and requirements |
| Human Resource Development | All employees of the Department Students in tertiary institutions | Training is undertaken in line with legislation, plans and priorities of the Department | All training and development programmes attended as planned and in line with service delivery needs | Training and development programmes were implemented to enhance personnel competencies in line with job requirements Matriculates were awarded bursaries to study towards a health science qualification which will assist to address scarce and critical skills shortages |
| Human Resource Provisioning | All employees of the Department Prospective applicants | Recruitment and retention policy implemented | Review of recruitment and retention strategy to address challenges in especially rural areas | Recruitment and selection processes were followed in line with the Departmental Recruitment Policy to ensure that competent employees are placed within the Department |
| Labour Relations | All employees of the Department | Labour issues mostly dealt with at provincial level due to lack of competencies at institutional level | Improved communication and decentralised management of cases to reduce turn-around time of cases | Competencies developed at District and Institutional levels to manage labour relations cases |
| Evaluation of posts | All prospective employees of the Department | Due to shortage of staff there is still a delay in evaluation of posts | Compliance with golden standard for evaluation of posts | Appropriate skills mix and competencies to complement the organisational structure and service delivery mandates |

Source: HRMS

Table 94: 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 Labour and Management | None | Resolving of disputes emanating from Institutional Management and Labour Committees (IMLC) and reach agreement on sector specific conditions. |
| Human Resources Management Forum (Family Visits) | Human resource managers, employees and head office management | Organised labour | Allows for first level contact with districts and sharing of best practices amongst institutions. |

Source: HRMS

Table 95: Batho Pele arrangements with beneficiaries

| Access strategy | Actual achievements |
|------------------------|--|
| Batho Pele Principles | Number of people trained on Batho Pele: 25 263 |
| Patients Right Charter | Patients' Rights incorporated into Batho Pele |

Source: HRMS

Table 96: Service delivery information tool

| Current/ actual information tool(s) | Desired information tools | Actual achievements |
|---|--|---|
| Information posters and pamphlets | Social media especially targeting certain population groups with information e.g. youth. Cost constraints however impact on development of more costly systems | Posters displayed in institutions e.g. Batho Pele, Patients' Rights Charter and other health information |
| Signage | Signage for people with disabilities e.g. blind | Signage – directions to facilities, facility names, opening times, services rendered, etc. |
| Complaints and complements system and Client Satisfaction Survey | Results communicated with client base and broader community | All hospitals and majority of clinics conduct annual Patient Satisfaction Surveys. Results not always used for decision-making for service improvement. |
| Direct feedback from clients and staff through complaint/ complement system | Feedback re action following feedback from clients and staff | |

Source: HRMS

Table 97: Complaints mechanism

| Current/ actual complaints mechanism(s) | Desired complaints mechanism(s) | Actual achievements |
|---|--|---|
| Grievance Procedure | Improved communication for all staff to be familiar with process | PSCBC Resolution No. 14 of 2002 is followed for grievances. |
| Dispute Resolution Mechanism | | PSCBS Resolution No. 1 of 2003 is followed for disciplinary procedures. |

Source: HRMS

PERSONNEL RELATED EXPENDITURE

The following tables summarise the final audited personnel related expenditure by programme and salary band, and provide an indication of:

- Amount spent on personnel; and
- Amount spent on salaries, overtime, homeowner's allowances and medical aid.

Table 98 (3.1.1): Personnel expenditure by programme for the period 1 April 2013 and 31 March 2014

| Programme | Total Expenditure (R'000) | Personnel Expenditure (R'000) | Training Expenditure (R'000) | Professional and Special Services Expenditure (R'000) | Personnel Expenditure as a % of Total Expenditure | Average Personnel Cost per Employee (R'000) |
|--------------|---------------------------|-------------------------------|------------------------------|---|---|---|
| Programme 1 | 687 188 | R 273 359 | - | - | 39.8% | R 353 |
| Programme 2 | 13 334 282 | R 8 958 639 | - | - | 67.2% | R 243 |
| Programme 3 | 1 009 941 | R 715 735 | - | - | 70.9% | R 222 |
| Programme 4 | 8 460 465 | R 6 372 154 | - | - | 75.3% | R 284 |
| Programme 5 | 2 947 142 | R 1 515 078 | - | - | 51.4% | R 334 |
| Programme 6 | 999 397 | R 734 404 | - | - | 73.5% | R 194 |
| Programme 7 | 123 002 | R 81 357 | - | - | 66.1% | R 166 |
| Programme 8 | 1 969 994 | R 24 047 | - | - | 1.2% | R 3 435 |
| Total | 29 531 411 | R 18 674 773 | - | - | 63.2% | R 258 |

Source: Vulindlela

- Training Expenditure and Professional and Special Services Expenditure not available.

Table 99 (3.1.2): Personnel costs by salary band for the period 1 April 2013 and 31 March 2014

| Salary band | Personnel Expenditure (R'000) | % of Total Personnel Cost | Number of Employees | Average Personnel Cost per Employee (R'000) |
|--|----------------------------------|---------------------------|---------------------|---|
| Lower skilled (Levels 1-2) | R 677 781 | 3.6% | 5 783 | R 117 |
| Skilled (Levels 3-5) | R 5 272 610 | 28% | 33 491 | R 157 |
| Highly skilled production (Levels 6-8) | R 3 627 457 | 19.2% | 14 304 | R 254 |
| Highly skilled supervision (Levels 9-12) | R 6 518 128 | 34.6% | 13 086 | R 498 |
| Senior and Top Management (Levels 13-16) | R 983 255 | 5.2% | 678 | R 1 450 |
| Contract (Levels 1-2) | R 158 769 | 0.8% | 2 388 | R 66 |
| Contract (Levels 3-5) | R 8 610 | 0% | 84 | R 103 |
| Contract (Levels 6-8) | R 148 737 | 0.8% | 600 | R 248 |
| Contract (Levels 9-12) | R 1 087 970 | 5.8% | 1813 | R 600 |
| Contract (Levels 13-16) | R 88 766 | 0.5% | 64 | R 1 387 |
| Periodical Remuneration | R 41 262 | 0.2% | 799 | R 52 |
| Abnormal Appointment | R 133 486 | 0.7% | 11 314 | R 112 |
| Total | R 18 746 831 | 99.4% | 84 404 | R 222 |

Source: Vulindlela

The following tables provide a summary per Programme and Salary Band 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 100 (3.1.3.): Salaries, Overtime, Home Owners Allowance and Medical Aid by programme for the period 1 April 2013 and 31 March 2014

| Programme | Salaries | | Overtime | | Home Owners Allowance | | Medical Aid | |
|------------------|---------------------|---------------------------------|------------------|---------------------------------|-----------------------|----------------------------|------------------|------------------------------------|
| | Amount (R'000) | Salaries as % of Personnel Cost | Amount (R'000) | Overtime as % of Personnel Cost | Amount (R'000) | HOA as % of Personnel Cost | Amount (R'000) | Medical Aid as % of Personnel Cost |
| Programme 1 | R 215 345 | 74.9% | R 2 488 | 0.9% | R 6 089 | 2.1% | R 11 561 | 4% |
| Programme 2 | R 6 450 947 | 70.9% | R 198 552 | 2.2% | R 350 152 | 3.9% | R 429 494 | 4.7% |
| Programme 3 | R 454 685 | 63.1% | R 66 926 | 9.3% | R 32 884 | 4.6% | R 51 393 | 7.1% |
| Programme 4 | R 4 385 912 | 69.1% | R 378 867 | 6% | R 203 893 | 3.2% | R 294 253 | 4.6% |
| Programme 5 | R 1 092 743 | 70.6% | R 118 978 | 7.7% | R 39 653 | 2.6% | R 66 916 | 4.3% |
| Programme 6 | R 544 163 | 73.3% | R 94 840 | 12.8% | R 8 557 | 1.2% | R 11 739 | 1.6% |
| Programme 7 | R 45 017 | 68% | R 161 | 0.2% | R 4 041 | 6.1% | R 6 072 | 9.2% |
| Programme 8 | R 18 188 | 95% | R 0 | 0% | R 34 | 0.2% | R 81 | 0.4% |
| Donor Funds | R 0 | 0% | R 0 | 0% | R 0 | 0% | R 0 | 0% |
| Persal Agencies | R 4 106 | 71.6 | R 474 | 8.3% | R 65 | 1.1% | R 126 | 2.2% |
| Trading Accounts | R 18 539 | 64.8% | R -9 | 0% | R 1 168 | 4.1% | R 1 794 | 6.3% |
| Total | R 13 229 645 | 70.2% | R 861 277 | 4.6% | R 646 536 | 3.4% | R 873 429 | 4.6% |

Source: Vulindlela

Table 101 (3.1.4): Salaries, Overtime, Home Owners Allowance and Medical Aid by salary band for the period 1 April 2013 and 31 March 2014

| Salary Bands | Salaries | | Overtime | | Home Owners Allowance | | Medical Aid | |
|--|---------------------|-----------------------------------|------------------|-----------------------------------|-----------------------|------------------------------|------------------|--------------------------------------|
| | 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 Aid as a % of Personnel Cost |
| Lower skilled (Levels 1-2) | R 462 858 | 68.3% | R 419 | 0.1% | R 61 152 | 9% | R 49 534 | 7.3% |
| Skilled (Levels 3-5) | R 3 625 055 | 68.3% | R 54 673 | 1% | R 342 131 | 6.4% | R 437 065 | 8.2% |
| Highly skilled production (Levels 6-8) | R 2 572 446 | 70.5% | R 36 198 | 1% | R 138 146 | 3.8% | R 206 244 | 5.7% |
| Highly skilled supervision (Levels 9-12) | R 4 717 578 | 72% | R 295 369 | 4.5% | R 98 123 | 1.5% | R 167 307 | 2.6% |
| Senior management (Levels 13-16) | R 629 222 | 63.5% | R 199 194 | 20.1% | R 2 741 | 0.3% | R 7 944 | 0.8% |
| Contract (Levels 1-2) | R 153 960 | 96.9% | R 1 | 0% | R 954 | 0.6% | R 735 | 0.5% |
| Contract (Levels 3-5) | R 7 739 | 89.2% | R 1 | 0% | R 280 | 3.2% | R 113 | 1.3% |
| Contract (Levels 6-8) | R 126 590 | 84.6% | R 1 811 | 1.2% | R 2 002 | 1.3% | R 1 809 | 1.2% |
| Contract (Levels 9-12) | R 741 810 | 68% | R 255 087 | 23.4% | R 895 | 0.1% | R 2 271 | 0.2% |
| Contract (Levels 13-16) | R 59 318 | 66.3% | R 18 523 | 20.7% | R 113 | 0.1% | R 408 | 0.5% |
| Periodical Remuneration | R 0 | % | R 0 | 0% | R 0 | 0% | R 0 | 0% |
| Abnormal Appointment | R 133 068 | 99.7% | R 0 | 0% | R 0 | 0% | R 0 | 0% |
| Total | R 13 229 644 | 70.2% | R 861 276 | 4.6% | R 646 537 | 3.4% | R 873 430 | 4.6% |

Source: Vulindlela

EMPLOYMENT AND VACANCIES

The tables in this section summarise the position with regard to employment and vacancies including the number of posts on the establishment, the number of employees, the vacancy rate, and whether there are any staff additional to the approved establishment. This information is presented in terms of three key variables namely:

- Programmes
- Salary Bands
- Critical Occupations

Critical occupations have been identified as important to be monitored. In terms of current regulations, it is possible to create a post on an establishment that can be occupied by more than one employee. Therefore the vacancy rate reflects the percentage of posts that are not filled.

Table 102 (3.2.1.): Employment and vacancies by programme as on 31 March 2014

| Programme | Number of posts on approved establishment | Number of posts filled | Vacancy rate | Number of employees additional to the establishment |
|-----------------------------|---|------------------------|--------------|---|
| Programme 1, Permanent | 896 | 775 | 13.5% | 27 |
| Programme 2, Permanent | 40 175 | 36 599 | 8.9% | 60 |
| Programme 2, Temporary | 215 | 270 ¹⁶ | -25.6% | 0 |
| Programme 3, Permanent | 3 362 | 3 229 | 4% | 0 |
| Programme 4, Permanent | 24 149 | 22 177 | 8.2% | 18 |
| Programme 4, Temporary | 210 | 293 | -39.5% | 0 |
| Programme 5, Permanent | 4 757 | 4 438 | 6.7% | 0 |
| Programme 5, Temporary | 62 | 96 | -54.8% | 0 |
| Programme 6, Permanent | 5 186 | 3 793 | 26.9% | 269 |
| Programme 7, Permanent | 521 | 490 | 6% | 0 |
| Programme 8, Permanent | 13 | 7 | 46.2% | 0 |
| Persal Agencies, Permanent | 12 | 10 | 16.7% | 0 |
| Persal Agencies, Temporary | 0 | 1 | 0% | 0 |
| Trading Accounts, Permanent | 125 | 114 | 8.8% | 0 |
| Total | 79 683 | 72 292 | 9.3% | 374 |

Source: Vulindlela; Approved Restructuring Reports (OES); Spreadsheet of ATE and Temp posts 20150502 (Persal)

Note: Additional to establishment (ATE) posts are created to address a temporary arrangement e.g. person on maternity or sabbatical leave or when service is extended to complete a specific task. ATEs are created for a fixed period and specific reasons. When these posts become vacant they are automatically abolished.

¹⁶ Filled posts are in excess of approved posts as a result of restructuring. Excess filled posts are placed on an interim structure until they can be correctly placed after which the interim structure is abolished

Table 103 (3.2.2.): Employment and vacancies by salary band as on 31 March 2014

| Salary band | Number of posts on approved establishment | Number of posts filled | Vacancy rate | Number of employees additional to establishment |
|---|---|------------------------|--------------|---|
| Lower skilled (Levels 1-2), Permanent | 7 493 | 5 798 | 22.6% | 1 |
| Lower skilled (Levels 1-2), Temporary | 36 | 40 | -11.1% | 0 |
| Skilled (Levels 3-5), Permanent | 35 886 | 33 420 | 6.9% | 0 |
| Skilled (Levels 3-5), Temporary | 29 | 36 | -24.1% | 0 |
| Highly skilled production (Levels 6-8), Permanent | 15 465 | 14 169 | 8.4% | 0 |
| Highly skilled production (Levels 6-8), Temporary | 108 | 130 | -20.4% | 0 |
| Highly skilled supervision (Levels 9-12), Permanent | 14 593 | 12 622 | 13.5% | 1 |
| Highly skilled supervision (Levels 9-12), Temporary | 310 | 449 | -44.8% | 0 |
| Senior management (Levels 13-16), Permanent | 810 | 674 | 16.8% | 1 |
| Senior management (Levels 13-16), Temporary | 4 | 4 | 0% | 0 |
| Contract (Levels 1-2), Permanent | 2 388 | 2 388 | 0% | 312 |
| Contract (Levels 3-5), Permanent | 84 | 84 | 0% | 23 |
| Contract (Levels 6-8), Permanent | 600 | 600 | 0% | 32 |
| Contract (Levels 9-12), Permanent | 1 813 | 1 813 | 0% | 2 |
| Contract (Levels 13-16), Permanent | 64 | 64 | 0% | 2 |
| Total | 79 683 | 72 291 | 9.3% | 374 |

Source: Vulindlela

Notes for Table 3.2.3

Critical occupations are defined as occupations or sub-categories within an occupation:

- In which there is a scarcity of qualified and experienced persons currently or anticipated in the future, either because such skilled persons are not available or they are available but do not meet the applicable employment criteria;
- For which persons require advanced knowledge in a specified subject area or science or learning field and such knowledge is acquired by a prolonged course or study and/or specialised instruction;
- Where the inherent nature of the occupation requires consistent exercise of discretion and is predominantly intellectual in nature; and
- In respect of which a Department experiences a high degree of difficulty to recruit or retain the services of employees.

Table 104 (3.2.3.): Employment and vacancies by critical occupation as on 31 March 2014

| Critical occupations | Number of posts on approved establishment | Number of posts filled | Vacancy rate | Number of employees additional to establishment |
|---|---|------------------------|--------------|---|
| Dental practitioners, Permanent | 137 | 128 | 6.6% | 0 |
| Medical practitioners, Permanent | 3 482 | 3 086 | 11.4% | 0 |
| Medical practitioners, Temporary | 348 | 460 | -32.2% | 0 |
| Medical research and related professionals, Permanent | 45 | 34 | 24.4% | 0 |
| Medical specialists, Permanent | 964 | 654 | 32.2% | 0 |
| Medical specialists, Temporary | 91 | 147 | -61.5% | 0 |

| Critical occupations | Number of posts on approved establishment | Number of posts filled | Vacancy rate | Number of employees additional to establishment |
|------------------------|---|------------------------|--------------|---|
| Pharmacists, Permanent | 846 | 707 | 16.4% | 0 |
| Pharmacists, Temporary | 11 | 12 | -9.1% | 0 |
| Radiography, Permanent | 652 | 565 | 13.3% | 0 |
| Radiography, Temporary | 4 | 4 | 0% | 0 |
| TOTAL | 6 580 | 5 797 | | |

Source: Vulindlela

FILLING OF SMS POSTS

The tables in this section provide information on employment and vacancies as it relates to members of the Senior Management Service by salary level. It also provides information on advertising and filling of SMS posts, reasons for not complying with prescribed timeframes, and disciplinary steps taken.

Table 105 (3.3.1): SMS post information as on 31 March 2014

| SMS level | Total number of funded SMS posts | Total number of SMS posts filled | % of SMS posts filled | Total number of SMS posts vacant | % of SMS posts vacant |
|--------------------|----------------------------------|----------------------------------|-----------------------|----------------------------------|-----------------------|
| Head of Department | 1 | 1 | 100% | 0 | 0% |
| Salary level 16 | 1 | 1 | 100% | 0 | 0% |
| Salary level 15 | 5 | 2 | 40% | 3 | 60% |
| Salary level 14 | 20 | 16 | 80% | 4 | 20% |
| Salary level 13 | 71 | 55 | 77% | 16 | 23% |
| Total | 98 | 75 | 77% | 23 | 23% |

Source: #3.3.20 Choice 19 Establishment Data File (2014/04/01)

Table 106 (3.3.2): SMS post information as on 30 September 2013

| SMS level | Total number of funded SMS posts | Total number of SMS posts filled | % of SMS posts filled | Total number of SMS posts vacant | % of SMS posts vacant |
|--------------------|----------------------------------|----------------------------------|-----------------------|----------------------------------|-----------------------|
| Head of Department | 1 | 1 | 100% | 0 | 0% |
| Salary level 16 | 2 | 2 | 100% | 0 | 0% |
| Salary level 15 | 1 | 1 | 100% | 0 | 0% |
| Salary level 14 | 20 | 18 | 90% | 2 | 10% |
| Salary level 13 | 57 | 57 | 100% | 0 | 0% |
| Total | 81 | 79 | 98% | 2 | 2% |

Source: #3.3.20 Choice 19 Establishment Data File (2013/09/30)

Table 107 (3.3.3): Advertising and filling of SMS posts for the period 1 April 2013 and 31 March 2014

| SMS Level | Advertising | Filling of Posts | |
|--------------------|---|---|--|
| | Number of Vacancies per Level advertised in 6 months of becoming vacant | Number of vacancies per level filled in 6 months of becoming vacant | Number of vacancies per level not filled in 6 months but filled in 12 months |
| Head of Department | 0 | 0 | 0 |
| Salary Level 16 | 0 | 0 | 0 |
| Salary Level 15 | 0 | 0 | 0 |
| Salary Level 14 | 2 | 2 | 0 |
| Salary Level 13 | 10 | 10 | 0 |
| Total | 12 | 12 | 0 |

Source: Spreadsheet from Recruitment and Selection

Table 108 (3.3.4): Reasons for not having complied with the filling of funded vacant SMS posts – Advertised within 6 months and filled within 12 months after becoming vacant for the period 1 April 2013 and 31 March 2014

| |
|---|
| Reasons for vacancies not advertised within 6 months |
| There were no instances wherein the Department did not comply with prescripts |
| Reasons for vacancies not filled within twelve months |
| There were no instances wherein the Department did not comply with prescripts |

Source: Spreadsheet from Recruitment and Selection

Notes

In terms of Public Service Regulations Chapter 1, Part VII C, 1A,3, all Departments must indicate good cause or reason for not having complied with the filling of SMS posts within the prescribed timeframes. In the event of non-compliance with the regulation, the relevant executive authority or Head of Department must take appropriate disciplinary steps in terms of section 16A(1) or (2) of the Public Service Act.

Table 109 (3.3.5): Disciplinary steps taken for not complying with the prescribed timeframes for filling SMS posts within 12 months for the period 1 April 2013 and 31 March 2014

| |
|--|
| Disciplinary steps taken |
| Not applicable, as the Department complied with prescripts |

Source: Spreadsheet from Recruitment and Selection

Job Evaluation

Within a nationally determined framework, executing authorities may evaluate or re-evaluate any job in his or her organisation. In terms of the Regulations all vacancies on salary levels 9 and higher must be evaluated during the year under review. Tables provide statistics on the number of posts that were upgraded or downgraded during the period under review.

Table 110 (3.4.1): Job Evaluation by salary band for the period 1 April 2013 to 31 March 2014

| Salary band | Number of posts on approved establishment | Number of jobs evaluated | % of posts evaluated by salary bands | Posts upgraded | | Posts downgraded | |
|--|---|--------------------------|--------------------------------------|----------------|-----------------------|------------------|----------------------|
| | | | | Number | % of posts evaluated | Number | % of posts evaluated |
| Lower skilled (Levels 1-2) | 7 529 | 0 | 0% | 33 | 0% | 0 | 0% |
| Skilled (Levels 3-5) | 35 915 | 5 | 0% | 3 319 | 66 380% ¹⁷ | 3 | 60% |
| Highly skilled production (Levels 6-8) | 15 573 | 8 | 0.1% | 62 | 775% | 1 | 12.5% |
| Highly skilled supervision (Levels 9-12) | 14 903 | 0 | 0% | 0 | 0% | 0 | 0% |
| Senior management service Band A | 503 | 1 | 0.2% | 1 | 100% | 0 | 0% |
| Senior management service Band B | 73 | 0 | 0% | 0 | 0% | 0 | 0% |
| Senior management service Band C | 230 | 0 | 0% | 0 | 0% | 0 | 0% |
| Senior management service Band D | 8 | 0 | 0% | 0 | 0% | 0 | 0% |
| Contract (Levels 1-2) | 2 388 | 0 | 0% | 0 | 0% | 0 | 0% |
| Contract (Level 3-5) | 84 | 0 | 0% | 6 | 0% | 0 | 0% |
| Contract (Levels 6-8) | 600 | 0 | 0% | 0 | 0% | 0 | 0% |
| Contract (Levels 9-12) | 1 813 | 0 | 0% | 0 | 0% | 0 | 0% |
| Contract (Band A) | 51 | 0 | 0% | 0 | 0% | 0 | 0% |
| Contract (Band B) | 4 | 0 | 0% | 0 | 0% | 0 | 0% |
| Contract (Band C) | 7 | 0 | 0% | 0 | 0% | 0 | 0% |
| Contract (Band D) | 2 | 0 | 0% | 0 | 0% | 0 | 0% |
| Total | 79 683 | 14 | 0% | 3 421 | 24 436% | 5 | 35.7% |

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 upgraded posts could also be vacant.

Table 111 (3.4.2): Profile of employees whose salary positions were upgraded due to their posts being upgraded for the period 1 April 2013 to 31 March 2014

| 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 |

Source:

The following table summarises the number of cases where remuneration bands exceeded the grade determined by job evaluation.

¹⁷ Posts upgraded expressed as percentage of posts evaluated

Table 112 (3.4.3): Employees with salary levels higher than those determined by job evaluation by occupation for the period 1 April 2013 to 31 March 2014

| Occupation | Number of employees | Job evaluation level | Remuneration level | Reason for deviation |
|---|---------------------|----------------------|--------------------|----------------------|
| Total number of employees whose salaries exceeded the level determined by job evaluation in 2013/14 | | | | 0 |
| Percentage of total employed | | | | 0% |

Source: Vulindlela

EMPLOYMENT CHANGES

This section provides information on changes in employment over the financial year. Turnover rates provide an indication of trends in the employment profile of the Department. The following tables provide a summary of turnover rates by salary band and critical occupations.

Table 113 (3.5.1): Annual turnover rates by salary band for the period 1 April 2013 and 31 March 2014

| Salary band | Number of employees at beginning of period 1 April 2013 | Appointments and transfers into the Department | Terminations and transfers out of the Department | Turnover rate |
|---|---|--|--|---------------|
| Lower skilled (Levels 1-2), Permanent | 6 155 | 283 | 249 | 4% |
| Lower skilled (Levels 1-2), Temporary | 47 | 2 | 14 | 29.8% |
| Skilled (Levels 3-5), Permanent | 32 980 | 1 426 | 1 179 | 3.6% |
| Skilled (Levels 3-5), Temporary | 49 | 2 | 10 | 20.4% |
| Highly skilled production (Levels 6-8), Permanent | 13 428 | 397 | 1 010 | 7.5% |
| Highly skilled production (Levels 6-8), Temporary | 157 | 14 | 32 | 20.4% |
| Highly skilled supervision (Levels 9-12), Permanent | 12 007 | 398 | 954 | 7.9% |
| Highly skilled supervision (Levels 9-12), Temporary | 436 | 33 | 144 | 33% |
| Senior Management Service Band A, Permanent | 850 | 9 | 24 | 2.8% |
| Senior Management Service Band B, Permanent | 80 | 2 | 5 | 6.3% |
| Senior Management Service Band B, Temporary | 2 | 0 | 0 | 0% |
| Senior Management Service Band C, Permanent | 170 | 2 | 7 | 4.1 |
| Senior Management Service Band D, Permanent | 20 | 0 | 0 | 0% |
| Contract (Levels 1-2), Permanent | 6 433 | 1 675 | 10 855 ¹⁸ | 168.7% |
| Contract (Levels 3-5), Permanent | 71 | 51 | 10 | 14.1% |
| Contract (Levels 6-8), Permanent | 596 | 443 | 242 | 40.6% |
| Contract (Levels 9-12), Permanent | 1 713 | 564 | 422 | 24.6% |
| Contract (Band A), Permanent | 103 | 6 | 10 | 9.7% |
| Contract (Band B), Permanent | 5 | 1 | 2 | 40% |
| Contract (Band C), Permanent | 5 | 2 | 2 | 40% |
| Contract (Band D), Permanent | 2 | 1 | 0 | 0% |
| Total | 75 309 | 5 311 | 15 171 | 20.1% |

Source: Vulindlela; #5.8.11 Choice 3 – List of Abnormal Employees per Region; 2013 Procedures for conversion of CCG's

¹⁸ CCGs translated to NOA 3 (Abnormal) – not in posts from July 2013

NOTE: Salary band "Senior Management Service Band A, Temporary" was not included in the pre-populated template, hence difference of 6 as compared to Vulindlela Report.

Notes for Table 3.5.2:

Critical occupations are defined as occupations or sub-categories within an occupation:

- (a) In which there is a scarcity of qualified and experienced persons currently or anticipated in the future, either because such skilled persons are not available or they are available but do not meet the applicable employment criteria;
- (b) For which persons require advanced knowledge in a specified subject area or science or learning field and such knowledge is acquired by a prolonged course or study and/or specialised instruction;
- (c) Where the inherent nature of the occupation requires consistent exercise of discretion and is predominantly intellectual in nature; and
- (d) In respect of which a department experiences a high degree of difficulty to recruit or retain the services of employees.

