



health

Department:
Health
PROVINCE OF KWAZULU-NATAL

ANNUAL REPORT

2014/15

V O T E 7



FIGHTING DISEASE, FIGHTING POVERTY, GIVING HOPE

ANNUAL REPORT

2014/15

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SUBMITTING THE 2014/15 ANNUAL REPORT (VOTE 7) TO THE EXECUTIVE AUTHORITY

Dr SM Dhlomo

MEC for Health

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 2014 to 31 March 2015.



DR ST MTSHALI

ACCOUNTING OFFICER

KWAZULU-NATAL DEPARTMENT OF HEALTH

DATE: 20 AUGUST 2015

PART A: GENERAL INFORMATION

- Strategic Overview
- Vision
- Mission
- Core values
- Strategic Outcome Oriented Goals
- Legislative and Other Mandates
- Organisational Structure
- Entities Reporting to the MEC for Health

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DEPARTMENT'S GENERAL INFORMATION

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ABBREVIATIONS

Abbreviation	Description
A	
AIDS	Acquired Immune Deficiency Syndrome
ALOS	Average Length of Stay
ALS	Advanced Life Support
AMS	Air Mercy Services
ANC	Antenatal Care
APP	Annual Performance Plan
APSTAR	Applied Population Science and Research Programme
ART	Anti-Retroviral Therapy
ARV(s)	Anti-Retroviral(s)
ASSA	AIDS Committee of Actuarial Society of South Africa
ASELPH	Albertina Sisulu Executive Leadership Programme
B	
BAS	Basic Accounting System
BHS:EMC	Batchelor in Health Science: Emergency Medical Care
BLS	Basic Life Support
C	
CARMMA	Campaign on Accelerated Reduction of Maternal and child Mortality in Africa
CCG(s)	Community Care Giver(s)
CCMDD	Centralised Chronic Medicine Dispensing and Distribution
CDC	Community Day Centre
CEO(s)	Chief Executive Officer(s)
CHC(s)	Community Health Centre(s)
CIP	Compulsory Induction Programme
COE	Compensation of Employees
COEC	College of Emergency Care
CPS	Central Provincial Stores
CSO(s)	Community Service Officer(s)
CTOP	Choice on Termination of Pregnancy
D	
DCST(s)	District Clinical Specialist Team(s)
DDV	Direct Delivery Voucher
DHER(s)	District Health Expenditure Review(s)
DHIS	District Health Information System
DHP's	District Health Plans
DHS	District Health System

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Abbreviation	Description
DBE	Department of Basic Education
DoPW	Department of Public Works
DORA	Division of Revenue Act
DOT	Directly Observed Treatment
DPC	Disease Prevention and Control
DPME	Department Performance Monitoring and Evaluation
DPSA	Department of Public Service and Administration
DR-TB	Drug Resistant Tuberculosis
DUT	Durban University of Technology
E	
EIA	Environmental Impact Assessment
ECA	Emergency Care Assistant
ECP	Emergency Care Practitioner
ECT	Emergency Care Technician
EMC	Emergency Medical Care
EMS	Emergency Medical Services
EMS P1 Calls	Emergency Medical Services Priority 1 calls
EOT	Extension of Time
PMDS	Performance Monitoring and Development System
EPWP	Expanded Public Works Programme
ESMOE	Essential Steps in Management of Obstetric Emergencies
ETBR	Electronic Tuberculosis Register
ETR.net	Electronic Register for TB
F	
FDC	Fixed Dose Combination (ARV)
FP	Family Planning
FPO(s)	Forensic Pathology Officer(s)
FPS	Forensic Pathology Services
G	
GHS	General Household Survey
GIS	Geographic Information System
GPAA	Government Pension Administration Agency
GP(s)	General Practitioner(s)
H	
HAART	Highly Active Ante-Retroviral Therapy
HAST	HIV, AIDS, STI and TB
HCSS	Health Care Support Services
HCT	HIV Counselling and Testing

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Abbreviation	Description
HEI	Higher Education Institution
HISP	Health Information Service Programme
HIV	Human Immuno Virus
HPCSA	Health Professions Council of South Africa
HPV	Human Papilloma Virus
HR	Human Resources
HRKM	Health Research and Knowledge Management
HRMS	Human Resources Management Services
HRD	Human Resource Development
HTA's	High Transmission Areas
I	
IA(s)	Implementing Agent(s)
IALCH	Inkosi Albert Luthuli Central Hospital
ICAT	Infection Control Audit Tool
ICRM	Ideal Clinic Realisation and Maintenance
ICT	Information Communication Technology
ICU(s)	Intensive Care Unit(s)
IDT	Independent Development Trust
IDMS	Infrastructure Delivery Management Programme
IFT	Inter Facility Transfer
ILS	Intermediate Life Support
IMCI	Integrated Management of Childhood Illnesses
iMMR	Institutional Maternal Mortality Ratio
IMR	Infant Mortality Rate
IPC	Infection Prevention and Control
IPMP	Infrastructure Programme Management Plan
IPT	Ionized Preventive Therapy
ISHP	Integrated School Health Programme
IT	Information Technology
K	
KZN	KwaZulu-Natal
KZNCN	KwaZulu-Natal College of Nursing
L	
LG	Local Government
M	
M&E	Monitoring and Evaluation
MDG(s)	Millennium Development Goal(s)
MDR-TB	Multi Drug Resistant Tuberculosis

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Abbreviation	Description
MEC	Member of the Executive Council
MgSO ₄	Magnesium Sulphate
MMC	Medical Male Circumcision
MMR	Maternal Mortality Rate
MNC&WH	Maternal, Neonatal, Child & Women's Health
MOA	Memorandum of Agreement
MOP	Medical Ortho Prosthetics
MOU(s)	Midwifery Obstetric Unit(s)
MOU	Memorandum of Understanding
MPH	Master's in Public Health
MSH	Management Sciences for Health
MSM	Medicine Supply Management
MTEF	Medium Term Expenditure Framework
MTSF	Medium Term Strategic Framework
N	
NCS	National Core Standards
NCD(s)	Non-Communicable Disease(s)
NDP	National Development Plan
NECET	National Emergency Care Education and Training
NGO(s)	Non-Governmental Organisation(s)
NHI	National Health Insurance
NHISSA	National Health Information System of South Africa
NHRD	National Health Research Database
NIMART	Nurse Initiated and Managed Antiretroviral Therapy
NSDA	Negotiated Service Delivery Agreement
NSG	National School of Government
O	
OES	Occupation Efficiency Service
OHH	Outreach Households
OPD	Out-Patient Department
OSS	Operation Sukuma Sakhe
P	
PA(s)	Performance Agreement(s)
PCR	Polymerase Chain Reaction
PCV	Pneumococcal Vaccine
PDE	Patient Day Equivalent
PDOH	Provincial Department of Health
PEP	Post Exposure Prophylaxis

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Abbreviation	Description
PERSAL	Personnel and Salaries System
PGDP	Provincial Growth and Development Plan
PHC	Primary Health Care
PIA	Provincial Implementing Agents
PHRC(s)	Provincial Health Research Committee(s)
PHREC	Provincial Health Research and Ethics Committee
PLDP	Pharmaceutical Leadership Development Programme
PMDS	Performance Management and Development System
PMPU	Provincial Medicine Procurement Unit
PMTCT	Prevention of Mother to Child Transmission
PN	Professional Nurse
PPSD	Provincial Pharmaceutical Supply Depot
PTS	Patient Transport Services
PPT	Planned Patient Transport
PTB	Pulmonary Tuberculosis
PTC(s)	Pharmacy and Therapeutic Committee(s)
PSS	Patient Satisfaction Survey
Q	
QIP(s)	Quality Improvement Plan(s)
R	
RSA	Republic of South Africa
S	
SA	South Africa
SABS	South African Bureau of Standards
SANBS	South African National Blood Services
SANC	South African Nursing Council
SANTA	South African National Tuberculosis Association
SAPS	South African Police Services
SCM	Supply Chain Management
SDIP	Service Delivery Improvement Plan
SHS	School Health Services
SLA	Service Level Agreement
SMS	Senior Management Services
SOP(s)	Standard Operating Procedure(s)
StatsSA	Statistics South Africa
STI(s)	Sexually Transmitted Infection(s)
STP	Service Transformation Plan
T	

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Abbreviation	Description
TB	Tuberculosis
TROA	Total Clients Remaining on Antiviral Treatment
TVET	Technical Vocational Education Training Colleges
U	
U5MR	Under 5 Mortality Rate
UHERB	Umgungundlovu Health Ethics Review Board
UKZN	University of KwaZulu-Natal
U-AMP	User-Asset Management Plan
V	
VEMR	Virtual Electronic Medical Records
VO(s)	Variation Orders
W	
WBOT(s)	Ward Based Outreach Team(s)
WHO	World Health Organisation
WISN	Workload Indicators of Staffing Need
X	
XDR-TB	Extreme Drug Resistant Tuberculosis

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FOREWORD BY THE MEC FOR HEALTH

It is with pleasure that I table the Annual Report for the 2014/15 financial year. The report marks the end to the 2010-2014 electoral planning cycle and reflects on the achievements, limitations and challenges faced by the Department during the reporting period.

Trust and confidence in the public health system have ebbed and flowed in 2014/15. The challenge remains to fully transform the health system, within available resources, to a system that will be able to fully enable transformation of the health care system in line with the goals and objectives of the National Development Plan, the Medium Term Strategic Framework, the Provincial Growth and Development Plan as well as the Department's Strategic Plan.

The complexity of the quadruple burden of disease, high poverty levels in the Province, resource limitations and an ever increasing demand for health services demanded harsh choices during the reporting period. I am however confident that the choices we made were to the benefit of health care now and in years to come.

The R 31 245 510 billion budget spent in the financial year under review, built on the work done in the last decade to reconstruct a responsive health system that is more accessible and equitable to our citizens, as well as implementing programmes and services to improve the quality of health care and improve health outcomes.

The public health system remains the provider of healthcare to the vast majority of people within KwaZulu-Natal. In general, the health outputs and outcomes have steadily improved over the last 5 years. During the reporting year, more than 31 million patients visited our Primary Health Care Services and more than 6 million patients were managed at hospital outpatients. Patients on the ART Programme increased with 133% since 2010 with 951 462 patients on treatment in 2014/15. One of the shining examples of improved health outcomes is the dramatic decrease in the mother to child transmission rate from 6.8% in 2010 to 1.3% in 2014/15.

The credit for the achievements over the reporting cycle goes to all the hardworking and committed staff at every level of the organisation, the collective leadership and the partners that we collaborated with. I sincerely acknowledge and commend all staff for their dedication and contributions towards health care in the Province.

I endorse the 2014/15 Annual Report for submission.



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

DR SM DHLOMO

MEC FOR HEALTH: KWAZULU-NATAL

DATE: 20/08/2015

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REPORT OF THE ACCOUNTING OFFICER

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 accessibility, equity, community participation, use of appropriate technology and inter-sectorial collaboration.

The 2014/15 financial year marks the final year of the 5 years strategic planning cycle (2010-2014). During the 5 year cycle, the Department reviewed the Strategic Plan annually to ensure alignment with national and provincial changes brought about by the adoption of new plans e.g. the National Development Plan and Provincial Growth and Development Plan, new policies and guidelines e.g. Management of HIV, and PHC re-engineering, service pressures and demands driven by the burden of disease and social determinants of health, as well as strategies to strengthen the health care system as enabler for service delivery.

The primary focus of the Department was vigorous implementation of the financial management turnaround strategy, strengthening of health systems, increased focus on the re-engineering of PHC, reducing morbidity and mortality through prevention and management of HIV, AIDS and TB, and expanding programmes for maternal, child and women's health and non-communicable diseases.

Improved health outcomes, and increased focus on improving the social determinants of health using the Provincial Flagship Programme (Operation Sukuma Sakhe) as a vehicle for implementation of community-based programmes, resulted in increasing the life expectancy at birth from 52.6 years in 2010 to 61.1 years in 2014 (StatsSA Mid-year Estimates 2014).

Primary Health Care

The Department commenced with the implementation of the Ideal Clinic Programme to improve equity, access and quality at community and facility level. During the reporting year, 288 clinics were assessed for Ideal Clinic status and 69 of these clinics scored more than 80% against the national Ideal Clinic standards. A total of 74 fully functional Ward-Based Outreach Teams and 170 School Health Teams have been deployed at community level to improve access to health. Recruitment and appointment of staff for the District Clinical Specialised Teams is ongoing although the limited pool of resources and high turn-over rate remains a challenge.

The PHC headcount shows a decreasing trend since 2013/14 (31 641 638 to 31 232 092) which may be partly due to improved management at community level. During the same period, household visits increased from 40 092 to 103 852 although reporting must be strengthened.

HIV and AIDS

There has been a strong focus on prevention of new infections and improving the management of patients living with HIV. A total number of 2 005 550 people between 15-49 years were tested for HIV to ensure that people know their status and the people living with HIV access the necessary care as early as possible. The number of medical male circumcisions increased with 47% between 2013/14 and 2014/15 (304 886 to 448 276) which, according to empirical evidence will reduce risk of HIV infection by more than 60%. Since 2010, the patients on ante-retroviral treatment increased with 133% and over the last two years, the number of people remaining on ante-retroviral treatment increased with 13% (840 738 to 951 462). The Department established 124 High Transmission Areas to expand the reach of prevention programmes.

TB

Between 2013/14 and 2014/15, the TB incidence decreased from 898 per 100 000 population to 828 per 100 000; the number of patients dying during treatment decreased from 1 480 to 1 271; and 26 533 people were successfully treated for TB. Of concern is the high number of MDR-TB patients with 3 927 initiated on treatment during the reporting year.

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Maternal, Child & Women's Health

The maternal mortality ratio in facilities decreased from 147 per 100 000 live births (2013/14) to 124.9 per 100 000 in 2014/15 and deaths decreased from 280 to 252. Of concern is the increased number of births to women under the age of 18 years increasing from 17 688 to 18 101 as this is identified one of the high risk factors in maternal deaths. The mother to child transmission rate decreased from 1.6% to 1.3% in 2014/15 which proved that programme outcomes justify resource input.

To reduce morbidity and mortality of cervical cancer, a total of 161 707 women were screened for cervical cancer and 136 415 Grade 4 girls received the HPV vaccination. Malnutrition, linked to poverty and deprivation, remains a concern. The severe acute malnutrition incidence (children under 5 years) increased from 5.6 per 1000 to 6.3 per 1000. Programmes are being scaled up to address causal factors also in line with the Provincial Poverty Eradication Plan in the Office of the Premier.

Non-Communicable Diseases

Community-based programmes, focussing on healthy lifestyles, health promotion and education, early detection and referral was scaled up during the reporting year. The hypertension incidence decreased from 21.9 per 1000 to 19.2 per 1000, and the diabetes incidence from 1.8 per 1000 to 1.6 per 1000.

The malaria incidence, one of the Millennium Development Goals, decreased from 1.08 per 1000 to 1.03 per 1000. Cataract surgery increased from 6 866 to 8 037 in 2014/15. Commissioning of the Mc Cords Eye Hospital will further improve eye care services.

Hospital Services

Between 2013/14 and 2014/15, the outpatient headcounts decreased with 3.4% (6 418 246 to 6 195 206) and the inpatient days decreased with 0.3% (5 546 677 to 5 527 806). Although this trend must be analysed, it is suspected that improved PHC will impact positively on curative services.

Infrastructure Projects

Infrastructure continues to deliver on its mandate as reported in the Annual Report. Although a number of infrastructure projects, especially building of new facilities were put on hold as a result of budget constraints a number of facilities were commissioned during the reporting year. The Dr Pixley ka Isaka Seme Regional Hospital site was officially handed over to the Department on 16 January 2015, and the project commenced as the Department's flagship project for the next term at a total cost of R2.8 billion.

Human Resources for Health

As part of the long term plan to improve human resources for health, the Department renewed the Memorandum of Understanding with the University of KwaZulu-Natal. Plans for a Decentralised Training in PHC Model with the University are at an advanced stage to ensure that the focus shifts from the current curative approach to a PHC approach at decentralised level. The Department continues its efforts to improve the workforce to respond to increasing demands.

Financial and Supply Chain Management

With regard to the implementation of the financial management turnaround strategy, the Department was able to put sound financial management strategies in place to overturn the significant unauthorised expenditure to an acceptable level and continues to do so. The Department is also embarking on implementation of a proper asset management system as well as an automated Supply Chain Management System.

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FINANCIAL PERFORMANCE

Table 1: Departmental Receipts

Departmental receipts	2014/2015			2013/2014		
	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	220 512	250 237	(29 725)	217 666	237 077	(19 411)
Fines, penalties and forfeits	21	31	(10)	21	29	(8)
Interest, dividends and rent on land	217	143	74	217	5 988	(5 771)
Sale of capital assets	10 000	14 009	(4 009)	12 000	9 607	8 407
Financial transactions in assets and liabilities	15 411	25 513	(10 102)	1 3 577	18 046	(4 469)
Total	246 161	289 933	(43 772)	243 481	270 747	(27 266)

Source: BAS; Annual Financial Statements

The Department generates its revenue mainly from patients' fees which includes medical aid claims for services rendered, Road Accident Fund for treatment of patients injured on public roads and other health services rendered by hospitals to patients and other Departments. It also generates revenue from the use of the Department's facilities and accommodation of the staff which includes boarding fees, non-residents and parking fees.

During the last two previous financial years, the Department have seen substantial over collection against sale of goods and services as a result of concerted effort to ensure revenue recoveries and through provision of training to the institutions. The set revenue target was over collected by R43 772 million, the budget revenue collection for 2014/15 was R246 161 million and the actual revenue collected was R289 933 million. The main reason for over-collection was as a result of increased efforts with regards to Road Accident Fund Accounts payments and an 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 and it is reviewed annually. Boarding fees are treated as part of housing allowance which is negotiated at Bargaining Council.

Free Services

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

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Table 2: Programme Expenditure

Programme Name	2014/2015			2013/2014		
	Final Appropriation	Actual Expenditure	(Over)/ Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/ Under Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000
Administration						
Current payment	584 985	678 837	(93 852)	553 070	610 483	(57 413)
Transfers and subsidies	4 814	6 643	(1 829)	1 549	1 300	249
Payment for capital assets	17 593	15 827	1 766	41 776	41 776	0
Payment for financial assets		12	(12)	7	33 629	(33 622)
Total	607 392	701 319	(93 927)	596 402	687 188	(90 786)
District Health Services						
Current payment	14 129 294	14 126 593	2 701	12 644 501	12 844 312	(199 811)
Transfers and subsidies	394 183	413 439	(19 256)	419 246	355 229	64 017
Payment for capital assets	165 557	149 002	16 555	104 384	103 929	455
Payment for financial assets	21	21	0	0	0	0
Total	14 689 055	14 689 055	0	13 168 131	13 303 470	(135 339)
Emergency Medical Services						
Current payment	1 043 872	1 061 869	(17 997)	934 952	975 416	(40 464)
Transfers and subsidies	4 247	4 684	(437)	10 274	3 946	6 328
Payment for capital assets	19 623	1 189	18 434	25 800	30 578	(4 778)
Payment for financial assets	371	371	0	0	0	0
Total	1 068 113	1 068 113	0	971 026	1 009 940	(38 914)
Provincial Hospital Services						
Current payment	8 627 112	8 627 112	0	8 267 154	8 285 195	(18 041)
Transfers and subsidies	64 651	135 168	(70 517)	108 080	144 697	(36 617)
Payment for capital assets	100,621	33,394	67,227	37,030	30,568	6,462
Payment for financial assets	5	5	0	0	0	0
Total	8 792 389	8 795 679	(3 290)	8 412 264	8 460 460	(48 196)
Central Hospital Services						
Current payment	3 087 580	3 111 768	(24 188)	2 914 371	2 914 371	0
Transfers and subsidies	5 030	28 634	(23 604)	4 887	4 890	(3)
Payment for capital assets	21 000	995	20 005	27 886	27 886	0
Total	3 113 610	3 141 397	(27 787)	2 947 144	2 947 147	(3)
Health Sciences and Training						
Current payment	778 359	778 344	15	784 251	789 339	(5 088)

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Programme Name	2014/2015			2013/2014		
	Final Appropriation	Actual Expenditure	(Over)/ Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/ Under Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000
Transfers and subsidies	223 433	238 202	(14 769)	214 414	208 632	5 782
Payment for capital assets	16 841	2 412	14 429	1 426	1 426	0
Payment for financial assets	7	6	1			
Total	1 018 640	1 018 964	(324)	1 000 091	999 397	694
Health Care Support Services						
Current payment	147 448	147 452	(4)	121 822	121 545	277
Transfers and subsidies	589	1,302	(713)	1 546	1 443	103
Payment for capital assets	3 192	3 192	0	0	14	(14)
Total	151 229	151 946	(717)	123 368	123 002	366
Health Facilities Management						
Current payment	379 156	379 132	24	349 449	349 449	0
Transfers and subsidies	14	37	(23)	20 000	20 022	(22)
Payment for capital assets	1 299 867	1 299 868	(1)	1 631 335	1 631 335	
Total	1 679 037	1 679 037	0	2 000 784	2 000 806	(22)
Departmental Total	31 119 465	31 245 510	(126 045)	29 219 210	29 531 410	(312 200)

Source: BAS; Annual Financial Statements

NOTE: For reasons for variance refer to the Notes to the Appropriation Statement

Unauthorised Expenditure

The Department incurred unauthorized expenditure of R 127,693 million (Note 11) mainly attributable to the roll out of ARV medication, increase in fuel price and cost of medicines as well as rand /dollar exchange rate. Households was overspent due to extensive number staff exits, increase in litigation cases against the Department and the non-funding of 1% increase of the Public sector wage increase. In order to reduce unauthorized expenditure, the Department will adhere to cost containment as per National Treasury Circular.

Public Private Partnership

The Department has in place a public private partnership agreement with Cowslip Investments (Pty) Ltd and Impilo Consortium for the delivery of non-clinical services to the Inkosi Albert Luthuli Central Hospital. Details of the PPP and the transactions relating thereto are disclosed under notes of the financial statements (Note 35).

Transfer/ New Activities

During the financial year the Department took over the Umhlathuze municipal clinics.

Asset Management

The Department purchased R346 million worth of movable assets in the 2014/2015 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 the fact that institutions and head office could not attribute a barcode to these assets. This amount will be investigated in the 2014/2015 financial year.

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The Department would like to thank the Provincial Treasury for the assistance that has been provided.

Supply Chain Management

The Department incurred an irregular expenditure of R 679 250 million which is disclosed in note 31 of the financial statements. The amount of irregular expenditure condoned in the current financial year is R 31 363 million. The Department also incurred deviation to the value R 117 million.

Due to the qualified opinion on irregular expenditure for the 2013/2014 financial year, the Department undertook an extensive exercise and further identified irregular expenditure together with the Auditor General findings to the value of R130, 197 million which was restated as a prior year correction to correct the opening balance.

Gifts and Donations

During this financial year an opening balance of R 12, 487 million in respect of local and foreign donor funds was available to the Department. Due to the nature of only RDP funds being disclosed under the aid assistance note 4 to financial statements a restatement of prior year amount to the financial statement was undertaken. Only R2 million was RDP funds and this was underspent in 2013/2014 financial year and was thus surrendered, in respect of the National Treasury practice note. Donations to value of R11, 1 million were received and reflected in the annexure 1H to the Financial Statement as is utilised in accordance with the donor request.

Events after the Reporting Date

No event subsequent to balance sheet date occurred.

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

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 contingent liability has been disclosed under Contingent Liabilities Annexure 3B. A task team has been appointed to develop and recommend a billing system as per the Ministers recommendation.

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Approval

The Annual Financial Statements set out on pages 292 to 378 are hereby approved by the Accounting Officer of the Department of Health: KwaZulu-Natal.



A stylized, handwritten signature in black ink, consisting of several overlapping loops and lines, positioned above a horizontal line.

DR ST MTSHALI

ACCOUNTING OFFICER

KWAZULU-NATAL DEPARTMENT OF HEALTH

DATE: 20 AUGUST 2015

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ACCOUNTING OFFICER 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 2015.

Yours faithfully



DR ST MTSHALI

ACCOUNTING OFFICER

KWAZULU-NATAL DEPARTMENT OF HEALTH

DATE: 20 AUGUST 2015

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1. STRATEGIC OVERVIEW

1.1 VISION

Optimal health status for all persons in KwaZulu-Natal

1.2 MISSION

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

1.3 CORE VALUES

Trust built on truth, integrity and reconciliation

Open communication, transparency and consultation

Commitment to performance

Courage to learn, change and innovate

1.4 STRATEGIC OUTCOME ORIENTED GOALS

Table 3: Strategic Goals

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.

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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 119/100 000 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.

Source: Strategic Plan 2010-2014

The strategic goals of the Department 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, Provincial Growth and Development Plan, and health service needs and demands in KwaZulu-Natal.

1.5 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...”

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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

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- *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

1.6 ORGANISATIONAL STRUCTURE

The Department's macro structure has been aligned with the mandates and core business of the Department and supports all the functions necessary to enable and deliver on the Departmental mandate as articulated in the National Health Act (Act No. 61 of 2003) and Amendments.

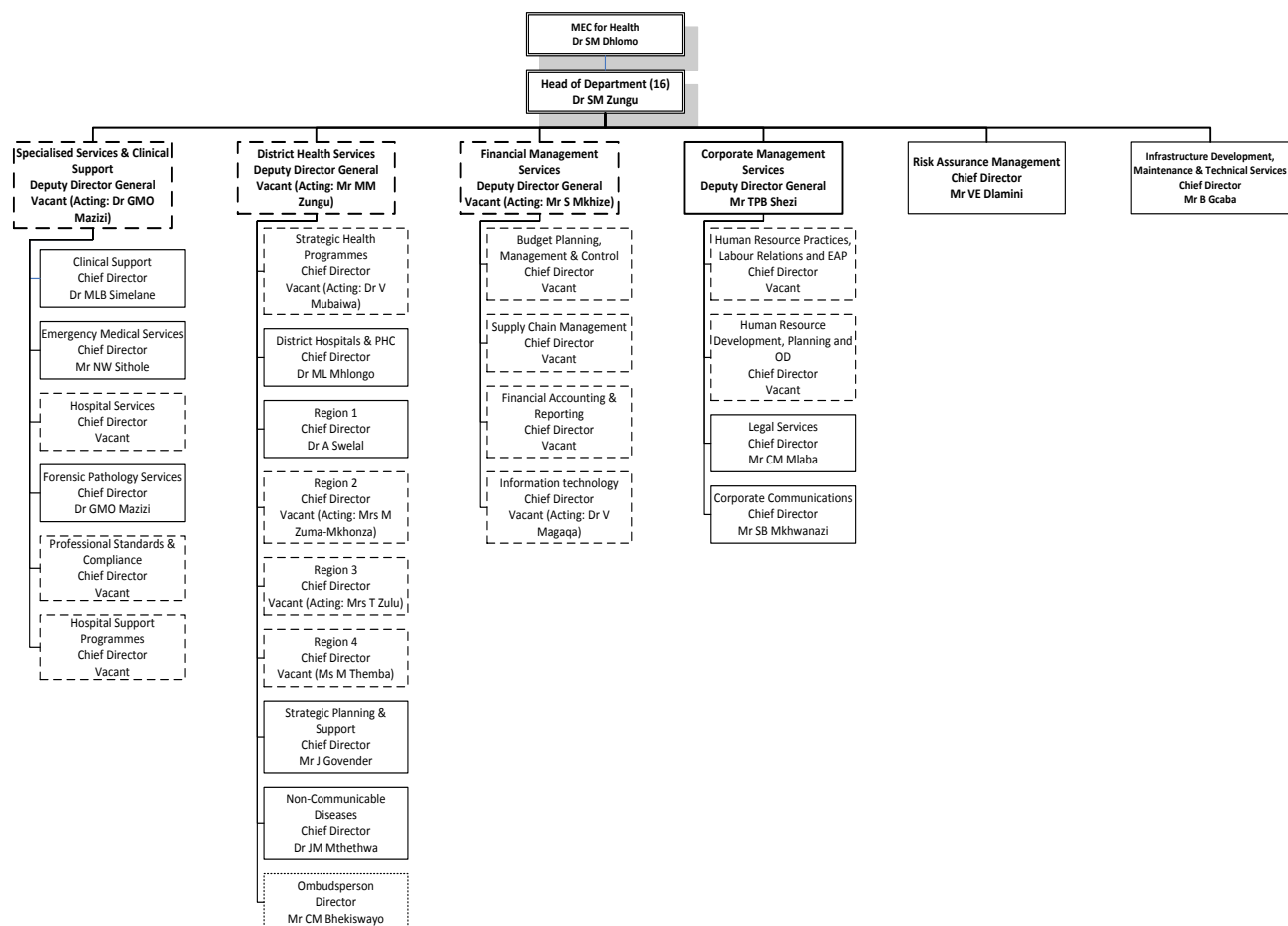
Implementation of the approved structure will strengthen leadership and oversight to lead in system strengthening thereby creating an enabling environment for the delivery of quality services.

Figure 1 reflects the KZN Department of Health Senior Management Services structure (level 14 – 16) as at 31 March 2015. The high vacancy rate is considered a high risk which has been prioritised in efforts to fill vacant posts. The main challenge remains the limited funding envelope and high cost of employees versus service delivery.

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Figure 1: Macro Organisational Structure – 31 March 2015



1.7 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

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PART B: PERFORMANCE INFORMATION

- Overview of Departmental Performance
- Programme 1: Administration
- Programme 2: District Health Services
- Programme 3: Emergency Medical Services
- Programme 4: Provincial Hospitals
- Programme 5: Central and Tertiary Hospitals
- Programme 6: Health Sciences and Training
- Programme 7: Health Care Support Services
- Programme 8: Health Facilities Management
- Transfer Payments
- Conditional Grants
- Donor Funds
- Capital Investment

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AUDITOR GENERAL REPORT ON PREDETERMINED OBJECTIVES

The Auditor-General of South Africa (AGSA) performs certain audit procedures on performance information to provide reasonable assurance in the form of an audit conclusion. The audit conclusion on performance against predetermined objectives is included under the *Report on other Legal and Regulatory Requirements* heading in the Report of the Auditor General.

Refer to page 288 to 289 of the Report of the Auditor General published in Part E of the Annual Report 2014/15.

2. OVERVIEW OF DEPARTMENTAL PERFORMANCE

2.1 SERVICE DELIVERY ENVIRONMENT

Based on Stats SA mid-year estimates for 2014¹, the Department rendered services to a total population of 10 571 313 and an uninsured population of 9 228 755 (General Household Survey²) during 2014/15. Table 5 outlines the number of public health facilities in the Province during the reporting period.

Table 5: Public Health Facilities

District	Clinics			Hospitals						
	Clinics ³	Average catchment pop per clinic	CHC's	District	Regional	Tertiary	Central	Tuberculosis	Psychiatric	Chronic
Ugu	54	13 241	2	3	1	0	0	1	0	0
Umgungundlovu	50	19 808	3	2	1	1	0	2	3	0
Uthukela	37	18 134	1	2	1	0	0	0	0	0
Umzinyathi	50	10 368	1	4	0	0	0	0	0	0
Amajuba	25	20 599	0	1	2	0	0	0	0	0
Zululand	70	11 917	1	5	0	0	0	1 (+2) ⁴	1	0
Umkhanyakude	57	11 294	0	5	0	0	0	0	0	0
Uthungulu	61	15 289	1	6	1	1	0	0	0	0
Ilembe	34	18 846	2	3	1	0	0	0	0	0
Harry Gwala	39	11 963	1	4	0	0	0	1	1	0
eThekwini	103	33 906	8	3	6	0	1	3	1	2
KZN Total	580	18 226	20	38	13	2	1	10	6	2

Source: DHIS; Stats SA Mid-Year Estimates

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 Includes Provincial and Local Government clinics

⁴ Includes 2 State Aided Hospitals

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Comments

- Catchment populations per clinic ranges between 4 500 and 36 600 with the biggest service pressures in eThekweni, Umgungundlovu and Uthungulu Districts. These districts are the economic hubs in the Province with fast growing populations.
- Mc Cords Hospital has been included as District Hospital in eThekweni. The hospital was taken over by the Province on 1 February 2014. In 2015, the hospital will commence to render Specialised Eye Care services.
- Lower Umfolozi War Memorial Hospital (Uthungulu) and Newcastle Hospital (Amajuba), classified as Regional Hospitals, render Mother and Child services.
- King Dinuzulu Hospital (eThekweni), classified as Regional Hospital, renders predominantly District Hospital services (400 beds commissioned in January 2013), limited tertiary services and Specialised TB and Psychiatric services.
- Greys Hospital (Umgungundlovu), classified as Tertiary Hospital, renders 80% tertiary services and 20% regional services.
- Ngwelezana Hospital (Uthungulu), classified as developing Tertiary Hospital, renders approximately 25% district, 42% regional and 33% tertiary services. There is no District or Regional Hospital in the UMhlatuze Municipality (Richards Bay area) which severely impacts on the development of tertiary services at Ngwelezana.
- King Edward VIII Hospital (eThekweni), classified as Central Hospital, renders 50% regional and 50% tertiary services. The hospital is reporting under Regional Hospitals in the DHIS as it is not functioning as full tertiary or central hospital. Classification of the hospital is being reviewed as part of the rationalisation of hospital services.

Service delivery is managed at different levels of the health care system to ensure rendering of comprehensive and equitable services.

- **Head Office:** Provides strategic leadership and oversight; responsible for establishing an enabling working environment through strengthening of the health care system at various levels; and to ensure that transversal and support functions are executed in line with the mandate of the Department.
- **District Offices:** Manage district health services and ensure implementation of relevant policies and guidelines in line with Departmental mandates. Provide leadership at district level and actively monitor and assess service rendering and expenditure at district and facility levels.
- **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 through 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 Community Care Givers (CCG's), Home-Based Carers; and various Non-Governmental and Faith-Based Organisations.
- The Provincial Flagship Programme, Operation Sukuma Sakhe (OSS) serves as the primary vehicle for rendering of integrated community-based services. This ensures integrated services to address the social determinants of health including (but not exclusive to) poverty eradication, provision of sanitation, water, electricity and waste removal.
- **Primary Health Care (PHC) services:** Nurse driven health services provided at fixed facilities (clinics and CHCs) and non-fixed facilities including mobiles clinics. 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 ranges between 6 256 in Nkandla Municipality in Uthungulu to 38 188 in uMhlatuze in Uthungulu. The unique topography, location of facilities and the limited funding envelope poses significant challenges to address inequities in access and service delivery. Alignment of the Human Resource and Infrastructure Plans with the Long Term Plans (Service Transformation Plan - STP) has been prioritised to address inequalities in resource allocation.

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- Hospital services: In and out-patient services rendered at District, Regional, Specialised, Tertiary and Central Hospitals. 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.
- Emergency Medical Services (EMS) and Patient Transport Services (PTS): Services include emergency response, special operations, communication, air ambulance services, and planned patient transport. 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 Airports. During 2014/15, the Aero-Medical Night Vision Goggles system for Helicopter Emergency Services was launched, which expanded operational times to 24 hour services.
- Forensic Pathology Services: Specialised Forensic Pathology Services are provided at 39 Medico-Legal Mortuaries with approximately 13 000 post mortems performed 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.

Challenges

- Community-based data: Data is still inadequate to inform evidence-based planning and decision-making. The current information system does not make adequate provision for inclusion of community-based data. Assumptions with regards to impact of improved community-based interventions on PHC and hospital services cannot be proved which influences the allocation of resources and scale up of programmes. The Office of the Premier, as custodian of the Operation Sukuma Sakhe Flagship Programme, is still in the process to capture household data that will inform community interventions including social determinants of health and intensified community outreach to address issues of poverty and deprivation (Provincial Poverty Eradication Master Plan).
- Community-Based Outreach Teams: The limited funding envelope still limits scale up of the programme. Poor linking of teams to the appropriate responsibility codes in the Personnel and Salaries System (Persal) and Basic Accounting System (BAS) impact on assessment of cost benefit and service output; higher than expected attrition rate of teams render teams non-functional for extended periods; shortage of staff at clinic level forcing outreach teams to render clinical services at clinics; limited pool of some professionals i.e. Medical Specialists for District Clinical Specialist Teams; poor integration of teams result in duplication at community level (poor utilisation of existing scarce resources) – this includes collaboration with other departments. In 2014/15, the Finance Section engaged PHC to correct linkages of teams, it however remains a challenge.
- Hospital efficiencies: Poor bed utilisation in especially District and Specialised Hospitals still remains a challenge. Efficiencies of hospitals were closely monitored during the reporting year and a process commenced to finalise an evidence-based Hospital Rationalisation Plan that will be incorporated in the Provincial Long Term Plan. Training and development to strengthen hospital management, and filling of vacant hospital management posts was prioritised during 2014/15.
- Infrastructure: Challenges pertaining to space constraints at PHC level (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 Infrastructure Unit submitted the U-AMP to the National Department of Health and received additional budget to implement targeted projects. Ad hoc planning for infrastructure will be contained in the coming years to ensure compliance with long term plans.

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- Emergency Medical Services: Ongoing labour disputes regarding danger allowance, occupation specific dispensation, working hours, etc. continued to affect services negatively. The Department remains actively engaged in resolving issues.
- Forensic Pathology Services: Challenges pertaining to inadequate infrastructure (poor condition of mortuaries) as well as labour disputes have challenged the provision of services during the reporting year. Active engagement with Organised Labour is ongoing to resolve issues.
- Specialised TB and Psychiatric Hospitals: Poor efficiencies of specialised hospitals remain a challenge during the reporting period. This will be addressed as part of the Hospital Rationalisation Plan that is expected to be finalised in 2015/16.
- Medical Legal Claims: The escalating number of claims remains a serious concern. The Department is strengthening clinical governance and it is hoped that implementation of the National Core Standards will impact positively on quality of care. This is being monitored closely.
- Human Resources for Health: Through the renewed partnership between the Department and the University of KwaZulu-Natal (UKZN), a commitment has been made to double the intake of doctors, nurses and allied workers over the next 5 years. This will increase the pool of health professionals. Recruitment and retention of health professionals in rural areas remain a challenge. The decentralised training model, implemented through partnership between the Department and UKZN is expected to recruit students from rural areas with the hope that they will stay in these areas. Policies and protocols will be amended to further support this. Organisation structures (facilities) are under review to align with service delivery packages. Ongoing consultation, including use of WISN (Workload Indicators of Staffing needs), commenced in 2014/15 and is expected to be concluded in 2015/16.
- Supply Chain Management: Long turn-around times jeopardise service delivery and management of expenditure. Various models are being explored in the NHI Districts to improve SCM efficiencies.
- Finance: Budget management at district and facility level remains a challenge. The limited funding envelope not aligned with service delivery demands results in challenges to estimate allocations appropriately. Ad hoc planning in-year further complicates budget allocation and management. The Department actively monitored expenditure this year and prioritised the capacitation of district and facility finance managers.

2.2 SERVICE DELIVERY IMPROVEMENT PLAN

In accordance with Public Service Regulations, Chapter 1, Part III C, departments are required to develop a Service Delivery Improvement Plan (SDIP) and to publish an Annual Statement of Public Service Commitment. The following tables reflect the Service Delivery Improvement Plan as well as progress made with implementation of the Plan.

Table 6: 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.	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.	Competent employees that can discharge duties assigned by the employer.	Training and development programmes were implemented to

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Main Services	Beneficiaries	Actual/ Current Standard of Service	Desired standard of service	Actual Achievement against Standards
		The plan has not been costed to ensure effective implementation.		enhance personnel competencies in line with requirements in the work place.
Human Resource Provisioning	All employees of the Department. Prospective employees	Difficulty in recruiting and retaining critical skills at facility level. High turn-over rate of employees in different categories	The best available employees in the labour market are employed by the Department	Recruitment and selection processes were followed in line with the Departmental Policy for recruitment
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.

Source: HRMS

Table 7: Consultation arrangements with customers

Type of arrangement	Actual customers	Potential customers	Actual achievements
Batho Pele Principles	Clients using public health services.	Clients using private health services.	Number of people trained on Batho Pele: 260
Patients Right Charter	Clients using public health services.	Clients using private health services.	Patients' Rights incorporated into Batho Pele

Source: HRMS

Table 8: Batho Pele arrangements with beneficiaries

Access strategy	Actual achievements
Batho Pele Principles	Number of people trained on Batho Pele: 260
Patients Right Charter	Patients' Rights incorporated into Batho Pele

Source: HRMS

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Table 9: Service delivery information tool

Current/ actual information tool(s)	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.

Source: HRMS

Table 10: Complaints mechanism

Current/ actual complaints mechanism(s)	Desired complaints mechanism(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

Source: HRMS

2.3 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.

There are 4 Regions (service areas) to streamline service delivery and minimise bottlenecks. During 2014/15, only 1 of the Regional Manager's posts was filled i.e. Region 1: Dr A Sewlal, while 3 District Managers acted in the remaining 3 vacant posts i.e.

Region 2: Mrs M Zuma-Mkhonza: Umgungundlovu District Manager.

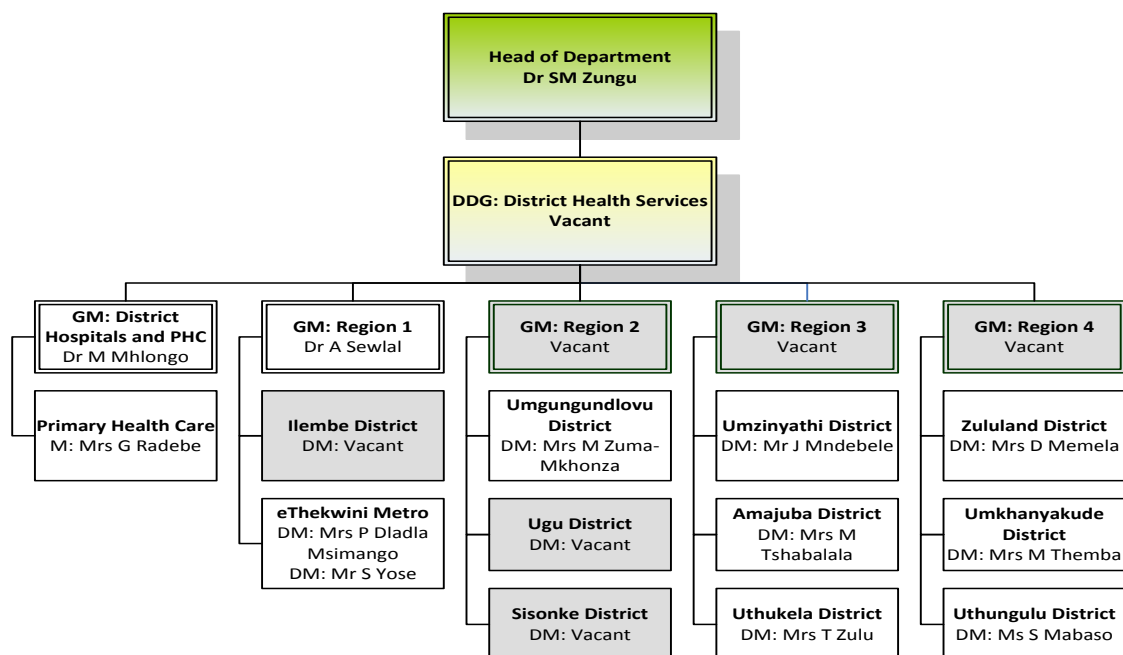
Regional 3: Mrs T Zulu: Uthukela District Manager.

Region 4: Miss M Themba: Umkhanyakude District Manager.

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Figure 2: Regional Organisational Arrangement



Source: PERSAL

Table 11: SMS Appointments, Resignations, Transfers and Retirements

Appointments	Transfers	Resignations	Retirement
1. 1 June 2014: BR Mthethwa - Traditional Medicine Head Office	1. 1 October 2014: BM Shezi - Manager Hospital Service System Development	1. 15 April 2014: SI Zwane - Manager Corporate Communication	1. 30 April 2014: J Dalton - Manager PHC
2. 1 June 2014: BR Ndaba - Manager Traditional Medicine	2. 1 December 2014: TL Radebe - Director Asset Management	2. 31 July 2014: VRM Ntsangase - General Manager Budget and Supply	2. 31 March 2015: VR Gumbi - Chief Executive Officer Prince Mshiyeni
3. 1 October 2014: BM Padayachee - Manager Hospital Service System Development Head Office	3. 1 December 2014: BM Shezi - Senior General Manager	3. 31 August 2014: V Chetty - District Manager Ugu	3. 31 March 2015: Margot BE - Manager Environmental Health
4. 1 December 2014: TL Sewlal - Director Asset Management Head Office		4. 30 September 2014: AS Mndaweni - General Manager Health Service Development	4. 31 March 2015: ML Mhlongo - General Manager DHS
5. 1 December 2014: TBT Simelane - Chief Executive Officer Newcastle		5. 24 October 2014: ME Ravhura - Chief Financial Officer	
6. 1 December 2014: TBT Sakyi - Chief Executive Officer		6. 17 November 2014: NE Mthembu - Manager Human Resource Management Services	
7. 1 January 2015: M Sithole - Manager Supply Chain Management Head Office		7. 28 February 2015: AM Zondi - Manager Supply Chain Management	

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Appointments	Transfers	Resignations	Retirement
8. 1 January 2015: M Mlangeni - Manager Supply Chain Management		8. 28 February 2015: J Chimanzi - General Manager Information Technology	
9. 1 March 2015: Duze JN - Chief Executive Officer Madadeni		9. 31 March 2015: P Dayaram - Chief Executive Officer St Aidents	
		10. 31 March 2015: PP Ndlovu - Manager Community Health	
		11. 31 March 2015: SM Zungu - Head of Department	

Source: HRMS (Recruitment and Selection)

2.4 KEY POLICY DEVELOPMENT AND LEGISLATIVE CHANGES

- National Development Plan 2030 – Chapter on Outcome 2 “A long and healthy life for all South Africans”.

Goals: (1) Injury, accidents and violence reduced by 50% from 2010 levels; (2) Health system reforms completed; (3) PHC teams deployed to provide care to families and communities; (4) Universal health coverage achieved; and (5) Posts filled with skilled, committed and competent individuals.

Priorities: (1) Strengthen the health care system; (2) Improve health information systems; (3) Improve quality by using evidence; (4) Financing universal health care coverage; (5) Improve human resources in the health sector; (6) Review management positions and appointments; and (7) Strengthen accountability mechanisms.
- Medium Term Strategic Framework (MTSF) 2009-2014 (informing the Negotiated Service Delivery Agreement for Health). (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.
- Negotiated Service Delivery Agreement for Health. (Output 1) Increasing life expectancy at birth; (Output 2) Decreasing maternal and child mortality; (Output 3) Combating HIV and AIDS and decreasing the burden of disease from TB; (Output 4) Strengthening health system effectiveness; and (Output 5) Reducing the burden of non-communicable diseases.
- 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 for implementation commenced in March 2014 for rollout during the first quarter of 2014/15.
- Revised National Contraceptive Policy and Guidelines - 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.
- Provincial Health Sector Drug Master Plan 2014-2017.

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- KZN Detoxification Protocols for Adults and Children.
- Policy for the Management of Intoxication and Psycho-Active Substances in the Workplace.
- HIV/AIDS Guidelines for Management of HIV positive people – lowering of the CD4 count to under-200.

2.5 STRATEGIC OUTCOME ORIENTED GOALS

STRATEGIC GOAL 1: OVERHAUL PROVINCIAL HEALTH SERVICES

Table 12: Alignment of Strategic Goal 1 with National and Provincial priorities

NDP 2030	MTSF & NSDA 2010-2014	PGDP 2030	KZN 2014/15
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 	<ul style="list-style-type: none"> – Universal access to health care (NHI pilot) – Transformation of health services – PHC re-engineering – Improve financial and supply chain efficiencies – Improve governance – Decentralised delegations, controls and accountability – Improve information systems and management – Improve human resources for health – Revitalise health infrastructure

NATIONAL HEALTH INSURANCE (NHI) PILOT

The NHI pilot commenced in April 2012 in three pilot districts namely Umgungundlovu and Umzinyathi Districts (National sites) and Amajuba District (Provincial site). The 2 national sites are funded through the NHI Conditional Grant and Amajuba through the Equitable Share budget. Pilot districts test innovative interventions to strengthen health system effectiveness.

All 3 districts under-spent on their allocated budgets (Table 13), predominantly attributed to delays in SCM processes, challenges with suppliers not being able to deliver on commitments, and inadequate financial delegations at district level resulting in bottlenecks and extended turn-around times at provincial level.

Table 13: NHI budget versus actual expenditure

District (Budget Source)	Budget	Actual expenditure	Variance	% spent
Amajuba (Equitable Share)	7 000 000	2 519 032	(4 480 967)	(36%)
Umgungundlovu (NHI Grant)	7 000 000	2 047 954	(4 952 046)	(29.3%)
Umzinyathi (NHI Grant)	7 000 000	6 802 552	(197 448)	(97.2%)

Source: BAS; NHI Reports

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PHC re-engineering was scaled up including expansion of Ward Based Outreach Teams and contracting of General Practitioners (GPs) to provide support at PHC level (Table 14). A number of challenges impacted on the optimal functioning of GPs at facility level including:

- Insufficient space at clinics.
- Inadequate provision for communication resulting in GPs using private cellular phones for consultations.
- Inadequate internet connectivity hampers access to patient information such as blood tests, etc.
- Some contracted GPs are still inexperienced and/or not updated with regards to Departmental Policies and Guidelines resulting in inappropriate management and referral of patients as per Essential Drug List and Policy Guidelines.

Table 14: Community Based Teams

District	Family Health Teams	School Health Teams	District Clinical Specialist Teams	Contracted General Practitioners (GPs)
Amajuba	11	8	1 Advanced Midwife, 1 PHC Nurse Specialist, and 1 Paediatric Nurse.	4 (Three GPs are contracted through Equitable Share and 1 through Khethimpilo - supporting 5 clinics).
Umgungundlovu	14	23 3 Specialised mobiles i.e. Optometry, Dental and School Health are supporting services.	1 Family Medicine Specialist, 1 Advanced PHC Nurse, 1 Child Health Nurse Specialist, and 1 Advanced Midwife.	25 (16 GPs are contracted through the National Department of Health supporting 19 clinics and 1 CHC. 9 GPs are contracted by the Foundation for Professional Development through the AURUM Institute supporting 10 clinics).
Umzinyathi	13	23	1 PHC Nurse Specialist, 1 Advanced Midwife, and 1 Paediatric Nurse Specialist.	16 (11 GPs are contracted through the National Department of Health supporting 15 clinics. 2 New GPs have signed contracts which will increase support to an additional 3 clinics. 3 GPs are contracted by the Foundation for Professional Development through the AURUM Institute. One has been allocated to the CHC and an additional 5 clinics are covered by the remaining 2 GPs).

Source: NHI District Reports

A total of 167 Phila Mntwana Centres were established in the NHI Districts to improve child health outcomes i.e. Amajuba (45), Umgungundlovu (68), and Umzinyathi (54).

Efaye and Phatheni clinics in Umgungundlovu are the prototype Ideal Clinics (part of the national pilot project) that have been used as benchmark by other districts and provinces i.e. North West, Mpumalanga and Limpopo.

During 2014/15, KPMG conducted an evaluation on the effectiveness of PHC supervision and SCM at PHC level in the pilot districts. Results reiterated SCM system immaturity and the lack of effective mentorship and development programmes to improve supervision. Recommendations from the evaluation will be implemented during the 2015/16 MTEF.

Districts developed and implemented a Referral Pilot including referral pathways and use of referral booklets, which is expected to reduce the number of unREFERRED patients at hospital level which is expected to result in significant cost saving. Implementation and outcome of the pilot is monitored by established Sub-District Committees.

WISN baseline assessments were conducted in all NHI districts. PHC staffing norms and a draft implementation guide for health workforce normative guides and standards for fixed PHC facilities were developed for benchmarking of staff against the ratified norms. The same process commenced for the development of hospital norms and standards.

During 2014/15, the following projects were implemented to improve medicines availability and management. Evaluation of projects will be conducted over the 2015/16 MTEF.

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- Vodacom Stock Visibility Solution. Use of mobile cellular devices to remotely record medicine stock balances at clinics. Pharmacists are able to access data via cloud to ensure effective management of medicine procurement and movement to reduce medicine stock out at facility level.
- Centralised Chronic Medicine Dispensing and Distribution (CCMDD) facilitated by Medi-Post. Distribution of medicines to various pick-up points in the community to reduce clinic and hospital congestion and waiting times and improve access to chronic medicines at community level. At the end of the reporting period, 48 facilities and 62 467 patients were enrolled in the programme.
- Temperature Loggers Project (Umgungundlovu). Electronic logging of temperature at which medicines are stored (for a period of 30 days), using the WHO approved Fridge Tag Device to ensure the safety of medication.
- Rx Solution Drug Supply. Integrated computerised Pharmacy Stock Management and Medicine Dispensing System to prevent over/under stock of medicines. The system will be rolled out to all NHI facilities over the 2015/16 MTEF following evaluation recommendations.

A number of projects were implemented to improve service delivery and health outcomes including:

- Farm Workers Programme, in partnership with Agri-Aids, commenced in Amajuba to improve access to services for farm dwellers and to promote Operation Sukuma Sakhe integration at community level. In 2014/15, a total of 92 farms have been visited by mobile services, rendering services to 274 farm workers.
- Amajuba District entered into a SLA with the New Kids in Town Baby Clinic and supply vaccines and family planning medicines to the clinic to increase access in the Newcastle West area. Decongestion of the only clinic in the catchment area has been reported which decreased patient waiting times considerably.
- The Zinakekele Non-Communicable Disease Project, in partnership with Metropolitan Life, was launched at Majuba Lodge in Newcastle on 12 November 2014. The project focusses on healthy lifestyles, prevention of obesity, and screening of secondary school learners for non-communicable diseases. Learners at risk are referred to School Health Teams for further intervention.
- Umzinyathi District facilitated 2 PHC Indabas in November 2014 and February 2015 to share best practices, identify challenges, educate community representatives about contributory factors to poor health outcomes, and discuss the role of communities in improving health of communities. District and Sub-Districts Forums (led by Community Leaders) were established to develop interventions to mitigate identified challenges. These forums are responsible for the monitoring of interventions.
- Ground Breaker Programme in Umzinyathi. Community Leaders recruited youth from communities (Grade 12 and below 35 years) to act as positive role models in communities and actively participate in various programmes targeting youth. Ground Breakers are active members of OSS and linked with Ward Based Outreach Teams to strengthen the link between youth and health services.
- Appointment of Household Champions to increase self-reliance. In 2014/15, Umzinyathi identified 178 Household Champions. The Champions, not receiving stipends, are disseminating health messages in communities and are responsible for reporting challenges through the Ward Based Outreach Teams.

A number of projects to improve health information system(s) were implemented including:

- Virtual Electronic Medical Record (VEMR) system. Pilot project in partnership with Health Systems Trust and Virtual Purple Health Systems. The system is expected to improve clinical management as all patient clinical records will be available at all facilities. The system integrates with the Laboratory Information Management System, which allows healthcare professionals to place and receive Lab orders electronically. It is expected to reduce patient waiting times and improve client experience at health facilities.
- BETA Registration System in Umgungundlovu. The National Department of Health equipped all facilities with computer hardware and 5 facilities have been installed with software i.e. Phatheni, Efaye, Richmond and City Central clinics and East Boom CHC. The system is functional at these facilities entailing electronic registration of clients. Performance of these clinics can be monitored offsite and technical support is available at a national help desk. The hardware provided by the National Department of Health has been secured so that other Microsoft programmes cannot be operated thereon, which poses a challenge with hardware for VEMR. Five clinics in Umzinyathi have been registered on the National 700 Clinic Project. Data quality from these clinics shows significant improvement.

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- Amajuba appointed 2 Roving Information Teams in August 2014 to conduct data audits at facility level and support and mentor Operational Managers and Data Capturers. A definite improvement in the quality of data has been reported.
- Amajuba received a donation to implement tele-radiology at Madadeni Hospital using a private sector Radiologist from Cape Town. During 2014/15, the Radiologist managed 30 X-Rays/ CAT scans for the hospital. This initiative is especially relevant in more rural areas where there is a challenge to recruit and retain appropriately skilled specialists.
- Amajuba commenced with the installation of satellite connectivity at clinics at a cheaper and more affordable rate compared to using copper cables with high risk of theft. A cost analysis have not been done to determine cost saving.
- Video conferencing facilities have been installed at all three District Offices to improve management, reduce travelling time, and increase on-site availability.

During 2014/15, a total of 949 Managers were trained in various leadership and management training programmes. An impact assessment has not been conducted to determine the impact of training, although a general improvement is noted.

Challenges

- Limited delegations at district level resulted in Provincial bottlenecks and extended turn-around times. This caused delays in implementation of various projects with significant cost and resource implications.
- Lack of suitable service providers for large projects resulted in delayed SCM processes and under-spending of budgets.
- Inefficient and immature SCM systems and processes resulted in extended delays and under-spending of budgets.
- Limited time to conduct impact assessments of projects e.g. impact of training to inform roll out.
- Rigid NHI budget allocations (Conditional Grant) as well as late confirmation of final budgets, which impacted on planning.
- High staff attrition rates and limited pool of scarce resources remain a challenge in especially more rural areas. This affects compliance to norms as well as service delivery.
- Infrastructure constraints, including lack of space for increased patient demand and poor physical structures of some facilities. This affects compliance with Ideal Clinic standards as well as service delivery.

PRIMARY HEALTH CARE RE-ENGINEERING

The PHC headcount shows a decreasing trend since 2013/14 (31 641 638 to 31 232 092) which may be partly due to improved management at community level. During the same period, household contacts increased from 40 092 to 103 852, although community-based reporting is still considered incomplete.

A total of 74 fully functional Ward-Based Outreach Teams and 170 School Health Teams have been deployed at community level to improve access to health services. Recruitment and appointment of staff for the District Clinical Specialised Teams is ongoing although the limited pool of human resources and high turn-over rate remains a challenge.

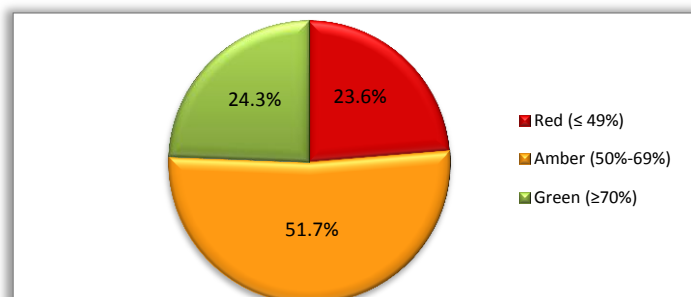
Fourteen Provincial delegates attended the Operation Phakisa Ideal Clinic Realisation and Maintenance (ICRM) Lab in Johannesburg from 23 October to 13 November 2014. A Provincial task team has been appointed to facilitate the development and implementation of a Provincial Operation Phakisa ICRM Implementation Plan.

During the reporting year, 288 clinics were self-assessed for Ideal Clinic status and 69 of these clinics scored more than 80% against the national Ideal Clinic Dashboard (Graph 1). Three clinics i.e. Efaye, Phatheni and Richmond (Umgungundlovu) form part of the national project and are being used as benchmark in the Province as well as other provinces.

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Graph 1: Ideal Clinic self-assessment (ICRM Dashboard)



Source: Ideal Clinic Dashboard

SPECIALISED SERVICES AND CLINICAL SUPPORT

Hospital Services

Wide-ranging consultations commenced in the fourth quarter of 2014/15 to rationalise hospital services with the aim to improve effective utilisation of available resources, improve management and efficiency of hospital services, and ensure seamless service delivery from community to central level. Results of 2 research studies with the aim to analyse bed and human resource norms for the Province will be available in 2015/16 to inform more appropriate allocation of hospital resources to improve return on investment.

The table below shows that the average bed norms exceed the Provincial norms which might be one of the contributory factors for below average bed utilisation (with the exception of Inkosi Albert Luthuli Central Hospital).

Table 15: Hospital efficiencies

Hospital category	Usable beds	Beds per 1000 pop (norm)	Beds utilised	Average length of stay	Cost per PDE
District	8 376	0.79 (0.66)	62.8%	5.8 days	R 2 032
Regional	7 090	0.67 (0.23)	74.5%	6.1 days	R 2 368
TB	1 979	0.19 (0.19) ⁵	57%	16.5 days	R 1 300
Psychiatric	2 442	0.23 (0.28) ⁶	70.4%	305.8 days	R 1 189
Chronic	525	0.05 (0.20)	56.9%	30.5 days	R 1 816
Tertiary	994	0.09 (0.22)	67%	9.6 days	R 5 383
Central	846	0.08 (0.22)	83.4%	8.4 days	R 3 288

Source: DHIS; Stats SA Mid-Year Estimates

The total outpatient headcounts decreased with 3.4% (6 418 246 to 6 195 206) and inpatient days with 0.3% (5 546 677 to 5 527 806) between 2013/14 and 2014/15. This downward trend is being monitored in comparison with PHC re-engineering and health system strengthening to determine the impact of improved service delivery at PHC level on in- and outpatient activity, as well as cost of employees and cost per patient day equivalent.

Unreferred cases at hospital level remained a concern as it increases operational cost/ expenditure and staff workloads. The high number of unreferred cases is partly due to poor access to PHC services including location of facilities, inconsistent

⁵ MDR-TB bed norm 0.12

⁶ Refers to acute psychiatric beds; medium/long-term beds norm is 0.10; forensic bed norm is 0.02

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compliance with referral protocols, and patient preference. Trends are being monitored to determine the root cause that will inform mitigation strategies.

Private Licensing

The Department of Health is the custodian of all health care delivery in the Province, and a Provincial Private Licensing Committee is fully functional to manage private licensing including:

1. Annual re-licensing of existing private health facilities;
2. Assessment of applications for new private facilities and extensions to existing private facilities;
3. Approval of building plans for new private facilities and extensions to existing facilities; and
4. Commissioning inspections of new facilities and extensions to existing facilities.

Re-licensing: There are currently 52 licensed private facilities in the Province making provision for 5 875 beds (Map 1). During 2014/15, all private facilities were inspected against R158 requirements as well as compliance to quality and infection prevention and control (IPC) requirements. Licenses of 3 facilities have not been renewed and facilities have been advised regarding necessary improvement requirements for re-licensing - facilities are upgrading facilities as advised.

There are currently 52 approved facilities that have not been developed (5 173 beds), which affected approval of other applications within the same catchment area. To address that, approvals 5 years and older, were requested to provide proof of funding and acquisition of a building site to review reasons for delays. A number of facilities withdrew their applications while others were given a grace period to start construction of facilities.

Approval of building plans: During 2014/15, a total of 73 building plans has been reviewed, recommendations made and approvals granted. Municipal approval is however required before construction are allowed to commence.

Commissioning inspections: All newly constructed facilities (including extensions) are inspected before a commissioning letter is issued for full commissioning of the facility.

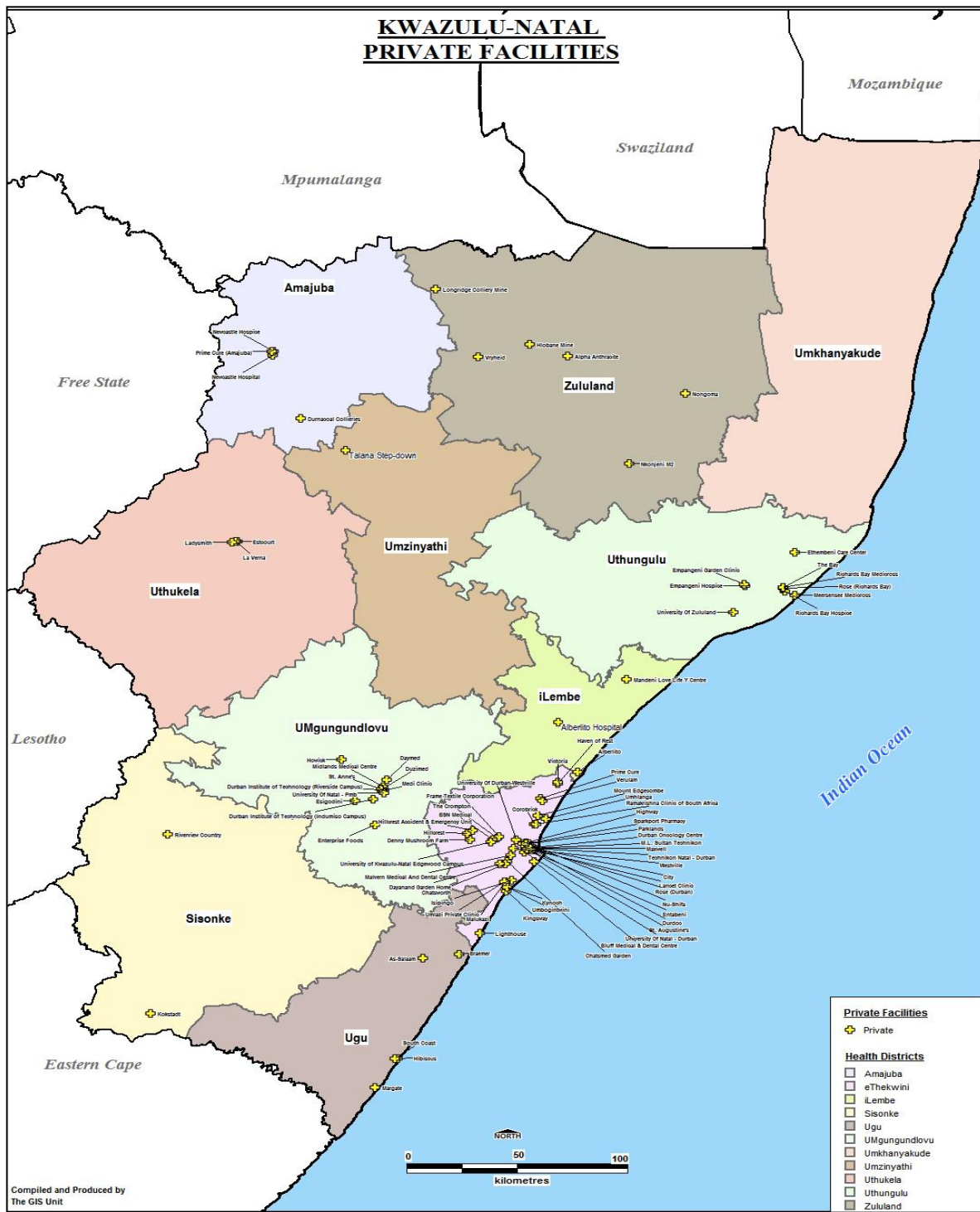
Challenges

Activities for private licensing are very labour intensive and time consuming. Due to shortage of dedicated staff in the component, it has not been possible to include all types of facilities rendering health services in inspections. Although quality aspects of health care delivery have been included in inspections, it is not optimal and needs to be extended.

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Map 1: Private health facilities in KZN



Source: Private Licensing database; GIS

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Pharmaceutical Services

The Department strengthened alignment with the National Essential Medicines Programme by revitalising Pharmacy and Therapeutics Committees (PTC) at provincial, district and facility level. Six (6) districts have established District Pharmacy and Therapeutic Committees in line with the Provincial PTC guidelines, and 61.3% hospitals have functional institutional PTCs. Critical SOPs were prioritised, and the Medicine Supply Management (MSM), Stock-Out Management, and Disposal of Pharmaceutical Waste SOPs were reviewed/ developed in 2014/15.

The Department commenced with implementation of an Early Warning System for stock-outs of medicines by employing technology and systems that enable availability of stock levels data for decision-making and intervention at facility level. Implementation of the pilot for the Early Warning System at PHC clinics (Stock Visibility Solution), in partnership with the Vodacom Foundation (National initiative), is progressing well. The National Department of Health (NDOH) and the Province are working on work-flows and processes to formalise that into SOPs, training manuals and change management manuals for PHC clinics. Clinics were provided with mobile phone handsets with software for capturing stock information for transmission into a central database for use by managers at all levels. The information on the database is linked to the facilities map that use colours to show the stock status at the clinic. When the stock level reaches a set point, a short message service (SMS) is sent to the supervising manager to alert for action. The system is still at early piloting phase.

Pharmaceuticals Procurement Reform Project to improve efficiencies and medicines availability: The current Direct Delivery Voucher (DDV) strategy is being strengthened and expanded through the establishment of the Provincial Medicine Procurement Unit (PMPU), which will later be augmented with the Cross-Docking methodology of distributing pharmaceutical supplies. These models will relieve pressure on the Depot and allow the Depot to hold stock of a select number of items as buffer stock to ensure uninterrupted availability of essential medicines and related supplies. There are still teething challenges with regards to project implementation however systems and processes are being refined. The other challenge is that PPSD infrastructure is old and needs refurbishment.

Implementation of the Centralised Chronic Medicines Dispensing and Distribution (CCMDD) Model in the NHI pilot districts, with the intention to roll it out to other districts over the 2015/16 MTEF. A total of 62 467 patients were enrolled in the programme in 2014/15 (Amajuba 17 728; Umgungundlovu 29 959; and Umzinyathi 14 780). The focus of the Programme Monitoring System focussed on enrolment and expansion of data, with evaluation planned for the 2015/16 MTEF.

Medicines availability has been unstable in 2014/15 with some critical items out of stock. Manufacturers reported the following as main reasons for medicines shortages: (1) Difficulty with sourcing of the active pharmaceutical ingredients (APIs) and other raw materials; (2) Unforeseen delays in the formulation and packaging of medicines; and (3) Unanticipated increases in demand for a particular medicine.

Pharmaceutical Leadership Development Programme: Pharmaceutical services has partnered with the Systems for Improved Access to Pharmaceuticals and Services Project of Management Sciences for Health in improving pharmaceutical leadership. A total of 44 Pharmacy Managers successfully completed a Pharmaceutical Leadership Development Programme to improve pharmaceutical management.

Pharmacist Assistants Training: The Department increased the uptake of candidates for the Pharmacist Assistant Courses including the enrolment of unemployed youth in an effort to improve the provision of pharmaceutical services. A total of 77 candidates successfully completed the Post Basic course in November 2014. Seventy (70) of these successful students were employed by the Department and 7 by Private Sector.

Challenges

- The absence of a suitable pharmaceutical information system remains a challenge that affects management of the services.
- Poor network connectivity at PHC facilities posed a challenge for implementation of the Stock Visibility Solution. The Department is working with Vodacom Foundation to mitigate this challenge.

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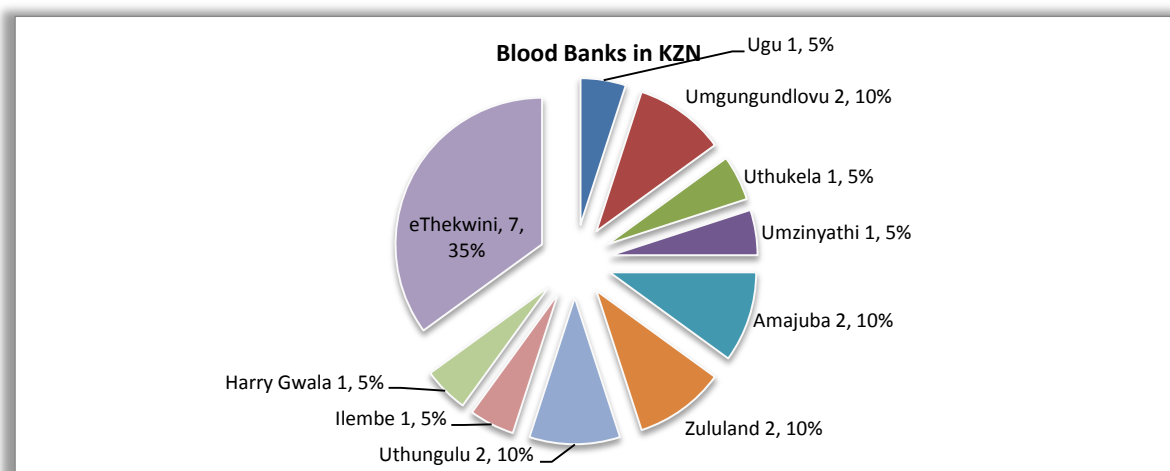
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- The poor physical infrastructure of the Depot and a number of Pharmacies remains a huge challenge. Some buildings require urgent refurbishment and others require reconstruction to meet required standards. This affected pharmacies qualifying for the South African Pharmacy Council A or B grading (83%).
- The shortage of Pharmacists in rural districts and hospitals is a major concern as pharmaceutical services are compromised. All Pharmacies have at least one Pharmacist overseeing the provision of pharmaceutical services with the support of Pharmacist Assistants. There is a need to improve staffing especially at rural facilities.
- Inadequate Pharmacists' Assistants for support to PHC services. Some CHCs and hospitals do not have an adequate number of Pharmacists' Assistants to provide services.

Blood Products and Services

There are 20 Blood Banks and 1 Satellite (Madadeni Hospital) in the Province (Graph 4). The South African National Blood Services (SANBS) supplied 89 emergency blood fridges to facilities with emergency services and/or maternity services and facilities with on-site Blood Banks (except Ngwelezana and Mahatma Gandhi Memorial Hospitals). The Blood Bank in Stanger has been temporarily closed and the service moved to Mahatma Gandhi Memorial Hospital. SANBS signed a one year lease at the new premises during which time the Department will resolve issues at Stanger Hospital. Clinical Guidelines for the use of Blood Products in South Africa 5th Edition 2014, and the Clinical Guidelines on Navigation to a Safe Blood Transfusion for Nurses have been disseminated to all facilities.

Graph 2: Blood Banks per District



Source: South African National Blood Services

During 2014/15, the Department and SANBS facilitated three campaigns at Prince Mshiyeni, Greys and Eshowe Hospitals to encourage health care workers to be regular blood donors as one of the strategies to address blood shortage.

To reduce costs, facilities have developed Hospital Transfusion Committees to analyse blood usage and develop policies and protocols on the ordering of blood and blood products. These committees monitor implementation of blood transfusion guidelines. Monthly blood utilisation reports are verified by facilities and monthly age analysis on the payment of blood services for all facilities is posted on the Departmental website, which assisted in monitoring timeous payment of accounts. Expenditure on blood products is still high and blood wastages remain a challenge.

Edendale Hospital has excelled in achieving cost savings in blood and blood product utilisation through innovative strategies including: (1) Revision of the hospital protocol for blood services; (2) Improved communication using IT technology; (3) Development and implementation of a Blood Accountability Form; and (4) Improved clinical governance and regular audits. Savings as a result of the strategy include:

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- Total cost saving: R 450 000 per month or R 6 million annually.
- Product saving: 150 units of blood less per month (reduced by 25%).
- Efficiency: Improved accountability, reduced blood bank workload (at least 49%), and faster processing.
- The total expenditure on blood services decreased from R 1 453 925 to R 998 850 (cost saving of R 450 000 per month).
- Type and screen dropped from R 104 713 to R 3 387 (cost saving of R 101 326).
- Transfusion cross-match (cancelled blood) decreased from R 120 363 to R 46 769 (cost saving of R 73 594).
- After hours levy dropped from R 107 737 to R 58 386 (cost saving of R 49 351).

The Department will use the Edendale approach as benchmark, and workshops with Clinical Managers from all hospitals have been conducted during 2014/15.

Challenge

Lack of logistical arrangements for transport of Antenatal Serology Testing samples to SANBS laboratories which lead to high rejection rates as most samples arrived late and are spoiled before it reach SANBS. The Department and SANBS are addressing the challenge.

Laundry Services

Four Regional Laundries (KwaZulu Central at Prince Mshiyeni; Cato Manor in eThekweni; Durban and Coastal in eThekweni; and Northern Natal in Dundee) provide services to 34 hospitals in the Province. Twenty nine hospitals have Mini Laundries on site with sufficient capacity to cater for their laundry needs, and 7 hospitals outsource washing of linen pending the expected increase of the washing capacity at Regional Laundries. Once increased capacity is realised these hospitals will revert to using Regional Laundries.

Institutions procure new linen on a 3 month tender (December 2013 to March 2014) through centralised SCM. The 3 month tender period was too short to meet requirements which led to inadequate supply of linen in circulation.

New laundry equipment was distributed to 37 hospitals in 2014/15. The Department secured a 3 year tender for procurement of laundry chemicals, and procured 6 configured laundry trucks to accommodate clean and dirty linen in separate compartments.

The beneficial handover of the KwaZulu Central Laundry by the Department of Public Works to the Department in 2014/15 improved services, although the delay in full commissioning of the laundry is costly due to outsourcing costs, staff shortages, constraints in optimising available equipment due to steam, compressed air, load shedding, and water pressure.

Challenges

- Regular breakdown of old machines. Shortage of qualified artisans and/or companies to do maintenance, repair and servicing of laundry machines in turn resulted in long turnaround times and consequent shortage of linen.
- Inadequate staffing and transport vehicles to move soiled linen between Regional Laundries and facilities.
- Some facilities took a long time to deplete old stock of non-compliant chemicals/detergents prior to ordering and using new South African Bureau Standard compliant chemicals.
- Inadequate linen stock in circulation.
- The lack of an appropriate information management system negatively impacts on efficiencies at both facility and provincial levels.

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FORENSIC PATHOLOGY SERVICES

There are 39 mortuaries in the Province and 12 583 post mortem examinations were conducted during 2014/15 (Table 16). The Department procured 20 Mortuary Pick-up Vans and 4 Disaster Trucks in 2014/15 to strengthen the existing fleet.

Table 16: Distribution of mortuaries and post mortem examinations performed in 2014/15

District	Mortuary	Post mortem examinations performed per mortuary	Post mortem examinations per district
Ugu	Port Shepstone	679	1 357
	Harding	155	
	Park Rynie	523	
Umgungundlovu	Mooi River	33	1 474
	Howick	129	
	New Hanover	68	
	Richmond	67	
	Pietermaritzburg	1 177	
Uthukela	Estcourt	219	769
	Ladysmith	420	
	Bergville	130	
Umzinyathi	Nqutu	117	591
	Dundee	120	
	Greytown	206	
	Tugela Ferry	148	
Amajuba	Madadeni	309	512
	Dannhauser	53	
	Utrecht	18	
	Newcastle	132	
Zululand	Nongoma	142	748
	Ulundi	148	
	Pongola	114	
	Paulpietersburg	54	
	Vryheid	290	
Umkhanyakude	Mtubatuba	250	489
	Mkuze	82	
	Manguze	99	
	Mosvold	58	
Uthungulu	Eshowe	281	1 047
	Richards Bay	676	
	Nkandla	90	
Ilembe	Stanger	582	582

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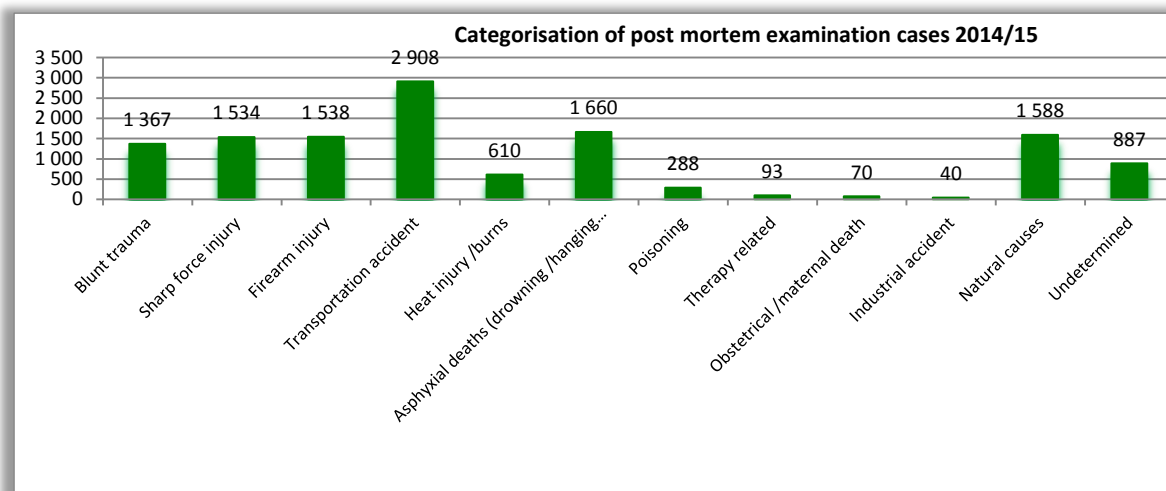
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District	Mortuary	Post mortem examinations performed per mortuary	Post mortem examinations per district
Harry Gwala	Kokstad	103	550
	Ixopo	201	
	Bulwer	86	
	Umzimkhulu	160	
eThekweni	Pinetown	1 208	4 464
	Phoenix	1 320	
	Gale Street	1 936	
Total	39	12 583	12 583

Source: Forensic Pathology Services

The graph below indicates the categories of post mortem examinations conducted during 2014/15. Data shows that 78.7% of examinations were conducted for intentional and unintentional injury and 12.6% for natural causes.

Graph 3: Categorisation of post mortem examinations 2014/15



Source: Forensic Pathology Database

A comprehensive Mortuary Infrastructure Development Plan was developed to address poor infrastructure of facilities. The limited infrastructure budget however delayed implementation of the plan resulting in further deterioration of buildings. The Department developed a Rationalisation Plan for Mortuaries recommending the rationalisation of mortuaries from 39 to 22. Proposed rationalisation has been informed by an intensive analysis of workloads at mortuaries (current and projected), condition of existing mortuaries, availability of land for new facilities, size of drainage areas, ownership of facilities, as well as other strategic factors that may have an impact on rationalisation. This will have distinct advantages for the Department including improved management of mortuary services, service improvement (with more effective utilisation of existing scarce resources), and considerable cost saving. Upgrades to the Phoenix Medico Mortuary have been completed in 2014/15 at a cost of R 87.3 million.

Challenges

- Aged infrastructure that is not conducive to effective service delivery.
- Long storage of unknown or unclaimed bodies due to SAPS delays in authorizing burials. After engagement with SAPS identity of the deceased has been fast tracked. This will be closely monitored over the 2015/16 MTEF.

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- Lack of an electronic information system for mortuary services. Budget limitations delayed the establishment of an appropriate electronic system. This will again be prioritised in the 2015/16 MTEF.
- Use of private service providers to conduct post mortem examinations due to inadequately qualified staff. The post establishment is under review to make provision for full time Forensic Pathology Service (FPS) Medical Officers.
- Lack of X-ray machines for FPS as all gunshot victims, child abuse cases, etc. must be X-rayed. The Department is in the process to procure three Lodox X-Ray machines that will be placed at Gale Street, Phoenix and Pietermaritzburg Mortuaries.
- Inadequate skills and competencies due to the lack of an appropriate training course for Forensic Pathology Officers (FPOs). The National Department of Health is in the process to develop a curriculum for FPO training after which it will be rolled out in the Province.
- Demotivated staff leading to labour issues and negative media coverage. The Department will defer all transversal issues (including issues raised by PAWUSA) to the Provincial Bargaining Chamber.

EMERGENCY MEDICAL SERVICES

Table 17 shows the number of emergency vehicles per district in 2014/15, making provision for routine maintenance and repairs and including operational, pool and unserviceable vehicles.

Table 17: Number of emergency vehicles per district in KZN

	Amajuba	eThekweni	Harry Gwala	Ilebe	Ugu	Umgungundlovu	Umkhanyakude	Umkhanyathi	Uthukela	Uthungulu	Zululand	Total
Ambulances	40	100	37	29	28	55	42	39	37	41	34	482
Support Units												
Response - ALS	4	16	3	4	4	4	4	3	3	3	1	49
Response - Supervisor	10	18	4	6	8	14	9	11	6	9	1	96
Rescue Response Unit	1	0	2	2	1	3	2	2	3	3	14	33
Total	15	34	9	12	13	21	15	16	12	15	16	178
PTS Buses	11	26	11	12	11	11	13	16	15	13	12	151

Source: EMS database

In 2014/15, the Provincial operational ambulance to population ratio was 1: 54 774 which is far below the national norm of 1 per 10 000. The shortfall of 767 ambulances calculated to an approximate cost of R 536.9 million (at ±R 700 000 per ambulance) which poses as insurmountable challenge in light of the inadequate annual budget. The table below shows the scheduled operational ambulance gaps per district (not referring to the actual daily operational ambulances). During the reporting year, only 60.1% of ambulances were operational daily.

Table 18: Operational ambulance gaps per district

Districts	Population	Current scheduled operational ambulances ⁷	Required operational ambulances	Gap
Ugu	741 540	22	74	52
Umgungundlovu	1 069 658	26	107	81

⁷ This does not refer to the actual number of daily operational ambulances

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Districts	Population	Current scheduled operational ambulances ⁷	Required operational ambulances	Gap
Uthukela	689 122	25	69	44
Umzinyathi	518 409	22	52	30
Amajuba	514 977	24	51	27
Zululand	834 251	25	83	58
Umkhanyakude	643 759	24	64	40
Uthungulu	947 925	27	95	68
Ilembe	640 790	20	64	44
Harry Gwala	478 536	22	48	26
eThekweni	3 492 345	53	349	296
KZN Total	10 571 313	290	1 057	767

Source: EMS database

There are 72 ambulance bases. Wentworth refurbishment is 100% complete; King Dinuzulu Medium Base at design phase; and Dannhauser Medium Base, Pomeroy Small Base and Jozini Medium Base in the construction phase. The Umzinyathi Large Base project has not commenced as planned due to budget constraints in Programme 8. The project has been re-prioritised for 2016/17.

Response times are still of great concern. Labour disputes and protest action by EMS staff jeopardised service delivery during the reporting year. The main factors contributing to poor response times include call taking delays due to unclear or incomplete information from callers; inappropriate triage of calls; communication challenges; discrepancies on boundaries; vehicle related issues including insufficient resources for workload (vehicles and staff), breakdowns and accidents, incorrect addresses, and traffic congestion.

In 2014/15, the total number of emergency cases decreased with 45 586 and the inter-facility transfers increased with 29 632 compared to the previous year. Inter-facility transport covers all institutions, however demand superseded supply in 2014/15 with approximately 50% of all inter-facility transportation for emergency cases, which contributed to poor response times. Turnaround times are effected by distance between facilities and waiting times while at facilities.

Air Medical Services are provided by Air Mercy Services (AMS) using 2 rotor wing aircraft (helicopters) and 1 fixed wing aircraft. During 2014/15, a total of 884 patients were airlifted for emergency medical care at public health facilities. On 4 September 2014, the Premier, Honourable Senzo Mchunu, launched the revolutionary Aero-Medical Night Vision Goggles system for Helicopter Emergency Services, which increased operational times from daylight hours to 24 hour services.

Flying doctor service flights are coordinated out of Durban (King Shaka International Airport) and Pietermaritzburg, and a total of 229 Specialists supported 43 hospitals during 2014/15.

A vehicle management and recovery system (real time tracking) contract was awarded to Altech Netstar in 2013/14 to improve the management of vehicles, and tracking units have been installed in 652 vehicles to date. Software to monitor vehicles has been installed at the Wentworth Communications Centre and training has been conducted for operations management responsible for fleet management and District Management. This system improved management of vehicles.

The Planned Patient Transport Hub System was established in Empangeni, Durban and Pietermaritzburg to improve coordination of ambulance services and increase the efficacy of the intra-district PTS system.

Labour unrest caused severe disruption of EMS services in 2014/15 with dissatisfaction related to OSD grading, payment of danger allowances, overtime payment for hours exceeding 160 hours per month, poor implementation of performance management, exclusion of attorneys in disciplinary matters, and poor base infrastructure. The Department received 1 400

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grievances related to payment of overtime – the issue was resolved. Sixteen (16) disputes in relation to OSD and Danger Allowance were declared in favour of the Department. A total of 38 cases of serious misconduct were attended to and 7 resulted in dismissals. The Department lost 3 Labour Court Cases and won 4. On 31 March 2015, EMS staff embarked on an illegal and violent strike and rule nisi was obtained to stop that strike.

INFORMATION SYSTEMS AND MANAGEMENT

Data Management

All Data Management SOPs and Policies were disseminated to public health facilities and training and monitoring conducted during 207 facility and district visits. Consistent improvement in the completeness and quality of data and interpretation and use of information at decentralised level has been noted.

The Department developed and implemented a revised Audit Improvement Plan. Active monitoring shows consistent improvement in inconsistencies between source and system data. High workloads, lack of Data Capturers at facility level, and paper-based system in a number of facilities however still impacts on data completeness and quality.

The development and implementation of the web-DHIS commenced in the NHI districts in 2014/15 (NDOH initiative). Performance data is captured daily from registers on the web-based system. Other projects, including the introduction of the Patient Registration System and Rationalisation of Registers, will further improve the quality of performance information, effective use of information, improved management of patients, and reduction in patient waiting times.

Challenges

- The volume of data collected manually increases the probability of error.
- The moratorium on procurement of information systems delays progress towards the goal of an integrated health information system, although current initiatives are moving towards the e-Health strategy.
- The vast number of data elements being collected at Provincial level increase staff workload significantly which impacts negatively on other support functions. The rationalisation of data collection will be prioritised during 2015/16.

Geographic Information System (GIS)

The Department continued to utilise spatial mapping and analysis for strategic interventions and decision-making. During 2014/15, a number of initiatives were informed by the geographical mapping including:

- Mapping of wards, municipalities and districts in relation to population distribution, poverty profile and health facilities to determine equity and access to health care, in line with Operation Sukuma Sakhe (OSS) and the Provincial Poverty Eradication Master Plan.
- Mapping of specific disease profiles to inform strategic action including TB (TB hot-spots), malaria, etc.
- Demarcation of eThekweni Metro into 4 service areas using ward boundaries and population to improve management.

Challenges

Functioning of the GIS Component has been limited by Supply Chain Management (SCM) and SITA procurement processes for procuring key hardware and software fundamentals to ensure an optimal GIS environment. There is a need for exposure to technical spatial modelling and IT database manipulation skills to support GIS functions more effectively.

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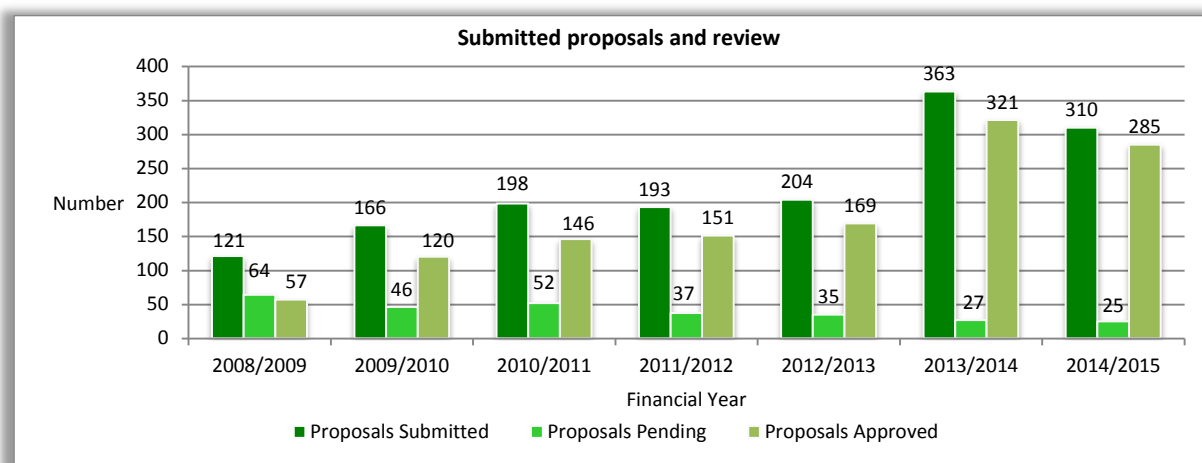
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Epidemiology, Health Research & Knowledge Management

The vital importance of managing health research activities is highlighted in The South African Health Research Policy (2001), and is coordinated by Provincial Health Research Committees (PHRCs). The Health Research & Knowledge Management (HRKM) Sub-Component is the Secretariat to the KZN Provincial Health Research and Ethics Committee (PHREC) hence, reviewing research proposals in accordance with the Terms of Reference and making recommendations to the PHREC. Guidelines for the submission of research proposals (which includes both observational and experimental studies) were reviewed in 2014/15 and the updated version placed on the Departmental website.

The graph below illustrates that the highest number of proposals submitted to HRKM for review was during 2013/14. With the establishment of the PHREC an increase in the number of proposals is expected.

Graph 4: Number of proposals submitted and review status



Source: Research database

During 2014/15, most academic, operational and clinical trials were conducted in eThekweni and Umgungundlovu (Table 19). The publication of priority research questions per district should improve the spread of health research in KZN.

Table 19: Types of studies conducted per District

District	Academic	Operational	Clinical trials
Ugu	19	4	0
Umgungundlovu	53	16	1
Uthukela	11	3	0
Umzinyathi	3	3	0
Amajuba	9	1	0
Zululand	10	4	0
Umkhanyakude	3	3	0
Uthungulu	15	3	0
Ilembe	9	5	0
Harry Gwala	2	2	0
eThekweni	139	40	9
Other	12	5	0

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District	Academic	Operational	Clinical trials
Total	285	89	10

Source: Research database

The National Health Research database (NHRD) serves as central repository of health research conducted in South Africa, and assists PHRCs to manage and coordinate research activities within provinces and provide a mechanism to track research approvals and trends. The system has been online in KZN since November 2014 and all applications are now submitted online and processed accordingly.

The Umgungundlovu Health Ethics Review Board (UHERB) was formally constituted in 2014/15 and is registered with the National Health Research Ethics Council as a level one Research Ethics Committee.

During 2014/15, the Department conducted the following in-house research studies to inform evidence-based decision-making:

1. PHC re-engineering

Overall aim: To qualitatively explore the views, perceptions and experiences of PHC teams providing health care in accordance with the new PHC re-engineering model. Thematic analysis was used to analyse data.

Findings: The model was seen as generally beneficial to communities. Perceived benefits included less travelling to clinics, reduced overcrowding and long waiting times at clinics, and improved access to health care to people who, at times, can't travel to clinics. Reported negative experiences included human resource issues, perceived negative perceptions of CCGs and teams by clinic staff and other government departments, and shortage of resources. Participants expressed the desire for further training, development and recruitment into permanent positions in health facilities.

Recommendations: (1) The Department engages in an awareness campaign and develop a clear description of the roles of various teams; (2) Engagement with CCGs to resolve issues potentially emerging from their expectations; (3) Improved inter-sectoral collaboration, communication and co-ordination between teams and other role players; (4) Training for team leaders.

2. National Health Insurance

Overall aim: To explore patients and health care workers' perceptions towards NHI and assess progress towards implementation of NHI in the Province. The study had two objectives namely to ascertain the (a) Knowledge, Attitudes and Perceptions of NHI by patients and healthcare workers (Quantitative & Qualitative), and (b) Health Seeking Behaviour of patients. Staff and patients present at sampled facilities at the time of the study formed part of the study sample.

Findings: Healthcare workers had varying levels of knowledge about NHI, ranging from good to poor. They expressed various degrees of optimism about whether NHI will be successful with most considering that the value of NHI lay in the alignment of resources between the public and private sector. Many felt that NHI has not been communicated well by the government internally and externally and suggested media (TV and newspapers) as some of the platforms for communication.

3. Assessment of the burden of trauma in KZN

Overall aim: To analyse emergency call outs, hospital visits and hospital admissions due to trauma in 2014/15.

Findings: During this period, there were 18 716 admissions to public sector hospitals for trauma, 197 219 emergency room visits for trauma, and 509 109 EMS call outs for trauma cases. The study showed that interpersonal violence is still the major cause of trauma and injury in the Province.

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Table 20: Trauma cases in emergency departments in public hospitals in KZN

Cause of trauma	Number of cases	% of emergency room visits due to trauma
Assault with blunt object	47 349	24%
Stabbing	38 376	19%
Gunshot	3 562	2%
Motor Vehicle Accident (occupant)	29 679	15%
Motor Vehicle Accident (pedestrian)	13 126	7%
Non-intentional injury	65 127	33%

Source: Assessment of the burden of trauma in KZN

4. *Clinical staffing of KZN public hospitals (Full Title: An assessment of the number and distribution of clinical health care workers in KZN, with respect to the burden of disease in the Province and provincial service delivery and teaching platforms)*

Overall aim: To describe the current service delivery/ training platform and the distribution of health staff in the Province, and to compare these to the ideals based on the demographics and burden of disease in individual districts, and in the Province as a whole.

The study has involved the collaborative work of a number of clinicians (including medical doctors, allied health professionals and nurses) with the Epidemiology Component, to develop norms for respective disciplines for each level of hospital care in the Province. Norms will be applied to each individual hospital in the Province and the gaps between the existing staff and the suggested norms quantified and costed. Preliminary analysis has been completed.

LEGAL SERVICES

Table 21: Litigation Claims 2014/15

Opening Balance	Claim	Number of new matters received	Amount claimed	Number of matters settled	Settlement amount	Savings to the Department
2 081 cases R 4 087 229 997	Medico-Legal	363	R 3 034 426 920	61	R 212 851 030	R 150 342 775
	Civil	80	R 91 909 719	7	R 1 168 296	R 1 266 937
	Labour	25	R 420 234	8	R 0	R 0
	Collision	47	R 1 657 123	57	R 1 215 618	R 901 305
Total		515	R 3 128 413 997	133	R 215 234 345	R 152 511 018
Balance: R 4 087 229 997 + R 3 128 413 997 – R 215 234 345 – R 152 511 018 = R 6 847 898 630						

Source: Legal Services database

- During 2014/15, one case was successfully defended and 10 matters were settled prior to trial.
- A total of 10 221 contracts were requested and 10 207 (99.9%) were drafted with 14 contracts in process of being drafted. The bulk of contracts (493) was for KZN College of Nursing and 9 675 for Community Care Givers.
- A total of 117 requests for legal advice were received in 2014/15 of which 49 (41.9%) were finalised. The main reason for the low finalisation rate is retrieving outstanding information pertaining to matters e.g. providing background to matters.

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Challenges

Long turn-around time in resolving matters due to the high number of outstanding cases increasing the already high workload; Inadequate expert staff to manage matters; Inadequate access to experts and over-reliance on the State Attorney; limitation in identifying high risk areas and availability of Early Warning System; and Lack of a platform for feedback on litigation against the Department.

Clinical governance including improved record keeping, protection of records and integrity of information, and community education has been targeted at facility level for the 2015/16 MTEF to reduce litigation cases. The Department is exploring the establishment of a panel of legal experts to reduce over-reliance on the State Attorney and improve turn-around time for finalisation of cases.

HUMAN RESOURCES FOR HEALTH

As part of the Long Term Plan to improve human resources for health, the Department renewed the Memorandum of Understanding (MOU) with UKZN. Plans for the "Decentralised Training in a PHC Model" are at an advanced stage and will shift focus from the current curative approach to a PHC approach at decentralised level. The first pilot phase of the Model will commence in 2016 in Region 4. This will inter alia prepare the Department and UKZN to absorb the significant number of Cuban students that will be returning from Cuba in 2018 for their final 18 month training before graduation. Finalisation of the costed Business Plan is expected in July 2015 after which it will be presented to the Provincial Cabinet, the Departments of Higher Education and Health for final approval. The Business Plan will be presented to National and Provincial Treasury in 2015/16 to motivate for seed funding in the early stages of implementation. Both National Departments are eager to use the Model as benchmark for the country. To further increase the human resource pool, UKZN undertook to double the intake of Health Sciences students (including Medical, Nursing and Allied Workers) over the next 5 years.

WISN (Workload Indicators of Staffing Needs): During 2014/15 PHC norms have been developed and 5 districts were benchmarked, while a parallel process commenced for hospital norms. This process will be complemented by current research on staffing and bed norms for clinical disciplines, and will inform finalisation of the Human Resources (HR) Long Term Plan.

Leave management, one of the audit findings in 2013/14, has been actively monitored through quarterly leave certification and monitoring through various PERSAL reports.

The Department prioritised Performance Monitoring & Development and 5 districts and 50 institutions have been audited. Compliance to prescripts is still a challenge, and has been linked with the pay progression system to enforce accountability.

The development of appropriate HR Plans at district and facility level was raised as an audit finding in 2013/14 and remained a challenge in 2014/15. Active technical support was provided at district level to increase decentralised capacity. A monitoring tool to track HR planning at institutional level has been finalised during 2014/15, and implementation of the tool improved compliance from 22.32% in September 2014 to 72% in March 2015. Out of adjustments and inaccurate linking of staff at district and facility level remained a challenge as it skews assessment and interpretation of post structures and associated costs at facility level. Monitoring was intensified and a slight improvement has been recorded.

The Job ACCESS Implementation Plan 2015 and Provincial Gender Equality Framework were approved by the Head of Department and submitted to the Department of Public Service and Administration (DPSA). There are currently 35.5% women in SMS and 0.45% employees with disabilities.

At the end of March 2015, there were 379 Registrars on the Registrar Programme across the 24 clinical disciplines. There was no intake of Registrars in 2014/15 due to the abating funding envelope. Of the 65 Registrars who were eligible for registration as Specialists in 2014/15, a total of 33 were retained as Specialists and Clinical Managers and 7 accepted posts

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as Medical Officers in the Department. Representivity in the programme improved over the years while intake is also guided by the number of applicants per discipline in terms of race and gender.

Foreign doctors are allowed to join the Family Medicine discipline. If they have permanent residence they may apply and be accepted for all other disciplines.

Table 22: Number of foreign Registrars on the programme

	2008	2009	2010	2011	2012	2013	2014
Total Intake	76	150	170	209	194	166	39
Foreign Doctors	6	14	5	6	4	0	0

Source: Registrar database

HEALTH FACILITIES MANAGEMENT (INFRASTRUCTURE)

The Department submitted an additional budget request to the National Departments of Health and Treasury, and was successful in its bid receiving an amount of R200 million during the adjustment period. The Department spent 99.52% of the total allocation (including adjustment amount) by the end of the financial year. Various projects were completed during the reporting year including (but not exclusive to):

- Dr Pixley ka Isaka Seme Regional Hospital in eThekweni: The site was officially handed over on 16 January 2015, and the project commenced as the Department's flagship project for this term. The project is expected to take 4 years to complete at an approximate cost of R2.8 billion.
- Bethesda Hospital in Umkhanyakude: Construction of a new Paediatric Ward and 20-bedded Mother Waiting Lodge has been completed at a cost of R25 million.
- Addington Hospital in eThekweni: Major renovation and refurbishment projects are in progress. Theatres have been completed while the external facade is expected to be completed by July 2015. Total cost: R202.8 million.
- Lower Umfolozi War Memorial Hospital in Uthungulu: The refurbishing of the old wing and construction of the new wing has been completed at a total cost of R427.6 million.
- Newcastle Hospital in Amajuba: Upgrade 7 has been completed at a total cost of R6.8 million.
- Ngwelezana Hospital in Uthungulu: The new psychiatric ward is near completion at a cost of R180 million and the construction of the 192-bedded surgical unit commenced.
- Emmaus Hospital in Uthukela: Extensions to this facility are in progress at a cost of R132.2 million.
- Mseleni Hospital in Umkhanyakude: Officially opened the new HAST Unit (R5.7 million); Female Ward (R18.970 million); and a Therapy Unit and Staff Accommodation of 24 flats (R27.355 million).
- KZN Children's Hospital in eThekweni: Building of the Assessment/ Training Centre and external facade renovations to the main 'old hospital building' and 'old nurse's home' has been completed. Work has commenced on the bulk services hub and basement/ parking area. The project is expected to be completed by 2018 at a cost of R300 million.
- Pomeroy Community Health Centre in Umzinyathi: The project has been completed at a cost of R161 million.
- Dannhauser Community Health Centre in Amajuba: The project has been completed at a cost of R164.9 million. The Premier, Honourable Senzo Mchunu, will open this state of art facility on 27 May 2015.
- Jozini Community Health Centre in Umkhanyakude: The project is 90% complete with expected total cost of R268.5 million.
- Ngwelezane Clinic in Uthungulu: Repairs and renovations have been completed at a cost of R3.6 million.
- Isithebe Clinic in Ilembe: The construction of the Nurses Residence has been completed at a cost of R18.7 million.
- Shongweni Dam Clinic in eThekweni: Construction of the new clinic (Phase 9) has been completed at a cost of R11.2 million.
- Mwolokohlo Clinic in Ilembe: Additions and upgrades to the clinic and construction of the Nurses Residence have been completed at a cost of R14.1 million.
- Mqatsheni Clinic in Harry Gwala: The new clinic has been completed at a cost of R14.1 million.

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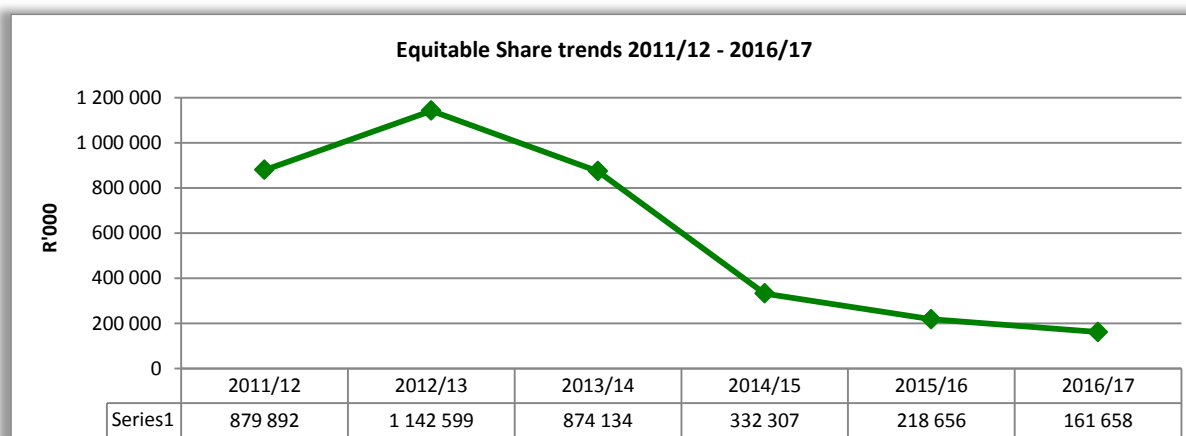
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- Gwaliweni Clinic in Umkhanyakude: Construction of the new clinic and guard house has been completed at a cost of R14.017 million.
- Enhlekiseni Clinic in Zululand: Construction of the small clinic, B2 Residential Accommodation and Guard House has been completed at a cost of R14.7 million.
- Jozini Malaria Health Complex in Umkhanyakude: Demolishing of the existing house on erf 383 and construction of 4 single bedroom units, garages and carports (repairs and renovations to two houses and carports) is complete at a cost of R5.047 million.
- Ekuhlengeni Life Care Centre in eThekweni: Renovation of this facility has been completed at a cost of R45.8 million.
- Phoenix Mortuary in eThekweni: Upgrades to the value of R87.3 million has been completed.

Challenges

- Additional funding is required for the appointment of a Town Planner to undertake applications for new developments in line with the KwaZulu-Natal Planning and Development Act, 2008 (Act No. 6 of 2008). This Act has brought about an additional planning lead time of approximately a year and the half prior to the commencement of new works e.g. building of a clinic.
- Most new construction activities are listed under the Environmental Impact Assessment Regulations of 2014 as activities that have the potential to cause harm to the environment. A lengthy Environmental Impact Assessment (EIA) process with the Department of Economic Development and Environmental Affairs is therefore required as per the National Environmental Management Act, 1998 (Act No. 107 of 1998). This resulted in significant delays of up to two years for crucial projects such as the UMzimkhulu Community Health Centre.
- Due to the reduction of budgets over the last few years, the Department was forced to shelve a number of planned projects to ensure that MTEF Plan(s) balances with allocated budget(s). As a result, there will be an increased high risk for implementation processes over the next three years also exacerbated by two big projects i.e. the new Dr Pixley Isaka Ka Seme Regional Hospital and the Ngwelezana Hospital 192 multi-storey surgical block which will take at least one third of the total infrastructure budget annually. The Department will implement vigorous project monitoring of these projects to prevent over/ under expenditure through unforeseen circumstances.
- The weak performance of the Rand against other currencies also creates a huge challenge for Health Infrastructure as a significant proportion of essential equipment and materials are imported which increased costs significantly.
- The significant reduction of the Equitable Share budget has been one of the most far reaching decisions in recent years (Graph 5). Projects could not be absorbed within the Equitable Share budget allocation due to major reductions since 2012/13. As a result the Department had to delay starting some of the Health Facility Revitalisation Grant projects in order to prevent over-expenditure against the total infrastructure allocation.

Graph 5: Equitable Share trends



Source: BAS; Health Facilities Management

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- The Department has continually been subject to non-performance by Implementing Agents (IAs) i.e. Independent Development Trust (IDT) and Department of Public Works including:
- Delays in the appointment of consultants and finalisation of contracts through SCM resulting in delayed construction commencement.
- Poor quality of work by appointed contractors resulting in delayed completion of projects.
- Serious delays with closing out processes of completed projects. IAs are failing to close projects on time due to poor management of Variation Orders (VOs) and Extension of Time (EOT). Failure to manage VOs and EOT efficiently results in a number of disputes at the final account stage. The Department will be putting pressure on the IAs to ensure that “old” projects are closed.
- Numerous variation orders due to under-design by consultants appointed through IAs and design during construction by end-users i.e. Clinicians and Institutional Management.
- Delays in commencement of projects due to statutory requirements e.g. Environmental Management and Planning and Development Act.

Mitigating strategies

- User Asset Management Plan (U-AMP). The Department has developed a 10-year U-AMP requesting an average annual budget of R1.9 billion over the next three years based on service delivery pressures and a number of projects which have already been designed. The plan was submitted to the National Department of Health in October 2014. The Department received a scoring of 68% and received an additional budget allocation from the National Treasury.
- Implementing Agents. Both Public Works and IDT performed poorly with significant cost implications for the Department as most projects did not finish on time or took long in the tender process. The Department gave IDT a three months’ notice period and will terminate the contract by the end of June 2015. Created Departmental capacity will be used to implement projects in-house provided internal SCM approves. Further in-house capacity will be developed to take over some of the major projects in order to achieve the required results.
- Infrastructure organisational structure. The Health Facility Management post structure was reviewed to align with functions. Critical posts were identified and advertised and existing staff members have been placed in relevant posts on the revised structure. Of the 46 posts funded in the Devision of Revenue Act (DORA), 15 posts have been filled through placement of existing staff and recruitments. There are a further 15 posts currently advertised for placement.
- Maintenance. There is still a capacity and skills gap at district and facility level to efficiently manage facility maintenance. This is putting undue pressure on Head Office personnel to manage maintenance issues that should have been addressed by the districts or institutions independently. The Department has in the past two years filled more than 180 Artisan and related posts in the various institutions and district offices in order to bridge this gap. Capacity development will continue over the next planning cycle.
- Head Office buildings. Annual expenditure on leased buildings to house Head Office staff is very high. The Department commenced with the design of new offices that will be located on the Townhill Hospital site. These offices will house Health Facility Management and Fleet Services, currently located at the Medical Chambers Building (one of the leased buildings). The refurbishment of the ex-Old Boys School into Departmental Offices will be completed in February 2016. This building will be occupied by the SCM Unit currently housed at Trison Towers which is also a hired building.
- Load shedding. The Department prepared a detailed schedule to manage load shedding (avail;able from the Infrastructure Unit). The implementation process for standby generators commenced in various institutions as per implementation schedule.

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GOAL 2: IMPROVE THE EFFICIENCY AND QUALITY OF HEALTH SERVICES

Table 23: Alignment of Strategic Goal 2 with National and Provincial priorities

NDP 2030	MTSF & NSDA 2010-2014	PGDP 2030	KZN 2014/15
Strategic Goal 2: Improve the efficiency and quality of health services			
<ul style="list-style-type: none"> - Health system reforms completed 	<ul style="list-style-type: none"> - Improving patient care and satisfaction - Accreditation of health facilities for compliance 	<ul style="list-style-type: none"> - 	<ul style="list-style-type: none"> - Scale up implementation of the National Core Standards - Improve management capacity - Improve patient satisfaction - Unqualified audit opinion

Implementation of the National Core Standards

Implementation of the National Core Standards has been prioritised during the reporting period. Facilities were assessed for compliance to core standards to fast track quality improvement strategies considered critical for the provision of safe and appropriate health care i.e. (1) Availability of medicines and supplies; (2) Cleanliness; (3) Improve patient safety and security; (4) Infection prevention and control; (5) Positive and caring attitudes; and (6) Waiting times.

During the reporting period, 69.3% of facilities conducted annual self-assessments and developed Quality Improvement Plans. The National Office of Health Standards Compliance did not conduct external assessments during 2014/15.

Patient complaints were investigated and 92% of all complaints were resolved within 25 working days. The overall patient satisfaction rate (82.7%) exceeded the average annual target. Monthly morbidity and mortality reviews were conducted at hospital level and recommendations implemented to improve clinical care.

Infection Prevention & Control (IPC)

All IPC Guidelines have been reviewed and modified in 2014/15 and the Provincial IPC Policy is in the final stages of review. A draft EMS IPC Policy was developed in collaboration with EMS and circulated for comment. The Equipment Decontamination Policy and Guidelines has been developed to assist with the decontamination of equipment colonised with microbes. Guidelines for the Management of Ebola Virus Disease cases and suspected cases and Guidelines on the donning and doffing of personal protective equipment in Ebola Virus Disease settings were developed and placed on the Departmental website.

The Infection Control Audit Tool (ICAT) Modules that address the different clinical and non-clinical domains in healthcare institutions has been reviewed and implemented in 2014/15.

Outbreaks of Nosocomial Infection: During 2014/15, the Department investigated 15 possible outbreaks in KZN hospitals, none of which were associated with mortality compared to 5 outbreak related deaths in 2013/14. IPC Practitioners at facility level monitored laboratory results and reported suspected outbreaks to Province after which Outbreak Response Teams were mobilised. Although this arrangement leads to over-reporting (5 of 15 confirmed outbreaks in 2014/15) the investigation and analysis of a possible outbreak thus far always resulted in cessation of new infected cases within 24 hours. Partly due to difference in opinion between different "expert groups" all facilities are not immediately reporting suspected outbreaks.

Due to heavy colonisation of Enterococcus Faecium in the neonatal nursery in the RK Khan Hospital (not involved in any outbreak amongst neonates in the nursery), neonates were relocated to McCords Hospital and the nursery upgraded.

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Nosocomial transmission of TB in facilities remains a major concern. As part of prevention of TB transmission in facilities the Department implemented the following: cough triage at the point of entry; fast tracking of patients with symptoms of PTB; open window policy to ensure air changes (proposed discontinuation of ceiling fans to address generation of infectious airborne particles - droplet nuclei); and use of personal protective equipment.

Antibiotic Stewardship: Nine antibiotic stewardship workshops were conducted in 2014/15 to stop the inappropriate use of antimicrobial agents and healthcare associated infections. Antibiotic Stewardship Committees will be established at institutional level to monitor projects including Drug Bug Match; escalation and de-escalation of antibiotic therapy; intravenous to oral switch; hang time; and duration of antibiotic therapy.

Compliance to National Core Standards for IPC: In 2014/15, a total of 79 facilities were assessed for IPC compliance to National Core Standards e.g. Ugu (10); eThekweni (7); Amajuba (8); Uthungulu (12 facilities and 4 EMS bases); Zululand (5); Ilembe (10 facilities and 1 EMS base); Umgungundlovu (5); Harry Gwala (3); Umkhanyakude (9); Umzinyathi (7); and Uthukela (3). Audit reports, including recommendations, were disseminated to all stakeholders.

Ebola preparedness: The Province is especially vulnerable to Ebola Virus Disease cases due to the various ports of entry (both formal and informal). The Department prioritised the procurement of Personal Protective Equipment which is at the technical evaluation stage, and a comprehensive training plan commenced in 2014/15. Training sessions were conducted at Addington; Greys (x2); Ngwelezana (x2); Manguzi, Eshowe, and IALCH (x2) Hospitals and a number of private healthcare facilities. Other training included District IPC Managers, EMS response teams, and Kosi Bay and Golela Border Posts.

Challenges

- Ineffective SCM processes and systems e.g. critical IPC items are often not available (long turnaround times) or of poor quality of equipment (not complying with quality standards) which impacts negatively on IPC outcomes.
- Poor microbiology laboratory support: Long turnaround times; lack of Microbiologist expertise in most districts; microbiology testing of antibiotics not aligned with the Pharmacy and the EDL Guidelines; ineffective communication between laboratory and facilities; lack of accessibility to laboratory results (culture and susceptibility); outbreak response results of epidemiologically linked cases not reported to the outbreak response team; central database of results not available which impacts on surveillance at facility level. This impact on the effectiveness of the early warning system for adverse events and antibiotic stewardship.
- Infrastructure challenges: Facilities are not compliant with current standards as required by the National Core Standards (NCSs). With the current financial constraints this will not be addressed in the near future.
- The current staff establishment for IPC needs review in order to comply with requirements. KwaZulu-Natal is a large Province and more staff is needed to effectively implement IPC practice at all levels of healthcare in both public and private sectors.
- The IPC skills gap remains a challenge. Although a large number of staff received an IPC qualification e.g. Honours level qualification or postgraduate diploma in IPC, many of these providers transferred into other OSD linked posts.
- Poor compliance to IPC Quality Improvement Plans.
- Inadequate funding envelope to address the various IPC programmes and activities.

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

Table 24: Alignment of Strategic Goal 3 with National and Provincial priorities

NDP 2030	MTSF & NSDA 2010-2014	PGDP 2030	KZN 2014/15
Strategic Goal 3: Reduce morbidity and mortality due to communicable diseases and non-communicable conditions and illnesses			
<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 - Accelerate programmes to improve TB outcomes - Decrease the prevalence of chronic illnesses - Promote healthy lifestyles and mental health programmes 	<ul style="list-style-type: none"> - Increase life expectancy - Decrease maternal & child morbidity & mortality - Decrease HIV incidence and manage prevalence - Improve TB outcomes - Decrease burden of non-communicable diseases - Elimination of malaria - Manage the burden of intentional and unintentional injuries

LIFE EXPECTANCY

Improved health outcomes, and increased focus on improving the social determinants of health contributed to an increase in the life expectancy at birth from 52.6 years in 2010 to 61.1 years in 2014 (StatsSA Mid-year Estimates 2014).

MATERNAL, NEONATAL, CHILD AND WOMEN'S HEALTH AND NUTRITION

The maternal mortality ratio in facilities decreased from 147 per 100 000 live births (2013/14) to 124.9 per 100 000 in 2014/15 and deaths decreased from 280 to 252. Of concern is the increased number of births to women under the age of 18 years increasing from 17 688 to 18 101 as this is identified one of the high risk factors in maternal deaths. The mother to child transmission of HIV decreased from 1.6% to 1.3% in 2014/15. To reduce morbidity and mortality of cervical cancer, a total of 161 707 women were screened for cervical cancer and 136 415 Grade 4 girls received the HPV vaccination. Malnutrition, linked to poverty and deprivation, remains a concern. The severe acute malnutrition incidence (children under 5 years) increased from 5.6 per 1000 to 6.3 per 1000. Programmes are being scaled up to address causal factors in line with the Provincial Poverty Eradication Master Plan managed from the Office of the Premier.

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).

It is envisaged that the infant mortality rate will continue to decline as a result of a number of high impact interventions including revision of the PMTCT Guidelines and implementation of Fixed Dose Combination (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; and revision and launch of the National Contraceptives Policy (particularly the introduction of Implants).

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HIV, AIDS AND STIs

There has been a strong focus on prevention of new infections and improving the management of patients living with HIV. A total number of 2 005 550 people between 15-49 years were tested for HIV. The number of medical male circumcisions increased with 47% between 2013/14 and 2014/15 (304 886 to 448 276) which, according to empirical evidence will reduce risk of HIV infection by more than 60%. Since 2010, the patients on ante-retroviral treatment increased with 133% and over the last two years, the number of people remaining on ante-retroviral treatment increased with 13% (840 738 to 951 462). The Department established 124 High Transmission Areas to expand the reach of HIV prevention programmes.

According to ASSA2008 projections, the HIV incidence is 1.01% (total general population); 3.48% (women 15-19 years); and 2.42% (youth 15-24 years). The estimated prevalence rate in the general population is 15.2%, compared to the 37.4% prevalence in antenatal women in 2011 (ANC surveillance Report).

The Province reported the highest HIV prevalence among pregnant women for the past 13 years, with prevalence stabilising at 37.4% (35.8-39.0) in 2012 (National ANC Surveillance).