Table 114 (3.5.2): Annual turnover rates by critical occupation for the period 1 April 2013 to 31 March 2014

| Critical Occupation | Number of employees at beginning of the period 1 April 2013 | Appointments and transfers into the Department | Terminations and transfers out of the Department | Turnover rate |
|---|---|--|--|---------------|
| Dental practitioners, Permanent | 118 | 33 | 25 | 21.2% |
| Dental practitioners, Temporary | 2 | 0 | 1 | 50% |
| Medical practitioners, Permanent | 2 976 | 605 | 448 | 15.1% |
| Medical practitioners, Temporary | 483 | 40 | 153 | 31.7% |
| Medical research and related professionals, Permanent | 28 | 8 | 2 | 7.1% |
| Medical specialists, Permanent | 635 | 26 | 39 | 6.1% |
| Medical specialists, Temporary | 151 | 9 | 33 | 21.9% |
| Pharmacists, Permanent | 664 | 159 | 134 | 20.2% |
| Pharmacists, Temporary | 13 | 0 | 2 | 15.4% |
| Radiography, Permanent | 560 | 91 | 88 | 15.7% |
| Radiography, Temporary | 4 | 0 | 1 | 25% |
| TOTAL | 5 634 | 971 | 926 | 16.4% |

Source: Vulindlela

The table below identifies the major reasons why staff left the Department

Table 115 (3.5.3): Reasons why staff left the Department for the period 1 April 2013 and 31 March 2014

| Termination type | Number | % of total resignations |
|--|--------|-------------------------|
| Death | 416 | 2.7% |
| Resignation | 4 278 | 28.2% |
| Expiry of contract | 3 905 | 25.7% |
| Transfers (Public Service Departments) | 82 | 0.5% |

| Termination type | Number | % of total resignations |
|--|---------------|-------------------------------|
| Discharged due to ill health | 12 | 0.1% |
| Dismissal operational changes | 1 | 0% |
| Dismissal-misconduct | 110 | 0.7% |
| Dismissal-inefficiency | 2 | 0% |
| Retirement | 980 | 6.5% |
| Other | 5 385 | 35.5% |
| Total | 15 171 | 100% |
| Total number of employees who left as a % of the total employment | | 15 171/ 72 291 = 20.9% |

Source: Vulindlela

Table 116 (3.5.4): Promotions by critical occupation for the period 1 April 2013 and 31 March 2014

| Occupation | Employees as at 1 April 2013 | 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 |
|--|------------------------------|------------------------------------|---|---|--|
| Dental practitioners | 120 | 1 | 0.8% | 45 | 37.5% |
| Medical practitioners | 3 459 | 154 | 4.5% | 846 | 24.5% |
| Medical research and related professionals | 28 | 0 | 0% | 6 | 21.4% |
| Medical specialists | 786 | 28 | 3.6% | 279 | 35.5% |
| Pharmacists | 677 | 33 | 4.9% | 288 | 42.5% |
| Radiography | 564 | 11 | 2% | 316 | 56% |
| Total | 5 634 | 227 | 4% | 1 780 | 31.6% |

Source: Vulindlela

Table 117 (3.5.5): Promotions by salary band for the period 1 April 2013 and 31 March 2014

| Salary band | Employees on 1 April 2013 | 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 | 6 155 | 5 | 0.1% | 2 690 | 43.7% |
| Lower skilled (Levels 1-2), Temporary | 47 | 0 | 0% | 0 | 0% |
| Skilled (Levels 3-5), Permanent | 32 980 | 356 | 1.1% | 14 288 | 43.3% |
| Skilled (Levels 3-5), Temporary | 49 | 0 | 0% | 4 | 8.2% |
| Highly skilled production (Levels 6-8), Permanent | 13 428 | 363 | 2.7% | 5 035 | 37.5% |
| Highly skilled production (Levels 6-8), Temporary | 157 | 0 | 0% | 12 | 7.6% |
| Highly skilled supervision (Levels 9-12), Permanent | 12 007 | 448 | 3.7% | 6 406 | 53.4% |
| Highly skilled supervision (Levels 9-12), Temporary | 436 | 0 | 0% | 71 | 16.3% |
| Senior management (Levels 13-16), Permanent | 1 120 | 76 | 6.8% | 383 | 34.2% |
| Senior management (Levels 13-16), Temporary | 8 | 0 | 0% | 3 | 37.5% |
| Contract (Levels 1-2), Permanent | 6 433 | 0 | 0% | 24 | 0.4% |
| Contract (Levels 3-5), Permanent | 71 | 0 | 0% | 6 | 8.5% |
| Contract (Levels 6-8), Permanent | 596 | 1 | 0.2% | 9 | 1.5% |

| Salary band | Employees on 1 April 2013 | 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 |
|------------------------------------|---------------------------|------------------------------------|---|---|---|
| Contract (Levels 9-12), Permanent | 1 713 | 24 | 1.4% | 347 | 20.3% |
| Contract (Levels 13-16), Permanent | 115 | 11 | 9.6% | 27 | 23.5 |
| Total | 75 315 | 1 284 | 1.7% | 29 305 | 38.9% |

Source: Vulindlela

EMPLOYMENT EQUITY

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

Table 118 (3.6.1): Total number of employees (including employees with disabilities) in each of the following occupational categories as on 31 March 2014

| Occupational categories (SASCO) | Male | | | | Female | | | | Total |
|---|---------------|------------|--------------|------------|---------------|--------------|--------------|--------------|---------------|
| | African | Coloured | Indian | White | African | Coloured | Indian | White | |
| Legislators, senior officials and managers, Permanent | 41 | 1 | 9 | 2 | 36 | 4 | 12 | 3 | 108 |
| Professionals, Permanent | 1 663 | 60 | 891 | 428 | 2 185 | 116 | 1 367 | 476 | 7 186 |
| Professionals, Temporary | 215 | 0 | 151 | 86 | 70 | 1 | 69 | 43 | 635 |
| Technicians and associate professionals, Permanent | 3 736 | 51 | 400 | 34 | 18 015 | 495 | 1 975 | 403 | 25 109 |
| Technicians and associate professionals, Temporary | 0 | 0 | 1 | 0 | 2 | 0 | 5 | 16 | 24 |
| Clerks, Permanent | 2 352 | 42 | 406 | 31 | 4 062 | 130 | 474 | 156 | 7 653 |
| Service and sales workers, Permanent | 4 567 | 45 | 515 | 24 | 15 288 | 183 | 506 | 79 | 21 207 |
| Craft and related trades workers, Permanent | 336 | 31 | 65 | 67 | 21 | 0 | 1 | 0 | 521 |
| Plant and machine operators and assemblers, Permanent | 584 | 12 | 69 | 2 | 115 | 3 | 7 | 1 | 793 |
| Elementary occupations, Permanent | 2 614 | 40 | 266 | 27 | 5 688 | 89 | 226 | 42 | 8 992 |
| Other, Permanent | 25 | 0 | 3 | 0 | 34 | 0 | 0 | 1 | 63 |
| Total | 16 133 | 282 | 2 776 | 701 | 45 516 | 1 021 | 4 642 | 1 220 | 72 291 |
| Employees with disabilities | 120 | 6 | 42 | 5 | 107 | 1 | 15 | 5 | 301 |

Source: Vulindlela

Table 119 (3.6.2): Total number of employees (including employees with disabilities) in each of the following occupational bands as on 31 March 2014

| Occupational Bands | Male | | | | Female | | | | Total |
|--|---------------|------------|--------------|------------|---------------|--------------|--------------|--------------|---------------|
| | African | Coloured | Indian | White | African | Coloured | Indian | White | |
| Top Management, Permanent | 22 | 4 | 69 | 46 | 6 | 1 | 35 | 10 | 193 |
| Senior Management, Permanent | 109 | 2 | 125 | 57 | 63 | 8 | 74 | 43 | 481 |
| Senior Management, Temporary | 0 | 0 | 3 | 0 | 0 | 0 | 1 | 0 | 4 |
| Professionally qualified and experienced specialists and mid-management, Permanent | 1 459 | 50 | 620 | 164 | 8 005 | 266 | 1 668 | 390 | 12 622 |
| Professionally qualified and experienced specialists and mid-management, Temporary | 174 | 0 | 86 | 55 | 54 | 0 | 47 | 33 | 449 |
| Skilled technical and academically qualified workers, junior management, supervisors, foremen, Permanent | 2 575 | 76 | 797 | 87 | 8 765 | 339 | 1 209 | 321 | 14 169 |
| Skilled technical and academically qualified workers, junior management, supervisors, foremen, Temporary | 31 | 0 | 37 | 12 | 16 | 1 | 14 | 19 | 130 |
| Semi-skilled and discretionary decision making, Permanent | 8 801 | 99 | 604 | 45 | 22 636 | 270 | 846 | 119 | 33 420 |
| Semi-skilled and discretionary decision making, Temporary | 5 | 0 | 12 | 6 | 2 | 0 | 7 | 4 | 36 |
| Unskilled and defined decision making, Permanent | 1 795 | 21 | 110 | 15 | 3 713 | 39 | 96 | 9 | 5 798 |
| Unskilled and defined decision making, Temporary | 5 | 0 | 14 | 13 | 0 | 0 | 5 | 3 | 40 |
| Contract (Top Management), Permanent | 1 | 0 | 0 | 5 | 1 | 0 | 1 | 1 | 9 |
| Contract (Senior Management), Permanent | 30 | 0 | 7 | 12 | 3 | 0 | 0 | 3 | 55 |
| Contract (Professionally qualified), Permanent | 400 | 24 | 248 | 178 | 412 | 35 | 334 | 182 | 1 813 |
| Contract (Skilled technical), Permanent | 130 | 1 | 17 | 5 | 233 | 8 | 131 | 75 | 600 |
| Contract (Semi-skilled), Permanent | 20 | 1 | 2 | 0 | 50 | 3 | 4 | 4 | 84 |
| Contract (Unskilled), Permanent | 576 | 4 | 25 | 1 | 1 557 | 51 | 170 | 4 | 2 388 |
| Total | 16 133 | 282 | 2 776 | 701 | 45 516 | 1 021 | 4 642 | 1 220 | 72 291 |

Source: Vulindlela

Table 120 (3.6.3): Recruitment for the period 1 April 2013 to 31 March 2014

| Occupational Bands | Male | | | | Female | | | | Total |
|--|---------|----------|--------|-------|---------|----------|--------|-------|-------|
| | African | Coloured | Indian | White | African | Coloured | Indian | White | |
| Top Management, Permanent | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 2 |
| Senior Management, Permanent | 2 | 0 | 3 | 1 | 1 | 1 | 2 | 1 | 11 |
| Professionally qualified and experienced specialists and mid-management, Permanent | 64 | 4 | 29 | 13 | 193 | 11 | 66 | 18 | 398 |
| Professionally qualified and experienced specialists and mid-management, Temporary | 14 | 0 | 6 | 4 | 4 | 0 | 2 | 3 | 33 |
| Skilled technical and academically qualified workers, junior management, supervisors, foremen, Permanent | 92 | 1 | 4 | 2 | 247 | 13 | 26 | 12 | 397 |

| Occupational Bands | Male | | | | Female | | | | Total |
|--|--------------|-----------|------------|-----------|--------------|-----------|------------|------------|--------------|
| | African | Coloured | Indian | White | African | Coloured | Indian | White | |
| Skilled technical and academically qualified workers, junior management, supervisors, foremen, Temporary | 5 | 0 | 4 | 2 | 1 | 0 | 0 | 2 | 14 |
| Semi-skilled and discretionary decision making, Permanent | 437 | 7 | 24 | 0 | 929 | 6 | 18 | 5 | 1 426 |
| Semi-skilled and discretionary decision making, Temporary | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 2 |
| Unskilled and defined decision making, Permanent | 125 | 4 | 1 | 0 | 152 | 0 | 1 | 0 | 283 |
| Unskilled and defined decision making, Temporary | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 2 |
| Contract (Senior Management), Permanent | 5 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 7 |
| Contract (Professionally qualified), Permanent | 106 | 4 | 64 | 68 | 132 | 11 | 99 | 80 | 564 |
| Contract (Skilled technical), Permanent | 90 | 0 | 16 | 4 | 132 | 8 | 123 | 70 | 443 |
| Contract (Semi-skilled), Permanent | 15 | 1 | 0 | 0 | 28 | 2 | 2 | 3 | 51 |
| Contract (Unskilled), Permanent | 484 | 3 | 4 | 1 | 1 108 | 17 | 56 | 2 | 1 675 |
| Total | 1 442 | 24 | 156 | 97 | 2 927 | 69 | 397 | 196 | 5 308 |

| | | | | | | | | | |
|------------------------------------|-----------|----------|----------|----------|----------|----------|----------|----------|-----------|
| Employees with disabilities | 16 | 0 | 2 | 0 | 2 | 0 | 1 | 0 | 21 |
|------------------------------------|-----------|----------|----------|----------|----------|----------|----------|----------|-----------|

Source: Vulindlela

Table 121 (3.6.4): Promotions for the period 1 April 2013 to 31 March 2014

| Occupational Bands | Male | | | | Female | | | | Total |
|--|---------|----------|--------|-------|---------|----------|--------|-------|--------|
| | African | Coloured | Indian | White | African | Coloured | Indian | White | |
| Top Management, Permanent | 9 | 1 | 31 | 23 | 0 | 1 | 17 | 4 | 86 |
| Senior Management, Permanent | 87 | 2 | 100 | 43 | 36 | 5 | 66 | 34 | 373 |
| Senior Management, Temporary | 0 | 0 | 1 | 1 | 0 | 0 | 1 | 0 | 3 |
| Professionally qualified and experienced specialists and mid-management, Permanent | 670 | 21 | 326 | 58 | 4 486 | 142 | 934 | 217 | 6 854 |
| Professionally qualified and experienced specialists and mid-management, Temporary | 29 | 1 | 11 | 3 | 9 | 0 | 10 | 8 | 71 |
| Skilled technical and academically qualified workers, junior management, supervisors, foremen, Permanent | 960 | 38 | 215 | 45 | 3 325 | 163 | 517 | 135 | 5 398 |
| Skilled technical and academically qualified workers, junior management, supervisors, foremen, Temporary | 3 | 0 | 2 | 1 | 4 | 0 | 1 | 1 | 12 |
| Semi-skilled and discretionary decision making, Permanent | 4 219 | 41 | 235 | 22 | 9 645 | 108 | 335 | 39 | 14 644 |
| Semi-skilled and discretionary decision making, Temporary | 1 | 0 | 0 | 0 | 2 | 0 | 1 | 0 | 4 |
| Unskilled and defined decision making, Permanent | 675 | 10 | 71 | 9 | 1 844 | 22 | 59 | 5 | 2 695 |
| Contract (Senior Management), Permanent | 19 | 0 | 4 | 7 | 4 | 0 | 0 | 3 | 37 |
| Contract (Professionally qualified), Permanent | 82 | 8 | 85 | 33 | 41 | 7 | 95 | 20 | 371 |

| Occupational Bands | Male | | | | Female | | | | Total |
|---|--------------|------------|--------------|------------|---------------|------------|--------------|------------|---------------|
| | African | Coloured | Indian | White | African | Coloured | Indian | White | |
| Contract (Skilled technical), Permanent | 3 | 0 | 1 | 0 | 5 | 0 | 0 | 1 | 10 |
| Contract (Semi-skilled), Permanent | 0 | 0 | 0 | 0 | 4 | 0 | 2 | 0 | 6 |
| Contract (Unskilled), Permanent | 2 | 0 | 0 | 0 | 22 | 0 | 0 | 0 | 24 |
| Total | 6 759 | 122 | 1 082 | 245 | 19 427 | 448 | 2 038 | 467 | 30 588 |

| | | | | | | | | | |
|-----------------------------|----|---|----|---|----|---|----|---|-----|
| Employees with disabilities | 51 | 3 | 13 | 2 | 53 | 1 | 11 | 4 | 138 |
|-----------------------------|----|---|----|---|----|---|----|---|-----|

Source: Vulindlela

Table 122 (3.6.5): Terminations for the period 1 April 2013 to 31 March 2014

| Occupational Bands | Male | | | | Female | | | | Total |
|--|--------------|-----------|------------|------------|---------------|------------|------------|------------|---------------|
| | African | Coloured | Indian | White | African | Coloured | Indian | White | |
| Top Management, Permanent | 1 | 0 | 2 | 2 | 0 | 0 | 2 | 0 | 7 |
| Senior Management, Permanent | 4 | 1 | 8 | 6 | 4 | 0 | 5 | 1 | 29 |
| Professionally qualified and experienced specialists and mid-management, Permanent | 122 | 4 | 45 | 20 | 620 | 18 | 81 | 44 | 954 |
| Professionally qualified and experienced specialists and mid-management, Temporary | 56 | 1 | 29 | 18 | 20 | 0 | 16 | 4 | 144 |
| Skilled technical and academically qualified workers, junior management, supervisors, foremen, Permanent | 177 | 5 | 40 | 11 | 622 | 33 | 81 | 41 | 1 010 |
| Skilled technical and academically qualified workers, junior management, supervisors, foremen, Temporary | 9 | 0 | 9 | 3 | 3 | 0 | 3 | 5 | 32 |
| Semi-skilled and discretionary decision making, Permanent | 333 | 8 | 23 | 4 | 743 | 16 | 42 | 10 | 1 179 |
| Semi-skilled and discretionary decision making, Temporary | 0 | 0 | 0 | 2 | 6 | 0 | 2 | 0 | 10 |
| Unskilled and defined decision making, Permanent | 78 | 1 | 5 | 0 | 159 | 3 | 3 | 0 | 249 |
| Unskilled and defined decision making, Temporary | 2 | 0 | 4 | 1 | 4 | 0 | 1 | 2 | 14 |
| Contract (Top Management), Permanent | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 2 |
| Contract (Senior Management), Permanent | 5 | 0 | 2 | 4 | 1 | 0 | 0 | 0 | 12 |
| Contract (Professionally qualified), Permanent | 62 | 4 | 44 | 68 | 87 | 5 | 58 | 94 | 422 |
| Contract (Skilled technical), Permanent | 40 | 3 | 13 | 6 | 65 | 6 | 61 | 48 | 242 |
| Contract (Semi-skilled), Permanent | 1 | 0 | 0 | 0 | 7 | 0 | 1 | 1 | 10 |
| Contract (Unskilled), Permanent | 1 100 | 2 | 5 | 0 | 9 697 | 19 | 30 | 2 | 10 855 |
| Total | 1 990 | 29 | 230 | 145 | 12 039 | 100 | 386 | 252 | 15 171 |
| Employees with disabilities | 2 | 0 | 0 | 0 | 5 | 0 | 2 | 0 | 9 |

Source: Vulindlela

Table 123 (3.6.6): Disciplinary action for the period 1 April 2013 to 31 March 2014

| Disciplinary action | Male | | | | Female | | | | Total |
|---------------------------|---------|----------|--------|-------|---------|----------|--------|-------|------------|
| | African | Coloured | Indian | White | African | Coloured | Indian | White | |
| Dismissal | - | - | - | - | - | - | - | - | 64 |
| Final written warning | - | - | - | - | - | - | - | - | 57 |
| No outcome | - | - | - | - | - | - | - | - | 0 |
| Suspended without payment | - | - | - | - | - | - | - | - | 31 |
| Written warning | - | - | - | - | - | - | - | - | 4 |
| Total | - | - | - | - | - | - | - | - | 156 |

Source: Labour Relations

NOTE: The current information system/records from Labour Relation is not making provision for race and gender breakdown. This will be addressed for future reporting.

Table 124 (3.6.7): Skills development for the period 1 April 2013 to 31 March 2014

| Occupational categories | Male | | | | | Female | | | | | Total |
|--|--------------|-----------|------------|-----------|--------------|--------------|------------|------------|------------|--------------|--------------|
| | African | Coloured | Indian | White | Total Male | African | Coloured | Indian | White | Total Female | |
| Legislators, senior officials and managers | 195 | 3 | 27 | 17 | 242 | 310 | 14 | 14 | 23 | 361 | 603 |
| Professionals | 805 | 24 | 70 | 70 | 921 | 3 276 | 111 | 334 | 129 | 3 850 | 4 771 |
| Technicians and associate professionals | 305 | 15 | 28 | 8 | 356 | 843 | 28 | 57 | 12 | 940 | 1 296 |
| Clerks | 438 | 7 | 17 | 6 | 468 | 760 | 30 | 34 | 24 | 848 | 1 316 |
| Service and sales workers | 246 | 4 | 5 | 7 | 262 | 894 | 17 | 29 | 6 | 946 | 1 208 |
| Skilled agriculture and fishery workers & Craft and related trades workers | 25 | 3 | 1 | 3 | 32 | 9 | 1 | 0 | 0 | 10 | 42 |
| Plant and machine operators and assemblers | 18 | 0 | 1 | 0 | 19 | 10 | 2 | 2 | 0 | 14 | 33 |
| Elementary occupations | 122 | 0 | 7 | 0 | 129 | 83 | 4 | 1 | 0 | 88 | 217 |
| Total | 2 163 | 56 | 156 | 64 | 2 439 | 6 218 | 208 | 471 | 194 | 7 091 | 9 530 |

Source: Human Resource Development Training Register

SIGNING OF PERFORMANCE AGREEMENTS BY SMS MEMBERS

All members of the SMS must conclude and sign performance agreements within specific timeframes. Information regarding the signing of performance agreements by SMS members, the reason for not complying within the prescribed timeframes and disciplinary steps taken is prescribed here.

Table 125 (3.7.1): Signing of Performance Agreements by SMS members as on 31 May 2013

| SMS level | Total number of funded SMS posts | Total number of SMS members | Total number of signed Performance Agreements | Signed Performance Agreements as % of total number of SMS members |
|--------------------|----------------------------------|-----------------------------|---|---|
| Head of Department | 1 | 1 | 1 | 100% |
| Salary level 16 | 1 | 1 | 0 | 0% |
| Salary level 15 | 5 | 2 | 0 | 0% |
| Salary level 14 | 20 | 16 | 3 | 19% |
| Salary level 13 | 71 | 55 | 15 | 27% |
| Total | 98 | 75 | 19 | 25% |

Source: HRD Training Records

Table 126 (3.7.2): Reasons for not having concluded Performance Agreements for all SMS members as on 31 May 2014

| Reasons |
|--|
| Non-compliance to prescripts remains a concern. Compliance did not improve in spite of numerous circulars and reminders. Non-compliance is due to (in some cases) the restructuring of units as well as absence of SMS members. This receives attention. |

Source:

Table 127 (3.7.3): Disciplinary steps taken against SMS members for not having concluded Performance Agreements as on 31 May 2014

| Disciplinary steps taken |
|--|
| Withholding pay progression in cases of non-compliance. Reasons for non-compliance must be submitted in all cases. |

Source:

PERFORMANCE REWARDS

To encourage good performance, the Department has granted the following performance rewards during the year under review. The information is presented in terms of race, gender, disability, salary bands and critical occupations.

Table 128 (3.8.1): Performance rewards by race, gender, and disability for the period 1 April 2013 to 31 March 2014

| Race and Gender | Beneficiary Profile | | | Cost | |
|------------------|-------------------------|---------------------|-------------------------|--------------|-------------------------------|
| | Number of beneficiaries | Number of employees | % of total within group | Cost (R'000) | Average cost per employee (R) |
| African, Female | 2 | 45 409 | 0% | R 9 | R 4 566 |
| African, Male | 2 | 16 013 | 0% | R 18 | R 8 954 |
| Asian, Female | 0 | 4 627 | 0% | R 0 | R 0 |
| Asian, Male | 0 | 2 734 | 0% | R 0 | R 0 |
| Coloured, Female | 0 | 1 020 | 0% | R 0 | R 0 |
| Coloured, Male | 0 | 276 | 0% | R 0 | R 0 |
| Blacks, Female | 2 | 51 056 | 0% | R 9 | R 4 566 |
| Blacks, Male | 2 | 19 023 | 0% | R 18 | R 8 954 |
| White, Female | 0 | 1 215 | 0% | R 0 | R 0 |

| Race and Gender | Beneficiary Profile | | | Cost | |
|-----------------------------|-------------------------|---------------------|-------------------------|--------------|-------------------------------|
| | Number of beneficiaries | Number of employees | % of total within group | Cost (R'000) | Average cost per employee (R) |
| White, Male | 0 | 696 | 0% | R 0 | R 0 |
| Employees with a disability | 0 | 301 | 0% | R 0 | R 0 |
| Total | 4 | 72 291 | 0% | R 27 | R 6 760 |

Source: Vulindlela

NOTE: Due to financial constraints and cost containment, the Department did not pay performance bonuses.

Table 129 (3.8.2): Performance rewards by salary band for personnel below Senior Management Service for the period 1 April 2013 to 31 March 2014

| Salary bands | Beneficiary Profile | | | Cost | | |
|--|-------------------------|---------------------|--------------------------------|--------------------|-------------------------------|--|
| | Number of beneficiaries | Number of employees | % of total within salary bands | Total Cost (R'000) | Average cost per employee (R) | Total cost as a % of the total personnel expenditure |
| Lower skilled (Levels 1-2) | 0 | 5 783 | 0% | R 0 | R 0 | 0% |
| Skilled (Levels 3-5) | 0 | 33 491 | 0% | R 0 | R 0 | 0% |
| Highly skilled production (Levels 6-8) | 1 | 14 304 | 0% | R 2 | R 2 000 | 0% |
| Highly skilled supervision (Levels 9-12) | 3 | 13 086 | 0% | R 26 | R 8 667 | 0% |
| Contract (Levels 1-2) | 0 | 2 388 | 0% | R 0 | R 0 | 0% |
| Contract (Levels 3-5) | 0 | 84 | 0% | R 0 | R 0 | 0% |
| Contract (Levels 6-8) | 0 | 600 | 0% | R 0 | R 0 | 0% |
| Contract (Levels 9-12) | 0 | 1 813 | 0% | R 0 | R 0 | 0% |
| Periodical Remuneration | 0 | 799 | 0% | R 0 | R 0 | 0% |
| Abnormal Appointment | 0 | 11 314 | 0% | R 0 | R 0 | 0% |
| Total | 4 | 83 662 | 0% | R 28 | R 7 000 | 0% |

Source:

Notes for Table 3.8.3

Critical occupations are defined as occupations or sub-categories within an occupation:

- In which there is a scarcity of qualified and experienced persons currently or anticipated in the future, either because such skilled persons are not available or they are available but do not meet the applicable employment criteria;
- For which persons require advanced knowledge in a specified subject area or science or learning field and such knowledge is acquired by a prolonged course or study and/or specialised instruction;
- Where the inherent nature of the occupation requires consistent exercise of discretion and is predominantly intellectual in nature; and
- In respect of which a department experiences a high degree of difficulty to recruit or retain the services of employees;

Table 130 (3.8.3): Performance Rewards by critical occupations for the period 1 April 2013 to 31 March 2014

| Critical Occupations | Beneficiary Profile | | | Cost | |
|--|-------------------------|---------------------|------------------------------|--------------------|-------------------------------|
| | Number of beneficiaries | Number of employees | % of total within occupation | Total Cost (R'000) | Average cost per employee (R) |
| Dental practitioners | 0 | 127 | 0% | 0 | 0 |
| Medical practitioners | 0 | 3 538 | 0% | 0 | 0 |
| Medical research and related professionals | 0 | 34 | 0% | 0 | 0 |
| Medical specialists | 0 | 801 | 0% | 0 | 0 |
| Pharmacists | 0 | 717 | 0% | 0 | 0 |
| Radiography | 0 | 569 | 0% | 0 | 0 |
| Total | 0 | 5 786 | 0 | 0 | 0 |

NOTE: Due to cost constraints, no performance bonuses were paid

Table 131 (3.8.4): Performance related rewards (cash bonus), by salary band for Senior Management Service for the period 1 April 2013 and 31 March 2014

| Salary band | Beneficiary Profile | | | Total Cost (R'000) | Average cost per employee (R) | Total cost as a % of the total personnel expenditure |
|--------------|-------------------------|---------------------|------------------------|--------------------|-------------------------------|--|
| | Number of beneficiaries | Number of employees | % of total within band | | | |
| Band A | 0 | 479 | 0% | 0 | 0 | 0% |
| Band B | 0 | 61 | 0% | 0 | 0 | 0% |
| Band C | 0 | 193 | 0% | 0 | 0 | 0% |
| Band D | 0 | 9 | 0% | 0 | 0 | 0% |
| Total | 0 | 742 | 0% | 0 | 0 | 0% |

Source: Vulindlela

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 % of total number of foreign workers in each salary band and by each major occupation.

Table 132 (3.9.1): Foreign Workers by salary band for the period 1 April 2013 to 31 March 2014

| Salary Band | 1 April 2013 | | 31 March 2014 | | Change | |
|--|--------------|------------|---------------|------------|--------|----------|
| | Number | % of total | Number | % of total | Number | % change |
| Lower skilled (Levels 1-2) | 3 | 0.5% | 3 | 0.5% | 0 | 0% |
| Skilled (Levels 3-5) | 8 | 1.3% | 6 | 1% | -2 | -10% |
| Highly skilled production (Levels 6-8) | 18 | 3% | 20 | 3.2% | 2 | 10% |
| Highly skilled supervision (Levels 9-12) | 143 | 24% | 179 | 29.1% | 36 | 180% |
| Senior management (Levels 13-16) | 123 | 20.6% | 78 | 12.7% | -45 | -225% |
| Contract (Levels 1-2) | 2 | 0.3% | 0 | 0% | -2 | -10% |
| Contract (Levels 3-5) | 4 | 0.7% | 4 | 0.6% | 0 | 0% |
| Contract (Levels 6-8) | 25 | 4.2% | 16 | 2.6% | -9 | -45% |
| Contract (Levels 9-12) | 197 | 33.1% | 259 | 42% | 62 | 310% |
| Contract (Levels 13-16) | 71 | 11.9% | 49 | 8% | -22 | -110% |
| Periodical Remuneration | 2 | 0.3% | 2 | 0.3% | 0 | 0% |

| Salary Band | 1 April 2013 | | 31 March 2014 | | Change | |
|--------------|--------------|-------------|---------------|-------------|-----------|-------------|
| | Number | % of total | Number | % of total | Number | % change |
| TOTAL | 596 | 100% | 616 | 100% | 20 | 100% |

Source: Vulindlela

Table 133 (3.9.2): Foreign Workers by major occupation for the period 1 April 2013 to 31 March 2014

| Major Occupation | 1 April 2013 | | 31 March 2014 | | Change | |
|---|--------------|-------------|---------------|-------------|-----------|-------------|
| | Number | % of total | Number | % of total | Number | % change |
| Administrative office workers | 7 | 1.2% | 6 | 1% | -1 | -5% |
| Craft and related trades workers | 3 | 0.5% | 1 | 0.2% | -2 | -10% |
| Elementary occupations | 4 | 0.7% | 4 | 0.6% | 0 | 0% |
| Professionals and managers | 579 | 97.1% | 602 | 97.7% | 23 | 115% |
| Social natural technical and medical sciences and support | 2 | 0.3% | 3 | 0.5% | 1 | 5% |
| Technicians and associated professionals | 1 | 0.2% | 0 | 0% | -1 | -5% |
| Total | 596 | 100% | 616 | 100% | 20 | 100% |

Source: Vulindlela

LEAVE UTILISATION

The Public Service Commission identified the need for careful monitoring of sick leave within the public service. The following tables provide an indication of the use of sick leave and disability leave. In both cases, the estimated cost of the leave is provided.

Table 134 (3.10.1): Sick leave for the period 1 January 2013 to 31 December 2013

| Salary Band | Total days | % days with medical certification ¹⁹ | Number of Employees using sick leave | % of total employees using sick leave | Average days per employee | Estimated Cost (R'000) | Total number of days with medical certification |
|--|----------------|---|--------------------------------------|---------------------------------------|---------------------------|------------------------|---|
| Lower skilled (Levels 1-2) | 45 695 | 89.2 | 5 084 | 9.1 | 9 | 12 299 | 40 739 |
| Skilled (Levels 3-5) | 25 871 | 89.6 | 26 585 | 47.5 | 10 | 101 090 | 231 812 |
| Highly skilled production (Levels 6-8) | 119 698 | 87.9 | 12 673 | 22.6 | 9 | 77 711 | 105 182 |
| Highly skilled supervision (Levels 9-12) | 98 650.5 | 85.6 | 11 268 | 20.1 | 9 | 127 962 | 84 451 |
| Senior management (Levels 13-16) | 2 468.5 | 69.9 | 387 | 0.7 | 6 | 7 972 | 1 726 |
| Other/ Personal Notches | 70.5 | 65.2 | 8 | 0 | 9 | 62 | 46 |
| Total | 525 297 | 88.3 | 56 005 | 100 | 9 | 327 096 | 463 956 |

Source: Vulindlela

¹⁹ Days with medical certification refers to days taken in excess of 2 days

Table 135 (3.10.2): Disability leave (temporary and permanent) for the period 1 January 2013 to 31 December 2013

| Salary Band | Total days | % days with medical certification | Number of Employees using disability leave | % of total employees using disability leave | Average days per employee | Estimated Cost (R'000) | Total number of days with medical certification |
|--|---------------|-----------------------------------|--|---|---------------------------|------------------------|---|
| Lower skilled (Levels 1-2) | 3 047 | 99.9% | 97 | 11.9 | 31 | R 889 | 3 044 |
| Skilled (Levels 3-5) | 13 535 | 99.9% | 367 | 45 | 37 | R 5 518 | 13 516 |
| Highly skilled production (Levels 6-8) | 7 791 | 100% | 184 | 22.5 | 42 | R 5 106 | 7 789 |
| Highly skilled supervision (Levels 9-12) | 8 076 | 0% | 163 | 20 | 50 | R 10 232 | |
| Senior management (Levels 13-16) | 130 | 100% | 4 | 0.5 | 33 | R 472 | 130 |
| Other/ Personal Notches | 115 | 100% | 1 | 0.1 | 115 | R 138 | 115 |
| TOTAL | 32 694 | 75.2% | 816 | 100 | 40 | R 22 355 | 24 594 |

Source: Vulindlela

The table below summarises the utilisation of annual leave. The wage agreement concluded with trade unions in the PSCBC in 2000 requires management of annual leave to prevent high levels of accrued leave being paid at the time of termination of service.

Table 136 (3.10.3): Annual leave for the period 1 January 2013 to 31 December 2013

| Salary bands | Total days taken | Average per employee | Number of employees using annual leave |
|--|------------------|----------------------|--|
| Lower skilled (Levels 1-2) | 168 367 | 21 | 8 170 |
| Skilled (Levels 3-5) | 708 118 | 22 | 32 393 |
| Highly skilled production (Levels 6-8) | 346 234 | 23 | 15 031 |
| Highly skilled supervision (Levels 9-12) | 333 658 | 23 | 14 604 |
| Senior management (Levels 13-16) | 17 704 | 23 | 782 |
| Other/ Personal Notches | 60 | 12 | 5 |
| Total | 1 574 141 | 22 | 70 985 |

Source: Vulindlela

Table 137 (3.10.4): Capped leave for the period 1 January 2013 to 31 December 2013

| Salary bands | Total days of capped leave taken | Average number of days taken per employee | Average capped leave per employee as at 31 December 2013 | Number of employees using capped leave | Total number of capped leave available as 31 December 2013 | Number of employees as at 31 December 2013 |
|--|----------------------------------|---|--|--|--|--|
| Lower skilled (Levels 1-2) | 294 | 4 | 30 | 68 | 51443 | 1 729 |
| Skilled (Levels 3-5) | 1 054 | 4 | 49 | 250 | 295 189 | 6 068 |
| Highly skilled production (Levels 6-8) | 1 207 | 5 | 55 | 258 | 253 113 | 4 633 |
| Highly skilled supervision (Levels 9-12) | 1 742 | 6 | 66 | 307 | 316 616 | 5 137 |
| Senior management (Levels 13-16) | 69 | 5 | 42 | 14 | 12 368 | 296 |
| Total | 4 366 | 5 | 52 | 898 | 928 729 | 17 863 |

Source: Vulindlela

The following table summarises payments made to employees as a result of leave that was not taken.