Two sites were identified as Regional Training Centres (RTCs) i.e. in McCord's and Dundee Hospitals. An Audio Visual Communication (AVC) system has been installed in Head Office that enabled the Department to conduct training from a central point via wireless video conferencing.

TUBERCULOSIS

The KZN TB incidence decreased from 1 149 new cases per 100 000 population in 2011 to 898 new cases per 100 000 population in 2013, and the TB death rate decreased from 5.2% to 4.7% during the same period. 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.

NON-COMMUNICABLE DISEASES

According to the World Health Organisation (WHO), non-communicable diseases constituted 63% of all deaths in 2008 including cardiovascular disease (48%), cancers (21%), chronic respiratory diseases (12%) and diabetes (3%). It is further estimated that deaths due to non-communicable diseases will increase by 17-24% in the African Region over the next 10 years. According to the 2012 General Household Survey, 19.8% of the total South African population and 20% of the population in KZN suffer from chronic diseases.

Hypertension, cancer, diabetes (type 2 most common) and concurrent diabetes and hypertension are the most common non-communicable diseases admitted in KZN public health hospitals. The most common cancers admitted are cancer of the cervix, breast cancer and cancer of the oesophagus. Most cancers occurred after the age of 30 (2011 KZN Hospital Survey).

Diabetes incidence decreased from 3 per 1000 population (2010/11) to 1.6 per 1000 population in 2014/15, and the hypertension incidence decreased from 29.8 per 1000 population (2010/11) to 19.2 per 1000 population in 2014/15 (DHIS).

Dental caries is the most common condition affecting children in South Africa with an estimated 91% of children (6 years old) with untreated tooth decay (2012 Household Survey).

Cataract surgery increased from 6 866 in 2013/14 to 8 037 in 2014/15. Commissioning of the Mc Cord's Eye Hospital will further improve eye care services.

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MALARIA

The number of new malaria cases decreased from 696 in 2013/14 to 644 in 2014/15 and the incidence from 1.08/1000 to 1.03/1000 population at risk.

INTENTIONAL AND UNINTENTIONAL INJURIES

The majority of admissions for injury managed at KZN hospitals include assault (35.5%), accidental injury (26.2%), motor vehicle accidents (19.6%), burns (8.9%), accidental poisoning (5.6%) and 4.2% snake bites (2011 KZN Hospital Survey).

In 2010, the pre-hospital trauma rate was approximately 11.6 per 1000 population and 12.9 per 1000 in public district and regional hospitals.⁸ This equated to 100 000 EMS calls for trauma and around 160 000 visits per year in public hospitals in KZN.

During 2014/15, a total of 564 529 emergency cases were managed by EMS.

⁸ Brysiewicz P, Hardcastle T, Clarke D. The burden of trauma in KZN, Projections for 5 years and Recommendations for improved service delivery Pietermaritzburg : KZN Department of Health, 2013

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PERFORMANCE INFORMATION PER 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

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3. PROGRAMME 1: ADMINISTRATION

3.1 PROGRAMME DESCRIPTION

There are no changes to the structure of Programme 1

Programme Purpose

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

Sub-Programmes

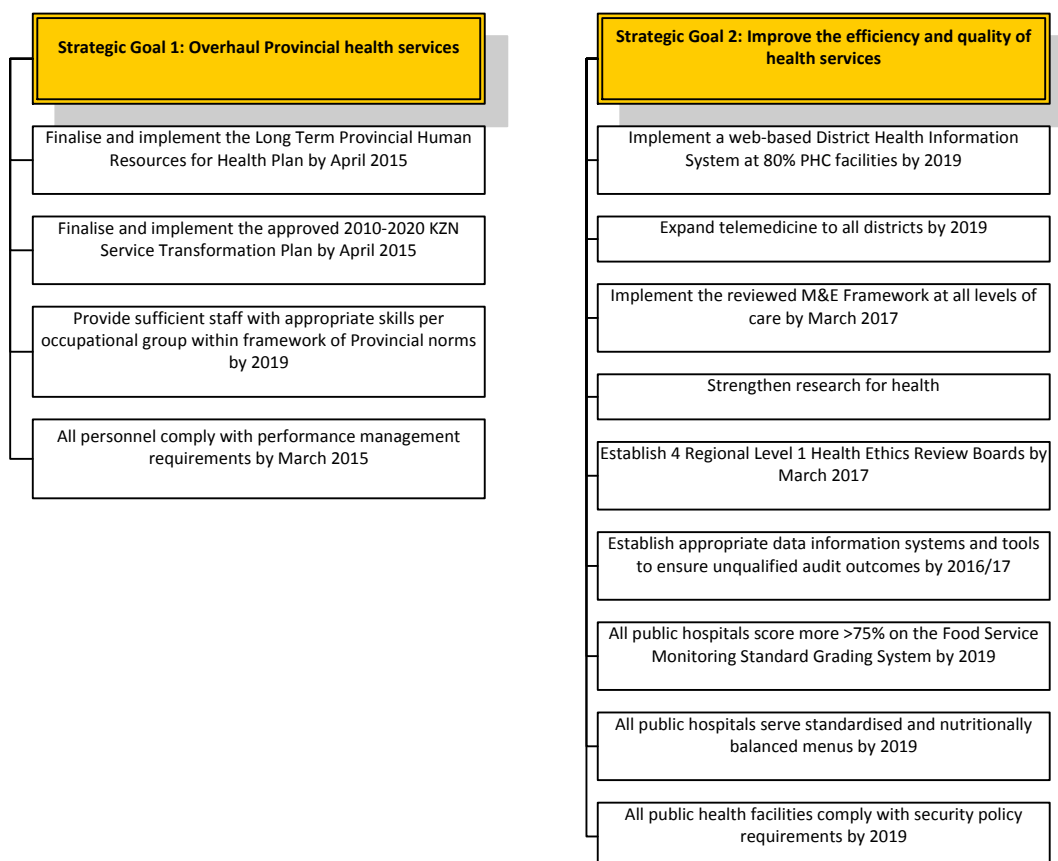
Sub-Programme 1.1 - Office of the Member of the Executive Council (MEC)

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

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

3.2 STRATEGIC GOALS AND OBJECTIVES



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3.1 STRATEGIC OBJECTIVES, PERFORMANCE INDICATORS, TARGETS AND ACTUAL ACHIEVEMENTS

Finalise and implement Long Term Plan(s)

Extensive consultation and engagement with all stakeholders continued in 2014/15 to finalise the Provincial Long Term Plan (including Human Resource Plan) in line with the NDP, PGDP and service demands. Consultation with all clinical disciplines, as part of the rationalisation of hospital services was scaled up in 2014/15 to inform the final plan. The Department commissioned 2 research studies “Staffing norms per clinical discipline” and “Bed norms per clinical discipline” to inform the Long Term Plan(s), and final results of both studies are expected in the first half of 2015/16. Extensive engagements with UKZN, other research organisations, and all clinical disciplines provided valuable information to inform the studies.

Provide adequate Human Resources for Health

The Department renewed its partnership with UKZN and a new MOU was officially signed off in December 2014. Through this partnership, the Province commenced with preparation for the implementation of a new “Community Based Training in a PHC Model” that will change the focus to a more comprehensive training platform from community to central level. Training will be decentralised to all Regions and will include training at community level, PHC facilities as well as District, Regional, Tertiary and Central Hospitals. Review of the selection criteria for students commenced to address inequities between urban and rural selection, and a costed gap analysis commenced to inform the final Business Plan that will be presented to Provincial Cabinet, National Departments of Health and Higher Education and Treasury. The Model makes provision for training of the large contingent Cuban students returning to South Africa in 2018 for 18 month training before graduation. The first phase pilot of the Model will commence in Region 4 in 2016. UKZN will, in addition, double the intake of Medical, Nursing and Allied Worker students over the next 5 years to increase the pool of scarce human resources for health.

At the end of March 2015, there were 379 Registrars on the Programme, with no intakes in 2014/15 due to funding constraints. Of the 65 Registrars who were eligible for registration as Specialists in 2014/15, a total of 33 were retained as Specialists and Clinical Managers and 7 accepted posts as Medical Officers in the Department.

The contracting of GPs in the NHI Districts increased coverage at PHC level. Currently a total of 45 GPs have been contracted i.e. Umgungundlovu (25); Umzinyathi (16) and Amajuba (4).

Review of the organisational structures continued in 2014/15 to ensure alignment with the Departments’ mandate. WISN, results from the Human Resource research studies, as well as service packages will inform key posts that will be prioritised in 2015/16 as part of systems strengthening.

The target for Medical Officers per 100 000 population was not met, mainly attributed to the high attrition rate, extended time for filling of vacant posts, and limited funding envelope which limited the number of filled new posts.

Compliance with Performance Management requirements

Compliance with performance management remained a concern in 2014/15 with only 65.4% of Senior Managers signing Performance Agreements. To improve compliance, the Department linked compliance to prescripts with the pay progression system. Active monitoring will be prioritised in 2015/16 MTEF.

Web-Based District Health Information System

Implementation of the web-based information system (DHIS) commenced in the NHI pilot districts in 2014/15 and will be rolled out to other districts in a phased approach over the 2015/16 MTEF. Information infrastructure and connectivity has been prioritised for the 2015/16 MTEF as enabler for implementation of the programme.

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Although the quality of performance information is still a challenge, improvement is noticeable mainly attributed to regular site visits by the Data Management and Monitoring & Evaluation Components to provide the necessary technical support and monitoring of compliance to SOPs and the Data Management Policy. This will continue in 2015/16.

Expand Tele-medicine to all Districts

The Department did not achieve the 2014/15 target due to the high cost to increase functional sites versus the available funding envelope. Available funding were utilised to ensure optimal functionality of existing sites. Video conferencing is available in 34 sites in the Province and 7 sites are on the Tele-Radiology programme. Equipment is however more than 9 years old and requires urgent upgrading. Telehealth received a Public Service Innovation Award at the 12th Annual Centre for Public Service Innovation (CPSI) in the category "Innovative use of ICTs for effective service delivery: Digital Pen for mHealth".

Implement the revised M&E Framework

The revised M&E Framework will be finalised in 2015/16 with support from Provincial Treasury.

Strengthen research for health

Research to inform decision-making and planning has been scaled up in 2014/15 and results are being used to inform strategic action e.g. staffing and bed norms. The research agenda, developed through extensive consultation with relevant stakeholders, has been published on the Departmental website to ensure that relevant service questions are considered for future research. The Umgungundlovu Health Ethics Review Board has been accredited and is functional, which should further reduce turn-around time for approval of health research.

Information Technology and Infrastructure

The Department prioritised bandwidth connectivity in 2014/15 and exceeded the target for the number of facilities connected to the internet with 63.8%. The cost of infrastructure upgrades is high and might be delayed as a result of the decreasing budget.

Improve Food Service Management and Compliance to Security Requirements

The Department exceeded targets for food service management mainly due to improved monitoring and support to facilities. The Department exceeded targets for compliance to security requirements due to implementation of the National Core Standards as well as increased focus on monitoring and support.

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Table 25: Customised Performance Indicators

APP 2014/15: Page 46, Table 15 (ADMIN2)							
Strategic Objective Statement	Performance Indicator	Data Source	Actual Achievement 2013/14	Planned Target 2014/15	Actual Achievement 2014/15	Deviation from Planned Target to Actual Achievement during 2014/15	Comment on Deviation
Finalise and implement the long-term Provincial Human Resources for Health Plan by April 2015	1. Develop Provincial Human Resources for Health Plan	Approved Human Resources Plan	Annual Human Resources Plan	Long Term HR Plan developed	Not achieved	Not achieved	Awaiting commissioned research results (human resource and bed norms and standards per clinical discipline) to inform the evidence-based HR Long Term Plan. Extensive and wide-spread consultation to inform service packages, finalisation of organisational structures and hospital rationalisation further delayed finalisation of the plan.
Finalise and implement the approved 2010-2020 KZN Service Transformation Plan by April 2015	2. Develop Provincial Long Term Health Plan	Approved Long Term Plan	Draft Plan	Finalise Long Term Plan	Draft Long Term Plan	Not achieved	Extensive consultations to adapt to new national and provincial requirements for long term plans e.g. National Development Plan, Provincial Growth and Development Plan and Provincial Strategic Plan delayed finalisation of the Plan.
Implement a web-based District Health Information System at 80% PHC facilities by 2019	3. Proportion of facilities connected to the internet	IT database – Internet rollout report	Not reported	Clinics 25%	39.7%	58.8%	The project was prioritised to improve data availability and quality.
	<i>Facilities connected to the internet</i>	<i>IT database internet roll-out report</i>		163	267		
	<i>Facilities total (Public Clinics, CHCs & Hospitals)</i>	<i>DHIS calculates</i>		650	672 ⁹		

⁹ 580 clinics, 20 CHCs and 72 public hospitals

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Table 26: Provincial Strategic Objectives and Targets

APP 2014/15: Pages 47 - 50, Table 16 (ADMIN1)								
Strategic Objective Statement	Performance Indicator	Data Source	Actual Achievement 2013/14	Planned Target 2014/15	Actual Achievement 2014/15	Deviation from Planned Target to Actual Achievement for 2014/15	Comment on Deviation	
Human Resources Management Services								
Provide sufficient staff with appropriate skills per occupational group within framework of provincial norms by 2019	1. Medical Officers per 100 000 people	Manually Calculated	30.2	30.6	28.5	(6.9%)	High staff turnover and attrition rate and limited pool of skilled resources resulted in long turn-around time for filling of vacant posts. Estimated 2014 population was over-estimated for target setting.	
	<i>Number of Medical Officers appointed</i>	<i>Persal</i>	<i>3 163</i>	<i>3 335</i>	<i>3 012</i>			
	<i>Total population</i>	<i>Stats SA</i>	<i>10 456 909</i>	<i>10 898 644</i>	<i>10 571 313</i>			
	2. Professional Nurses per 100 000 people	Manually Calculated	138.9	134.8	137.7	2.1%	Filling of vacant PN posts were prioritised. Estimated 2014 population was over-estimated for target setting.	
		<i>Number of Professional Nurses appointed</i>	<i>Persal</i>	<i>14 527</i>	<i>14 696</i>			<i>14 556</i>
		<i>Total population</i>	<i>Stats SA</i>	<i>10 456 909</i>	<i>10 898 644</i>			<i>10 571 313</i>
	3. Pharmacists per 100 000 people	Manually Calculated	6.9	6.8	7.4	8.8%	Filling of vacant Pharmacist posts were prioritised. Estimated 2014 population was over-estimated for target setting.	
		<i>Number of Pharmacists appointed</i>	<i>Persal</i>	<i>718</i>	<i>737</i>			<i>782</i>
		<i>Total population</i>	<i>Stats SA</i>	<i>10 456 909</i>	<i>10 898 644</i>			<i>10 571 313</i>
All personnel comply with performance management requirements by March 2015	4. Number of Hospital Managers who have signed Performance Agreements (PA's)	EPMDS database/ Signed PAs	41	72	37	(48.6%)	Non-compliance to policy requirements, poor oversight and accountability. Systems were put in place to improve compliance and accountability.	
	5. Number of District Managers who have signed PA's	EPMDS database/ Signed PAs	10	11	11	No deviation	-	
	6. Percentage of Head Office Managers (Level 13 and above) who have signed PA's	EPMDS database/ Signed PAs	66%	100%	78%	(22%)	Non-compliance to policy requirements, poor oversight and accountability. Systems were put in place to improve	

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APP 2014/15: Pages 47 - 50, Table 16 (ADMIN1)							
Strategic Objective Statement	Performance Indicator	Data Source	Actual Achievement 2013/14	Planned Target 2014/15	Actual Achievement 2014/15	Deviation from Planned Target to Actual Achievement for 2014/15	Comment on Deviation
	<i>Head Office Managers (level 13 and above) who signed PAs</i>	<i>EPMDS database</i>	33	50	39		compliance and accountability.
	<i>Number of Head Office Managers (level 13 and above)</i>	<i>Persal</i>	50	50	50		
Information Management							
Expand telemedicine to all districts by 2019	7. Number of functional Tele-Medicine sites	Telemedicine Register	41	50	41	(18%)	Due to budget constraints the Business Plan for e-Health was not funded as intended at time of setting the target (R 5 000 of projected budget of R59 million allocated) resulting in delays in expanding sites. Focus was mainly on improving functionality of existing sites.
Implement the reviewed M&E Framework at all levels of care by March 2017	8. Provincial M&E Framework implemented	Provincial M&E Framework	Approved M&E Framework	Framework reviewed	Draft revised Framework	Not achieved	The project was delayed due to retirement of the Project Manager. A draft revised Framework has been circulated for comment.
Strengthen research for health	9. Number of level 1 Health Ethics Review Boards established	Appointment letters	1	1	0	(100%)	Awaiting indemnity detail for members of the Board. The accreditation process with the National Ethics Research Council is lengthy and finalisation has been over-estimated.

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APP 2014/15: Pages 47 - 50, Table 16 (ADMIN1)

Strategic Objective Statement	Performance Indicator	Data Source	Actual Achievement 2013/14	Planned Target 2014/15	Actual Achievement 2014/15	Deviation from Planned Target to Actual Achievement for 2014/15	Comment on Deviation
Establish 4 Regional Level 1 Health Ethics Review Boards by March 2017	10. Number of in-house research projects completed	Final research report(s)	Not reported	5	4	(20%)	The report on the <i>Clinical Staffing Norms</i> has not been finalised due to the complexity of the study as well as extensive consultation with clinicians and research partners that took longer than expected. The project has been extended till 2015/16 to ensure adequate consultation to inform the final results. Preliminary results are available and have been circulated for comment.
Establish appropriate data information systems and tools to ensure unqualified audit outcomes by 2016/17	11. Proportion of facilities implementing the PHC tick register and daily capturing tool	PHC tick registers/ Daily capturing tools	Not reported	100% (PHC tick register) 25% (Daily capturing tool)	Tick register: 0% Daily capturing tool: 11.6%	Tick Register: (100%) Daily capturing tool (53.6%)	<i>Tick Register:</i> Assessment of clinics showed that clinics were not ready for implementation mainly due to inadequate IT infrastructure, inadequate training, etc. The project has been delayed to 2015/16 for implementation in a phased approach. <i>Daily capturing tool:</i> The project plan was reviewed to align with the implementation of the NDOH web-based daily capturing tool that commenced in the NHI pilot districts. Phased implementation will be determined by network connectivity and resources.
	<i>Facilities implementing PHC tick register/ Daily capturing tool</i>	<i>PHC Tick Register</i>		650	0		
		<i>Daily Capturing Tool</i>		162	78		
	<i>Facilities total (Public Clinic, CHCs and Hospitals)</i>	<i>DHIS calculates</i>		650	672		
Food Services							
All public hospitals score >75% on the Food Service	12. Proportion of facilities that scored >75% on the Food Service Monitoring Standards Grading System	Food Services Grading Register	36.6%	55.5%	64%	15.3%	Scale-up of Food Service Programmes through intensified monitoring and support in order to improve compliance

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APP 2014/15: Pages 47 - 50, Table 16 (ADMIN1)								
Strategic Objective Statement	Performance Indicator	Data Source	Actual Achievement 2013/14	Planned Target 2014/15	Actual Achievement 2014/15	Deviation from Planned Target to Actual Achievement for 2014/15	Comment on Deviation	
Monitoring Standards Grading System by 2019	<i>Facilities scoring more than 75% on the FSMSGs</i>	<i>Grading Register</i>		40	46		with quality standards.	
	<i>Public Health Hospitals total</i>	<i>DHIS calculates</i>		72	72			
All public hospitals serve standardised and nutritionally balanced menus by 2019	13. Number of in-house Food Service Units serving 3 Provincial standardised menus	Food Service Unit database	15	20	29	45%	Scale-up of Food Service Programmes through intensified monitoring and support to improve compliance with quality standards.	
	14. Number of facilities compliant with 2 priority Food Safety Standards	Food Service database	30	45	43	(4.4%)	Considered within acceptable deviation range.	
Security Services								
All public health facilities comply with security policy requirements by 2019	15. Proportion of health facilities with operational security committees	Security Audit results	Not reported	50%	63.4%	26.8%	Prioritising Security Services to comply with Security Policy requirements and National Core Standards.	
	<i>Facilities with operational security committees</i>	<i>Security audit results/Minutes</i>		361	426			
	<i>Facilities total (Public Clinic, CHC and Hospitals)</i>	<i>DHIS calculates</i>		722	672			
	16. Proportion of health facilities fenced with access control at the gate	Facility Security Audit Results	Security audit results/Minutes	Not reported	50%	100%	100%	Scale-up of Security Services to comply with Security Policy requirements and National Core Standards.
		<i>Facilities fenced with access control</i>			361	672		
		<i>Facilities total (Public Clinics, CHC's and Hospitals)</i>			<i>DHIS calculates</i>	722		

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Table 27: Budget Appropriation and Expenditure

Programme per Sub-Programme		2014/15						2013/14		
		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	19 498	-	(2 726)	16 772	16 818	(46)	100.3%	16 996	17 011
	Current payment	19 498	-	(3 642)	15 856	15 856	-	100.0%	16 445	16 459
	Transfers and subsidies	-	-	7	7	53	(46)	757.1%	16	17
	Payment for capital assets	-	-	909	909	909	-	100.0%	535	535
1.2	Management	561 642	-	28 978	590 620	684 501	(93 881)	115.9%	579 406	670 177
	Current payment	550 562	-	18 567	569 129	662 981	(93 852)	116.5%	536 625	594 205
	Transfers and subsidies	4 630	-	177	4 807	6 590	(1 783)	137.1%	1 533	1 283
	Payment for capital assets	6 450	-	10 234	16 684	14 918	1 766	89.4%	41 241	41 060
	Payment for financial assets				-	12	(12)	-	7	33 629
	TOTAL	581 140	-	26 252	607 392	701 319	(93 927)	115.5%	596 402	687 188

Source: 2014/15 Annual Financial Statements

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3.2 STRATEGIES TO OVERCOME AREAS OF UNDER-PERFORMANCE

- **Finalisation of Long Term Plans(s)**
 - Consultation with relevant stakeholders will continue in 2015/16, while research results will be used to inform the final plan.
 - Rationalisation of hospital services, including package of services, complexes and classification will be finalised in 2015/16 after conclusion of consultation with relevant stakeholders.
 - A Committee has been established to fast track the development of the HR Long Term Plan.
- **Decreasing the shortage of Medical Officers**
 - Equity in placement of Medical Officers is under review as part of the rationalisation of hospital services.
 - UKZN will double Health Science student intake over the next 5 years - increase pool of Medical Officers.
 - Allocation of additional bursaries for students to study in the field of health sciences including the Cuban Training Programme.
- **Non-compliance to PMDS**
 - Compliance has been linked with pay progression and will be stringently enforced and monitored.
- **Increasing the number of Telemedicine sites**
 - Information Technology has been prioritised for the 2015/16 MTEF.
- **Finalising the reviewed Monitoring & Evaluation Framework**
 - Provincial Treasury will assist the Department in 2015/16 to refine the draft Framework after which it will be disseminated and implemented.
- **Improving Data Management**
 - The rationalisation of registers and web-based information projects will continue in 2015/16 in a phased approach. Data quality and compliance to the Policy and SOPs will be strictly monitored.

3.3 CHANGES TO PLANNED TARGETS

There have been no changes to targets for Programme 1.

3.4 LINKING PERFORMANCE WITH BUDGET

Table 28 provides a summary of the actual expenditure versus budget for 2014/15.

Table 28: Summary of expenditure Programme 1

Programme Name	2014/2015			2013/2014		
	Final Appropriation	Actual Expenditure	(Over)/ Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/ Under Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000
Current payment	584 985	678 837	(93 852)	553,070	610,483	(57,413)
Transfers and subsidies	4,814	6,643	(1,829)	1,549	1,300	249

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Programme Name	2014/2015			2013/2014		
	Final Appropriation	Actual Expenditure	(Over)/ Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/ Under Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000
Payment for capital assets	17,593	15,827	1,766	41,776	41 595	181
Payment for financial assets		12	(12)	7	33,629	(33,622)
Total	607,392	701,319	(93,927)	596,402	687,188	(90,786)
KwaZulu-Natal Total	31,119,465	31,245,510	(126,045)	29,219,210	29,531,410	(312,200)

Source: BAS

Programme 1 recorded an over-expenditure of R 93 927 million.

Funds were prioritised for filling of essential vacant posts to strengthen leadership and management, increased forensic investigation capacity and the settlement of medico-legal claims. These priorities assisted in improving the quality of healthcare services significantly.

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4. PROGRAMME 2: DISTRICT HEALTH SERVICES

4.1 PROGRAMME DESCRIPTION

There are no changes to the structure of Programme 2.

Programme Purpose

To render Primary Health Care and District Hospital Services

Sub-Programmes

Sub-Programme 2.1: District Management

Planning and administration of health services; manage personnel and financial administration; co-ordination and management of Day Hospital Organisation and Community Health Services rendered by Local Authorities and Non-Governmental Organisations within the Metro; determine working methods and procedures and exercising district control

Sub-Programme 2.2: Community Health Clinics

Render a nurse driven Primary Health Care service at clinic level including visiting points, mobile and local authority clinics

Sub-Programme 2.3: Community Health Centres

Render primary health services with full-time Medical Officers in respect of mother and child, health promotion, geriatrics, occupational therapy, physiotherapy, and psychiatry

Sub-Programme 2.4: Community-Based Service

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

Sub-Programme 2.5: Other Community Services

Render environmental, port health and part-time district surgeon services, etc.

Programme 2.6: HIV and AIDS

Render a Primary Health Care service in respect of HIV and AIDS campaigns and special projects

Sub-Programme 2.7: Nutrition

Render nutrition services aimed at specific target groups and combines direct and indirect nutrition interventions to address malnutrition

Sub-Programme 2.8: Coroner Services

Render forensic and medico legal services to establish the circumstances and causes of unnatural death

Sub-Programme 2.9: District Hospitals

Render hospital services at General Practitioner level

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Primary Health Care

Table 29: (DHS1) District Health Service – 2014/15

Health District	Facility Type	Number of facilities	Total PHC headcount 2014/15	Per Capita Utilisation 2014/15	District Population (DHIS 2014)
Ugu	Mobiles	17	2 532 251	3.4	741 540
	Fixed Clinics (including LG/satellite)	54			
	CHCs (including LG)	2			
	Total Fixed Clinics	56			
	District Hospitals	3			
Umgungundlovu	Mobiles	17	3 169 491	3.0	1 069 658
	Fixed Clinics (including LG/satellite)	50			
	CHCs (including LG)	3			
	Total Fixed Clinics	53			
	District Hospitals	2			
Uthukela	Mobiles	14	1 794 364	2.6	689 122
	Fixed Clinics (including LG/satellite)	37			
	CHCs (including LG)	1			
	Total Fixed Clinics	38			
	District Hospitals	2			
Umzinyathi	Mobiles	12	1 552 544	3.0	518 409
	Fixed Clinics (including LG/satellite)	50			
	CHCs (including LG)	1			
	Total Fixed Clinics	51			
	District Hospitals	4			
Amajuba	Mobiles	8	1 321 148	2.6	514 977
	Fixed Clinics (including LG/satellite)	25			
	CHCs (including LG)	0			
	Total Fixed Clinics	25			
	District Hospitals	1			
Zululand	Mobiles	17	2 266 105	2.7	834 251
	Fixed Clinics (including LG/satellite)	70			
	CHCs (including LG)	1			
	Total Fixed Clinics	71			
	District Hospitals	5			
Umkhanyakude	Mobiles	17	2 198 332	3.4	643 759
	Fixed Clinics (including LG/satellite)	57			
	CHCs (including LG)	0			

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Health District	Facility Type	Number of facilities	Total PHC headcount 2014/15	Per Capita Utilisation 2014/15	District Population (DHIS 2014)
	Total Fixed Clinics	57			
	District Hospitals	5			
Uthungulu	Mobiles	17	2 860 141	3.0	947 925
	Fixed Clinics (including LG/satellite)	61			
	CHCs (including LG)	1			
	Total Fixed Clinics	62			
	District Hospitals	6			
Ilembe	Mobiles	11	2 033 823	3.2	640 790
	Fixed Clinics (including LG/satellite)	34			
	CHCs (including LG)	2			
	Total Fixed Clinics	36			
	District Hospitals	3			
Harry Gwala	Mobiles	13	1 404 242	2.9	478 536
	Fixed Clinics (including LG/satellite)	39			
	CHCs (including LG)	1			
	Total Fixed Clinics	40			
	District Hospitals	4			
eThekweni	Mobiles	36	10 099 651	2.9	3 492 345
	Fixed Clinics (including LG/satellite)	103			
	CHCs (including LG)	8			
	Total Fixed Clinics	111			
	District Hospitals	3 ¹⁰			
Province	Mobiles	179	31 232 092	2.9	10 571 313
	Fixed Clinics (including LG/satellite)	580			
	CHCs (including LG)	20			
	Total Fixed Clinics	600			
	District Hospitals	38			

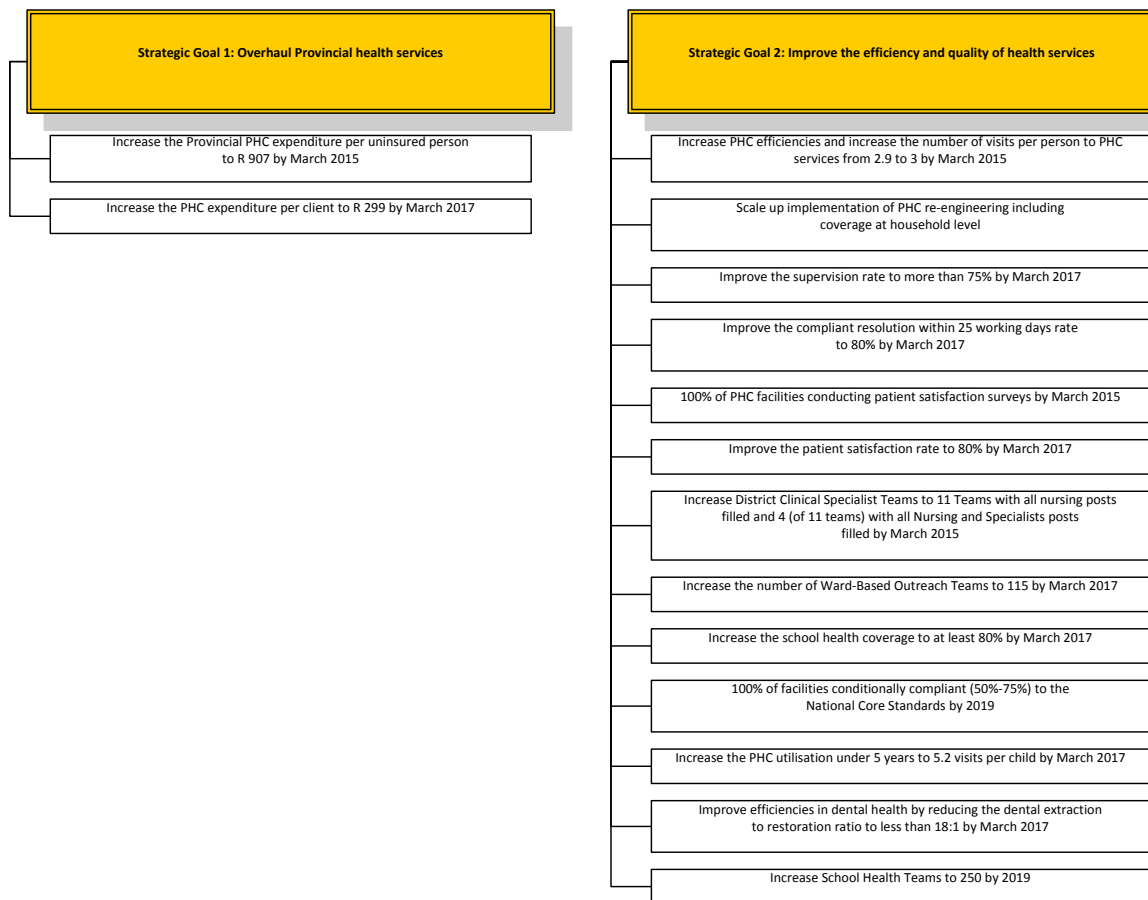
Source: DHIS; Stats SA Mid-Year Estimates

¹⁰ McCords Hospital is included as it is classified as a District Hospital although it operated as a Step Down Facility for the period 2014/15

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4.2 STRATEGIC GOALS AND OBJECTIVES



4.1 STRATEGIC OBJECTIVES, PERFORMANCE INDICATORS, TARGETS AND ACTUAL ACHIEVEMENTS

Increase PHC expenditure

Between 2013/14 and 2014/15, the Programme 2 budget increased with R 1 520 924 (11.6%) and expenditure increased with 10.4%. The 2014/15 District Health Expenditure Review (DHER) still points to significant variations between districts and facilities, which will inform allocations for the 2015/16 MTEF. Investments to improve PHC re-engineering were prioritised in 2014/15, especially community-based interventions.

Scale up PHC re-engineering

PHC re-engineering, including scale-up of community-based interventions (e.g. health promotion, screening and referral, follow-up and support), primary prevention (e.g. immunisations, screening for malnutrition, chronic conditions and prevention of mother to child transmission) and acute treatment (e.g. minor ailments and management of disease) and referral of cases for active management at hospital level was prioritised during 2014/15. Inadequate reporting of community-based data remained a challenge during the year. A total of 103 852 households were registered by community-based outreach teams during 2014/15, although data is still under-reported. This is being addressed through more active supervision and support at district level. Patient activity at PHC clinics showed a slight decline since 2013/14 (609 546 or 1.3%), which may be partly ascribed to improved community-based interventions and data

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management (reducing double counting of PHC patients). Supervision rates remained a concern although it increased with 5.6% compared to the previous reporting period.

School health coverage is low in spite of significant investment in appointment of School Health Teams and none of the targets were achieved. Roles and functions of the teams will be reviewed and enforced during the 2015/16 MTEF.

During the reporting year, a total of 288 clinics were targeted for implementation of the Ideal Clinic Realisation and Maintenance initiative. Baseline assessments (using the Ideal Clinic Dashboard) found 23.6% clinics scoring less than 49%, 51.7% scoring between 50% and 69%, and 24.3% scoring more than 70%.

The recruitment and appointment of District Clinical Specialist Teams remained a challenge especially with recruitment and retention of medical specialists. The requirements, especially appointment of Anaesthetists, should be reviewed to improve compliance.

National Core Standards including patient satisfaction

Client satisfaction surveys showed a high level of patient satisfaction with PHC health services (88%) with focus on basic Batho Pele principles expected to further improve patient experience. Complaints resolution within 25 working days was high (90.7%) which demonstrates commitment from the Department to respond speedily to patient dissatisfaction.

The number of established Hospital Boards increased from 36 (92.1%) to 38 (100%) in 2014/15. The appointment of Clinic Committees remained a challenge due to challenges with recruitment and high turn-over of members. During the reporting year, a total of 367 (63.3%) clinics and 14 (70%) CHC Committees were established.

Integration with external partners was scaled up through participation in Operation Sukuma Sakhe and active involvement during war room consultation.

Clinic self-assessments and implementation of Quality Improvement Plans remained a challenge during the reporting year. Implementation of the Ideal Clinic initiative is expected to improve these indicators.

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Table 30: (DHS2) Customised Situation Analysis Indicators – 2014/15

APP 2014/15: Table 22: Pages 60 – 62													
Indicators	Type	Provincial 2014/15	Ugu 2014/15	Umgungundlovu 2014/15	Uthukela 2014/15	Umkhanyathi 2014/15	Amajuba 2014/15	Zululand 2014/15	Umkhanyakude 2014/15	Uthungulu 2014/15	Ilembe 2014/15	Harry Gwala 2014/15	eThekweni 2014/15
1. Provincial PHC expenditure per uninsured person	R	R 932 ¹¹	R 1 150	R 893	R 842	R984	R 734	R 941	R 1 255	R 892	R 965	R 1 031	R 681
<i>Total expenditure on PHC services</i>	<i>R'000</i>	<i>8 599 800</i>	<i>744 609</i>	<i>833 980</i>	<i>506 898</i>	<i>445 572</i>	<i>330 067</i>	<i>686 002</i>	<i>672 760</i>	<i>738 892</i>	<i>539 971</i>	<i>430 888</i>	<i>2 077 645</i>
<i>Number of uninsured people in the Province (Stats SA)¹²</i>	<i>No</i>	<i>9 228 755</i>	<i>647 365</i>	<i>933 811</i>	<i>601 604</i>	<i>452 571</i>	<i>449 575</i>	<i>728 301</i>	<i>535 812</i>	<i>827 538</i>	<i>559 410</i>	<i>417 762</i>	<i>3 048 817</i>
2. PHC utilisation rate - annualised	No	2.9	3.4	3.0	2.6	3.0	2.6	2.7	3.4	3.0	3.2	2.9	2.9
<i>PHC headcount total</i>	<i>No</i>	<i>31 232 092</i>	<i>2 532 251</i>	<i>3 169 491</i>	<i>1 794 364</i>	<i>1 552 544</i>	<i>1 321 148</i>	<i>2 266 105</i>	<i>2 198 332</i>	<i>2 860 141</i>	<i>2 033 823</i>	<i>1 404 242</i>	<i>10 099 651</i>
<i>Population Total</i>	<i>No</i>	<i>10 571 313</i>	<i>741 540</i>	<i>1 069 658</i>	<i>689 122</i>	<i>518 409</i>	<i>514 977</i>	<i>834 251</i>	<i>643 759</i>	<i>947 925</i>	<i>640 790</i>	<i>478 536</i>	<i>3 492 345</i>
3. Outreach Households (OHH) registration visit coverage	%	4.1%	0.02%	0.2%	2.4%	10.2%	10.4%	1.6%	0%	9.2%	1.7%	2.15	5.3%
<i>OHH registration visit</i>	<i>No</i>	<i>103 852</i>	<i>39</i>	<i>441</i>	<i>3 598</i>	<i>11 543</i>	<i>11 523</i>	<i>2 489</i>	<i>.¹³</i>	<i>18 719</i>	<i>2 694</i>	<i>2 395</i>	<i>50 420</i>

¹¹ Data received from Budget Office – breakdown per district not available at time of printing

¹² Use uninsured population as per Household Survey (Stats SA 2013) – national source

¹³ No PHC outreach teams established in this district

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APP 2014/15: Table 22: Pages 60 – 62

Indicators	Type	Provincial 2014/15	Ugu 2014/15	Umgungundlovu 2014/15	Uthukela 2014/15	Umkhanyakude 2014/15	Amajuba 2014/15	Zululand 2014/15	Uthungulu 2014/15	Ilembe 2014/15	Harry Gwala 2014/15	eThekweni 2014/15	
<i>OHH in population</i> ¹⁴	No	2 539 430	179 440	272 666	147 286	113 469	110 963	157 748	128 195	202 976	157 692	112 282	956 713
4. PHC supervisor visit rate (fixed clinic/ CHC/ CDC)	%	65.8%	65.6%	54.4%	52.6%	46.2%	57.7%	80.2%	90.1%	72.4%	79.9%	85.4%	49.4%
<i>PHC supervisor visit (fixed clinic/ CHC/ CDC)</i>	No	4 734	441	346	240	283	173	683	616	539	345	410	658
<i>Fixed clinics plus fixed CHCs/CDCs</i> ¹⁵	No	7 200	672	636	456	612	300	852	684	744	432	480	1 332
5. Complaint resolution within 25 working days rate	%	90.7%	87.3%	89.9%	91.1%	97.3%	96.6%	80.6%	85.4%	91.4%	95.9%	85.1%	94.9%
<i>Complaint resolved within 25 working days</i>	No	3 348	247	338	62	36	112	340	311	288	235	86	1 293
<i>Complaint resolved</i>	No	3 690	283	376	68	37	116	422	364	315	245	101	1 363

¹⁴ Households based on Census 2011 data

¹⁵ Number of fixed clinics, CHCs x12 (monthly visits)

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APP 2014/15: Table 22: Pages 60 – 62													
Indicators	Type	Provincial 2014/15	Ugu 2014/15	Umgungundlovu 2014/15	Uthukela 2014/15	Umkhanyathi 2014/15	Amajuba 2014/15	Zululand 2014/15	Umkhanyakude 2014/15	Uthungulu 2014/15	Ilembu 2014/15	Harry Gwala 2014/15	eThekweni 2014/15
6. Percentage of PHC facilities conducting patient satisfaction surveys (PSS)	%	71.5%	85.7%	3.8%	63.2%	58.8%	100%	73.2%	96.5%	82.3%	91.7%	97.5%	63.1%
<i>Number PHC facilities conducting annual PSS</i>	No	429	48	2	24	30	25	52	55	51	33	39	70
<i>Number PHC facilities total</i>	No	600	56	53	38	51	25	71	57	62	36	40	111
7. PHC patient satisfaction rate	%	88%	79%	87%	91%	100%	80%	89%	92%	84%	86%	85%	96%
<i>Patients satisfied with health service</i>	No	11 124	677	78	391	220	448	1 749	1 030	1 504	2 349	338	2 340
<i>Patients participating in PSS</i>	No	12 609	860	90	430	220	560	1 960	1 120	1 795	2 740	400	2 434
8. Number of fully fledged District Clinical Specialist Teams appointed	No	0 complete teams – 9 teams with all nurse posts filled	0 complete team 1 complete nursing components in teams	0 complete team – all nurse posts filled	0 complete team – all nurse posts filled	0 complete team – all nurse posts filled	0 complete team	0 complete team – all nurse posts filled	0 complete team – all nurse posts filled	0 complete team – all nurse posts filled	0 complete team	0 complete team – all nurse posts filled	0 complete team – all nurse posts filled

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Indicators	Type	Provincial 2014/15	Ugu 2014/15	Umgungundlovu 2014/15	Uthukela 2014/15	Umzinyathi 2014/15	Amajuba 2014/15	Zululand 2014/15	Umkhanyakude 2014/15	Uthungulu 2014/15	Ilembe 2014/15	Harry Gwala 2014/15	eThekwini 2014/15
9. Number of fully fledged Ward Based Outreach Teams appointed (cumulative)	No	74	1	15	0 ¹⁶	11	8	3	0	17	3	2	18
10. School ISHP coverage (annualised)	%	28%	22.9%	23.4%	31.1%	16.5%	24.6%	33.9%	23%	25.8%	24.5%	46.9%	30.7%
<i>Schools with any learner screened</i>	<i>No</i>	<i>1 685</i>	<i>107</i>	<i>120</i>	<i>139</i>	<i>83</i>	<i>63</i>	<i>250</i>	<i>123</i>	<i>171</i>	<i>104</i>	<i>221</i>	<i>304</i>
<i>Schools total</i>	<i>No</i>	<i>6 011</i>	<i>468</i>	<i>513</i>	<i>447</i>	<i>504</i>	<i>256</i>	<i>738</i>	<i>535</i>	<i>664</i>	<i>425</i>	<i>472</i>	<i>989</i>
11. School Grade 1 screening coverage (annualised)	%	20.7%	20.4%	18.6%	15.5%	14.2%	25.2%	22.7%	10.7%	29.8%	18.0%	32.3%	21.2%
<i>Schools with any learner screened</i>	<i>No</i>	<i>55 529</i>	<i>4 192</i>	<i>4 132</i>	<i>3 117</i>	<i>2 753</i>	<i>2 986</i>	<i>5 908</i>	<i>2 593</i>	<i>8 295</i>	<i>3 019</i>	<i>4 850</i>	<i>13 684</i>
<i>School Grade 1 learners total</i>	<i>No</i>	<i>268 438</i>	<i>20 510</i>	<i>22 268</i>	<i>20 108</i>	<i>19 352</i>	<i>11 834</i>	<i>25 974</i>	<i>24 239</i>	<i>27 856</i>	<i>16 733</i>	<i>15 006</i>	<i>64 558</i>
12. School Grade 4 screening coverage (annualised)	%	19.8%	19.1%	18.3%	18.4%	11.6%	9.6%	19.9%	11.5%	30.2%	15.5%	39.1%	20.5%

¹⁶ No Ward Based Outreach Teams were reporting on DHIS for Q4 of 2014/15 – verified by District

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APP 2014/15: Table 22: Pages 60 – 62													
Indicators	Type	Provincial 2014/15	Ugu 2014/15	Umgungundlovu 2014/15	Uthukela 2014/15	Umkhanyathi 2014/15	Amajuba 2014/15	Zululand 2014/15	Umkhanyakude 2014/15	Uthungulu 2014/15	Ilembe 2014/15	Harry Gwala 2014/15	eThekweni 2014/15
<i>School Grade 4 learners screened</i>	No	40 672	2 758	3 065	2 818	1 771	960	4 005	2 040	6 600	1 989	4 625	10 041
<i>School Grade 4 learners total</i>	No	205 015	14 441	16 775	15 319	15 260	10 005	20 117	17 695	21 852	12 809	11 820	48 922
13. School Grade 8 screening coverage (annualised)	%	9.7%	5.1%	11.7%	14.9%	7.2%	2.6%	6.0%	7.1%	9.9%	3.9%	22.6%	12.1%
<i>School Grade 8 learners screened</i>	No	21 674	910	2 207	2 405	1 078	291	1 397	1 223	2 166	547	2 743	6 707
<i>School Grade 8 learners total</i>	No	222 722	17 802	18 889	16 123	14 959	11 071	23 186	17 210	21 901	13 967	12 111	55 503
14. Percentage of fixed facilities that have conducted gap assessments for compliance against the national core standards	%	35.2%	7.1%	86.8%	26.3%	11.8%	88%	1.4%	94.7%	38.7%	91.7%	15%	4.5%
<i>Fixed facilities self-assessed</i>	No	211	4	46	10	6	22	1	54	24	33	6	5
<i>Number PHC facilities total¹⁷</i>	No	600	56	53	38	51	25	71	57	62	36	40	111

¹⁷ This is in alignment with Table DHS2 where only Fixed PHC Clinics (PDOH & LG) and CHC's that have a PHC Headcount are included. NGO's, state-aided and private are excluded

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Indicators	Type	Provincial 2014/15	Ugu 2014/15	Umgungundlovu 2014/15	Uthukela 2014/15	Umzinyathi 2014/15	Amajuba 2014/15	Zululand 2014/15	Umkhanyakude 2014/15	Uthungulu 2014/15	Ilembe 2014/15	Harry Gwala 2014/15	eThekwini 2014/15
15. Compliance rate of PHC facilities (of National Core Standards)	%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
<i>PHC facilities compliant to National Core Standards</i>	No	0	0	0	0	0	0	0	0	0	0	0	0
<i>Number PHC facilities assessed¹⁸</i>	No	211	4	46	10	6	22	1	54	24	33	6	5

- Indicator 1: District data from DHER 2014/15.
- Indicator 9: Counted the number of WBOTs that reported community-based data on DHIS as per national definition and excludes facilities not reporting data on DHIS.
- Indicators 10, 11, 12 and 13: The number of schools is sourced from the Department of Basic Education (DOBE).
- Indicators 10, 11, 12 and 13: To align with DHIS, all schools that were double counted (350) have been included for reporting on these indicators although the definition states that schools should be counted once. This has been brought to the attention of Data Management for follow up with the NDOH and HISP to correct on the system.
- Indicator 15: Clinics internally assessed for compliance with the Ideal Clinic Standards. Clinics have not been externally assessed by the Office of Standard Compliance due to delays in the establishment of the Office.

¹⁸ Refer to self-assessments – no facilities were externally assessed by the Office of Standard Compliance

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Table 31: Customised Performance Indicators

APP 2014/15: Table 23, Pages 63 – 66							
Strategic Objective Statement	Performance Indicator	Data Source	Actual Achievement 2013/14	Planned Target 2014/15	Actual Achievement 2014/15	Deviation from Planned Target to Actual Achievement during 2014/15	Comment on Deviation
Increase the Provincial PHC expenditure per uninsured person to R907 by March 2015	1. Provincial PHC expenditure per uninsured person	BAS/ Stats SA	R 516	R 907	R 932	2.7%	Expenditure slightly exceeds the target and is considered within acceptable deviation range.
	<i>Total expenditure on PHC services</i>	<i>BAS (R'000)</i>	<i>4 674 735</i>	<i>8 616 019</i>	<i>8 599 800</i>		
	<i>Uninsured population in KZN</i>	<i>DHIS/ Stats SA</i>	<i>9 056 593</i>	<i>9 489 132</i>	<i>9 228 755</i>		
Increase PHC efficiencies and increase the number of visits per person to PHC services from 2.9 to 3 by March 2015	2. PHC utilisation rate (annualised)	DHIS	3.1*	3	2.9	(3.3%)	<p>It is difficult to accurately predict patient health seeking behaviour even if trend analysis is used to set targets.</p> <p>Double counting of headcounts at facility level as a result of numerous registers and entry points at clinic level has been addressed during 2014/15 hence an expected reduction in headcount.</p> <p>PHC headcount begins to show a gradual decline since 2013/14 mainly attributed to improved community-based services and community-based distribution of chronic medicines in the NHI districts.</p> <p>Headcounts for Phila Mntwana Centres (children under 5 years) has not been included in facility headcounts (as it is regarded as community-based data).</p>
	<i>PHC headcount total</i>	<i>DHIS/ PHC tick register</i>	<i>31 641 638*</i>	<i>33 221 529</i>	<i>31 232 092</i>		
	<i>Population total (KZN)</i>	<i>DHIS/ Stats SA</i>	<i>10 456 909</i>	<i>10 571 313</i>	<i>10 571 313</i>		
Scale up implementation of PHC re-engineering including coverage at household level	3. Outreach Households (OHH) registration visit coverage	DHIS/ StatsSA Census	35.3%	Establish baseline ¹⁹	4.1%	Baseline established	Baseline established using Census 2011 data for households. Reporting of community-based data is still under-reported and is therefore actively monitored at district level.
	<i>OHH registration visit</i>	<i>DHIS/ Tick register WBOT</i>	<i>40 092</i>	-	<i>103 852</i>		
	<i>OHH in population</i>	<i>StatsSA Census</i>	<i>113 495²⁰</i>	-	<i>2 539 430</i>		

¹⁹ Module introduced in October 2013 – data has therefore been considered too incomplete to use as baseline

²⁰ Data incorrect and can therefore not be used as baseline

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APP 2014/15: Table 23, Pages 63 – 66

Strategic Objective Statement	Performance Indicator	Data Source	Actual Achievement 2013/14	Planned Target 2014/15	Actual Achievement 2014/15	Deviation from Planned Target to Actual Achievement during 2014/15	Comment on Deviation
Improve the supervision visit rate to more than 75% by March 2017	4. PHC supervisor visit rate (fixed clinic/ CHC/ CDC)	DHIS	62.3%	66.4%	65.8%	(0.9%)	Deviation considered within acceptable range.
	<i>PHC supervisor visit (fixed clinic/CHC/CDC)</i>	<i>Supervisor checklists</i>	4 816	5 148	4 734		
	<i>Fixed clinics plus fixed CHCs/CDCs</i>	<i>DHIS calculates</i>	7 736	7 800 ²¹	7 200		
Improve the complaint resolution within 25 working days rate to 80% by March 2017	5. Complaint resolution within 25 working days rate	DHIS	88.7%*	70%	90.7%	29.6%	Target has been exceeded. Implementation of the Ideal Clinic standards and training of Public Relations Officers (PROs) has improved the turnaround time for resolving client complaints.
	<i>Complaints resolved within 25 working days</i>	<i>Complaint register</i>	3 013*	-	3 348		
	<i>Total number complaints resolved</i>	<i>Complaint register</i>	3 394	-	3 690		
100% of PHC facilities conducting patient satisfaction surveys by March 2015	6. Percentage of fixed PHC facilities conducting patient satisfaction surveys (PSS)	DHIS	100% ²²	100%	71.5%	(28.5%)	Implementation negatively influenced by a lack of human resources at PHC level to conduct surveys and inadequate training on use of the survey tool.
	<i>Number PHC facilities conducting annual PSS</i>	<i>Survey reports</i>	-	650	429		
	<i>Number PHC facilities total</i>	<i>DHIS calculates</i>	-	650 ²³	600		
Improve the patient satisfaction rate to 80% by March 2017	7. Patient satisfaction rate	DHIS calculates	Not reported	70%	88%	25.7%	Target has been exceeded which points to improved service delivery. It is suspected that implementation of the Ideal Clinic standards contributed towards better patient care and satisfaction.
	<i>Patients satisfied with health service</i>	<i>Survey reports</i>	-	-	11 124		
	<i>Patients participating in PSS</i>	<i>Survey reports</i>	-	-	12 609		

²¹ All planned facilities not commissioned as predicted

²² Data questionable and not able to verify

²³ All planned facilities not commissioned as predicted

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APP 2014/15: Table 23, Pages 63 – 66

Strategic Objective Statement	Performance Indicator	Data Source	Actual Achievement 2013/14	Planned Target 2014/15	Actual Achievement 2014/15	Deviation from Planned Target to Actual Achievement during 2014/15	Comment on Deviation	
Increase District Clinical Specialist Teams to 11 Teams with all Nursing posts filled and 4 (of 11 Teams) with all Nursing and Specialist posts filled by March 2015	8. Number of fully fledged District Clinical Specialist Teams appointed	District Management/ Appointment letters	0	11 Teams with all Nursing posts filled. 2 of 11 Teams with all Nursing and Medical Specialist posts filled	0 complete teams	(100%)	Recruitment and retention of team members remained a challenge especially Medical Specialists. The high turn-over rate of members impinges on the functionality of teams. It must be noted that all teams (even when full complement of staff is not available) contribute towards the mandate of teams. Nine of 11 teams have all nursing posts filled.	
Increase the number of Ward-Based Outreach Teams to 115 by March 2017	9. Number of fully fledged Ward Based Outreach Teams appointed (cumulative)	District Management /Appointment letters	109 ²⁴	57 (fully staffed) (24)	74	29.8%	Target has been exceeded. National made a decision to include only teams reporting on DHIS as these teams are considered fully fledged.	
Increase the school health coverage to at least 80% by March 2017	10. School ISHP coverage (annualised)	DHIS	9.6%	70%	28%	(60%)	Resourcing of teams remains a challenge in terms of staffing, vehicles and logistics. Other demands on School Health Teams e.g. campaigns and clinical duties in clinics as a result of shortage of staff further impact on achievement of targets.	
	<i>School with any learner screened</i>	<i>DHIS/Tick register SHS</i>	<i>613</i>	<i>4 577</i>	<i>1 685</i>			
	<i>Schools total</i>	<i>DHIS/DOBE database</i>	<i>6 335</i>	<i>6 539</i>	<i>6 010</i>			
	11. School Grade 1 screening coverage (annualised)		DHIS	Not reported	Establish Baseline	20.7%	Baseline established	Same comment as Indicator 10.
		<i>School Grade 1 learners screened</i>	<i>DHIS/Tick register SHS</i>	<i>-</i>	<i>-</i>	<i>55 529</i>		
		<i>School Grade 1 learners total</i>	<i>DHIS/DOBE database</i>	<i>-</i>	<i>-</i>	<i>268 438</i>		
12. School Grade 4 screening coverage (annualised)		DHIS	Not reported	Establish Baseline	19.8%	Baseline established	Same comment as Indicator 10.	

²⁴ All teams not fully staffed or functional at time of reporting

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APP 2014/15: Table 23, Pages 63 – 66							
Strategic Objective Statement	Performance Indicator	Data Source	Actual Achievement 2013/14	Planned Target 2014/15	Actual Achievement 2014/15	Deviation from Planned Target to Actual Achievement during 2014/15	Comment on Deviation
	<i>School Grade 4 learners screened</i>	<i>DHIS/Tick register SHS</i>	-	-	40 672		
	<i>School Grade 4 learners total</i>	<i>DOBE database</i>	-	-	205 015		
	13. School Grade 8 screening coverage (annualised)	DHIS	Not reported	Establish baseline	9.7%	Baseline established	Same comment as Indicator 10.
	<i>School Grade 8 learners screened</i>	<i>DHIS/Tick register SHS</i>	-	-	21 674		
	<i>School Grade 8 learners total</i>	<i>DOBE database</i>	-	-	222 722		
100% of facilities conditionally compliant (50% - 75%) to the National Core Standards by 2019	14. Percentage of fixed PHC facilities that have conducted gap assessments for compliance against the national core standards	QA Assessment records	70.7%	90%	35.5%	(60.6%)	Shortage of staff at facility level to conduct assessments. The Ideal Clinic Assessment Tool (used for PHC) is lengthy and requires considerable time to complete. Clinics, not targeted as Ideal Clinic sites, are not receiving support from external service providers e.g. Development Partners.
	<i>Fixed PHC facilities self-assessed</i>	<i>QA register</i>	416	585	213		
	<i>Fixed PHC facilities total</i>	<i>DHIS calculates</i>	588	650 ²⁵	600 ²⁶		
	15. Compliance rate of PHC facilities (National Core Standards)	QA assessment records	5.6%	25%	0%	(100%)	No external assessments were conducted due to national delays in establishing the Office of Standard Compliance.
	<i>PHC facilities compliant to National Core Standards</i>	<i>QA assessment records</i>	32	162	0		
	<i>PHC facilities assessed²⁷</i>	<i>DHIS calculates</i>	569	650	213		
<ul style="list-style-type: none"> ▪ (*) Denotes data that have changed (verified and corrected) after publishing of the 2013/14 Annual Report. ▪ All other comments from Table 30 is relevant to this table. 							

²⁵ Due to the decrease in infrastructure budget planned facilities were put on hold hence decrease in the number of actual commissioned clinics - clean-up of closed down facilities also influenced the number of active clinics

²⁶ PHC fixed clinics (PDoH & LG) and CHC's have been included - NGO's, state-aided and private clinics have been excluded

²⁷ Refer to self-assessment – no external assessments were done by the Office of Standard Compliance

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Table 32: Provincial Strategic Objectives and Targets

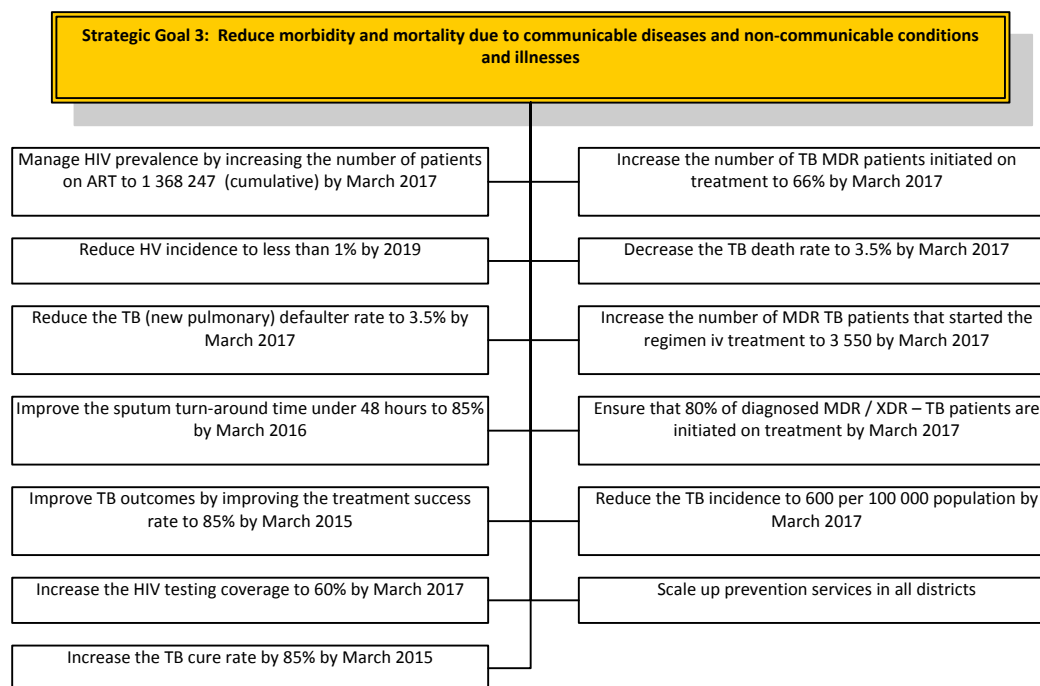
APP 2015/16: Table 24, Pages 67 – 68							
Strategic Objective Statement	Performance Indicator	Data Source	Actual Achievement 2013/14	Planned Target 2014/15	Actual Achievement 2014/15	Deviation from Planned Target to Actual Achievement for 2014/15	Comment on Deviation
Increase the PHC utilisation under 5 years to 5.2 visits per child by March 2017	1. PHC utilisation rate under 5 years (annualised)	DHIS	4.4	5	4.4	(12%)	The under-5 year headcount shows a gradual decline since 2012/13 which might be due to the increased number of children seen at Phila Mntwana Centres (not included in facility data but as community-based data). Clean-up of data in 2014/15 (double counting) further influenced the trend.
	<i>PHC headcount under 5</i>	<i>DHIS/PHC tick register</i>	<i>5 113 307*</i>	<i>5 582 568</i>	<i>5 064 825</i>		
	<i>Population under 5 years (KZN)</i>	<i>DHIS/Stats SA</i>	<i>1 171 910</i>	<i>1 164 688</i>	<i>1 164 382</i>		
Increase the PHC expenditure per client to R299 by March 2017	2. Expenditure per PHC headcount	DHIS/BAS	R 227 ²⁸	R 259	R 275	6.1%	Lower PHC headcount increased unit costs.
	<i>Total expenditure PHC</i>	<i>BAS (R'000)</i>	<i>7 196 511</i>	<i>8 616 019</i>	<i>8 599 800</i>		
	<i>PHC headcount total</i>	<i>DHIS calculates</i>	<i>31 888 199</i>	<i>33 221 529</i>	<i>31 232 092</i>		
Increase School Health Teams to 250 by 2019	3. Number of School Health Teams (cumulative)	District Records/ PERSAL	176 (not all complete)	159 (11)	170	6.9%	Scale up of PHC re-engineering including prioritising appointment of School Health Teams.
	4. Number of accredited Health Promoting Schools (cumulative)	Health Promotion database	247	295 cum (23)	278 cum	(5.7%)	Non-compliance with infrastructure criteria remains a challenge for schools awaiting accreditation (not the mandate of the Department of Health).
Improve efficiencies in dental health by reducing the dental extraction to restoration ratio to less than 18:1 by March 2017	5. Dental extraction to restoration ratio	DHIS	17:1 ²⁹	20:1	19:1	5%	The target has been exceeded which shows improved management of oral health services. Deviation within acceptable range.
	<i>Tooth extraction</i>	<i>DHIS/Tick register</i>	<i>512 888</i>	-	<i>559 020</i>		
	<i>Tooth restoration</i>	<i>DHIS/Tick register</i>	<i>30 089</i>	-	<i>29 444</i>		

²⁸ Data from the 2015/16 APP – data not aligned with the DHER 2013/14 data due to different calculation required by the National Department of Health

²⁹ Data incomplete in DHIS – being attended to

HIV, AIDS, STI and TB Control

4.2 STRATEGIC GOALS AND OBJECTIVES



Reduce HIV Incidence and Manage Prevalence

There has been a concerted effort to scale up prevention strategies during 2014/15. According to ASSA2008 projections the province achieved the target for HIV incidence. All districts conducted at least 4 Hlolanje Zivikele Campaigns in 2014/15 to improve the HIV Counselling and Testing (HCT) uptake. A total of 2 502 526 (all age groups) clients were tested. Space constraints are still a challenge at facility level.

The National Consolidated Guidelines for PMTCT and Management of HIV in Children, Adolescents and Adults were implemented from 1 January 2015, resulting in a noticeable increase in the number of new ART initiations. The Province initiated 214 601 new clients on ART and exceeded the annual target with 19%. Stable patients on ART were decanted to community level to access treatment at community level and more than 544 chronic clubs have been established. A total of 1 300 nurses have been trained on NIMART and are ready for certification, which will further expedite initiation of new patients on treatment.

The Province was unable to achieve the target for initiation of children on ART. Although the significant improvement on mother to child transmission from 4% (2011/12) to 1.3% in 2014/15 contributed to this, there are still missed opportunities at facility level. During the reporting year, only 76% (1 385/ 1 809) of eligible children under-5 years were initiated on ART.

There are still a high number of clients lost to follow up, which is noticeable by a drop in the total number of clients remaining on ART. Clients are being linked with community-based programmes which are expected to reduce the number of lost clients. Facilities have also been urged to issue two months' supply of treatment to patients who cannot keep appointments to ensure compliance to regimens.

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The Province experienced a shortage of ART drugs during the reporting period, specifically Abacavir and AZT Syrup. A contingency plan has been developed and circulated to all facilities for implementation.

Data completeness and quality remained a challenge during 2014/15. Data clean-up is ongoing especially in facilities that are on phase 6 of Tier.net. More facilities will be upgraded to Phase 6 in the 2015/16 MTEF to improve data completeness and quality.

The Province did not achieve the target for STI treated new episode partly due to the ambitious target in the Provincial Plan for HIV, AIDS, STI and TB. Issuing of notification slips and targeted programmes for men have been scaled up to improve on performance. The revised STI Guidelines were implemented in the last quarter of 2014/15 and all districts have been trained.

Improve TB outcomes

TB outcomes improved during the reporting year with reference to defaulter, success and death rates. Screening of patients at facility level is however still inadequate, and strategies were put in place to improve routine screening of patients attending clinics. High risk populations were also targeted during the year e.g. taxi ranks; hostels, etc. to improve screening and treatment of high risk groups.

MDR-TB data was problematic during 2014/15, as manual reports were continuously updated due to challenges experienced with the EDR.Web system. Facilities were not able to manage parallel reporting (manual calculations) and closing dates for data input in the system were strictly adhere to (closing of system to prevent updates) which resulted in incomplete reporting and significant outliers in annual averages for MDR and XDR-TB data. System challenges are attended to.

The lack of laboratory data to confirm diagnosed patients prevented the Department to report on confirmed cases. Challenges were discussed with NHLS and they are still attending to the systems challenges.

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4.3 STRATEGIC OBJECTIVES, PERFORMANCE INDICATORS, TARGETS & ACTUAL ACHIEVEMENTS

Table 33: (HIV1) Customised Situation Analysis Indicators – 2014/15

APP 2014/15: Table 27, Pages 74 - 75													
Indicator	Type	Provincial 2014/15	Ugu 2014/15	Umgungundlovu 2014/15	Uthukela 2014/15	Umqinyathi 2014/15	Amajuba 2014/15	Zululand 2014/15	Umkhanyakude 2014/15	Uthungulu 2014/15	Ilembe 2014/15	Harry Gwala 2014/15	eThekweni 2014/15
1. Total clients remaining on ART (TROA) at end of the month	No	951 462	67 432	109 066	55 767	44 602	41 272	77 411	66 386	91 013	51 406	41 540	305 567
2. Number of male medical circumcisions conducted	No	143 390	12 282	16 284	8 639	11 476	8 489	8 865	7 512	16 569	8 801	6 035	38 438
3. TB defaulter rate	%	4.1%	4.0%	4.8%	1.1%	1.4%	5.1%	3.5%	1.2%	0.2%	2.0%	5.1%	6.4%
<i>All smear+ TB cases defaulted</i>	No	1288	107	157	16	17	55	54	23	6	33	75	745
<i>New smear+ cases</i>	No	31 080	2 675	3 275	1 442	1 233	1 079	1 557	1 912	3 076	1 632	1 474	1 1725
4. TB AFB sputum result turn-around time under 48 hours rate	%	82.3%	58%	86%	64%	85%	73%	75%	72%	97%	97%	59%	85.4%
<i>TB AFB sputum result received within 48 hrs</i>	No	5 742 689	7 714	229 421	4 328	11 785	5 302	13 139	9 257	19 862	11 458	7 503	42 510

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APP 2014/15: Table 27, Pages 74 - 75

Indicator	Type	Provincial 2014/15	Ugu 2014/15	Umgungundlovu 2014/15	Uthukela 2014/15	Umkhanyathi 2014/15	Amajuba 2014/15	Zululand 2014/15	Umkhanyakude 2014/15	Uthungulu 2014/15	Ilembe 2014/15	Harry Gwala 2014/15	eThekweni 2014/15
<i>TB AFB sputum samples sent</i>	No	6 977 221	13 149	264 753	6 795	12 822	7 263	17 411	12 821	20 507	11 851	12 641	49 738
5. TB new client treatment success rate	%	85.3%	84.9%	86.8%	87.1%	88.6%	83.6%	84.4%	87%	96.7%	90.8%	80.7%	84.3%
<i>TB client successfully completed treatment³⁰</i>	No	26 533	2 271	2 844	1 256	1 092	902	1 314	1 663	2976	1 482	1 189	9 889
<i>TB (new pulmonary) clients initiated on treatment</i>	No	31 080	2 675	3 275	1 442	1 233	1 079	1 557	1 912	3076	1 632	1 474	11 725
6. HIV testing coverage 15-49 years (annualised)	%	35.6%	43.3%	34.6%	29.4%	58.1%	45.4%	34.2%	31.7%	37.5%	28.9%	42.5%	31.8%
<i>HIV test client 15-49 years(excl ANC)</i>	No	2 005 550	165 875	205 520	105 569	154 956	124 337	150 219	103 993	179 255	102 628	105 025	608 176
<i>Population 15-49 years</i>	No	5 619 285	381 852	594 509	357 318	265 256	272 886	436 783	326 788	475 952	353 469	246 213	1 908 259
7. TB cure rate	%	83.7%	81.9%	86.2%	85.3%	88.4%	75.8%	84.3%	79%	96.6%	89.4%	80.4%	80.3%

³⁰ Includes cured and treatment completed

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Indicator	Type	Provincial 2014/15	Ugu 2014/15	Umgungundlovu 2014/15	Uthukela 2014/15	Umkhanyakude 2014/15	Amajuba 2014/15	Zululand 2014/15	Umkhanyakude 2014/15	Uthungulu 2014/15	Ilembe 2014/15	Harry Gwala 2014/15	eThekweni 2014/15
<i>TB client cured</i>	<i>No</i>	26 002	2 191	2 822	1 230	1 090	818	1 312	1 510	2 971	1 459	1 185	9 414
<i>New smear + cases</i>	<i>No</i>	31 080	2 675	3 275	1 442	1 233	1 079	1 557	1 912	3 076	1 632	1 474	11 725
8. TB MDR confirmed treatment initiation rate	%	Data not available from NHLS due to NHLS system challenges	-	-	-	-	-	-	-	-	-	-	-
<i>TB MDR confirmed client initiated on treatment</i>	<i>No</i>	3 927	312	294	0	139	0	436	362	328	0	148	1 908
<i>TB MDR confirmed new client</i>	<i>No</i>	<i>Not available from NHLS</i>	-	-	-	-	-	-	-	-	-	-	-

- Indicator 3: Change from "TB (new pulmonary) defaulter rate"; Denominator changed from "New smears+ PTB cases".
- Indicator 5: Numerator changed from "TB clients cured OR completed treatment".
- Indicator 7: Changed from "TB (new pulmonary) cure rate"; Numerator changed from "TB (new pulmonary) client cured"; denominator changed from "TB (new pulmonary) client initiated on treatment".

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Table 34: Customised Performance Indicators

APP 2014/15: Pages 76 – 77, Table 28 (HIV3)							
Strategic Objective Statement	Performance Indicator	Data Source	Actual Achievement 2013/14	Planned Target 2014/15	Actual Achievement 2014/15	Deviation from Planned Target to Actual Achievement during 2014/15	Comment on Deviation
Manage HIV prevalence by increasing the number of patients on ART to 1 368 247 (cumulative) by March 2017	1. Total clients remaining on ART (TROA) at end of the month	DHIS calculates/ ART Register	840 738	1 038 556 cum (268 547)	951 462 cum (110 727)	(8.3%)	The target was ambitious to make provision for policy changes (initiation of treatment). There are still high numbers of patients lost to follow-up. Data clean-up and catch-up (Phase 6 of TIER.net) corrected double counting of patients resulting in reduced numbers.
Reduce HIV Incidence to less than 1% by 2019	2. Number of male medical circumcisions conducted	MMC Register/DHIS calculates	304 886	631 374 cum (291 377)	448 276 cum (143 390)	(28.9%)	The target was ambitious based on the intended scale up of the programme. Lack of trained personnel, inadequate marketing visibility and inadequate coordination of data collection (including private data) remain challenges that hampered the programme.
Reduce the TB (new pulmonary) defaulter rate to 3.5% by March 2017	3. TB defaulter rate	ETR.Net calculates	4.8%	4.5%	4.1%	8.9%	The target has been exceeded through implementation of intensified tracking and tracing of defaulters through community-based structures.
	<i>TB treatment defaulter</i>	<i>TB register</i>	<i>1 504</i>	<i>1 629</i>	<i>1 288</i>		
	<i>TB client initiated on treatment</i>	<i>TB Register</i>	<i>30 902</i>	<i>36 192</i>	<i>31 080</i>		
Improve the sputum turn-around time under 48 hours to 85% by March 2016	4. TB AFB sputum result turn-around time under 48 hours rate	ETR.Net calculates	79%	80%	82.3%	2.9%	The target has been exceeded mainly as a result of improved partnership with NHLS and reduced turn-around times at laboratory level.
	<i>TB AFB sputum result received within 48 hours</i>	<i>TB register</i>	<i>159 001</i>	<i>733 328</i>	<i>574 268</i>		
	<i>TB AFB sputum sample sent</i>	<i>TB Register</i>	<i>200 767</i>	<i>916 660</i>	<i>697 722</i>		
Improve TB outcomes by improving the treatment success rate	5. TB new client treatment success rate	ETR.Net calculates	85%	85%	85.3%	0.4%	Within acceptable deviation range. The Technology Developers are attending to challenges in the Information System.
	<i>TB client successfully completed treatment</i>	<i>TB register</i>	<i>26 256</i>	<i>30 956</i>	<i>265 332</i>		

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APP 2014/15: Pages 76 – 77, Table 28 (HIV3)							
Strategic Objective Statement	Performance Indicator	Data Source	Actual Achievement 2013/14	Planned Target 2014/15	Actual Achievement 2014/15	Deviation from Planned Target to Actual Achievement during 2014/15	Comment on Deviation
to 85% by March 2015	<i>TB clients initiated on treatment</i>	<i>TB Register</i>	30 902	36 419	31 080		
Increase the HIV testing coverage to 60% by March 2017	6. HIV testing coverage (15-49 years) (annualised)	DHIS calculates	34.5%	58.2%	35.6%	(38.8%)	Target was set with the understanding that screening would be done at all entry points to the health system. This has been difficult to implement due to continued stigma. Patient Initiated Counselling and Testing is still being done at facility level.
	<i>HIV test client 15-49 years</i>	<i>DHIS/Tick register PHC & Counsellor</i>	1 914 487	3 302 304	2 005 550		
	<i>Population 15-49 years</i>	<i>DHIS/Stats SA</i>	5 543 497	5 669 282	5 619 285		
Increase the TB cure rate to 85% by March 2015	7. TB cure rate	ETR.Net calculates	81.8%	85%	83.7%	(1.5%)	There is a worldwide trend of decreasing TB cure rates which according to recent research which were not considered at the time of setting the targets. Various challenges with the Patient Information System however impact on data quality. This is being addressed by the Technology Developers.
	<i>TB client cured</i>	<i>TB register</i>	25 285	29 962	26 002		
	<i>TB client initiated on treatment</i>	<i>TB Register</i>	30 902	35 249	31 080		
Increase the number of TB MDR patients initiated on treatment to 66% by March 2017	8. TB MDR confirmed treatment initiation rate	EDR calculates	Not reported	57.8%	Not available from NHLS	-	Data collection remains a challenge as the initial diagnosis is done by GeneXpert (48 – 72 hrs turnaround time) which is confirmed by a culture test (turnaround time 6 – 8 weeks). Unavailability of laboratory data to confirm diagnosed patients remains a challenge. NHLS is attempting to resolve the challenge.
	<i>TB MDR confirmed client initiated on treatment</i>	<i>EDR Register</i>	-	2 200	3 927		
	<i>TB MDR confirmed new client</i>	<i>EDR Register</i>	-	3 800	<i>Not available from the NHLS system</i>		
<ul style="list-style-type: none"> ▪ All comments from Table 33 is relevant to this table 							

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Table 35: Provincial Strategic Objectives and Targets

APP 2014/15: Table 29, Pages 78 – 80							
Strategic Objective Statement	Performance Indicator	Data Source	Actual Achievement 2013/14	Planned Target 2014/15	Actual Achievement 2014/15	Deviation from Planned Target to Actual Achievement during 2014/15	Comment on Deviation
Decrease the TB death rate to 3.5% by March 2017	1. TB death rate	ETR.Net	4.7%	4.5%	4.3%	4.4%	The target has been exceeded which will have a positive impact on the TB cure rate in 2015/16. Partners have been encouraged to support districts that reported a death rate over 4.5%.
	<i>TB client death during treatment</i>	<i>TB Register</i>	<i>1 480</i>	<i>1 215</i>	<i>1 271</i>		
	<i>New smear positive pulmonary cases registered</i>	<i>TB Register</i>	<i>25 499</i>	<i>27 000</i>	<i>29 646</i>		
Increase the number of MDR TB patients that started the regimen iv treatment to 3 550 by March 2017	2. Number of patients that started regimen iv treatment (MDR-TB)	EDR Web	Not reported	3 000	3 927	30.9%	The target has been exceeded mainly as a result of the number of patients starting treatment after roll-out and short turn-around time for diagnosis with the GeneXpert.
Ensure that 80% of diagnosed MDR/XDR-TB patients are initiated on treatment by March 2017	3. MDR-TB six month interim outcome	EDR Web	64%	70%	14%	(80%)	The MDR-TB report was continually updated as it was compiled manually due to EDR.Web system challenges in running reports. During the reporting period facilities was not able to manage parallel reporting (manual calculations) and closing dates for data input in the system were strictly adhere to (closing of system to prevent updates) therefore resulting in incomplete reporting – hence outliers in annual averages. System challenges are attended to. Long turnaround time of cultures at IALCH Laboratory also contributes to the low annual averages.
	<i>Number of clients with a negative culture at 6 months who started treatment for 9 months</i>	<i>EDR register</i>	<i>1 953</i>	<i>2 380</i>	<i>216</i>		
	<i>Total patients who started treatment in the same period</i>	<i>EDR register</i>	<i>3 054</i>	<i>3 400</i>	<i>1 559</i>		
	4. Number of patients that started XDR-TB treatment	EDR Web	207	350	130	(62.9%)	
	5. XDR-TB six month interim outcome	EDR Web	42%	55%	2.5%	(95.5%)	
	<i>Number of clients with a negative culture at six months who has had started treatment for 9 months</i>	<i>EDR register</i>	<i>109</i>	<i>110</i>	<i>3</i>		
<i>Total of patients who started treatment in the same period</i>	<i>EDR register</i>	<i>261</i>	<i>200</i>	<i>120</i>			
Reduce the TB	6. TB incidence (per 100 000 population)	ETR.Net	898/ 100 000	800 /100 000	828 / 100 000	(3.5%)	Screening of patients at facility level is still

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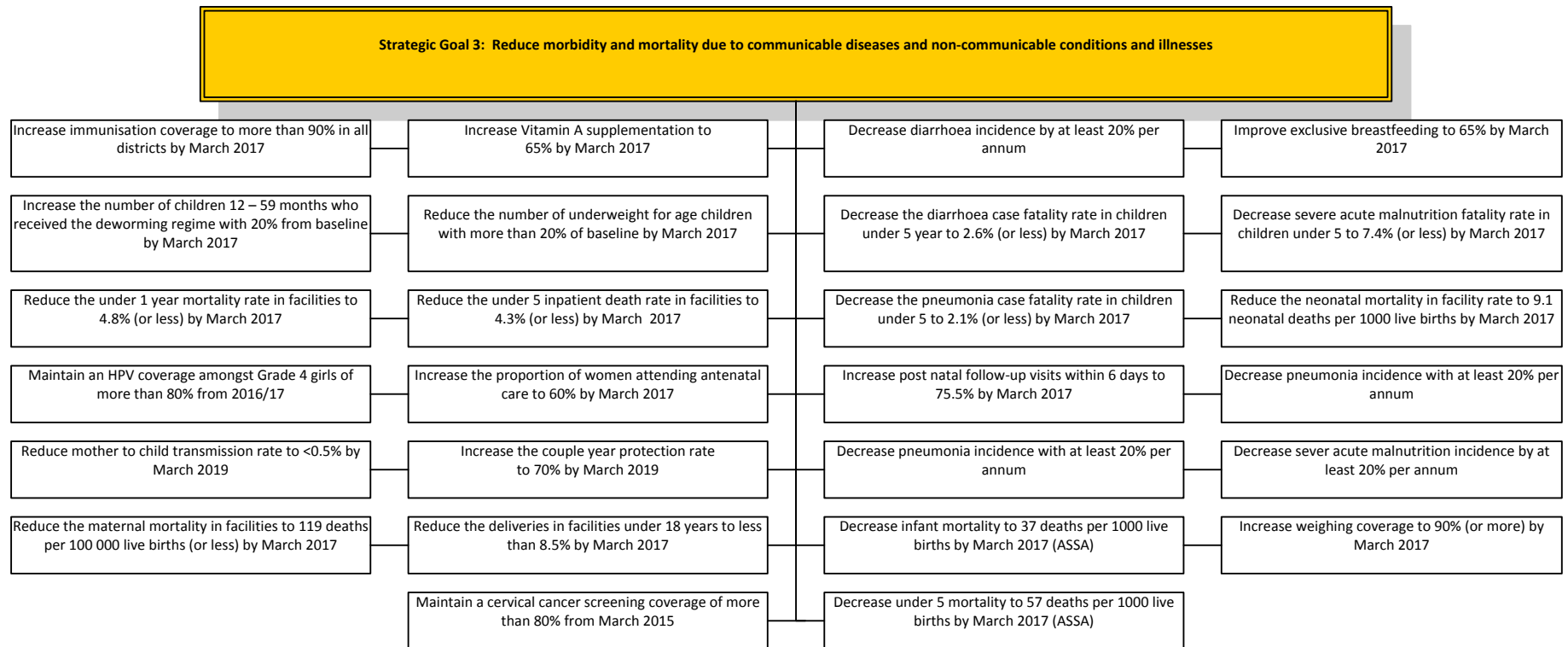
APP 2014/15: Table 29, Pages 78 – 80

Strategic Objective Statement	Performance Indicator	Data Source	Actual Achievement 2013/14	Planned Target 2014/15	Actual Achievement 2014/15	Deviation from Planned Target to Actual Achievement during 2014/15	Comment on Deviation
incidence to 600 patients per 100,000 population by March 2017	<i>New TB infections</i>	<i>ETR.Net/ TB Register</i>	<i>99 460</i>	<i>84 570</i>	<i>87 518</i>		inadequate, and strategies were put in place to improve routine screening.
	<i>Total population in KZN</i>	<i>DHIS/Stats SA</i>	<i>10 456 909</i>	<i>10 571 312</i>	<i>10 571 312</i>		
Reduce the HIV incidence to less than 1% by 2019	7. HIV incidence	ASSA2008	1.01%	1.01%	1.01%	0%	Target met.
Scale up prevention services in all districts	8. STI treated new episode incidence (annualised)	DHIS	63.4/ 1000	20/ 1000	61.7/ 1000	(208.5%)	The target was too ambitious and was based on the Provincial Comprehensive Plan for HIV, AIDS, STI and TB target. Programmes targeting males and high risk populations remained a challenge that will be addressed as part of the 90-90-90 strategy.
	<i>STI treated – new episode</i>	<i>DHIS/Tick register PHC/ casualty</i>	<i>446 502</i>	<i>143 001</i>	<i>442 568</i>		
	<i>Population 15 years and older</i>	<i>DHIS/Stats SA</i>	<i>7 037 548</i>	<i>7 150 063</i>	<i>7 150 063</i>		
	9. Male condom distribution coverage (annualised)	DHIS	41.4 ³¹	64	58.9	(8%)	Inadequate storage and inconsistent supply of condoms contribute to the lower than anticipated condom distribution.
	<i>Male condoms distributed</i>	<i>DHIS/Stock cards</i>	<i>134 737 662</i>	<i>212 000 000</i>	<i>196 002 188</i>		
	<i>Population 15 years and older male</i>	<i>DHIS/Stats SA</i>	<i>3 258 094</i>	<i>3 314 204</i>	<i>3 314 204</i>		

³¹ Male condom distribution rate used as proxy

Maternal, Child & Women's Health and Nutrition

4.4 STRATEGIC GOALS AND OBJECTIVES



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4.1 STRATEGIC OBJECTIVES, PERFORMANCE INDICATORS, TARGETS AND ACTUAL ACHIEVEMENTS

Improve Maternal and Neonatal Health

The Department prioritised ESMOE (Essential Steps in Management of Obstetric Emergencies) training and “Obstetric Fire Drills”. EMS harmonisation has improved response times for emergency obstetric transfers in most districts. The Siyanqoba Quality Improvement Project has been scaled up to improve maternal health outcomes, and different strategies (including active participation of mobile services) have been implemented to improve early ANC bookings. The linking of postnatal women and neonates with CCGs has been strengthened to ensure active follow-up and support post-delivery and to ensure early postnatal follow-up in clinics. Perinatal review meetings have been strengthened and districts improved on interpretation of data and development of appropriate action plans to address challenges. The Province focussed on the management of Obstetric Haemorrhage as its one of the leading causes of maternal death in KZN.

Improve Child Health including Nutrition

Targets for the mother to child transmission programme was reached or exceeded. The number of babies that tested positive for HIV at 6 weeks decreased from 1 188 (2013/14) to 1 003 in 2014/15, and the number of HIV exposed babies that received Nevirapine within 72 hours of birth increased from 65 200 to 70 218 between 2013/14 and 2014/15.

The number of fully immunised children increased from 201 824 to 207 670 between 2013/14 and 2014/15.

The increase in underweight children under 2 years is strongly associated with social determinants of health e.g. poverty and deprivation as well as poor complementary feeding practices that is related to lack of variety in weaning foods at household level due to poverty.

The increase in deaths due to severe acute malnutrition (SAM) is related to improvement in reporting of SAM admissions and deaths at facility level; all health workers are not able to clinically define SAM which delayed appropriate management; relation between Sam deaths and complications of HIV and other infections; children not initiated on ART due to shortage of trained staff; patients presenting late or late referral of patients from CHC's and clinics to hospitals for higher level of care; and sessional doctors not trained in SAM management which impacted on medical management and increasing the risk of death particularly in the first 48 hours.

Early introduction (before six months) of other food and fluids due to poor community-based support for breast feeding mothers remains one of the key challenges during the year under reporting. Lactation Advisors in hospitals with maternity services commenced to strengthen institutional support to postnatal mothers with infant feeding. Continued mentoring of Nutrition Advisors to provide support to breastfeeding mothers to achieve exclusive breastfeeding for the first six months is being strengthened.

Inpatient separations increased with 319 between 2013/14 and 2014/15 and deaths increased with 454 during the same period. The leading causes for admission and death remained HIV, malnutrition, diarrhoea and pneumonia. Late reporting to facilities increased risk with research showing that more than 60% of children die within the first 48 hours after admission.

Improve Women's Health

Contraception coverage improved with increased uptake of Implanon under especially young women. The uptake of Implanon was good (232 500) although some districts reported increasing numbers of removals (3 884). This is being monitored to determine reasons that will inform interventions. As part of the strategy to reduce teenage pregnancy, the Department scaled up implementation of the Reaching 3 million young women and girls campaign ZAZI campaigns. Seven Zazi holiday camps, targeting youth, were facilitated during the December 2014 holidays.

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The Phila Ma Campaign to improve screening for cervical cancer was re-launched in 2014/15. Low Pap smear adequacy rates (51% compared with the norm of 80%) is still a challenge with both resource (including cost) and management of abnormal smear implications. Other limiting factors include appropriate management of abnormal smears, poor referral and follow up of patients, and poor monitoring and feedback on performance at facility level.

A total of 16 hospitals (22%) provided termination of pregnancy services in the Province. Monitoring of illegal abortion facilities has been scaled up to address the increase in illegal abortions in the Province.

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Table 36: (MCWH1) Customised Situation Analysis Indicators - MNCWH and Nutrition 2014/15

APP 2014/15: Pages 85 – 88, Table 32 (MCWH1)													
Indicator	Type	Provincial 2014/15	Ugu 2014/15	Umgungundlovu 2014/15	Uthukela 2014/15	Umzinyathi 2014/15	Amajuba 2014/15	Zululand 2014/15	Umkhanyakude 2014/15	Uthungulu 2014/15	Ilembu 2014/15	Harry Gwala 2014/15	eThekweni 2014/15
1. Immunisation coverage under 1 year (annualised)	%	89.9%	78.3%	91.2%	86.0%	81.5%	79.2%	87.9%	83%	88.5%	81%	77%	106.5%
<i>Immunised fully under 1 year - new</i>	No	207 670	13 975	18 832	14 868	11 740	9 365	18 433	14 778	20 691	11 970	9 743	63 275
<i>Population under 1 year</i>	No	232 450	18 008	20 777	17 480	14 743	11 700	21 041	18 107	23 387	15 016	12 598	59 593
2. Vitamin A dose 12 – 59 months coverage (annualised)	%	54.5%	49.1%	58.5%	52.4%	60.3%	50.2%	54.3%	47.5%	51.3%	58%	49.4%	58.3%
<i>Vitamin A dose 12 - 59 months</i>	No	1 014 315	72 620	100 585	68 705	63 281	46 477	88 468	65 071	99 588	63 390	48 869	297 261
<i>Population 12-59 months</i>	No	1 864 456	148 214	173 316	131 224	104 918	92 262	162 798	137 278	194 674	109 180	98 744	511 848
3. Deworming 12-59 months coverage (annualised)	%	45.8%	41.2%	44.3%	41.1%	47.6%	38.8%	44.2%	44.1%	41.8%	51.2%	38.5%	52.3%
<i>Deworming dose 12-59 months</i>	No	851 334	60 976	76 118	53 996	49 940	35 935	71 941	60 522	81 199	56 003	38 064	266 640
<i>Population 12-59 months (multiplied by 2)</i>	No	1 864 456	148 214	173 316	131 224	104 918	92 262	162 798	137 278	194 674	109 180	98 744	511 848

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APP 2014/15: Pages 85 – 88, Table 32 (MCWH1)													
Indicator	Type	Provincial 2014/15	Ugu 2014/15	Umngungundlovu 2014/15	Uthukela 2014/15	Umzinyathi 2014/15	Amajuba 2014/15	Zululand 2014/15	Umkhanyakude 2014/15	Uthungulu 2014/15	Ilembu 2014/15	Harry Gwala 2014/15	eThekweni 2014/15
4. Child under 2 years underweight for age incidence (annualised)	No per 1000	34.5/1000	32.3/1000	47.2/1000	26.6/1000	32.6/1000	28.8/1000	14.5/1000	54.4/1000	23.1/1000	45.6/1000	39.9/1000	36.3/1000
<i>Child under 2 years underweight new (weight between – 2SD and -3SD new)</i>	No	15 977	1 167	1 970	908	920	678	605	1 922	1 090	1 325	1 004	4 388
<i>Population under 2 years</i>	No	465 604	36 375	42 047	34 430	28 705	23 307	41 749	35 793	47 314	29 385	25 108	121 391
5. Measles 1 st dose under 1 year coverage (annualized)	%	91.8%	79.5%	82%	86.8%	82.6%	87.1%	92.2%	88.7%	91.1%	85.2%	81.2%	108.4%
<i>Measles 1st dose under 1 year</i>	No	211 995	14 191	16 924	15 008	11 893	10 302	19 328	15 808	21 285	12 586	10 273	64 397
<i>Population under 1 year</i>	No	232 450	18 008	20 777	17 480	14 743	11 700	21 041	18 107	23 387	15 016	12 598	59 593
6. Pneumococcal Vaccine (PCV) 3 rd dose coverage (annualized)	%	91.7%	79.8%	80.7%	86.5%	83.2%	86.0%	91.3%	89.0%	90.3%	84.5%	82%	109.10%
<i>PCV 3rd dose</i>	No	211 789	14 240	16 652	14 946	11 986	10 173	19 147	15 854	21 110	12 491	10 370	64 820
<i>Population under 1 year</i>	No	232 450	18 008	20 777	17 480	14 743	11 700	21 041	18 107	23 387	15 016	12 598	59 593

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APP 2014/15: Pages 85 – 88, Table 32 (MCWH1)													
Indicator	Type	Provincial 2014/15	Ugu 2014/15	Umgunqundlovu 2014/15	Uthukela 2014/15	Umzinyathi 2014/15	Amajuba 2014/15	Zululand 2014/15	Umkhanyakude 2014/15	Uthungulu 2014/15	Ilembe 2014/15	Harry Gwala 2014/15	eThekwini 2014/15
7. Rota Virus (RV) 2 nd dose coverage (annualised)	%	93.6%	80.5%	84.2%	90.6%	86%	84.7%	90.2%	89.1%	90.7%	85%	83%	113.4%
<i>RV 2nd dose</i>	No	216 196	14 372	17 373	15 661	12 390	10 010	18 897	15 865	21 191	12 560	10 495	67 382
<i>Population under 1 year</i>	No	232 450	18 008	20 777	17 480	14 743	11 700	21 041	18 107	23 387	15 016	12 598	59 593
8. Cervical cancer screening coverage (annualised)	%	70.3%	80.1%	73.3%	61.8%	71.6%	62.8%	60.9%	43.8%	64.3%	65.4%	77.2%	76.7%
<i>Cervical cancer screening in women 30 years and older</i>	No	161 707	12 165	18 108	8 873	7 554	6 599	9 319	5 231	12 456	9 293	6 822	65 387
<i>Population 30 years and older female/10</i>	No	228 913	15 106	24 709	14 264	10 485	10 445	15 196	11 861	19 253	14 085	8 782	84 728
9. HPV vaccine coverage amongst Grade 4 girls	%	86%	89%	88%	89%	89%	90%	73%	97%	85%	89%	75%	86%
<i>HPV vaccine Grade 4 girls</i>	No	86 779	6 726	7 514	6 738	6 054	4 794	6 691	8 271	8 842	5 382	4 275	21 492
<i>Grade 4 girls multiplied by 2</i>	No	100 505	7 525	8 543	7 550	6 795	5 352	9 122	8 492	10 395	6 071	5 708	24 952
10. Antenatal 1 st visits before 20 weeks rate	%	57.3%	61.6%	59.9%	57%	60.9%	52.8%	60.7%	59.3%	58.3%	57.6%	57.1%	54.1%

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APP 2014/15: Pages 85 – 88, Table 32 (MCWH1)

Indicator	Type	Provincial 2014/15	Ugu 2014/15	Umgungundlovu 2014/15	Uthukela 2014/15	Umkhathazi 2014/15	Amajuba 2014/15	Zululand 2014/15	Umkhanyakude 2014/15	Uthungulu 2014/15	Ilembe 2014/15	Harry Gwala 2014/15	eThekweni 2014/15
ANC 1st visit before 20 weeks	No	133 761	9 898	11 700	8 143	8 066	5 615	11 994	10 259	13 368	8 120	6 593	40 005
Antenatal 1 st visit total	No	233 593	15 740	19 384	14 061	13 238	10 636	19 727	17 286	22 804	14 021	11 507	73 989s
11. Infant given NVP within 72 hours after birth uptake rate	%	98.9%	99.7%	100.7%	99.3%	98.3%	99.6%	96.7%	99.2%	98.4%	97.9%	99.7%	98.7%
Infant given NVP within 72 hours after birth	No	70 218	5 680	6 880	4 195	3 235	3 197	5 450	5 214	6 988	4 246	2 908	22 225
Live birth to HIV positive woman	No	71 014	56 99	6 835s	4 223	3 290	3 210	5 634	5 254	7 099	4 338	2 916	22 516
12. Infant 1 st PCR test positive around 6 weeks rate	%	1.3%	1.6%	0.8%	1.2%	1.2%	1.0%	2.4%	1.2%	1.4%	1.5%	1.5%	1.1%
Infant 1 st PCR test positive around 6 weeks	No	1 003	92	56	58	48	32	170	71	96	78	55	247
Infant 1 st PCR test around 6 weeks	No	76 653	5 819	6 883	4 787	4 088	3 079	7 149	6 047	7 058	5 366	3 655	22 722
13. Couple year protection rate (annualized)	%	57.8%	47%	152.9% ³²	57.7%	76.7%	51.9%	43.2%	41%	45.8%	36.2%	54.1%	42.4%
Contraceptive years dispensed ³³	No	1 677 645	94 044	462 896	110 457	112 499	73 957	99 858	71 531	118 856	66 465	70 511	396 568

³² Mostly attributed to the high condom distribution rate

³³ This data is from DHIS and not from the closed-off DHIS data file, as this data element was only introduced in 2013/14

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Indicator	Type	Provincial 2014/15	Ugu 2014/15	Umngungundlovu 2014/15	Uthukela 2014/15	Umkhanyathi 2014/15	Amajuba 2014/15	Zululand 2014/15	Umkhanyakude 2014/15	Uthungulu 2014/15	Ilembe 2014/15	Harry Gwala 2014/15	eThekwini 2014/15
<i>Population 15-49 years female</i>	No	2 896 655	199 499	303 549	190 811	146 209	141 829	230 308	174 079	258 914	182 690	130 029	938 738
14. Maternal mortality in facility ratio (annualised)	No per 100k	124.9/ 100k	111.7/100k	185.9/100k	175.8/100k	79.6/100k	143.2/100k	60.3/100k	59.4/100k	216.5/100k	151.2/100k	137.9/100k	100.1/100k
<i>Maternal deaths in facility</i>	No	252	16	33	22	9	20	10	9	44	17	12	60
<i>Live births in facility</i>	No	201 797	14 320	17 731	12 514	11 301	13 965	16 592	15 163	20 323	11 245	8 705	59 918
15. Delivery in facility under 18 years rate	%	8.9%	10%	8.6%	8.8%	9.8%	8.9%	10.1%	11.1%	7.9%	10.1%	9.7%	7.6%
<i>Delivery in facility women under 18 years</i>	No	18 101	1 439	1 578	1 113	1 106	1 250	1 686	1 685	1 613	1 152	850	4 629
<i>Delivery in facility total</i>	No	203 742	14 401	18 268	12 587	11 337	14 089	16 614	15 188	20 429	11 370	8 750	60 709
16. Child under 1 year mortality in facility rate (annualized)	%	7.3%	6%	10%	6.9%	7.8%	9%	8.2%	9%	9%	11.7%	9.9%	5.7%
<i>Inpatient deaths under 1 year</i>	No	3 802	257	307	226	187	180	355	176	498	187	198	1 231
<i>Inpatient separations under 1 year</i>	No	52 193	4 283	3 074	3 277	2 407	1 990	4 319	1 948	5 530	1 596	1990	21 779
17. Inpatient death under 5 years rate	%	5.8%	4.7%	6.4%	5.9%	5.9%	6.3%	7.3%	5.9%	7.3%	7.5%	6.9%	5.0%

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Indicator	Type	Provincial 2014/15	Ugu 2014/15	Umkungundlovu 2014/15	Uthukela 2014/15	Umzinyathi 2014/15	Amajuba 2014/15	Zululand 2014/15	Umkhanyakude 2014/15	Uthungulu 2014/15	Ilembe 2014/15	Harry Gwala 2014/15	eThekwini 2014/15
<i>Inpatient deaths under 5 years</i>	No	4 787	311	386	309	238	196	463	213	590	243	229	1 609
<i>Inpatient separations under 5 years</i>	No	82 731	6 677	6 093	5 237	4 062	3 118	6 381	3 918	8 137	3 262	3 343	32 618
18. Child under 5 years severe acute malnutrition case fatality rate	%	10.4%	9.1%	7%	14.9%	12.4%	11%	20.3%	10.8%	16.9%	6.7%	8.7%	7.2%
<i>Child under 5 years severe acute malnutrition death</i>	No	405	35	20	37	35	20	47	29	64	28	23	67
<i>Child under 5 years severe acute malnutrition admitted</i>	No	3 880	385	287	249	282	182	231	268	379	420	264	933
19. Child under 5 years diarrhoea case fatality rate	%	3%	2.5%	2.5%	2.8%	3.8%	3%	4.7%	4.8%	3.8%	1.9%	3.1%	1.8%
<i>Child under 5 years with diarrhoea death</i>	No	347	22	24	27	30	16	52	44	47	11	24	50
<i>Child under 5 years with diarrhoea admitted</i>	No	11 578	883	943	957	798	541	1 098	923	1 252	589	777	2 817
20. Child under 5 years pneumonia case fatality rate	%	2.7%	2.2%	2.1%	3.4%	2.4%	0.9%	4.5%	3%	5.3%	1.2%	1.8%	2.6%

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Indicator	Type	Provincial 2014/15	Ugu 2014/15	Umngungundlovu 2014/15	Uthukela 2014/15	Umzinyathi 2014/15	Amajuba 2014/15	Zululand 2014/15	Umkhanyakude 2014/15	Uthungulu 2014/15	Ilembe 2014/15	Harry Gwala 2014/15	eThekweni 2014/15
Child under 5 years pneumonia death	No	300	30	22	25	15	5	32	27	53	8	12	71
Child under 5 years pneumonia admitted	No	11 011	1 375	1 040	737	615	564	705	889	1 002	662	676	2 746

Table 37: Customised Performance Indicators

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Strategic Objective Statement	Performance Indicator	Data Source	Actual Achievement 2013/14	Planned Target 2014/15	Actual Achievement 2014/15	Deviation from Planned Target to Actual Achievement during 2014/15	Comment on Deviation
Increase immunisation coverage to more than 90% in all districts by March 2017	1. Immunisation coverage under 1 year (annualised)	DHIS	85.8%	96%	89.9%	(6.4%)	The number of children immunised exceeds the target with 2 107. The decrease can be attributed to the significant increase of 18 446 in the under 1 year population (Stats SA estimate) as compared with target population.
	<i>Immunised fully under 1 year - new</i>	<i>DHIS/Tick register PHC</i>	<i>201 824</i>	<i>205 563</i>	<i>207 670</i>		
	<i>Population under 1 year</i>	<i>DHIS/Stats SA</i>	<i>236 094</i>	<i>213 984</i>	<i>232 450</i>		
Increase Vitamin A supplementation to 65% by March 2017	2. Vitamin A dose 12 – 59 months coverage (annualised)	DHIS	47.8%	55%	54.5%	(0.9%)	Within acceptable deviation range. Community-based data, collected by Ward Based Teams, are not yet imported into DHIS under facility data. Collection in DHIS is targeted for April 2015.
	<i>Vitamin A dose 12 - 59 months</i>	<i>DHIS/Tick register PHC</i>	<i>893 481</i>	<i>975 891</i>	<i>1 014 315</i>		
	<i>Population 12-59 months</i>	<i>DHIS/Stats SA</i>	<i>1862 246</i>	<i>1 774 348</i>	<i>1 864 456</i>		
Increase the number of children 12-59 months	3. Deworming dose 12-59 months coverage (annualised)	DHIS	Not reported	Establish baseline	45.8%	Baseline established	The indicator was not previously monitored, therefore no reliable baseline

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Strategic Objective Statement	Performance Indicator	Data Source	Actual Achievement 2013/14	Planned Target 2014/15	Actual Achievement 2014/15	Deviation from Planned Target to Actual Achievement during 2014/15	Comment on Deviation
who received the deworming regime with 20% from baseline by March 2017	<i>Deworming dose 12-59 months</i>	<i>Tick Register PHC</i>	-	-	851 334		data available for setting targets for the year under reporting.
	<i>Population 12-59 months (multiplied by 2)</i>	<i>DHIS/ Stats SA</i>	-	-	1 864 456		
Reduce the number of underweight for age children with more than 20% of baseline by March 2017	4. Child under 2 years underweight for age incidence (annualised)	DHIS	23.8/ 1000	20/ 1 000	34.5/1000	(72.5%)	The increase in underweight in children under 2 years is strongly associated with poverty and deprivation as well as poor complementary feeding practices. Poor complementary feeding is related to lack of variety in weaning foods at household level due to poverty.
	<i>Child under 2 years underweight new (weight between – 2SD and -3SD new)</i>	<i>DHIS/Tick register PHC</i>	<i>11 208</i>	<i>9 571</i>	<i>15 977</i>		
	<i>Population under 2 years</i>	<i>DHIS/Stats SA</i>	<i>471 583</i>	<i>478 573</i>	<i>465 604</i>		
Increase immunisation coverage to more than 90% in all districts by March 2017	5. Measles 1 st dose under 1 year coverage (annualised)	DHIS	84.5%	94.6%	91.8%	(3%)	The number of children vaccinated was exceeded with 9 240. The population was under projected during target setting.
	<i>Measles 1st dose under 1 year</i>	<i>DHIS/Tick register PHC</i>	<i>198 662</i>	<i>202 755</i>	<i>211 995</i>		
	<i>Population under 1 year</i>	<i>DHIS/Stats SA</i>	<i>236 094</i>	<i>213 984</i>	<i>233 450</i>		
	6. Pneumococcal Vaccine (PCV) 3 rd dose coverage (annualised)	DHIS	85.7%	96.2%	91.7%	(4.6%)	The number of vaccinated children exceeded the target with 5 747. The population was under estimated during target setting.
	<i>PCV 3rd dose</i>	<i>DHIS/Tick register PHC</i>	<i>201 555</i>	<i>206 042</i>	<i>211 789</i>		
	<i>Population under 1 year</i>	<i>DHIS/Stats SA</i>	<i>236 094</i>	<i>213 984</i>	<i>233 450</i>		
	7. Rota Virus (RV) 2 nd dose coverage (annualised)	DHIS	91.9%	104.4%	93.6%	(10.3%)	The actual number vaccinated children are in line with previous year's trends. The population was under estimated during target setting.
	<i>RV 2nd dose</i>	<i>DHIS/Tick register PHC</i>	<i>216 063</i>	<i>223 421</i>	<i>216 196</i>		
	<i>Population under 1 year</i>	<i>DHIS/Stats SA</i>	<i>239 094</i>	<i>213 984</i>	<i>233 450</i>		

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Strategic Objective Statement	Performance Indicator	Data Source	Actual Achievement 2013/14	Planned Target 2014/15	Actual Achievement 2014/15	Deviation from Planned Target to Actual Achievement during 2014/15	Comment on Deviation
Maintain a cervical cancer screening coverage of more than 80% from March 2015	8 Cervical cancer screening coverage (annualised)	DHIS	75.3%	79.7%	70.3%	(11.8%)	The gradual decrease in the PHC headcount is expected to have a negative impact on the number of women screened at PHC level. Impact of the re-launch of the Phila Ma campaign will be monitored at facility and provincial levels.
	<i>Cervical cancer screening in women 30 years and older</i>	<i>DHIS/Tick register PHC/ Hospital register</i>	<i>169 315</i>	<i>182 444</i>	<i>161 707</i>		
	<i>Population 30 years and older female/10</i>	<i>DHIS/Stats SA</i>	<i>223 346</i>	<i>228 913</i>	<i>228 913</i>		
Maintain an HPV coverage amongst Grade 4 girls of more than 80% from 2016/17	9 HPV 1 st dose coverage	DHIS	86% ³⁴	Establish baseline	86%	Baseline established	Challenges have been identified with the data collection and collation processes. Data Management did bring it to the attention of the NDOH to be resolved.
	<i>HPV vaccine Grade 4 girls</i>	<i>DHIS/Tick Register school health</i>	<i>69 254</i>	<i>-</i>	<i>86 779</i>		
	<i>Grade 4 girls multiplied by 2</i>	<i>DHIS/DOE enrolment</i>	<i>80 499</i>	<i>-</i>	<i>100 505</i>		
Increase the proportion of women attending antenatal care to 60% by March 2017	10. Antenatal 1 st visit before 20 weeks rate	DHIS	56.2%	60%	57.3%	(4.5%)	It is difficult to predict health seeking behaviour of clients. In spite of extensive education programmes at community level to promote early reporting to facilities progress is slow.
	<i>Antenatal 1st visit before 20 weeks</i>	<i>DHIS/Tick register PHC</i>	<i>136 813</i>	<i>137 635</i>	<i>133 761</i>		
	<i>Antenatal 1st visit total</i>	<i>DHIS calculates</i>	<i>242 759</i>	<i>229 392</i>	<i>233 593</i>		
Reduce the mother to child transmission rate to <0.5% by March 2019	11. Infant given NVP within 72 hours after birth uptake rate	DHIS	98.2%	98%	98.9%	0.9%	Target has been exceeded. Considered one of the priority programmes linked to the Millennium Development Goals.
	<i>Infant given NVP within 72 hours after birth</i>	<i>DHIS/Tick register OPD/ PHC, delivery register</i>	<i>65 200</i>	<i>67 893</i>	<i>70 218</i>		
	<i>Live births to HIV positive woman</i>	<i>DHIS/Delivery register</i>	<i>66 391</i>	<i>69 279</i>	<i>71 014</i>		

³⁴ Only referring to first round campaign data

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Strategic Objective Statement	Performance Indicator	Data Source	Actual Achievement 2013/14	Planned Target 2014/15	Actual Achievement 2014/15	Deviation from Planned Target to Actual Achievement during 2014/15	Comment on Deviation
	12. Infant 1 st PCR test positive around 6 weeks rate	DHIS	1.6%	1.2%	1.3%	(8.3%)	The Department reported significant achievements in reducing the mother to child transmission of HIV over the past 4 years. The high HIV infection rate and late booking for antenatal care however slow down reduction which is expected.
	<i>Infant 1st PCR test positive around 6 weeks</i>	<i>DHIS/Tick register PHC</i>	<i>1 188</i>	<i>1 007</i>	<i>1 003</i>		
	<i>Total number of babies tested 6 weeks after birth for HIV</i>	<i>DHIS/Tick register PHC</i>	<i>75 081</i>	<i>83 971</i>	<i>76 653</i>		
Increase the couple year protection rate to 70% by March 2019	13. Couple year protection rate (annualised)	DHIS	45%	45%	57.8%	28.4%	Target has been exceeded. The high condom distribution rate in Umgungundlovu (215.5) skews interpretation of this indicator.
	<i>Contraceptive years dispensed</i>	<i>DHIS calculates</i>	<i>1 293 378</i>	<i>1 303 494</i>	<i>1 677 645</i>		
	<i>Population 15-49 years female</i>	<i>DHIS/Stats SA</i>	<i>2 864 858</i>	<i>2 896 654</i>	<i>2 896 655</i>		
Reduce the maternal mortality in facilities to 119 deaths per 100 000 live births (or less) by March 2017	14. Maternal mortality in facility ratio (annualised)	DHIS	147/100 000	133/100 000	124.9/100 000	6%	The target has been exceeded. All maternal and child health programmes have been prioritised including CARMMA programme.
	<i>Maternal death in facility</i>	<i>DHIS/Midnight census</i>	<i>280</i>	<i>265</i>	<i>252</i>		
	<i>Live births in facility</i>	<i>DHIS/Delivery register</i>	<i>190 512</i>	<i>199 284</i>	<i>201 797</i>		
Reduce deliveries in facilities under 18 to less than 8.5% by March 2017	15. Delivery in facility under 18 years rate	DHIS	9.1%	9%	8.9%	1.1%	This target has been exceeded. The high number of births to women under 18 however remains a challenge that will be targeted over the 2015/16 MTEF.
	<i>Delivery in facility to woman under 18 years</i>	<i>DHIS/Delivery register</i>	<i>17 688</i>	<i>18 232</i>	<i>18 101</i>		
	<i>Delivery in facility total</i>	<i>DHIS/Delivery register</i>	<i>194 110</i>	<i>200 897</i>	<i>203 742</i>		
Reduce the under 1 year mortality rate in facilities to 4.8% (or less) by March 2017	16. Child under 1 year mortality in facility rate (annualised)	DHIS	6.5%	5.6%	7.3%	(30.4%)	Inpatient separations increased with 319 between 2013/14 and 2014/15 and deaths increased with 454 during the same period. The leading causes for admission and death
	<i>Inpatient death under 1 year</i>	<i>DHIS calculates</i>	<i>3 348</i>	<i>2 800</i>	<i>3 802</i>		

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Strategic Objective Statement	Performance Indicator	Data Source	Actual Achievement 2013/14	Planned Target 2014/15	Actual Achievement 2014/15	Deviation from Planned Target to Actual Achievement during 2014/15	Comment on Deviation
	<i>Inpatient separations under 1 year</i>	<i>DHIS calculates</i>	51 874	50 000	52 193		remained HIV, malnutrition, diarrhoea and pneumonia. Late reporting to facilities increased risk with research showing that more than 60% of children die within the first 48 hours after admission.
Reduce the under 5 inpatient death rate in facilities to 4.3% (or less) by March 2017	17. Inpatient death under 5 years rate	DHIS	5.2%	4.7%	5.8%	(23.4%)	Same comments as Indicator 16.
	<i>Inpatient deaths under 5 years</i>	<i>DHIS calculates</i>	4 215	3 512	4 849		
	<i>Inpatient separations under 5 years</i>	<i>DHIS calculates</i>	80 644	74 083	70 967		
Decrease severe acute malnutrition fatality rate in children under 5 to 7.4% (or less) by March 2017	18. Child under 5 years severe acute malnutrition case fatality rate	DHIS	9.7%	10.2%	10.4%	(2%)	Improved reporting on SAM admissions and deaths at facility level; all health workers not able to clinically define SAM which delay appropriate management; SAM deaths related to complications of HIV and other infections; children not initiated on ART due to shortage of trained staff; patients presenting late or late referral of patients from CHC's and clinics to hospitals for higher level of care; the common use of sessional doctors not trained in SAM management impact on medical management and increases the risk for the death particularly in the first 48 hours.
	<i>Child under 5 years severe acute malnutrition death</i>	<i>DHIS/Tick Register</i>	336	344	405		
	<i>Child under 5 years severe acute malnutrition admitted</i>	<i>Admission records</i>	3 466	3 352	3 880		
Decrease the diarrhoea case fatality rate in children under 5 to 2.6% (or less) by March 2017	19. Child under 5 years diarrhoea case fatality rate	DHIS	3.3%	3.6%	3.0%	16.7%	Target has been exceeded. Mainly due to the implementation of the 4 levels of care model for child health.
	<i>Child under 5 years with diarrhoea death</i>	<i>DHIS/Tick Register</i>	387	339	347		
	<i>Child under 5 years with diarrhoea admitted</i>	<i>Admission records</i>	11 813	9 415	11 578		
Decrease the pneumonia case	20. Child under 5 years pneumonia case fatality rate	DHIS	3.2%	2.9%	2.7%	6.9%	Target has been exceeded. Mainly due to the implementation of the 4 levels of care

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Strategic Objective Statement	Performance Indicator	Data Source	Actual Achievement 2013/14	Planned Target 2014/15	Actual Achievement 2014/15	Deviation from Planned Target to Actual Achievement during 2014/15	Comment on Deviation
fatality rate in children under 5 to 2.1% (or less) by March 2017	<i>Child under 5 years with pneumonia death</i>	<i>DHIS/Tick Register</i>	304	252	300		model for child health.
	<i>Child under 5 years with pneumonia admitted</i>	<i>Admission records</i>	9 489	8 549	11 011		

Table 38: Provincial Strategic Objectives and Targets

APP 2014/15: Table 34, Pages 94 – 95

Strategic Objective Statement	Performance Indicator	Data Source	Actual Achievement 2013/14	Planned Target 2014/15	Actual Achievement 2014/15	Deviation from Planned Target to Actual Achievement during 2014/15	Comment on Deviation
Increase postnatal follow-up visit within 6 days to 75.5% by March 2017	1. Mother postnatal visit within 6 days rate	DHIS	71.4%	73.3%	66.4%	(9.4%)	Difficult to predict patient health seeking behaviour. Data collection at facility level, to ensure follow up, has been identified as a challenge. Implementation of the Siyanqoba Programme, where mothers and newborns are linked to CCG's for follow up in the community is hoped to improve outcomes.
	<i>Mother postnatal visit within 6 days after delivery</i>	<i>DHIS/Tick register PHC</i>	139 120*	147 292	135 375		
	<i>Delivery in facility total</i>	<i>DHIS/Delivery register</i>	194 758*	200 897	203 742		
Reduce the neonatal mortality in facility rate to 9.1 neonatal deaths per 1000 live births by	2. Neonatal mortality in facility rate (annualised)	DHIS	10.2/1000 ³⁵	10/1000	11.1/1000	(11%)	High number of deaths due to prematurity, infections and birth asphyxia. Ongoing mentorship and coaching in basic antenatal and inter-partum care and kangaroo
	<i>Inpatient death neonatal</i>	<i>DHIS/Midnight census</i>	1 945	1 900	2 650		

³⁵ Inpatient early neonatal death rate as proxy

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Strategic Objective Statement	Performance Indicator	Data Source	Actual Achievement 2013/14	Planned Target 2014/15	Actual Achievement 2014/15	Deviation from Planned Target to Actual Achievement during 2014/15	Comment on Deviation
March 2017	<i>Population estimated live births</i>	<i>DHIS/Delivery register</i>	190 608	190 000	239 424		mother care has been strengthened in 2014/15 to improve outcomes of premature babies.
Decrease infant mortality to 37 deaths per 1000 live births by March 2017 (ASSA)	3. Infant mortality rate	ASSA2008 StatsSA and RMS ³⁶ (2012 onwards)	32/1000	41/1000	31.4/1000	23.4%	The target used a different source. Improved mortality rate (compared to 2013/14) ascribed to improved management of HIV/AIDS, improved management of the sick child and introduction of vaccination for diarrhoea and pneumonia.
Decrease under 5 mortality to 57 deaths per 1000 live births by March 2017 (ASSA)	4. Under 5 mortality rate	ASSA2008 StatsSA and RMS ³⁷ (2012 onwards)	43/1000	59/1000	42.6/1000	27.8%	Target used a different source. Improved mortality rate (compared to 2013/14) ascribed to improved management of HIV/AIDS, improved management of the sick child and introduction of vaccination for diarrhoea and pneumonia.
Improve exclusive breastfeeding to 65% in March 2017	5. Infant exclusively breastfed at HepB 3rd dose rate	DHIS	49.0%	55%	50.2%	(8.7%)	Early introduction (before six months) of other food and fluids due to poor community-based support for breast feeding mothers remains one of the key challenges. Lactation Advisors in hospitals with maternity services commenced to strengthen institutional support to postnatal mothers with infant feeding. Continued mentoring of Nutrition Advisors to provide support to breastfeeding mothers to achieve exclusive breastfeeding for the first six months is being strengthened.
	<i>Infant exclusively breastfed at HepB 3rd dose</i>	<i>Tick Register PHC</i>	106 328	121 138	110 034		
	<i>HepB 3rd dose</i>	<i>Tick Register PHC</i>	216 820	220 250	219 250		

³⁶ Rapid Mortality Surveillance

³⁷ Rapid Mortality Surveillance

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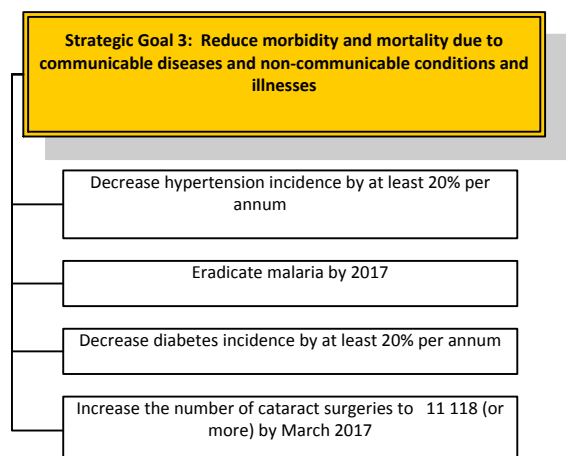
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Strategic Objective Statement	Performance Indicator	Data Source	Actual Achievement 2013/14	Planned Target 2014/15	Actual Achievement 2014/15	Deviation from Planned Target to Actual Achievement during 2014/15	Comment on Deviation
Decrease diarrhoea incidence by at least 20% per annum	6. Child under 5 years diarrhoea with dehydration incidence (annualised)	DHIS	15/1000	14.2/1000	11.7/1000	17.6%	Target has been exceeded. Vaccination as well as progress in improving the socio-economic determinants of health contributed to achievement.
	<i>Child under 5 years diarrhoea with dehydration new</i>	<i>PHC Tick Register</i>	<i>17 564</i>	<i>16 538</i>	<i>13 614</i>		
	<i>Population under 5 years</i>	<i>DHIS/Stats SA</i>	<i>1 171 910</i>	<i>1 164 688</i>	<i>1 164 682</i>		
Decrease pneumonia incidence with at least 20% per annum	7. Child under 5 years pneumonia incidence (annualised)	DHIS	92.2/1000	97.6/1000	86.1/1000	11.8%	Target has been exceeded. Vaccination as well as progress in improving the socio-economic determinants of health contributed to achievement.
	<i>Child under 5 years with pneumonia new</i>	<i>PHC Tick Register</i>	<i>107 894</i>	<i>107 864</i>	<i>99 805</i>		
	<i>Population under 5 years</i>	<i>DHIS/Stats SA</i>	<i>1 171 910</i>	<i>1 164 688</i>	<i>1 164 682</i>		
Decrease severe acute malnutrition incidence by at least 20% per annum	8. Child under 5 years severe acute malnutrition incidence (annualised)	DHIS	5.6/1000	5.1/1000	6.3 /1000	(23.5%)	Poverty and deprivation; poor identification and management of moderate acute malnutrition. The Department introduced a new indicator "Moderate Sever Malnutrition" to improve case detection and early management of malnutrition.
	<i>Child under 5 years with severe acute malnutrition new</i>	<i>DHIS/Tick register PHC</i>	<i>6 598</i>	<i>5 696</i>	<i>7 331</i>		
	<i>Population under 5 years</i>	<i>DHIS/Stats SA</i>	<i>1 171 910</i>	<i>1 164 688</i>	<i>1 164 682</i>		
Increase the weighing coverage to 90% (or more) by March 2017	9. Weighing coverage under 1 year (annualised)	DHIS	68%	80%	72.9%	(8.9%)	Although the target has not been met, more children are weighed compared to previous years. Growth monitoring equipment was procured and distributed to PHC to improve growth monitoring.
	<i>Children under 1 year weighed</i>	<i>DHIS/Tick register CCG records</i>	<i>1 918 744</i>	<i>2 054 246</i>	<i>2 021 014</i>		
	<i>Population under 1 year</i>	<i>DHIS/Stats SA</i>	<i>2 869 128</i>	<i>2 567 808</i>	<i>2 789 400</i>		

Disease Prevention and Control

4.2 STRATEGIC GOALS AND OBJECTIVES



4.1 STRATEGIC OBJECTIVES, PERFORMANCE INDICATORS, TARGETS AND ACTUAL ACHIEVEMENTS

Decrease the Incidence and manage the Prevalence of Non-Communicable Diseases

The number of new malaria cases decreased with 32 and deaths increased with 5 in 2014/15. Active education is ongoing to improve malaria outcomes.