Table 138 (3.10.5): Leave pay-outs for the period 1 April 2013 to 31 March 2014

| Reason | Total Amount (R'000) | Number of Employees | Average payment per employee |
|--|----------------------|---------------------|------------------------------|
| Leave pay out for 2013/14 due to non-utilisation of leave for the previous cycle | R 39 | 3 | R 13 000 |
| Capped leave pay-outs on termination of service for 2013/14 | R 1 756 | 224 | R 7 839 |
| Current leave pay-out on termination of service for 2013/14 | R 37 | 1 192 | R 31 |
| Total | R 1 832 | 1 419 | R 1 291 |

Source: Vulindlela

HIV, AIDS AND HEALTH PROMOTION PROGRAMMES

Table 139 (3.11.1): Steps taken to reduce the risk of occupational exposure

| Units/categories of employees identified to be at high risk of contracting HIV & related diseases (if any) | Key steps taken to reduce the risk |
|--|---|
| Medical Officers and Nurses [High Risk] | <ul style="list-style-type: none"> ▪ The following approved policies are being implemented to improve occupational health and wellbeing in the Department: <ul style="list-style-type: none"> - Provincial Policy on Personal Protective Equipment (PPE). - Provincial Policy on Occupational Post Exposure Prophylaxis (OPEP). ▪ The Medical Surveillance Programme assist to identify staff members that need medical support and assistance, after which appropriate treatment/ management options are implemented. |
| General assistants [Low Risk] | |
| Laundry personnel [Low Risk] | |
| Grounds Personnel [Low Risk] | |
| Laboratory personnel [Low Risk] | |
| EMS personnel [High Risk] | |

Source:

Table 140 (3.11.2): 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? | ✓ | | <ul style="list-style-type: none"> ▪ 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? | ✓ | | <ul style="list-style-type: none"> ▪ Head Office structure is in place although vacancies impact on service delivery. ▪ Increasing demand further challenges the effectiveness of the 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 / service of this programme. | ✓ | | <ul style="list-style-type: none"> ▪ Health Promotion Programme and EAP are available in all Districts and Head Office, although it still does not meet demand and in many instances lacks sustainability. ▪ Key elements / services: Supervisory training; Marketing and promotion of wellness programmes; counselling services; assessment and referral; staff HCT campaigns; financial wellness ▪ Programmes available in terms of retirement planning, financial education and debt counselling; work and play programmes are 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. | | ✓ | |

| Question | Yes | No | Details, if yes |
|---|-----|----|--|
| 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. | ✓ | | <ul style="list-style-type: none"> ▪ HIV and AIDS in the workplace ▪ Affirmation Action and Representatively |
| 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. | ✓ | | <ul style="list-style-type: none"> ▪ HIV and AIDS Policy ▪ Confidentiality |
| 7. Does the Department encourage its employees to undergo Voluntary Counselling and Testing? If so, list the results that you have achieved. | ✓ | | Number of employees: <ul style="list-style-type: none"> ▪ Pre-test counselled: 12 840 ▪ Tested: 4 391 ▪ Tested Positive: 28 ▪ Tested Negative: 542 ▪ Inconclusive: 2 ▪ General Wellness Screening: 13 031 |
| 8. Has the Department developed measures / indicators to monitor and evaluate the impact of its health promotion programme? If so, list these measures / indicators. | ✓ | | <ul style="list-style-type: none"> ▪ 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 for EAPA Association ▪ Workshops and capacity building programmes – evaluation questions have been drawn up. |

Source: HRMS

LABOUR RELATIONS

The following collective agreements were entered into with Trade Unions within the Department.

Table 141 (3.12.1): Collective agreements for the period 1 April 2013 to 31 March 2014

No collective agreements for the reporting period

The following table summarises the outcome of disciplinary hearings conducted within the department for the year under review.

Table 142 (3.12.2): Misconduct and disciplinary hearings finalised for the period 1 April 2013 to 31 March 2014

| OUTCOMES OF DISCIPLINARY HEARINGS | NUMBER | % OF TOTAL |
|-----------------------------------|------------|-------------|
| Correctional counselling | 0 | 0% |
| Verbal warning | 0 | 0% |
| Written warning | 4 | 2.4% |
| Final written warning | 57 | 33.7% |
| Suspended without pay | 31 | 18.3% |
| Fine | 0 | 0% |
| Demotion | 5 | 3% |
| Dismissal | 64 | 37.8% |
| Not guilty | 4 | 2.4% |
| Case withdrawn | 4 | 2.4% |
| Total | 169 | 100% |

Source: HRMS

Table 143 (3.12.3): Types of misconduct addressed at disciplinary hearings for the period 1 April 2013 and 31 March 2014

| Type of misconduct | Number | % of total |
|--------------------------------|------------|-------------|
| Fraud and Corruption | 40 | 37.7% |
| Insubordination | 5 | 4.7% |
| Absenteeism | 10 | 9.5% |
| Sexual Harassment | 1 | 0.9% |
| Under the influence of Alcohol | 10 | 9.5% |
| Other | 40 | 37.7% |
| Total | 106 | 100% |

Source: HRMS

Table 144 (3.12.4): Grievances logged for the period 1 April 2013 to 31 March 2014

| Grievances | Number | % of Total |
|--|------------|-------------|
| Number of grievances resolved | 41 | 22.9% |
| Number of grievances not resolved | 138 | 77.1% |
| Total number of grievances lodged | 179 | 100% |

Source: HRMS

Table 145 (3.12.5): Disputes logged with Councils for the period 1 April 2013 to 31 March 2014

| Disputes | Number | % of Total |
|---------------------------------|------------|--------------|
| Number of disputes upheld | 5 | 1.2% |
| Number of disputes dismissed | 37 | 9.2% |
| Total number of disputes lodged | 65 | 16.2% |
| Outstanding/ Pending | 294 | 73.4% |

Source: HRMS

Table 146 (3.12.6): Strike actions for the period 1 April 2013 to 31 March 2014

| Total number of person working days lost | |
|--|-----|
| Total number of persons working days lost | Nil |
| Total cost of working days lost (R'000) | N/A |
| Amount recovered as a result of no work no pay (R'000) | Nil |

Source: HRMS

Table 147 (3.12.7): Precautionary suspensions for the period 1 April 2013 to 31 March 2014

| Number of people suspended | |
|--|---------|
| Number of people suspended | 41 |
| Number of people whose suspension exceeded 30 days | 41 |
| Average number of days suspended | 180 |
| Cost of suspensions (R'000) | R 9 000 |

Source: HRMS

SKILLS DEVELOPMENT

This section highlights the efforts of the department with regard to skills development.

Table 148 (3.13.1): Training needs identified for the period 1 April 2013 to 31 March 2014

| Occupational category | Gender | Number of employees as at 1 April 2013 | 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 | 1 410 | 0 | 82 | 238 | 320 |
| | Male | 974 | 0 | 57 | 164 | 221 |
| Professionals | Female | 15 952 | 0 | 553 | 1 221 | 1 774 |
| | Male | 5 179 | 0 | 179 | 397 | 576 |
| Technicians and associate professionals | Female | 12 427 | 0 | 146 | 738 | 884 |
| | Male | 6 900 | 0 | 81 | 409 | 490 |
| Clerks | Female | 4 311 | 0 | 42 | 334 | 376 |
| | Male | 2 630 | 0 | 26 | 204 | 230 |
| Service and sales workers | Female | 14 480 | 0 | 181 | 411 | 592 |
| | Male | 5 132 | 0 | 64 | 146 | 210 |
| Skilled agriculture and fishery workers, Craft and related trades workers | Female | 45 | 0 | 0 | 6 | 6 |
| | Male | 456 | 0 | 1 | 66 | 67 |
| Plant and machine operators and assemblers | Female | 399 | 0 | 3 | 25 | 28 |
| | Male | 1 000 | 0 | 8 | 64 | 72 |
| Elementary occupations | Female | 1 227 | 0 | 16 | 107 | 123 |
| | Male | 892 | 0 | 12 | 78 | 90 |
| Sub Total | Female | 50 251 | 0 | 993 | 3 154 | 4 147 |
| | Male | 23 163 | 0 | 458 | 1 454 | 1 912 |
| Total | | 73 414 | 0 | 1 451 | 4 608 | 6 059 |

Source: HRD

Table 149 (3.13.2): Training provided for the period 1 April 2013 to 31 March 2014

| Occupational Category | Gender | Number of employees as at 1 April 2013 | Training provided within the reporting period | | | |
|--|--------|--|---|---|-------------------------|-------|
| | | | Learnerships | Skills Programmes & other short courses | Other forms of training | Total |
| Legislators, senior officials and managers | Female | 1 410 | 0 | 323 | 0 | 323 |
| | Male | 974 | 0 | 219 | 0 | 219 |
| Professionals | Female | 15 952 | 597 | 3 212 | 39 | 3 848 |
| | Male | 5 179 | 169 | 716 | 36 | 921 |
| Technicians and associate professionals | Female | 12 427 | 50 | 893 | 29 | 972 |
| | Male | 6 900 | 29 | 329 | 6 | 364 |
| Clerks | Female | 4 311 | 7 | 611 | 230 | 848 |
| | Male | 2 630 | 2 | 344 | 122 | 468 |
| Service and sales workers | Female | 14 480 | 9 | 882 | 57 | 948 |
| | Male | 5 132 | 4 | 253 | 7 | 264 |

| Occupational Category | Gender | Number of employees as at 1 April 2013 | Training provided within the reporting period | | | |
|---|---------------|--|---|---|-------------------------|--------------|
| | | | Learnerships | Skills Programmes & other short courses | Other forms of training | Total |
| Skilled agriculture and fishery workers, Craft and related trades workers | Female | 45 | 0 | 8 | 0 | 8 |
| | Male | 456 | 0 | 27 | 1 | 28 |
| Plant and machine operators and assemblers | Female | 399 | 0 | 11 | 0 | 11 |
| | Male | 1 000 | 0 | 18 | 0 | 18 |
| Elementary occupations | Female | 1 227 | 0 | 84 | 0 | 84 |
| | Male | 892 | 0 | 69 | 0 | 69 |
| Sub Total | Female | 50 251 | 663 | 6 024 | 355 | 7 042 |
| | Male | 23 163 | 204 | 1 975 | 172 | 2 351 |
| Total | | 73 414 | 867 | 7 999 | 527 | 9 393 |

Source: HRD

INJURY ON DUTY

Table 3.14.1 provide basic information on injury on duty.

Table 150 (3.14.1): Injury on duty for the period 1 April 2013 to 31 March 2014

| NATURE OF INJURY ON DUTY | NUMBER | % OF TOTAL |
|---------------------------------------|--------------|-------------|
| REQUIRED BASIC MEDICAL ATTENTION ONLY | 774 | 75.7% |
| TEMPORARY TOTAL DISABLEMENT | 244 | 23.9% |
| PERMANENT DISABLEMENT | 3 | 0.3% |
| FATAL | 1 | 0.1% |
| TOTAL | 1 022 | 100% |

Source: Medical Records

SEVERANCE PACKAGES

Table 151 (3.16.1): Granting of employee initiated severance packages for the period 1 April 2013 and 31 March 2014

| Salary band | Number of applications received | Number of applications referred to the MPSA | Number of applications supported by MPSA | Number of packages approved by the department |
|--|---------------------------------|---|--|---|
| Lower skilled (levels 1-2) | 0 | 0 | 0 | 0 |
| Skilled (levels 3-5) | 0 | 0 | 0 | 0 |
| Highly skilled production (levels 6-8) | 0 | 0 | 0 | 0 |
| Highly skilled supervision (levels 9-12) | 1 | 0 | 0 | 0 |
| Senior management (levels 13-16) | 0 | 0 | 0 | 0 |
| Total | 1 | 0 | 0 | 0 |

Source: Staff records; Minutes of Severance Committee meetings

PART E

ANNUAL FINANCIAL STATEMENTS

REPORT OF THE AUDITOR-GENERAL ON THE ANNUAL FINANCIAL STATEMENTS

REPORT OF THE AUDITOR GENERAL TO THE KWAZULU-NATAL PROVINCIAL LEGISLATURE ON VOTE 7: KWAZULU-NATAL DEPARTMENT OF HEALTH

Introduction

1. I have audited the financial statements of the Department of Health set out on pages 243 to 299, which comprise the appropriation statement, the statement of financial position as at 31 March 2014, the statement of financial performance, statement of changes in net assets and cash flow statement for the year then ended, as well as 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 and fair presentation of the financial statements in accordance with the Modified Cash Standard as prescribed by 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, 2013 (Act No. 2 of 2013)(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 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 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 Department did not fully account for all movable assets in the asset register and not all assets recorded in the asset register could be accounted for. Furthermore the Department did not appropriately value the movable tangible assets and minor assets (movable tangible assets) and I could not obtain sufficient appropriate audit evidence that movable tangible assets disclosed in note 32 to the financial statements were measured in accordance with the requirements of the Modified Cash Standard. This was due to the Department not

effectively implementing and maintaining adequate systems on asset management and measurement. I was therefore unable to determine the correct net carrying amount of the movable tangible assets and minor assets, as it was impracticable to do so.

7. Additionally, I was unable to obtain sufficient appropriate audit evidence regarding movable tangible assets, as a large number of assets, included in the asset register, had not been appropriately measured at year end. I was unable to confirm the disclosed value of the assets by alternative means. Consequently, I was unable to determine whether any adjustment relating to movable tangible assets stated at R2,56 billion (2013: R5,21 billion) and minor assets stated at R661 million in the financial statements was necessary.

Irregular expenditure

8. The Department did not include particulars of all irregular expenditure in the notes to the financial statements, as required by section 40(3)(i) of the PFMA, due to a breakdown in internal controls relating to supply chain management. Consequently, I was unable to determine the full extent of the understatement of irregular expenditure, as it was impracticable to do so.

Conditional Grant expenditure

9. I was unable to obtain sufficient appropriate audit evidence for conditional grant expenditure allocations as disclosed in note 35 to the financial statements. The Department did not implement adequate processes and procedures for the review and allocation of these grants. I was unable to confirm the allocation of this expenditure by alternative means. Consequently, I was unable to determine whether any adjustment to conditional grant expenditure stated at R5,44 billion in note 35 to the financial statements was necessary.

Leave entitlement liability

10. During 2013, I was unable to obtain sufficient appropriate audit evidence for the leave

entitlement liability due to delays at the Department with regard to the capturing of leave forms. I was unable to confirm the leave entitlement liability by alternative means. Consequently, I was unable to determine whether any adjustment to leave entitlement liability stated at R681,49 million in note 23 to the financial statements was necessary. My audit opinion on the financial statements for the period ended 31 March 2013 was modified accordingly. My opinion on the current period's financial statements is also modified because of the possible effect of this matter on the comparability of the current period's figures.

Qualified opinion

11. 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 2014 and its financial performance and cash flows for the year then ended, in accordance with the Modified Cash Standard as prescribed by National Treasury and the requirements of the PFMA and DoRA.

Emphasis of matters

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

Significant uncertainties

13. With reference to note 20 to the financial statements, the Department is the defendant in lawsuits relating to medical negligence and claims against the state amounting to R4,09 billion. The Department is also disputing the amounts payable of R1,60 billion to the National Health Laboratory Services. 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.

Payables

14. Payables which exceed the payment term of 30 days as required in treasury regulation (TR) 8.2.3 amount to R75,70 million. This amount, in turn, exceeded the voted funds to be surrendered of R67,24 million as per the statement of financial position by R8,46 million. The amount of R75,70 million would therefore have constituted additional unauthorised expenditure had the amounts due been paid in a timely manner.

Additional matter

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

Unaudited supplementary schedules

16. The supplementary information set out on pages 300 to 321 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

REPORT ON OTHER LEGAL AND REGULATORY REQUIREMENTS

17. In accordance with the PAA and the general notice issued in terms thereof, I report the following findings on the reported performance information against predetermined objectives for selected programmes presented in the annual performance report, non-compliance with legislation as well as internal control. The objective of my tests was to identify reportable findings as described under each subheading but not to gather evidence to express assurance on these matters. Accordingly, I do not express an opinion or conclusion on these matters.

Predetermined objectives

18. I performed procedures to obtain evidence about the usefulness and reliability of the

reported performance information for the following selected programmes presented in the annual performance report of the department for the year ended 31 March 2014:

- Programme 2: District Health Services on pages 79 to 118
- Programme 4: Regional and Specialised Hospitals on pages 132 to 140
- Programme 5: Central and Tertiary Hospitals on pages 144 to 153

19. I evaluated the reported performance information against the overall criteria of usefulness and reliability.
20. I evaluated the usefulness of the reported performance information to determine whether it was presented in accordance with the National Treasury's annual reporting principles and whether the reported performance was consistent with the planned programmes. I further performed tests to determine whether indicators and targets were well defined, verifiable, specific, measurable, time bound and relevant, as required by the National Treasury's *Framework for managing programme performance information (FMPPI)*.

Usefulness of reported performance information

21. I did not raise any material findings on the usefulness of the reported performance information for the selected programmes.
22. I assessed the reliability of the reported performance information to determine whether it was valid, accurate and complete.
23. The material findings in respect of the selected programmes are as follows:

Reliability of reported performance information**Validity and accuracy**

24. The FMPPI requires auditees to have appropriate systems to collect, collate, verify and store performance information to ensure valid and accurate reporting of actual

achievements against planned objectives, indicators and targets. I was unable to obtain the information and explanations I considered necessary to satisfy myself as to the reliability of the reported performance information for the following programmes:

- District Health Services
- Regional and Specialised Hospitals
- Central and Tertiary Hospitals

This was due to the fact that the auditee could not provide sufficient appropriate evidence in support of the reported performance information.

Additional matters

25. I draw attention to the following matters:

Achievement of planned targets

26. Refer to the annual performance report on page 79 to 118, 132 to 140, and 144 to 153 for information on the achievement of the planned targets for the year. This information should be considered in the context of the material findings on the reliability of the reported performance information for the selected programmes reported in paragraph 24 of this report.

Adjustment of material misstatements

27. I identified material misstatements in the annual performance report submitted for auditing on the reported performance information on the selected programmes. As management subsequently corrected only some of the misstatements, I raised material findings on the reliability of the reported performance information.

Compliance with legislation

28. I performed procedures to obtain evidence that the Department had complied with applicable legislation regarding financial matters, financial management and other

related matters. My findings on material non-compliance with specific matters in key legislation, as set out in the general notice issued in terms of the PAA, are as follows:

Annual financial statements

29. The financial statements submitted for auditing were not prepared in accordance with the prescribed financial reporting framework and supported by full and proper records as required by section 40(1) (a) of the PFMA. Material misstatements identified by the auditors in the submitted financial statements were not adequately corrected and the supporting records could not be provided subsequently, which resulted in the financial statements receiving a qualified audit opinion.

Strategic planning and performance management

30. Effective, efficient and transparent systems of risk management and internal control with respect to performance information and management was not in place as required by section 38(1)(a)(i) of the PFMA.

Budgets

31. Effective and appropriate steps were not taken to prevent overspending of the budget, as required by section 39(2)(a) of the PFMA.

Expenditure management

32. Effective steps were not taken to prevent unauthorised and irregular expenditure, as required by section 38(1)(c)(ii) of the PFMA and treasury regulation 9.1.1.

33. Sufficient appropriate audit evidence could not be obtained that all money was spent with the approval of the accounting officer / a properly authorised official, as required by treasury regulation 8.2.1 and 8.2.2.

34. Contractual obligations and money owed by the department were not settled within 30 days or an agreed period, as required by

section 38(1)(f) of the PFMA and treasury regulation 8.2.3.

and the Preferential Procurement Regulations (PPR).

Conditional grants received

35. The allocation for the HIV/AIDs, national tertiary services, health professional and training development grants were utilised for purposes other than those stipulated in the grant framework, in contravention of section 16(1) of the DoRA.

43. Contracts were awarded to bidders that did not score the highest points in the evaluation process, as required by section 2(1)(f) of Preferential Procurement Policy Framework Act of South Africa, 2000 (Act No. 5 of 2000) and PPR.

Asset management

36. Proper control systems to safeguard and maintain assets were not implemented, as required by section 38(1)(d) of the PFMA and treasury regulation 10.1.1(a).

Internal control

44. I considered internal control relevant to my audit of the financial statements, performance report and compliance with legislation. The matters reported below are limited to the significant internal control deficiencies that resulted in the basis for qualified opinion, the findings on the performance report and the findings on non-compliance with legislation included in this report.

Human resource management

37. Employees were appointed without following a proper process to verify the claims made in their applications in contravention of public service regulation (PSR) 1/VII/D.8.

38. Employees received overtime compensation in excess of 30% of their monthly salaries, in contravention of PSR 1/V/D.2(d).

Leadership

45. Significant deficiencies were noted in the communication and consistent implementation of policies and procedures and related internal controls as well as the lack of monitoring and oversight, to enable and support the understanding and execution of internal control objectives, processes and responsibilities with respect to performance management, procurement and contract management, asset management and conditional grant management.

Procurement and contract management

39. Goods and services with a transaction value below R500 000 were procured without obtaining the required price quotations, as required by treasury regulation 16A6.1.

40. Bid adjudication was not always done by committees which was composed in accordance with the policies of the department, as required by treasury regulations 16A6.2(a), (b) and (c).

41. Contracts were extended or modified without the approval of a properly delegated official as required by treasury regulation 8.1 and 8.2.

42. Contracts were awarded to suppliers whose tax matters had not been declared by the South African Revenue Services to be in order as required by treasury regulations 16A9.1(d)

Financial and performance management

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

OTHER REPORTS

Performance audits

- 47. A performance audit was conducted on the readiness of Government to report on its performance. The focus of the audit was 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 report is expected to be tabled during 2014.
- 48. A performance audit on the use of consultants at selected departments of the KwaZulu-Natal provincial government was tabled during the 2013-14 financial year.

Investigations

- 49. Independent consulting firms are performing investigations at the request of the department, which covers the period 1 April 2013 to 31 March 2014. The investigation is based on allegations of incorrect awarding of certain contracts, accusations of theft, and

the manner in which promotions were awarded within the department. The investigations are still in progress.

- 50. The Provincial Treasury internal audit unit is performing various investigations at the request of the Accounting Officer, which covered the period 1 December 2009 to 31 March 2014. The investigation was initiated based on an allegation of possible irregularities relating to SCM processes and accusations of theft. Nine investigations were conducted during the period of which three investigations are currently in progress.

Pietermaritzburg

31 July 2014



ANNUAL FINANCIAL STATEMENTS**APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2014**

Appropriation per Programme

| Appropriation Statement | 2013/14 | | | | | | | 2012/13 | |
|--|------------------------|-------------------|----------|---------------------|--------------------|-----------|---|---------------------|--------------------|
| | 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 | 553 070 | - | - | 553 070 | 610 483 | (57 413) | 110.4% | 408 770 | 416 655 |
| Transfers and subsidies | 1 549 | - | - | 1 549 | 1 300 | 249 | 83.9% | 2 426 | 6 172 |
| Payment for capital assets | 40 084 | - | 1 692 | 41 776 | 41 776 | - | 100.0% | 28 042 | 26 775 |
| Payment for financial assets | 7 | - | - | 7 | 33 629 | (33 622) | 480414.3% | - | 1 |
| | 594 710 | - | 1 692 | 596 402 | 687 188 | (90 786) | | 439 238 | 449 603 |
| 2. District Health Services | | | | | | | | | |
| Current payment | 12 623 523 | - | 20 978 | 12 644 501 | 12 844 312 | (199 811) | 101.6% | 11 499 831 | 11 583 558 |
| Transfers and subsidies | 451 353 | (30 812) | (1 295) | 419 246 | 355 229 | 64 017 | 84.7% | 338 270 | 271 170 |
| Payment for capital assets | 106 052 | - | (1 668) | 104 384 | 103 929 | 455 | 99.6% | 155 288 | 140 115 |
| | 13 180 928 | (30 812) | 18 015 | 13 168 131 | 13 303 470 | (135 339) | | 11 993 389 | 11 994 843 |
| 3. Emergency Medical Services | | | | | | | | | |
| Current payment | 934 952 | - | - | 934 952 | 975 416 | (40 464) | 104.3% | 889 428 | 891 225 |
| Transfers and subsidies | 10 274 | - | - | 10 274 | 3 946 | 6 328 | 38.4% | 5 028 | 4 164 |
| Payment for capital assets | 25 800 | - | - | 25 800 | 30 578 | (4 778) | 118.5% | 61 394 | 59 659 |
| | 971 026 | - | - | 971 026 | 1 009 940 | (38 914) | | 955 850 | 955 048 |
| 4. Provincial Hospital Services | | | | | | | | | |
| Current payment | 8 267 154 | - | - | 8 267 154 | 8 285 195 | (18 041) | 100.2% | 7 749 752 | 7 813 304 |
| Transfers and subsidies | 108 077 | - | 3 | 108 080 | 144 697 | (36 617) | 133.9% | 63 194 | 71 177 |
| Payment for capital assets | 53 700 | - | (16 670) | 37 030 | 30 568 | 6 462 | 82.5% | 37 743 | 22 970 |
| | 8 428 931 | - | (16 667) | 8 412 264 | 8 460 460 | (48 196) | | 7 850 689 | 7 907 451 |

2013/14 ANNUAL REPORT - VOTE 7

KwaZulu-Natal Department of Health

Appropriation per Programme (Continued)

| | 2013/14 | | | | | | | 2012/13 | |
|---|------------------------|-------------------|----------|---------------------|--------------------|------------------|---|---------------------|--------------------|
| | 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. Central Hospital Services | | | | | | | | | |
| Current payment | 2 920 217 | - | (5 846) | 2 914 371 | 2 914 371 | - | 100.0% | 2 722 745 | 2 753 848 |
| Transfers and subsidies | 4 762 | - | 125 | 4 887 | 4 890 | (3) | 100.1% | 2 540 | 2 773 |
| Payment for capital assets | 27 000 | - | 886 | 27 886 | 27 886 | - | 100.0% | 7 407 | 7 407 |
| | 2 951 979 | - | (4 835) | 2 947 144 | 2 947 147 | (3) | | 2 732 692 | 2 764 028 |
| 6. Health Sciences and Training | | | | | | | | | |
| Current payment | 803 509 | - | (19 258) | 784 251 | 789 339 | (5 088) | 100.6% | 824 741 | 824 745 |
| Transfers and subsidies | 214 761 | - | (347) | 214 414 | 208 632 | 5 782 | 97.3% | 96 081 | 96 138 |
| Payment for capital assets | 4 000 | - | (2 574) | 1 426 | 1 426 | - | 100.0% | 9 911 | 9 910 |
| | 1 022 270 | - | (22 179) | 1 000 091 | 999 397 | 694 | | 930 733 | 930 793 |
| 7. Health Care Support Services | | | | | | | | | |
| Current payment | 116 157 | - | 5 665 | 121 822 | 121 545 | 277 | 99.8% | - | - |
| Transfers and subsidies | 1 571 | - | (25) | 1 546 | 1 443 | 103 | 93.3% | 15 170 | 15 170 |
| Payment for capital assets | 5 665 | - | (5 665) | - | 14 | (14) | - | - | - |
| | 123 393 | - | (25) | 123 368 | 123 002 | 366 | | 15 170 | 15 170 |
| 8. Health Facilities Management | | | | | | | | | |
| Current payment | 355 389 | - | (5 940) | 349 449 | 349 449 | - | 100.0% | 485 206 | 463 509 |
| Transfers and subsidies | 20 000 | - | - | 20 000 | 20 022 | (22) | 100.1% | 20 000 | 20 000 |
| Payment for capital assets | 1 570 584 | 30 812 | 29 939 | 1 631 335 | 1 631 335 | - | 100.0% | 1 867 963 | 1 890 088 |
| | 1 945 973 | 30 812 | 23 999 | 2 000 784 | 2 000 806 | (22) | | 2 373 169 | 2 373 597 |
| TOTAL | 29 219 210 | - | - | 29 219 210 | 29 531 410 | (312 200) | 101.1% | 27 290 930 | 27 390 533 |
| Reconciliation with Statement of Financial Performance | | | | | | | | | |
| Add: Department receipt | | | | 270 747 | | | | 267 071 | |
| Aid assistance | | | | 3 677 | | | | 884 | |
| Actual amounts per Statement of Financial Performance (Total Revenue) | | | | 29 493 634 | | | | 27 558 885 | |
| Add: Aid assistance | | | | | 669 | | | | 4 751 |
| Actual amounts per Statement of Financial Performance Expenditure | | | | | 29 532 079 | | | | 27 395 284 |

2013/14 ANNUAL REPORT - VOTE 7

KwaZulu-Natal Department of Health

Appropriation per Economic Classification

| | 2013/14 | | | | | | | 2012/13 | |
|------------------------------------|------------------------|-------------------|----------|---------------------|--------------------|------------------|---|---------------------|--------------------|
| | 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 | 18 662 636 | - | 8 821 | 18 671 457 | 18 676 774 | (5 317) | 100.0% | 16 886 345 | 16 886 345 |
| Goods and services | 7 911 230 | - | (13 225) | 7 898 005 | 8 213 347 | (315 342) | 104.0% | 7 694 128 | 7 860 499 |
| Interest and Rent on Land | 105 | - | 3 | 108 | 169 | (61) | 156.5% | - | - |
| Transfers & subsidies | | | | | | | | | |
| Provinces & municipalities | 161 496 | - | - | 161 496 | 79 199 | 82 297 | 49.0% | 101 852 | 26 330 |
| Departmental agencies & accounts | 11 847 | - | - | 11 847 | 11 373 | 474 | 96.0% | 25 340 | 25 351 |
| Universities & Technikons | - | - | - | - | 498 | (498) | - | - | 57 |
| Non-profit institutions | 310 034 | (30 812) | (1 539) | 277 683 | 256 751 | 20 932 | 92.5% | 281 361 | 277 586 |
| Households | 323 470 | - | - | 323 470 | 392 339 | (68 869) | 121.3% | 134 156 | 157 440 |
| Payment for capital assets | | | | | | | | | |
| Buildings & other fixed structures | 1 425 231 | 30 812 | 74 850 | 1 530 893 | 1 530 972 | (79) | 100.0% | 1 640 811 | 1 662 936 |
| Machinery & equipment | 413 154 | - | (68 910) | 344 244 | 336 178 | 8 066 | 97.7% | 526 937 | 493 988 |
| Intangible assets | - | - | - | - | 181 | (181) | - | - | - |
| Payment for financial assets | 7 | - | - | 7 | 33 629 | (33 622) | 480414.3% | - | - |
| TOTAL | 29 219 210 | - | - | 29 219 210 | 29 531 410 | (312 200) | 101.1% | 27 290 930 | 27 390 532 |

Detail per Programme 1: Administration

| Programme per Sub-programme | 2013/14 | | | | | | | 2012/13 | |
|------------------------------|------------------------|-------------------|--------------|---------------------|--------------------|-----------------|---|---------------------|--------------------|
| | 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 | 19 159 | - | (2 714) | 16 445 | 16 459 | (14) | 100.1% | 15 573 | 16 366 |
| Transfers and subsidies | 7 | - | 9 | 16 | 17 | (1) | 106.3% | 10 | 10 |
| Payment for capital assets | 250 | - | 285 | 535 | 535 | - | 100.0% | 3 996 | 3 996 |
| 1.2 Management | | | | | | | | | |
| Current payment | 533 911 | - | 2 714 | 536 625 | 594 024 | (57 399) | 110.7% | 393 197 | 400 289 |
| Transfers and subsidies | 1 542 | - | (9) | 1 533 | 1 283 | 250 | 83.7% | 2 416 | 6 162 |
| Payment for capital assets | 39 834 | - | 1 407 | 41 241 | 41 241 | - | 100.0% | 24 046 | 22 779 |
| Payment for financial assets | 7 | - | - | 7 | 33 629 | (33 622) | 480414.3% | - | 1 |
| TOTAL | 594 710 | - | 1 692 | 596 402 | 687 188 | (90 786) | 115.2% | 439 238 | 449 603 |

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KwaZulu-Natal Department of Health