Targets for hypertension and diabetes were exceeded mainly perceived to be due to the increase in community outreach and awareness programmes.

The number of cataract surgeries increased with 1 1 71 (17%) between 2013/14 and 2014/15. The African Vision Institute conducted 104 operations in the Zululand District during eye care awareness month and conducted training of theatre staff, Optometrist and Ophthalmic Nurses during the camp at Benedictine Hospital. A total of 120 operations were done during a camp at Umphumulo Hospital and 60 at Mahatma Gandhi Hospital.

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Table 39: (DCP1) Customised Situation Analysis Indicators 2014/15

APP 2014/15: Table 36, Pages 100 – 101													
Indicator	Type	Provincial 2014/15	Ugu 2014/15	UMgungundlovu 2014/15	Uthukela 2014/15	Umzinyathi 2014/15	Amajuba 2014/15	Zululand 2014/15	Umkhanyakude 2014/15	Uthungulu 2014/15	Ilembe 2014/15	Harry Gwala 2014/15	eThekweni 2014/15
1. Hypertension incidence (annualised) ³⁸	No per 1000	19.1/1000	22.4/1000	26.3/1000	15.4/1000	2/1000	14.8/1000	13.9/1000	22/1000	18.3/1000	17.5/1000	25.8/1000	17.9/1000
<i>Hypertension client treatment new</i>	No	48 925	3 421	7 156	2 263	1 981	1 692	2 083	2 614	3 634	2 646	2 262	19 173
<i>Population 40 years and older</i>	No	2 547 122	151 946	271 768	146 535	98 981	113 286	149 551	118 317	197 886	149 846	87 388	1 061 618
2. Diabetes incidence (annualised)	No per 1000	1.6/1000	1.7/1000	2.2/1000	0.7/1000	0.9/1000	0.8/1000	0.9/1000	0.8/1000	1.1/1000	1.5/1000	1.3/1000	2.3/1000
<i>Diabetes client treatment new</i>	No	17 051	1 268	2 378	503	487	418	749	535	1 080	981	642	8 010
<i>Population total</i>	No	10 571 313	741 540	1 069 658	689 122	518 409	514 977	834 251	643 759	947 925	640 790	478 536	3 492 345
3. Malaria case fatality rate	%	1.03%	0%	5%	0%	0%	0%	14.2%	1.3%	0%	0%	0%	0.5%
<i>Number of deaths due to malaria (new)</i>	No	7	0	1	0	0	0	2	3	0	0	0	1
<i>Number of malaria cases (new)</i>	No	664 ³⁹	20	20	2	2	4	14	220	146	13	3	207

³⁸ This calculation was done manually and was not automatically calculated by DHIS

³⁹ Includes 13 imported cases from outside KwaZulu-Natal

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APP 2014/15: Table 36, Pages 100 – 101

Indicator	Type	Provincial 2014/15	Ugu 2014/15	UMgungundlovu 2014/15	Uthukela 2014/15	Umzinyathi 2014/15	Amajuba 2014/15	Zululand 2014/15	Umkhanyakude 2014/15	Uthungulu 2014/15	Ilembe 2014/15	Harry Gwala 2014/15	eThekweni 2014/15
4. Cataract surgery rate (uninsured population)	No per million uninsured population	870.9/1mil	1005.6/1mil	1356.8/1mil	292.6/1mil	598.8/1mil	629.5/1mil	307.6/1mil	1481.9/1mil	1454.9/1mil	343.2/1mil	1225.6/1mil	807.9/1mil
<i>Cataract surgery total</i>	<i>No</i>	<i>8 037</i>	<i>651</i>	<i>1 267</i>	<i>176</i>	<i>271</i>	<i>283</i>	<i>224</i>	<i>794</i>	<i>1 204</i>	<i>192</i>	<i>512</i>	<i>2 463</i>
<i>Population uninsured</i>	<i>No</i>	<i>9 228 755</i>	<i>647 365</i>	<i>933 811</i>	<i>601 604</i>	<i>452 571</i>	<i>449 575</i>	<i>728 301</i>	<i>535 812</i>	<i>827 538</i>	<i>559 410</i>	<i>417 762</i>	<i>3 048 817</i>

Note: "Cataract surgery total" refers to those cataract surgeries that occur within the Department of Health. All private cataract surgeries have been excluded.

Table 40: Customised Performance Indicators

Strategic Objective Statement	Performance Indicator	Data Source	Actual Achievement 2013/14	Planned Target 2014/15	Actual Achievement 2014/15	Deviation from Planned Target to Actual Achievement during 2014/15	Comment on Deviation
Decrease hypertension incidence by at least 20% per annum	1 Hypertension incidence (annualised)	DHIS	21.9/1000	22.8/1000	19.2/1000	15.8%	The target has been exceeded. It was assumed that improved screening and detection at community level will increase the number of cases. The decrease might be an indication of slow decline in the number of cases. Trends will be monitored.
	<i>Hypertension client treatment new</i>	<i>DHIS/PHC tick registers</i>	<i>54 601</i>	<i>58 074</i>	<i>48 925</i>		
	<i>Population 40 years and older</i>	<i>DHIS/Stats SA</i>	<i>2 479 517</i>	<i>2 547 127</i>	<i>2 547 122</i>		
Decrease diabetes	2 Diabetes incidence (annualised)	DHIS	1.8/1000	2.1/1000	1.6/1000	23.8%	Target has been exceeded. Same

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APP 2014/15: Table 37, Pages 101 – 202

Strategic Objective Statement	Performance Indicator	Data Source	Actual Achievement 2013/14	Planned Target 2014/15	Actual Achievement 2014/15	Deviation from Planned Target to Actual Achievement during 2014/15	Comment on Deviation
incidence by at least 20% per annum	<i>Diabetes client treatment new</i>	<i>DHIS/PHC tick registers</i>	18 931	22 199	17 051		comment as Indicator 1.
	<i>Population total</i>	<i>DHIS/Stats SA</i>	10 456 909	10 571 312	10 571 313		
Eradicate malaria by 2017	3 Malaria case fatality rate	Malaria register	1.7%	<0.5%	1.05%	(110%)	Late presentation of patients at facilities results in late initiation on treatment and management of cases which in turn leads to poor health outcomes. Education is ongoing to ensure that patients know symptoms and present to facilities early.
	<i>Number of deaths due to malaria (new)</i>	<i>Malaria register/Tick sheets PHC</i>	12	-	7		
	<i>Number of malaria cases (new)</i>	<i>Malaria register/Tick sheets PHC</i>	696	-	664		
Increase the number of cataract surgeries to 11 118 (or more) by March 2017	4 Cataract surgery rate – uninsured population (annualised)	DHIS	758.1/1mil	749/1mil	870.9/1mil ⁴⁰	16.3%	Target has been exceeded. The indicator has been manually calculated as DHIS used the total population for calculation. The Department has partnerships with a number of NGO's for cataract surgery. These surgeries are not reported through DHIS. The number of cataract surgeries, including private patients, was 8 436 (914/1mil uninsured population) for 2014/15.
	<i>Cataract surgery total</i>	<i>DHIS/Theatre register</i>	6 866	7 116	8 037		
	<i>Population uninsured</i>	<i>DHIS/Stats SA</i>	9 056 593	9 499 988	9 228 755		

⁴⁰ Manually calculated as DHIS incorrectly using total population

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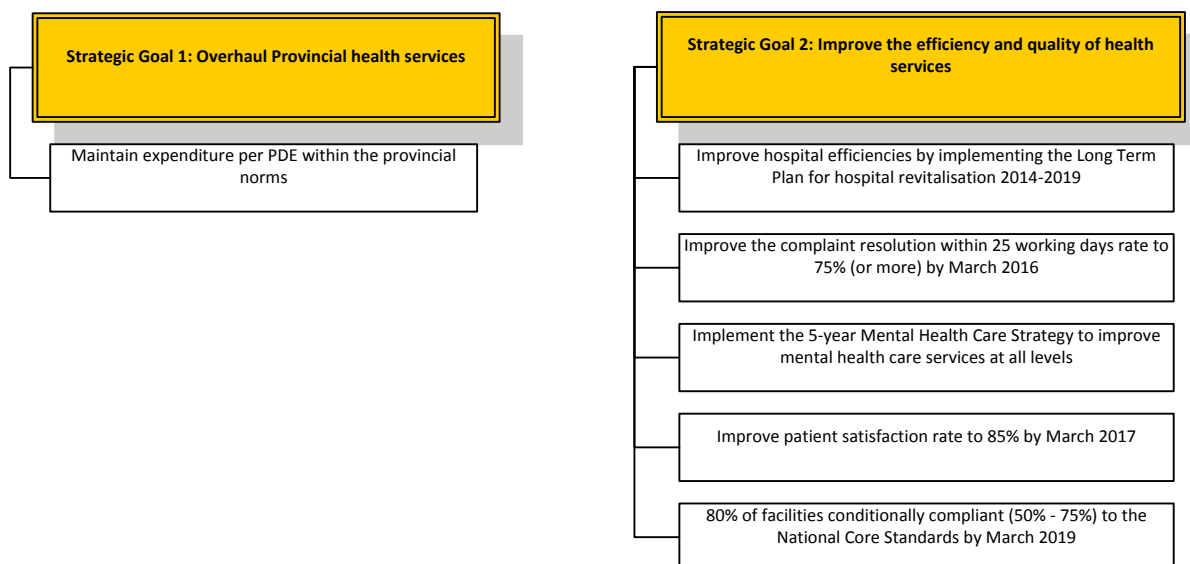
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Table 41: Provincial Strategic Objectives and Targets

APP 2014/15: Table 38, Page 103							
Strategic Objective Statement	Performance Indicator	Data Source	Actual Achievement 2013/14	Planned Target 2014/15	Actual Achievement 2014/15	Deviation from Planned Target to Actual Achievement during 2014/15	Comment on Deviation
Eradicate malaria by 2017	1. Malaria incidence per 1000 population at risk	Malaria register	1.08/1000	<1/1000	1.03/1000	(3%)	The actual number of new malaria cases (local, unclassified and imported cases) has declined marginally with 32 during 2014/15. Education and spraying continues. There is still a challenge with spraying as many households refuse spraying of their homes.
	<i>Number of malaria cases (new)</i>	<i>Malaria register/Tick register PHC</i>	<i>696</i>	<i><644</i>	<i>664</i>		
	<i>Population Umkhanyakude</i>	<i>DHIS/Stats SA</i>	<i>643 757</i>	<i>643 760</i>	<i>643 759</i>		

District Hospitals

4.2 STRATEGIC GOALS AND OBJECTIVES



4.1 STRATEGIC OBJECTIVES, PERFORMANCE INDICATORS, TARGETS AND ACTUAL ACHIEVEMENTS

Maintain expenditure within the Provincial norm

The Department maintained the District Hospital expenditure within the Provincial norm in spite of a reduction of R 9 million during the reporting period.

Improve Hospital Efficiencies through implementation of National Core Standards

All hospitals implemented the National Core Standards. Due to shortage of staff all hospitals did not conduct complete self-assessments as required and targets were not achieved. External assessments were not done by the Office of health Standard Compliance due to delays in formalising the Office. Development and implementation of Quality Improvement Plans have been emphasised during the reporting period.

Targets for patient satisfaction and complaints resolved within 25 working days have been achieved.

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Table 42: (DHS6) Customised Situation Analysis Indicators 2014/15

APP 2014/15: Pages 108 – 110, Table 41 (DHS6)													
Indicators	Type	Provincial 2014/15	Ugu 2014/15	Umgungundlovu 2014/15	Uthukela 2014/15	Umkhanyathi 2014/15	Amajuba 2014/15	Zululand 2014/15	Umkhanyakude 2014/15	Uthungulu 2014/15	Ilembe 2014/15	Harry Gwala 2014/15	eThekweni 2014/15
1. Average length of stay - total	Days	5.8 days	5.7 days	5.6 days	5.4 days	6.1 days	4.8 days	5.9 days	6 days	6.2 days	6 days	5.1 days	6.1 days
<i>In-patient days - total</i>	<i>No</i>	<i>1 972 507</i>	<i>204 388</i>	<i>165 378</i>	<i>107 352</i>	<i>226 380</i>	<i>11 452</i>	<i>304 473</i>	<i>272 231</i>	<i>215 833</i>	<i>78 511</i>	<i>169 255</i>	<i>217 254</i>
<i>Day patients</i>	<i>No</i>	<i>11 392</i>	<i>152</i>	<i>1 872</i>	<i>384</i>	<i>398</i>	<i>856</i>	<i>978</i>	<i>131</i>	<i>255</i>	<i>480</i>	<i>603</i>	<i>5 283</i>
<i>Inpatient separations</i>	<i>No</i>	<i>339 195</i>	<i>35 873</i>	<i>29 941</i>	<i>19 949</i>	<i>37 327</i>	<i>2 456</i>	<i>51 864</i>	<i>45 113</i>	<i>34 561</i>	<i>13 182</i>	<i>32 977</i>	<i>35 952</i>
2. Inpatient bed utilisation rate - total	%	62.1%	69.4%	79.6%	63.7%	53.6%	62.6%	67%	60.2%	50%	56.5%	64.9%	74.5%
<i>In-patient days - total</i>	<i>No</i>	<i>1 972 507</i>	<i>204 388</i>	<i>165 378</i>	<i>107 352</i>	<i>226 380</i>	<i>11 452</i>	<i>304 473</i>	<i>272 231</i>	<i>215 833</i>	<i>78 511</i>	<i>169 255</i>	<i>217 254</i>
<i>Day patients</i>	<i>No</i>	<i>11 392</i>	<i>152</i>	<i>1 872</i>	<i>384</i>	<i>398</i>	<i>856</i>	<i>978</i>	<i>131</i>	<i>255</i>	<i>480</i>	<i>603</i>	<i>5 283</i>
<i>Usable beds</i>	<i>No</i>	<i>3 057 240</i>	<i>294 555</i>	<i>208 415</i>	<i>168 995</i>	<i>421 210</i>	<i>18 980</i>	<i>464 645</i>	<i>454 060</i>	<i>440 920</i>	<i>139 430</i>	<i>261 340</i>	<i>184 690</i>
3. Expenditure per patient day equivalent ⁴¹	R	R 2 032	-	-	-	-	-	-	-	-	-	-	-
<i>Expenditure total</i>	<i>R'000</i>	<i>R 5 695 230</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>

⁴¹ Data not available from Finance Section at time of submitting the report

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APP 2014/15: Pages 108 – 110, Table 41 (DHS6)													
Indicators	Type	Provincial 2014/15	Ugu 2014/15	Umgungundlovu 2014/15	Uthukela 2014/15	Umzinyathi 2014/15	Amajuba 2014/15	Zululand 2014/15	Umkhanyakude 2014/15	Uthungulu 2014/15	Ilembe 2014/15	Harry Gwala 2014/15	eThekwini 2014/15
<i>Patient day equivalent</i>	No	2 803 295	297 650	271 083	159 298	311 447	33 693	425 710	374 446	339 368	111 927	231 552	247 121
4. Complaints resolution within 25 working days rate	%	92.1%	96%	87.8%	89.1%	38.8%	100%	76%	93.4%	96.6%	98.9%	97.1%	100%
<i>Complaints resolved within 25 days</i>	No	1 716	216	173	57	31	10	76	242	370	95	133	313
<i>Complaints resolved</i>	No	1 864	225	197	64	80	10	100	259	383	96	137	313
5. Mental health admission rate	%	1.5%	2.5%	2%	1.3%	1.9%	0.2%	1.5%	0.7%	0.2%	2.6%	2.3%	0.8%
<i>Mental health admissions total</i>	No	5 180	904	635	271	724	7	768	335	61	361	789	325
<i>Inpatient separations</i>	No	339 195	35 873	29 941	19 949	37 327	2 456	51 864	45 113	34 561	13 182	32 977	35 952
6. Patient satisfaction rate	%	75%	84%	97%	82%	62%	80%	83%	95%	83%	64%	88%	39%
<i>Number satisfied customers</i>	No	5 222	869	398	392	160	18	633	254	1 377	281	350	490
<i>Number users participated in survey</i>	No	6 974	1 030	410	480	260	20	767	267	1 655	440	400	1 245

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APP 2014/15: Pages 108 – 110, Table 41 (DHS6)													
Indicators	Type	Provincial 2014/15	Ugu 2014/15	Umgungundlovu 2014/15	Uthukela 2014/15	Umzinyathi 2014/15	Amajuba 2014/15	Zululand 2014/15	Umkhanyakude 2014/15	Uthungulu 2014/15	Ilembe 2014/15	Harry Gwala 2014/15	eThekwini 2014/15
7. Proportion of hospitals that have conducted gap assessments for compliance against the National Core Standards	No	44.7%	33.3%	0%	0%	100%	100%	40%	40%	16.7%	66.7%	75%	33.3%
<i>District Hospitals that conducted self-assessments</i>	No	17	1	0	0	4	1	2	2	1	2	3	1
<i>Number of District Hospitals</i>	No	38 ⁴²	3	2	2	4	1	5	5	6	3	4	3
8. Proportion of District Hospitals assessed as compliant with the Extreme Measures of National Core Standards	%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

⁴² Excludes State Aided Hospitals

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APP 2014/15: Pages 108 – 110, Table 41 (DHS6)

Indicators	Type	Provincial 2014/15	Ugu 2014/15	Umgungundlovu 2014/15	Uthukela 2014/15	Umzinyathi 2014/15	Amajuba 2014/15	Zululand 2014/15	Umkhanyakude 2014/15	Uthungulu 2014/15	Ilembe 2014/15	Harry Gwala 2014/15	eThekwini 2014/15
<i>District Hospitals fully compliant with extreme measures of National Core Standards</i>	No	0	0	0	0	0	0	0	0	0	0	0	0
<i>District Hospitals assessed⁴³</i>	No	17	1	0	0	4	1	2	2	1	2	3	1

Table 43: Customised Performance Indicators

APP 2014/15: Table 42, Pages 111 – 113

Strategic Objective Statement	Performance Indicator	Data Source	Actual Achievement 2013/14	Planned Target 2014/15	Actual Achievement 2014/15	Deviation from Planned Target to Actual Achievement during 2014/15	Comment on Deviation
Improve hospital efficiencies by implementing the long-term plan for hospital revitalisation 2014 -	1. Average length of stay- total	DHIS	5.8 Days	5.6 Days	5.8 Days	(3.6%)	The year-on-year decrease in separations, longer stay required for MDR-TB patients to be stabilised in the 5 MDR TB Units attached to District Hospitals, and the increase in patients accessing mental
	<i>In-patient days - total</i>	<i>Midnight census</i>	<i>1 986 431</i>	<i>2 023 060</i>	<i>1 972 507</i>		
	<i>Day patients</i>	<i>Midnight census</i>	<i>10 623</i>	<i>8 186</i>	<i>11 392</i>		

⁴³ Refers to self-assessments as no hospitals were externally assessed for compliance

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APP 2014/15: Table 42, Pages 111 – 113

Strategic Objective Statement	Performance Indicator	Data Source	Actual Achievement 2013/14	Planned Target 2014/15	Actual Achievement 2014/15	Deviation from Planned Target to Actual Achievement during 2014/15	Comment on Deviation
2019	<i>Inpatient separations</i>	<i>DHIS calculates</i>	342 311	360 262	339 195		health care at hospital level have contributed to the average length of stay remaining constant.
	2. Inpatient bed utilisation rate – total	DHIS	64.5%	63.8%	62.8%	(1.6%)	The decrease in inpatient days and increase in day patients impacted on the efficient use of available beds. Review of bed numbers commenced in 2014/15 as part of hospital rationalisation plan.
	<i>In-patient days - total</i>	<i>Midnight census</i>	1 986 431	2 023 060	1 972 507		
	<i>Day patients</i>	<i>Midnight census</i>	10 623	8 186	11 392		
	<i>Inpatient bed days available</i>	<i>Management</i>	3 088 508	3 173 310	3 057 240		
Maintain expenditure per PDE within the provincial norms	3. Expenditure per patient day equivalent (PDE)	BAS/DHIS	R 1 941	R 2 038	R 2 032	0.3%	Within acceptable range in spite of the reduction of R9 million in the District Hospital budget during the period under review.
	<i>Expenditure total</i>	<i>BAS</i>	5 433 841	5 699 359	5 685 230		
	<i>Patient day equivalent</i>	<i>DHIS calculates</i>	2 799 322	2 795 279	2 803 295		
Improve the complaint resolution within 25 working days rate to 75% (or more) by March 2016	4. Complaint resolution within 25 working days rate	DHIS	84.9%	70%	92.1%	31.6%	The target has been exceeded. The target was set using projected mid-year 2013/14 data as the baseline (63.2%). The improvement could be partly attributed to the implementation of the National Core Standards.
	<i>Complaints resolved within 25 working days</i>	<i>PSS</i>	1 727	1 883	1 716		
	<i>Complaints resolved</i>	<i>PSS</i>	2 034*	2 691	1 864		
Implement the 5-year Mental Health Care Strategy to improve	5. Mental health admission rate	DHIS	Not reported	1.1%	1.5%	(36.4%)	Mental health admissions have increased by 31% year-on-year. The reason has not been confirmed as it may be as a result of
	<i>Mental health admissions total</i>	<i>DHIS calculates</i>	-	3 963	5 180		

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APP 2014/15: Table 42, Pages 111 – 113

Strategic Objective Statement	Performance Indicator	Data Source	Actual Achievement 2013/14	Planned Target 2014/15	Actual Achievement 2014/15	Deviation from Planned Target to Actual Achievement during 2014/15	Comment on Deviation
mental health care services at all levels	<i>Inpatient separations</i>	<i>DHIS calculates</i>	-	360 262	339 195		improved screening at community level or increase in mental health conditions requiring treatment. Research must be conducted to determine reason for trends (long term).
Improve the patient satisfaction rate to 85% by March 2017	6. Patient satisfaction rate	DHIS	88.2%	75%	75%	0%	Target has been achieved.
	<i>Number satisfied customers</i>	<i>PSS</i>	7 144	2 100	5 222		
	<i>Number users participated in survey</i>	<i>PSS</i>	8 100	2 800	6 974		
80% of facilities conditionally compliant (50% - 75%) to the National Core Standards by March 2019	7. Proportion of hospitals that have conducted gap assessments for compliance against the National Core Standards	DHIS/ Assessment records	100%	100%	44.7%	(55.3%)	Full assessments a challenge mainly due to inadequate human resources. Partial assessments were done during supervision.
	<i>District Hospitals self-assessed for compliance</i>	<i>Assessment records</i>	37	37	17		
	<i>District Hospitals total</i>	<i>DHIS calculates</i>	37	37	38 ⁴⁴		
	8. Proportion of District Hospitals assessed as compliant with the Extreme Measures of National Core Standards	QA/DHIS calculates	0%	15%	0%	(100%)	No hospitals were externally assessed by the Office of Standard Compliance.
	<i>District Hospitals fully compliant with extreme measures of National Core Standards</i>	<i>QA assessment records</i>	0	5	0		

⁴⁴ Excludes State Aided Hospitals

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APP 2014/15: Table 42, Pages 111 – 113

Strategic Objective Statement	Performance Indicator	Data Source	Actual Achievement 2013/14	Planned Target 2014/15	Actual Achievement 2014/15	Deviation from Planned Target to Actual Achievement during 2014/15	Comment on Deviation
	<i>District Hospitals assessed</i>	<i>DHIS calculates</i>	37	37	0		

Table 44: Provincial Strategic Objectives and Targets

APP 2014/15: Table 43, Page 114

Strategic Objective Statement	Performance Indicator	Data Source	Actual Achievement 2013/14	Planned Target 2014/15	Actual Achievement 2014/15	Deviation from Planned Target to Actual Achievement during 2014/15	Comment on Deviation
Improve hospital efficiencies by implementing the long-term plan for hospital revitalisation 2014-2019	1. Delivery by caesarean section rate	DHIS calculates	27.4%	27.6%	27.8%	(0.7%)	Deviation within acceptable range.
	<i>Delivery by caesarean section</i>	<i>Delivery register</i>	23 862	25 001	24 762		
	<i>Delivery in facility total</i>	<i>Delivery register</i>	87 009	90 570	89 014		
	2. OPD headcount- total	DHIS/OPD tick register	2 459 718	2 533 223	2 419 561	4.5%	The OPD and IPD total headcounts for District Hospitals show a decreasing trend since 2013/14 which is in line with the new focus on PHC re-engineering. These indicators are dependent on the burden of disease, effective functioning of PHC, and compliance with referral criteria as well as admission and discharge policies. Trends are being monitored to determine the impact of all these factors.

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APP 2014/15: Table 43, Page 114

Strategic Objective Statement	Performance Indicator	Data Source	Actual Achievement 2013/14	Planned Target 2014/15	Actual Achievement 2014/15	Deviation from Planned Target to Actual Achievement during 2014/15	Comment on Deviation
	3. OPD headcount not referred new	DHIS/OPD tick register	525 032	495 049	526 271	(6.3%)	Increase in unreferred patients remains a concern as it increases cost. Data collection for Gateway clinics remains a challenge where data for clients accessing Gateways are added to outpatient data. Information Officers are attending to the challenge at facility level. The lack of gateway clinics (29/38) exacerbates the challenge to decongest hospitals especially where clinics are far from hospitals.

Table 45: Budget Appropriation and Expenditure

Programme per sub-programme		2014/15						2013/14		
		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	233 858	-	(1 964)	231 894	230 638	1 256	99.5%	217 441	217 557
	Current payment	219 516	-	(4 316)	215 200	212 465	2 735	98.7%	202 744	202 733
	Transfers and subsidies	1 294	-	-	1 294	1 458	(164)	112.7%	1 358	1 487
	Payment for capital assets	13 048	-	2 352	15 400	16 715	(1 315)	108.5%	13 339	13 337

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Programme per sub-programme		2014/15						2013/14		
		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
2.2	Community Health Clinics	3 065 892	-	32 131	3 098 023	3 072 879	25 144	99.2%	2 847 056	2 790 522
	Current payment	2 893 123	-	42 424	2 935 547	2 935 555	(8)	100.0%	2 644 264	2 654 239
	Transfers and subsidies	135 769	-	11 091	146 860	121 704	25 156	82.9%	175 316	108 807
	Payment for capital assets	37 000	-	(21 386)	15 614	15 618	(4)	100.0%	27 476	27 476
2.3	Community Health Centres	1 281 471	-	(77 121)	1 204 350	1 208 867	(4 517)	100.4%	1 042 823	1 048 590
	Current payment	1 268 647	-	(77 461)	1 191 186	1 191 186	-	100.0%	1 032 097	1 037 649
	Transfers and subsidies	2 824	-	-	2 824	7 345	(4 521)	260.1%	2 866	3 081
	Payment for capital assets	10 000	-	340	10 340	10 336	4	100.0%	7 860	7 860
2.4	Community Based Services	2 580	-	-	2 580	2 580	-	100.0%	-	-
	Current payment	2 580	-	-	2 580	2 580	-	100.0%	-	-
2.5	Other Community Services	988 742	-	21 185	1 009 927	1 013 481	(3 554)	100.4%	904 281	906 875
	Current payment	968 197	-	33 030	1 001 227	1 001 227	-	100.0%	884 009	884 009
	Transfers and subsidies	4 545	-	(94)	4 451	8 004	(3 553)	179.8%	4 623	7 217
	Payment for capital assets	16 000	-	(11 751)	4 249	4 250	(1)	100.0%	15 649	15 649
2.6	HIV and AIDS	3 257 992	-	-	3 257 992	3 258 231	(239)	100.0%	2 652 072	2 725 646
	Current payment	3 175 722	-	(48 800)	3 126 922	3 132 242	(5 320)	100.2%	2 624 677	2 709 111
	Transfers and subsidies	76 070	-	(11 028)	65 042	59 959	5 083	92.2%	27 302	16 442
	Payment for capital assets	6 200	-	59 828	66 028	66 030	(2)	100.0%	93	93

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Programme per sub-programme		2014/15						2013/14		
		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
2.7	Nutrition	47 772	-	(4 009)	43 763	43 763	-	100.0%	44 090	44 089
	Current payment	47 772	-	(4 009)	43 763	43 763	-	100.0%	43 966	43 965
	Payment for capital assets	-	-	-	-	-	-	-	124	124
2.8	Coroner Services	158 208	-	5 071	163 279	163 386	(107)	100.1%	156 391	156 317
	Current payment	157 039	-	(107)	156 932	156 927	5	100.0%	151 951	151 951
	Transfers and subsidies	229	-	-	229	340	(111)	148.5%	306	232
	Payment for capital assets	940	-	5 178	6 118	6 119	(1)	100.0%	4 134	4 134
2.9	District Hospitals	5 690 291	-	(13 044)	5 677 247	5 695 230	(17 983)	100.3%	5 303 977	5 413 874
	Current payment	5 477 782	-	(21 845)	5 455 937	5 450 648	5 289	99.9%	5 060 793	5 160 654
	Transfers and subsidies	173 509	-	(26)	173 483	214 629	(41 146)	123.7%	207 475	217 965
	Payment for capital assets	39 000	-	8 808	47 808	29 934	17 874	62.6%	35 709	35 255
	TOTAL	14 726 806	-	(37 751)	14 689 055	14 689 055	-	100.0%	13 168 131	13 303 470

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4.2 STRATEGIES TO OVERCOME AREAS OF UNDER-PERFORMANCE

- **Medical Male Circumcision**
 - Partnerships with Netcare and private General Practitioners are approved and ready for implementation.
- **Vitamin A coverage**
 - In depth situational analyses of poor performing sub-districts will be conducted on a Quarterly basis in 2015/16. Provincial support will be given to the relevant facilities in identifying gaps and devising implementation plans including quality improvement plans. Active quarterly reviews, involving all role players will be prioritised.
- **Cervical cancer screening**
 - Smear adequacy rate remains a concern. Extensive and ongoing Cytology Quality Training will be scaled up targeting poor performing districts first. Ward Based Teams will assist to ensure that clients access treatment for abnormal smears.
- **Contraceptive coverage**
 - Reason for the increase number of Implanon removal will be investigated and the necessary support will be provided to staff regarding counselling of clients to manage and treat side effects of Implanon.
- **PMTCT**
 - Implementation of the Siyanqoba and Reaching 3 million campaigns is targeting young girls and women which should further reduce the PMTCT rate.
- **Exclusive breastfeeding**
 - Advocacy activities in the community will ensure consistent messaging regarding exclusive breastfeeding for the first six months and continued breastfeeding with safe appropriate complementary feeding during World Breastfeeding week will be prioritised. Activities include home visits to understand the reasons for mixed feeding as well as providing more support to breastfeeding mothers in their own homes.
- **School Health coverage**
 - Forms part of PHC re-engineering as well as the Ideal Clinic Programme that will be prioritised in the 2015/16 MTEF. Budget will be allocated for additional vehicles to ensure that all teams are functional. School Health Weeks will again be prioritised using multi-disciplinary teams to improve the reach of health messages and services.
- **Patient Satisfaction Surveys**
 - Training commenced to enable clinic staff to conduct patient satisfaction surveys. This also forms part of Ideal Clinic standards.
- **Outreach household coverage**
 - Additional budget will be allocated for the appointment of teams as well as purchasing of vehicles to ensure functionality of teams. Integration of CCG's with the Departments of Welfare, COGTA and Sport and Recreation commenced in early 2015/16 through the PGDP process.
- **Bed utilisation rate and Average length of stay**
 - The Hospital Rationalisation project commenced in early 2015/16 to improve hospital efficiencies.

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4.3 CHANGES TO PLANNED TARGETS

There have been no changes in targets for Programme 2.

4.4 LINKING PERFORMANCE WITH BUDGET

The table below illustrates actual expenditure versus budget allocation for 2014/15.

Table 46 : Summary of expenditure Programme 2

Programme Name	2014/2015			2013/2014		
	Final Appropriation	Actual Expenditure	(Over)/ Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/ Under Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000
Current payment	14,129,294	14,126,593	2,701	12,644,501	12,844,312	(199,811)
Transfers and subsidies	394,183	413,439	(19,256)	419,246	355,229	64,017
Payment for capital assets	165,557	149,002	16,555	104,384	103,929	455
Payment for financial assets	21	21	0	0	0	0
Total	14,689,055	14,689,055	0	13,168,131	13,303,470	(135,339)
KwaZulu-Natal Total	31,119,465	31,245,510	(126,045)	29,219,210	29,531,410	(312,200)

Source: BAS

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5. PROGRAMME 3: EMERGENCY MEDICAL SERVICES

5.1 PROGRAMME DESCRIPTION

The previous structure included Sub-Programme 3.3: Disaster Management which is a Municipal mandate.

Programme Purpose

To render pre-hospital Emergency Medical Services including Inter-hospital Transfers and Planned Patient Transport

Sub-Programmes

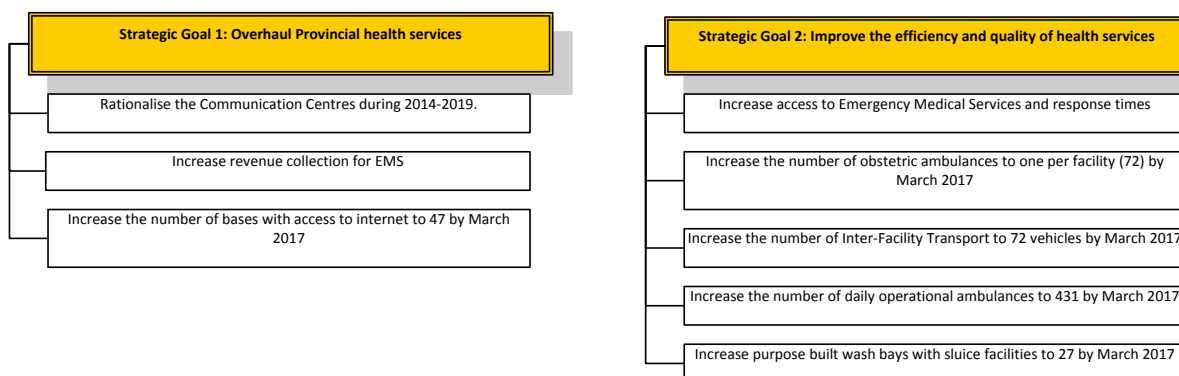
Sub-Programme 3.1: Emergency Medical Services

Render Emergency Medical Services including Ambulance Services, Special Operations, and Communication and Air Ambulance services.

Sub-Programme 3.2: Planned Patient Transport (PPT)

Render Planned Patient Transport including Local Outpatient Transport (within the boundaries of a given town or local area) and Inter-City/Town Outpatient Transport (Into referral centres).

5.2 STRATEGIC GOALS AND OBJECTIVES



5.1 STRATEGIC OBJECTIVES, PERFORMANCE INDICATORS, TARGETS AND ACTUAL ACHIEVEMENTS

Rationalise Communication Centres

The tender for the amalgamation of Umgungundlovu, Harry Gwala and the Provincial Communication Centre has not yet been awarded. Construction is expected to start in 2015/16.

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Increase Revenue Collection

The 2014/15 target was very ambitious and the Department could only achieve 22% of the target. A more vigorous approach towards the collection of revenue will be pursued in the 2015/16 MTEF.

Increase bases with internet connectivity

Internet connectivity is still a challenge that has been re-prioritised by Information Technology for the 2015/16 MTEF. The Department exceeded the target for bases with access to a computer by 2% and under-performed with 58.3% on the target for bases with access to e/mail and intranet.

Increase access to EMS and Response Times

The Department did not increase the number of ambulances in 2014/15 as the final allocated budget was not adequate as planned at the time of setting the target(s). During 2014/15, there were 155 emergency, 26 obstetric and 11 inter-facility transfer ambulances.

Due to the shortage of operational ambulances, specialised obstetric ambulances were also being used to respond to other P1 calls. The total number of patients transported by specialised obstetric ambulances was 70 085, with the highest number in eThekweni (21 047) and Umgungundlovu (8 740) and the lowest number in Ilembe (1 892) and Harry Gwala (2 294). Of the total number of cases, 24 833 were obstetric cases with the highest number in eThekweni (4 625) and Umgungundlovu (3 150), and the lowest number in Ilembe (1 024) and Harry Gwala (863). A total number of 6 150 neonatal patients were transported with the highest number in eThekweni (3 496) and Umgungundlovu (819) and the lowest number in Zululand (47) and Umzinyathi (5).

Increase Inter Facility Transport

Inter-facility transport has not been increased due to an over-estimation of budget allocation for 2014/15.

Challenges

- Due to inadequate resources, including ambulances and operational staff, daily operational ambulances were insufficient to respond to demand.
- Abuse of leave, staff on extended sick leave, and extended sick leave for injury on duty contributed to rostered ambulances not being operational on a daily basis.
- Shortage of service providers for fleet maintenance increased the down time of ambulances for routine servicing and repairs that contributed to the limited operational ambulances available daily, particularly in rural districts.
- High accident rates increased down-time of available ambulances.
- Rural terrain and poor road infrastructure in especially rural areas increased vehicle wear and tear.
- No purpose built wash bays with sluice facilities were completed during the reporting year due to budget constraints in the Infrastructure Programme. This increased the down-time of ambulances.

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Table 47: (EMS1) Situation Analysis Indicators - EMS and PPT 2014/15

APP 2014/15: Table 47, Pages 124-125														
Quarterly Indicators	Data Source	Type	Province 2014/15	Ugu 2014/15	UMgungundlovu 2014/15	UThukela 2014/15	UMzinyathi 2014/15	Amajuba 2014/15	Zululand 2014/15	UMkhanyakude 2014/15	UThungulu 2014/15	Ilembu 2014/15	Harry Gwala 2014/15	eThekweni 2014/15
1. EMS operational ambulance coverage	EMS database	No per 10,000	0.18	0.19	0.17	0.22	0.27	0.28	0.18	0.21	0.20	0.19	0.29	0.12
<i>EMS operational ambulances</i>	<i>EMS database</i>	<i>No</i>	<i>192</i>	<i>14</i>	<i>18</i>	<i>15</i>	<i>14</i>	<i>14</i>	<i>15</i>	<i>13</i>	<i>19</i>	<i>12</i>	<i>14</i>	<i>43</i>
<i>Total population</i>	<i>Stats SA</i>	<i>No</i>	<i>10 571 312</i>	<i>741 540</i>	<i>1 069 658</i>	<i>689 122</i>	<i>518 409</i>	<i>514 977</i>	<i>834 251</i>	<i>643 759</i>	<i>947 925</i>	<i>640 790</i>	<i>478 536</i>	<i>3 492 345</i>
2. EMS P1 urban response under 15 minutes rate	EMS database	%	5%	4%	4%	6%	43%	73%	Not reporting	Not reporting	27%	6%	Not reporting	3%
<i>No P1 urban calls with response times under 15 minutes</i>	<i>EMS database</i>	<i>No</i>	<i>8 524</i>	<i>515</i>	<i>759</i>	<i>387</i>	<i>500</i>	<i>2 163</i>	<i>-</i>	<i>-</i>	<i>229</i>	<i>316</i>	<i>-</i>	<i>3 655</i>
<i>All P1 urban call outs</i>	<i>EMS database</i>	<i>No</i>	<i>166 854</i>	<i>13 212</i>	<i>18 716</i>	<i>7 025</i>	<i>1 175</i>	<i>2 952</i>	<i>-</i>	<i>-</i>	<i>844</i>	<i>5 314</i>	<i>-</i>	<i>117 616</i>
3. EMS P1 rural response under 40 minutes rate	EMS database	%	32%	15%	11%	19%	28%	80%	55%	21%	28%	18%	26%	27%
<i>No P1 rural calls with response times under 40 minutes</i>	<i>EMS database</i>	<i>No</i>	<i>71 399</i>	<i>2 475</i>	<i>1 575</i>	<i>4 984</i>	<i>7 529</i>	<i>17 305</i>	<i>14 884</i>	<i>3 829</i>	<i>9 592</i>	<i>2 961</i>	<i>6 170</i>	<i>95</i>
<i>All P1 rural call outs</i>	<i>EMS database</i>	<i>No</i>	<i>224 560</i>	<i>16 029</i>	<i>14 366</i>	<i>25 757</i>	<i>27 047</i>	<i>21 692</i>	<i>26 939</i>	<i>18 586</i>	<i>34 191</i>	<i>16 073</i>	<i>23 533</i>	<i>347</i>
4. EMS P1 call response under 60 minutes rate	EMS database	%	41%	34%	36%	36%	45%	82%	72%	29%	42%	35%	35%	33%
<i>No of P1 calls with response times within</i>	<i>EMS database</i>	<i>No</i>	<i>162 277</i>	<i>10 064</i>	<i>11 992</i>	<i>11 936</i>	<i>12 575</i>	<i>20 116</i>	<i>20 933</i>	<i>5 406</i>	<i>14 676</i>	<i>7461</i>	<i>8 168</i>	<i>38 950</i>

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APP 2014/15: Table 47, Pages 124-125

Quarterly Indicators	Data Source	Type	Province 2014/15	Ugu 2014/15	UMgungundlovu 2014/15	UThukela 2014/15	UMzinyathi 2014/15	Amajuba 2014/15	Zululand 2014/15	UMkhanyakude 2014/15	UThungulu 2014/15	Ilembu 2014/15	Harry Gwala 2014/15	eThekweni 2014/15
60min														
All P1 call outs	EMS database	No	393 592	29 241	33 082	32 782	28 222	24 644	29 116	18 586	35 035	21 387	23 534	117 963

Table 48: Customised Performance Indicators

APP 2014/15: Table 48, Pages 125 – 126

Strategic Objective Statement	Performance Indicator	Data Source	Actual Achievement 2013/14	Planned Target 2014/15	Actual Achievement 2014/15	Deviation from Planned Target to Actual Achievement during 2014/15	Comment on Deviation
Improve access to emergency medical services and response times	1. EMS operational ambulance coverage (annualised)	EMS database	0.20	0.26	0.18	(30.8%)	Shortage of operational staff; high rate of ambulance accidents; and inadequate service providers for fleet maintenance (leading to long repair times).
	<i>EMS operational ambulances</i>	EMS database	212	290	192		
	<i>Total population</i>	Stats SA	10 456 909	10 898 644	10 571 313		
	2. EMS P1 urban response under 15 minutes rate	EMS database	6%	15%	5%	(67%)	Disruption of services as a result of labour disputes increasing the shortage of operational staff; inadequate base infrastructure, limited EMS customised
<i>No P1 urban calls with response times under 15 minutes</i>	EMS database	10 408	28 223	8 524			

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APP 2014/15: Table 48, Pages 125 – 126

Strategic Objective Statement	Performance Indicator	Data Source	Actual Achievement 2013/14	Planned Target 2014/15	Actual Achievement 2014/15	Deviation from Planned Target to Actual Achievement during 2014/15	Comment on Deviation
	<i>All P1 urban call outs</i>	<i>EMS database</i>	174 157	188 158	166 854		wash bays and sluice facilities at facilities, long distances to tertiary facilities with an increased demand for referral services resulting in extensive out of service times. High rates of ambulance accidents; poor condition of some fleet ambulances; and shortage of service providers for fleet maintenance resulting in extended repair times for vehicles.
	3. EMS P1 rural response under 40 minutes rate	<i>EMS database</i>	31%	40%	32%	(20%)	Same comments as Indicator 1.
	<i>No P1 rural calls with response times under 40 minutes</i>	<i>EMS database</i>	69 846	95 696	71 399		
	<i>All P1 rural call outs</i>	<i>EMS database</i>	226 280	239 240	224 560		
	4. EMS P1 call response under 60 minutes rate	<i>EMS database</i>	44%	65%	41%	(37%)	Same comments as Indicator 1.
	<i>No of P1 calls with response times within 60min</i>	<i>EMS database</i>	175 990	397 439	162 277		
	<i>All P1 call outs</i>	<i>EMS database</i>	400 837	611 446	393 592		

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Table 49: Provincial Strategic Objectives and Targets

APP 2014/15: Pages 127 – 128, Table 49 (EMS2)							
Strategic Objective Statement	Performance Indicator	Data Source	Actual Achievement 2013/14	Planned Target 2014/15	Actual Achievement 2014/15	Deviation from Planned Target to Actual Achievement for 2014/15	Comment on Deviation
Provision of inter-facility and emergency transport	1. EMS clients total	EMS database/EMS register	610 115	610 000	564 529	(7.5%)	It is difficult to accurately estimate the number of patients as it is determined by the burden of disease and patient demand for services.
	2. EMS inter-facility transfer	EMS database/EMS register	192 814	220 000	222 446	1%	Deviation within acceptable range.
Increase the number of obstetric ambulances to one per facility (72) by March 2017	3. Number of additional obstetric ambulances introduced	Handover documents	New indicator	32 (72 cum)	0	(100%)	Delays in procurement of vehicles and over-estimation of allocated budget at time of setting targets.
Increase the number of inter-facility transport to 72 vehicles by March 2017	4. Number of additional IFT ambulances introduced	Handover documents	New indicator	34 (72 cum)	0	(100%)	Delays in procurement of vehicles and over-estimation of allocated budget at time of setting targets.
Increase the number of daily operational ambulances to 431 by March 2017	5. Average actual operational ambulances	Daily Operations reports	New indicator	290	192	(34%)	High rate of accidents and poor condition of some fleet ambulances and shortage of service providers for fleet maintenance result in extended repair times for ambulances. Shortage of operational staff exacerbated by labour unrest.
Rationalise Communication Centres during 2014-2019	6. Number of clustered Communications Centres established and operational	Infrastructure project report/ Com Centres reporting	New indicator	1 PMB	0	(100%)	The contract for upgrading of facilities has not been awarded as planned.
Increase purpose built wash bays with sluice facilities to 27 by March 2017	7. Number of purpose built wash bays with sluice facilities built	Infrastructure project report	Not reported	9	0	(100%)	Due to financial constraints, the Infrastructure Unit had to put some projects on hold to attend to priority projects.

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APP 2014/15: Pages 127 – 128, Table 49 (EMS2)

Strategic Objective Statement	Performance Indicator	Data Source	Actual Achievement 2013/14	Planned Target 2014/15	Actual Achievement 2014/15	Deviation from Planned Target to Actual Achievement for 2014/15	Comment on Deviation
Increase revenue collection for EMS	8. Amount of Revenue generated	BAS	Not reported	R 15 million	3 324 968	(78%)	Over-estimated target as revenue generation is determined by the demand for services.
Increase the number of bases with access to internet to 47 by March 2017	9. Number of bases with access to computers and intranet/ e-mail	IT roll-out report	Not reported	48	49 (with access to a computer)	2%	Target for computers has been exceeded. Connectivity is a challenge that has been prioritised by Information Technology for 2015/16.
					20 (with access to email and intranet)	(58%)	

Table 50: Budget Appropriation and Expenditure

Programme per sub programme		2014/15						2013/14		
		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	1 012 736	-	14 247	1 026 983	1 026 983	-	100.0%	928 294	967 208
	Current payment	971 855	-	30 959	1 002 814	1 020 810	(17 996)	101.8%	898 065	938 342
	Transfers and subsidies	4 000	-	175	4 175	4 613	(438)	110.5%	4 429	3 733
	Payment for capital assets	36 881	-	(17 258)	19 623	1 189	18 434	6.1%	25 800	25 133
3.2	Planned Patient Transport	60 702	-	(19 572)	41 130	41 130	-	100.0%	42 732	42 732
	Current payment	55 102	-	(14 044)	41 058	41 059	(1)	100.0%	36 887	37 074
	Transfers and subsidies	340	-	(268)	72	71	1	98.6%	345	213

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Programme per sub programme		2014/15							2013/14	
		Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
		R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
	Payment for capital assets	5 260	-	(5 260)	-	-	-	-	5 500	5 445
	TOTAL	60 702	-	(19 572)	41 130	41 130	-	100.0%	42 732	42 732

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5.2 STRATEGIES TO OVERCOME AREAS OF UNDER-PERFORMANCE

- **Improve response times**
 - Purchasing and placement of new ambulances are being prioritised for the 2015/16 MTEF.
 - New arrangements for fleet maintenance will be expedited to reduce repair times.
 - Improve call taking procedures and caller location identification. Five districts have been upgraded to the computerised communications control centre – this will be rolled out to the remaining districts over the 2015/16 MTEF.
 - Consolidation of communications centres to improve efficiency, utilisation of scarce resources and cost saving.
 - 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 radio network and when implemented by SAPS utilise a terrestrial trunked radio system in conjunction with SAPS.
 - Improve turn-around times for vehicles through better 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 in-service training programmes relating to clinical skills, equipment use and compliance to policies and guidelines.
 - Implement quality assurance programmes including inspections, case reviews, etc.
 - More efficient management of fleet services.

- **Improve the quality of care**
 - Revitalisation of the Emergency Training Centre commenced in 2014/15 to increase the intake of EMS students.
 - Infrastructure requirements including bases, wash bays and sluice facilities and communication centres have been included in the long-term Infrastructure Plan.
 - Ensuring appropriate equipment and consumables are available. This will be done through stricter enforcement of daily checklists of vehicles with regular routine inspections of the service to be done.
 - Improving the cleanliness of vehicles
 - Implementation of refresher courses for staff
 - Implementation of Case Reviews and Continued Professional Development sessions
 - Finalising reviewed Standard Operating Procedures.

- **Labour disputes**
 - The Department took note of labour issues and is in the process of resolving outstanding issues through appropriate processes.

5.3 CHANGES TO PLANNED TARGETS

No changes have been made to the targets during the reporting year for Programme 3.

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5.4 LINKING PERFORMANCE WITH BUDGET

The table below illustrates actual expenditure versus budget allocation for 2014/15.

Table 51: Summary of expenditure Programme 3

Programme Name	2014/2015			2013/2014		
	Final Appropriation	Actual Expenditure	(Over)/ Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/ Under Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000
Current payment	1,043,872	1,061,869	(17,997)	934,952	975,416	(40,464)
Transfers and subsidies	4,247	4,684	(437)	10,274	3,946	6,328
Payment for capital assets	19,623	1,189	18,434	25,800	30,578	(4,778)
Payment for financial assets	371	371	0	0	0	0
Total	1,068,113	1,068,113	0	971,026	1,009,940	(38,914)
KwaZulu-Natal Total	31,119,465	31,245,510	(126,045)	29,219,210	29,531,410	(312,200)

Source: BAS

6. PROGRAMME 4: REGIONAL AND SPECIALIED HOSPITALS

6.1 PROGRAMME DESCRIPTION

Programme Purpose

There are no changes to the Programme 4 structure.

Deliver hospital services, which are accessible, appropriate, and effective and provide general specialist services, including a specialized rehabilitation service, as well as a platform for training health professionals and research.

Sub-Programmes

Sub-Programme 4.1: General (Regional) Hospitals

Render hospital services at a general specialist level and a platform for training of health workers and research.

Sub-Programme 4.2: Specialised Tuberculosis Hospitals

Convert present Tuberculosis hospitals into strategically placed centres of excellence in which a small percentage of patients may undergo hospitalisation under conditions, which allow for isolation during the intensive phase of treatment, as well as the application of the standardized multi-drug resistant (MDR) protocols.

Sub-Programme 4.3: Specialised Psychiatric/ Mental Health Hospitals

Render a specialist psychiatric hospital service for people with mental illness and intellectual disability and provide a platform for the training of health workers and research.

Sub-Programme 4.4: Chronic Medical Hospitals

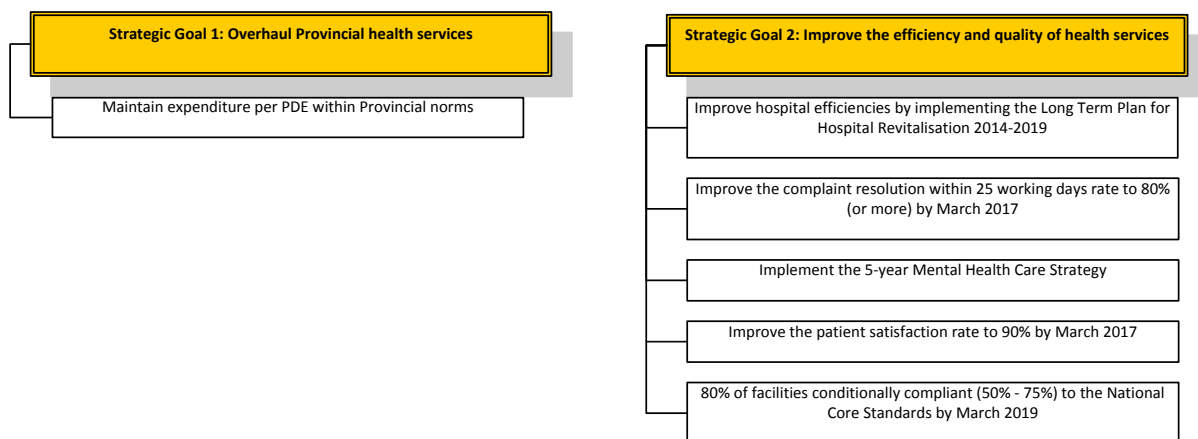
Provide medium to long term care to patients who require rehabilitation and/or a minimum degree of active medical care but cannot be sent home. These patients are often unable to access ambulatory care at our services or their socio-economic or family circumstances do not allow for them to be cared for at home.

Sub-Programme 4.5: Oral and Dental Training Centre

Render an affordable and comprehensive oral health service and training, based on the primary health care approach.

Regional Hospitals

6.2 STRATEGIC GOALS AND OBJECTIVES



6.1 STRATEGIC OBJECTIVES, PERFORMANCE INDICATORS, TARGETS AND ACTUAL ACHIEVEMENTS

Maintain expenditure within the Provincial norm

Expenditure exceeded the Provincial norm mainly as a result of high medico legal claims (R 63 million) as well as high cost of employees and increase in costs of goods and services. Lack of cost centres jeopardise interpretation of data.

Implement the National Core Standards to improve quality and patient satisfaction

All hospitals implemented the National Core Standards although the targets for self-assessment could not be achieved mainly due to inadequate staff. External assessments were not done by the Office of Standard Compliance due to delays in formulating the Office. The development of Quality Improvement Plans has been prioritised during the reporting year. Patient satisfaction and complaint management targets were exceeded.

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Table 52: Customised Performance Indicators

APP 2014/15: Table 53, Pages 137 – 139								
Strategic Objective Statement	Performance Indicator	Data Source	Actual Achievement 2013/14	Planned Target 2014/15	Actual Achievement 2014/15	Deviation from Planned Target to Actual Achievement during 2014/15	Comment on Deviation	
Improve hospital efficiencies by implementing the long-term plan for hospital revitalisation 2014-2019	1. Average length of stay – total	DHIS	6.1 Days	5.3 Days	6.1 Days	(15.1%)	The burden of disease and late reporting of patients to health facilities contributes to the increased hospital stay in order to stabilise patients before transfer out. Non-compliance to admission and discharge criteria due to limitations at transfer level (transfer out) continues to be a challenge.	
	<i>Inpatient days-total</i>	<i>DHIS/ Midnight Census</i>	<i>1 911 384</i>	<i>1 882 625</i>	<i>1 903 406</i>			
	<i>Day Patients</i>	<i>DHIS/ Midnight Census</i>	<i>45 561</i>	<i>46 399</i>	<i>47 986</i>			
	<i>Separations</i>	<i>DHIS calculates</i>	<i>315 039</i>	<i>361 062</i>	<i>316 900</i>			
	2. Inpatient bed utilisation rate – total		DHIS	77.4%	76.5%	74.5%	(2%)	The decrease in inpatient days, increase in the number of day patients, and increase in usable beds contributed to the deviation.
		<i>Inpatient days-total</i>	<i>DHIS/ Midnight Census</i>	<i>1 911 384</i>	<i>1 882 625</i>	<i>1 903 406</i>		
		<i>Day Patients</i>	<i>DHIS/ Midnight Census</i>	<i>45 561</i>	<i>46 399</i>	<i>47 986</i>		
		<i>Number of usable beds</i>	<i>DHIS/ FIO</i>	<i>2 498 942</i>	<i>2 488 257</i>	<i>2 588 033</i>		
Maintain expenditure per PDE within the provincial norms	3. Expenditure per patient day equivalent (PDE)	BAS/DHIS	R 2 186	R 2 241	R 2 368	(5.7%)	Higher than expected staff exit costs and medico legal claims (R63 million); and increased cost of goods and services and cost of employees.	
	<i>Total expenditure Regional Hospital</i>	<i>BAS</i>	<i>6 744 282</i>	<i>7 114 952</i>	<i>7 049 696</i>			
	<i>Patient day equivalents</i>	<i>DHIS calculates</i>	<i>3 085 116</i>	<i>3 173 510</i>	<i>2 977 332</i>			
Improve the complaint resolution within 25 working days rate to 80% (or more) by March 2017	4. Complaint resolution within 25 working days rate	DHIS	94%	70%	95%	35.7%	Target has been exceeded. The target was set against the 2013/14 estimated performance data as no trend data was available.	
	<i>Total number of complaints resolved within 25 days in reporting period</i>	<i>Complaints register</i>	<i>1 190</i>	-	<i>1 076</i>			
	<i>Total number of complaints resolved during the same reporting period</i>	<i>Complaints register</i>	<i>1 266</i>	-	<i>1 133</i>			

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APP 2014/15: Table 53, Pages 137 – 139

Strategic Objective Statement	Performance Indicator	Data Source	Actual Achievement 2013/14	Planned Target 2014/15	Actual Achievement 2014/15	Deviation from Planned Target to Actual Achievement during 2014/15	Comment on Deviation
Implement the 5-year Mental Health Care Strategy	5. Mental health admission rate	DHIS	Not reported	1.4%	0.9%	35.7%	This is a new indicator and trends must be monitored to determine admission rates. A decrease of cases is expected as level 1 and PHC services become fully functional.
	<i>Mental health admissions total</i>	<i>DHIS calculates</i>	-	4 321	3 164		
	<i>Inpatient separations</i>	<i>DHIS calculates</i>	-	362 145	316 900		
Improve the patient satisfaction rate to 90% by March 2017	6. Patient satisfaction rate	DHIS	95.6% ⁴⁵	80%	83%	3.8%	The target has been exceeded mainly as a result of implementation of the National Core Standards to improve quality of care and patient satisfaction.
	<i>Total number of users that were satisfied with the services they received</i>	<i>PSS results</i>	-	-	3 661		
	<i>The total number of users that participated in Client Satisfaction Survey</i>	<i>PSS results</i>	-	-	4 431		
80% of facilities conditionally compliant (50% - 75%) to the National Core Standards by March 2019	7. Percentage of Regional Hospitals that have conducted gap assessments for compliance against the National Core Standards	QA database	100%	100%	38.5%	(61.5%)	Mainly as a result of shortage of staff to conduct self-assessments. Motivation and support by Quality Assurance Officers is ongoing to improve performance against this target.
	<i>Regional Hospitals that conducted gap assessments for compliance</i>	<i>QA database/ Self-assessment reports</i>	13	13	5		
	<i>Regional Hospitals total</i>	<i>DHIS calculates</i>	13	13	13		
	8. Proportion of Regional Hospitals assessed as compliant with the Extreme Measures of National Core Standards	DHIS	8%	23%	0%	(100%)	No external assessments were done by the Office of Quality Standards due to delays in formulating the Office at national level.
	<i>Regional Hospitals fully compliant with all Extreme Measures of National Core Standards</i>	<i>QA database/ Self-assessment reports</i>	1	3	0		

⁴⁵ The numerator and denominator could not be sourced from the Quality Assurance Programme before finalisation of the Annual Report

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APP 2014/15: Table 53, Pages 137 – 139

Strategic Objective Statement	Performance Indicator	Data Source	Actual Achievement 2013/14	Planned Target 2014/15	Actual Achievement 2014/15	Deviation from Planned Target to Actual Achievement during 2014/15	Comment on Deviation
	<i>Regional Hospitals assessed</i>	<i>DHIS calculates</i>	13	13	5 ⁴⁶		

Table 53: Provincial Strategic Objectives and Targets

APP 2014/15: Table 54, Page 140

Strategic Objective Statement	Performance Indicator	Data Source	Actual Achievement 2013/14	Planned Target 2014/15	Actual Achievement 2014/15	Deviation from Planned Target to Actual Achievement for 2014/15	Comment on Deviation
Improve hospital efficiencies by implementing the long-term plan for hospital revitalisation 2014/15-2019	1. Delivery by caesarean section rate	DHIS	39.7%	39.3%	39.2%	0.2%	Within acceptable deviation range.
	<i>Number of caesarean sections performed</i>	<i>DHIS/Delivery Register</i>	<i>29 660</i>	<i>30 477</i>	<i>31 082</i>		
	<i>Total number of deliveries in the facility</i>	<i>DHIS/Delivery Register</i>	<i>74 755</i>	<i>77 459</i>	<i>79 386</i>		
	2. OPD headcount - total	<i>DHIS/OPD tick register</i>	3 086 956	3 211 626	2 795 600	12.9%	Improved PHC services and more efficient level one services is expected to decrease patient activity at level 2 services. Trends are being monitored (in relation to other referral services and the burden of disease) to inform decision-making and budget allocation.

⁴⁶ Refers to self-assessments – no hospitals were externally assessed by the Office of Standard Compliance

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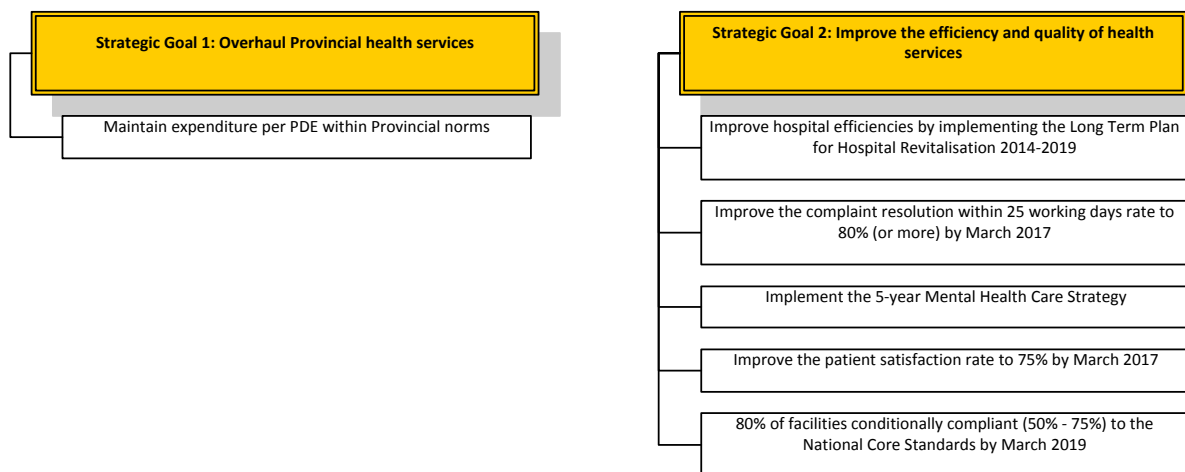
2014/15

APP 2014/15: Table 54, Page 140

Strategic Objective Statement	Performance Indicator	Data Source	Actual Achievement 2013/14	Planned Target 2014/15	Actual Achievement 2014/15	Deviation from Planned Target to Actual Achievement for 2014/15	Comment on Deviation
	3. OPD headcount - new case not referred	<i>DHIS/OPD tick register</i>	303 904	395 111	222 443	43.7%	The decrease in unREFERRED cases serves as huge cost saver and can be partly attributed to improved efficiencies in PHC and District Hospital level. Trends are being monitored as part of the rationalisation of hospital services.

Specialised Tuberculosis Hospitals

6.2 STRATEGIC GOALS AND OBJECTIVES



6.1 STRATEGIC OBJECTIVES, PERFORMANCE INDICATORS, TARGETS AND ACTUAL ACHIEVEMENTS

Maintain expenditure within the Provincial norm

Expenditure trends expected to decrease as community-based and level 1 services improve. Rationalisation of Specialised TB Hospitals commenced in 2014/15 to ensure cost benefit and appropriate levels of care at all levels.

Implement the National Core Standards to improve quality and patient satisfaction

All hospitals implemented the National Core Standards although the targets for self-assessment could not be achieved mainly due to inadequate staff. External assessments were not done by the Office of Standard Compliance due to delays in formulating the Office. The development of Quality Improvement Plans has been prioritised during the reporting year. Patient satisfaction and complaint management targets were exceeded.

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Table 54: Customised Performance Indicators

APP 2014/15: Table 57, Pages 145 – 147							
Strategic Objective Statement	Performance Indicator	Data Source	Actual Achievement 2013/14	Planned Target 2014/15	Actual Achievement 2014/15	Deviation from Planned Target to Actual Achievement during 2014/15	Comment on Deviation
Improve hospital efficiencies by implementing the long-term plan for hospital revitalisation 2014-2019	1. Inpatient bed utilisation rate – total	DHIS	56.5%	56.1%	57%	1.6%	Target has been exceeded mainly attributed to active monitoring of appropriate management of patients at community and facility levels.
	<i>Inpatient days-total</i>	<i>DHIS/ Midnight Census</i>	<i>366 100</i>	<i>396 050</i>	<i>411 283</i>		
	<i>Day Patients</i>	<i>DHIS/ Midnight Census</i>	<i>548</i>	<i>1 200</i>	<i>536</i>		
	<i>Number of usable beds</i>	<i>DHIS</i>	<i>648 696</i>	<i>705 879</i>	<i>722 396</i>		
Maintain expenditure per PDE within the provincial norms	2. Expenditure per patient day equivalent (PDE) ⁴⁷	BAS/DHIS	R 1 314	R 1 435	R 1 300	9.4%	Reduced expenditure attributed to active monitoring of appropriate management of patients at all levels of care. The objective is to decrease curative hospital expenditure with more focus on community-based services.
	<i>Total expenditure TB Hospitals</i>	<i>BAS</i>	<i>599 097</i>	<i>669 183</i>	<i>673 274</i>		
	<i>Patient day equivalents</i>	<i>DHIS calculates</i>	<i>455 721</i>	<i>466 118</i>	<i>518 023</i>		
Improve the complaint resolution within 25 working days rate to 80% (or more) by March 2017	3. Complaint resolution within 25 working days rate	DHIS	55.6%	60%	98.1%	63.5%	Target has been exceeded. Mainly attributed to implementation of the National Core Standards.
	<i>Total number of complaints resolved within 25 days in reporting period</i>	<i>Complaints Register</i>	<i>55</i>	<i>-</i>	<i>101</i>		
	<i>Total number of complaints resolved during the same reporting period</i>	<i>Complaints Register</i>	<i>99</i>	<i>-</i>	<i>103</i>		
Implement the 5-year Mental Health Care Strategy	4. Mental health admission rate	DHIS	0.6%	3.7%	0.8%	78.4%	Trends in the mental health burden of disease and data quality must be monitored to determine the reason for the significant decrease.
	<i>Mental health admissions total</i>	<i>DHIS calculates</i>	<i>136</i>	<i>472</i>	<i>194</i>		
	<i>Inpatient separations</i>	<i>DHIS calculates</i>	<i>21 324</i>	<i>12 931</i>	<i>24 961</i>		

⁴⁷ For planning purposes, NHLS costs for GeneXpert and NPI's have been included in the projected budget figures

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APP 2014/15: Table 57, Pages 145 – 147

Strategic Objective Statement	Performance Indicator	Data Source	Actual Achievement 2013/14	Planned Target 2014/15	Actual Achievement 2014/15	Deviation from Planned Target to Actual Achievement during 2014/15	Comment on Deviation
Improve the patient satisfaction rate to 75% by March 2017	5. Patient satisfaction rate	DHIS	Data not available ⁴⁸	Establish baseline	64.8%	Baseline established	No trend data was available to set an appropriate target for TB Hospitals.
	<i>Total number of users that were satisfied with the services they received</i>	<i>Survey results</i>	-	-	608		
	<i>The total number of users that participated in PSS</i>	<i>Survey results</i>	-	-	938		
80% of facilities conditionally compliant (50% - 75%) to the National Core Standards by March 2019	6. Percentage of TB Hospitals that have conducted gap assessments for compliance against the National Core Standards	QA database	30%	100%	60%	(40%)	Shortage of staff at facility level to conduct self-assessments. More stringent implementation of the National Core standards are being exercised to improve performance.
	<i>TB Hospitals that conducted gap assessments for compliance against National Core Standards</i>	<i>Assessment records</i>	3	10	6		
	<i>TB Hospitals total</i>	<i>DHIS calculates</i>	10	10	10		
	7. Proportion of TB Hospitals assessed as compliant with the Extreme Measures of National Core Standards	QA database	0%	20%	0%	(100%)	No external assessments were conducted by the Office of Standard Compliance due to delays in formalising the Office at national level.
	<i>TB Hospitals fully compliant (75%-100%) to all extreme measures of National Core Standards</i>	<i>QA assessment records</i>	0	2	0		
	<i>TB Hospitals total</i>	<i>DHIS calculates</i>	0	10	10		

⁴⁸ Data could not be sourced from the Quality Assurance Programme

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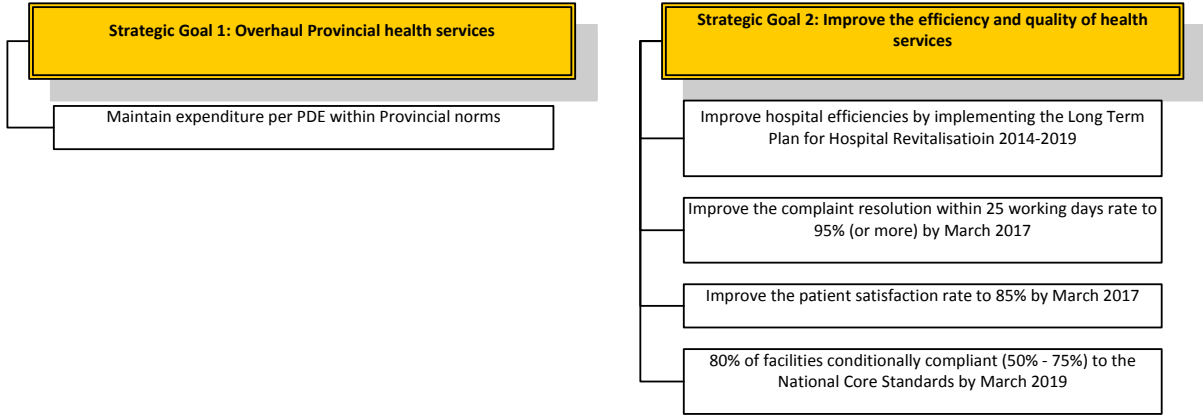
2014/15

Table 55: Provincial Strategic Objectives and Targets

APP 2014/15: Table 58, Page 148							
Strategic Objective Statement	Performance Indicator	Data Source	Actual Achievement 2013/14	Planned Target 2014/15	Actual Achievement 2014/15	Deviation from Planned Target to Actual Achievement for 2014/15	Comment on Deviation
Improve hospital efficiencies by implementing the long-term plan for hospital revitalisation 2014-2019	1. Average length of stay – total	DHIS	17.5 Days	25.6 Days	16.5 Days	35.5%	With exclusion of the State Aided Hospitals the average length of stay decreased to 16.3 days. Shorter stay of TB patients is promoted as community-based management is preferred. Late reporting to facilities however continues to increase the length of stay in some facilities to stabilise patients before discharge.
	<i>Inpatient days-total</i>	<i>DHIS/ Midnight Census</i>	<i>381 451</i>	<i>396 050</i>	<i>411 283</i>		
	<i>Day Patients</i>	<i>DHIS/ Midnight Census</i>	<i>588</i>	<i>1 200</i>	<i>536</i>		
	<i>Separations</i>	<i>DHIS calculates</i>	<i>21 693</i>	<i>15 487</i>	<i>24 961</i>		
	2. OPD headcount – total	DHIS/OPD tick register	246 728	263 306	294 629	1.7%	Increase in TB out-patient headcount is an indication of improved community-based care which has been promoted.
	3. OPD headcount - new case not referred	DHIS/OPD tick register	38 024	20 653	54 505	(103%)	Data present as outlier and must be investigated to determine the reason.

Specialised Psychiatric Hospitals

6.2 STRATEGIC GOALS AND OBJECTIVES



6.1 STRATEGIC OBJECTIVES, PERFORMANCE INDICATORS, TARGETS AND ACTUAL ACHIEVEMENTS

Maintain expenditure within the Provincial norm

The slight increase since 2013/14 is mainly due to cost of medicines and cost of employees.

Implement the National Core Standards to improve quality and patient satisfaction

All hospitals implemented the National Core Standards although the targets for self-assessment could not be achieved mainly due to inadequate staff to conduct assessments. External assessments were not done by the Office of Standard Compliance due to delays in formulating the Office. The development of Quality Improvement Plans has been prioritised during the reporting year. Patient satisfaction and complaint management targets were exceeded.

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Table 56: Customised Performance Indicators

APP 2014/15: Table 61, Pages 151 – 153							
Strategic Objective Statement	Performance Indicator	Data Source	Actual Achievement 2013/14	Planned Target 2014/15	Actual Achievement 2014/15	Deviation from Planned Target to Actual Achievement during 2014/15	Comment on Deviation
Improve hospital efficiencies by implementing the long-term plan for hospital revitalisation 2014-2019	1. Inpatient bed utilisation rate – total	DHIS	70.1%	69.4%	70.4%	1.4%	Target has been exceeded pointing to improved efficiencies and utilisation of resources at Psychiatric Hospitals.
	<i>Inpatient days-total</i>	<i>DHIS/ Midnight Census</i>	627 900	635 127	627 724		
	<i>Day Patients</i>	<i>DHIS/ Midnight Census</i>	0	2	2		
	<i>Number of usable beds</i>	<i>DHIS</i>	895 649	915 425	891 573		
Maintain expenditure per PDE within the provincial norms	2. Expenditure per patient day equivalent (PDE)	BAS/DHIS	R 1 073	R 1 129	R 1 189	(5.3%)	Increased cost of medicines and operational costs including costs related to the increase in bed utilisation and increase in the length of stay before transfer out.
	<i>Total expenditure Psychiatric Hospitals</i>	<i>BAS</i>	679 875	743 815	753 353		
	<i>Patient day equivalents</i>	<i>DHIS calculates</i>	633 336	650 351	633 444		
Improve the complaint resolution within 25 working days rate to 95% (or more) by March 2017	3. Complaint resolution within 25 working days rate	DHIS	96.3%	85%	62.7%	(26.2%)	Although all complaints cannot be resolved within 25 working days the slow response time is attributed to resource constraints. All complaints are however attended to and clients kept abreast of progress.
	<i>Total number of complaints resolved within 25 days in reporting period</i>	<i>Complaints register</i>	78	-	37		
	<i>Total number of complaints received during the same reporting period</i>	<i>Complaints register</i>	81	-	59		
Improve the patient satisfaction rate to 85% by March 2017	4. Patient satisfaction rate	DHIS	Data not available ⁴⁹	Establish baseline	78%	Baseline established	No trend data were available to inform setting of an appropriate target. Current baseline will inform future targets.
	<i>Total number of users that were satisfied with the services they received</i>	<i>Survey results</i>	-	-	387		
	<i>The total number of users that participated in Client Satisfaction Survey</i>	<i>Survey results</i>	-	-	498		

⁴⁹ Data could not be sourced from the Quality Assurance Programme

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APP 2014/15: Table 61, Pages 151 – 153

Strategic Objective Statement	Performance Indicator	Data Source	Actual Achievement 2013/14	Planned Target 2014/15	Actual Achievement 2014/15	Deviation from Planned Target to Actual Achievement during 2014/15	Comment on Deviation
80% of facilities conditionally compliant (50% - 75%) to the National Core Standards by March 2019	5. Percentage of Psychiatric Hospitals that have conducted gap assessments for compliance against the National Core Standards	QA database	33%	100%	83%	(17%)	Shortage of staff to conduct self-assessments reported as reason in one outstanding facility.
	<i>Psychiatric Hospitals that conducted gap assessments for compliance</i>	<i>QA assessment records</i>	2	6	5		
	<i>Psychiatric Hospitals total</i>	<i>DHIS calculates</i>	6	6	6		
	6. Proportion of Psychiatric Hospitals assessed as compliant with the Extreme Measures of National Core Standards	QA database	0%	17%	0%	(100%)	No external assessments were conducted due to national delays in formalising the Office of Standard Compliance.
	<i>Psychiatric Hospitals fully compliant (75%-100%) to all extreme measures of National Core Standards</i>	<i>QA assessment records</i>	0	1	0		
	<i>Psychiatric Hospitals total</i>	<i>DHIS calculates</i>	2	6	6		

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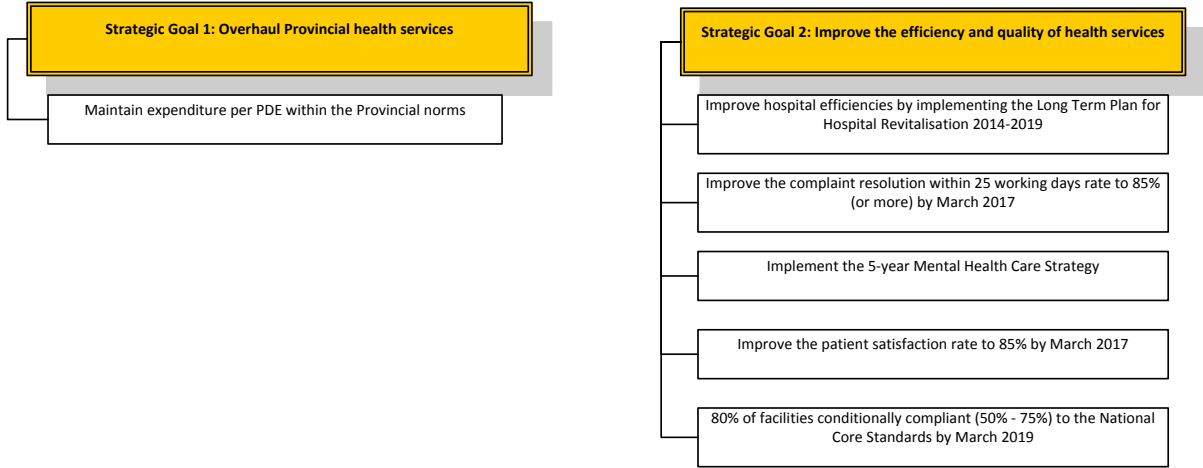
2014/15

Table 57: Provincial Strategic Objectives and Targets

APP 2014/15: Table 62, Page 153							
Strategic Objective Statement	Performance Indicator	Data Source	Actual Achievement 2013/14	Planned Target 2014/15	Actual Achievement 2014/15	Deviation from Planned Target to Actual Achievement for 2014/15	Comment on Deviation
Improve hospital efficiencies by implementing the long-term plan for hospital revitalisation 2014/15-2019	1. Average length of stay – total	DHIS	291.8 Days	260 Days	305.8 Days	(17.3%)	Bed allocation makes provision for more medium to long-term beds compared to acute beds. Inadequate community-based services/ programmes to deinstitutionalise mental health care users remained a challenge during the reporting year.
	<i>Inpatient days-total</i>	<i>DHIS/ Midnight Census</i>	<i>627 900</i>	<i>635 127</i>	<i>627 724</i>		
	<i>Day Patients</i>	<i>DHIS/ Midnight Census</i>	<i>0</i>	<i>2</i>	<i>2</i>		
	<i>Separations</i>	<i>DHIS calculates</i>	<i>2 152</i>	<i>2 442</i>	<i>2 053</i>		
	2. OPD headcount – total	DHIS/OPD tick register	16 215	17 682	17 020	3.7%	The increase in outpatient numbers might point towards more patients being treated at community/ household level, which is in line with de-institutionalising of mental health care users. Trends are being monitored to inform decision-making in rationalisation of hospital services.
	3. OPD headcount - new case not referred	DHIS/OPD tick register	715	993	1 032	(3.9%)	Inadequate services at PHC and District Hospital level. This increase has cost implications and are being monitored with PHC services for mental health care users.

Chronic / Long-Term Hospitals

6.2 STRATEGIC GOALS AND OBJECTIVES



6.1 STRATEGIC OBJECTIVES, PERFORMANCE INDICATORS, TARGETS AND ACTUAL ACHIEVEMENTS

Maintain expenditure within the Provincial norm

The increase in expenditure is in line with the decrease in patient activity. Service packages for the 2 hospitals are under review which will impact on expenditure and resource allocation.

Implement the National Core Standards to improve quality and patient satisfaction

All hospitals implemented the National Core Standards although the targets for self-assessment could not be achieved mainly due to inadequate staff. External assessments were not done by the Office of Standard Compliance due to delays in formulating the Office. The development of Quality Improvement Plans has been prioritised during the reporting year. Patient satisfaction and complaint management targets were exceeded.

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Table 58: Customised Performance Indicators

APP 2014/15: Table 64, Pages 156 – 158							
Strategic Objective Statement	Performance Indicator	Data Source	Actual Achievement 2013/14	Planned Target 2014/15	Actual Achievement 2014/15	Deviation from Planned Target to Actual Achievement during 2014/15	Comment on Deviation
Improve hospital efficiencies by implementing the long-term plan for hospital revitalisation 2014/15-2019	1. Inpatient bed utilisation rate – total	DHIS	64%	68%	56.9%	(16.3%)	The significant decrease in inpatients and increase in usable beds is impacting on the decline in bed utilisation. The package of services in Clairwood Hospital is not aligned with its classification, and significant infrastructure constraints might also have an influence on the bed utilisation. These challenges are being addressed as part of the rationalisation of hospital services that commenced in 2014/15.
	<i>Inpatient days-total</i>	<i>DHIS/ Midnight Census</i>	120 549	127 747	108 954		
	<i>Day Patients</i>	<i>DHIS/ Midnight Census</i>	0	356	0		
	<i>Number of usable beds</i>	<i>DHIS/ FIO</i>	188 340	187 873	191 625		
Maintain expenditure per PDE within the provincial norms	2. Expenditure per patient day equivalent (PDE)	BAS/DHIS	R 1 436	R 1 409	R 1 816	(28.9%)	Expenditure increase with 34.4% between 2013/14 and 2014/15. This is not in line with the decrease in patient activity. Package of services for both hospitals are under review and trends will be monitored to ensure return on investment.
	<i>Total expenditure – Chronic Hospitals</i>	<i>BAS</i>	224 618	242 501	301 941		
	<i>Patient day equivalent</i>	<i>DHIS calculates</i>	156 378	172 017	166 243		
Implement the 5-year Mental Health Care Strategy	3. Mental health admission rate	DHIS calculates	0%	0%	0%	0%	Target has been achieved. Long term mental health patients are admitted in long term Psychiatric Hospitals.
	<i>Mental health admissions total</i>	<i>DHIS calculates</i>	0	-	0		
	<i>Inpatient separations</i>	<i>DHIS calculates</i>	3 239	-	3 577		
Improve the complaint resolution within 25 working days rate to 75% (or more) by March 2017	4. Complaint resolution within 25 working days rate	DHIS	100%	50%	98.8%	97.6%	Target has been exceeded. The target has been set based on the estimated 2013/14 data as historic data was not available. Implementation of the National Core Standards will be scaled up to improve on quality and patient satisfaction.
	<i>Complaints resolved within 25 days</i>	<i>PSS</i>	97	-	83		
	<i>Total number complaints received</i>	<i>PSS</i>	97	-	84		

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APP 2014/15: Table 64, Pages 156 – 158

Strategic Objective Statement	Performance Indicator	Data Source	Actual Achievement 2013/14	Planned Target 2014/15	Actual Achievement 2014/15	Deviation from Planned Target to Actual Achievement during 2014/15	Comment on Deviation
Improve the patient satisfaction rate to 85% by March 2017	5. Patient satisfaction rate	DHIS	Data not available ⁵⁰	Establish baseline	83%	Baseline established	Trend data were not available to inform target setting. Current baseline data will be used to inform future targets.
	<i>Total number of users that were satisfied with the services they received</i>	<i>Survey results</i>	-	-	152		
	<i>The total number of users that participated in Client Satisfaction Survey</i>	<i>Survey results</i>	-	-	183		
80% of facilities conditionally compliant (50% - 75%) to the National Core Standards by March 2019	6. Percentage of Chronic/Sub-acute Hospitals that have conducted gap assessments for compliance against the National Core Standards	QA database	50%	100%	100%	0%	Target has been met.
	<i>Chronic/Sub-acute Hospitals that conducted gap assessments for compliance</i>	<i>QA assessment records</i>	1	2	2		
	<i>Chronic/Sub-acute Hospitals total</i>	<i>DHIS calculates</i>	2	2	2		
	7. Proportion of Chronic/Sub-acute Hospitals assessed as compliant with the Extreme Measures of National Core Standards	QA database	0%	50%	0	(100%)	No external assessments were done due to delays in formalising the Office of Standard Compliance at national level.
	<i>Chronic/Sub-acute Hospitals fully compliant (75%-100%) to all extreme measures of National Core Standards</i>	<i>QA assessment records</i>	0	1	0		
	<i>Chronic/Sub-acute Hospitals total</i>	<i>DHIS calculates</i>	1	2	2		

⁵⁰ Data could not be sourced from the Quality Assurance Programme

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Table 59: Provincial Strategic Objectives and Targets

APP 2014/15: Table 65, Page 159							
Strategic Objective Statement	Performance Indicator	Data Source	Actual Achievement 2013/14	Planned Target 2014/15	Actual Achievement 2014/15	Deviation from Planned Target to Actual Achievement for 2014/15	Comment on Deviation
Improve hospital efficiencies by implementing the long-term plan for hospital revitalisation 2014-2019	1. Average length of stay – total	DHIS	37.2 Days	38.5 Days	30.5 Days	20.7%	Clairwood Hospital provides step-down services which reduce the average length of stay. The package of services at the 2 hospitals is being reviewed as part of the rationalisation of hospital services.
	<i>Inpatient days-total</i>	<i>DHIS/ Midnight Census</i>	<i>120 549</i>	<i>127 747</i>	<i>108 954</i>		
	<i>Day Patients</i>	<i>DHIS/ Midnight Census</i>	<i>0</i>	<i>356</i>	<i>0</i>		
	<i>Separations</i>	<i>DHIS calculates</i>	<i>3 239</i>	<i>3 319</i>	<i>3 577</i>		
	2. OPD headcount – total	DHIS/OPD tick register	107 487	113 904	171 451	(50.5%)	It has been noted that Clairwood Hospital count PHC clients as outpatient clients (inflating hospital data). Data are therefore investigated determine actual outpatient data.
	3. OPD headcount – new cases not referred	DHIS/OPD tick register	101 461	108 140	65 964	39%	The dramatic decrease in unreferral cases should have a significant impact at expenditure and are in line with new focus on improving services at PHC and District Hospitals.

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Table 60: Budget Appropriation and Expenditure

Programme per sub programme		2014/15						2013/14		
		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	7 114 482	-	(65 447)	7 049 035	7 049 697	(662)	100.0%	6 851 180	6 899 384
	Current payment	7 008 641	-	(79 347)	6 929 294	6 929 295	(1)	100.0%	6 744 836	6 765 420
	Transfers and subsidies	28 030	-	55	28 085	91 333	(63 248)	325.2%	74 483	108 559
	Payment for capital assets	77 811	-	13 840	91 651	29 064	62 587	31.7%	31 861	25 405
4.2	Tuberculosis Hospitals	667 219	-	3 875	671 094	673 273	(2 179)	100.3%	631 363	631 362
	Current payment	633 853	-	3 898	637 751	637 751	-	100.0%	599 184	599 097
	Transfers and subsidies	29 566	-	(23)	29 543	34 394	(4 851)	116.4%	29 911	29 998
	Payment for capital assets	3 800	-	-	3 800	1 128	2 672	29.7%	2 268	2 267
4.3	Psychiatric / Mental Hospitals	743 815	-	9 679	753 494	753 353	141	100.0%	686 600	686 597
	Current payment	733 765	-	9 708	743 473	743 472	1	100.0%	681 854	679 875
	Transfers and subsidies	6 050	-	(29)	6 021	7 866	(1 845)	130.6%	2 673	4 650
	Payment for capital assets	4 000	-	-	4 000	2 015	1 985	50.4%	2 073	2 072
4.4	Chronic Medical Hospitals	242 501	-	58 912	301 413	301 941	(528)	100.2%	226 851	226 850
	Current payment	240 496	-	58 745	299 241	299 241	-	100.0%	225 093	224 618
	Transfers and subsidies	1 005	-	(3)	1 002	1 533	(531)	153.0%	1 008	1 485
	Payment for capital assets	1 000	-	170	1 170	1 167	3	99.7%	750	747
4.5	Dental Training Hospitals	17 824	-	(471)	17 353	17 415	(62)	100.4%	16 270	16 267
	Current payment	17 774	-	(421)	17 353	17 353	-	100.0%	16 187	16 185
	Transfers and subsidies	-	-	-	-	42	(42)	-	5	4

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Programme per sub programme	2014/15							2013/14	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Payment for capital assets	50	-	(50)	-	20	(20)	-	78	78
TOTAL	8 785 841	-	6 548	8 792 389	8 795 679	(3 290)	100.0%	8 412 264	8 460 460

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6.2 STRATEGIES TO OVERCOME AREAS OF UNDER-PERFORMANCE

- **Hospital efficiencies**
 - Implementation of the Hospital Rationalisation Plan will address issues regarding appropriate package of services per classification; appropriate staffing structures; efficient use of space (including beds) in hospitals.
- **Data quality**
 - Data at Specialised Hospitals will be interrogated to identify and address outliers. This will form part of the Performance Information tur-around strategy.

6.3 CHANGES TO PLANNED TARGETS

No have been no changes in performance information during the year under reporting.

6.4 LINKING PERFORMANCE WITH BUDGET

The table below reflect expenditure for Programme 4.

Table 61: Summary of expenditure Programme 4

Programme Name	2014/2015			2013/2014		
	Final Appropriation	Actual Expenditure	(Over)/ Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/ Under Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000
Current payment	8,627,112	8,627,112	0	8,267,154	8,285,195	(18,041)
Transfers and subsidies	64,651	135,168	(70,517)	108,080	144,697	(36,617)
Payment for capital assets	100,621	33,394	67,227	37,030	30,568	6,462
Payment for financial assets	5	5	0	0	0	0
Total	8,792,389	8,795,679	(3,290)	8,412,264	8,460,460	(48,196)
KwaZulu-Natal Total	31,119,465	31,245,510	(126,045)	29,219,210	29,531,410	(312,200)

Source: BAS

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7. PROGRAMME 5: TERTIARY AND CENTRAL HOSPITALS

7.1 PROGRAMME DESCRIPTION

Programme Purpose

There are no changes to the structure of Programme 5.

To provide tertiary health services and creates a platform for the training of health workers.

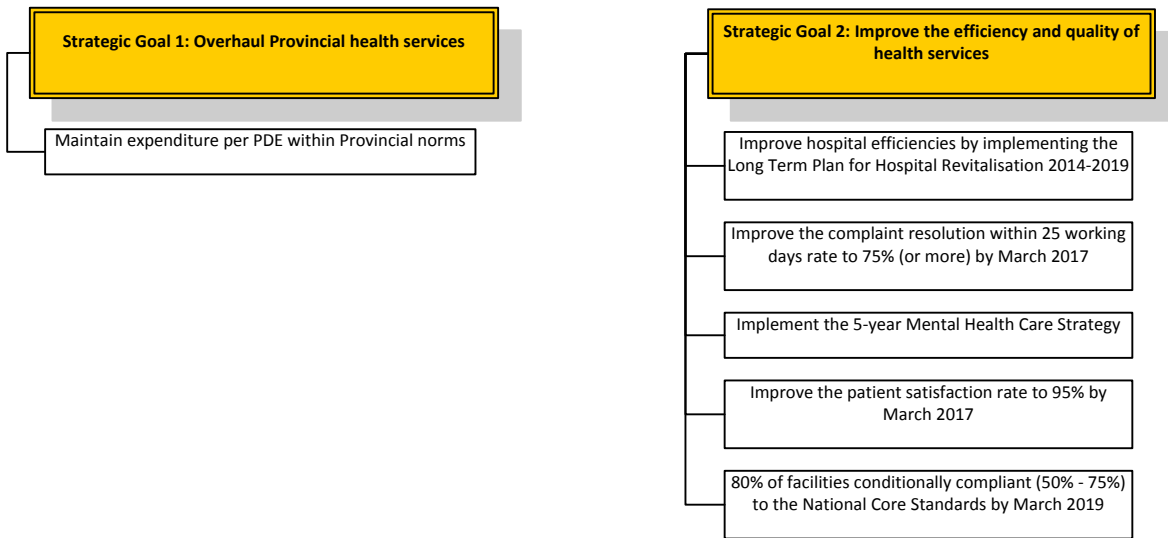
Sub-Programmes

Sub-Programme 5.1: Central Hospitals

Render highly specialised medical health and quaternary services on a national basis and serve as platform for the training of health workers and research.

Central Hospitals

7.2 STRATEGIC GOALS AND OBJECTIVES



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7.1 STRATEGIC OBJECTIVES, PERFORMANCE INDICATORS, TARGETS AND ACTUAL ACHIEVEMENTS

Maintain expenditure within the Provincial norm

Expenditure exceeded the Provincial norm mainly as a result of filling of critical posts.

Implement the National Core Standards to improve quality and patient satisfaction

National Core Standards and Quality Improvement Plans are being implemented and regular assessments are being conducted. External assessment was not done by the Office of Standard Compliance due to delays in formulating the Office at national level. Quarterly reviews of performance have been prioritised during the year under reporting.

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Table 62: Customised Performance Indicators – Central Hospitals

APP 2014/15: Table 69, Pages 167 – 169							
Strategic Objective Statement	Performance Indicator	Data Source	Actual Achievement 2013/14	Planned Target 2014/15	Actual Achievement 2014/15	Deviation from Planned Target to Actual Achievement during 2014/15	Comment on Deviation
Improve hospital efficiencies by implementing the long-term plan for hospital revitalisation 2014/15-2019	1. Average length of stay – total	DHIS	8.9 Days	7.8 Days	8.4 Days	(7.7%)	Complexity of cases requires extended hospital admission before transferring out. Efficiency of the referral system are being assessed to ensure that all patients can be transferred out to lower level care once patients are stabilised.
	<i>Inpatient days-total</i>	<i>DHIS/ Midnight Census</i>	225 640	221 008	206 116		
	<i>Day Patients</i>	<i>DHIS/ Midnight Census</i>	1 737	1 996	1 587		
	<i>Separations</i>	<i>DHIS calculates</i>	25 579	28 625	24 583		
	2. Inpatient bed utilisation rate – total	DHIS	73.5%	71.9%	67%	(6.8%)	The decrease in inpatient days (8.7%) and day patients (7.7%) contributed to the reduced utilisation rate.
	<i>Inpatient days-total</i>	<i>DHIS/ Midnight Census</i>	225 640	221 008	206 116		
	<i>Day Patients</i>	<i>DHIS/ Midnight Census</i>	1 737	1 996	1 587		
<i>Number of usable beds</i>	<i>DHIS/ FIO</i>	307 938	308 370	308 790			
Maintain expenditure per PDE within the provincial norms	3. Expenditure per patient day equivalent (PDE)	BAS/DHIS	R 2 873	R 3 083	R 3 288	(6.6%)	Increased cost mainly due to filling of critical posts and increase in cost of goods and services.
	<i>Total expenditure Central Hospital</i>	<i>BAS</i>	839 485	888 645	908 448		
	<i>Patient day equivalents</i>	<i>DHIS calculates</i>	292 157	288 210	276 275		
Improve the complaint resolution within 25 working days rate to 75% (or more) by March 2017	4. Complaints resolution within 25 working days rate	DHIS	100%	85%	100%	11.8%	Target has been exceeded (target was informed by 2013/14 mid-year estimates). Implementation of the National Core Standards is one of the main reasons for improved patient care and satisfaction.
	<i>Number of complaints resolved within 25 days in reporting period</i>	<i>Complaints register</i>	46	-	31		
	<i>Number of complaints resolved during the same reporting period</i>	<i>Complaints register</i>	46	-	31		

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APP 2014/15: Table 69, Pages 167 – 169							
Strategic Objective Statement	Performance Indicator	Data Source	Actual Achievement 2013/14	Planned Target 2014/15	Actual Achievement 2014/15	Deviation from Planned Target to Actual Achievement during 2014/15	Comment on Deviation
Implement the 5-year Mental Health Care Strategy	5. Mental health admission rate	DHIS	0%	0%	0%	0%	Target has been achieved.
	<i>Mental health admissions total</i>	<i>DHIS calculates</i>	<i>0</i>	<i>0%</i>	<i>-</i>		
	<i>Inpatient separations</i>	<i>DHIS calculates</i>	<i>27 316</i>	<i>-</i>	<i>-</i>		
Improve the patient satisfaction rate to 95% by March 2017	6. Patient satisfaction rate	DHIS/ Patient Satisfaction Module	95%	90%	91%	1.1%	Target has been exceeded. Implementation of the National Core Standards expected to have a positive impact on quality and patient satisfaction.
	<i>Users satisfied with the services they received</i>	<i>Survey results</i>	<i>19</i>	<i>-</i>	<i>91</i>		
	<i>Total number of users that participated in PSS</i>	<i>Survey results</i>	<i>20</i>	<i>-</i>	<i>100</i>		
80% of facilities conditionally compliant (50% - 75%) to the National Core Standards by March 2019	7. Percentage of Central Hospitals that have conducted gap assessment for compliance against the National Core Standards	QA database	100%	100%	0%	100%	Assessment not captured on the DHIS system at facility level. According to the Quality Assurance Manager at IALCH an assessment was done during the reporting period.
	<i>Central Hospitals that conducted gap assessments for compliance</i>	<i>Assessment records</i>	<i>1</i>	<i>1</i>	<i>0</i>		
	<i>Central Hospitals total</i>	<i>DHIS calculates</i>	<i>1</i>	<i>1</i>	<i>1</i>		
	8. Proportion of Central Hospital assessed as compliant with the extreme measures of National Core Standards	Assessment records	0%	100%	0%	(100%)	External assessment not done by the Office of Standard Compliance due to delays in formalising the Office at national level.
	<i>Central Hospitals compliant with all Extreme Measures of National Core Standards</i>	<i>Assessment records</i>	<i>0</i>	<i>1</i>	<i>0</i>		
<i>Central Hospitals assessed</i>	<i>DHIS calculates</i>	<i>1</i>	<i>1</i>	<i>0</i>			

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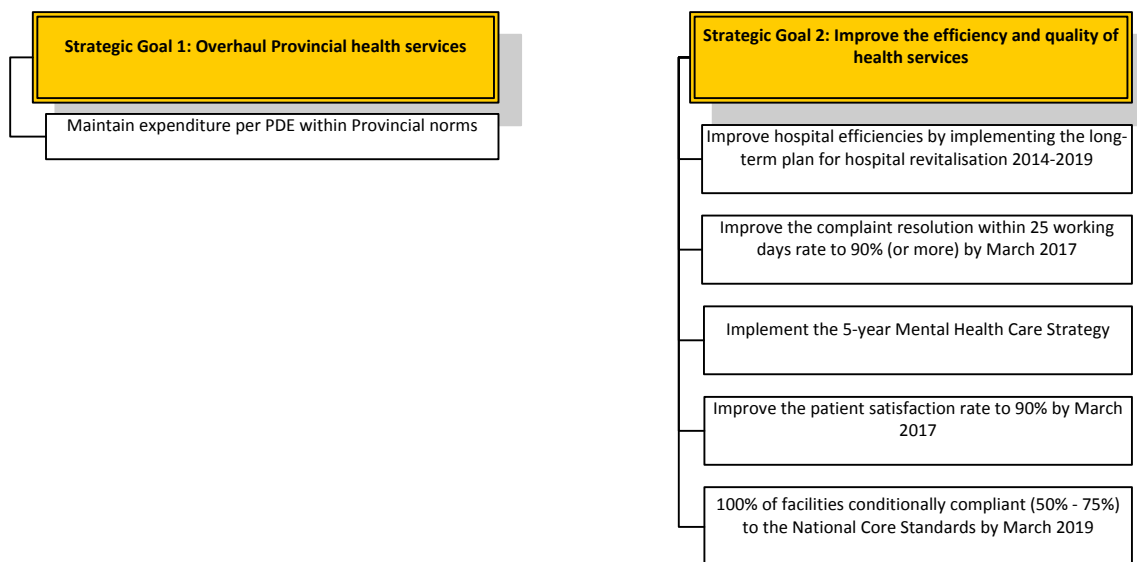
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Table 63: Provincial Strategic Objectives and Targets – Central Hospitals

APP 2014/15: Table 70, Page 170							
Strategic Objective Statement	Performance Indicator	Data Source	Actual Achievement 2013/14	Planned Target 2014/15	Actual Achievement 2014/15	Deviation from Planned Target to Actual Achievement for 2014/15	Comment on Deviation
Improve hospital efficiencies by implementing the long-term plan for hospital revitalisation 2014/15-2019	1. Delivery by caesarean section rate	DHIS	78.5%	77.2%	80.5%	(4.3%)	Caesarean sections generally increase with the level of care and complexity of cases. During the reporting period the number of deliveries increased marginally (5) while caesarean sections increased with 6. The Epidemiology Component was requested to investigate caesarean section rates in all levels of hospitals to determine reasons for the generally high rates.
	<i>Number of caesarean sections performed</i>	<i>Delivery Register</i>	394	388	400		
	<i>Total number of deliveries in the facility</i>	<i>Delivery Register</i>	502	502	497		
	2. OPD headcount – total	DHIS/ Tick Register OPD	192 629	193 828	203 228	4.8%	Increase in OPD headcount indicates that more patients are managed at the appropriate level of care which is in line with the Department's vision to reduce demand on curative hospital-based services.

Tertiary Hospitals

7.2 STRATEGIC GOALS AND OBJECTIVES



7.1 STRATEGIC OBJECTIVES, PERFORMANCE INDICATORS, TARGETS AND ACTUAL ACHIEVEMENTS

Maintain expenditure within the Provincial norm

Expenditure was higher than projected mainly due to the filling of critical Medical Specialist posts; increased costs of medical supplies due to weakening rand exchange rate; and the increased costs of blood and blood products due to increased demand.

Implement the National Core Standards to improve quality and patient satisfaction

Implementation of the National Core Standards and Quality Improvement Plans prioritised during the reporting period. External assessments were not done by the Office of Standard Compliance due to delays in formulating the Office. The development of Quality Improvement Plans has been prioritised during the reporting year. Patient satisfaction and complaint management targets were exceeded.

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Table 64: Customised Performance Indicators – Tertiary Hospitals

APP 2014/15: Table 72, Pages 172 – 174							
Strategic Objective Statement	Performance Indicator	Data Source	Actual Achievement 2013/14	Planned Target 2014/15	Actual Achievement 2014/15	Deviation from Planned Target to Actual Achievement during 2014/15	Comment on Deviation
Improve hospital efficiencies by implementing the long-term plan for hospital revitalisation 2014/15-2019	1. Average length of stay – total	DHIS	9.9 Days	9.3 Days	9.6 Days	(3.2%)	Trends are being monitored to determine the reason for the extended length of stay. Although patients should stay longer at level 3 services, out-referral can be jeopardised if the lower levels of care is not functioning optimally.
	<i>Inpatient days-total</i>	<i>DHIS/ Midnight Census</i>	<i>308 673</i>	<i>330 569</i>	<i>297 816</i>		
	<i>Day Patients</i>	<i>DHIS/ Midnight Census</i>	<i>9 153</i>	<i>1 769</i>	<i>9 781</i>		
	<i>Separations</i>	<i>DHIS calculates</i>	<i>31 553</i>	<i>35 904</i>	<i>31 668</i>		
	2. Inpatient bed utilisation rate – total	DHIS	98.7%	75%	83.4%	11.2%	The bed utilisation rate at Ngwelezana Hospital is exceptionally high (between 95% and 100%) as the hospital renders services for all 3 levels of care. This has a significant impact on the quality of care, exacerbated by shortage of staff. The Hospital Rationalisation Plan consider other options to enable the hospital to develop the service package for Tertiary services as required by classification.
	<i>Inpatient days-total</i>	<i>DHIS/ Midnight Census</i>	<i>308 673</i>	<i>285 820</i>	<i>297 816</i>		
	<i>Day Patients</i>	<i>DHIS/ Midnight Census</i>	<i>9 153</i>	<i>1 769</i>	<i>9 781</i>		
<i>Number of usable beds</i>	<i>DHIS/ FIO</i>	<i>317 459</i>	<i>354 273</i>	<i>363 053</i>			
Maintain expenditure per PDE within the provincial norms	3. Expenditure per patient day equivalent (PDE)	BAS/DHIS	R 3 257	R 4 841	R 5 383	11.2%	Expenditure was higher than the projected amount due to the filling of critical Medical Specialist posts; increased costs of medical supplies due to weakening rand exchange rate; and the increased costs of blood and blood products due to increased demand.
	<i>Total expenditure Tertiary Hospital</i>	<i>BAS</i>	<i>1 400 958</i>	<i>2 190 747</i>	<i>2 232 949</i>		
	<i>Patient day equivalents</i>	<i>DHIS calculates</i>	<i>430 124</i>	<i>452 513</i>	<i>414 797</i>		
Improve the complaint resolution within 25	4. Complaints resolution within 25 working days rate	DHIS	100%	90%	98%	8.9%	The target was exceeded. Target was based on 2013/14 mid-year estimates and

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APP 2014/15: Table 72, Pages 172 – 174

Strategic Objective Statement	Performance Indicator	Data Source	Actual Achievement 2013/14	Planned Target 2014/15	Actual Achievement 2014/15	Deviation from Planned Target to Actual Achievement during 2014/15	Comment on Deviation
working days rate to 90% (or more) by March 2017	<i>Number of complaints resolved within 25 days in reporting period</i>	<i>Complaints register</i>	203	-	246		poor historic data.
	<i>Number of complaints resolved during the same period</i>	<i>Complaints register</i>	203	-	251		
Implement the 5-year Mental Health Care Strategy	5. Mental health admission rate	DHIS	Not reported	1.6%	0.7%	56.3%	Trends are being monitored to determine the impact of improved management of patients at lower levels of care on Tertiary Hospitals.
	<i>Mental health admissions total</i>	<i>DHIS calculates</i>	-	458	213		
	<i>Inpatient separations</i>	<i>DHIS calculates</i>	-	28 225	31 668		
Improve the patient satisfaction rate to 90% by March 2017	6. Patient satisfaction rate	DHIS/ Patient Satisfaction Module	Data not available ⁵¹	90%	92.9%	3.2%	Target has been exceeded. Implementation of the National Core Standards is considered one of the reasons for patient satisfaction.
	<i>Users satisfied with the services they received</i>	<i>Survey results</i>	-	-	418		
	<i>Total number of users that participated in PSS</i>	<i>Survey results</i>	-	-	450		
100% of facilities conditionally compliant (50% - 75%) to the National Core Standards by March 2019	7. Percentage of Tertiary Hospitals that have conducted gap assessment for compliance against the National Core Standards	QA database	100%	100%	0%	100%	Not captured on the DHIS system at facility level. According to the Quality Assurance Manager assessments were conducted.
	<i>Tertiary Hospitals that conducted gap assessments for compliance</i>	<i>Assessment records</i>	2	2	0		
	<i>Tertiary Hospitals total</i>	<i>DHIS calculates</i>	2	2	2		

⁵¹ Data could not be sourced from the Quality Assurance Programme

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APP 2014/15: Table 72, Pages 172 – 174

Strategic Objective Statement	Performance Indicator	Data Source	Actual Achievement 2013/14	Planned Target 2014/15	Actual Achievement 2014/15	Deviation from Planned Target to Actual Achievement during 2014/15	Comment on Deviation
	8. Proportion of Tertiary Hospital assessed as compliant with the extreme measures of National Core Standards	Assessment records	0%	50%	0%	(100%)	No external assessments were done due to national delays in establishing the Office of Standard Compliance.
	<i>Tertiary Hospitals compliant with all Extreme Measures of National Core Standards</i>	<i>Assessment records</i>	<i>0</i>	<i>1</i>	<i>0</i>		
	<i>Tertiary Hospitals assessed⁵²</i>	<i>DHIS calculates</i>	<i>2</i>	<i>2</i>	<i>0</i>		

Table 65: Provincial Strategic Objectives and Targets – Tertiary Hospitals

APP 2014/15: Table 73, Page 175

Strategic Objective Statement	Performance Indicator	Data Source	Actual Achievement 2013/14	Planned Target 2014/15	Actual Achievement 2014/15	Deviation from Planned Target to Actual Achievement for 2014/15	Comment on Deviation
Improve hospital efficiencies by implementing the long-term plan for hospital	1. Delivery by caesarean section rate	DHIS	69%	71.4%	73.6%	(3%)	Although increased rates are expected for referred high risk cases, the Department requested the Epidemiology Component to investigate the reasons for the high rates.
	<i>Number of caesarean sections performed</i>	<i>Delivery Register</i>	<i>898</i>	<i>864</i>	<i>759</i>		
	<i>Total number of deliveries in the facility</i>	<i>Delivery Register</i>	<i>1 301</i>	<i>1 209</i>	<i>1 031</i>		

⁵² Refers to self-assessments – no external assessments were conducted during the reporting year

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APP 2014/15: Table 73, Page 175

Strategic Objective Statement	Performance Indicator	Data Source	Actual Achievement 2013/14	Planned Target 2014/15	Actual Achievement 2014/15	Deviation from Planned Target to Actual Achievement for 2014/15	Comment on Deviation
revitalisation 2014/15-2019	2. OPD headcount – total	DHIS/ Tick Register OPD	308 513	315 472	293 717	6.9%	Reduction in unreferrred cases can be partly attributed to strict control over referral policies and improved management of patients at lower levels of care. Improved access to PHC services also contribute towards patients entering the health system at appropriate levels.
	3. OPD headcount – new cases not referred	DHIS/ Tick Register OPD	33 039	30 807	28 815	6.4%	The decrease in unreferrred cases is in line with the Department’s vision to decongest hospitals by increasing access at PHC level.

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Table 66: Budget Appropriation and Expenditure

Programme per sub programme		2014/15						2013/14		
		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	888 645	-	21 399	910 044	908 448	1 596	99.8%	840 495	840 496
	Current payment	887 945	-	21 399	909 344	907 092	2 252	99.8%	839 484	839 485
	Transfers and subsidies	700	-	-	700	1 356	(656)	193.7%	1 011	1 011
	Payment for capital assets	-	-	-	-	-	-	-	-	-
5.2	Provincial Tertiary Hospitals Services	2 190 747	-	12 819	2 203 566	2 232 949	(29 383)	101.3%	2 106 649	2 106 651
	Current payment	2 165 443	-	12 793	2 178 236	2 204 676	(26 440)	101.2%	2 074 887	2 074 886
	Transfers and subsidies	4 304	-	26	4 330	27 278	(22 948)	630.0%	3 876	3 879
	Payment for capital assets	21 000	-	-	21 000	995	20 005	4.7%	27 886	27 886
TOTAL		3 079 392	-	34 218	3 113 610	3 141 397	(27 787)	100.9%	2 947 144	2 947 147

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7.2 STRATEGIES TO OVERCOME AREAS OF UNDER-PERFORMANCE

- **High caesarean section rate**
 - The Epidemiology Component will investigate possible reasons for the high caesarean section rate (including all public health hospitals).
- **High bed utilisation at Ngwelezana Hospital**
 - Options will be explored in the Hospital Rationalisation Plan to make provision for level 1 and some level 2 services that will enable Ngwelezana to develop as Tertiary Hospital. The current utilisation in the hospital is considered a high risk for patient care with a negative impact on staff.
- **National Core Standards**
 - Implementation of the National Core Standards will be scaled up to further improve quality and patient satisfaction. Quality Improvement Plans will be monitored robustly to ensure progress.

7.3 CHANGES TO PLANNED TARGETS

There have been no changes to targets of this Programme during the reporting period.

7.4 LINKING PERFORMANCE WITH BUDGET

The table below indicate expenditure of Programme 5

Table 67: Summary of expenditure Programme 5

Programme Name	2014/2015			2013/2014		
	Final Appropriation	Actual Expenditure	(Over)/ Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/ Under Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000
Current payment	3,087,580	3,111,768	(24,188)	2,914,371	2,914,371	0
Transfers and subsidies	5,030	28,634	(23,604)	4,887	4,890	(3)
Payment for capital assets	21,000	995	20,005	27,886	27,886	0
Total	3,113,610	3,141,397	(27,787)	2,947,144	2,947,147	(3)
KwaZulu-Natal Total	31,119,465	31,245,510	(126,045)	29,219,210	29,531,410	(312,200)

Source: BAS

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8. PROGRAMME 6: HEALTH SCIENCES & TRAINING

8.1 PROGRAMME DESCRIPTION

There are no changes to the structure of Programme 6.

Programme Purpose

Render training and development opportunities for actual and potential employees of the Department of Health

Sub-Programmes

Sub-Programme 6.1: Nurse Training College

Train nurses at undergraduate and post-basic level. Target group includes actual and potential employees

Sub-Programme 6.2: EMS Training College

Train rescue and ambulance personnel. Target group includes actual and potential employees

Sub-Programme 6.3: Bursaries

Provision of bursaries for health science training programmes at under- and postgraduate levels, targeting actual and potential employees

Sub-Programme 6.4: PHC Training

Provision of PHC related training for personnel, provided by the regions

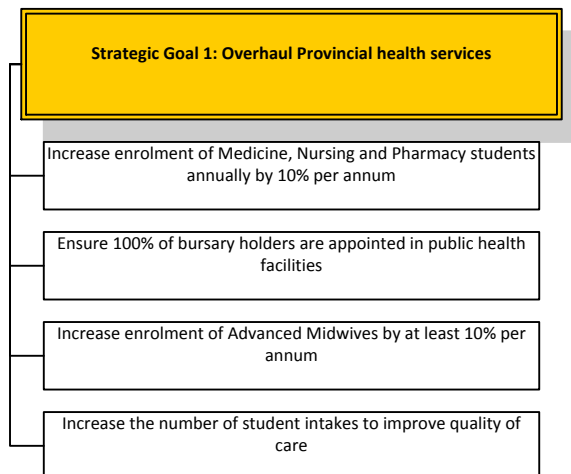
Sub-Programme 6.5: Training (Other)

Provision of skills development programmes for all occupational categories in the Department. Target group includes actual and potential employees.

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8.2 STRATEGIC GOALS AND OBJECTIVES



8.3 STRATEGIC OBJECTIVES, PERFORMANCE INDICATORS, TARGETS AND ACTUAL ACHIEVEMENTS

Increased enrolment of Medicine, Nursing and Pharmacy students

As part of the long term plan to improve human resources for health, the Department renewed the Memorandum of Understanding with UKZN. Plans for a new training model “Decentralised Training in a PHC Model” is at an advanced stage, which is expected to have a significant impact on throughput including addressing inequity between urban and rural areas and increased intake of Health Sciences students. To further increase the human resource pool, UKZN will double the intake of Health Sciences students (including Medical, Nursing and all Allied Workers) over the next 5 years in line with identified human resource needs in the Province.

In 2014/15, the Department sent 95 students to study medicine in Cuba, increasing the number of Cuban students in training to 789. Fifteen (15) students returned to South Africa (SA) in July 2014 to assume their 18 months training at various SA universities before graduation. Eighty five (85) graduates have been absorbed by the Department.

In 2014/15, the Department sent 30 students to Manipal India (Manipal Project Phase 1) to study B Pharm (20 students) and B Medical Imaging Technology – Ultrasonography (10).

Throughput of the KwaZulu-Natal College of Nursing (KZNCN) increased in 2014/15, with an additional 829 Professional Nurses graduating (829 more than the 2014/15 target). There is still a high staff turn-over rate at Charles James Memorial Campus which compromised student intake. All vacant posts have been advertised although recruitment and retention remains a challenge mainly attributed to the lack of appropriate accommodation. Unavailability of clinical skills laboratories at Campuses and Sub-Campuses posed a challenge for students to meet all training requirements. Rationalisation of Sub-Campuses continued in 2014/15 especially in view of funding constraints and infrastructure deficiencies of some Sub-Campuses.

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Absorption of Bursary Holders

A total of 854 bursaries were awarded to prospective employees studying in the field of Health Sciences at various universities in SA, and 333 bursaries were awarded to employees studying towards critical skills. A total of 205 bursary holders, including Umthombo, were employed in various institutions in the Province after qualification. The Department spent a total amount of R243 387 199 on bursaries during 2014/15.

Increase enrolment of Advanced Midwives

The Department did not achieve the target for training of Advanced Midwives in 2014/15, partly due to unavailability of students for training. UKZN undertook to double the intake of students over the next 5 years to increase the pool of Advanced Midwives.

Increase student intakes to improve the quality of care

119 Clinical Associates are currently training at the University of Pretoria and Walter Sisulu University, and 43 Physiotherapy Technicians and 16 Occupational Therapy Technicians were trained at UKZN and translated and absorbed by the Department - 42 Occupational Therapy Technician students are still in training. The shortage of accredited training providers and professionals to supervise and support trainees, and the lengthy process for registration of mid-level worker programmes by Professional Councils remained a challenge during the reporting year.

The Department career pathed 826 CCGs as Enrolled Nurses (672 with 563 on Persal), and 154 as Enrolled Nursing Auxiliaries (all on Persal).

The table below shows the current clinical training intakes to increase the pool of critical skills.

Table 68: Special Projects – Clinical Training

Course	Number of Students
Orthotics/Prosthetics course as part of the bursary programme of the University of Pretoria	62
Trauma for Professional Nurses by Netcare Education	15
Health Promotion (extended learning) at UKZN (including CCGs and Lay Counsellors)	100
Critical Child Care for Professional Nurses at the University of Cape Town	3
Ultrasound	15
Advanced Diploma in Forensic Nursing for Professional Nurses at the University of the Free State.	15
Health Promotion at Walter Sisulu University	15
Ultrasound (Diagnostic Radiographers) at Durban University of Technology	10
Total	235

Source: HRMS (Human Resource Development)

In 2014/15, 160 learners have received stipends from Services SETA (coordinated by the Office of the Premier and Services SETA) for studies in the fields of Human Resources Management, Public Management, Business Management, and Office Administration/ Management. A total of 54 beneficiaries have been appointed on PERSAL and now receive a stipend from Health and Welfare SETA in finance and engineering fields. Recruitment of 68 graduates with disabilities, who will receive a stipend of R3 000 and R500 for transport, commenced.