Detail per Programme 1: Administration (Economic Classification)

| Programme 1 Per Economic classification | 2013/14 | | | | | | | 2012/13 | |
|--|---------------------------|-------------------------|--------------|------------------------|-----------------------|-----------------|---|------------------------|-----------------------|
| | 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 | 276 230 | - | (2 870) | 273 360 | 273 359 | 1 | 100.0% | 247 017 | 246 972 |
| Goods and services | 276 840 | - | 2 870 | 279 710 | 337 290 | (57 580) | 120.6% | 161 753 | 169 683 |
| Interest and Rent on land | - | - | - | - | 15 | (15) | - | - | - |
| Transfers & subsidies | | | | | | | | | |
| Provinces & municipalities | 48 | - | - | 48 | 51 | (3) | 106.3% | 39 | 95 |
| Departmental agencies & accounts | 1 | - | - | 1 | - | 1 | - | - | - |
| Higher education institutions | - | - | - | - | 3 | (3) | - | - | - |
| Households | 1 500 | - | - | 1 500 | 1 246 | 254 | 83.1% | 2 387 | 6 077 |
| Payments for capital assets | | | | | | | | | |
| Machinery & equipment | 40 084 | - | 1 692 | 41 776 | 41 414 | 362 | 99.1% | 28 042 | 26 775 |
| Intangible assets | - | - | - | - | 181 | (181) | - | - | - |
| Payment for financial assets | 7 | - | - | 7 | 33 629 | (33 622) | 480414.3% | - | - |
| TOTAL | 594 710 | - | 1 692 | 596 402 | 687 188 | (90 786) | 115.2% | 439 238 | 449 602 |

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KwaZulu-Natal Department of Health

Detail per Programme 2: District Health Services

| Programme per sub-programme | 2013/14 | | | | | | | 2012/13 | |
|-------------------------------------|------------------------|-------------------|----------|---------------------|--------------------|----------|---|---------------------|--------------------|
| | 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 | 210 825 | - | (8 081) | 202 744 | 202 733 | 11 | 100.0% | 191 702 | 192 590 |
| Transfers and subsidies | 1 220 | - | 138 | 1 358 | 1 485 | (127) | 109.4% | 636 | 638 |
| Payment for capital assets | 5 310 | - | 8 029 | 13 339 | 13 339 | - | 100.0% | 51 166 | 45 696 |
| 2.2 Community Health Clinics | | | | | | | | | |
| Current payment | 2 644 264 | - | - | 2 644 264 | 2 654 239 | (9 975) | 100.4% | 2 428 682 | 2 428 897 |
| Transfers and subsidies | 176 855 | - | (1 539) | 175 316 | 108 807 | 66 509 | 62.1% | 134 472 | 59 603 |
| Payment for capital assets | 43 212 | - | (15 736) | 27 476 | 27 476 | - | 100.0% | 25 286 | 25 286 |
| 2.3 Community Health Centres | | | | | | | | | |
| Current payment | 1 027 954 | - | 4 143 | 1 032 097 | 1 037 649 | (5 552) | 100.5% | 946 451 | 946 616 |
| Transfers and subsidies | 2 830 | - | 36 | 2 866 | 3 081 | (215) | 107.5% | 2 260 | 2 921 |
| Payment for capital assets | 10 835 | - | (2 975) | 7 860 | 7 860 | - | 100.0% | 13 708 | 13 844 |
| 2.4 Community Based Services | | | | | | | | | |
| Current payment | - | - | - | - | - | - | - | - | - |
| 2.5 Other Community Services | | | | | | | | | |
| Current payment | 880 228 | - | 3 781 | 884 009 | 884 009 | - | 100.0% | 713 981 | 713 975 |
| Transfers and subsidies | 4 379 | - | 244 | 4 623 | 7 217 | (2 594) | 156.1% | 4 060 | 4 745 |
| Payment for capital assets | 29 798 | - | (14 149) | 15 649 | 15 649 | - | 100.0% | 6 045 | 6 045 |

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KwaZulu-Natal Department of Health

Detail per Programme 2: District Health Services (Continued)

| Programme per sub-programme | 2013/14 | | | | | | | 2012/13 | |
|-------------------------------|------------------------|-------------------|---------------|---------------------|--------------------|------------------|---|---------------------|--------------------|
| | 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 | 2 609 281 | - | 4 617 | 2 613 898 | 2 709 111 | (95 213) | 103.6% | 2 318 480 | 2 371 566 |
| Transfers and subsidies | 38 081 | - | - | 38 081 | 16 442 | 21 639 | 43.2% | 20 650 | 20 613 |
| Payment for capital assets | 4 710 | - | (4 617) | 93 | 93 | - | 100.0% | 511 | 511 |
| 2.7 Nutrition | | | | | | | | | |
| Current payment | 49 308 | - | (5 342) | 43 966 | 43 966 | - | 100.0% | 44 423 | 44 387 |
| Payment for capital assets | 40 | - | 84 | 124 | 123 | 1 | 99.2% | 40 | 46 |
| 2.8 Coroner Services | | | | | | | | | |
| Current payment | 154 481 | - | (2 530) | 151 951 | 151 951 | - | 100.0% | 139 382 | 139 842 |
| Transfers and subsidies | 260 | - | 46 | 306 | 232 | 74 | 75.8% | 220 | 427 |
| Payment for capital assets | 2 500 | - | 1 634 | 4 134 | 4 134 | - | 100.0% | 159 | 273 |
| 2.9 District Hospitals | | | | | | | | | |
| Current payment | 5 047 182 | - | 24 390 | 5 071 572 | 5 160 654 | (89 082) | 101.8% | 4 716 730 | 4 745 685 |
| Transfers and subsidies | 227 728 | (30 812) | (220) | 196 696 | 217 965 | (21 269) | 110.8% | 175 972 | 182 223 |
| Payment for capital assets | 9 647 | - | 26 062 | 35 709 | 35 255 | 454 | 98.7% | 58 373 | 48 414 |
| TOTAL | 13 180 928 | (30 812) | 18 015 | 13 168 131 | 13 303 470 | (135 339) | 101.0% | 11 993 389 | 11 994 843 |

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KwaZulu-Natal Department of Health

Detail per Programme 2: District Health Services (Economic Classification)

| Programme 2 Per Economic Classification Economic classification | 2013/14 | | | | | | | 2012/13 | |
|--|------------------------|-------------------|---------------|---------------------|--------------------|------------------|---|---------------------|--------------------|
| | 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 | 8 905 277 | - | 48 175 | 8 953 452 | 8 958 639 | (5 187) | 100.1% | 7 936 733 | 7 958 750 |
| Goods and services | 3 718 246 | - | (27 197) | 3 691 049 | 3 885 651 | (194 602) | 105.3% | 3 563 098 | 3 624 811 |
| Interest and rent on land | - | - | - | - | 21 | (21) | - | - | - |
| Transfers & subsidies | | | | | | | | | |
| Provinces & municipalities | 158 027 | - | - | 158 027 | 76 148 | 81 879 | 48.2% | 98 842 | 24 259 |
| Departmental agencies & accounts | 31 | - | - | 31 | 21 | 10 | 67.7% | 8 | 6 |
| | | (30 | | | | | | | |
| Non-profit institutions | 261 205 | 812) | (1 539) | 228 854 | 207 922 | 20 932 | 90.9% | 208 437 | 204 686 |
| Households | 32 090 | - | 244 | 32 334 | 71 140 | (38 806) | 220.0% | 30 983 | 42 217 |
| Payment of Capital Assets | | | | | | | | | |
| Machinery & equipment | 106 052 | - | (1 668) | 104 384 | 103 928 | 456 | 99.6% | 155 288 | 140 114 |
| TOTAL | 13 180 928 | (30 812) | 18 015 | 13 168 131 | 13 303 470 | (135 339) | 101.0% | 11 993 389 | 11 994 843 |

2013/14 ANNUAL REPORT - VOTE 7

KwaZulu-Natal Department of Health

Detail per Programme 3: Emergency Medical Services

| Programme per sub programme | 2013/14 | | | | | | | 2012/13 | |
|--------------------------------------|------------------------|-------------------|----------|---------------------|--------------------|-----------------|---|---------------------|--------------------|
| | 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 | 880 952 | - | 17 113 | 898 065 | 938 342 | (40 277) | 104.5% | 826 508 | 828 288 |
| Transfers and subsidies | 4 429 | - | - | 4 429 | 3 733 | 696 | 84.3% | 4 993 | 4 164 |
| Payment for capital assets | 25 800 | - | - | 25 800 | 25 133 | 667 | 97.4% | 61 394 | 59 659 |
| 3.2 Planned Patient Transport | | | | | | | | | |
| Current payment | 54 000 | - | (17 113) | 36 887 | 37 074 | (187) | 100.5% | 62 920 | 62 937 |
| Transfers and subsidies | 5 845 | - | - | 5 845 | 213 | 5 632 | 3.6% | 35 | - |
| Payment for capital assets | - | - | - | - | 5 445 | (5 445) | - | - | - |
| TOTAL | 971 026 | - | - | 971 026 | 1 009 940 | (38 914) | 104.0% | 955 850 | 955 048 |

| Programme 3 per Economic classification | 2013/14 | | | | | | | 2012/13 | |
|---|------------------------|-------------------|----------|---------------------|--------------------|-----------------|---|---------------------|--------------------|
| | 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 | 710 642 | - | 4 414 | 715 056 | 715 735 | (679) | 100.1% | 641 779 | 641 810 |
| Goods and services | 224 310 | - | (4 414) | 219 896 | 259 679 | (39 783) | 118.1% | 247 649 | 249 414 |
| Interest and rent on land | - | - | - | - | 2 | (2) | - | - | - |
| Transfers & subsidies | | | | | | | | | |
| Provinces & municipalities | 2 879 | - | - | 2 879 | 2 511 | 368 | 87.2% | 2 400 | 1 537 |
| Households | 1 895 | - | - | 1 895 | 1 435 | 460 | 75.7% | 2 628 | 2 628 |
| Payment for Capital Assets | | | | | | | | | |
| Machinery & equipment | 31 300 | - | - | 31 300 | 30 578 | 722 | 97.7% | 61 394 | 59 659 |
| TOTAL | 971 026 | - | - | 971 026 | 1 009 940 | (38 914) | 104.0% | 955 850 | 955 048 |

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KwaZulu-Natal Department of Health

Detail per Programme 4: Provincial Hospital Services

| Programme per sub programme | 2013/14 | | | | | | | 2012/13 | |
|---|------------------------|-------------------|-----------------|---------------------|--------------------|-----------------|---|---------------------|--------------------|
| | 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 | 6 717 966 | - | 26 870 | 6 744 836 | 6 765 420 | (20 584) | 100.3% | 6 340 380 | 6 393 379 |
| Transfers and subsidies | 81 811 | - | (7 328) | 74 483 | 108 560 | (34 077) | 145.8% | 32 209 | 38 740 |
| Payment for capital assets | 49 500 | - | (17 639) | 31 861 | 25 404 | 6 457 | 79.7% | 29 529 | 15 653 |
| 4.2 Tuberculosis Hospitals | | | | | | | | | |
| Current payment | 599 804 | - | (620) | 599 184 | 599 097 | 87 | 100.0% | 555 060 | 565 779 |
| Transfers and subsidies | 22 587 | - | 7 324 | 29 911 | 29 998 | (87) | 100.3% | 21 167 | 21 669 |
| Payment for capital assets | 2 000 | - | 268 | 2 268 | 2 267 | 1 | 100.0% | 4 451 | 4 452 |
| 4.3 Psychiatric / Mental Hospitals | | | | | | | | | |
| Current payment | 697 012 | - | (15 158) | 681 854 | 679 875 | 1 979 | 99.7% | 643 352 | 643 185 |
| Transfers and subsidies | 2 670 | - | 3 | 2 673 | 4 650 | (1 977) | 174.0% | 4 159 | 4 405 |
| Payment for capital assets | 1 500 | - | 573 | 2 073 | 2 072 | 1 | 100.0% | 2 042 | 2 038 |
| 4.4 Chronic Medical Hospitals | | | | | | | | | |
| Current payment | 236 407 | - | (11 314) | 225 093 | 224 618 | 475 | 99.8% | 196 441 | 196 442 |
| Transfers and subsidies | 1 004 | - | 4 | 1 008 | 1 485 | (477) | 147.3% | 5 655 | 6 341 |
| Payment for capital assets | 400 | - | 350 | 750 | 747 | 3 | 99.6% | 1 393 | 500 |
| 4.5 Dental Training Hospitals | | | | | | | | | |
| Current payment | 15 965 | - | 222 | 16 187 | 16 185 | 2 | 100.0% | 14 519 | 14 519 |
| Transfers and subsidies | 5 | - | - | 5 | 4 | 1 | 80.0% | 4 | 22 |
| Payment for capital assets | 300 | - | (222) | 78 | 78 | - | 100.0% | 328 | 327 |
| TOTAL | 8 428 931 | - | (16 667) | 8 412 264 | 8 460 460 | (48 196) | 100.6% | 7 850 689 | 7 907 451 |

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KwaZulu-Natal Department of Health

Detail per Programme 4: Provincial Hospital Services (Economic Classification)

| Programme 4 per Economic classification | 2013/14 | | | | | | | 2012/13 | |
|--|---------------------------|-------------------------|-----------------|------------------------|-----------------------|-----------------|---|------------------------|-----------------------|
| | 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 | 6 389 016 | - | (16 360) | 6 372 656 | 6 372 154 | 502 | 100.0% | 5 887 515 | 5 887 232 |
| Goods and services | 1 878 033 | - | 16 360 | 1 894 393 | 1 912 913 | (18 520) | 101.0% | 1 862 237 | 1 926 070 |
| Interest and rent on land | 105 | - | - | 105 | 128 | (23) | 121.9% | - | - |
| Transfers & subsidies | | | | | | | | | |
| Provinces & municipalities | 361 | - | - | 361 | 270 | 91 | 74.8% | 529 | 397 |
| Departmental agencies & accounts | 56 | - | 3 | 59 | 15 | 44 | 25.4% | 42 | 56 |
| Non-profit institutions | 28 829 | - | - | 28 829 | 28 829 | - | 100.0% | 37 794 | 37 770 |
| Households | 78 831 | - | - | 78 831 | 115 582 | (36 751) | 146.6% | 24 829 | 32 955 |
| Payment of Capital Assets | | | | | | | | | |
| Buildings & other fixed structures | - | - | - | - | 79 | (79) | - | - | - |
| Machinery & equipment | 53 700 | - | (16 670) | 37 030 | 30 490 | 6 540 | 82.3% | 37 743 | 22 971 |
| TOTAL | 8 428 931 | - | (16 667) | 8 412 264 | 8 460 460 | (48 196) | 100.6% | 7 850 689 | 7 907 451 |

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KwaZulu-Natal Department of Health

Detail per Programme 5: Central Hospital Services

| Programme per sub programme | 2013/14 | | | | | | | 2012/13 | |
|---|------------------------|-------------------|----------------|---------------------|--------------------|------------|---|---------------------|--------------------|
| | 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 Services | | | | | | | | | |
| Current payment | 839 549 | - | (65) | 839 484 | 839 485 | (1) | 100.0% | 873 521 | 873 521 |
| Transfers and subsidies | 950 | - | 61 | 1 011 | 1 011 | - | 100.0% | 580 | 580 |
| Payment for capital assets | - | - | - | - | - | - | - | - | - |
| 5.2 Provincial Tertiary Hospitals Services | | | | | | | | | |
| Current payment | 2 080 668 | - | (5 781) | 2 074 887 | 2 074 886 | 1 | 100.0% | 1 849 224 | 1 880 327 |
| Transfers and subsidies | 3 812 | - | 64 | 3 876 | 3 879 | (3) | 100.1% | 1 960 | 2 193 |
| Payment for capital assets | 27 000 | - | 886 | 27 886 | 27 886 | - | 100.0% | 7 407 | 7 407 |
| TOTAL | 2 951 979 | - | (4 835) | 2 947 144 | 2 947 147 | (3) | 100.0% | 2 732 692 | 2 764 028 |

| Programme 5 Per Economic classification | 2013/14 | | | | | | | 2012/13 | |
|---|------------------------|-------------------|----------------|---------------------|--------------------|------------|---|---------------------|--------------------|
| | 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 | 1 533 000 | - | (17 922) | 1 515 078 | 1 515 078 | - | 100.0% | 1 383 353 | 1 383 329 |
| Goods and services | 1 387 217 | - | 12 076 | 1 399 293 | 1 399 293 | - | 100.0% | 1 339 392 | 1 370 519 |
| Transfers & Subsidies | | | | | | | | | |
| Provinces & municipalities | 12 | - | - | 12 | 15 | (3) | 125.0% | 9 | 9 |
| Departmental agencies & accounts | - | - | 52 | 52 | 52 | - | 100.0% | - | - |
| Households | 4 750 | - | 73 | 4 823 | 4 823 | - | 100.0% | 2 531 | 2 764 |
| Payment of Capital Assets | | | | | | | | | |
| Machinery & equipment | 27 000 | - | 886 | 27 886 | 27 886 | - | 100.0% | 7 407 | 7 407 |
| TOTAL | 2 951 979 | - | (4 835) | 2 947 144 | 2 947 147 | (3) | 100.0% | 2 732 692 | 2 764 028 |

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KwaZulu-Natal Department of Health

Detail per Programme 6: Health Sciences and Training

| Programme per sub programme | 2013/14 | | | | | | | 2012/13 | |
|---|------------------------|-------------------|-----------------|---------------------|--------------------|------------|---|---------------------|--------------------|
| | 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 | 303 215 | - | (13 716) | 289 499 | 289 499 | - | 100.0% | 348 758 | 348 760 |
| Transfers and subsidies | 1 812 | - | (14) | 1 798 | 1 803 | (5) | 100.3% | 4 212 | 4 212 |
| Payment for capital assets | 4 000 | - | (2 684) | 1 316 | 1 316 | - | 100.0% | 9 886 | 9 885 |
| 6.2 EMS Training Colleges | | | | | | | | | |
| Current payment | 5 451 | - | 447 | 5 898 | 5 852 | 46 | 99.2% | 10 890 | 10 890 |
| Transfers and subsidies | 30 | - | 6 | 36 | 36 | - | 100.0% | 14 | 14 |
| Payment for capital assets | - | - | 110 | 110 | 110 | - | 100.0% | - | - |
| 6.3 Bursaries | | | | | | | | | |
| Current payment | 5 000 | - | 526 | 5 526 | 10 663 | (5 137) | 193.0% | 13 791 | 13 791 |
| Transfers and subsidies | 201 004 | - | - | 201 004 | 195 217 | 5 787 | 97.1% | 69 149 | 69 206 |
| 6.4 Primary Health Care Training | | | | | | | | | |
| Current payment | 49 512 | - | (2 705) | 46 807 | 46 806 | 1 | 100.0% | 54 385 | 54 385 |
| Transfers and subsidies | 400 | - | (163) | 237 | 237 | - | 100.0% | 189 | 189 |
| 6.5 Training Other | | | | | | | | | |
| Current payment | 440 331 | - | (3 810) | 436 521 | 436 519 | 2 | 100.0% | 396 917 | 396 919 |
| Transfers and subsidies | 11 515 | - | (176) | 11 339 | 11 339 | - | 100.0% | 22 517 | 22 517 |
| Payment for capital assets | - | - | - | - | - | - | - | 25 | 25 |
| TOTAL | 1 022 270 | - | (22 179) | 1 000 091 | 999 397 | 694 | 99.9% | 930 733 | 930 793 |

Detail per Programme 6: Health Sciences and Training (Economic Classification)

| Programme 6 Per Economic classification | 2013/14 | | | | | | | 2012/13 | |
|--|---------------------------|----------------------|-----------------|------------------------|-----------------------|------------|---|------------------------|-----------------------|
| | 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 | 740 333 | - | (3 883) | 736 450 | 736 404 | 46 | 100.0% | 746 253 | 746 254 |
| Goods and services | 63 176 | - | (15 378) | 47 798 | 52 932 | (5 134) | 110.7% | 78 488 | 78 491 |
| Interest and rent on land | - | - | 3 | 3 | 3 | - | 100.0% | - | - |
| Transfers & subsidies | | | | | | | | | |
| Provinces & municipalities | 42 | - | - | 42 | 46 | (4) | 109.5% | 33 | 33 |
| Departmental agencies & accounts | 11 315 | - | (30) | 11 285 | 11 285 | - | 100.0% | 10 120 | 10 119 |
| Universities & Technikons | - | - | - | - | 495 | (495) | - | - | 57 |
| Non-profit institutions | - | - | - | - | - | - | - | 15 130 | 15 130 |
| Households | 203 404 | - | (317) | 203 087 | 196 806 | 6 281 | 96.9% | 70 798 | 70 799 |
| Payment for Capital Assets | | | | | | | | | |
| Machinery & equipment | 4 000 | - | (2 574) | 1 426 | 1 426 | - | 100.0% | 9 911 | 9 910 |
| TOTAL | 1 022 270 | - | (22 179) | 1 000 091 | 999 397 | 694 | 99.9% | 930 733 | 930 793 |

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KwaZulu-Natal Department of Health

Detail per Programme 7: Health Care Support Services

| Programme per sub programme | 2013/14 | | | | | | | 2012/13 | |
|---|------------------------|-------------------|-------------|---------------------|--------------------|------------|---|---------------------|--------------------|
| | 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 | - | - | - | - | - | - | - | 15 170 | 15 170 |
| 7.2 Laundry Services | | | | | | | | | |
| Current payment | 90 962 | - | (1 390) | 89 572 | 89 572 | - | 100.0% | - | - |
| Transfers and subsidies | 1 569 | - | (340) | 1 229 | 834 | 395 | 67.9% | - | - |
| Payment for capital assets | 5 665 | - | (5 665) | - | 14 | (14) | - | - | - |
| 7.3 ORTHOTIC AND PROSTHETIC SERVICES | | | | | | | | | |
| Current payment | 25 195 | - | 7 055 | 32 250 | 31 973 | 277 | 99.1% | - | - |
| Transfers and subsidies | 2 | - | 315 | 317 | 609 | (292) | 192.1% | - | - |
| TOTAL | 123 393 | - | (25) | 123 368 | 123 002 | 366 | 99.7% | 15 170 | 15 170 |

2013/14 ANNUAL REPORT - VOTE 7

KwaZulu-Natal Department of Health

Detail per Programme 7: Health Care Support Services (Economic Classification)

| Programme 7 Per Economic classification | 2013/14 | | | | | | | 2012/13 | |
|--|---------------------------|----------------------|-------------|------------------------|-----------------------|------------|---|------------------------|-----------------------|
| | 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 | 82 285 | - | (928) | 81 357 | 81 357 | - | 100.0% | - | - |
| Goods and services | 33 872 | - | 6 593 | 40 465 | 40 188 | 277 | 99.3% | - | - |
| Transfers & subsidies | | | | | | | | | |
| Provinces & municipalities | 127 | - | - | 127 | 158 | (31) | 124.4% | - | - |
| Departmental agencies & accounts | 444 | - | (25) | 419 | - | 419 | - | 15 170 | 15 170 |
| Households | 1 000 | - | - | 1 000 | 1 285 | (285) | 128.5% | - | - |
| Payment for capital assets | | | | | | | | | |
| Machinery & equipment | 5 665 | - | (5 665) | - | 14 | (14) | - | - | - |
| TOTAL | 123 393 | - | (25) | 123 368 | 123 002 | 366 | 99.7% | 15 170 | 15 170 |

2013/14 ANNUAL REPORT - VOTE 7

KwaZulu-Natal Department of Health

Detail per Programme 8: Health Facilities Management

| Programme per sub-programme | 2013/14 | | | | | | | 2012/13 | |
|--|------------------------|-------------------|---------------|---------------------|--------------------|-------------|---|---------------------|--------------------|
| | 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 Facilities | | | | | | | | | |
| Current payment | 49 126 | - | (5 227) | 43 899 | 42 259 | 1 640 | 96.3% | 54 582 | 44 823 |
| Payment for capital assets | 510 383 | - | (31 655) | 478 728 | 481 460 | (2 732) | 100.6% | 496 934 | 517 247 |
| 8.2 Emergency Medical Rescue Services | | | | | | | | | |
| Current payment | 1 010 | - | (1) | 1 009 | 1 315 | (306) | 130.3% | 1 411 | 1 411 |
| Payment for capital assets | - | - | - | - | 13 | (13) | - | 3 966 | 3 966 |
| 8.3 District Hospital Services | | | | | | | | | |
| Current payment | 71 420 | - | 5 320 | 76 740 | 81 194 | (4 454) | 105.8% | 160 420 | 155 975 |
| Payment for capital assets | 697 723 | - | (102 998) | 594 725 | 507 294 | 87 431 | 85.3% | 464 062 | 495 639 |
| 8.4 Provincial Hospital Services | | | | | | | | | |
| Current payment | 83 317 | - | (2 740) | 80 577 | 100 221 | (19 644) | 124.4% | 124 152 | 116 637 |
| Payment for capital assets | 273 425 | 30 812 | 129 546 | 433 783 | 500 737 | (66 954) | 115.4% | 727 241 | 696 260 |
| 8.5 Central Hospital Services | | | | | | | | | |
| Current payment | 10 320 | - | (115) | 10 205 | 10 918 | (713) | 107.0% | 17 131 | 17 131 |
| Payment for capital assets | 2 504 | - | 10 740 | 13 244 | 13 478 | (234) | 101.8% | 11 467 | 11 467 |
| 8.6 Other Facilities | | | | | | | | | |
| Current payment | 140 196 | - | (3 177) | 137 019 | 113 542 | 23 477 | 82.9% | 127 510 | 127 532 |
| Transfers and subsidies | 20 000 | - | - | 20 000 | 20 022 | (22) | 100.1% | 20 000 | 20 000 |
| Payment for capital assets | 86 549 | - | 24 306 | 110 855 | 128 353 | (17 498) | 115.8% | 164 293 | 165 509 |
| TOTAL | 1 945 973 | 30 812 | 23 999 | 2 000 784 | 2 000 806 | (22) | 100.0% | 2 373 169 | 2 373 597 |

2013/14 ANNUAL REPORT - VOTE 7

KwaZulu-Natal Department of Health

Detail per Programme 8: Health Facilities Management (Economic Classification)

| Programme 8 per Economic classification | 2013/14 | | | | | | | 2012/13 | |
|--|---------------------------|----------------------|---------------|------------------------|-----------------------|-------------|---|------------------------|-----------------------|
| | 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 | 25 853 | - | (1 805) | 24 048 | 24 048 | - | 100.0% | 43 695 | 21 998 |
| Goods and services | 329 536 | - | (4 135) | 325 401 | 325 401 | - | 100.0% | 441 511 | 441 511 |
| Transfers and subsidies | | | | | | | | | |
| Non-profit Institution | 20 000 | - | - | 20 000 | 20 000 | - | 100.0% | 20 000 | 20 000 |
| Households | - | - | - | - | 22 | (22) | - | - | - |
| Payment of Capital Assets | | | | | | | | | |
| Buildings & other fixed structures | 1 425 231 | 30 812 | 74 850 | 1 530 893 | 1 530 893 | - | 100.0% | 1 640 811 | 1 662 936 |
| Machinery & equipment | 145 353 | - | (44 911) | 100 442 | 100 442 | - | 100.0% | 227 152 | 227 152 |
| TOTAL | 1 945 973 | 30 812 | 23 999 | 2 000 784 | 2 000 806 | (22) | 100.0% | 2 373 169 | 2 373 597 |

NOTES TO THE APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2014

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 in the note to Payments for financial assets to the Annual Financial Statements.

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

4.1 Per Programme

| 4.1 | Final Appropriation | Actual Expenditure | Variance | Variance as a % of Final Appropriation |
|--|---------------------|--------------------|-----------|--|
| | R'000 | R'000 | R'000 | % |
| Administration | 596 402 | 687 188 | (90 786) | 13.8% |
| Variance is due to pressures relating to computer services and forensic investigation. | | | | |
| District Health Services | 13 168 131 | 13 303 470 | (135 339) | 1% |
| The variance is mainly related to expenditure pressure related to HIV/Aids Conditional Grant for antiretroviral medication; OSD and litigation claims for District Hospitals. Furthermore medicine and medical supplies across the sub programmes overspent. | | | | |
| Emergency Medical Service | 971 026 | 1 009 940 | (38 914) | 4% |
| "The variance is mainly related to the price increases of fuel/ oil/gas and contractual price increases. In addition vehicle repairs and increased demand for emergency flights contributed to this." | | | | |
| Provincial Hospital Services | 8 412 264 | 8 460 460 | (48 196) | 0.4% |
| The overspending mainly relates to medico-legal litigation claims being higher than expected. The other attributes are medicine for TB/Regional Hospitals and medical supplies for Regional Hospitals. | | | | |
| Central Hospital Services | 2 947 144 | 2 947 147 | (3) | 0% |
| The slight variance is related to higher than expected vehicle licences. | | | | |
| Health Sciences and Training | 1 000 091 | 999 397 | 694 | (0.1%) |
| Due to adhering to the strict departmental policy on training and in-house training done, the overall effect on this Programme is a saving. | | | | |
| HEALTH CARE SUPPORT SERVICES | 123 368 | 123 002 | 366 | (0.3%) |
| Underspending is due to non-delivery of Laundry trucks | | | | |
| Health Facilities Management | 2 000 784 | 2 000 806 | (22) | 1.2% |

| 4.1 | Final Appropriation | Actual Expenditure | Variance | Variance as a % of Final Appropriation |
|---|------------------------|-----------------------|----------|--|
| | R'000 | R'000 | R'000 | % |
| The over-spending is mainly related to buildings and fixed structures, due to prior committed projects. | | | | |

4.2 Per Economic Classification

| 4.2 | Final Appropriation | Actual Expenditure | Variance | Variance as a % of Final Appropriation |
|--------------------------------------|------------------------|-----------------------|-----------|--|
| | R'000 | R'000 | R'000 | % |
| Current expenditure | | | | |
| Compensation of employees | 18 671 457 | 18 676 774 | (5 317) | 100.03% |
| Goods and services | 7 898 005 | 8 213 347 | (315 342) | 103.99% |
| Interest and rent on land | 108 | 169 | (61) | 156.48% |
| Transfers and subsidies | | | | |
| Provinces and municipalities | 161 496 | 79 199 | 82 297 | 49.04% |
| Departmental agencies and accounts | 11 847 | 11 373 | 474 | 96.00% |
| Universities and Technikons | - | 498 | 498 | - |
| Non-profit institutions | 277 683 | 256 751 | 20 932 | 92.46% |
| Households | 323 470 | 392 339 | (68 869) | 121.29% |
| Payments for capital assets | | | | |
| Buildings and other fixed structures | 1 530 893 | 1 530 972 | (79) | 100.01% |
| Machinery and equipment | 344 244 | 336 178 | 8 066 | 97.66% |
| Payments for financial assets | 7 | 33 629 | (33 622) | 480414.29% |

The variance on Compensation of Employees is due to OSD at District Hospitals. The Goods & Services overspent relates to ARV medication, medical supplies, price increases on fuel, oil and gas. Underspensing on Provinces and municipalities relates to the late signing of Service Level Agreements and verification of invoices. The saving on Non-Profit Institutions is related to the over-allocation with the HIV/AIDS Grant. The overspending on Households relates to litigation claims and leave gratuities. The overspending on Buildings and fixed structures relates to the prior committed projects. The underspensing on Machinery and equipment relates to late delivery of medical equipment in the newly commissioned buildings as well as delivery of laundry trucks.

4.3 Per Conditional Grant

| 4.3 | Final Appropriation | Actual Expenditure | Variance | Variance as a % of Final Appropriation |
|------------------------------------|------------------------|-----------------------|----------|--|
| | R'000 | R'000 | R'000 | % |
| Nat Tertiary Services | | | | |
| Comprehensive HIV. /Aids | 1 415 731 | 1 415 743 | (12) | 100% |
| Hospital Revitalisation | 2 652 072 | 2 651 997 | 75 | 100% |
| Health Prof Training & Development | 560 104 | 560 115 | (11) | 100% |
| Health Infrastructure | 276 272 | 276 262 | 10 | 100% |
| National Health Insurance | 484 031 | 484 451 | (420) | 100% |
| Nursing Colleges & Schools | 24 649 | 15 520 | 9 129 | 63% |
| EPW Integrated Grant to Province | 28 396 | 27 963 | 433 | 98% |

The underspending on the National Health Insurance Grant relates to the late delivery of equipment (combination of accruals and commitments) for IT video conferencing and clinic connectivity.