Management training, within the framework of the National Strategy on Leadership and Management Development (issued by the DPSA), has been prioritised during 2014/15 and 30 Senior Managers commenced management training including: Master's Degree in the Albertina Sisulu Executive Leadership Programme (ASELPH) at the University of Fort Hare (9);

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ASELPH through the University of Pretoria (7); Applied Population Science Training and Research Programme (APSTAR) through UKZN (2); and Master's in Public Health through UKZN (12). The table below depicts the number of personnel currently studying in various management fields.

Table 69: Leadership and Management courses

Learning Area	African	Coloured	Indian	White	Total	Status
Effective Management Principles for Junior Managers	50	1	2	4	57	Completed
Leadership Course For Middle Managers	47	3	16	5	71	Completed
Monitoring and Evaluation for M&E Manager	92	1	13	3	109	Completed
Premier's Senior Management Seminar	34		8	3	45	Completed
Project Management	18		2		20	Completed
Wamkelekile SMS Induction Programme	10			1	11	Completed
Women in Management Seminar	17		2		19	Completed
Oliver Tambo Fellowship Programme	10				10	Completed
ASELPH	24			1	25	Still studying
Master's in Public Health (MPH)	6			1	7	Still studying
Grand Total	308	5	45	16	374	

Source: HRMS

COLLEGE OF EMERGENCY CARE (COEC)

The Department did not achieve the targets for EMS intakes during 2014/15.

The COEC currently offers the AEA and Emergency Care Technician (ECT) training programmes, which are accredited by the Health Professional Council of South Africa (HPCSA) PBEC. Other in-service programmes include medical rescue, driver training, emergency service management and emergency medical dispatch training.

At present, education and training is conducted at 2 Campuses e.g. the main Campus at McCords Hospital (since 2014) and the Northdale Hospital Campus. Reconfiguration of the McCords Campus commenced in 2014/15 to comply with the National Emergency Care Education and Training (NECET) Policy requirements. An HPCSA PBEC inspection of the campuses was conducted in 2014/15 to determine the capacity of the College to offer the allocated programmes.

Implementation of the NECET Policy will change Emergency Medical Care (EMC) training and development. Only three EMC qualifications will be recognised, which have to be registered with a Higher Education Institution (HEI). The COEC is not an HEI and will therefore have to partner with an HEI to ensure that appropriate training is offered in the Province. Discussions commenced in 2014/15 for the COEC to offer the one year Emergency Care Assistant (ECA) and two year Emergency Care Technician (ECT) programmes in conjunction with the Durban University of Technology (DUT) that is currently offering one of the new qualifications i.e. Bachelor in Health Science: Emergency Medical Care (BHS: EMC). DUT is located in close proximity to McCords Campus which will ensure that students and lecturers can utilise DUT resources such as library and computer laboratory. The McCord Campus can comfortably house all current and future development programmes, including the Intermediate Life Support (ILS) programme currently offered at the Northdale Campus. Maintenance of the two Campuses is high and rationalisation therefore a viable option as part of cost saving. The Department aims to offer the first 2 qualifications (ECA and ECT) in collaboration with an HEI from 2016.

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Table 70: Customised Performance Indicators

APP 2014/15: Table 78, Page 184							
Strategic Objective Statement	Performance Indicator	Data Source	Actual Achievement 2013/14	Planned Target 2014/15	Actual Achievement 2014/15	Deviation from Planned Target to Actual Achievement during 2014/15	Comment on Deviation
Increase enrolment of Medicine, Nursing and Pharmacy students annually by 10% per annum	1. Basic Professional Nurse students graduating	KZNCN Registration Records	845	1 400	2 229	59.2%	Increased intake to increase the pool of Professional Nurses for appointment in critical posts, which is in line with the aim to increase available human resources for health.
Ensure 100% of bursary holders are appointed in public health facilities	2. Proportion of bursary holders permanently appointed	HRD database	Not reported	Establish baseline ⁵³	24%	Baseline established	Appointment of bursary holders is affected by the limited funding envelope and available funded posts on the current organisational structure(s).
	<i>Bursary holders permanently appointed</i>	<i>Persal</i>	-	-	205		
	<i>Bursary Holders total</i>	<i>HRD database</i>	-	-	854		

⁵³ No historical data to inform the target for 2014/15. The baseline will be used to inform future targets

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Table 71: Provincial Strategic Objectives and Targets

APP 2014/15: Table 79, Page 185							
Strategic Objective Statement	Performance Indicator	Data Source	Actual Achievement 2013/14	Planned Target 2014/15	Actual Achievement 2014/15	Deviation from Planned Target to Actual Achievement for 2014/15	Comment on Deviation
KwaZulu-Natal College of Nursing							
Increase enrolment of Advanced Midwives by at least 10% per annum	1. Number of Advanced Midwives graduating per annum	KZNCN Database	90	150	146	(2.7%)	Considered within acceptable deviation range. A total of 43 Advanced Midwives graduated from KZNCN at King Edward Campus in September 2014; and 103 graduated in December 2014 in partnership with UKZN.
College of Emergency Medical Care							
Increase the number of student intakes to improve quality of care	2. Number of Intermediate Life Support graduates per annum	EMS College register	44	144	54	(62.5%)	During the previous financial year the COEC was accredited to offer back to back courses allowing for a total of 6 courses for the year (24 x 6 = 144). This was however reduced to a total of 3 courses per year which affected student intake.
	3. Number of Emergency Care Technician graduates per annum	EMS College register	0	30	17	(43%)	The HPCSA accreditation allows for an intake of 30 students. Due to strict selection criteria only 20 candidates were accepted. Shortly after the course commenced, 3 candidates withdrew for personal reasons resulting in 17 remaining.

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Table 72: Budget Appropriation and Expenditure

Programme per sub programme		2014/15						2013/14		
		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	302 756	-	(26 765)	275 991	276 195	(204)	100.1%	292 613	292 616
	Current payment	296 950	-	(25 172)	271 778	271 778	-	100.0%	289 499	289 498
	Transfers and subsidies	1 806	-	-	1 806	2 011	(205)	111.4%	1 798	1 802
	Payment for capital assets	4 000	-	(1 598)	2 402	2 402	-	100.0%	1 316	1 316
6.2	EMS Training Colleges	7 549	-	(2 501)	5 048	5 048	-	100.0%	6 044	5 998
	Current payment	7 540	-	(2 511)	5 029	5 029	-	100.0%	5 898	5 852
	Transfers and subsidies	9	-	-	9	9	-	100.0%	36	36
	Payment for capital assets	-	-	10	10	10	-	100.0%	110	110
6.3	Bursaries	216 950	-	26 455	243 405	243 405	-	100.0%	206 530	205 882
	Current payment	11 300	-	12 026	23 326	23 310	16	99.9%	5 526	10 664
	Transfers and subsidies	205 650	-	-	205 650	220 095	(14 445)	107.0%	201 004	195 218
	Payment for capital assets	-	-	14 429	14 429	-	14 429	-	-	-
6.4	Primary Health Care Training	52 172	-	(10 300)	41 872	41 957	(85)	100.2%	47 044	47 043
	Current payment	49 972	-	(8 300)	41 672	41 673	(1)	100.0%	46 807	46 806
	Transfers and subsidies	200	-	-	200	284	(84)	142.0%	237	237
	Payment for capital assets	2 000	-	(2 000)	-	-	-	-	-	-
6.5	Training Other	471 940	-	(19 616)	452 324	452 359	(35)	100.0%	447 860	447 858

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Programme per sub programme	2014/15							2013/14	
	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	458 940	-	(22 386)	436 554	436 554	-	100.0%	436 521	436 519
Transfers and subsidies	13 000	-	2 768	15 768	15 803	(35)	100.2%	11 339	11 339
Payment for capital assets	-	-	-	-	-	-	-	-	-
Payment for financial assets			2	2	2	-	100.0%		
TOTAL	1 051 367	-	(32 727)	1 018 640	1 018 964	(324)	100.0%	1 000 091	999 397

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8.4 STRATEGIES TO OVERCOME AREAS OF UNDER-PERFORMANCE

- ***Improve enrolment of students in different disciplines***
 - UKZN undertook to double the intake of Health Sciences students over the next 5 years including doctors, nurses and all allied health workers.
 - Finalisation of the MOU with India (Manipal Project) will provide further opportunity to increase the pool of resources in especially Pharmacy and Ultrasonic disciplines.
 - Partnerships with Higher Education Institutions e.g. UKZN and DUT will increase intake of students including Mid-Level Workers, Clinical Associates, EMS, Advanced Midwives, etc. that will have a significant impact on the pool of available resources.
 - Reconfiguration of the McCords COEC and partnership with DUT will increase capacity to increase EMS student intake in the different qualifications.
 - Rationalisation of Sub-Campuses (KZNCN) will ensure optimal utilisation of scarce resources, including tutors, to increase capacity for increased intake of students at well-resources campuses.

- ***Absorption of bursary holders***
 - The bursary programme will be reviewed in alignment with service delivery needs to make provision for funded posts to increase absorption of students in permanent posts.
 - Review of the organisational structures and development of an Essential Post List will further ensure that appropriate posts are available for bursary holders.

- ***Improve Management training***
 - Partly centralise management training with decentralised supervisory training at district and facility level.
 - Negotiate more flexibility in attendance to make provision for busy working schedules of Senior Managers.
 - Use of more advanced focus on conferencing, E-library and the introduction of e-learning to reduce travelling times and time away from work.
 - Information Technology prioritised implementation of the e-health strategy over the next MTEF.

8.5 CHANGES TO PLANNED TARGETS

There have been no changes to targets during the reporting year.

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8.6 LINKING PERFORMANCE WITH BUDGET

The table below shows the expenditure versus allocated budget for Programme 6.

Table 73: Summary of expenditure Programme 6

Programme Name	2014/2015			2013/2014		
	Final Appropriation	Actual Expenditure	(Over)/ Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/ Under Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000
Current payment	778,359	778,344	15	784,251	789,339	(5,088)
Transfers and subsidies	223,433	238,202	(14,769)	214,414	208,632	5,782
Payment for capital assets	16,841	2,412	14,429	1,426	1,426	0
Payment for financial assets	7	6	1			
Total	1,018,640	1,018,964	(324)	1,000,091	999,397	694
KwaZulu-Natal Total	31,119,465	31,245,510	(126,045)	29,219,210	29,531,410	(312,200)

Source: BAS

9. PROGRAMME 7: HEALTH CARE SUPPORT SERVICES

9.1 PROGRAMME DESCRIPTION

There are no changes to the structure of Programme 7.

Programme Purpose

To render support services required by the Department to realise its aims.

Sub-Programmes

Sub-Programme 7.1: Laundry Services

Render laundry services to hospitals, care and rehabilitation centres and certain local authorities.

Sub-Programme 7.2: Engineering Services

Render a maintenance service to equipment and engineering installations, and minor maintenance to buildings.

Sub-Programme 7.3: Forensic Services

Render specialised forensic and medico-legal services in order to establish the circumstances and causes surrounding unnatural death.

Sub-Programme 7.4: Orthotic and Prosthetic Services

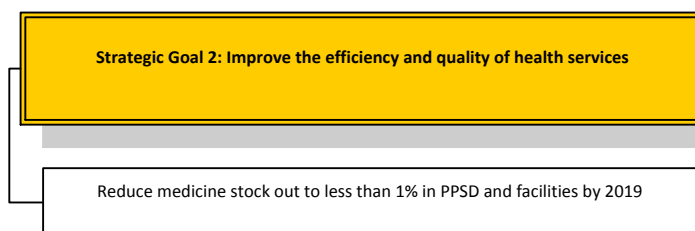
Render specialised orthotic and prosthetic services.

Sub-Programme 7.5: Medicine Trading Account

Manage the supply of pharmaceuticals and medical sundries to hospitals, Community Health Centres and local authorities.

Pharmaceutical Services

9.2 STRATEGIC GOALS & OBJECTIVES



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9.1 STRATEGIC OBJECTIVES, PERFORMANCE INDICATORS, TARGETS AND ACTUAL ACHIEVEMENTS

Reduce medicine stock outs

The Department monitors medicines availability and/or stock-outs using the Tracer Medicines List as source as per National Core Standards. During 2014/15 the following outputs were recorded:

- Tracer Medicine Stock-out Rate (Hospitals and CHCs): 2.85% (target achieved);
- Tracer Medicine Stock-out Rate (PHC Clinics): 2% (target achieved);
- Tracer Medicine Stock-out Rate (Hospitals, CHCs and PHC Clinics): 2% (target achieved); and
- Tracer Medicine Stock-out Rate (Depot): 6.4% (target not achieved due to unavailability of certain medicines).

Medicines availability has been unstable in 2014/15 with a number of critical items out of stock. Manufacturers reported the following as main reasons for medicines shortages:

- Difficulty with sourcing of the active pharmaceutical ingredients and other raw materials;
- Unforeseen delays in the formulation and packaging of medicines; and
- Unanticipated increases in demand for a particular medicine.

The Department is implementing a number of innovative options in the NHI pilot districts to improve medicines management and reduce stock outs:

- Vodacom Stock Visibility Solution by using mobile cellular devices to remotely record medicine stock balances at clinics.
- Rx Solution Drug Supply - integrated computerised Pharmacy Stock Management and Medicine Dispensing System to prevent over/under stock of medicines.

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Table 74: Provincial Strategic Objectives and Targets

APP 2014/15: Table 83, Pages 195-196							
Strategic Objective Statement	Performance Indicator	Data Source	Actual Achievement 2013/14	Planned Target 2014/15	Actual Achievement 2014/15	Deviation from Planned Target to Actual Achievement during 2014/15	Comment on Deviation
Reduce medicine stock out to less than 1% in PPSD and facilities by 2019	1. Percentage of Pharmacies that obtained A and B grading on inspection	Pharmacy records	81%	90%	83%	(7.8%)	Poor infrastructure at facility and PPSD impact negatively on grading of Pharmacies (not complying with required standards). The inadequate infrastructure budget delays implementation of projects to improve infrastructure.
	<i>Pharmacies with A or B Grading</i>	<i>Pharmacy records</i>	<i>71</i>	<i>80</i>	<i>78</i>		
	<i>Number of pharmacies</i>	<i>Pharmacy records</i>	<i>88</i>	<i>89</i>	<i>94</i>		
	2. Tracer medicine stock-out rate (PPSD)	Pharmacy records	5.7%	<5%	6.4%	(28%)	Medicines availability has been unstable in 2014/15 with some critical items out of stock. The manufacturers reported the following as main reasons for medicine shortages: <ul style="list-style-type: none"> ▪ Difficulty with sourcing of the active pharmaceutical ingredients (APIs) and other raw materials; ▪ Unforeseen delays in the formulation and packaging of medicines; and ▪ Unanticipated increases in demand for particular medicines.
	<i>Number of tracer medicine out of stock</i>	<i>Pharmacy records</i>	<i>12</i>	<i>-</i>	<i>34</i>		
	<i>Total number of tracer medicine expected to be in stock</i>	<i>Pharmacy records</i>	<i>212</i>	<i>-</i>	<i>530</i>		
	3. Tracer medicine stock-out rate (Institutions)	Pharmacy records	1.8%	<5%	2.96%	40.8%	Target has been achieved mainly as a result of improved monitoring.
	<i>Number of tracer medicines stock out in bulk store</i>	<i>Pharmacy records</i>	<i>4 476</i>	<i>-</i>	<i>1 551</i>		
	<i>Number of tracer medicines expected to be stocked in the bulk store</i>	<i>Pharmacy records</i>	<i>251 125</i>	<i>-</i>	<i>52 416</i>		

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Table 75: Budget Appropriation and Expenditure

Programme per sub programme		2014/15						2013/14		
		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									
7.2	Laundry Services	112 439	-	12 881	125 320	125 704	(384)	100.3%	90 801	90 420
	Current payment	104 743	-	16 847	121 590	121 591	(1)	100.0%	89 572	89 572
	Transfers and subsidies	596	-	(58)	538	921	(383)	171.2%	1 229	834
	Payment for capital assets	7 100	-	(3 908)	3 192	3 192	-	100.0%	-	14
7.3	Orthotic And Prosthetic Services	28 495	-	(2 586)	25 909	26 236	(327)	101.3%	32 567	32 582
	Current payment	27 942	-	(2 084)	25 858	25 855	3	100.0%	32 250	31 973
	Transfers and subsidies	53	-	(2)	51	381	(330)	747.1%	317	609
	Payment for capital assets	500	-	(500)	-	-	-	-	-	-
	TOTAL	140 934	-	10 295	151 229	151 946	(717)	100.5%	123 368	123 002

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9.2 STRATEGIES TO OVERCOME AREAS OF UNDER-PERFORMANCE

- **Reduce medicine stock-outs**
 - The Department commenced with the implementation of a pilot project to test an electronic Early Warning System (Stock Visibility Solution) for stock-outs and stock levels of essential medicines at PHC facilities in partnership with the National Department of Health and the Vodacom Foundation.
 - The National Department of Health and Province are working on work-flows and processes as part of the SOPs, training manuals and change management documents for PHC clinics. Clinics were provided with mobile phone handsets with software to capture stock information for transmission into a central database for use by managers at all levels. The information on the database is linked to the facilities map that use colours to show the stock status at the clinic. When the stock level reaches a set point, a short message service (SMS) is sent to the supervising manager to alert for action.

- **Improve Grading of Pharmacies**
 - Inadequate infrastructure (space constraints and condition of buildings) continue to have a negative impact on the grading of pharmacies, with the increased demand for medicines at facility level further challenging existing space constraints at facility level. The inadequate infrastructure budget resulted in a number of projects being put on hold. The Infrastructure Programme Development Plan makes provision for essential projects over the next 10 years provided that the funding envelope will accommodate planned projects.

9.3 CHANGES TO PLANNED TARGETS

There have been no changes to targets during the reporting year.

9.4 LINKING PERFORMANCE WITH BUDGET

The table below shows the actual expenditure versus budget allocation for the reporting year.

Table 76: Summary of expenditure for Programme 7

Programme Name	2014/2015			2013/2014		
	Final Appropriation	Actual Expenditure	(Over)/ Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/ Under Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000
Current payment	147,448	147,452	(4)	121,822	121,545	277
Transfers and subsidies	589	1,302	(713)	1,546	1,443	103
Payment for capital assets	3,192	3,192	0	0	14	(14)
Total	151,229	151,946	(717)	123,368	123,002	366
KwaZulu-Natal Total	31,119,465	31,245,510	(126,045)	29,219,210	29,531,410	(312,200)

Source: BAS

The Provincial Pharmaceutical Supply Depot has shown a net trading loss of R 9.3 million for the period ended 31 March 2014. The net loss is attributed mainly to increased pharmaceutical purchase costs and an increase in direct deliveries to

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health facilities which resulted into an overall increase in the 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 2013/14 turnover as a result of increase in trading activities.

Inventory purchase prices increased significantly during the period under review and are mainly 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 the increasing distribution of inventories due to the increased demand for ART, which were charged directly to Institutions; and the number of patients on ART that increased significantly due to policy changes implemented during the year under review.

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10. PROGRAMME 8: HEALTH FACILITIES MANAGEMENT

10.1 PROGRAMME DESCRIPTION

There are no changes to the structure of Programme 8.

Programme Purpose

Provision of new health facilities and the refurbishment, upgrading and maintenance of existing facilities

Sub-Programmes

Sub-Programme 8.1: Community Health Facilities

Construction of new facilities and refurbishment, upgrading and maintenance of existing Community Health Centres, Primary Health Care clinics and facilities

Sub-Programme 8.2: Emergency Medical Services

Construction of new facilities and refurbishment, upgrading and maintenance of existing EMS facilities

Sub-Programme 8.3: District Hospitals

Construction of new facilities and refurbishment, upgrading and maintenance of existing District Hospitals

Sub-Programme 8.4: Provincial (Regional) Hospital Services

Construction of new facilities and refurbishment, upgrading and maintenance of existing Provincial/ Regional Hospitals and Specialised Hospitals

Sub-Programme 8.5: Central Hospital Services

Construction of new facilities and refurbishment, upgrading and maintenance of existing Tertiary and Central Hospitals

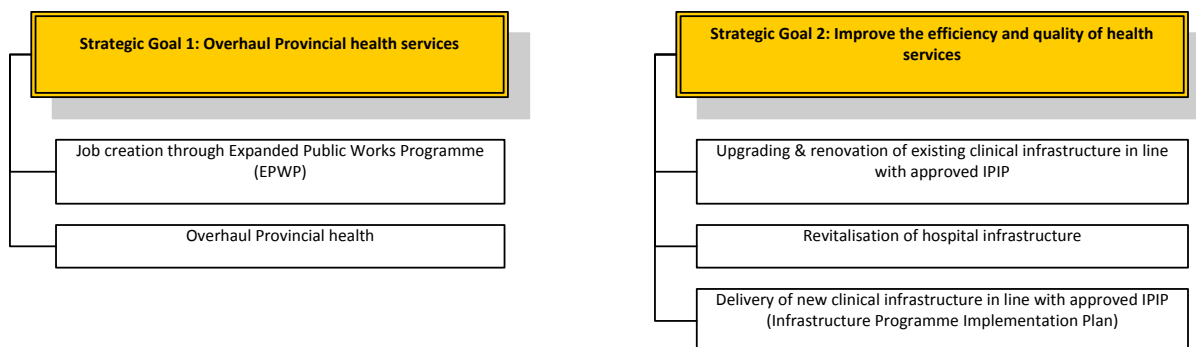
Sub-Programme 8.6: Other Facilities

Construction of new facilities and refurbishment, upgrading and maintenance of other health facilities including forensic pathology facilities and nursing colleges and schools

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10.2 STRATEGIC GOALS AND OBJECTIVES



10.1 STRATEGIC OBJECTIVES, PERFORMANCE INDICATORS, TARGETS AND ACTUAL ACHIEVEMENTS

Maintenance

The management of maintenance at district and facility level is still a challenge due to inadequately skilled personnel and ineffective systems. Over the last 2 years, the Department filled more than 180 Artisan and related posts in the various districts and institutions to bridge the skills gap. Ten districts spent more than 90% and one 77% of the allocated maintenance budget. Contractors increased resources during the reporting year to improve outcomes.

Job creation through the Expanded Public Works Programme (EPWP)

During 2014/15, a total of 4 982 jobs were created through the EPWP against a target of 2 300.

Delivery of new infrastructure

- Two Community Health Centres, Pomeroy in Umzinyathi and Dannhauser in Amajuba, have been completed at a cost of R325.9 million. The Jozini Community Health Centre in Umkhanyakude is 90% complete at an expected total cost of R268.5 million.
- Construction of the Nurse Residence at the Isithebe Clinic in Ilembe has been completed at a cost of R18.7 million.
- Four new clinics, Shongweni Dam (eThekweni), Mqatsheni (Harry Gwala), Gwaliweni (Umkhanyakude), and Enhlekiseni with accommodation and guard house (Zululand) has been completed at a total cost of R54.017 million.

Upgrading and renovation of existing infrastructure

Fifty one (51) projects have been completed during the reporting year against a target of 49.

Revitalisation of hospital infrastructure

The Department had to delay starting some of the Health Facility Revitalisation Grant projects in order to prevent over-expenditure against the total infrastructure allocation. This was mainly due to the significant reduction in the Equitable Share budget since 2012/13. The Department spent 100% of the Infrastructure Facility Revitalisation Grant.

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Table 77: Customised Performance Indicators

APP 2014/15: Table 94, Page 209							
Strategic Objective Statement	Performance Indicator	Data Source	Actual Achievement 2013/14	Planned Target 2014/15	Actual Achievement 2014/15	Deviation from Planned Target to Actual Achievement during 2014/15	Comment on Deviation
Ensure all districts are spending at least 15% of their infrastructure on maintenance (preventative and scheduled) by 2019	1. Proportion of Programme 8 budget spent on maintenance (preventative and scheduled)	BAS	Not reported	11%	15%	36.4%	Target has been exceeded. Increased focus on the maintenance of existing buildings. The maintenance budget was revised to R211 595 to cover additional unplanned maintenance and carry-overs from 2013/14.
	<i>Expenditure on maintenance (preventive and scheduled)</i>	<i>BAS (R'000)</i>	-	<i>159 000</i>	<i>233 207</i>		
	<i>Infrastructure budget</i>	<i>BAS (R'000)</i>	-	<i>1 680 544⁵⁴</i>	<i>1 679 036</i>		
	2. Number of districts spending more than 90% of maintenance budget	BAS	Not reported	11	10	(9%)	Uthukela spent 77% of its Maintenance budget due to capacity constraints to manage projects. Contractors increased resources in order to make up for lost time and finish projects.

⁵⁴ The budget of R 1 497 776 was revised to R 1 680 547 (R'000)

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Table 78: Provincial Strategic Objectives and Targets

APP 2014/15: Table 95, Pages 210-211							
Strategic Objective Statement	Performance Indicator	Data Source	Actual Achievement 2013/14	Planned Target 2014/15	Actual Achievement 2014/15	Deviation from Planned Target to Actual Achievement for 2014/15	Comment on Deviation
Job Creation through Expanded Public Works Programme (EPWP)	1. Number of jobs created through the EPWP	IRS and EPWP Quarterly reports	3 398	2 300	4 982	126.5%	Target has been exceeded. Contractors increased resources to make up for lost time to finish all projects.
Delivery of new clinical infrastructure in line with approved IPIP (Infrastructure Programme Implementation Plan)	2. Number of new clinical projects with completed construction	IRM,PMIS and monthly reports	11	6	10	66.7%	Target has been exceeded. Actual performance exceeded planned performance due to vigorous monitoring strategies employed by the Department through Provincial Infrastructure Delivery Committee meetings, site visits and organisational capacitation programme.
Delivery of new clinical infrastructure in line with approved IPIP (Infrastructure Programme Implementation Plan)	3. Number of new clinical projects where commissioning is complete	IRM,PMIS and monthly reports	6	15	28	87%	Target has been exceeded. Delays in closing of projects in the previous financial years have resulted in more projects being closed in following years.
Upgrading & renovation of existing clinical infrastructure in line with approved IPIP	4. Number of upgrading and renovation projects with completed construction	IRM,PMIS and monthly reports	67	49	51	4%	Target has been exceeded. Vigorous monitoring strategies employed by the Department through Provincial Infrastructure Delivery Committee meetings, site visits and organisational capacitation programmes.
To overhaul Provincial health	5. Percentage of maintenance budget spent	IRM,PMIS and monthly reports	100%	100%	102%	(2%)	Additional unplanned maintenance and carry-overs from 2013/14 resulted in slight over-expenditure.
	<i>Maintenance budget spent</i>	<i>BAS (R'000)</i>	-	-	233 207		

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APP 2014/15: Table 95, Pages 210-211

Strategic Objective Statement	Performance Indicator	Data Source	Actual Achievement 2013/14	Planned Target 2014/15	Actual Achievement 2014/15	Deviation from Planned Target to Actual Achievement for 2014/15	Comment on Deviation
	<i>Maintenance budget</i>	<i>BAS (R'000)</i>	-	-	211 595		
Revitalisation of Hospital Infrastructure	6. Hospital revitalisation expenditure as percentage of total annual budget	IRM,PMIS and monthly reports	100%	44%	32%	(27.3%)	The Dr Pixley Isaka Ka Seme new 500 bed Regional Hospital project has been delayed in starting due to a delayed SCM adjudication process within IDT. Ngwelezana Hospital 192 bedded wards are progressing very slowly on site which caused delays and under-expenditure as well as the cancellation of two projects at the King Dinuzulu Hospital.
	<i>Hospital revitalisation expenditure</i>	<i>BAS</i>	-	646 132	537 465		
	<i>Infrastructure budget</i>	<i>BAS</i>	-	1 680 548 ⁵⁵	1 679 036		

Table 79: Budget Appropriation and Expenditure

Programme per sub-programme		2014/15							2013/14	
		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	307 486	-	136 075	443 561	443 562	(1)	100.0%	522 627	523 719
	Current payment	55 103	-	3 821	58 924	58 924	-	100.0%	43 899	42 259
	Payment for capital assets	252 383	-	132 254	384 637	384 638	(1)	100.0%	478 728	481 460

⁵⁵ R 1 479 357 adjusted to R 1 680 548 during the Adjustment Period (R'000)

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Programme per sub-programme		2014/15						2013/14		
		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
8.2	Emergency Medical Rescue Services	694	-	(694)	-	-	-	-	671 465	588 488
	Current payment	694	-	(694)	-	-	-	-	76 740	81 194
	Payment for capital assets	-	-	-	-	-	-	-	594 725	507 294
8.3	District Hospital Services	540 694	-	(64 040)	476 654	476 652	2	100.0%	1 009	1 328
	Current payment	51 679	-	35 342	87 021	87 020	1	100.0%	1 009	1 315
	Payment for capital assets	489 015	-	(99 382)	389 633	389 632	1	100.0%	-	13
8.4	Provincial Hospital Services	539 311	-	(39 080)	500 231	500 232	(1)	100.0%	514 360	600 958
	Current payment	92 168	-	10 697	102 865	102 865	-	100.0%	80 577	100 221
	Payment for capital assets	447 143	-	(49 777)	397 366	397 367	(1)	100.0%	433 783	500 737
8.5	Central Hospital Services	18 362	-	323	18 685	18 685	-	100.0%	23 449	24 396
	Current payment	9 134	-	4 424	13 558	13 558	-	100.0%	10 205	10 918
	Payment for capital assets	9 228	-	(4 101)	5 127	5 127	-	100.0%	13 244	13 478
8.6	Other Facilities	274 000	-	(34 094)	239 906	239 906	-	100.0%	267 874	261 917
	Current payment	119 501	-	(2 713)	116 788	116 765	23	100.0%	137 019	113 542
	Transfers and subsidies	14	-	-	14	37	(23)	264.3%	20 000	20 022
	Payment for capital assets	154 485	-	(31 381)	123 104	123 104	-	100.0%	110 855	128 353
	TOTAL	1 680 547	-	(1 510)	1 679 037	1 679 037	-	100.0%	2 000 784	2 000 806

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10.2 STRATEGIES TO OVERCOME AREAS OF UNDER-PERFORMANCE

- To counteract the inadequate funding envelope for Health Facilities Management, the Department has developed a 10-year U-AMP requesting an average annual budget of R1.9 billion over the next three years based on service delivery pressures and a number of projects which have already been designed. The Department submitted the plan to the National Department of Health in October 2014, and received an additional budget allocation from National Treasury.
- There is still a challenge with capacity, skills and system efficiency at district and hospital level to manage facility maintenance. The Department has, in the past two years, filled more than 180 Artisan and related posts in the various institutions and Districts Offices to bridge this gap. Capacity development will continue over the next planning cycle.
- The Health Facility Management post structure was revised to align with functions. Critical posts were identified and advertised, and existing staff members have been placed in relevant posts on the revised structure. Of the 46 posts funded in the Division of Revenue Act (DORA), 15 posts have been filled through placement of existing staff and new recruitments and a further 15 posts have been advertised for placement.
- Due to poor performance of the IAs, the Department gave IDT a three months' notice period – the contract will be terminated at the end of June 2015. Departmental capacity will be increased to implement projects in-house provided internal SCM approval. Further in-house capacity will be developed to take over some of the major projects in order to achieve the required results.

10.3 CHANGES TO PLANNED TARGETS

There have been no changes to targets during the reporting year.

10.4 LINKING PERFORMANCE WITH BUDGET

The table below shows the actual expenditure versus allocated budget for the reporting year.

Table 80: Summary of expenditure for Programme 8

Programme Name	2014/2015			2013/2014		
	Final Appropriation	Actual Expenditure	(Over)/ Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/ Under Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000
Current payment	379,156	379,132	24	349,449	349,449	0
Transfers and subsidies	14	37	(23)	20,000	20,022	(22)
Payment for capital assets	1,299,867	1,299,868	(1)	1,631,335	1,631,335	
Total	1,679,037	1,679,037	0	2,000,784	2,000,806	(22)
KwaZulu-Natal Total	31,119,465	31,245,510	(126,045)	29,219,210	29,531,410	(312,200)

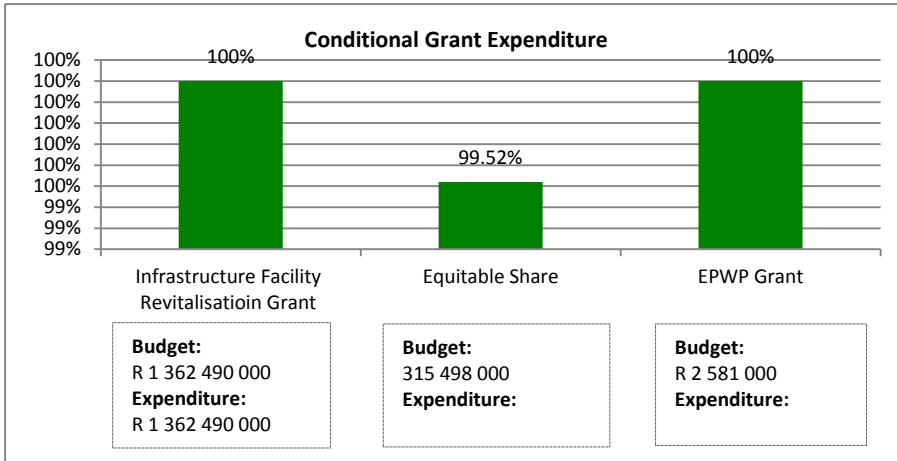
Source: BAS

The Department prepared and submitted an additional budget request to the National Department of Health and National Treasury. The bid was successful and the Department received an additional amount of R200 million during the adjustment period. The Department spent 99.52% of the total allocation (including adjustment amount) by the end of the financial year (Graph 6).

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Graph 6: Health Facilities Management expenditure for 2014/15



Source: BAS; Infrastructure Development

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11. TRANSFER PAYMENTS

11.1 TRANSFER PAYMENTS TO ORGANISATIONS OTHER THAN PUBLIC ENTITIES

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

Table 81: 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					
Ladysmith Municipal Clinic	To subsidise the provision of PHC for personal health services at municipal clinics	Yes	R534	R534	Payments made on a claim back basis as per SLA
Umlhathuze Municipal Clinic	To subsidise the provision of PHC for personal health services at municipal clinics	Yes	R 10 451	R 10 451	Payments made on a claim back basis as per SLA
eThekwini Municipal Clinic	To subsidise the provision of PHC for personal health services at municipal clinics	Yes	R 105 00	R 105 000	Payments made on a claim back basis as per SLA
Endumeni Municipal Clinic	To subsidise the provision of PHC for personal health services at municipal clinics	Yes	R 746	R 746	Payments made on a claim back basis as per SLA
Umgeni Municipal Clinic	To subsidise the provision of PHC for personal health services at municipal clinics	Yes	R 673	R 673	Payments made on a claim back basis as per SLA
Departmental Agencies And Accounts					
Skills Development Levy	Compulsory levy paid to Health and Welfare Sector Education Training Authority for skills development	Yes	R 15 768	R 15 768	-
Com: SABC TV Licences	TV licences annual fees	Yes	R127	R127	-
Department of Transport	For the licensing of Departmental motor vehicles	Yes	R5 232	R5 232	-

Source: BAS

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 82: 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
eThekwini	To subsidise the provision of PHC for personal health services at municipal clinics	R 129 609	R 105 000	Delays in finalisation of the SLA

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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
Umhlatuze Municipality	To subsidise the provision of PHC for personal health services at municipal clinics	R 16 000	R 10 451	Delays in the expansion to the full PHC package and non-appointment of nurses

- 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 in eThekweni Metro 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 Municipality to resolve the impasse.

12. CONDITIONAL GRANTS

12.1 CONDITIONAL GRANTS AND EARMARKED FUNDS RECEIVED

The tables below detail the Conditional Grants and Earmarked Funds received for the period 1 April 2014 to 31 March 2015

Table 83: National Tertiary Services Grant (NTSG)

Name of the Grant	National Tertiary Services Grant
Department who transferred the Grant	<ul style="list-style-type: none"> ▪ National Department of Health (Vote 16).
Purpose of the Grant	<ul style="list-style-type: none"> ▪ Ensure provision of tertiary health services for all South African citizens. ▪ To compensate tertiary facilities for the additional costs associated with the provision of tertiary services.
Expected outputs of the grant	<ul style="list-style-type: none"> ▪ 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.
Actual outputs achieved	<ul style="list-style-type: none"> ▪ The tertiary package of services, as specified in the KZN NTSG SLA, is provided as follows: IALCH (100%), Greys (80%), Ngwelezana (33%) and King Edward VIII (50%). ▪ The decrease in Equitable Share and NTSG allocations resulted in the package of tertiary services being sustained with no commissioning of new services. ▪ The following Specialist Doctors, Nurses and Allied Health Professional have been appointed: <ul style="list-style-type: none"> – IALCH: Specialists: 16 – Greys: Head of Clinical Units: 3; Specialists: 7; and 69 Specialist Nurses in 9 clinical disciplines. – King Edward VIII: Specialists: 30; Nursing specialty posts: 3; Head Clinical Unit: 8; Allied Professionals: 19; and 62 Professional Nurses. – Ngwelezana: Specialists: 4; Head Clinical Units: 3. ▪ The COE and G&S budget for outreach programmes supported the provision of high quality clinical care at outlying Regional Hospitals. Outreach Programmes were provided by multidisciplinary teams which enhanced and sustained the clinical skills of professionals at Regional and selected District Hospitals. ▪ In-service training programmes were conducted at IALCH and outside venues, with the use of telemedicine for academic teaching and case discussions.
Amount per amended DORA	R1 496 427
Amount received (R'000)	R1 496
Reasons if amount as per DORA was not received	N/A

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Name of the Grant	National Tertiary Services Grant
Amount spent by the Department (R'000)	R1 496
Reasons for the funds unspent by the entity	The Grant was fully spent.
Reasons for deviations on performance	N/A
Measures taken to improve performance	N/A
Monitoring mechanism by the receiving Department	<ul style="list-style-type: none"> ▪ A Tertiary Services Programme Manager is responsible for monitoring Tertiary Services. ▪ Performance indicators in Hospital Business Plans were developed with relevant stakeholders and aligned with Conditional Grants – Schedule 4, DORA and PFMA prescripts. National and Provincial Strategic priorities for the delivery of Tertiary Services have been integrated into the activities of the NTSG Service Delivery Plan. ▪ The Provincial Budget Office and Programme Manager conducted monthly expenditure reviews. ▪ Governance/ Management Structures conducted monthly expenditure and performance reviews and submitted quarterly reports to the Programme Manager, as well as District and Provincial finance management components. ▪ Site visits and managing by walk- about were conducted quarterly and ad hoc. ▪ Clinical audits are conducted monthly in each hospital by multidisciplinary teams and quarterly quality indicators were reported to the Programme Manager. Quality Improvement Plans (QIP) has been monitored by the Quality Management Teams in each hospital.

Table 84: 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 and Actual Achievements	Indicators	Expected Outcomes	Actual Achievements
	▪ Number of fixed public health facilities offering ART services	618	632
	▪ Number of new patients that started on ART	180 000	214 914
	▪ Total number of patients on ART remaining in care	1 038 556	951 462
	▪ Number of beneficiaries served by home-based caregivers	3 300 000	2 610 614
	▪ Number of active home-based carers receiving stipends	10 621	9 105
	▪ Number of male and female condoms distributed	1 272 000	196 002 188
	▪ Number of High Transmission Areas (HTA) intervention sites	107	124
	▪ Number of Antenatal Care (ANC) clients initiated on life-long ART	52 000	55 781
	▪ Number of babies Polymerase Chain Reaction (PCR) tested at 6 weeks	64 000	76 653
	▪ Number of HIV positive clients screened for TB	387 572	331 650
	▪ Number of HIV positive patients that started on IPT	331 716	115 014
	▪ Number of active lay counsellors on stipends	2 199	2 148
▪ Number of clients pre-test counselled on HIV testing (including	2 273 771	2 667 403	

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Name of the Grant	Comprehensive HIV / AIDS Grant		
	antenatal)		
	▪ Number of clients tested for HIV (including antenatal)	2 067 065	2 651 298
	▪ Number of health facilities offering MMC services	78	76
	▪ Medical Male Circumcision performed	291 377	77 517
	▪ Sexual assault cases offered ARV prophylaxis	6 800	4 590
	▪ Step Down Care facilities/units	4	4
	▪ Doctors and professional nurses trained on HIV/AIDS, STIs, TB and chronic diseases	120	298
Amount per amended DORA	R3 257 992 000		
Amount received (R'000)	R3 257 992		
Reasons if amount as per DORA was not received	▪ N/A		
Amount spent by the Department (R'000)	R3 257 968		
Reasons for the funds unspent by the entity	▪ N/A		
Reasons for deviations on performance	<ul style="list-style-type: none"> ▪ The targeted number of male medical circumcisions were not met due to: <ul style="list-style-type: none"> – Unavailability of transport to take clients to MMC camps. – Shortage of doctors for MMC Roving Teams. 		
Measures taken to improve performance	<ul style="list-style-type: none"> ▪ MMCs conducted by contracting General Practitioners. ▪ Vehicles to transport clients to MMC camps have been ordered and delivered. 		
Monitoring mechanism by the receiving Department	<ul style="list-style-type: none"> ▪ Quarterly provincial reviews on the HIV/AIDS Conditional Grant as well as performance information. ▪ Facility visits are conducted to ensure that challenges at facility level are being addressed timeously. 		

Table 85: Health Professional Training and Development Grant (HPTDG)

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.
Expected outputs of the Grant	▪ Increase Trained Health Professionals – Registrars.
Actual outputs achieved	▪ A total of 325 Registrars were in trained.
Amount per amended DORA R'000	▪ R 292 837
Amount received (R'000)	▪ R 292 837
Reasons if amount as per DORA was not received	▪ N/A
Amount spent by the Department (R'000)	▪ R 292 837
Reasons for the funds unspent by the entity	▪ N/A
Reasons for deviations on performance	▪ N/A

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Name of the Grant	Health Professional Training And Development
Measures taken to improve performance	<ul style="list-style-type: none"> ▪ N/A
Monitoring mechanism by the receiving Department	<ul style="list-style-type: none"> ▪ Quarterly monitoring of the performance indicators by the Tertiary Services Programme Manager and Provincial Human Resource representative. ▪ Monthly liaison between the Programme Manager and relevant managers to rectify financial journals. ▪ Reports were submitted to the Senior General Manager Specialized Services and Clinical Support, CFO, HOD and NDOH in accordance with the DORA reporting framework.

Table 86: NHI Grant: Umgungundlovu District

Name of the Grant	National Health Insurance – Umgungundlovu District
Department who transferred the Grant	<ul style="list-style-type: none"> ▪ National Department of Health (Vote 16).
Purpose of the Grant	<ul style="list-style-type: none"> ▪ Test innovations in health service delivery for implementation of NHI. ▪ Undertake health system strengthening activities in identified areas. ▪ Assess the effectiveness of interventions/ activities undertaken in the district.
Expected outputs of the Grant	<ul style="list-style-type: none"> ▪ Strengthened district capacity for monitoring and evaluation, including research/ impact assessment reports of selected interventions. ▪ Strengthened coordination and integration of existing Ward-Based Outreach Teams within pilot districts. ▪ Strengthened Supply Chain Management. ▪ Strengthened monitoring and evaluation of direct delivery of chronic medication to patients.
Actual outputs achieved	<ul style="list-style-type: none"> ▪ Chronic Medication Community-Based Delivery System facilitated through Medi-Post to reduce congestion and waiting times at facilities: 26 facilities and 34 367 patients enrolled. ▪ Temperature Loggers' Project: Electronically logging temperature in medicine storage facilities for 30 days as per WHO approved Fridge Tag Device improving medicine safety. ▪ Stock Visibility Project: Use of cell phones to remotely monitor stock balances piloted with ARV and TB medication and vaccines to reduce stock-out rate. ▪ Established 68 Phila Mntwana Centres covering 53 wards to improve child health. ▪ Contracted private Medical Practitioners to provide clinical services at PHC facilities: 16 NDOH contracted doctors provided services at 20 clinics and managed 29 539 patients; 9 appointed by FPD through Aurum Institute in January 2015 provided services at 10 clinics; permanently appointed Community Service Officers provided services to 18 clinics. This reduced referral to hospitals, congestion at facilities and waiting times. ▪ District Clinical Specialist Team consisting of Family Medicine Specialist, Advanced PHC Nurse, Child Health Nurse Specialist, and Advanced Midwife. ▪ 14 PHC Outreach Teams and 811 CCGs have been appointed and are functional to provide preventive home-based care at household level. Teams visited 530 945 households. ▪ 23 School Health Teams were operational and rendered health services in 557 schools. Three specialised mobile vehicles were operational (optometry, dental and school health services) with a further 3 mobiles expected in 2015/16. ▪ Efaye, Phatheni and Richmond clinics served as pilot clinics for the Ideal Clinic Realisation and Maintenance programme. A further 47 clinics have been assessed for compliance to the Ideal Clinic Dashboard standards of which 11 scored above 80%. ▪ Implemented the BETA Registration System (for real time registration of clients) in 5 clinics. Performance of clinics can be monitored off site which improve monitoring and support. ▪ Commenced with the first phase implementation of Virtual Electronic Medical Records, in partnership with Health Systems Trust (HST), in 10 selected facilities and 1 Outreach Team referral site – expected to be completed by September 2015. Improved management and patient flow, record keeping and information transfer. ▪ Electronic Stock Management System (Rx Solution): Direct ordering of stock from suppliers and issuing to clients, stock balancing, lead times and expiry dates used as early warning signs. System was piloted in the 3 Ideal Clinics and evaluated in 2014/15. Recommendations will be used for further rollout in 2015/16. ▪ Training conducted: Leadership & Development by HST (57); NHI Grant funded: Financial & Finance (100); and Leadership Development (260); and Monitoring & Evaluation (204).
Amount per amended DORA	R 7 000 000

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Name of the Grant	National Health Insurance – Umgungundlovu District
Amount received (R'000)	R 7 000
Reasons if amount as per DORA was not received	N/A
Amount spent by the Department	R 2 047 954
Reasons for the funds unspent by the entity	<ul style="list-style-type: none"> ▪ Inadequate delegations at district level and inefficiencies including long turn-around time of Provincial SCM. ▪ Inability of service providers to deliver on contract requirements. ▪ Under-estimation of S&T cost for the NHI Team.
Reasons for deviations on performance	<ul style="list-style-type: none"> ▪ Supply Chain Management delays and inadequate electronic systems to manage SCM. ▪ Inadequate delegations at district level resulting in delays. ▪ Suppliers not able to honour contracts after award resulting in delays. ▪ Delay of 10 months by Provincial SCM to appoint service provider for the development of ward-based profiles to inform evidence-based plans (R840 000). ▪ Delay of 10 months by Provincial SCM to appoint service provider to identify causes of child deaths at household level and conduct assessment on effective management of sick children (R560 000). Service provider appointed in February 2015. ▪ Suppliers for installation of shelves unable to deliver on contract resulting in SCM process being repeated 4 times (R199 095). Only 1/8 clinic shelves completed and roll over requested for 2015/16. ▪ Districts pay supplier disbursement costs for Provincial Contract (R153 530). ▪ Higher than expected S&T costs for NHI Team (R20 903). ▪ Digital Pen Recording System not installed due to investigation in awarding of contract – process started in 2013/14 (R1 000 000). Roll over requested for 2015/16. ▪ Establishment of an electronic queuing system failed due to SCM delays (R2 527 000). Roll over requested for 2015/16.
Measures taken to improve performance	<ul style="list-style-type: none"> ▪ Constraints reported through relevant Senior Management structures to expedite establishment of enabling environment including strengthening of SCM and reviewed delegations.
Monitoring mechanism by the receiving Department	<ul style="list-style-type: none"> ▪ Renewed contract of the NHI Monitoring & Evaluation Manager to ensure capacitation of service providers at all levels. Vigorous monitoring of all activities and regular reporting to management structures.

Table 87: NHI Grant: Umzinyathi District

Name of the Grant	National Health Insurance- Umzinyathi District
Department who transferred the Grant	<ul style="list-style-type: none"> ▪ National Department of Health (Vote 16).
Purpose of the Grant	<ul style="list-style-type: none"> ▪ Test innovations in health service delivery for implementation of NHI. ▪ Undertake health system strengthening activities in identified areas. ▪ Assess the effectiveness of interventions/ activities undertaken in the district.
Expected outputs of the Grant	<ul style="list-style-type: none"> ▪ Strengthened district capacity for monitoring and evaluation, including research/ impact assessment reports of selected interventions. ▪ Strengthened coordination and integration of existing Ward-Based Outreach Teams within pilot districts. ▪ Strengthened Supply Chain Management. ▪ Strengthened monitoring and evaluation of direct delivery of chronic medication to patients.
Actual outputs achieved	<ul style="list-style-type: none"> ▪ Research on PHC, Supervision and SCM effectiveness conducted by KPMG in October 2014. Report recommendations disseminated and discussed with stakeholders. ▪ Appointed a Service Provider to conduct training on Leadership and Management. ▪ Virtual Electronic Medical Records (VEMR): Implemented in all PHC facilities by HST/ VP Health Solutions and CSIR. Registration Model installed in 10 selected facilities, 1 District Hospital and 1 Ward-Based Team. Improved IT infrastructure and connectivity at PHC level and creation of appropriate database to improve management of clients. ▪ RX Solution – Integrated Computerised Pharmacy Stock Management and medicine Dispensing System: System fully functional in 11 facilities. Improved medicine controls to reduce over/

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Name of the Grant	National Health Insurance- Umzinyathi District
	<p>under-stocking of medicines and subsequent stock-outs.</p> <ul style="list-style-type: none"> ▪ Referral System: Testing the use of referral books to streamline the referral system from household to hospital level. Established Referral Committees to improve M&E and ensure that challenges are attended to immediately. ▪ Training conducted on HIV and AIDS Guidelines (334); Train the trainer courses on PC101 (50 Professional Nurses); Operational Managers on the electronic patient record system (all Operational Managers); Capacity building programme for Ward-Based and School Health Teams by the University of Pretoria. ▪ Electronic Medical Records: Installed in all clinics to improve patient waiting times and improve continuity of care. ▪ Ground breakers – Youth Grade 12 and under 35 years: Engage with communities to change youth risk behaviour and participate in community dialogues to promote ownership of health in communities with specific focus on youth. ▪ 178 Household Champions appointed to improve community participation and self-reliance. ▪ Appointed 468 CCGs as part of the community teams to render services at household level. ▪ Contracted 14 private Medical Practitioners: A total of 11 contracted by NDOH covered 15 clinics (2 new Practitioners signed contracts and will assume duties in 2015); 3 Practitioners signed contracts with the Foundation for Professional Development through AURUM Institute – 1 allocated to the CHC and 2 shared 5 clinics. A total of 10 606 clients were managed by Practitioners in 2014/15. ▪ Appointed 23 School Health Teams that visited 244 schools and screened 16 147 children. ▪ Appointed 13 Ward-Based Outreach Teams; visited 11 804 households (27 433 people). ▪ District Clinical Specialist Team consists of a PHC Nurse Specialist, Advanced Midwife and Paediatric Nurse Specialist. The team focuses on clinical governance and support to PHC. ▪ Established 54 Phila Mntwana Centres to improve child health. ▪ Web-based reporting of performance information (700 Clinic Project) implemented in 5 clinics. ▪ Virtual Electronic Medical Record implementation in phase 1. Registration module in progress in all clinics.
Amount per amended DORA	R 7 000 000
Amount received (R'000)	R 8 540
Reasons if amount as per DORA was not received	<ul style="list-style-type: none"> ▪ N/A
Amount spent by the Department (R'000)	R 8 334
Reasons for the funds unspent by the entity	<ul style="list-style-type: none"> ▪ Incorrect journal entry for vehicles from Head Office.
Reasons for deviations on performance	<ul style="list-style-type: none"> ▪ Incorrect journal entry for vehicles (R 5 464 915). ▪ Shortage of computers to implement IT projects according to process map.
Measures taken to improve performance	<ul style="list-style-type: none"> ▪ Performance according to process map through vigorous monitoring and support.
Monitoring mechanism by the receiving Department	<ul style="list-style-type: none"> ▪ Appointed M&E Manager capacitate staff to improve monitoring at all levels. Regular reporting and addressing red flags.

Table 88: Health Facility Revitalisation Grant

Name of the Grant	Health Facility Revitalisation Grant
Department who transferred the Grant	<ul style="list-style-type: none"> ▪ National Department of Health (Vote 16).
Purpose of the Grant	<ul style="list-style-type: none"> ▪ To help accelerate construction, maintenance, upgrading and rehabilitation of new and existing infrastructure in health including, health technology, organisational development systems and quality assurance ▪ To enhance capacity to deliver health infrastructure
Expected outputs of the Grant	<ul style="list-style-type: none"> ▪ Number of health facilities, planned, designed, constructed, equipped, operationalised and maintained

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Name of the Grant	Health Facility Revitalisation Grant
Actual outputs achieved	<ul style="list-style-type: none"> ▪ As per Dora Report
Amount per amended DORA	R1 362 469
Amount received (R'000)	R1 362 469
Reasons if amount as per DORA was not received	<ul style="list-style-type: none"> ▪ N/A
Amount spent by the department (R'000)	R1 362 469
Reasons for the funds unspent by the entity	<ul style="list-style-type: none"> ▪ N/A
Reasons for deviations on performance	<ul style="list-style-type: none"> ▪ N/A
Measures taken to improve performance	<ul style="list-style-type: none"> ▪ N/A
Monitoring mechanism by the receiving department	<ul style="list-style-type: none"> ▪ Monthly reports, meetings with Implementing Agents

Table 89: Social Sector EPWP Incentive Grant to Provinces

Name of the Grant	Social Sector EPWP Incentive Grant for Provinces
Department who transferred the Grant	<ul style="list-style-type: none"> ▪ National Department of Public Works (Vote 7).
Purpose of the Grant	<ul style="list-style-type: none"> ▪ To incentivise provincial social sector departments identified in the 2013 Social Sector EPWP Log-frame to increase job creation by focusing on the strengthening and expansion of social service programmes that have employment potential
Expected outputs of the Grant	<ul style="list-style-type: none"> ▪ 111 number of FTEs funded through this grant ▪ A minimum of 108 people employed and receiving income through the EPWP ▪ A minimum average duration of the 200 person days for work opportunities created ▪ A minimum of 36 828 beneficiaries to whom services are provided ▪ A minimum daily wage of R70.59 per EPWP beneficiary ▪ A minimum of 108 beneficiaries who received training
Actual outputs achieved	<ul style="list-style-type: none"> ▪ 111 number of FTEs funded through this grant ▪ A minimum of 108 people employed and receiving income through the EPWP ▪ A minimum average duration of the 200 person days for work opportunities created ▪ A minimum of 77 760 beneficiaries to whom services are provided ▪ A minimum daily wage of R70.59 per EPWP beneficiary ▪ A minimum of 108 beneficiaries who received training
Amount per amended DORA	R 2 580 000
Amount received (R'000)	R 2 580
Reasons if amount as per DORA was not received	<ul style="list-style-type: none"> ▪ N/A
Amount spent by the Department (R'000)	R 2 580
Reasons for the funds unspent by the entity	<ul style="list-style-type: none"> ▪ N/A
Reasons for deviations on performance	<ul style="list-style-type: none"> ▪ No training has been provided in administration of the grant and there is a need for additional data capturers to capture monthly data for onward submission to NDPW.
Measures taken to improve performance	<ul style="list-style-type: none"> ▪ The tracking and reporting of services delivered has improved since the implementation of the EPWP Projects since the introduction of the grant. The grant has however assisted by increasing the number of CCGs where there was a shortage.

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Name of the Grant	Social Sector EPWP Incentive Grant for Provinces
Monitoring mechanism by the receiving Department	<ul style="list-style-type: none"> Monthly submissions of the financial and non-financial data to NDPW have improved. The province has ensured that 2 staff members were trained on the EPWP reporting system. Monitoring of CCG's is done by the Provincial Manager.

Table 90: Expanded Public Works Integrated Grant to Provinces

Name of the Grant	EPW Integrated Grant to Province
Department who transferred the Grant	<ul style="list-style-type: none"> National Department of Public Works (Vote 7).
Purpose of the Grant	<ul style="list-style-type: none"> To incentivise provincial departments to expand work creation efforts through the use of labour intensive delivery methods in the following identified focus areas, in compliance with 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	R 4,982,000
Amount per amended DORA	R 2,581,000
Amount received (R'000)	R 2,581,000
Reasons if amount as per DORA was not received	<ul style="list-style-type: none"> N/A
Amount spent by the Department (R'000)	R 2,581,000
Reasons for the funds unspent by the entity	<ul style="list-style-type: none"> N/A
Reasons for deviations on performance	<ul style="list-style-type: none"> N/A
Measures taken to improve performance	<ul style="list-style-type: none"> N/A
Monitoring mechanism by the receiving Department	<ul style="list-style-type: none"> Monthly reports from Institutions/Districts and IRM reports

13. DONOR FUNDS

13.1 DONOR FUNDS RECEIVED

The table below details donor funds received for the period 1 April 2014 and 31 March 2015.

Table 91: Donor funds received

Name of Donor: Atlantic Philanthropies	
Full amount of the funding	<ul style="list-style-type: none"> R 12 000 000
Period of the commitment	<ul style="list-style-type: none"> Two years (further extension received).
Purpose of the funding	<ul style="list-style-type: none"> To strengthen the institutional capacity of the KwaZulu-Natal College of Nursing in order to enhance training and research capacity.

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Name of Donor: Atlantic Philanthropies	
Expected outputs	<ul style="list-style-type: none"> Position the KwaZulu-Natal College of Nursing in the Higher Education landscape by the year 2016/17 in respect of education, training and research, quality improvement, and leadership and governance.
Actual outputs achieved	<ul style="list-style-type: none"> Development of a strategic and implementation plan.
Amount carried over (R'000)	<ul style="list-style-type: none"> R7 617
Amount spent by the Department (R'000)	<ul style="list-style-type: none"> R 60
Reasons for the funds unspent	<ul style="list-style-type: none"> Due to continued delays experienced with the implementation processes, this donation could not be spent in 2014/15. The continuation of this donation is still in progress.
Monitoring mechanism by the donor	<ul style="list-style-type: none"> Progress report.
Name of Donor: Astra Zeneca (Astra Zeneca Pharm)	
Full amount of the funding	<ul style="list-style-type: none"> R 196 000
Period of the commitment	<ul style="list-style-type: none"> Not specified.
Purpose of the funding	<ul style="list-style-type: none"> Drug Trials.
Expected outputs	<ul style="list-style-type: none"> Drug Trials.
Actual outputs achieved	<ul style="list-style-type: none"> The project is still in progress.
Amount carried over (R'000)	<ul style="list-style-type: none"> R 29 000
Amount spent by the Department (R'000)	<ul style="list-style-type: none"> R0
Reasons for the funds unspent	<ul style="list-style-type: none"> The project is still in progress.
Monitoring mechanism by the donor	<ul style="list-style-type: none"> Drug Trial report.
Name of Donor: Conforth Investments	
Full amount of the funding	<ul style="list-style-type: none"> R 151 000
Period of the commitment	<ul style="list-style-type: none"> Not specified.
Purpose of the funding	<ul style="list-style-type: none"> Improvement of the Infection Control Unit in ward A4.
Expected outputs	<ul style="list-style-type: none"> Installation of access control doors & purchasing of furniture in Haematology Department.
Actual outputs achieved	<ul style="list-style-type: none"> Installed 2 access control doors and additional seating for patients in ward A4 west.
Amount carried over (R'000)	<ul style="list-style-type: none"> R 50
Amount spent by the Department (R'000)	<ul style="list-style-type: none"> R 18
Reasons for the funds unspent	<ul style="list-style-type: none"> Awaiting further action from donor on the utilisation of the remaining balance.
Monitoring mechanism by the donor	<ul style="list-style-type: none"> Report on progress.
Name of Donor: Department of Local Government & Traditional Affairs	
Full amount of the funding	<ul style="list-style-type: none"> R 228 000
Period of the commitment	<ul style="list-style-type: none"> Not specified.
Purpose of the funding	<ul style="list-style-type: none"> Purchase of EMS vehicles and medical equipment.
Expected outputs	<ul style="list-style-type: none"> Emergency and Rescue equipment for the EMS Vehicles.
Actual outputs achieved	<ul style="list-style-type: none"> Purchased emergency and rescue equipment.
Amount carried over (R'000)	<ul style="list-style-type: none"> R 3
Amount spent by the	<ul style="list-style-type: none"> R 0

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Name of Donor: Atlantic Philanthropies	
Department (R'000)	
Reasons for the funds unspent	<ul style="list-style-type: none"> Funds were spent but not correctly reflected.
Monitoring mechanism by the donor	<ul style="list-style-type: none"> Report.
Name of Donor: Impumumelelo Trust Innovation	
Full amount of the funding	<ul style="list-style-type: none"> R 24 000
Period of the commitment	<ul style="list-style-type: none"> Not specified.
Purpose of the funding	<ul style="list-style-type: none"> Training programme for HIV and AIDS.
Expected outputs	<ul style="list-style-type: none"> Prize money to be spent on HIV/ADIS related projects.
Actual outputs achieved	<ul style="list-style-type: none"> Nil.
Amount carried over (R'000)	<ul style="list-style-type: none"> R 24
Amount spent by the Department (R'000)	<ul style="list-style-type: none"> R 0
Reasons for the funds unspent	<ul style="list-style-type: none"> Still in the planning phase.
Monitoring mechanism by the donor	<ul style="list-style-type: none"> Report.
Name of Donor: MASEA Awards	
Full amount of the funding	<ul style="list-style-type: none"> R125 000
Period of the commitment	<ul style="list-style-type: none"> Not specified.
Purpose of the funding	<ul style="list-style-type: none"> Annual Service Excellence Awards 2014/15.
Expected outputs	<ul style="list-style-type: none"> Awardees to receive funding.
Actual outputs achieved	<ul style="list-style-type: none"> Money to be spent on Service Excellence Awards.
Amount carried over (R'000)	<ul style="list-style-type: none"> R 125 000
Amount spent by the Department (R'000)	<ul style="list-style-type: none"> R 0
Reasons for the funds unspent	<ul style="list-style-type: none"> Received in last month of financial year.
Monitoring mechanism by the donor	<ul style="list-style-type: none"> None.