STATEMENT OF FINANCIAL PERFORMANCE FOR THE YEAR ENDED 31 MARCH 2014

| | Note | 2013/14 R'000 | 2012/13 R'000 |
|--|--------------------|-------------------|-------------------|
| REVENUE | | | |
| Annual appropriation | 1 | 29 219 210 | 27 290 930 |
| Department Revenue | 2 | 270 747 | 267 071 |
| Aid Assistance | 3 | 3 677 | 884 |
| TOTAL REVENUE | | 29 493 634 | 27 558 885 |
| EXPENDITURE | | | |
| Current expenditure | | | |
| Compensation of employees | 4 | 18 676 774 | 16 886 345 |
| Goods and services | 5 | 8 213 347 | 7 860 499 |
| Interest and Rent on land | | 169 | - |
| Aid Assistance | 3 | 669 | 4 751 |
| Total current expenditure | | 26 890 959 | 24 751 595 |
| Transfers and subsidies | | | |
| Transfers and subsidies | 8 | 740 160 | 486 764 |
| Total transfers & subsidies | | 740 160 | 486 764 |
| Expenditure for capital assets | | | |
| Tangible capital assets | 9 | 1 867 150 | 2 156 924 |
| Intangible assets | | 181 | - |
| Total expenditure for capital assets | | 1 867 331 | 2 156 924 |
| Payments for Financial Assets | 7 | 33 629 | 1 |
| TOTAL EXPENDITURE | | 29 532 079 | 27 395 284 |
| SURPLUS/ (DEFICIT) FOR THE YEAR | | (38 445) | 163 601 |
| Reconciliation of Net Surplus/ (Deficit) for the year | | | |
| Voted Funds | | (312 200) | (99 603) |
| Annual Appropriation | | (312 200) | (99 603) |
| Departmental Revenue and NRF Receipts | 15 | 270 747 | 267 071 |
| Aid assistance | 3 | 3 008 | (3 867) |
| SURPLUS / DEFICIT FOR THE YEAR | | (38 445) | 163 601 |

STATEMENT OF FINANCIAL POSITION FOR THE YEAR ENDED 31 MARCH 2014

| | Note | 2013/14 R'000 | 2012/13 R'000 |
|---|--------------------|------------------|------------------|
| ASSETS | | | |
| Current assets | | 577 423 | 324 086 |
| Unauthorised expenditure | 10 | 440 440 | 245 577 |
| Cash and Cash Equivalent | 11 | 283 | 336 |
| Prepayments and advances | 12 | 1 | - |
| Receivables | 13 | 136 699 | 78 173 |
| TOTAL ASSETS | | 577 423 | 324 086 |
| LIABILITIES | | | |
| Current Liabilities | | 572 205 | 297 536 |
| Voted funds to be surrendered to the Revenue Fund | 14 | (67 244) | 18 015 |
| Departmental revenue and NRF Receipts to be surrendered to the Revenue Fund | 15 | 15 446 | 16 447 |
| Bank overdraft | 16 | 562 882 | 207 150 |
| Payables | 17 | 48 634 | 46 445 |
| Aid assistance unutilised | 3 | 12 487 | 9 479 |
| TOTAL LIABILITIES | | 572 205 | 297 536 |
| NET ASSETS | | 5 218 | 26 550 |
| Represented by: | | | |
| Recoverable revenue | | 5 218 | 26 550 |
| TOTAL | | 5 218 | 26 550 |

STATEMENT OF CHANGES IN NET ASSETS FOR THE YEAR ENDED 31 MARCH 2014

| | 2013/14 R'000 | 2012/13 R'000 |
|---|------------------|------------------|
| Recoverable revenue | | |
| Opening balance | 26 550 | 22 316 |
| Transfers | (21 332) | 4 234 |
| Irrecoverable amounts written off | (22 863) | 1 |
| Debts recovered (included in departmental receipts) | 1 531 | 4 233 |
| Closing balance | 5 218 | 26 550 |

CASH FLOW STATEMENT FOR THE YEAR ENDED 31 MARCH 2014

| | Note | 2013/14 R'000 | 2012/13 R'000 |
|--|---------------------|--------------------|--------------------|
| CASH FLOWS FROM OPERATING ACTIVITIES | | | |
| Receipts | | 29 406 161 | 27 522 944 |
| Annual appropriated funds received | 1.1 | 29 141 344 | 27 290 930 |
| Departmental revenue received | 2 | 255 152 | 230 944 |
| Interest received | | 5 988 | 186 |
| Aid assistance received | 3 | 3 677 | 884 |
| Net (increase)/ decrease in working capital | | (251 201) | 675 435 |
| Surrendered to Revenue Fund | | (289 763) | (259 146) |
| Surrendered to RDP Fund/Donor | | - | (602) |
| Current payments | | (26 567 968) | (24 633 977) |
| Interest paid | | (169) | - |
| Payments for Financial Assets | | (33 629) | (1) |
| Transfers and subsidies paid | | (740 160) | (486 764) |
| Net cash flow available from operating activities | 18 | 1 523 271 | 2 817 889 |
| CASH FLOWS FROM INVESTING ACTIVITIES | | | |
| Payments for capital assets | 9 | (1 867 331) | (2 156 924) |
| Proceeds from sale of capital assets | 2.4 | 9 607 | 35 941 |
| Net cash flows from investing activities | | (1 857 724) | (2 120 983) |
| CASH FLOWS FROM FINANCING ACTIVITIES | | | |
| Increase/ (decrease) in net assets | | (21 332) | 4 234 |
| Net cash flows from financing activities | | (21 332) | 4 234 |
| Net increase/ (decrease) in cash and cash equivalents | | (355 785) | 701 140 |
| Cash and cash equivalents at beginning of period | | (206 814) | (907 954) |
| Cash and cash equivalents at end of period | 19 | (562 599) | (206 814) |

ACCOUNTING POLICIES FOR THE YEAR ENDED 31 MARCH 2014

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.

1. Presentation of the Financial Statements

1.1 Basis of Preparation

The Financial Statements have been prepared on a modified cash basis of accounting.

Under this basis, the effects of transactions and other events are recognised in the financial records when the resulting cash is received or paid. The "modification" results from the recognition of certain near-cash balances in the financial statements as well as the revaluation of foreign investments and loans and the recognition of resulting revaluation gains and losses.

In addition supplementary information is provided in the disclosure notes to the financial statements where it is deemed to be useful to the users of the financial statements.

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 are recognised in the financial records on the date the appropriation becomes effective. Adjustments made in terms of the adjustments budget process are recognised in the financial records on the date the adjustments become effective.

Unexpended appropriated funds are surrendered to the National/ Provincial Revenue Fund. Any amounts owing to the National/ Provincial Revenue Fund at the end of the financial year are recognised as payable in the statement of financial position.

Any amount due from the National/ Provincial Revenue Fund at the end of the financial year is recognised as a receivable in the statement of financial position.

2.2 Departmental Revenue

All Departmental revenue is recognised in the statement of financial performance when received and is subsequently paid into the National/ Provincial Revenue Fund, unless stated otherwise.

Any amount owing to the National/ Provincial Revenue Fund at the end of the financial year is recognised as a payable in the statement of financial position.

No accrual is made for amounts receivable from the last receipt date to the end of the reporting period. These amounts are however 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 is 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 Salaries and Wages

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.

3.1.1 Social Contributions

Employer contributions to post employment benefit plans in respect of current employees are expensed 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).

No provision is made for retirement benefits in the financial statements of the Department. Any potential liabilities are disclosed in the financial statements of the National Revenue Fund and not in the financial statements of the employer department.

Employer contributions made by the Department for certain of its ex-employees (such as medical benefits) are classified as transfers to households in the statement of financial performance.

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.

Rental paid for the use of buildings or other fixed structures is classified as *goods and services* and not as *rent on land*.

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. If it is not possible to distinguish between payment for the use of land and the fixed structures on it, the whole amount should be recorded under goods and services.

3.4 Payment for Financial Asset

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.

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

3.5 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).

3.6 Unauthorised Expenditure

When confirmed 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 derecognised from the statement of financial position when the unauthorised expenditure is approved and the related funds are received.

Where the amount is approved without funding it is recognised as expenditure in the statement of financial performance on the date stipulated in the Act.

3.7 Fruitless and Wasteful Expenditure

Fruitless and wasteful expenditure is recognised as expenditure in the statement of financial performance according to the nature of the payment and not as a separate line item on the face of the statement. If the expenditure is recoverable it is treated as an asset until it is recovered from the responsible person or written off as irrecoverable in the statement of financial performance.

3.8 Irregular Expenditure

Irregular expenditure is defined as:

Expenditure other than 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.

3.9 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 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 Other Financial Assets

Other financial assets are carried in the statement of financial position at cost.

4.3 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.

4.4 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 potentially irrecoverable are included in the disclosure notes.

4.5 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.

4.6 Capital Assets

4.6.1 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 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.

4.6.2 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 assets". On completion, the total cost of the project is included in the asset register of the Department that is accountable for the asset.

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 Accruals and Payable not Recognised

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.

5.3 Employee Benefits

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

5.4 Lease Commitments

Finance Lease

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

Operating Lease

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.

5.5 Impairment

The Department tests for impairment where there is an indication that a receivable, loan or investment may be impaired. An assessment of whether there is an indication of possible impairment is done at each reporting date. An estimate is made for doubtful loans and receivables based on a review of all outstanding amounts at year-end. Impairments on investments are calculated as being the difference between the carrying amount and the present value of the expected future cash flows / service potential flowing from the instrument.

5.6 Provisions

Provisions are disclosed when there is a present legal or constructive obligation to forfeit economic benefits as a result of events in the past and it is probable that an outflow of resources embodying economic benefits will be required to settle the obligation and a reliable estimate of the obligation can be made.

6. Accrued Departmental Revenue

Accrued Departmental revenue is disclosed in the disclosure notes to the annual financial statements. These receivables are written off

when identified as irrecoverable and are disclosed separately.

7. Net Assets

7.1 Recoverable Revenue

Amounts are recognised as recoverable revenue when a payment made in a previous financial year becomes recoverable from a debtor in the current financial year. Amounts are either transferred to the National/ Provincial Revenue Fund when recovered or are transferred to the statement of financial performance when written-off.

8. Related Party Transactions

Specific information with regards to related party transactions is included in the disclosure notes.

9. Key Management Personnel

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

10. 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:

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- 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 FOR THE YEAR ENDED 31 MARCH 2014

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 | 2013/14 Actual Funds received R'000 | Funds not requested/ not received R'000 | Appropriation received 2012/13 R'000 |
|------------------------------|---------------------------------|--|--|--|
| Administration | 596 402 | 596 402 | - | 442 998 |
| District Health Services | 13 168 131 | 13 168 131 | - | 11 990 784 |
| Emergency Medical Services | 971 026 | 971 026 | - | 955 850 |
| Provincial Hospital Services | 8 412 264 | 8 412 264 | - | 7 839 360 |
| Central Hospital Services | 2 947 144 | 2 947 144 | - | 2 732 928 |
| Health Sciences and Training | 1 000 091 | 1 000 091 | - | 930 733 |
| Health Care Support Services | 123 368 | 123 368 | - | 15 170 |
| Health Facilities Management | 2 000 784 | 1 922 918 | 77 866 | 2 383 107 |
| Total | 29 219 210 | 29 141 344 | 77 866 | 27 290 930 |

Funds to the value for R77 866 were not received from Provincial Treasury due to delay of the second adjustment budget for McCord's Hospital being tabled in the Provincial Legislature.

1.2 Conditional Grants

| | Note | 2013/14 R'000 | 2012/13 R'000 |
|--|-----------------------------|------------------|------------------|
| Total grants received | Annexure 1A | 5 444 245 | 5 023 849 |
| Provincial Grants included in Total grants received | | 484 031 | 573 367 |

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

2. Departmental Revenue

| | | 2013/14 R'000 | 2012/13 R'000 |
|---|---------------------|------------------|------------------|
| Sales of goods and services other than capital assets | 2.1 | 237 077 | 218 326 |
| Fines, penalties and forfeits | 2.2 | 29 | 17 |
| Interest, dividends and rent on land | 2.3 | 5 988 | 186 |
| Sales of capital assets | 2.4 | 9 607 | 35 941 |
| Transactions in financial assets and liabilities | 2.5 | 18 046 | 12 601 |
| Total Revenue Collected | | 270 747 | 267 071 |
| Departmental revenue collected | | 270 747 | 267 071 |

| | | 2013/14 R'000 | 2012/13 R'000 |
|--|----------|------------------|------------------|
| 2.1 Sales of goods and services other than capital assets | <u>2</u> | | |
| Sales of goods and services produced by the department | | 236 584 | 217 499 |
| Sales by market establishment | | 14 369 | 14 141 |
| Administrative Fees | | 4 347 | 3 231 |
| Other sales | | 217 868 | 200 127 |
| Sales of scrap, waste and other used current goods | | 493 | 827 |
| Total | | 237 077 | 218 326 |
| 2.2 Fines, penalties and forfeits | <u>2</u> | | |
| Penalties | | 29 | 17 |
| Forfeits | | - | - |
| Total | | 29 | 17 |
| 2.3 Interest, dividends and rent on land | <u>2</u> | | |
| Interest | | 5 988 | 186 |
| 2.4 Sales of capital assets | <u>2</u> | | |
| Tangible Assets | | 9 607 | 35 941 |
| Machinery and Equipment | <u>2</u> | 9 607 | 35 941 |
| 2.5 Transactions in Financial assets and liabilities | <u>2</u> | | |
| Receivables | | 5 651 | 3 467 |
| Stale cheques written back | | 125 | 38 |
| Other receipts including recoverable revenue | | 12 270 | 9 096 |
| Total | | 18 046 | 12 601 |
| 3. Aid assistance | | | |
| Aid Assistance received in cash from RDP | | | |
| 3.1 Foreign | | | |
| Opening Balance | | 31 | 31 |
| Expenditure | | - | - |
| Current | | - | - |
| Surrendered to the RDP | | - | - |
| Closing balance | | 31 | 31 |

| | | 2013/14 R'000 | 2012/13 R'000 |
|------------|---|--------------------------|--------------------------|
| 3.2 | Aid Assistance received in cash from other sources | | |
| | Local | | |
| | Opening balance | 9 374 | 13 241 |
| | Revenue | 1 677 | 884 |
| | Expenditure | (669) | (4 751) |
| | Current | (669) | (4 751) |
| | Closing balance | 10 382 | 9 374 |
| | Foreign | | |
| | Opening balance | 74 | 676 |
| | Revenue | 2 000 | - |
| | Current | - | - |
| | Surrendered to the donor | | (602) |
| | Closing balance | 2 074 | 74 |
| 3.3 | Total | | |
| | Opening Balance | 9 479 | 13 948 |
| | Revenue | 3 677 | 884 |
| | Expenditure | (669) | (4 751) |
| | Current | (669) | (4 751) |
| | Surrendered / Transferred to retained funds | - | (602) |
| | Closing balance | 12 487 | 9 479 |
| 3.4 | Analysis of balance | | |
| | Aids Assistance Unutilised | 12 487 | 9 479 |
| | Other Sources | 12 487 | 9 479 |
| | Closing Balances | 12 487 | 9 479 |
| | | 2013/14 R'000 | 2012/13 R'000 |
| 4. | Compensation of employees | | |
| 4.1 | Salaries and wages | | |
| | Basic Salary | 12 387 729 | 11 281 156 |
| | Performance award | 18 | 39 |
| | Service Based | 18 246 | 18 380 |
| | Compensative/circumstantial | 1 418 664 | 1 242 211 |
| | Periodic payments | 37 680 | 33 243 |
| | Other non-pensionable allowances | 2 442 205 | 2 112 214 |
| | Total | 16 304 542 | 14 687 243 |

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| | 2013/14 R'000 | 2012/13 R'000 |
|--|-------------------|-------------------|
| 4.2 Social contributions | | |
| Employer contribution | | |
| 4.2.1 Pension | 1 497 194 | 1 350 736 |
| Medical | 872 366 | 845 805 |
| UIF | 23 | 2 |
| Bargaining council | 2 649 | 2 559 |
| Official unions and associates | - | - |
| Insurance | - | - |
| Total | 2 372 232 | 2 199 102 |
| Total compensation of employees | 18 676 774 | 16 886 345 |
| Average number of employees | 71 759 | 82 163 |

| | Note | 2013/14 R'000 | 2012/13 R'000 |
|---|---------------------|------------------|------------------|
| 5. Goods and services | | | |
| Administrative fees | | 30 | 32 |
| Advertising | | 13 787 | 12 940 |
| Minor Assets | 5.1 | 34 711 | 56 645 |
| Bursaries (employees) | | 734 | 151 |
| Catering | | 2 087 | 2 314 |
| Communication | | 93 270 | 90 818 |
| Computer services | 5.2 | 197 733 | 152 688 |
| Consultants, contractors and agency/ outsourced services | 5.3 | 1 778 281 | 1 708 572 |
| Entertainment | | 6 | 33 |
| Audit cost - External | 5.4 | 15 924 | 9 315 |
| Fleet services | | 151 403 | 59 573 |
| Inventory | 5.5 | 4 250 296 | 4 059 964 |
| Consumables | | 302 713 | 294 470 |
| Operating leases | | 98 851 | 109 010 |
| Property payments | 5.6 | 1 085 142 | 1 085 911 |
| Transport provided as part of the departmental activities | | 58 556 | 21 840 |
| Travel and subsistence | 5.7 | 65 389 | 75 510 |
| Venues and facilities | | 2 017 | 1 944 |
| Training and staff development | | 28 420 | 45 028 |
| Other operating expenditure | 5.8 | 33 997 | 73 741 |
| Total | | 8 213 347 | 7 860 499 |

| | Note | 2013/14 R'000 | 2012/13 R'000 |
|-------------------------|-------------------|------------------|------------------|
| 5.1 Minor Assets | 5 | | |
| Tangible assets | | 34 711 | 56 645 |
| Machinery and equipment | | 34 711 | 56 645 |
| Total | | 34 711 | 56 645 |

| | Note | 2013/14 R'000 | 2012/13 R'000 |
|-------------------------------------|-------------------|------------------|------------------|
| 5.2 Computer services | | | |
| SITA computer services | 5 | 169 881 | 122 269 |
| External computer service providers | | 27 852 | 30 419 |
| Total | | 197 733 | 152 688 |

| | Note | 2013/14 R'000 | 2012/13 R'000 |
|--|-------------------|------------------|------------------|
| 5.3 Consultants, contractors and agency/outsourced services | 5 | | |
| Business and advisory services | | 84 964 | 56 130 |
| Infrastructure and planning | | 139 | 72 |
| Laboratory services | | 587 578 | 539 752 |
| Legal costs | | 8 909 | 7 321 |
| Contractors | | 149 834 | 175 450 |
| Agency and support/outsourced services | | 946 358 | 929 847 |
| Total | | 1 778 281 | 1 708 572 |

| | Note | 2013/14 R'000 | 2012/13 R'000 |
|----------------------------------|-------------------|------------------|------------------|
| 5.4 Audit cost – external | 5 | | |
| Regulatory audits | | 15 924 | 9 315 |
| Total | | 15 924 | 9 315 |

| | Note | 2013/14 R'000 | 2012/13 R'000 |
|------------------------|-------------------|------------------|------------------|
| 5.5 Inventory | 5 | | |
| Food and food supplies | | 116 213 | 101 722 |
| Fuel, oil and gas | | 263 279 | 346 983 |
| Materials and supplies | | 10 005 | 377 |
| Medical supplies | | 1 339 983 | 1 293 502 |
| Medicine | | 2 520 816 | 2 317 380 |
| Total | | 4 250 296 | 4 059 964 |

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| | Note | 2013/14 R'000 | 2012/13 R'000 |
|---|-------------------|------------------|------------------|
| 5.6 Consumables | | | |
| Consumable supplies | | 257 299 | 241 591 |
| Uniform and clothing | | 96 862 | 80 708 |
| Household supplies | | 119 355 | 117 887 |
| Building material and supplies | | 30 639 | 26 894 |
| IT consumables | | 9 102 | - |
| Other consumables | | 1 341 | 16 102 |
| Stationery, printing and office supplies | | 45 414 | 52 879 |
| Total | | 302 713 | 294 470 |
| | | | |
| | Note | 2013/14 R'000 | 2012/13 R'000 |
| 5.7 Property Payment | 5 | | |
| Municipal Services | | 406 899 | 357 185 |
| Property maintenance and repairs | | 136 818 | 260 949 |
| Other | | 541 425 | 467 777 |
| Total | | 1 085 142 | 1 085 911 |
| | | | |
| | Note | 2013/14 R'000 | 2012/13 R'000 |
| 5.8 Travel and subsistence | 5 | | |
| Local | | 57 664 | 69 164 |
| Foreign | | 7 725 | 6 346 |
| Total | | 65 389 | 75 510 |
| | | | |
| | Note | 2013/14 R'000 | 2012/13 R'000 |
| 5.9 Other operating expenditure | 5 | | |
| Learner ships | | - | 582 |
| Professional bodies, membership and subscription fees | | 1 584 | 9 271 |
| Resettlement costs | | 13 722 | 17 418 |
| Other | | 18 691 | 46 470 |
| Total | | 33 997 | 73 741 |
| | | | |
| | Note | 2013/14 R'000 | 2012/13 R'000 |
| 6. Interest and Rent on Land | | | |
| Interest paid | | 169 | - |
| Total | | 169 | - |

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| | Note | 2013/14 R'000 | 2012/13 R'000 |
|--|---------------------|------------------|------------------|
| 7. Payment for Financial Assets | | | |
| Debts written off | 7.1 | 33 629 | 1 |
| Total | | 33 629 | 1 |

| | Note | 2013/14 R'000 | 2012/13 R'000 |
|------------------------------------|-------------------|------------------|------------------|
| 7.1 Debts written off | Z | | |
| Nature of debts written off | | | |
| Staff debts written off | | 33 629 | 1 |
| Total | | 33 629 | 1 |

| | Note | 2013/14 R'000 | 2012/13 R'000 |
|--|--------------------------------------|------------------|------------------|
| 8. Transfers and subsidies | | | |
| Provinces and municipalities | Annexure 1B & 1C | 79 199 | 22 893 |
| Departmental agencies and accounts | Annexure 1D | 11 373 | 28 787 |
| Non-profit institution | Annexure 1E | 256 751 | 277 587 |
| Households | Annexure 1F | 392 339 | 157 440 |
| Gifts, donations and sponsorships made | Annexure 1G | 498 | 57 |
| Total | | 740 160 | 486 764 |

| | Note | 2013/14 R'000 | 2012/13 R'000 |
|--|--------------------|------------------|------------------|
| 9. Expenditure for capital assets | | | |
| Tangible assets | | 1 867 150 | 2 156 924 |
| Buildings and other fixed structures | 33 | 1 530 963 | 1 662 947 |
| Machinery and equipment | 32 | 336 187 | 493 977 |
| Land & subsoil Assets | 33 | - | - |
| Intangible assets | | 181 | - |
| Software | | 181 | - |
| Total | | 1 867 331 | 2 156 924 |

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| 9.1 Analysis of funds utilised to acquire capital assets | 2013/14 | | TOTAL R'000 |
|--|----------------------|-------------------------|------------------|
| | Voted Funds R'000 | Aid assistance R'000 | |
| Tangible assets | 1 867 150 | - | 1 867 150 |
| Buildings and other fixed structures | 1 530 963 | - | 1 530 963 |
| Machinery and equipment | 336 187 | - | 336 187 |
| Intangible assets | 181 | - | 181 |
| Software | 181 | - | 181 |
| Total | 1 867 331 | - | 1 867 331 |

| 9.2 Analysis of funds utilised to acquire capital assets- | 2012/13 | | TOTAL R'000 |
|---|----------------------|-------------------------|------------------|
| | Voted Funds R'000 | Aid assistance R'000 | |
| Tangible Assets | 2 156 924 | - | 2 156 924 |
| Buildings and other fixed structures | 1 662 947 | - | 1 662 947 |
| Machinery and equipment | 493 977 | - | 493 977 |
| Land and subsoil assets | - | - | - |
| Total | 2 156 924 | - | 2 156 924 |

| | Note | 2013/14 R'000 | 2012/13 R'000 |
|---|--------------------|------------------|------------------|
| 10. Unauthorised expenditure | | | |
| 10.1 Reconciliation of unauthorised expenditure | | | |
| Opening balance | | 245 577 | 885 959 |
| As restated | | 245 577 | 885 959 |
| Unauthorised expenditure- discovered in current year | 14 | 322 822 | 117 618 |
| Less: Amount approved by parliament/ legislature with funding | | (127 959) | (758 000) |
| Unauthorised expenditure awaiting authorisation / Written off | | 440 440 | 245 577 |
| 10.2 Analysis of unauthorised expenditure awaiting authorisation per economic classification | | | |
| Current | | 440 440 | 245 577 |
| Total | | 440 440 | 245 577 |
| 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 | | 440 440 | 245 577 |
| Total | | 440 440 | 245 577 |

| 10.4 Details of unauthorised expenditure - current year | | 2013/14 R'000 |
|---|---|------------------|
| Incident | Disciplinary steps taken/criminal proceedings | |
| Programme 1 | Overspending of the vote | 90 786 |
| Programme 2 | Overspending of the vote | 135 339 |
| Programme 3 | Overspending of the vote | 38 914 |
| Programme 4 | Overspending of the vote | 48 196 |
| Programme 5 | Overspending of the vote | 3 |
| Programme 8 | Overspending of the vote | 22 |
| NHI Grant | Underspending | 9 129 |
| Nursing College/School Comp | Underspending | 433 |
| Total | | 322 822 |

| | 2013/14 R'000 | 2012/13 R'000 |
|--------------------------------------|------------------|------------------|
| 11. Cash and cash equivalents | | |
| Cash receipts | - | 48 |
| Cash on hand | 283 | 288 |
| Total | 283 | 336 |

| | 2013/14 R'000 | 2012/13 R'000 |
|-------------------------------------|------------------|------------------|
| 12. Prepayments and advances | | |
| Travel and subsistence | 1 | - |
| Total | 1 | - |

| | Note | 2013/14 Less than one year | One to three years | Older than three years | Total | 2012/13 |
|----------------------------|----------------------|----------------------------------|--------------------------|------------------------------|----------------|---------------|
| 13. Receivable | | | | | | |
| Claims recoverable | 13.1 | 4 105 | - | - | 4 105 | 5 329 |
| Recoverable Expenditure | 13.2 | 270 | 179 | - | 449 | 338 |
| Staff debt | 13.3 | 11 957 | 14 268 | 2 933 | 29 158 | 67 457 |
| Other debtors | 13.4 | 102 987 | - | - | 102 987 | 5 049 |
| Total | | 119 319 | 14 447 | 2 933 | 136 699 | 78 173 |

| | Note | 2013/14 R'000 | 2012/13 R'000 |
|--------------------------------|--------------------|------------------|------------------|
| 13.1 Claims recoverable | 13 | | |
| National departments | | 1 913 | - |
| Provincial departments | | 108 | 3 548 |
| Public entities | | 885 | 1 343 |
| Private enterprises | | 1 | - |
| Universities and Technikons | | 590 | 438 |
| Local governments | | 608 | - |
| Total | | 4 105 | 5 329 |

| | Note | 2013/14 R'000 | 2012/13 R'000 |
|--|--------------------|------------------|------------------|
| 13.2 Recoverable Expenditure (disallowance accounts) | 13 | | |
| Disallowance dishonoured cheque | | 131 | 22 |
| Disallowance payment fraud: CA | | 179 | 180 |
| Disallowance Miscellaneous | | 49 | 136 |
| Salary deduction Disallowance | | 90 | - |
| Disallowance Damages and Losses | | 800 995 | |
| Disallowance Damages and Losses Recovered | | (800 995) | |
| Total | | 449 | 338 |

| | Note | 2013/14 R'000 | 2012/13 R'000 |
|-------------------------------------|--------------------|------------------|------------------|
| 13.3 Staff debt | 13 | | |
| Breach of Contract | | 1 065 | 5 802 |
| Employee Debt | | 21 070 | 13 102 |
| Ex-Employee Debt | | - | 45 707 |
| Government Accidents | | - | 2 |
| State Guarantee | | - | 28 |
| Supplier Debt | | 22 | 86 |
| Telephone Debt | | - | 1 |
| Other Staff Debt and Salary Related | | 1 778 | 918 |
| Tax Debt | | 5 199 | 1 776 |
| Travel and Subsistence | | 24 | 35 |
| Total | | 29 158 | 67 457 |

| | Note | 2013/14 R'000 | 2012/13 R'000 |
|---------------------------|--------------------|------------------|------------------|
| 13.4 Other debtors | 13 | | |
| Salary control accounts | | 1 451 | 5 049 |
| MEDSAS (PPSD) | | 101 536 | - |
| Total | | 102 987 | 5 049 |

| | Note | 2013/14 R'000 | 2012/13 R'000 |
|--|--------------------|------------------|------------------|
| 14. Voted funds to be surrendered to the Revenue Fund | | | |
| Opening balance | | 18 015 | 5 400 |
| As restated | | 18 015 | 5 400 |
| Transfer from Statement of Financial Performance (as restated) | | (312 200) | (99 603) |
| Add: Unauthorised expenditure for current year | 10 | 322 822 | 117 618 |
| Voted funds not requested/not received | | (77 866) | - |
| Paid during the year | | (18 015) | (5 400) |
| Closing balance | | (67 244) | 18 015 |

| | | 2013/14 R'000 | 2012/13 R'000 |
|--|--|------------------|------------------|
| 15. Departmental revenue and NRF Receipts to be surrendered to the Revenue Fund | | | |
| Opening balance | | 16 447 | 3 122 |
| As restated | | 16 447 | 3 122 |
| Transfer from Statement of Financial Performance (as restated) | | 270 747 | 267 071 |
| Paid during the year | | (271 748) | (253 746) |
| Closing balance | | 15 446 | 16 447 |

| | | 2013/14 R'000 | 2012/13 R'000 |
|--|--|------------------|------------------|
| 16. Bank overdraft | | | |
| Consolidated Paymaster General Account | | 562 882 | 207 150 |
| Total | | 562 882 | 207 150 |

| | Note | 2013/14 R'000 | 2012/13 R'000 |
|-------------------------------|----------------------|------------------|------------------|
| 17. Payables - current | | | |
| Clearing accounts | 17.1 | 17 385 | 32 125 |
| Other payables | 17.2 | 31 249 | 14 320 |
| Total | | 48 634 | 46 445 |

| | Note | 2013/14 R'000 | 2012/13 R'000 |
|------------------------------|--------------------|------------------|------------------|
| 17.1 Clearing account | 17 | | |
| Salary control account | | 17 385 | 12 501 |
| Inventory profit and loss | | - | 19 624 |
| Total | | 17 385 | 32 125 |

| | Note | 2013/14 R'000 | 2012/13 R'000 |
|---|--------------------|--------------------------|--------------------------|
| 17.2 Other payables | 17 | | |
| Pension recoverable account | | - | 2 827 |
| Medsas Account | | 31 249 | 11 493 |
| Total | | 31 249 | 14 320 |
| | | 2013/14 R'000 | 2012/13 R'000 |
| 18. Net cash flow available from operating activities | | | |
| Net surplus / (deficit) as per Statement of Financial Performance | | (38 445) | 163 601 |
| Add back non-cash movements/ movements not deemed operating activities: | | 1 557 716 | 2 654 288 |
| (Increase)/decrease in receivables – current | | (58 526) | (10 339) |
| Increase)/decrease in prepayments and advances | | (1) | 79 |
| (Increase)/decrease in other current assets | | 127 959 | 758 000 |
| Increase/(decrease) in payables – current | | 2 189 | 45 313 |
| Proceeds from sale of capital assets | | (9 607) | (35 941) |
| Expenditure on capital assets | | 1 867 331 | 2 156 924 |
| Surrenders to revenue fund | | (289 763) | (259 146) |
| Surrenders to RDP Fund/Donor | | - | (602) |
| Voted funds not requested/not received | | (77 866) | - |
| Net cash flow generated by operating activities | | 1 523 271 | 2 817 889 |
| | | 2013/14 R'000 | 2012/13 R'000 |
| 19. Reconciliation of cash and cash equivalents for cash flow purposes | | | |
| Consolidated Paymaster General Account | | (562 882) | (207 150) |
| Cash receipts | | - | 48 |
| Cash on hand | | 283 | 288 |
| Total | | (562 599) | (206 814) |
| | | 2013/14 R'000 | 2012/13 R'000 |
| 20. Contingent liabilities and Contingent Assets | Note | | |
| 20.1 Liable to | Nature | | |
| Motor vehicle guarantees | Employees | Annex 2A | - |
| Housing loan guarantees | Employees | Annex 2A | 9 839 |
| Claims against the department | | Annex 2B | 4 087 230 |
| Intergovernmental payables (unconfirmed balances) | | Annex 4 | 34 013 |
| Other | | | 1 671 780 |
| Total | | 5 802 862 | 4 028 216 |

| | 2013/14 R'000 | 2012/13 R'000 |
|---|------------------|------------------|
| 20.2 Contingent Assets | | |
| Nature of Contingent Assets | | |
| Occupation Specific Dispensation (Nursing over payments) | 5 785 | 11 325 |
| Total | 5 785 | 11 325 |

| | 2013/14 R'000 | 2012/13 R'000 |
|---------------------------------|------------------|------------------|
| 21. Commitments | | |
| Current expenditure | | |
| Approved and contracted | 200 710 | 279 128 |
| Approved but not yet contracted | - | 10 555 |
| Sub Total | 200 710 | 289 683 |
| Capital expenditure | | |
| Approved and contracted | 1 532 887 | 1 904 049 |
| Approved but not yet contracted | 3 425 206 | 7 484 142 |
| Sub Total | 4 958 093 | 9 388 191 |
| Total Commitments | 5 158 803 | 9 677 874 |

| | 30 Days R'000 | 30+ Days R'000 | 2013/14 Total R'000 | 2012/13 Total R'000 |
|--|------------------|-------------------|---------------------------|---------------------------|
| 22. Accruals, Payables not recognised | | | | |
| Goods and services | 571 176 | 57 845 | 629 021 | 700 299 |
| Transfers and subsidies | 5 347 | 31 | 5 378 | 1 062 |
| Capital Assets | 6 086 | 17 823 | 23 909 | 17 549 |
| Total | 582 609 | 75 699 | 658 308 | 718 910 |

| | 2013/14 R'000 | 2012/13 R'000 |
|----------------------------------|------------------|------------------|
| Listed by programme level | | |
| Administration | 48 784 | 318 725 |
| District Health Services | 261 522 | 247 898 |
| Emergency Medical Services | 39 598 | 24 900 |
| Provincial Hospital Services | 148 838 | 74 925 |
| Central Hospital Services | 110 239 | 18 457 |
| Health Service and Training | 9 122 | 19 957 |
| Health Care Support | 1 089 | 2 963 |
| Health Facilities Management | 39 116 | 11 085 |
| Total | 658 308 | 718 910 |

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| | | 2013/14 R'000 | 2012/13 R'000 |
|---|-------------------------|------------------|------------------|
| Confirmed balances with other departments | Annex 4 | 70 918 | 22 115 |
| Confirmed balances with other government entities | Annex 4 | 247 653 | 184 321 |
| Total | | 318 571 | 206 436 |

| | | 2013/14 R'000 | 2012/13 R'000 |
|--|--|------------------|------------------|
| 23. Employee benefit provisions | | | |
| Leave entitlement | | 653 124 | 681 498 |
| Service Bonus (Thirteenth cheque) | | 486 420 | 445 704 |
| Capped leave commitments | | 745 116 | 774 532 |
| Other | | 2 694 | 4 460 |
| Total | | 1 887 354 | 1 906 194 |

The credit leave balances are due to leave being granted for the whole year of 2014, but the Persal system calculates data as at 31 March 2014 on a pro rata basis less any future leave already captured the value R 32,380.

24. Lease commitments

24.1 Operating leases expenditure

| 2013/14 | Specialised military assets R'000 | Land R'000 | Buildings and other fixed structures R'000 | Machinery and equipment R'000 | Total R'000 |
|--|--------------------------------------|---------------|---|----------------------------------|----------------|
| Not later than 1 year | - | - | 42 052 | 15 967 | 58 019 |
| Later than 1 year and not later than 5 years | - | - | 42 301 | 11 447 | 53 748 |
| Total lease commitments | - | - | 84 353 | 27 414 | 111 767 |

| 2012/13 | Specialised military assets R'000 | Land R'000 | Buildings and other fixed structures R'000 | Machinery and equipment R'000 | Total R'000 |
|--|--------------------------------------|---------------|---|----------------------------------|----------------|
| Not later than 1 year | - | - | 37 179 | 53 635 | 53 635 |
| Later than 1 year and not later than 5 years | - | - | 62 037 | 9 844 | 71 881 |
| Total lease commitments | - | - | 99 216 | 26 300 | 125 516 |

24.2 Finance leases expenditure

| 2013/14 | Specialised military assets R'000 | Land R'000 | Buildings and other fixed structures R'000 | Machinery and equipment R'000 | Total R'000 |
|---|--|---------------|--|--|----------------|
| Not later than 1 year | - | - | - | 3 460 | 3 460 |
| Later than 1 year and not later than 5 years | - | - | - | 1 477 | 1 477 |
| Total lease commitments | - | - | - | 4 937 | 4 937 |

| 2012/13 | Specialised military assets R'000 | Land R'000 | Buildings and other fixed structures R'000 | Machinery and equipment R'000 | Total R'000 |
|---|--|---------------|--|--|----------------|
| Not later than 1 year | - | - | - | 2 557 | 2 557 |
| Later than 1 year and not later than 5 years | - | - | - | 851 | 851 |
| Total lease commitments | - | - | - | 3 408 | 3 408 |

This note excludes leases relating to public private partnerships as they are separately disclosed in note 30.

| | 2013/14 R'000 | 2012/13 R'000 |
|---|------------------|------------------|
| 25. Accrued Departmental Revenue | | |
| Sales of goods and services other than capital assets | 155 403 | 173 602 |
| Other | 9 445 | 1 813 |
| Total | 164 848 | 175 415 |

Other – Cuban Bursary Programme – sponsorship awaiting recoveries for part payments
Sales other than Capital Assets – to Patient fees outstanding

| | 2013/14 R'000 | 2012/13 R'000 |
|--|------------------|------------------|
| 25.1 Analysis of accrued departmental revenue | | |
| Opening Balances | 175 415 | 148 670 |
| Less: Amounts received | 112 613 | 95 637 |
| Add: Amounts recognised | 123 782 | 138 909 |
| Less: Amounts written-off/reversed as irrecoverable | 21 736 | 16 527 |
| Closing balance | 164 848 | 175 415 |

| | 2013/14 R'000 | 2012/13 R'000 |
|---|--------------------------|--------------------------|
| 25.2 Accrued Department Revenue written off Nature of losses | | |
| Patient Account written Off | 5 261 | 6 276 |
| Amounts reversed / delegated as irrecoverable | 16 475 | 10 251 |
| Total | 21 736 | 16 527 |
| | | |
| | 2013/14 R'000 | 2012/13 R'000 |
| 25.3 Impairment of accrued departmental revenue | | |
| Estimate of impairment of accrued departmental revenue | 15 579 | - |
| Total | 15 579 | - |
| | | |
| | 2013/14 R'000 | 2012/13 R'000 |
| 26. Irregular Expenditure | | |
| 26.1 Reconciliation of irregular expenditure | | |
| Opening balance | 2 995 788 | 3 291 807 |
| Add: Irregular expenditure - relating to prior year | | 1 254 161 |
| Add: Irregular expenditure - relating to current year | 1 219 740 | 1 465 026 |
| Less: Amounts condoned | (1 571 594) | (2 079 925) |
| Irregular expenditure awaiting con donation | 1 931 119 | 2 995 788 |
| | | |
| Analysis of awaiting Condonation per age classification | | |
| Current year | 506 925 | 529 745 |
| Prior years | 1 424 194 | 2 466 043 |
| Total | 1 931 119 | 2 995 788 |

Irregular Expenditure Condoned R1, 565, 838 an amount of R5, 756 was incorrectly classified as irregular in previous years

| 26.2 | Details of irregular expenditure - Incident | Current year Disciplinary steps taken/criminal proceedings | 2013/14 R'000 |
|------|---|---|------------------|
| | SCM processes not followed | To be investigated | 834 210 |
| | Overtime in excess of 30% | To be investigated | 13 972 |
| | Property leases | | 28 592 |
| | Conflict of interests | | 342 965 |
| | Total | | 1 219 739 |

| 26.3 Details of irregular expenditure condoned | | 2013/14 |
|--|--------------------|-------------------------|
| Incident | Condoned by | R'000 |
| 3 quotes not requested - Prior Years | Accounting Officer | 572 134 |
| Competitive bidding process not followed - Prior years | Accounting Officer | 26 644 |
| Employees >65 - Prior years | Accounting Officer | 157 816 |
| Lowest quote not selected - Prior years | Accounting Officer | 399 |
| Month to month contract - Prior years | Accounting Officer | 678 501 |
| Not advertised in the tender bulletin - Prior years | Accounting Officer | 1 707 |
| Not reported to PT & AG - Prior years | Accounting Officer | 3 354 |
| PPPFA not applied - Prior years | Accounting Officer | 165 |
| SBD 9 form not completed - Prior years | Accounting Officer | 23 961 |
| Single source - Prior years | Accounting Officer | 101 157 |
| 2013/2014 Financial year Condone | | |
| Employees >65 - Prior years | Accounting Officer | 53 595 |
| SCM Deviations < 3 Quotes, month to month, expired contracts and single source | Accounting Officer | 617 234 |
| Property Leases | Accounting Officer | 28 592 |
| Overtime in excess of 30% for Employees working under special circumstances | Accounting Officer | 13 394 |
| | | <u>2 278 653</u> |

| 26.4 Details of irregular expenditure under investigation | | 2013/14 |
|--|--|-------------------------|
| Incident | | R'000 |
| Prior year's Irregular expenditure under Investigation. | | 1 424 192 |
| | | <u>1 424 192</u> |

| 27 Fruitless and wasteful expenditure | 2013/14 | 2012/13 |
|--|-------------------|-------------------|
| | R'000 | R'000 |
| 27.1 Reconciliation of fruitless and wasteful expenditure | | |
| Opening balance | 133 | 20 |
| Fruitless and wasteful expenditure – relating to current year | 697 | 113 |
| Fruitless and wasteful expenditure awaiting resolution | <u>830</u> | <u>133</u> |

| 27.2 Analysis of awaiting resolution per economic classification | 2013/14 | 2012/13 |
|---|-------------------|-------------------|
| | R'000 | R'000 |
| Current | 830 | 133 |
| Total | <u>830</u> | <u>133</u> |

| | | |
|-------------|--|--|
| | | 2013/14 |
| 27.3 | Analysis of Current Year's Fruitless and wasteful expenditure | R'000 |
| | Incident | Disciplinary steps taken/criminal proceedings |
| | Interest paid on accounts | To investigate 697 |
| | Total | 697 |

| | | | |
|------------|--|----------------|----------------|
| | | 2013/14 | 2012/13 |
| | | R'000 | R'000 |
| 28. | Year end balances arising from revenue/payments | | |
| | Payables to related parties | 31 249 | 11 493 |
| | Total | 31 249 | 11 493 |

| | | | |
|------------|--|--------------------|----------------|
| | | 2013/14 | 2012/13 |
| | | R'000 | R'000 |
| 29. | Key management personnel | No of | |
| | | Individuals | |
| | Political Office Bearers | | |
| | Officials: | | |
| | Level 15 to 16 | 1 | 1 735 |
| | Level 14 | 3 | 4 000 |
| | Family members of key management personnel | 18 | 18 081 |
| | | 11 | 4 904 |
| | Total | 28 720 | 22 506 |

MEC for Health is Dr SM Dhlomo

30. 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, maintain and replace equipment and state of the art information management technology systems;
- 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 Departmental Assets in terms of the replacement schedules;
- Provision or procurement of utilities, 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 information management

and technology 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 Departmental 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.

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

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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 fees for the year under review were as follows:

| | Actual Expenditure: 2013/14 R'000 | Commitment for 2014/15 R'000 | Payments from 1 April 2013 till the End of the contract R'000 |
|---------------------|--|---|--|
| Monthly Service Fee | 415,175 | 254,777 | 3,978,881 |
| Quarterly Fee | 264,278 | 287,347 | 2,542,474 |
| TOTAL | 679,454 | 542,124 | 6,521,355 |

| | Actual Expenditure: 2012/13 R'000 | Commitment for 2012/13 R'000 | Payments from 1 April 2012 till the end of the contract R'000 |
|---------------------|--|---|--|
| Monthly Service Fee | 446,889 | 254,908 | 3,563,706 |
| Quarterly Fee | 236,622 | 210,939 | 2,278,196 |
| TOTAL | 683,511 | 465,847 | 5,841,902 |

Listed below were the expenditure incurred for the current and prior year

| | 2013/14 R'000 | 2012/13 R'000 |
|--------------------------|--------------------------|--------------------------|
| Contract fee paid | | |
| Indexed component | 679 454 | 683 511 |
| Total | 679 454 | 683 511 |

Any guarantees issued by the Department are disclosed in Note 29.1

| | 2013/14 R'000 | 2012/13 R'000 |
|------------------------------|--------------------------|--------------------------|
| 31. Impairment: Other | | |
| Prescribed Staff Debts | 9 004 | 23 907 |
| Total | 9 004 | 23 907 |

32. Movable Tangible Capital Assets**Movement in movable tangible capital assets per asset register for the year ended 31 March 2014**

| HERITAGE ASSETS | Opening balance | Current Year Adjustments to prior year balances | Additions | Disposals | Closing balance |
|--------------------------------------|------------------|---|----------------|---------------|------------------|
| | Cost R'000 | Cost R'000 | Cost R'000 | Cost R'000 | Cost R'000 |
| Machinery and Equipment | 5 209 369 | (2 990 788) | 374 760 | 31 406 | 2 561 935 |
| Transport Assets | 803 425 | (105 501) | 99 770 | 31 406 | 766 288 |
| Computer equipment | 354 595 | (244 290) | 21 052 | - | 131 357 |
| Furniture and Office equipment | 384 416 | (358 237) | 8 073 | - | 34 252 |
| Other machinery & Equipment | 3 666 933 | (2 282 760) | 245 865 | - | 1 630 038 |
| Total movable tangible assets | 5 209 369 | (2 990 788) | 374 760 | 31 406 | 2 561 935 |

32.1 Additions to movable tangible capital asset per asset register for the year ended 31 March 2014

| | 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 | 336 182 | 38 723 | (145) | - |
| Transport assets | 97 457 | 2 313 | - | - | 99 770 |
| Computer equipment | 18 791 | 2 261 | - | - | 21 052 |
| Furniture and Office equipment | 7 930 | 143 | - | - | 8 073 |
| Other machinery and equipment | 212 004 | 34 006 | (145) | - | 245 865 |
| Total capital assets | 336 182 | 38 723 | (145) | - | 374 760 |

32.2 Disposals of movable tangible capital assets per asset register for the year ended 31 March 2014

| | Sold for cash | Transfer out or destroyed or scrapped | Total disposals | Cash received Actual |
|------------------------------------|---------------|---|--------------------|-------------------------|
| | Cost | Fair Value | Cost | Actual |
| | R'000 | R'000 | R'000 | R'000 |
| MACHINERY AND EQUIPMENT | 31 406 | - | 31 406 | 9 607 |
| Transport assets | 31 406 | - | 31 406 | 9 607 |
| Total | 31 406 | - | 31 406 | 9 607 |

Movement for 2012/2013**32.3 Movement in tangible capital assets per asset register for the year ended 31 March 2013**

| | Opening balance | Current year adjustments to prior year balances | Additions | Disposals | Closing Balance |
|------------------------------------|--------------------|--|----------------|----------------|------------------|
| | R'000 | R'000 | R'000 | R'000 | R'000 |
| Machinery and equipment | 2 728 959 | 2 221 806 | 462 895 | 204 291 | 5 209 369 |
| Transport assets | 1 051 829 | (156 239) | 112 126 | 204 291 | 803 425 |
| Computer equipment | 210 370 | 81 098 | 63 127 | - | 354 595 |
| Furniture and Office equipment | 122 247 | 256 564 | 5 605 | - | 384 416 |
| Other machinery and equipment | 1 344 513 | 2 040 383 | 282 037 | - | 3 666 933 |
| Total tangible assets | 2 728 959 | 2 221 806 | 462 895 | 204 291 | 5 209 369 |

32.4 Minor assets**Movement in minor asset per the asset register for the year ended 31 March 2014**

| | Specialised military assets R'000 | Intangible assets R'000 | Heritage assets R'000 | Machinery and equipment R'000 | Biological assets R'000 | Total R'000 |
|---|--|-------------------------------|-----------------------------|--|-------------------------------|----------------|
| Opening Balance | - | - | - | 651 018 | - | 651 018 |
| Current year adjustment to Prior year Balance | - | - | - | (22 667) | - | (22 667) |
| Additions | - | - | - | 34 949 | - | 34 949 |
| Disposals | - | - | - | 1 848 | - | 1 848 |
| TOTAL | - | - | - | 661 452 | - | 661 452 |

| | Specialised military assets R'000 | Intangible assets R'000 | Heritage assets R'000 | Machinery and equipment R'000 | Biological assets R'000 | Total R'000 |
|-----------------------------------|--|-------------------------------|-----------------------------|--|-------------------------------|----------------|
| Number of R1 minor assets | - | - | - | 40 139 | - | 40 139 |
| Number of minor assets at cost | - | - | - | 565 127 | - | 565 127 |
| TOTAL | - | - | - | 605 266 | - | 605 266 |

Minor assets**Movement in minor asset per the asset register for the year ended 31 March 2013**

| | Specialised military assets R'000 | Intangible assets R'000 | Heritage assets R'000 | Machinery and equipment R'000 | Biological assets R'000 | Total R'000 |
|---|--|-------------------------------|-----------------------------|--|-------------------------------|----------------|
| Opening balance | - | - | - | 284 928 | - | 284 928 |
| Current Year Adjustments to Prior Year Balances | - | - | - | 309 459 | - | 309 459 |
| Additions | - | - | - | 56 645 | - | 56 645 |
| Disposals | - | - | - | 14 | - | 14 |
| TOTAL | - | - | - | 651 018 | - | 651 018 |

| | Specialised military assets R'000 | Intangible assets R'000 | Heritage assets R'000 | Machinery and equipment R'000 | Biological assets R'000 | Total R'000 |
|-----------------------------------|--|-------------------------------|-----------------------------|--|-------------------------------|----------------|
| Number of R1 minor assets | - | - | - | 16 317 | - | 16 317 |
| Number of minor assets at cost | - | - | - | 411 231 | - | 411 231 |
| TOTAL | - | - | - | 427 548 | - | 427 548 |

33. Intangible Capital Assets**Movement in intangible capital assets per the asset register for the year ended 31 March 2014**

| | Opening balance R'000 | Current year adjustments to prior year balances R'000 | Additions R'000 | Disposals R'000 | Total R'000 |
|--------------|--------------------------|---|--------------------|--------------------|----------------|
| Software | - | - | - | 181 | 181 |
| TOTAL | - | - | - | 181 | 181 |

33.1 Additions**Additions to intangible capital assets per the asset register for the year ended 31 March 2014**

| | Cash R'000 | Non-cash R'000 | (Development work-in- progress current costs) R'000 | Received current, not paid (Paid current year, received prior year R'000 | Total R'000 |
|--------------|---------------|-------------------|--|--|----------------|
| Software | 181 | - | - | - | 181 |
| TOTAL | 181 | - | - | - | 181 |

34. Immovable Tangible Capital Assets**Additions**

Additions to immovable tangible capital assets per asset register for the year ended 31 March 2014

| | 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 | 1 199 047 | - | (1 199 047) | - | - |
| Dwellings | 86 623 | - | (86 623) | - | - |
| Non-residential buildings | 952 304 | - | (952 304) | - | - |
| Other fixed structures | 160 120 | - | (160 120) | - | - |
| Total tangible assets | 1 199 047 | - | (1 199 047) | - | - |

ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS FOR YEAR ENDED 31 MARCH 2014

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 and 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 KwaZulu-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 KwaZulu-Natal resides with the Department of Public Works.

Additions

The additions for the 2011/2012 year recorded on Buildings and fixed structures are R 1,063,220 billion.

Work in Progress

The Work-in-Progress as at 31 March 2012 recorded on Building and fixed structures are R 794,495 million.

Disposals/ Transfers

The Department did not dispose of any additions on buildings for the 2011/12 financial year.

Movements to Immovable Assets – 2012/2013

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 2012/2013 year recorded on Buildings and fixed structures are R 1,637,391 billion.

Work in Progress

The Work-in-Progress as at 31 March 2013 recorded on Building and fixed structures are R 1,302,382 billion.

Disposals/ Transfers

The Department did not dispose of any additions on buildings for the 2012/13 financial year.

Movements to Immovable Assets – 2013/2014

The register for immovable in the Province of KwaZulu-Natal resides with the Department of Public Works.

Additions

The additions for the 2013/2014 year recorded on Buildings and fixed structures are R 1,530,972 billion.

Work in Progress

The Work-in-Progress as at 31 March 2014 recorded on Building and fixed structures are R 1,199,047 billion.

Disposals/ Transfers

The Department did not dispose of any additions on buildings for the 2013/14 financial year.

Completed Projects

During the financial year, the Departments completed project to value of R 521,228 million.

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 | | | | | Amount received by Department | SPENT | | | 2012/13 | |
|---------------------------------------|---|---------------|-----------------|-------------------|------------------|-------------------------------|----------------------------|-------------------------|--|-------------------------|----------------------------|
| | Division of Revenue Act/ Provincial Grants | Roll Over | DoRA Adjustment | Other Adjustments | Total Available | | Amount spent by Department | Under / (over spending) | % of Available funds spent by Department | Division of Revenue Act | Amount spent by Department |
| | R'000 | R'000 | R'000 | R'000 | R'000 | | R'000 | R'000 | % | R'000 | R'000 |
| Division of Revenue Act | | | | | | | | | | | |
| National Tertiary Services Grant | 1 415 731 | - | - | - | 1 415 731 | 1 415 731 | 1 415 743 | (12) | 100% | 1 323 114 | 1 323 114 |
| HIV / AIDS Grant | 2 652 072 | - | - | - | 2 652 072 | 2 652 072 | 2 651 997 | 75 | 100% | 2 225 423 | 2 226 708 |
| Hospital Revitalisation Grant | 560 104 | - | - | - | 560 104 | 560 104 | 560 115 | (11) | 100% | 586 605 | 586 667 |
| Health Professional & Training Grant | 276 262 | - | - | - | 276 262 | 276 262 | 276 262 | - | 100% | 261 860 | 261 860 |
| Health Infrastructure Component | 373 969 | - | 62 | 110 000 | 484 031 | 484 031 | 484 451 | (420) | 100% | 573 367 | 573 367 |
| National Health Insurance | 9 700 | 14 949 | - | - | 24 649 | 24 649 | 15 520 | 9 129 | 63% | 33 000 | 17 115 |
| Nursing Colleagues and Schools | 28 396 | - | - | - | 28 396 | 28 396 | 27 963 | 433 | 98% | 16 480 | 16 480 |
| EPWP Grant for Social Sector | - | - | - | - | - | - | - | - | - | - | 3 |
| EPW Integrated Grant to Province | 3 000 | - | - | - | 3 000 | 3 000 | 3 000 | - | 100% | 1 000 | 1 000 |
| Afcon Health & Medical Services Grant | - | - | - | - | - | - | - | - | - | 3 000 | 1 672 |
| Total | 5 319 234 | 14 949 | 62 | 110 000 | 5 444 245 | 5 444 245 | 5 435 051 | 9 194 | | 5 023 849 | 5 007 986 |

National Health Insurance - Roll over request for R 5,848

ANNEXURE 1 B

Statement on Unconditional Grants and Transfers to Municipalities

| NAME OF MUNICIPALITY | GRANT ALLOCATION | | | | TRANSFER | | SPENT | | | 2012/13 |
|-----------------------|------------------|-----------|-------------|-----------------|-----------------|----------------------------------|---------------------------------|------------------------------|--|-------------------------|
| | Amounts | 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 |
| Endondasuka / Mandeni | 658 | - | - | 658 | 657 | 100% | 657 | 657 | 100% | - |
| Budget Holding Funds | 35 906 | - | - | 35 906 | - | - | - | - | - | - |
| eThekwini | 85 500 | - | - | 85 500 | 61 051 | 71% | 61 051 | 61 051 | 100% | - |
| Umhlathuze | 9 000 | - | - | 9 000 | 6 773 | 75% | 6 773 | 6 773 | 100% | - |
| Umvoti | 417 | - | - | 417 | 417 | 100% | 417 | 417 | 100% | - |
| Umgeni | 764 | - | - | 764 | 764 | 100% | 764 | 764 | 100% | - |
| Msunduzi | 5 074 | - | - | 5 074 | 5 074 | 100% | 5 074 | 5 074 | 100% | - |
| Nseleni | - | - | - | - | 50 | - | 50 | 50 | - | - |
| PD Vehicle Licences | 11 114 | - | - | 11 114 | 4 413 | 40% | 4 413 | 4 413 | 100% | - |
| | 148 | | | | | | | | | |
| TOTAL | 433 | - | - | 148 433 | 79 199 | | 79 199 | 79 199 | | - |

ANNEXURE 1 C

Statement of Transfers to Departmental Agencies and Accounts

| DEPARTMENT/AGENCY/ACCOUNT | TRANSFER ALLOCATION | | | | TRANSFER | | 2012/13 |
|---------------------------|----------------------------|-----------|-----------------|-----------------|-----------------|----------------------------|-------------------------|
| | 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 |
| Medical Depot PPSD | 16 004 | - | (16 004) | - | - | - | 15 170 |
| Skills Development Levy | 11 315 | - | - | 11 315 | 11 285 | 100% | 10 118 |
| Com: SABC TV Licences | 532 | - | - | 532 | 88 | 17% | 2 |
| Department of Transport | - | - | - | - | - | - | 3 074 |
| TOTAL | 27 851 | - | (16 004) | 11 847 | 11 373 | | 28 364 |

ANNEXURE 1 D

Statement of Transfers and Subsidies to Non-Profit Institutions

| NON PROFIT INSTITUTIONS | TRANSFER ALLOCATION | | | | EXPENDITURE | | 2012/13 |
|---------------------------------------|----------------------------|-----------|-------------|-----------------|-----------------|----------------------------|-------------------------|
| | 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 | 520 | - | - | 520 | 520 | 100% | 525 |
| Azalea House | 480 | - | - | 480 | 480 | 100% | 485 |
| Bekimpelo/Bekulwandle Trust Clinic | 7 904 | - | - | 7 904 | 7 904 | 100% | 7 600 |
| Benedictine Clinic | 175 | - | - | 175 | 175 | 100% | 350 |
| Budget Control Holding Funds | 52 092 | - | - | 52 092 | - | - | 2 975 |
| Careways | - | - | - | - | - | - | 20 |
| Claremont Day Care Centre | 367 | - | - | 367 | 367 | 100% | 371 |
| Day Care Club 91 | 100 | - | - | 100 | 100 | 100% | 101 |
| District Service Delivery: Umzinyathi | - | - | - | - | - | - | 19 |
| Durban School for the Deaf | - | - | - | - | - | - | 203 |
| Ekukhanyeni Clinic | 911 | - | - | 911 | 946 | 104% | 891 |
| Elandskop Clinic | 449 | - | - | 449 | 187 | 42% | 458 |
| Enkumane Clinic | 270 | - | - | 270 | 271 | 100% | 276 |
| Ethembeni Step-Down Centre | 4 881 | - | - | 4 881 | 4 715 | 97% | 4 820 |
| Genesis Care Centre | 2 919 | - | - | 2 919 | 2 487 | 85% | 2 948 |
| Happy Hour Amaoti | 490 | - | - | 490 | 490 | 100% | 495 |
| Happy Hour Durban North | 245 | - | - | 245 | 245 | 100% | 247 |
| Happy Hour Kwaximba | 392 | - | - | 392 | 392 | 100% | 396 |
| Happy Hour Marianhill | 123 | - | - | 123 | 123 | 100% | 124 |
| Happy Hour Mpumalanga | 392 | - | - | 392 | 392 | 100% | 396 |
| Happy Hour Ninikhona | 245 | - | - | 245 | 245 | 100% | 247 |
| Happy Hour Nyangwini | 257 | - | - | 257 | 257 | 100% | 260 |
| Happy Hour Overport | 184 | - | - | 184 | 184 | 100% | 186 |
| Happy Hour Phoenix | 245 | - | - | 245 | 245 | 100% | 247 |
| Hlanganani Ngothando DCC | 208 | - | - | 208 | 208 | 100% | 210 |

ANNEXURE 1 D (CONTINUED)

Statement of Transfers and Subsidies to Non-Profit Institutions

| NON PROFIT INSTITUTIONS | TRANSFER ALLOCATION | | | | EXPENDITURE | | 2012/13 |
|----------------------------------|----------------------------|------------|-------------|-----------------|-----------------|----------------------------|-------------------------|
| | 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 |
| Humana People to People | 2 828 | - | - | 2 828 | 2 073 | 73% | - |
| Ikhwezi Cripple Care | 1 136 | - | - | 1 136 | 1 136 | 100% | 1 515 |
| Ikhwezi Dns | - | - | - | - | - | - | 175 |
| Jewel House | - | - | - | - | - | - | 337 |
| John Peattie House | 1 335 | - | - | 1 335 | 1 335 | 100% | 1 348 |
| Jona Vaughn Centre | 2 335 | - | - | 2 335 | 2 335 | 100% | 2 359 |
| KwaZulu-Natal Childrens Hospital | 20 000 | - | - | 20 000 | 20 000 | 100% | 20 000 |
| Lynn House | 584 | - | - | 584 | 584 | 100% | 590 |
| Madeline Manor | 841 | - | - | 841 | 841 | 100% | 849 |
| Masada NGO | 74 | - | - | 74 | 74 | 100% | 75 |
| Masibambeni Day Care Centre | 147 | - | - | 147 | 110 | 75% | 148 |
| Matikwe Oblate Clinic | 491 | - | - | 491 | 491 | 100% | 496 |
| McCords Hospital | 52 765 | - | - | 52 765 | 83 771 | 159% | 70 462 |
| Mhlummayo Clinic | - | - | - | - | - | - | 588 |
| Montebello Chronic Sick Home | - | - | - | - | - | - | 4 969 |
| Mountain View Special Hospital | 9 871 | - | - | 9 871 | 9 871 | 100% | 9 971 |
| Noyi Bazi Oblate Clinic | 496 | - | - | 496 | 496 | 100% | 501 |
| Philanjolo Hospice | 2 551 | - | - | 2 551 | 1 875 | 74% | 2 881 |
| Prenaid A.L.P. NGO | 100 | - | - | 100 | - | - | 101 |
| Place of Resonation | - | - | - | - | - | - | 200 |
| Pongola Hospital | 2 300 | - | - | 2 300 | 2 300 | 100% | 3 436 |
| Rainbow Haven | 385 | - | - | 385 | 385 | 100% | 393 |
| Scadifa Centre | 949 | - | - | 949 | 949 | 100% | 959 |
| Siloah Special Hospital | 18 958 | - | - | 18 958 | 18 958 | 100% | 19 149 |
| Sparks Estate | - | - | - | - | 445 | - | 1 067 |

ANNEXURE 1 D (CONTINUED)**Statements of Transfers and Subsidies to Non-Profit Organisations**

| NON PROFIT INSTITUTIONS | TRANSFER ALLOCATION | | | | EXPENDITURE | | 2012/13 |
|--------------------------------|----------------------------|-----------|-------------|-----------------|-----------------|----------------------------|-------------------------|
| | 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 |
| St. Lukes Home | 430 | - | - | 430 | 430 | 100% | 730 |
| St. Mary's Hospital Marianhill | 117 046 | - | - | 117 046 | 116 963 | 100% | 112 640 |
| Sunfield Home | 303 | - | - | 303 | 303 | 100% | 309 |
| Strategic Health Programmes | - | - | - | - | 645 | - | - |
| Umlazi Halfway House | 260 | - | - | 260 | 260 | 100% | 263 |
| McCords Hospital | - | - | - | - | (30 812) | - | - |
| | 310 034 | - | - | 310 034 | 256 751 | | 281 361 |
| TOTAL | 310 034 | - | - | 310 034 | 256 751 | | 281 361 |

Shifting of R30 812 for McCords Hospital due to takeover and alignment of expenditure according to SCOA

ANNEXURE 1 E**Statement of Transfers and Subsidies to Households**

| HOUSEHOLDS | TRANSFER ALLOCATION | | | | EXPENDITURE | | 2012/13 |
|---|----------------------------|------------|-------------|-----------------|-----------------|----------------------------|-------------------------|
| | 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 | 396 | - | - | 396 | 424 | 107% | 109 |
| Employee Social Benefits - Leave Gratuity | 72 504 | - | - | 72 504 | 99 704 | 138% | 81 663 |
| Employee Social Benefits - Severance Package | - | - | - | - | 39 | - | 338 |
| Bursaries : Non-Employee | 201 004 | - | - | 201 004 | 194 739 | 97% | 69 150 |
| Claims Against the State | 55 200 | - | - | 55 200 | 97 433 | 177% | 3 927 |
| PMT / Refunds & Rem - Act of Grace | - | - | - | - | - | - | 172 |
| TOTAL | 329 104 | - | - | 329 104 | 392 339 | | 155 359 |

ANNEXURE 1 F

Statement of Gifts, Donations and Sponsorships received for the year ended 31 March 2014

| NAME OF ORGANISATION | NATURE OF GIFT, DONATION OR SPONSORSHIP | 2013/14 | 2012/13 |
|---|--|-----------|-----------|
| | | R'000 | R'000 |
| Received in Cash | | | |
| Prior Year Balance | | - | 38 |
| Various Donors/Organisations *see attached schedule (A) | | 61 | - |
| Subtotal | | 61 | 38 |
| Received in kind | | | |
| Prior Year Balance | | | 19 206 |
| Old Mutual | 2x Television Sets | 5 | - |
| P. Pillay | LG 54cm TV | 2 | - |
| Anonymous | LG 54cm TV | 2 | - |
| Dr. Govender | TV Set For Ward M3 | 2 | - |
| Match | Bar Fridge | 2 | - |
| Dr. Jhazbhay | 1x Chair HB Swivel | 2 | - |
| Dr. Purmisar | 3x Couches | 2 | - |
| Mr & Mrs Kelly | TV, DVD, Portable DVD, Radio/CD, Headphones For Renal Unit | 2 | - |
| Ecomed | Entonox Regulator | 3 | - |
| Mrs J. Coetzee | LG Washing Machine | 3 | - |
| DR Jhazbhay | 4x Cabinet Filling, 4x Drawer Steel | 3 | - |
| Jackie Tau | Mobile Pedestal | 4 | - |
| Match | 2x Stationery Cupboard | 4 | - |
| Jackie Tau | Filling Cabinets | 4 | - |
| Jackie Tau | 3x Drawer Desk Office | 5 | - |
| Breinholden Vision | Display Unit | 7 | - |
| Hillcrest AIDS Centre | 2x TV Set | 8 | - |
| Gabler Medical | Portable Obstetrics Vacuum Extractor | 10 | - |
| IYDSA | 10x Filling Cabinets | 15 | - |

ANNEXURE 1 F (CONTINUED)**Statement of Gifts, Donations and Sponsorships received for the year ended 31 March 2014**

| NAME OF ORGANISATION | NATURE OF GIFT, DONATION OR SPONSORSHIP | 2013/14 | 2012/13 |
|---|--|---------|---------|
| | | R'000 | R'000 |
| Institution of Youth Development in SA | 20x Steel Filling Cabinets | 18 | - |
| SANCO | 4x Plasma TV's For HI | 20 | - |
| Broadreach healthcare | 32x Mecer 1000VA Ups w/avr and Software | 22 | - |
| Tongaat Huletts Sugar | Parkhome | 51 | - |
| Africa Centre | Donation KZN 210610 | 70 | - |
| South African Catholic Bishops Conference | Ford Ranger | 100 | - |
| Africa Centre | Donation KZN 210611 | 105 | - |
| Khethimpilo-NGO | Park Homes & Wendy Houses | 675 | - |
| Alere Healthcare (Pty) LTD | Pima CD4 Count Machine | 3 186 | - |
| Sint Franciscus Gusthuid in Holland | Gastro scope | 8 100 | - |
| Jackie Tau | Stethoscope | 2 | - |
| Phambilui Hospital Products | Diagnostic Set Hand Held | 2 | - |
| USAID-Broad Reach | 7x Mecer 1000VA Ups w/avr and software | 5 | - |
| USAID-Broad Reach | PSSA Pharmacy Low Comp V1 Set | 1 | - |
| USAID-Broad Reach | PSSA Pharmacy Low Comp V2 Set | 1 | - |
| Imbodla Security Officer | Food Parcels | 2 | - |
| Old Mutual | Used cloths | 1 | - |
| Regent Life | 25x Platters of meat and bread | 7 | - |
| Regent Life | 29x Awards tokens | 9 | - |
| Regent Life | 60x Juice Bottles | 3 | - |
| Rattan Butchery | 10kg Flour, 5kg Braai Pack, 4kg Stewing Beef, Chicken Platter | 1 | - |
| TB/HIV Care Organisation | Conference registration fee, bed and breakfast and accommodation | 5 | - |
| Broadreach healthcare | PSSA Pharmacy Law Comp V1 Set | 1 | - |
| Broadreach healthcare | PSSA Pharmacy Law Comp V2 Set | 5 | - |
| Van Schaik Booksellers | Textbooks | 1 | - |
| Newholmes Catering | Catering | 2 | - |
| National Procurement reform meeting at NDOH | Flight, Accommodation & Dinner | 5 | - |

ANNEXURE 1 F (CONTINUED)**Statement of Gifts, Donations and Sponsorships received for the year ended 31 March 2014**

| NAME OF ORGANISATION | NATURE OF GIFT, DONATION OR SPONSORSHIP | 2013/14 | 2012/13 |
|---|--|---------|---------|
| | | R'000 | R'000 |
| National Procurement reform meeting at NDOH | Flight, Accommodation & Dinner | 5 | - |
| SAP Brass Band | SAP Brass Band | 1 | - |
| SAP Entertainment Band | SAP Entertainment Band | 1 | - |
| ZCM Band | Jazz Band | 1 | - |
| NTC3 | Catering | 3 | - |
| UNICEF | Catering Services | 6 | - |
| RESAF | Balloons & Stickers | 2 | - |
| Protea Hotel Umkhanyakude | Accommodation For Contraceptive, Fertility, Policy Training | 110 | - |
| Tropicana Hotel Durban | Conference Package - 5 Day Training on Sexual Assault & Rape | 6 | - |
| Durban Spa | Conference Package | 27 | - |
| Tropicana Hotel Durban | Conference Package | 57 | - |
| Blue Waters Hotel Durban | Conference Package | 84 | - |
| Royal Hotel Ladysmith | Conference Package | 60 | - |
| Birchwood Hotel Jhb | Conference Package | 28 | - |
| Health System Trust (HST) | Accommodation for participants attending SRH Training | 58 | - |
| Health System Trust (HST) | Accommodation for participants attending SRH Training | 45 | - |
| Health System Trust (HST) | Accommodation for participants attending SRH Training | 177 | - |
| KPMG | Diary | 1 | - |
| S. Kimme | Catering Services | 15 | - |
| S. Kimme | Transport | 2 | - |
| Mahabeer Shekhar | Decoration of Recreation hall for Long Service Awards | 1 | - |
| SATS KZN Chapter | Sponsorship of registration fees | 3 | - |
| WFSICCM Congress 2013 | Sponsorship of registration fees | 6 | - |
| WFSICCM Congress 2013 | Sponsorship of registration fees | 6 | - |
| Roche Products (PTY) LTD | Sponsorship of registration fees, flights and accommodation | 33 | - |
| B BRAUN Medical (PTY) LTD | Sponsorship of registration fees, flights and accommodation | 21 | - |
| Ms N. Sibisi and Mr S. Mahlaba | Sponsoring Grey's Hospital Nurses Day: 6 June 2013 | 5 | - |

ANNEXURE 1 F (CONTINUED)**Statement of Gifts, Donations and Sponsorships received for the year ended 31 March 2014**

| NAME OF ORGANISATION | NATURE OF GIFT, DONATION OR SPONSORSHIP | 2013/14 | 2012/13 |
|-----------------------------------|---|---------|---------|
| | | R'000 | R'000 |
| Robert Dumisa | Pedestal Fans | 1 | - |
| WFSICCM 2013 Congress ICC Durban | Sponsorship of Registration Fees by Congress Organisers | 2 | - |
| WFSICCM 2013 Congress ICC Durban | Sponsorship of Registration Fees by Congress Organisers | 2 | - |
| Pastor R. Ellappa | Hot cross buns, Easter Eggs & Chips | 5 | - |
| 6th SA AIDS Conference 2013 | Sponsorship of conference fees by conference organisers | 5 | - |
| Save | Tricycles, Teddy Bears Toys, Biscuits, Smarty's & Chips to Paediatric Wards for Mandela Day | 3 | - |
| Public Servants of SA (PSA) | 6x 6mx12m Frame Tents (For Sports Day) | 9 | - |
| Umngeni Staff | For Sports Gala | 3 | - |
| Mr L. Govindsamy | Ingredients for Biryani | 1 | - |
| Match | Robert Dumisa | 1 | - |
| Ekombe Management & Staff Members | School Uniforms Donated to 8 Pupils & Groceries Donated to 2 Families | 3 | - |
| WFSICCM Congress 2013 | Sponsorship of registration fees | 6 | - |
| Galleria Centre Man | Paint, Brushes & Drop Sheet | 6 | - |
| Match | 1800x Surgical Medical Masks | 2 | - |
| Dulux | Paint | 3 | - |
| Mr PJ. Laycock | Super Body Shacking Machine | 2 | - |
| Reach for a Dream | Goodie Bags & Pyjamas (Oncology Children's Wards) | 1 | - |
| Wykeham Collegiate | Preemie Beanie, Bottle, Dummy, Receiving Blanket, Booties (NICU) | 2 | - |
| J Leslie Smith & Company | Baby blankets | 1 | - |
| Jindal Africa SA (Pty) Ltd | Oranges, Apples & Toys | 1 | - |
| Becton Dickinson (Pty)Ltd | Sponsorship of Registration & Accommodation Fees | 8 | - |
| Abbvie (Pty) Ltd | Sponsorship of Registration, Flight & Accommodation Fees | 101 | - |
| Liberty Life | Donation of Nikon D5100 Digital Camera | 8 | - |
| S. Vengetsamy | 3x Oil Filter Heaters | 2 | - |
| Match (Siyalulama) | 20x Plastic Chairs, 1x Stationery Cupboard | 3 | - |
| K&M Signs | Signs | 3 | - |
| NOFESA Financial Services | Lunch & Snacks for Interns December 2013 | 60 | - |
| Wykham Collegiate | Baby Jackets, Hats, Socks, Romper for Nursery | 1 | - |

ANNEXURE 1 F - (CONTINUED)

Statement of Gifts, Donations and Sponsorships received for the year ended 31 March 2014

| NAME OF ORGANISATION | NATURE OF GIFT, DONATION OR SPONSORSHIP | 2013/14 | 2012/13 |
|-------------------------------|--|---------|---------|
| | | R'000 | R'000 |
| Wheelchairs KZN | CE14" Kiddie Tuffee Wheelchair CE272839 | 2 | - |
| Wheelchairs KZN | CE14" Kiddie Tuffee Wheelchair CE272840 | 2 | - |
| Wheelchairs KZN | CE16" Kiddie Tuffee Wheelchair CE272816 | 2 | - |
| Wheelchairs KZN | CE16" Kiddie Tuffee Wheelchair CE272820 | 2 | - |
| Wheelchairs KZN | CE20" Tuffee Wheelchair CE272770 | 2 | - |
| Jackie Tau | Digital Thermometer, BP Cuff for Children, Wall Clock & DVD Player | 1 | - |
| Jackie Tau | BP Cuff Adult | 1 | - |
| Jackie Tau | 2 way Cleaning Bucket | 2 | - |
| Jackie Tau | Accu-check Strips | 1 | - |
| Jackie Tau | Oxygen Gauge | 1 | - |
| Jackie Tau | Oxygen Stand | 2 | - |
| Jackie Tau | Double bed base | 12 | - |
| Jackie Tau | Electric Kettles | 1 | - |
| Jackie Tau | Electric Irons | 7 | - |
| Jackie Tau | Curtains | 13 | - |
| Jackie Tau | 4 Plate Stove | 9 | - |
| Jackie Tau | Phototherapy | 9 | - |
| Amathendlovu Cleaning Company | Food Platters for Quality Long Services Awards | 2 | - |
| Thobanjalo Security Services | 180x Cans of Cool drinks for Quality and Long Service Awards | 1 | - |
| Jindal Africa SA (Pty) Ltd | Oranges, Apples & Toys | 1 | - |
| 31 Club | A Cologne | 9 | - |
| 31 Club | 120x Hampers | 5 | - |
| 31 Club | 250x Cup Cakes & Costumes | 1 | - |
| Capital | Marquee Etc | 5 | - |
| Paven Pillay | Doughnuts | 2 | - |
| SMJ | Cool drinks | 1 | - |
| Apostolic Faith | Snack Bags/Sunglasses | 2 | - |

ANNEXURE 1 F - (CONTINUED)**Statement of Gifts, Donations and Sponsorships received for the year ended 31 March 2014**

| NAME OF ORGANISATION | NATURE OF GIFT, DONATION OR SPONSORSHIP | 2013/14 | 2012/13 |
|--|---|---------|---------|
| | | R'000 | R'000 |
| Msak Family | Meals | 7 | - |
| Students From Little Flower Secondary School | Children's Playing Toys | 1 | - |
| Dr. Jhazbay | 7x Single Chairs | 1 | - |
| Dr. Jhazbhay | 2x Double Seats Chairs | 1 | - |
| Ms Khumalo | Trophies for Quality Day Awards | 5 | - |
| N. Rajkumar | 100x Gift Bags | 5 | - |
| Gelderma SA | Material & Labour | 40 | - |
| East Coast Radion & Game Stores | Toys For Paediatric Ward | 1 | - |
| Fairfield Dairy | Yoghurt, Juice & Milk | 4 | - |
| Gift of The Givers | 500x 500g Ready to eat Supplements | 30 | - |
| Abbvie (Pty)Ltd | Honorarium for Speaking at CME Event on 7/11/2013 | 6 | - |
| Roundtable Kokstad 35 | Children's Toys | 1 | - |
| Dr E. Siolo | Accommodation and Transportation costs | 30 | - |
| Mr M. Mazino | Used Hospital Bed and Bedside Locker | 2 | - |
| S.E Mpofu | Medical Equipment | 268 | - |
| National Department of Health | 104x UPS - Mecer ME 1000 - VU+ | 96 | - |
| Match | 25x Digital Baby Scales | 24 | - |
| Match | 25x Fold in Half Tables | 15 | - |
| Match | Calibre 50ml | 4 | - |
| Mr S Lilram | Office Chairs | 2 | - |
| Brien Holden Vision Institute | Spectacles display Unit | 7 | - |
| Kari Storz Endoskope | Medical Equipment | 270 | - |
| Aspen Pharmacare | Medical Equipment, Furniture and linen | 15 | - |
| Aspen Pharmacare | Double Base Set | 13 | - |
| Aspen Pharmacare | Double Base Set | 13 | - |
| Aspen Pharmacare | Medical Equipment, Furniture and linen | 13 | - |
| Aspen Pharmacare | Medical Equipment | 9 | - |

ANNEXURE 1 F - (CONTINUED)**Statement of Gifts, Donations and Sponsorships received for the year ended 31 March 2014**

| NAME OF ORGANISATION | NATURE OF GIFT, DONATION OR SPONSORSHIP | 2013/14 | 2012/13 |
|---|---|---------------|---------------|
| | | R'000 | R'000 |
| Aspen Pharmacare | Medical Equipment | 9 | - |
| Jithan and Kaventha Bridgemohan | Trintron Television Set | 3 | - |
| South Africa Radiology Service | Tele radiology Software | 750 | - |
| Africa Centre | Land Rover Defender 4x4 NHL17655 | 199 | - |
| Africa Centre | Land Rover Defender 4x4 NHL16828 | 199 | - |
| Africa Centre | Toyota Corolla 1.4 petrol 4x2 NHL16282 | 100 | - |
| Africa Centre | Isuzu Single Cab 4x2 NHL13124 | 76 | - |
| 31 Club Organisation | 2x AFM dirt buster trolleys | 9 | - |
| SANCO | 4x Plasma Televisions | 20 | - |
| Intern Doctor in the Paediatric Ward | Television Sets & Educational Toys | 4 | - |
| Mrs L van den Broeck | Microwave | 1 | - |
| IYDSA | 20x Steel filling cabinets | 18 | - |
| Bears Furniture | Flat Screen TV | 5 | - |
| Aspen Pharmacare | 29" LCD Monitor TV | 2 | - |
| Aspen Pharmacare | 24" LCD Monitor TV | 2 | - |
| Dr Purmisar | 3x Couches | 2 | - |
| Match | Stationery Cupboard | 3 | - |
| KZN College of Nursing | Child birth stimulator | 8 | - |
| Various Donors/Organisations *see attached schedule (B) | These are separately summarised in Schedule B as the value of these donations are less than one thousand rand each. | 35 | - |
| Sub - Total | | 15 920 | 19 206 |
| Total | | 15 981 | 19 244 |

ANNEXURE 1 G**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 | | | | | |
| Astra Zeneca (Astra Zeneca Pharm) | Drug Trials | 117 | - | 88 | 29 |
| Atlantic Philanthropies | Improvements to KZN College of Nursing Installation of access control doors & purchasing of furniture in Haematology Department | 7922 | - | 305 | 7 617 |
| Conforth Investments Department of Local Govt & Traditional Affairs | Purchase of EMRS vehicles Learnership for FET college learners, Nkandla and PMMH | 50 | - | - | 50 |
| HWSETA | Learnership | 3 | - | - | 3 |
| HW Seta HIV/AIDS Support | Learnership | - | 1266 | - | 1 266 |
| HW Seta Mseleni / Mosvold | Learnership to Mseleni & Mosvold Hosp | 45 | - | - | 45 |
| HW Seta Prince Mshiyeni Hospital | Learnership | 12 | - | - | 12 |
| HW Seta Learnership : Bethesda Sub-Campus | Learnership | 33 | - | 18 | 15 |
| HW Seta Learnership : King Edward Sub-Campus | Learnership | 20 | - | - | 20 |
| HW Seta Learnership Head Office | Learnership | 279 | - | 1 | 278 |
| HW Seta Learnership Mosvold | Learnership | 236 | - | - | 236 |
| HW Seta Learnership St Aidans | Learnership to Mosvold Hosp | 91 | - | - | 91 |
| HW Seta Learnership Social & Aux | Learnership to St Aidans Hosp | 323 | - | 128 | 195 |
| HW Seta Learnership Edendale Campus | Learnership for Social and Auxiliary Workers | 35 | - | - | 35 |
| HW Seta Nkandla | Learnership | 126 | - | - | 126 |
| HW Seta Ngwelezane | Learnership | 105 | - | 73 | 32 |
| HW Seta Pharmacy | Learnership | - | 158 | - | 158 |
| Impumumelelo Trust Innovation | Learnership | - | 28 | - | 28 |
| MRI Novartis Training | Training programme for HIV and AIDS | 24 | - | - | 24 |
| | Training | 55 | - | 55 | - |

ANNEXURE 1G (CONTINUED)**Statement of Aid Assistance received**

| NAME OF DONOR | PURPOSE | OPENING BALANCE | REVENUE | EXPENDI- TURE | CLOSING BALANCE |
|---------------|---|--------------------|--------------|------------------|--------------------|
| | | R'000 | R'000 | R'000 | R'000 |
| SA Breweries | HIV/AIDS Testing | 2 | - | - | 2 |
| PSETA Funding | Learnership Expanded Partnership for delivery of PHC | - | 225 | - | 225 |
| EU | Programme | - | 2000 | - | 2 000 |
| Rounding | | 1 | - | 1 | - |
| TOTAL | | 9 479 | 3 677 | 669 | 12 487 |

ANNEXURE 1H**Statement of Gifts, Donations and Sponsorships made and Remissions, Refunds and Payments made as an Act of Grace**

| NATURE OF GIFT, DONATION OR SPONSORSHIP | 2013/14 | 2012/13 |
|---|------------|-----------|
| | R'000 | R'000 |
| Paid in cash | | |
| Cuban Student Medical Programme | 498 | 57 |
| TOTAL | 498 | 57 |

ANNEXURE 2 A

Statement of Financial Guarantees issued as at 31 March 2014 - Local

| Guarantor Institution | Guarantee in respect of | Original Guaranteed capital amount | Opening Balance 1 April 2013 | Guarantee drawdown during the year | Guarantee repayments/ cancelled/ reduced/ released during the year | Currency Revaluations | Closing balance 31 March 2014 | Guaranteed interest for year ended 31 March 2014 | Realised losses not recoverable i.e. claims paid out |
|--------------------------------|-------------------------|------------------------------------|------------------------------|------------------------------------|--|-----------------------|-------------------------------|--|--|
| | | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 |
| Motor vehicles | | | | | | | | | |
| Total Motor Vehicles | | | | | | | | | |
| Housing | | | | | | | | | |
| ABSA | Housing | 12 692 | 1 998 | - | 1 399 | - | 599 | - | - |
| BOE Bank Ltd | Housing | 46 | 46 | - | 32 | - | 14 | - | - |
| FirstRand Bank Ltd | Housing | 14 264 | 4 963 | 32 | 812 | - | 4 183 | - | - |
| Green Start Home Loans | Housing | 45 | 6 | - | - | - | 6 | - | - |
| ITHALA Limited | Housing | 1 973 | 1 029 | - | 521 | - | 508 | - | - |
| Nedbank Ltd | Housing | 3 269 | 1 966 | - | 1 008 | - | 958 | - | - |
| Old Mutual Bank | Housing | 12 898 | 3 873 | 24 | 2 624 | - | 1 273 | - | - |
| Peoples Bank Ltd | Housing | 446 | 175 | - | 86 | - | 89 | - | - |
| SA Home Loans | Housing | 51 | 247 | - | 211 | - | 36 | - | - |
| Standard Bank | Housing | 7 092 | 3 547 | 189 | 1 607 | - | 2 129 | - | - |
| Unique Finance | Housing | 102 | 44 | - | - | - | 44 | - | - |
| Total Housing Guarantee | | 52 878 | 17 894 | 245 | 8 300 | - | 9 839 | - | - |
| GRAND TOTAL | | 52 878 | 17 894 | 245 | 8 300 | - | 9 839 | - | - |

ANNEXURE 2 B**Statement of Contingent Liabilities as at 31 March 2014**

| Nature of liability | Opening balance 1 April 2013 | Liabilities incurred during the year | Liabilities paid/ cancelled/ reduced during the year | Liabilities recoverable (Provide details hereunder) | Closing balance 31 March 2014 |
|--|---------------------------------|---|--|---|----------------------------------|
| | R'000 | R'000 | R'000 | R'000 | R'000 |
| Claims against the department | | | | | |
| Medico Legal | 1 787 786 | 2 318 815 | 205 312 | - | 3 901 289 |
| Claims against the State (Transport, Labour, Civil) | 143 373 | 45 716 | 3 148 | - | 185 941 |
| Subtotal | 1 931 159 | 2 364 531 | 208 460 | - | 4 087 230 |
| Others | | | | | |
| National Health Laboratory Services | 1 983 385 | 853 300 | 1 239 905 | - | 1 596 780 |
| McCord's Hospital (Medical Legal Malpractice Claims) | - | 75 000 | - | - | 75 000 |
| Subtotal | 1 983 385 | 928 300 | 1 239 905 | - | 1 671 780 |
| TOTAL | 3 914 544 | 3 292 831 | 1 448 365 | - | 5 759 010 |

As part of the payment price of the takeover of McCord Hospital, a guarantee against all Medico-Legal claims for the period of 21 years from 01.02.2014 has been furnished. At 31.03.2014 no Medico-Legal payments has been made in terms of this guarantee.

The NHLS reduction is based on the Audit Finding to agree with the NHLS confirmation.

ANNEXURE 3

Inter-Government Receivables

| Government Entity | Confirmed balance | | Unconfirmed balance | | Total | | Cash in transit at year end 2013/14* | |
|--|-------------------|------------|---------------------|------------|------------|------------|--|--------|
| | 31/03/2014 | 31/03/2013 | 31/03/2014 | 31/03/2013 | 31/03/2014 | 31/03/2013 | Receipt date up to six (6) working days after year end | Amount |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 |
| Department | | | | | | | | |
| Agriculture | 12 | 1 | - | 12 | 1 | 1 | | |
| Arts and Culture | - | 2 | 1 | 1 | 2 | 2 | | |
| Community Safety and Liaison | 17 | - | - | 17 | 14 | 14 | 14 | 14 |
| Education | 6 | - | - | 6 | 23 | 23 | 23 | 23 |
| Local Government and Traditional Affairs | - | 62 | - | - | 62 | 62 | | |
| Office of the Premier | - | - | - | - | 22 | 22 | 22 | 22 |
| Provincial Treasury | - | - | 48 | 48 | 2 | 2 | 2 | 2 |
| Transport | - | - | 8 | 8 | 467 | 467 | 467 | 467 |
| Works | 1 | - | 14 | 15 | 1 | 1 | 1 | 1 |
| Royal Household | - | - | 1 | 1 | - | - | | |
| Correctional Services Kimberly | - | 2 | - | - | 2 | 2 | | |
| Correctional Services Kokstad | - | - | - | - | 1 | 1 | | 1 |
| Correctional Services Waterval | - | - | - | - | 1 | 1 | | |
| South African Police services | - | - | - | - | 2 | 2 | | |
| National Department of Health and Social Development | - | - | - | - | 1 | 1 | | |
| Sub Total | 36 | 67 | 72 | 108 | 601 | 601 | | |

ANNEXURE 3 (CONTINUED)**Inter-Government Receivables**

| Government Entity | Confirmed balance | | Unconfirmed balance | | Total | |
|------------------------------------|-------------------|--------------|---------------------|--------------|--------------|--------------|
| | 31/03/2014 | 31/03/2013 | 31/03/2014 | 31/03/2013 | 31/03/2014 | 31/03/2013 |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 |
| Other Government Entities | | | | | | |
| CSIR | - | - | 132 | 132 | 132 | 132 |
| HWSETA Pharmacy | - | - | - | 32 | - | 32 |
| HWSETA Unemployed Graduates | - | - | 752 | 792 | 752 | 792 |
| University of KwaZulu-Natal (UKZN) | 590 | 438 | - | - | 590 | 438 |
| KZN Gambling Board | - | - | 1 | - | 1 | - |
| SITA | - | - | - | 321 | - | 321 |
| Zululand Steam | - | - | 1 | - | 1 | - |
| Uthukela District Municipality | - | - | 286 | - | 286 | - |
| Umkhanyakude District Municipality | - | - | 322 | - | 322 | - |
| Ithala Limited | 1 403 | 2 254 | - | - | 1 403 | 2 254 |
| Department of Justice for Patients | - | - | 1 913 | 3 012 | 1 913 | 3 012 |
| Subtotal | 1 993 | 2 692 | 3 407 | 4 289 | 5 400 | 6 981 |
| Total | 2 029 | 2 759 | 3 479 | 4 823 | 5 508 | 7 582 |

R1 403 relates to collections for Cuban Bursary Programme not captured on BAS

KwaZulu-Natal Department of Health

ANNEXURE 4

Inter-Governmental Payables - Current

| GOVERNMENT ENTITY | Confirmed balance outstanding | | Unconfirmed balance outstanding | | TOTAL | | Cash in transit at year end 2013/14* | |
|--|-------------------------------|---------------|---------------------------------|---------------|---------------|---------------|---|--------|
| | 31/03/2014 | 31/03/2013 | 31/03/2014 | 31/03/2013 | 31/03/2014 | 31/03/2013 | Payment date up to 6 working days before year end | Amount |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 |
| DEPARTMENTS | | | | | | | | |
| Current | | | | | | | | |
| Department of Health & Social Development: Limpopo | - | 4 | - | - | - | 4 | | |
| Department of Health: Eastern Cape | 297 | 581 | - | 720 | 297 | 1 301 | 720 | 720 |
| Department of Health : National | - | 742 | - | 1 445 | - | 2 187 | 1 445 | 1 445 |
| Department of Justice and Constitutional Development | - | 1 383 | 1 601 | 3 045 | 1 601 | 4 428 | 3 045 | 3 045 |
| Department of Social Development: KwaZulu-Natal | 7 | 4 | 8 | 33 | 15 | 37 | 33 | 33 |
| Department of Transport: KwaZulu-Natal | 1 709 | 7 694 | - | 8 674 | 1 709 | 16 368 | 8 674 | 8 721 |
| Departments of Public Works: KwaZulu-Natal | 68 876 | 10 901 | 25 196 | 13 201 | 94 072 | 24 102 | 13 201 | 13 201 |
| Office of the Premier: KwaZulu-Natal | - | 228 | - | - | - | 228 | | |
| Department of Health: Northern Cape | - | 164 | - | - | - | 164 | | |
| South African Police Services | - | 14 | - | 48 | - | 62 | 48 | 48 |
| Department of Arts and Culture: KwaZulu-Natal | 17 | 3 | - | - | 17 | 3 | | |
| Department of Correctional Services | - | 25 | - | - | - | 25 | | |
| Department of Mineral Resources | - | 33 | - | - | - | 33 | | |
| National Department of Public Works | - | 61 | - | - | - | 61 | 720 | 720 |
| Department of Health: Mpumalanga | - | 181 | - | - | - | 181 | 1 445 | 1 445 |
| Department of Health: North West | - | 41 | 22 | - | 22 | 41 | 3 045 | 3 045 |
| Department of Health Gauteng | - | 56 | - | - | - | 56 | 33 | 33 |
| Department of Health Free State | 12 | - | - | - | 12 | - | 8 721 | 8 721 |
| SUB TOTAL | 70 918 | 22 115 | 26 827 | 27 166 | 97 745 | 49 281 | | |
| Non-current | | | | | | | 48 | 48 |
| | - | - | - | - | - | - | | 27 213 |

ANNEXURE 4 (CONTINUED)**Inter-Government Payables - Current**

| GOVERNMENT ENTITY | Confirmed balance outstanding | | Unconfirmed balance outstanding | | TOTAL | |
|--|-------------------------------|----------------|---------------------------------|---------------|----------------|----------------|
| | 31/03/2014 | 31/03/2013 | 31/03/2014 | 31/03/2013 | 31/03/2014 | 31/03/2013 |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 |
| OTHER GOVERNMENT ENTITY | | | | | | |
| Current | | | | | | |
| University of Kwa-Zulu Natal | 17 776 | 35 818 | - | - | 17 776 | 35 818 |
| National Health Laboratory Services | 48 708 | 43 503 | - | 68 603 | 48 708 | 112 106 |
| South African National Blood Services | 47 361 | 29 282 | - | - | 47 361 | 29 282 |
| Auditor - General South Africa | 1 576 | 3 316 | - | - | 1 576 | 3 316 |
| Health and Welfare Sector Education Training Authority | - | 11 285 | - | - | - | 11 285 |
| PALAMA | - | 66 | - | - | - | 66 |
| Government Printing Works | - | - | 7 186 | 9 | - | - |
| eThekweni Municipality | - | 61 051 | - | - | - | 61 051 |
| SITA | 82 873 | - | - | - | 82 873 | - |
| Independent Development Trust | 49 359 | - | - | - | 49 359 | - |
| Subtotal | 247 653 | 184 321 | 7 186 | 68 612 | 247 653 | 252 924 |
| Total Other Government Entities | 247 653 | 184 321 | 7 186 | 68 612 | 247 653 | 252 924 |
| TOTAL INTERGOVERNMENTAL | 318 571 | 206 436 | 34 013 | 95 778 | 345 398 | 302 205 |

ANNEXURE 5**Inventory**

| | Notes | Quantity | 2013/14 | Quantity | 2012/13 |
|---------------------------------|-------|----------|----------------|----------|----------------|
| | | | R'000 | | R'000 |
| Inventory | | | | | |
| Opening balance | | - | 710 736 | - | 649 449 |
| Add: Additions/Purchases - Cash | | - | 4 522 679 | - | 4 327 681 |
| (Less): Issues | | - | (4 436 233) | - | (4 266 394) |
| Closing balance | | - | 797 182 | - | 710 736 |

PROVINCIAL PHARMACEUTICAL SUPPLY DEPOT

REPORT OF THE AUDITOR-GENERAL SOUTH AFRICA ON THE PROVINCIAL PHARMACEUTICAL SUPPLY DEPOT FINANCIAL STATEMENTS

Introduction

1. I have audited the financial statements of the Provincial Pharmaceutical Supply Depot (PPSD) set out on pages 330 to 345, which comprise the statement of financial position as at 31 March 2014, the statement of financial performance, statement of changes in net assets and statement of cash flows for the year ended on 31 March 2014, as well as 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 and fair presentation of these financial statements in accordance with South African Standards of Generally Recognised Accounting Practice (SA Standards of GRAP) and the requirements of the Public Finance Management Act of South Africa, 1999 (Act No. 1 of 1999) (PFMA), 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 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 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 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 2014 and its financial performance and cash flows for the year then ended, in accordance with accordance with SA Standards of GRAP and the requirements of the PFMA.

REPORT ON OTHER LEGAL AND REGULATORY REQUIREMENTS

7. In accordance with the PAA and the general notice issued in terms thereof, I report the following findings on the reported performance information against predetermined objectives for selected objectives presented in the annual performance report, non-compliance with legislation as well as internal control. The objective of my tests was to identify reportable findings as described under each subheading but not to gather evidence to express assurance on these matters. Accordingly, I do not express an opinion or conclusion on these matters.

Predetermined Objectives

8. I performed procedures to obtain evidence about the usefulness and reliability of the reported performance information for the following selected objectives presented in the annual performance report of the trading entity for the year ended 31 March 2014:

- Objective 1: To improve medicine supply management systems at PPSD and facility level on page 162.
- Objective 2: Ensure compliance with Pharmaceutical Legislation with 90% pharmacies compliant by 2014/15 and PPSD 100% compliant by 2012/13 on page 162.

9. I evaluated the reported performance information against the overall criteria of usefulness and reliability.

10. I evaluated the usefulness of the reported performance information to determine whether it was presented in accordance with National Treasury's annual reporting principles and whether the reported performance was consistent with the planned objectives. I further performed tests to determine whether indicators and targets were well defined, verifiable, specific, measurable, time bound and relevant, as required by the National Treasury's *Framework for managing*

programme performance information (FMPI).

11. I assessed the reliability of the reported performance information to determine whether it was valid, accurate and complete.

12. I did not raise any material findings on the usefulness and reliability of the reported performance information for the selected objectives.

Compliance with Legislation

13. I performed procedures to obtain evidence that the trading entity had complied with applicable legislation regarding financial matters, financial management and other related matters. My findings on material non-compliance with specific matters in key legislation, as set out in the general notice issued in terms of the PAA, are as follows:

Audit Committees

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.

Internal Control

16. I considered internal control relevant to my audit of the financial statements, report on predetermined objectives and compliance with legislation. The matters reported below are limited to the significant internal control deficiencies that resulted in the findings on non-compliance with legislation included in this report.

Leadership

17. The Accounting Officer did not exercise sufficient oversight responsibility regarding compliance with PFMA and treasury regulations.

Pietermaritzburg

31 July 2014



AUDITOR - GENERAL
SOUTH AFRICA

Auditing to build public confidence

Governance

18. The Accounting Officer did not appoint an internal audit function and an audit committee to provide oversight over effectiveness of the internal control environment.

REPORT OF THE ACCOUNTING OFFICER

1. General Review of the State of Financial Affairs

The Provincial Pharmaceutical Supply Depot is a trading entity which is incorporated in the KwaZulu-Natal Department of Health.

The principal place of business is:

1 Higginson Highway

Mobeni

4060

The Provincial Pharmaceutical Supply Depot has shown a net trading loss of R9,3 million for the period ended 31 March 2014 (2012/13:R75,4 million net surplus). The reduction of profit compared to the previous year is equivalent to R84.7 million (112.3% decrease). The net loss is attributed mainly to increased pharmaceutical purchases costs and an increased in direct deliveries to health facilities which resulted into overall increase in total operating expenditure of R348,6 million (14.8% increase). The increase in the total operating expenditure outweighed increase in turnover of R263.7 million (10.8% increase) compared to the previous year turnover as a result of increase in trading activities.

Inventory purchase prices increased significantly during the period under review is attributed to substantial price increases due to the Department participating in the National contracts.

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 were charged directly to Institutions.
- 1.2 The number of patients serviced increased over the previous year, largely due to the increase in the CD4 count threshold for initiation, resulting in more patients becoming eligible for initiation on Anti-Retroviral Therapy (ART)

2. Services rendered by the Provincial Pharmaceutical Supply Depot

2.1 The Provincial Pharmaceutical Supply Depot (PPSD) is a trading entity operating within 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 nationally contracted suppliers and are then distributed to the various institutions based on demand. Pharmaceuticals are charged at actual cost plus a mark-up of between 4% and 12% to cover the administrative costs.

2.2 The tariff policy is structured as follows:

Surcharge of 4%: Levied on all pharmaceutical items procured by PPSD and delivered directly by the supplier to the requisitioning institutions.

Surcharge of 5%: Levied on all pharmaceutical items procured by and received at PPSD and thereafter delivered to the institutions via the contracted courier

Surcharge of 12%: Levied on all pharmaceuticals that involve the use of PPSD human resources for prepacking.

3. Capacity Constraints

3.1 Warehousing

The increasingly limited availability of warehousing has continued to contribute to capacity constraints.

3.2 Human Resources

Increased demand of pharmaceutical services by the Department's institutions has put pressure on human resources capacity. In this regard, different methods and models are being explored to improve personnel capacity to meet increased demand whilst ensuring compliance.

4. Performance Information**4.1 Financial Performance Indicators**

The table below includes the PPSD performance and outcome targets for 2013/14. The stock turnover target was not achieved due to cost containment measures adopted during the period under review (2013/14).

PPSD Performance and Outcome Target for 2013/14

| Objective | Indicator | Target | Actual |
|---|----------------|---------------------|---------------------|
| Increase in standard stock account | Stock level | R 221,926 million | R 202,372 million |
| Adequate working capital to support adequate stockholding | Stock Turnover | R 2,663,112 million | R 2,689,623 million |
| Sufficient stock available at end user | Service Level | 92% | 85% |

4.2 Service Delivery Performance Indicators**PPSD Service Delivery Performance Indicators and Targets for 2013/14**

| Objective | Indicator | 2013/2014 (Target) | 2013/2014 (Actual) | Comments |
|---|---|--------------------|--------------------|--|
| To improve medicine supply management systems at PPSD and facility level | Tracer medicine stock-out rate (PPSD) | < 2% | 5.7% | Some of the contracted Suppliers (National Contracts) were unable to keep with the demand as patient numbers increased. |
| Ensure compliance with Pharmaceutical Legislation with 90% Pharmacies compliant by 2014/2015 and PPSD 100% compliant by 2012/2013 | PPSD compliant with Good Wholesaling Practice Regulations | 100% | Non-Compliant | The implementation of the plan to build new depot was stopped following Ministerial pronouncements on the depot operations in the country. The current plan is to upgrade the current infrastructure to meet Medicine Control Council requirements |

Approval

The Annual Financial Statements set out on pages 330 to 345 have been approved by the Accounting Officer.

Dr S. M. Zungu
Accounting Officer
31 March 2014

STATEMENT OF FINANCIAL POSITION FOR YEAR ENDED 31 MARCH 2014

| | Note | 2013/14 R'000 | 2012/13 R'000 (Restated) |
|--|------------|------------------|--------------------------------|
| ASSETS | | | |
| Current assets | | | |
| Trade and other Receivables from exchange transactions | 1 | 118,981 | 164,678 |
| Inventory | 2 | 203,048 | 189,970 |
| Non-current assets | | | |
| Property, plant and equipment | 3 | 3,118 | 6,619 |
| Total assets | | 325,147 | 361,267 |
| LIABILITIES | | | |
| Current Liabilities | | | |
| Trade and other payables from exchange transactions | 4 | 2,937 | 28,810 |
| Current provisions | 5 | 80 | - |
| Total liabilities | | 3,017 | 28,810 |
| Net assets | | | |
| Capital by Government | Net Assets | 202,372 | 202,372 |
| Reserves | Net Assets | 4,276 | 5,312 |
| Accumulated surplus / (deficits) | Net Assets | 115,482 | 124,773 |
| Total net assets and liabilities | | 325,147 | 361,267 |

STATEMENT OF FINANCIAL PERFORMANCE FOR THE YEAR ENDED 31 MARCH 2014

| | Note | 2013/14 R'000 | 2012/13 R'000 (Restated) |
|--|------|------------------|--------------------------------|
| REVENUE | | | |
| Revenue from exchange transactions | | 2,693,391 | 2,429,719 |
| Sale of goods & rendering of services | 6 | 2,689,624 | 2,429,699 |
| Other income | | 3,767 | 20 |
| Total revenue | | 2,693,391 | 2,429,719 |
| EXPENSES | | | |
| Employees related cost | 7 | 28,558 | 29,149 |
| Depreciation and amortisation expense | 8 | 2,467 | 2,117 |
| Repairs and maintenance | 9 | 637 | 1,811 |
| Contracted Services | 3 | 3,487 | 3,311 |
| General expenses | 10 | 2,667,533 | 2,317,699 |
| | 11 | | |
| Total expenses | | 2,702,682 | 2,354,087 |
| Other gains/ losses | | - | (205) |
| Gain/ loss on sale of assets | 12 | - | (205) |
| Surplus / (Deficit) for the period before tax | | (9,291) | 75,427 |
| Surplus / (Deficit) for the period | | (9,291) | 75,427 |

STATEMENT OF CHANGES IN NET ASSETS FOR YEAR ENDED 31 MARCH 2014

| | Revaluation Reserves | Contributed capital | Accumulate d Surplus/ (deficit) | Total: Net Assets |
|--|-------------------------|------------------------|---------------------------------------|----------------------|
| | R'000 | R'000 | R'000 | R'000 |
| Balance as at 31 March 2012 | 5,883 | 187,202 | 68,967 | 262,052 |
| Correction of prior period error | - | - | 2,348 | 2,348 |
| Balance as at 1 April 2012 | 5,883 | 187,202 | 71,315 | 264,400 |
| Transfers to/ from accumulated Surplus/ (deficit) | (571) | - | (22,655) | (23,226) |
| Transfers to/ (from) other reserves | - | - | 481 | 481 |
| Increase/ (Decrease) in Share Capital | - | 15,170 | - | 15,170 |
| Surplus/ (deficit) for the period | - | - | 75,775 | 75,775 |
| Balance as at 31 March 2013 | 5,312 | 202,372 | 124,916 | 332,600 |
| Correction of prior period error | - | - | (143) | (143) |
| Balance as at 1 April 2013- restated | 5,312 | 202,372 | 124,773 | 332,457 |
| Transfers to/ (from) other reserves | (1,036) | - | - | (1,036) |
| Surplus/ (deficit) for the period | - | - | (9,291) | (9,291) |
| Balance as at 31 March 2014 | 4,276 | 202,372 | 115,482 | 322,130 |

STATEMENT OF CASH FLOWS FOR YEAR ENDED 31 MARCH 2014

| | Note | 2013/14 R'000 | 2012/13 R'000 (Restated) |
|---|------|--------------------|--------------------------------|
| Cash flows from operating activities | | | |
| Receipts | | | |
| | | 2,400,863 | 2,386,494 |
| Sales of goods and rendering of services | | 2,400,847 | 2,386,474 |
| Other operating Revenue | | 16 | 20 |
| Payments | | | |
| | | (2,400,861) | (2,378,510) |
| Compensation of Employees | | (28,624) | (27,482) |
| Goods and services | | (2,372,237) | (2,351,028) |
| Net cash flows from operating activities | 13 | 2 | 7,984 |
| Cash flows from investing activities | | | |
| | | (2) | (499) |
| Purchase of assets | | (2) | (594) |
| Proceeds from sale of assets | | - | 95 |
| Net cash flows from investing activities | 14 | (2) | (499) |
| Cash flows from financing activities | | | |
| | | - | (7,485) |
| Proceeds from issuance of ordinary shares/ contributed cap | | - | (7,485) |
| Net cash flows from financing activities | 15 | - | (7,485) |
| 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 | | - | - |

NOTES TO THE ANNUAL FINANCIAL STATEMENTS FOR YEAR ENDED 31 MARCH 2014

1. Accounting Policies

Basis of Preparation

The financial statements have been prepared in accordance with the Standard of Generally Recognised Accounting Practice (GRAP) including any interpretations, guidelines and directives issued by the Accounting Standards Board. Standard of GRAP issue not yet effective.

At the date of issue if these financial statements, the following accounting standards of GRAP were approved by the Board but its effective date has not yet been determined by the Minister of Finance:

- GRAP 20: Related Party Disclosures
- GRAP 25: Employee Benefits
- GRAP 105: Transfer of Functions between Entities under common control
- GRAP 106: Transfer of Functions between Entities not under common control
- GRAP 107: Merges

The effective date of the above standards has not yet been determined. The effect of adopting these GRAP standards, when they become effective, is not expected to have a significant impact on the financial statements as the principles are similar to those already applied under the equivalent Statement of South African Generally Accepted Accounting Practices (SA GAAP).

These financial statements have been prepared on an accrual basis of accounting and are in accordance with historical cost convention unless specified otherwise. They are presented in South African Rand.

A summary of the significant accounting policies, which have been consistently applied, are disclosed below. These accounting policies are consistent with the previous period, except for the changes set out in Note 18 - First time adoption of Standards of GRAP.

1.1 Significant Judgements, Estimates and Assumptions

In preparation of the Annual Financial Statements, management is required to make estimates and assumptions that affect the amounts represented in the Annual Financial Statements and related disclosures. Use of available information and the application of judgment are inherent in the formation estimates. Actual results in the future could differ from these estimates which may be material to the Annual Financial Statements. Significant judgments include:

Trade and other Receivables

The Provincial Pharmaceutical Supply Depot assesses its trade receivables for impairment at the end of each reporting period. In determining whether an impairment loss should be recorded in surplus or deficit, the Provincial Pharmaceutical Supply Depot makes judgments as to whether there is observable circumstance indication of a measurable decrease in the estimated future cash flows from a financial asset.

Impairment Testing

The recoverable (service) amounts of individual assets and cash-generating units have been determined based on the higher of value in use calculations and fair values less costs to sell. These calculations require the use of estimates and assumptions. Provincial Pharmaceutical Supply Depot reviews and tests the carrying value of assets when events or changes in circumstances suggest that the carrying amount may not be recoverable. If there are indications that impairment may have occurred, estimates are prepared of the recoverable services amount of each asset.

Provisions

Provisions were raised and management determined an estimate based on the information available. Additional disclosure of these estimates of provisions is included in note 5 – Provisions.

Useful lives of Property, Plant and Equipment, Software and Development Costs

The Provincial Pharmaceutical Supply Depot management determines the estimated useful lives, residual value and related depreciation charges for property, plant and equipment, software and development costs. This estimate is based on the pattern in which an asset's future economic benefits or service potential are expected to be consumed by the entity.

Effective Interest Rate and Deferred Payment Terms

The Central Medical Trading Account uses an appropriate interest rate, taking into account guidance provided in the accounting standards, and applying professional judgment to the specific circumstances, to discount future cash flows.

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

Exchange transactions are transactions in which one entity receives assets or services, or has liabilities extinguished, and directly gives approximately equal value (primary in the form of cash, good, services, or use of assets) to another entity in exchange.

Revenue is measured at the fair value of the consideration received or receivable, net of trade discounts and volume rebates.

Rendering of Services

When the outcome of a transaction involving the rendering of services can be estimated reliably, revenue associated with the transaction is recognised by reference to the stage of completion of the transaction at the reporting date. The outcome of a transaction can be estimated reliably when all the following conditions are satisfied:

- The amount of revenue can be measured reliably;
- It is probable that the economic benefits or service potential associated with the transaction will flow to the Provincial Pharmaceutical Supply Depot ;
- The stage of completion of the transaction at the reporting date can be measured reliably; and
- The costs incurred for the transaction involving the rendering of services cannot be estimated reliably, revenue is recognised only to the extent of the expenses recognised that are recordable.

Interest

Revenue arising from the use by others of entity assets yielding interest, royalties and dividends is recognised when it is probable that the economic benefits or service potential associated with the transaction will flow to the Provincial Pharmaceutical Supply Depot; and the amount of the revenue can be measured reliably.

Interest is recognised, in surplus or deficit, using the effective interest rate method. When a receivable is impaired, Provincial Pharmaceutical Supply Depot reduces the carrying amount to its receivable amount, being the estimated future cash flows discounted at the original effective interest rate of the instrument, and continues unwinding the discount as interest income.

Revenue from Sale of Goods

Revenue is recognised at fair value of the consideration received or receivable for the sale of goods and services in the ordinary course of entity's activities. Revenue from sale of goods is recognised when:

- Significant risk and rewards of ownership associated with ownership of goods are transferred to the buyer;
- The entity retains neither continuing managerial involvement to the degree usually associated with ownership nor effective control over the good sold;
- The amount of the revenue can be measured reliably; and
- It is probable that the economic benefits associated with the transaction will flow to the entity and the cost incurred or to be incurred in respect of the transaction can be measured reliably.

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.

Revenue from Non-Exchange Transactions

The transfer from the controlling entity is recognised when it is probable that future economic benefits will flow to the Provincial

Pharmaceutical Supply Depot and when the amount can be measured reliably. A transfer is recognised as revenue to the extent that there is no further obligation arising from the receipt of the transfer payment.

Transfers

Apart from Services in Kind, which are not recognised, the Provincial Pharmaceutical Supply Depot recognises an asset in respect of transfers when the transferred resources meet the definition of an asset and satisfy the criteria for recognition as an asset.

Transferred assets are measured at their fair value at the date of acquisition.

Gifts and Donations, including Goods In-Kind

Gifts and donations, including goods in-kind, are recognised as assets and revenue when it is probable that the future economic benefit or service potential will flow to the Provincial Pharmaceutical Supply Depot and the fair value of the assets can be measured reliably.

Services In-Kind

Services in-kind are not recognised.

1.6 Property, Plant and Equipment

Property, plant and equipment are stated at revaluation 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: | 20% - 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 derecognition 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 assets 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

Financial assets comprise of trade and other receivables, which are recognised at determinable (not quoted in an open market) amount from time to time between PPSD and KwaZulu-Natal Department of Health (KZN DoH). The PPSD continues to recognise this asset as there is continuing involvement in the KZN DoH banking account in terms of cash receivables.

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 or 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 and 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 or individuals that control or significantly influence entities in making financial and operating decisions. Specific information with regards to related parties is included in the notes.

1.15 Leases

A lease is classified as a finance lease if it transfers substantially all the risks and rewards incidental to ownership; while a lease is classified as an operating lease if does not transfer substantially all the risks and rewards incidental to ownership.

Finance Leases- Lessee

Finance leases are recognized as assets and liabilities in the statement of financial position at

amount equal to the fair value of the leased property or, if lower, the present value of the minimum lease payment. The corresponding liability to the lessor is included in the statement of financial position as a finance lease obligation.

The discount rate used in calculating the present value of the minimum lease payments is the effective interest rate at the reporting date.

Minimum lease payments are apportioned between the finance charge and reduction of the outstanding liability. The finance charge is allocated to each period during the lease term so as to produce a constant periodic rate of on the remaining balance of the liability.

Operating Leases – Lessee

Operating lease payments are recognized as an expense on a straight-line basis over lease term. The difference between the amounts recognized as an expense and the contractual payments are recognized as an operating lease asset or liability.

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KwaZulu-Natal Department of Health

| | 2013/14 R'000 | 2012/13 R'000 (Restated) |
|--|------------------|--------------------------------|
| 1. Trade and other receivables from Exchange Transactions | | |
| Other receivables | 118 981 | 164 678 |
| Total Trade and other receivables at 31 March | 118 981 | 164 678 |

3. Inventories

Carrying value of inventory

| | 2013/14 R'000 | 2012/13 R'000 (Restated) |
|----------------|------------------|--------------------------------|
| Raw Material | 794 | 589 |
| Finished Goods | 202 254 | 189 381 |

Inventory carried at Net Realisable Value

The following classes of inventory are carried at net realisable value:

| | 2013/14 R'000 | 2012/13 R'000 (Restated) |
|----------------|------------------|--------------------------------|
| Finished Goods | 202 054 | 189 381 |
| Total | 202 054 | 189 381 |

Amount recognised as an expense

Cost of inventory sold and included in cost of sales expense line item for the year

| | 2013/14 R'000 | 2012/13 R'000 (Restated) |
|---|------------------|--------------------------------|
| Cost of inventory sold and included in cost of sales expense line item for the year | 2 662 579 | 2 311 551 |
| Total | 2 662 579 | 2 311 551 |

4. Property, Plant and Equipment

| | 2014 | | | 2013 (Restated) | | |
|----------------------|--------------------|--|-------------------|--------------------|--|-------------------|
| | Cost/ Valuation | Accumulated Depreciation and Impairment | Carrying value | Cost/ Valuation | Accumulated Depreciation and Impairment | Carrying value |
| Motor vehicles | 385 | (72) | 313 | 385 | (23) | 362 |
| Furniture & fittings | 3 008 | (2 254) | 754 | 5 379 | (3 124) | 2 255 |
| Computer equipment | 3 727 | (2 807) | 917 | 3 723 | (2 062) | 1 662 |
| Other assets | 2 762 | (1 628) | 1 134 | 4 660 | (2 319) | 2 341 |
| Total | 9 878 | (6 760) | 3 118 | 14 148 | (7 529) | 6 619 |

Reconciliation Property, Plant and Equipment - 2014

| | Carrying value Opening balance | Additions | Disposals | Transfers | Depreciation | Revaluation | Carrying value Closing Balance |
|----------------------|---|-----------|-----------|-----------|----------------|----------------|---|
| Motor vehicles | 362 | - | - | - | (48) | - | 314 |
| Furniture & fittings | 2 255 | - | - | - | (897) | (604) | 754 |
| Computer equipment | 1 661 | - | - | - | (745) | - | 917 |
| Other assets | 2 341 | 2 | - | - | (777) | (432) | 1 134 |
| Total | 6 619 | 2 | - | - | (2 467) | (1 036) | 3 118 |

Reconciliation Property, Plant and Equipment – 2013 (Restated)

| | Carrying value Opening balance | Additions | Disposals | Transfers | Depreciation | Prior Year Error | Carrying value Closing Balance |
|----------------------|---|------------|--------------|-------------|----------------|---------------------|---|
| Motor vehicles | 422 | 385 | (293) | (74) | (78) | - | 362 |
| Furniture & fittings | 3 166 | 10 | (18) | - | (903) | - | 2 255 |
| Computer equipment | 1 786 | - | (56) | - | (642) | 574 | 1 662 |
| Other assets | 2 499 | 199 | (7) | - | (350) | - | 2 341 |
| Total | 7 798 | 594 | (374) | (74) | (1 973) | 574 | 6 619 |

4. Trade and other Payables from exchange transactions

| | | |
|------------------------|--------------|---------------|
| Trade creditors | 296 | 21 927 |
| Staff leave accrual | 213 | 3 963 |
| Other creditors | 2 428 | 2 920 |
| Total creditors | 2 937 | 28 810 |

2013/14 ANNUAL REPORT - VOTE 7

KwaZulu-Natal Department of Health

| | 2013/14 R'000 | 2012/13 R'000 (Restated) |
|--|------------------|--------------------------------|
| 5. Current Provisions | | |
| Reconciliation of Movement in provisions | | |
| Opening balance | - | - |
| Provision raised | 80 | - |
| Reduction in staff leave provision | - | - |
| | <hr/> | <hr/> |
| Closing balance | 80 | - |
| | <hr/> | <hr/> |
| 6. Sales of Goods and Services and Other Income | | |
| Revenue from Exchange Transactions – Sales of goods and services | 2 689 624 | 2 429 698 |
| | <hr/> | <hr/> |
| Other income | | |
| Other income | 3 767 | 20 |
| | <hr/> | <hr/> |
| Total | 3 767 | 20 |
| | <hr/> | <hr/> |
| 7. Employee Related Costs | | |
| Salaries and wages | 20 739 | 20 565 |
| Employer's Contribution for UIF, Pension and Medical Aid | 4 102 | 4 174 |
| Housing benefits and allowances | 1 168 | 1 207 |
| Performance and other bonuses | 1 582 | 1 403 |
| Other employee related costs | 4 | 880 |
| | <hr/> | <hr/> |
| Employee Related costs | 27 595 | 28 229 |
| | <hr/> | <hr/> |
| Executive management | | |
| No business took place between PPSD and key management personnel and their close family members. | | |
| Manager: Pharmaceutical Services | | |
| - Basic salary | 555 | 538 |
| - Social contributions | 15 | 19 |
| - Other allowances | 111 | 108 |
| | <hr/> | <hr/> |
| Compensation for key management personnel | 681 | 665 |
| | <hr/> | <hr/> |

2013/14 ANNUAL REPORT - VOTE 7

KwaZulu-Natal Department of Health

| | 2013/14 R'000 | 2012/13 R'000 (Restated) |
|---|------------------|--------------------------------|
| 8. Repairs and maintenance | | |
| Repairs and maintenance during the year | <u>637</u> | <u>1 811</u> |
| 9. Depreciation and amortisation Expense | | |
| Property, plant and equipment | <u>2 467</u> | <u>2 117</u> |
| Total depreciation and amortisation | <u>2 467</u> | <u>2 117</u> |
| 10. General Expenses | | |
| Advertising | 5 | 3 |
| Audit fees | 30 | 110 |
| Bank charges | 2 | - |
| Connection charges | 1 976 | 3 202 |
| Consumables | 32 | 120 |
| Cost of sales | 2 662 575 | 2 311 550 |
| Entertainment | 1 | 27 |
| Electricity | 791 | 893 |
| Financial management grant | - | - |
| Fuel and oil | 81 | 90 |
| Licence fees – vehicles | 1 | - |
| Postage | 47 | 59 |
| Printing and stationery | 1 030 | 709 |
| Professional fees | 27 | 3 |
| Rental of office equipment | 348 | 175 |
| Subscription & publication | 5 | 16 |
| Telephone cost | 458 | 643 |
| Training | 22 | 2 |
| Travel and subsistence – local | 42 | 88 |
| Uniform & overalls | 59 | 9 |
| Other | 1 | - |
| Total | <u>2 667 533</u> | <u>2 317 699</u> |
| 11. Gain / (Loss) on sales of Assets | | |
| Property, plant and equipment | - | (205) |
| Total | <u>-</u> | <u>(205)</u> |

| | 2013/14 R'000 | 2012/13 R'000 (Restated) |
|---|---------------------|--------------------------------|
| 12. Defined contribution plan | | |
| Government Pension Fund | 2 307 | 2 259 |
| | <u>2 307</u> | <u>2 259</u> |
| Total contributions expensed to Income Statement | <u>2 307</u> | <u>2 259</u> |
| 13. Contracted Services | | |
| Contracted services for: | | |
| Medical waste services | 157 | 181 |
| Cleaning services | 738 | 720 |
| Gardening services | 54 | 56 |
| Pest control services | 39 | 40 |
| Safeguard and security services | 2 499 | 2 314 |
| | <u>3 487</u> | <u>3 311</u> |
| Total | <u>3 487</u> | <u>3 311</u> |
| 14. Gain / (Loss) on sales of Assets | | |
| Property, plant and equipment | - | (205) |
| | <u>-</u> | <u>(205)</u> |
| Total | <u>-</u> | <u>(205)</u> |
| 15. Defined contribution plan | | |
| Government Pension Fund | 2 307 | 2 259 |
| | <u>2 307</u> | <u>2 259</u> |
| Total contributions expensed to Income Statement | <u>2 307</u> | <u>2 259</u> |

| | 2013/14 R'000 | 2012/13 R'000 (Restated) |
|--|------------------|--------------------------------|
| 16. Cash flows from operating activities | | |
| Surplus/ (deficit) for the year from: | | |
| Continuing operations | (9 295) | 75 427 |
| Adjusted for: | | |
| - Depreciation | 2 467 | 2 117 |
| - Movement in provisions | 80 | |
| - (Gain) / loss on sale of assets | | 205 |
| Operating surplus (deficit) before working capital changes: | (6 749) | 77 749 |
| - (Increase)/ decrease in inventories | (13 075) | (23 058) |
| - Increase / (decrease) in receivables | 45 697 | (43 117) |
| - Increase/ (Decrease) in payables | (25 873) | (3 589) |
| Cash generated from operations | 2 | 7 984 |

17. Purchase of Property, Plant and Equipment

During the period, the economic entity required property, plant and equipment with an aggregate cost of R1, 596. Cash payment of R 1, 596 were made to purchase property, plant and equipment.

| | | |
|--|------------|--------------|
| | (2) | (595) |
| | (2) | (595) |

18. Correction of Prior Year Error

During the year ended 31 March 2013, the transfer-in of computer equipment was erroneously omitted. The error is corrected retrospectively in the current financial period.

The comparative amount has been restated as follows:

Statement of Financial Performance

| | | |
|--|----------|--------------|
| Depreciation | - | 143 |
| Net effect on surplus/(deficit) | - | (143) |

Statement of Financial Position

| | | |
|--|--------------|--------------|
| Non-current Assets: | | |
| Property, plant and equipment | 574 | 574 |
| Current Assets: | | |
| Medsas: Interface Account | (717) | (717) |
| Net effect on Statement of Financial Position | (143) | (143) |
| Net effect on Accumulated surplus opening balance | (143) | (143) |

| | 2013/14 R'000 | 2012/13 R'000 (Restated) |
|---|------------------|--------------------------------|
| 19. Irregular expenditure | | |
| Opening balance | 63 467 | 44 490 |
| Irregular expenditure current year | 20 096 | 18 977 |
| Condoned or written off by Accounting Officer | - | - |
| | <hr/> | <hr/> |
| Irregular expenditure awaiting condonement | 83 563 | 63 467 |
| | <hr/> | <hr/> |
| 20. Operating leases | | |
| Leases | | |
| The major category of assets leases is | | |
| At the reporting date the entity had outstanding commitments under non-cancellable operating leases, which fall due as follows: | | |
| Up to 1 year | 398 | 282 |
| 1 to 5 years | 221 | 344 |
| More than 5 years | - | - |
| | <hr/> | <hr/> |
| Total | 619 | 626 |
| | <hr/> | <hr/> |
| 21. Revaluation Reserve | | |
| The surplus arising from the re-valuation surplus of vehicles, furniture and fittings, computer equipment and other assets is credited to a non-distributable reserve. On disposal, the net revaluation surplus is transferred while gains or losses on disposal, based on re-valued amounts, are credited or charged to the statement of financial performance. Any impairment loss or de-recognition of a re-valued asset shall be treated as re-valuation decrease. Should the impairment loss exceed the revaluation surplus for the same asset; the impairment loss is recognized in the accumulated surplus/ (deficit). | | |
| Opening balance | 5 312 | 5 883 |
| Contributions | (1 036) | (571) |
| | <hr/> | <hr/> |
| | 4 276 | 5 312 |
| | <hr/> | <hr/> |

22. Events After Reporting Period

There is neither adjusting nor non-adjusting events after the reporting period by the entity.

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