14. CAPITAL INVESTMENT

14.1 CAPITAL INVESTMENT, MAINTENANCE AND ASSET MANAGEMENT PLAN

CAPITAL INVESTMENT, MAINTENANCE AND ASSET MANAGEMENT PLAN

Progress: Maintenance of Infrastructure

Maintenance increased largely due to projects for upgrades and additions not performing as projected with the main contributors for upgrading underspending Edendale Hospital for the upgrade to the existing Accident & Emergency Unit and outpatient department; Natalia building for the relocation of EMS from the 16th floor to ground floor; and Stanger Hospital for the labour and neo-natal ward.

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New infrastructure assets were over-spent largely due to the building of new CHCs namely Pomeroy, Jozini and Dannhauser.

Rehabilitation, Renovation & Refurbishment increased mainly due to RK Khan Hospital completion of P Block, and GJ Crooks Hospital Phase 2-4 casualty, trauma and admissions completion contract.

As indicated above additional funding was directed to maintenance, new and rehabilitation due to the upgrade projects not performing to projections.

Table 92: 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	359 420	395 253	-35 833	343 742	475 909	-132 167
Existing infrastructure assets	1 273 435	13 846		1 555 272	1 480 827	74 445
Upgrades and additions	709 245	633 454	75 791	904 757	840 089	64 668
Rehabilitation, renovations & refurbishment	261 000	271 158	-10 158	322 085	315 337	6 748
Maintenance and repairs	303 190	354 977	-51 787	328 430	325 401	3 029
Infrastructure transfer						0
Current					22	-22
Capital				20 000	20 000	0
Total	1 632 855	1 654 842	-21 987	1 919 014	1 976 758	-57 744

Source: BAS

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Table 93: Infrastructure projects 2014/15

No.	Facility/ Asset Name	Project Description	Project status	Municipality Name	District Municipality Name	Nature of Investment	Project Construction / Maintenance duration		Total project Cost (R'000)	Total Project Expenditure for Previous Financial years R'000	2014-15 Actual expenditure R'000
1	Addington Hospital	Refurbishment and Rehabilitation of the hospital (Core Block)	Construction 76% - 99%	eThekwini	Metros KZ	Upgrade and Additions	19 March 2014	22 March 2014	R 171 839	R 130 611	R 21 600
2	Addington Hospital	Upgrade 3rd Floor Theatres	Practical Completion (100%)	eThekwini	Metros KZ	Renovations, Rehabilitation or Refurbishments	20 Feb 2014	19 Jan 2015	R 33 000	R 4 200	R 28 141
3	Addington Nursing College	Renovations and Additions to existing building	Practical Completion (100%)	eThekwini	Metros KZ	Renovations, Rehabilitation or Refurbishments	4 July 2012	16 May 2014	R 30 983	R 26 333	R 3 796
4	Altona Clinic	Repairs And Renovations	Practical Completion (100%)	UPhongo	Zululand	Upgrade and Additions	22 March 2013	20 Dec 2013	R 10 322	R 10 039	R 870
5	Appelsbosch Hospital	New Staff Accommodation U.T.B Additions and Alterations to Staff & Nurses Accommodation	Practical Completion (100%)	Msunduzi	uMgungundlovu	Upgrade and Additions	5 Oct 2011	8 April 2014	R 17 495	R 16 384	R 2 277
6	Appelsbosch Hospital	New Admin Block	Practical Completion (100%)	Msunduzi	uMgungundlovu	Upgrade and Additions	10 Jan 2011	17 Feb 2012	R 13 409	R 13 135	R 120
7	Appelsbosch Hospital	Alterations to Theatre, X-Ray, CSSD (Completion contract of 001156)	Practical Completion (100%)	uMshwathi	uMgungundlovu	Upgrade and Additions	28 July 2011	14 Feb 2012	R 14 086	R 13 915	R 455
8	Babanango Clinic	Construction of New Clinic	Final Completion	Ulundi	Zululand	Upgrade and Additions	8 Dec 2011	16 May 2013	R 18 434	R 18 417	R 997
9	Benedictine Hospital (Nursing College)	Student Accommodation (40 beds); Phase 1	Tender	Nongoma	Zululand	Upgrade and Additions	30 Sept 2014	30 March 2016	R 66 374	R 34	R 3 541
10	Bethesda Hospital	Demolish existing Nurses Units, relocate Water Chlorifying Room & Extraction Room and Built New Paeds Ward and 20 Mother Lodge ward	Practical Completion (100%)	Jozini	Umkhanyakude	Renovations, Rehabilitation or Refurbishments	2 Aug 2012	4 Sept 2014	R 25 004	R 18 349	R 7 707
11	Catherine Booth Hospital	New water storage tank and replacement of galvanised pipes.	Practical Completion (100%)	Umlalazi	uThungulu	Renovations, Rehabilitation or Refurbishments	8 Nov 2011	8 Aug 2014	R 5 840	R 5 765	R 1 055
12	Ceza Hospital	Renovations to Ceza Hospital Mpumalanga Flats and existing doctors houses	Practical Completion (100%)	Ulundi	Zululand	Upgrade and Additions	17 Aug 2012	22 Jan 2014	R 20 523	R 10 900	R 80
13	Ceza Hospital	Construction of New Theatre and CSSD	Final Completion	Ulundi	Zululand	Upgrade and Additions	18 Jan 2012	11 Sept 2013	R 18 241	R 17 730	R 1 605
14	Charles Johnson Memorial Hospital	Upgrading of Nurses residences	Practical Completion (100%)	Nquthu	Umzinyathi	Upgrade and Additions	22 Aug 2012	16 Oct 2013	R 1 850	R 1 712	R -

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No.	Facility/ Asset Name	Project Description	Project status	Municipality Name	District Municipality Name	Nature of Investment	Project Construction / Maintenance duration		Total project Cost (R'000)	Total Project Expenditure for Previous Financial years R'000	2014-15 Actual expenditure R'000
15	Charles Johnson Memorial Hospital	New Kitchen, Laundry and Casualty Department (Completion contract of 017704)	Practical Completion (100%)	Nquthu	Umzinyathi	Upgrade and Additions	27 Oct 2011	25 July 2013	R 16 183	R 15 736	R 719
16	Charles Johnson Memorial Hospital (Nursing Colleges)	Internal upgrading of Nurses residences (Phase 2), Remove built-in long desks so that individual student desks and chairs could be used	Tender	Nquthu	Umzinyathi	Renovations, Rehabilitation or Refurbishments	30 July 2014	30 July 2015	R 5 400		R 175
17	Christ The King Hospital	Relocate Accommodation	Practical Completion (100%)	Ubuhlebezwe	Harry Gwala	Upgrade and Additions	31 Jan 2008	03 Sept 2013	R 35 498	R 34 823	R 1 948
18	Church Of Scotland Hospital	Replace Paediatric Ward With Male and Female TB Ward	Construction 76% - 99%	Msinga	Umzinyathi	Upgrade and Additions	4 July 2012	12 Feb 2015	R 56 110	R 24 635	R 21 005
19	Dannhauser CHC	Construction of a New CHC	Practical Completion (100%)	Dannhauser	Amajuba	New or Replaced Infrastructure Asset	28 March 2012	26 Nov 2014	R 190 785	R 163 398	R 27 386
20	Dr Pixley Ka Seme Hospital	New 500 bed Regional Hospital	Construction 1% - 25%	eThekwini	Metros KZ	Upgrade and Additions	19 Jan 2015	30 Nov 2018	R 1 935 862	R 122 889	R 100 743
21	Dr Pixley ka Seme Hospital	Payment for Levies	Construction 51% - 75%	eThekwini	Metros KZ	Upgrade and Additions	23 Sept 2011	22 July 2012	R 4 292	R 1 977	R 1 058
22	Dundee Regional Laundry	Upgrade the Regional Laundry: Buildings and Equipment	Design	Endumeni	Umzinyathi	Upgrade and Additions	3 Nov 2014	28 Feb 2016	R 100 000	R 942	R 718
23	Dundee Regional Laundry	Procurement of Equipment	Tender	Endumeni	Umzinyathi	Upgrade and Additions	22 Nov 2012	21 Sept 2013	R 11 860	R 7 900	R 4 775
24	Edendale Hospital	Health Technology Equipment	Construction 76% - 99%	Msunduzi	uMgungundlovu	Upgrade and Additions	01 April 2014	31 March 2015	R 22 000	R 31 526	R 1 519
25	Edendale Hospital	Upgrade existing roads, parking and helistop	Practical Completion (100%)	Msunduzi	uMgungundlovu	Upgrade and Additions	13 June 2012	30 Nov 2013	R 7 820	R 8 341	R -
26	Edendale Hospital	Maintenance of Highlands Flats at Alexandra road and repair to Fire burnt building	Practical Completion (100%)	Msunduzi	uMgungundlovu	Upgrade and Additions	15 Aug 2012	17 July 2014	R 8 684	R 7 036	R 1 649
27	Edendale Hospital	Implementation of a New CDC Clinic and ARV facility	Practical Completion (100%)	Msunduzi	uMgungundlovu	Upgrade and Additions	7 March 2012	16 Sept 2014	R 58 106	R 48 072	R 7 469
28	Edendale Hospital	Upgrade existing Accident & Emergency Unit and OPD	Construction 51% - 75%	Msunduzi	uMgungundlovu	Upgrade and Additions	31 Oct 2012	30 Jan 2014	R 74 750	R 29 832	R 16 034
29	Edendale Hospital	Upgrade Psychiatric Ward	Practical Completion (100%)	Msunduzi	uMgungundlovu	Upgrade and Additions	16 Oct 2012	30 Nov 2013	R 7 023	R 7 084	R 736
30	Edendale Hospital	Convert steam reticulation to electrical reticulation	Construction 76% - 99%	Msunduzi	uMgungundlovu	Upgrade and Additions	13 June 2012	30 May 2013	R 21 180	R 20 283	R 8

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No.	Facility/ Asset Name	Project Description	Project status	Municipality Name	District Municipality Name	Nature of Investment	Project Construction / Maintenance duration		Total project Cost (R'000)	Total Project Expenditure for Previous Financial years R'000	2014-15 Actual expenditure R'000
31	Edendale Hospital	Predictive Maintenance Phase 1 (Condition Assessment)	Feasibility	Msunduzi	uMgungundlovu	Renovations, Rehabilitation or Refurbishments	10 Aug 2014	10 Aug 2017	R 2 100	-	R -
32	Edendale Nursing College	Extensive Renovations and Additions to existing building	Practical Completion (100%)	Msunduzi	uMgungundlovu	Upgrade and Additions	15 Nov 2011	12 Aug 2014	R 55 000	R 45 449	R 4 608
33	Edumbe CHC	Replacement of 1 x Autoclaves	Practical Completion (100%)	eDumbe	Zululand	Upgrade and Additions	17 June 2014	9 July 2014	R 373	-	R 373
34	EG & Usher Memorial Hospital	Replacement of 2 x Autoclaves	Practical Completion (100%)	Greater Kokstad	Harry Gwala	Upgrade and Additions	14 July 2014	3 Oct 2014	R 658	-	R 644
35	Ekuhlengeni Life Care Centre	Complete Renovations of the Hospital	Practical Completion (100%)	eThekwini	Metros KZ	Upgrade and Additions	28 April 2012	22 Sept 2014	R 42 150	R 40 908	R 7 057
36	Emambedwini Clinic	New Clinic	Practical Completion (100%)	Msunduzi	uMgungundlovu	Upgrade and Additions	5 Sept 2011	21 Nov 2014	R 8 600	R 6 790	R 1 427
37	Emmaus Hospital	New OPD, Casualty/Trauma Unit, X-Ray And Related Facilities	Construction 76% - 99%	Okhahlamba	Uthukela	Upgrade and Additions	8 March 2012	8 March 2015	R 132 236	R 79 285	R 37 652
38	Enhlekiseni Clinic	Construction of a small Clinic, B2 Residential Accommodation and Guard House	Practical Completion (100%)	Abaqulusi	Zululand	New or Replaced Infrastructure Asset	1 Dec 2011	13 Feb 2014	R 14 724	R 13 615	R 894
39	Eshowe Hospital	Construction of new roof for all Hospital buildings	Practical Completion (100%)	Umlalazi	uThungulu	Renovations, Rehabilitation or Refurbishments	4 April 2013	4 July 2014	R 11 400	R 8 520	R 2 930
40	Ex-Old Boys Model School - Offices	Conversion of existing building to new SCM offices	Construction 1% - 25%	Msunduzi	uMgungundlovu	Upgrade and Additions	20 Aug 2015	20 Feb 2016	R 55 000	R 1 312	R 4 989
41	Ex-Old Boys Model School - Offices	Major repairs to roof	Practical Completion (100%)	Msunduzi	uMgungundlovu	Upgrade and Additions	28 June 2012	25 April 2013	R 8 999	R 8 723	R 27
42	G J Crookes Hospital	Phase 2-4 Casualty, Trauma, Admissions (Completion Contract)	Practical Completion (100%)	Umdoni	Ugu	Renovations, Rehabilitation or Refurbishments	13 May 2011	30 Jan 2015	R 138 000	R 83 203	R 57 193
43	Gale Street Mortuary	Reconfigure 2nd floor to a new Forensic Pathology Lab for National Health	Construction 76% - 99%	eThekwini	Metros KZ	Renovations, Rehabilitation or Refurbishments	30 Oct 2014	02 May 2015	R 1 400	R 96	R 1 990
44	Gamalakhe CHC	Phase 2- HAST (incl. ARV) Unit, Admin, Child Health, CSSD, Special Clinics, Lab & Stores	Construction 76% - 99%	Hibiscus Coast	Ugu	Upgrade and Additions	25 April 2012	02 May 2014	R 36 000	R 19 773	R 11 341

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45	Greys Hospital (Nursing College)	Upgrading of remaining floors to Male and Female)and Break down walls to open up classroom space, New Record room	Design	Msunduzi	uMgungundlovu	Upgrade and Additions	30 July 2014	30 July 2015	R 23 000	-	R -
46	Greys Hospital	New 16 bed ICU facility in the vacated Path. Lab.	Practical Completion (100%)	Msunduzi	uMgungundlovu	Upgrade and Additions	30 July 2012	07 Oct 2013	R 8 971	R 9 959	R 341
47	Greys Hospital	Refurbishment of 8th and 9th floor (Completion Contract)	Practical Completion (100%)	Msunduzi	uMgungundlovu	Upgrade and Additions	06 May 2013	05 July 2013	R 871	R 3 699	R 608
48	Greys Hospital	Greys Hospital - External Works (Completion Contract., Waterproofing)	Practical Completion (100%)	Msunduzi	uMgungundlovu	Upgrade and Additions	18 Aug 2013	27 May 2014	R 902	R 450	R 722
49	Greys Hospital	Conversion of M2 Ward into New NICU facilities	Construction 76% - 99%	Msunduzi	uMgungundlovu	Upgrade and Additions	22 Feb 2013	22 Feb 2014	R 9 688	R 4 934	R 3 735
50	Greytown Hospital	Additions to the existing clinic to provide 2 additional Consulting Rooms, Dispensary, 2 additional Offices and Patients Toilets	Practical Completion (100%)	Msinga	Umzinyathi	Upgrade and Additions	11 April 2012	12 July 2013	R 4 915	R 5 069	R 241
51	Greytown Mortuary	Construction of Forensic Mortuary (Completion Contract)	Practical Completion (100%)	Msinga	Umzinyathi	New or Replaced Infrastructure Asset	10 July 2008	26 July 2013	R 10 065	R 10 848	R 175
52	Gwaliweni Clinic	Construction of a New clinic, Guard House and Repairs and Renovations	Practical Completion (100%)	Jozini	Umkhanyakude	New or Replaced Infrastructure Asset	30 Jan 2012	30 June 2014	R 13 153	R 10 073	R 4 040
53	Hartland Clinic	Demolish and Rebuild Nurses accommodation, Upgrade storm water system, new ablutions and sewer system	Final Completion	eDumbe	Zululand	Renovations, Rehabilitation or Refurbishments	28 Nov 2011	24 July 2013	R 4 392	R 5 089	R 600
54	Highway House Mayville	Partitioning, Alterations & Finishes to floor 5	Final Completion	eThekwini	Metros KZ	Upgrade and Additions	30 Nov 2011	5 Feb 2013	R 15 118	R 15 521	R 1 365
55	Highway House Mayville	Upgrading of A/C (Replacement of Cenral plant compressors)	Construction 76% - 99%	eThekwini	Metros KZ	Upgrade and Additions	4 Nov 2014	3 May 2015	R 7 500	R 76	R 1 149
56	Hlabisa Hospital	Upgrade Theatre	Practical Completion (100%)	Hlabisa	Umkhanyakude	Upgrade and Additions	31 May 2012	27 March 2013	R 16 987	R 14 007	R 248
57	Hlabisa Hospital	Upgrade Pharmacy, OPD	Design	Hlabisa	Umkhanyakude	Upgrade and Additions	1 Nov 2014	1 Nov 2016	R 102 000	R 963	R 9 819
58	Hluhluwe Clinic	Construction of a New Clinic with Residences	Practical Completion (100%)	Hlabisa	Umkhanyakude	New or Replaced Infrastructure Asset	28 March 2012	4 Dec 2014	R 34 202	R 32 702	R 3 387

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59	Inanda C Clinic	Additions and Alterations to Administration Block (and multiyear plan)	Construction 76% - 99%	eThekwini	Metros KZ	Upgrade and Additions	24 Jan 2012	24 Jan 2014	R 27 210	R 14 836	R 8 479
60	Ingogo Clinic	Construction of a New (Cm) Clinic with Consulting and Counselling Rooms with Guardhouse and Visitors Toilets	Practical Completion (100%)	Newcastle	Amajuba	New or Replaced Infrastructure Asset	28 Sept 2011	2 July 2013	R 17 059	R 16 185	R 564
61	Jozini CHC	Construction of a new CHC	Construction 76% - 99%	Jozini	Umkhanyakude	New or Replaced Infrastructure Asset	21 March 2013	30 March 2015	R 268 502	R 100 581	R 149 111
62	Jozini Clinic	Convert old Jozini Complex into Offices	Practical Completion (100%)	Jozini	Umkhanyakude	Upgrade and Additions	4 April 2012	26 June 2014	R 5 600	R 5 377	R 1 681
63	Jozini Malaria Health Complex	Demolish existing house on erf 383 and construct a 4 single bedroom units, garages and carports (Repairs And Renovations, to two Houses & Carports)	Practical Completion (100%)	Jozini	Umkhanyakude	Renovations, Rehabilitation or Refurbishments	22 Jan 2013	16 May 2014	R 5 047	R 3 187	R 316
64	King Dinuzulu Hospital	Additional work to Level 1 Hospital	Construction 76% - 99%	eThekwini	Metros KZ	Upgrade and Additions	4 March 2014	13 Sept 2014	R 8 630	R 337	R 2 217
65	King Dinuzulu Hospital	Landscaping 1	Final Completion	eThekwini	Metros KZ	Renovations, Rehabilitation or Refurbishments	8 Oct 2010	7 April 2014	R 7 892	R 7 594	R -
66	King Dinuzulu Hospital	Health Technology Equipment (Procurement of Equipment for New TB Complex, New Psych Hospital Phase 2)	Practical Completion (100%)	eThekwini	Metros KZ	Upgrade and Additions	1 April 2014	31 March 2015	R 89 146	R 19 959	R 8 896
67	King Dinuzulu Hospital	New Psychiatric closed unit (Previously known as alterations and additions)	Practical Completion (100%)	eThekwini	Metros KZ	Upgrade and Additions	7 June 2011	8 Oct 2014	R 12 847	R 12 174	R 436
68	King Dinuzulu Hospital	Waste handling facility/ Waste Disposal	Practical Completion (100%)	eThekwini	Metros KZ	Upgrade and Additions	23 Sept 2011	13 Feb 2014	R 7 468	R 6 117	R -
69	King Dinuzulu Hospital	TB Surgical Outpatients	Construction 76% - 99%	eThekwini	Metros KZ	Upgrade and Additions	21 Jan 2011	12 July 2012	R 32 322	R 27 097	R 390
70	King Dinuzulu Hospital	Initial Planning: Disbursement for resident personnel and other related costs	Construction 76% - 99%	eThekwini	Metros KZ	Upgrade and Additions	1 April 2014	31 March 2015	R 26 745	R 24 362	R 497
71	King Dinuzulu Hospital	New TB Admin	Practical Completion (100%)	eThekwini	Metros KZ	Upgrade and Additions	28 June 2011	16 October 2013	R 7 622	R 6 795	R -

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72	King Dinuzulu Hospital	New Aircon to TB Multi Storey	Practical Completion (100%)	eThekwini	Metros KZ	Upgrade and Additions	30 Nov 2011	16 Oct 2013	R 23 012	R 21 544	R -
73	King Dinuzulu Hospital	New Psychiatric Hospital Phase 2, upgrade to existing Water Reservoir, new covered Walkway, Helistop and Taxi Stop	Practical Completion (100%)	eThekwini	Metros KZ	Upgrade and Additions	27 Jan 2012	12 Dec 2013	R 68 544	R 32 592	R 16 419
74	King Dinuzulu Hospital	Provide Roofs to TB Surgical wards, Walkways and Ramps, and Reconfigure used building to EMS Base	Design	eThekwini	Metros KZ	Upgrade and Additions	15 July 2014	15 July 2015	R 13 000	-	R -
75	King Dinuzulu Hospital	New TB Complex	Construction 51% - 75%	eThekwini	Metros KZ	Upgrade and Additions	16 Sept 2011	16 Jan 2013	R 78 054	R 63 406	R 10 932
76	King Dinuzulu Hospital	Lift Installation: Double Lift to AC Multi Storey	Practical Completion (100%)	eThekwini	Metros KZ	Renovations, Rehabilitation or Refurbishments	1 May 2013	7 Aug 2014	R 1 865	R 1 116	R -
77	King Dinuzulu Hospital	Lift Installation: Single Lift to AC Multi Storey	Practical Completion (100%)	eThekwini	Metros KZ	Renovations, Rehabilitation or Refurbishments	13 March 2013	13 March 2014	R 762	R 658	R -
78	King Edward VIII Hospital	Refurbishment of lifts to S, N & I Blocks.	Practical Completion (100%)	eThekwini	Metros KZ	Renovations, Rehabilitation or Refurbishments	16 Feb 2012	7 Aug 2013	R 4 000	R 3 456	R 824
79	King Edward VIII Hospital	Unblocking and Repair of stormwater pipes (to include sub drainage)/Upgrade of stormwater, sewer pipes and parking	Tender	eThekwini	Metros KZ	Renovations, Rehabilitation or Refurbishments	13 July 2014	30 June 2015	R 33 930	R 2 233	R -
80	King Edward VIII Hospital	Health Technology Equipment	Construction 76% - 99%	eThekwini	Metros KZ	Upgrade and Additions	1 April 2014	31 March 2015	R 30 644	R 22 762	R 1 159
81	King Edward VIII Hospital	Repairs and Renovations to MOPD and Upgrade to Theatres, ICU, Nursery and High Care wards in Block 'S'	Design	eThekwini	Metros KZ	Upgrade and Additions	1 Nov 2014	1 May 2017	R 268 434	R 9 036	R 1 539
82	King Edward VIII Hospital	Replacement of 1 x Autoclaves	Practical Completion (100%)	eThekwini	Metros KZ	Upgrade and Additions	15 Sept 2014	29 Sept 2014	R 350	-	R 344
83	King Edward VIII Hospital	Repairs and Renovations to Family Clinic, Male and Female Psychiatric patients wards and Kitchens in Theatre Block and Conversion of N Theatre Block Offices	Construction 76% - 99%	eThekwini	Metros KZ	Upgrade and Additions	30 May 2013	30 July 2014	R 37 407	R 10 896	R 17 383
84	King Edward VIII Hospital	Staff Residence Renovation Phase 2	Practical Completion (100%)	eThekwini	Metros KZ	Upgrade and Additions	17 Oct 2012	27 Nov 2014	R 73 211	R 49 803	R 24 572

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85	Kwahhemlana Clinic	Construct New Clinic	Practical Completion (100%)	Nongoma	Zululand	New or Replaced Infrastructure Asset	1 Dec 2011	30 Nov 2013	R 13 950	R 14 452	R 184
86	Kwamagwaza Hospital (St Mary's)	Additions & Redesign to Maternity	Practical Completion (100%)	Mthonjaneni	uThungulu	Upgrade and Additions	4 April 2012	2 Dec 2014	R 10 034	R 6 093	R 3 796
87	Kwamagwaza Hospital (St Mary's)	Construction of a New Pharmacy	Practical Completion (100%)	Mthonjaneni	uThungulu	Upgrade and Additions	2 May 2012	29 Nov 2013	R 9 500	R 7 687	R 607
88	KwaShoba Clinic	Clinic Maintenance & Upgrading Programme Phase 1 (Completion of cancelled contract)	Practical Completion (100%)	UPhongolo	Zululand	Renovations, Rehabilitation or Refurbishments	7 April 2014	1 Dec 2014	R 5 700	R 54	R 3 798
89	KwaZulu Provincial Central Laundry (PMMH)	Repair & Install Plant: Durban Regional Laundry (Co-funded from HIG)	Construction 76% - 99%	eThekwini	Metros KZ	Renovations, Rehabilitation or Refurbishments	20 Dec 2011	30 Nov 2012	R 170 400	R 149 402	R 77 904
90	LUWMH	Health Technology Equipment	Construction 76% - 99%	uMhlathuze	uThungulu	Upgrade and Additions	1 April 2014	31 March 2015	R 73 072	R 55 220	R 7 016
91	LUWMH	Decanting from and to existing main Hospital building	Construction 51% - 75%	uMhlathuze	uThungulu	Upgrade and Additions	2 April 2014	31 March 2015	R 150		R -
92	LUWMH	Alteration and Additions to existing Hospital	Construction 76% - 99%	uMhlathuze	uThungulu	Upgrade and Additions	9 Sept 2010	4 Aug 2014	R 427 521	R 314 831	R 60 853
93	Macambini Clinic	Maintenance for 2001/2002 Programme (Repairs & Renovations)	Practical Completion (100%)	KwaDukuza	iLembe	Renovations, Rehabilitation or Refurbishments	2 Aug 2011	27 June 2013	R 6 850	R 7 141	R 472
94	Madadeni Hospital	Replacement of Boiler No 2	Construction 1% - 25%	Newcastle	Amajuba	Upgrade and Additions	21 Jan 2015	30 Sept 2015	R 9 270	R 400	R 7 704
95	Madadeni Hospital	(NHI Programme) - Maintenance of various Buildings and Electrical Installations	Construction 1% - 25%	Newcastle	Amajuba	Maintenance and Repairs	13 Oct 2014	15 Oct 2016	R 69 515		R 15 190
96	Mahatma Gandhi Hospital	Replacement of 2 x Autoclaves	Practical Completion (100%)	eThekwini	Metros KZ	Upgrade and Additions	19 May 2014	29 May 2014	R 704		R 672
97	Mahlutshini Clinic	Phase 9 : New Clinic (Completion Contract)	Practical Completion (100%)	Impendle	uMgungundlovu	New or Replaced Infrastructure Asset	10 Oct 2011	18 May 2013	R 9 332	R 8 761	R 1 593
98	Makhathini Clinic	Maintenance for 2001/2002 Programme (Completion contract)	Practical Completion (100%)	Jozini	Umkhanyakude	Renovations, Rehabilitation or Refurbishments	4 July 2013	4 March 2014	R 6 200	R 5 454	R 1 246
99	Manguzi Hospital	New Female Ward & Alterations to Admin	Practical Completion (100%)	Umhlabuyalingana	Umkhanyakude	Upgrade and Additions	20 Sept 2011	25 June 2014	R 28 271	R 11 384	R 1 098
100	Manxili Clinic	Construction of a Medium Clinic with Residence	Construction 76% - 99%	Nquthu	Umzinyathi	New or Replaced Infrastructure Asset	26 Sept 2013	20 Dec 2014	R 16 097	R 3 311	R 10 609

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101	Mbongolwane Hospital	Demolish existing houses at Jabulani Village, rebuild with 6 single units, repairs and renovations to existing dormitories, R&R to existing 7 house at Hosp, new access roads and parking to staff accommodation	Construction 76% - 99%	Umlalazi	uThungulu	Renovations, Rehabilitation or Refurbishments	25 May 2012	20 May 2014	R 24 593	R 12 860	R 4 630
102	Mbongolwane Hospital	New Theatre & CSSD, Refurbish existing Theatre into New Male (Completion of Terminated Contract)	Practical Completion (100%)	Umlalazi	uThungulu	Upgrade and Additions	20 Oct 2011	30 April 2013	R 20 662	R 20 881	R 3 604
103	Mbongolwane Hospital	Construction of a New Pharmacy	Practical Completion (100%)	Umlalazi	uThungulu	Upgrade and Additions	7 Feb 2012	31 March 2014	R 15 700	R 13 157	R 7 377
104	Mkhontokayise Clinic	3 X New Staff Houses , existing Clinic Building DOH specification compliant, Storm Water Upgraded, New paved Access Road and Parking, Upgrade existing Septic Tank, 2x Undercover Parking Bays, Internal Fence, relocate ESKOM line	Practical Completion (100%)	uMhlathuze	uThungulu	Upgrade and Additions	20 April 2012	8 Feb 2013	R 5 895	R 5 558	R 131
105	Mnqobokazi Clinic	Clinic Maintenance & Upgrading Programme : 2006-2007 Phase 1 (Completion Contract)	Practical Completion (100%)	The Big 5 False Bay	Umkhanyakude	Renovations, Rehabilitation or Refurbishments	20 May 2014	5 Feb 2015	R 7 228	R 5 989	R 1 926
106	Mosvold Hospital	Demolish and Rebuild existing Maternity , Female Ward and Paediatric ward	Final Completion	Jozini	Umkhanyakude	Renovations, Rehabilitation or Refurbishments	3 April 2012	2 Oct 2013	R 20 222	R 20 276	R 569
107	Mosvold Hospital	Phase 3: Replacement of 1 x Autoclaves	Practical Completion (100%)	Jozini	Umkhanyakude	Upgrade and Additions	1 Aug 2014	21 Dec 2014	R 350		R 654
108	Mpophomeni Clinic	Phase 8 : New Clinic	Tender	Umhlabuyalingana	Umkhanyakude	New or Replaced Infrastructure Asset	07 February 2013	20 Feb 2014	R 19 800	R 8 461	R 482
109	Mqatsheni Clinic	New Clinic : Phase 10	Practical Completion (100%)	Kwa Sani	Harry Gwala	New or Replaced Infrastructure Asset	30 Jan 2012	30 May 2014	R 14 145	R 12 331	R 313
110	Mseleni Hospital	New Therapy and Housing	Practical Completion (100%)	Umhlabuyalingana	Umkhanyakude	Upgrade and Additions	22 June 2011	27 June 2013	R 36 466	R 36 809	R 48

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111	Muden Clinic	Construction of a New Medium Clinic with double Accommodation	Tender	Umvoti	Umzinyathi	New or Replaced Infrastructure Asset	1 Aug 2012	1 Aug 2013	R 16 878	R 7 987	R 1 120
112	Murchison Hospital	General & TB Wards	Construction 76% - 99%	Hibiscus Coast	Ugu	Upgrade and Additions	5 March 2012	7 Nov 2014	R 66 000	R 36 184	R 13 544
113	Mwolokohlo Clinic	Additions and Upgrading to the Clinic and Construction of Nurses Residents	Practical Completion (100%)	Ndwedwe	iLembe	Upgrade and Additions	23 May 2013	31 Oct 2014	R 14 136	R 5 249	R 6 466
114	Natalia Building	Relocate EMS Provincial Health Operational Centre from 16th floor to ground floor West Wing and remove wall carpet on all floors	Tender	Msunduzi	uMgungundlovu	Upgrade and Additions	1 July 2014	1 July 2015	R 75 689		R 6 790
115	Natalia Building	Refurbish of 12 Lifts	Practical Completion (100%)	Msunduzi	uMgungundlovu	Renovations, Rehabilitation or Refurbishments	30 Nov 2011	29 Nov 2013	R 21 469	R 15 013	R 1 409
116	Ndlozana Clinic	New Clinic: K2, R2 X 2, R3 X 1, Guard House, Car Port and Vi	Final Completion	Nongoma	Zululand	New or Replaced Infrastructure Asset	6 Dec 2011	3 June 2013	R 15 654	R 16 189	R 335
117	Ndumo Clinic	Add Consulting Rooms, PMTCT, Ambulance Base to existing clinic and Build Residences	Practical Completion (100%)	Jozini	Umkhanyakude	Upgrade and Additions	4 Sept 2013	14 Jan 2015	R 33 000	R 8 079	R 19 288
118	Ndundulu Clinic	Replacement Clinic: K2, R2 X 3, R3x1, Guard House, Car Port, (Completion Contract)	Practical Completion (100%)	Mthonjaneni	uThungulu	New or Replaced Infrastructure Asset	2 July 2013	5 June 2014	R 16 325	R 11 698	R 6 775
119	Newcastle Hospital	Refurbish Roofs, Lift Motor Rooms and Storage Tanks (Completion Contract of 044034)	Practical Completion (100%)	Newcastle	Amajuba	Renovations, Rehabilitation or Refurbishments	4 Dec 2012	17 Sept 2013	R 6 128	R 6 223	R 293
120	Newcastle Hospital	Construction of New VCT & ART	Practical Completion (100%)	Newcastle	Amajuba	Upgrade and Additions	5 March 2012	11 Dec 2014	R 17 004	R 16 818	R 1 357
121	Newcastle Hospital	Construction of a New Pharmacy and Physio Department	Practical Completion (100%)	Newcastle	Amajuba	Upgrade and Additions	6 Aug 2012	12 Dec 2014	R 12 265	R 8 841	R 1 516
122	Newcastle Hospital	Upgrade 7 Lifts	Practical Completion (100%)	Newcastle	Amajuba	Upgrade and Additions	4 Dec 2012	10 Sept 2014	R 6 818	R 4 506	R 1 392
123	Newcastle Hospital	Urgent Repairs to dislocated roof cantilever FACIA	Practical Completion (100%)	Newcastle	Amajuba	Renovations, Rehabilitation or Refurbishments	2 April 2013	17 Sept 2013	R 3 200	R 2 133	R 438

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124	Newcastle Hospital	(NHI Programme) - Maintenance of various Buildings and Electrical Installations	Construction 1% - 25%	Newcastle	Amajuba	Maintenance and Repairs	14 Oct 2014	15 Oct 2016	R 64 441		R 8 219
125	Ngwelezane Clinic	Repairs and Renovations (Completion Contract)	Practical Completion (100%)	uMhlathuze	uThungulu	Renovations, Rehabilitation or Refurbishments	17 Sept 2013	18 Aug 2014	R 2 500	R 2 106	R 1 680
126	Ngwelezane Hospital	Upgrade MV and LV Electrical Reticulation including Generators, lighting protection to remaining building, Upgrade Water Reticulation and existing Corridors	Practical Completion (100%)	uMhlathuze	uThungulu	Upgrade and Additions	4 May 2011	12 Sept 2014	R 125 000	R 118 408	R 15 989
127	Ngwelezane Hospital	New 72 bed Ward & Nursing College Upgrades/ Construct 2 New Wards (Demolish Wards A & B)	Construction 76% - 99%	uMhlathuze	uThungulu	Upgrade and Additions	19 Jan 2011	30 Sept 2012	R 55 000	R 41 604	R 10 313
128	Ngwelezane Hospital	Health Technology Equipment	Construction 76% - 99%	uMhlathuze	uThungulu	Upgrade and Additions	1 April 2014	31 March 2015	R 60 771	R 47 974	R 11 124
129	Ngwelezane Hospital	Security Upgrade	Design	uMhlathuze	uThungulu	Upgrade and Additions	2 April 2015	1 April 2016	R 10 000		R 308
130	Ngwelezane Hospital	Construct new 192 beds Medical wards to replace wards E,F,G,H and Demolish the existing Crisis Centre Parkhome and Construct new Crisis Centre, Demolish old wards E,F,G,H.	Construction 1% - 25%	uMhlathuze	uThungulu	Renovations, Rehabilitation or Refurbishments	31 July 2014	15 April 2017	R 302 100	R 24 670	R 12 317
131	Nhlopheni Clinic	Construction of a New Clinic	Practical Completion (100%)	Abaqulusi	Zululand	New or Replaced Infrastructure Asset	13 Jan 2012	19 March 2014	R 18 990	R 15 068	R 1 172
132	Nkandla Hospital	Upgrading Wards	Practical Completion (100%)	Nkandla	uThungulu	Upgrade and Additions	14 June 2011	13 Dec 2013	R 21 625	R 20 639	R 1 135
133	Nkandla Hospital	Construction of a New Pharmacy	Construction 76% - 99%	Nkandla	uThungulu	Upgrade and Additions	28 March 2012	28 April 2013	R 8 100	R 6 841	R 1 307
134	Nkonjeni Nursing College	Flats to accommodate 50 Staff (nursing staff and students)	Feasibility	Ulundi	Zululand	Upgrade and Additions	30 May 2014	30 May 2016	R 34 036		R -
135	Northdale Hospital	Re-organise Pharmacy	Practical Completion (100%)	Msunduzi	uMgungundlovu	Renovations, Rehabilitation or Refurbishments	15 July 2011	28 March 2013	R 11 856	R 10 974	R -
136	Nseleni CHC	Replacement of 1 x Autoclaves	Practical Completion (100%)	uMhlathuze	uThungulu	Upgrade and Additions	23 June 2014	3 July 2014	R 348		R 348

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137	Ntambanana Clinic	Clinic Maintenance & Upgrading Programme : 2006-2007 Phase 2 (Completion of cancelled Contract)	Practical Completion (100%)	Ntambanana	uThungulu	Renovations, Rehabilitation or Refurbishments	19 May 2014	4 March 2015	R 2 800		R 2 168
138	Nxamalala Clinic	Phase 8 : Replace existing Clinic (Completion Contract)	Practical Completion (100%)	Impendle	uMgungundlovu	New or Replaced Infrastructure Asset	27 March 2013	18 Jan 2014	R 2 095	R 899	R -
139	Office and residential Accommodation Lease Agreements	Manage 168 Lease Agreements For KZN – Health (Office and Residential Accommodation)	Construction 51% - 75%	Msunduzi	uMgungundlovu	Upgrade and Additions	1 April 2012	31 March 2013	R 340 556	R 130 033	R 75 494
140	Phoenix CHC	Extension of patient Waiting Area (Rehabilitation of Community Health Centre)	Practical Completion (100%)	eThekwini	Metros KZ	Renovations, Rehabilitation or Refurbishments	16 March 2012	12 Nov 2014	R 17 780	R 15 457	R 5 827
141	Phoenix Mortuary	New M6 Forensic Mortuary	Practical Completion (100%)	eThekwini	Metros KZ	New or Replaced Infrastructure Asset	7 Dec 2011	19 Sept 2014	R 92 925	R 72 425	R 21 205
142	Pholela CHC	Flats x 10 + Siteworks & Upgrade electricity AKA New Residential Units	Practical Completion (100%)	Ingwe	Harry Gwala	Renovations, Rehabilitation or Refurbishments	28 Oct 2011	7 Dec 2012	R 4 344	R 4 144	R 18
143	Pisgah Clinic	Int & Ext R & R, New Roof Sheeting, Upgrade Pathways/Driveway (2nd Completion Contract)	Practical Completion (100%)	Umuziwabantu	Ugu	Renovations, Rehabilitation or Refurbishments	5 Dec 2012	10 Dec 2014	R 3 900	R 1 854	R 889
144	Pomeroy CHC	Construction of a New CHC with Residence	Practical Completion (100%)	Msinga	Umzinyathi	New or Replaced Infrastructure Asset	28 March 2012	26 Nov 2014	R 194 643	R 166 568	R 32 823
145	Port Shepstone Hospital	Repair Roofing to kitchen and laundry area/Urgent structural evaluation of roofing to kitchen and adjacent area.	Construction 76% - 99%	Hibiscus Coast	Ugu	Upgrade and Additions	28 Oct 2014	30 April 2015	R 3 100	R 2 581	R 449
146	Port Shepstone Hospital	New Multi Departmental C Block	Practical Completion (100%)	Hibiscus Coast	Ugu	Upgrade and Additions	17 April 2007	9 July 2012	R 2 500		R 2 287
147	Port Shepstone Hospital	Replacement of 2 x Autoclaves	Practical Completion (100%)	Hibiscus Coast	Ugu	Upgrade and Additions	30 June 2014	12 Sept 2014	R 618		R 611
148	Prince Mshiyeni Memorial Hospital	Upgrade Maternity Ward and Nursery	Practical Completion (100%)	eThekwini	Metros KZ	Upgrade and Additions	2 Feb 2011	11 March 2014	R 16 260	R 16 848	R 410
149	Prince Mshiyeni Memorial Hospital	Upgrade Fire System	Tender	eThekwini	Metros KZ	Upgrade and Additions	12 June 2014	15 June 2015	R 64 000	R 2 232	R 2 748
150	Programme Management HRP	Programme Management	Construction 76% - 99%	eThekwini	uMgungundlovu	Upgrade and Additions	1 April 2012	31 March 2013	R 38 899	R 24 703	R 4 884

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No.	Facility/ Asset Name	Project Description	Project status	Municipality Name	District Municipality Name	Nature of Investment	Project Construction / Maintenance duration		Total project Cost (R'000)	Total Project Expenditure for Previous Financial years R'000	2014-15 Actual expenditure R'000
151	R K Khan Hospital	Completion of P Block (Completion contract) including Repairs to collapsing bank and Reconfigure existing building to provide for a Neonatal Nursery	Construction 76% - 99%	eThekwini	Metros KZ	Renovations, Rehabilitation or Refurbishments	17 March 2014	1 June 2015	R 35 242	R 124	R 19 988
152	R K Khan Hospital	Replacement of 1 x Autoclaves	Practical Completion (100%)	eThekwini	Metros KZ	Upgrade and Additions	3 March 2014	30 April 2014	R 358		R 340
153	Radio Repeater Site	Radio Repeater high sites throughout KZN: Maintenance and Licence Fees	Construction 76% - 99%	Msunduzi	uMgungundlovu	Upgrade and Additions	1 April 2014	31 March 2015	R 2 000		R 2 629
154	Rietvlei Hospital	Health Technology Equipment	Construction 76% - 99%	Umzimkhulu	Harry Gwala	Upgrade and Additions	1 April 2014	31 March 2015	R 53 370	R 41 615	R 2 563
155	Rietvlei Hospital	Phase 3B : Admin, Kitchen, Audio, ARV, New Staff Accommodation, Renovate existing Accommodation	Construction 76% - 99%	Umzimkhulu	Harry Gwala	Upgrade and Additions	5 Oct 2011	1 Sept 2014	R 127 097	R 99 514	R 21 478
156	Rietvlei Hospital	Connection of electricity to the Sewer treatment works plant	Tender	Umzimkhulu	Harry Gwala	Upgrade and Additions	30 July 2014	30 March 2015	R 614		R -
157	Shongweni Dam Clinic	Construction of a New Clinic (Phase 9)	Practical Completion (100%)	eThekwini	Metros KZ	New or Replaced Infrastructure Asset	10 Jan 2012	25 Sept 2014	R 11 209	R 8 749	R 1 964
158	Sokhela Clinic	Phase 8 : New Clinic (Completion of a Terminated Contract)	Practical Completion (100%)	Ingwe	Harry Gwala	New or Replaced Infrastructure Asset	23 Feb 2012	29 Oct 2013	R 5 800	R 5 459	R 311
159	St Apollinaris Hospital	Replacement of 1 x Autoclaves	Practical Completion (100%)	Ingwe	Harry Gwala	Upgrade and Additions	22 Sept 2014	20 Oct 2014	R 353		R 333
160	Stanger Hospital	New Labour and Neo-Natal Ward	Construction 51% - 75%	KwaDukuza	iLembe	Upgrade and Additions	9 April 2013	9 Oct 2015	R 146 290	R 25 815	R 38 940
161	Stanger Hospital	Replacement of 3 Chiller for the entire Hospital (Theatre/ Wards Chillers)	Design	KwaDukuza	iLembe	Upgrade and Additions	1 June 2014	1 Dec 2014	R 2 200	R 30	R 352
162	Stedham Clinic	Clinic Maintenance & Upgrading Programme Phase 1 (Completion Contract)	Practical Completion (100%)	Ulundi	Zululand	Renovations, Rehabilitation or Refurbishments	28 June 2013	25 Oct 2013	R 2 200	R 2 067	R 48
163	Sundumbili CHC	Maintenance	Practical Completion (100%)	KwaDukuza	iLembe	Renovations, Rehabilitation or Refurbishments	7 Aug 2013	11 March 2015	R 10 504	R 3 105	R 7 399

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No.	Facility/ Asset Name	Project Description	Project status	Municipality Name	District Municipality Name	Nature of Investment	Project Construction / Maintenance duration		Total project Cost (R'000)	Total Project Expenditure for Previous Financial years R'000	2014-15 Actual expenditure R'000
164	Townhill Hospital	Replacement or Renovations to Roof - Admin Block, North Park, Uitsag Wards, Hillside Wards, Occupational Therapy and Pharmacy	Practical Completion (100%)	Msunduzi	uMgungundlovu	Renovations, Rehabilitation or Refurbishments	28 Oct 2011	5 Feb 2015	R 50 000	R 40 165	R 9 434
165	Untunjambili Hospital	New Maternity and Paediatric Ward	Practical Completion (100%)	Maphumulo	iLembe	Upgrade and Additions	8 March 2012	13 March 2014	R 30 328	R 27 070	R 3 258
166	Vryheid Hospital	New Seclusion ward	Practical Completion (100%)	Abaqulusi	Zululand	Upgrade and Additions	23 Sept 2011	23 Jan 2013	R 2 280	R 2 622	R 38
167	Vumani Clinic	Construction of a small Clinic, B2 Residential Accommodation and Gurad House	Practical Completion (100%)	Abaqulusi	Zululand	New or Replaced Infrastructure Asset	08 Dec 2011	19 Nov 2013	R 15 973	R 14 058	R 1 343
168	Bhekabantu Clinic	Clinic Maintenance & Upgrading Programme 2006-2007	Final Completion	Umhlabuyalingana	Umkhanyakude	Upgrade and Additions	30 June 2011	4 Oct 2012	R 4 353	R 4 237	R 581
169	Ekhombe Hospital	Complete Repairs to Kitchen Roof, Doctors Flats, complete and additions to Male Female ward, Replace existing CSSD and Theatre Facilities	Design	Umlalazi	uThungulu	Renovations, Rehabilitation or Refurbishments	20 June 2016	20 June 2017	R 53 800		R 1 711
170	Essential Health Technology Equipment Programme	Equipment Replacement project	Practical Completion (100%)	Msunduzi	uMgungundlovu	Upgrade and Additions	1 April 2014	31 March 2015	R 200 000		R 44 048
171	Estcourt Hospital	R&R Nurses Home & Wards (2nd Completion Contract of 030253/047237)	Practical Completion (100%)	Umtshezi	Uthukela	Renovations, Rehabilitation or Refurbishments	2 Dec 2012	22 July 2013	R 5 698		R 435
172	Hlabisa Hospital	Health Technology Equipment	Construction 76% - 99%	Hlabisa	Umkhanyakude	Upgrade and Additions	1 April 2014	31 March 2015	R 16 441	R 12 272	R 4 169
173	Isithebe Clinic	Construction of Nurses Residents	Practical Completion (100%)	Mandeni	iLembe	Upgrade and Additions	16 April 2012	12 Sept 2014	R 18 700	R 14 948	R 2 090
174	Itshelejuba Hospital	New OPD/ Casualty/ CSSD/ Dispensary/ X-Ray & Theatre Block	Final Completion	UPhongo	Zululand	Upgrade and Additions	24 Feb 2009	19 Sept 2011	R 75 456	R 72 056	R 1 855
175	Manguzi Hospital	New Paed Ward, etc. (Completion Contract)	Practical Completion (100%)	Umhlabuyalingana	Umkhanyakude	Upgrade and Additions	20 Sept 2011	27 Feb 2013	R 12 212	R 11 406	R 1 553
176	Mbongolwane Hospital	Replace old gavanised pipes	Final Completion	Umlalazi	uThungulu	Renovations, Rehabilitation or Refurbishments	17 Jan 2012	13 Nov 2012	R 1 227	R 1 005	R 41
177	Montebello Hospital	Upgrading Existing Male Ward, Paediatric Ward and Maternity Ward	Design	Ndwedwe	iLembe	Upgrade and Additions	10 June 2016	10 June 2017	R 56 193	R 2 420	R 1 544

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No.	Facility/ Asset Name	Project Description	Project status	Municipality Name	District Municipality Name	Nature of Investment	Project Construction / Maintenance duration		Total project Cost (R'000)	Total Project Expenditure for Previous Financial years R'000	2014-15 Actual expenditure R'000
178	Replacement of Generators	Replace 8 and install new 19 Generator Sets (Phase 2)	Final Completion	Msunduzi	uMgungundlovu	Upgrade and Additions	1 April 2014	31 March 2015	R 20 000		R 3 771
179	Stanger Hospital	Compiling of 5 year Development Plan	Practical Completion (100%)	KwaDukuza	iLembe	Upgrade and Additions	7 Oct 2013	23 June 2014	R 500		R 454
180	Thokozani Clinic	Clinic Maintenance 2004/2005 (Completion of terminated Contract)	Practical Completion (100%)	uMhlathuze	uThungulu	Upgrade and Additions	6 Oct 2011	12 Sept 2012	R 3 454	R 3 427	R 58
181	Umbonambi Clinic	Clinic Maintenance & Upgrade Programme 2006/2007	Final Completion	Mfolozi	uThungulu	Upgrade and Additions	5 May 2011	5 Oct 2012	R 13 798	R 13 482	R 166
182	Umzimkhulu Hospital	New Observation Ward and Seclusion Ward	Design	Umzimkhulu	Harry Gwala	Upgrade and Additions	20 June 2019	20 June 2022	R 54 000	R 6 989	R 1 204
183	Umzimkhulu Hospital	New Forensic Ward	Design	Umzimkhulu	Sisonke	Upgrade and Additions	20 June 2019	20 June 2022	R 110 000	R 14 244	R 2 761
184	Vryheid Hospital	Reconfigure High Care Unit (Completion Contract)	Final Completion	Abaqulusi	Zululand	Renovations, Rehabilitation or Refurbishments	13 Nov 2012	3 July 2013	R 1 800	R 1 700	R 169
185	Elandsraal Clinic	Completion contract of WCS 032864	Final Completion	Msinga	Umzinyathi	New or Replaced Infrastructure Asset	9 Oct 2011	14 Jan 2013	R 5 634	R 3 818	R 363
186	Eshowe Hospital	Replacement of Sewer and Water services	Final Completion	Umlalazi	uThungulu	Upgrade and Additions	5 July 2012	3 May 2013	R 8 416	R 8 015	R 569
187	Ixopo Clinic	2006/7 Renovate and Upgrade Clinic	Final Completion	Ubuhlebezwe	Harry Gwala	Upgrade and Additions	12 May 2011	16 May 2012	R 9 000	R 8 565	R 482
188	Wosiyane Clinic	Demolish and Construct New Clinic	Final Completion	Ndwedwe	iLembe	New or Replaced Infrastructure Asset	4 July 2011	27 Nov 2012	R 5 700	R 5 514	R 139
189	Umzimkhulu CHC	Construct New CHC	Design	Umzimkhulu	Harry Gwala	New or Replaced Infrastructure Asset	1 June 2018	1 June 2020	R 236 000		R 1 951
190	Edendale Hospital	Revitalisation of Edendale Hospital	Construction 51% - 75%	Msunduzi	uMgungundlovu	Renovations, Rehabilitation or Refurbishments	1 April 2014	31 March 2015	R 17 070	R 16 574	R 1 300
191	Madadeni Hospital	Replacing Fencing	Final Completion	Newcastle	Amajuba	Upgrade and Additions	21 Nov 2012	3 May 2013	R 3 900		R 49
192	KwaMashu CHC	Construct new CHC	Final Completion	eThekweni	Metros KZ	New or Replaced Infrastructure Asset	5 March 2007	22 Nov 2011	R 131 748	R 128 811	R 2 937
193	Turton CHC	Construct New CHC	Final Completion	Umzumbe	Ugu	New or Replaced Infrastructure Asset	2 Aug 2006	14 Dec 2011	R 122 216	R 114 916	R 7 247
194	Ezakheni CHC	Construct New CHC	Design	Emnambithi/Ladysmith	Uthukela	New or Replaced Infrastructure Asset	20 Nov 2006	30 Nov 2011	R 75 710	R 71 680	R 4 046
195	St Chads CHC	Construct New CHC	Final Completion	Emnambithi/Ladysmith	Uthukela	New or Replaced Infrastructure Asset	20 Nov 2006	30 Nov 2011	R 75 710	R 71 680	R 4 030
196	Townhill Hospital	O Ward: interior & exterior including Roof	Final Completion	Msunduzi	uMgungundlovu	Upgrade and Additions	24 May 2011	21 May 2012	R 13 510	R 12 919	R 47
197	LUWMH	3 Year Maintenance Contract	Design	uMhlathuze	uThungulu	Renovations, Rehabilitation or Refurbishments	1 April 2014	31 March 2015	R 4 259		R 1 205
198	Ngwelezane Hospital	3 Year Maintenance Contract	Design	uMhlathuze	uThungulu	Renovations, Rehabilitation or Refurbishments	1 April 2014	31 March 2015	R 4 259		R 1 277

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No.	Facility/ Asset Name	Project Description	Project status	Municipality Name	District Municipality Name	Nature of Investment	Project Construction / Maintenance duration		Total project Cost (R'000)	Total Project Expenditure for Previous Financial years R'000	2014-15 Actual expenditure R'000
199	Rietvlei Hospital	Civil works: Refurbishment of water and sewage	Practical Completion (100%)	Umzimkhulu	Sisonke	Renovations, Rehabilitation or Refurbishments	5 Nov 2010	1 July 2013	R 3 338	R 3 239	R 97
200	Ngwelezane Hospital	New Therapy Out-Patient Clinic	Final Completion	uMhlathuze	uThungulu	Upgrade and Additions	19 Jan 2011	7 Feb 2012	R 9 569	R 9 569	R 281
201	Autoclave Various Institutions	Autoclave programme from previous years	Final Completion	Msunduzi	uMgungundlovu	Upgrade and Additions	1 April 2013	31 March 2014	R -		R 32
202	Otimati Clinic	Phase 08: Replace existing Clinic	Final Completion	eThekwini	Metros KZ	New or Replaced Infrastructure Asset	28 June 2007	2 Jan 2008	R 4 023	R 3 519	R 420
203	Umngeni Hospital	Electrical Upgrade	Final Completion	uMngeni	uMgungundlovu	Upgrade and Additions	12 Oct 2012	9 April 2013	R 715	R 665	R 77
204	Prince Mshiyeni Memorial Hospital	Inspection, identification and Repair to leaking Roof	Practical Completion (100%)	eThekwini	Metros KZ	Upgrade and Additions	10 Sept 2014	30 Jan 2015	R 385		R 232
205	Rietvlei Hospital	Phase 3A : Revitalisation project : Pharmacy, Store	Practical Completion (100%)	Umzimkhulu	Harry Gwala	Upgrade and Additions	4 Sept 2012	14 Sept 2014	R 35 314	R 25 467	R 1 957
206	Clairwood Hospital	Construction of a New PPSD	Design	eThekwini	Metros KZ	Upgrade and Additions	1 June 2018	2 Oct 2021	R 125 000		R 3 814
207	Edendale Hospital	Upgrade existing Sewer installation	Practical Completion (100%)	Msunduzi	uMgungundlovu	Upgrade and Additions	1 Feb 2012	3 Feb 2013	R 50 180		R 151
208	King Dinuzulu Hospital	Supply and Install 3 New Lifts to the TB MU	Design	eThekwini	Metros KZ	Upgrade and Additions	1 June 2015	2 Oct 2015	R 4 580		R 421
209	Wentworth Hospital	Replace admin Roof	Design	eThekwini	Metros KZ	Upgrade and Additions	1 June 2015	2 July 2016	R 97		R 97
210	Bruntville Clinic	Construction of a sheltered Pathway & install Ramp	Design	Mpofana	uMgungundlovu	Upgrade and Additions	20 June 2018	20 June 2019	R 8 000	R 166	R 389
211	Itshelejuba Hospital	Supply and Installation of Autoclave	Design	UPhongo	Zululand	Renovations, Rehabilitation or Refurbishments	1 April 2015	10 May 2015	R 314		R 314
212	Mahatma Gandhi Hospital	Repairs and Renovations to House	Tender	eThekwini	Metros KZ	Renovations, Rehabilitation or Refurbishments	1 Feb 2015	1 April 2015	R 300		R 526
213	Madadeni Hospital	(NHI Programme) - Upgrade of existing Parking Facilities and Minor Building Works	Construction 1% - 25%	Newcastle	Amajuba	Maintenance and Repairs	14 Oct 2014	15 April 2015	R 5 404		R 1 187
214	Newcastle Hospital	(NHI Programme) - Upgrading of existing Steam line	Construction 1% - 25%	Newcastle	Amajuba	Maintenance and Repairs	14 Oct 2014	13 June 2015	R 7 354		R 861
215	G J Crookes Hospital	Upgrade of Lift installation	Practical Completion (100%)	Umdoni	Ugu	Upgrade and Additions	2 Dec 2011	25 Jan 2013	R 8 500	R 8 403	R 101
216	Stanger Hospital	Demolition of House and Upgrade	Construction 76% - 99%	eThekwini	Metros KZ	Upgrade and Additions	1 July 2014	20 May 2015	R 1 500		R 554
	TOTALS:	216									R 1 362 608

PART C: GOVERNANCE

- Risk Management
- Fraud and Corruption
- Minimising Conflict of Interest
- Code of Conduct
- Health, Safety and Environmental Issues
- Health Portfolio Committee
- SCOPA Resolutions
- Internal Control Unit
- Internal Audit and Committees
- Audit Committee Report

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GOVERNANCE

The Department remains unwavering in its efforts to maintain standards of governance by ensuring that governance structures are in place to ensure effective utilisation of resources. Overall accountability rests with the Accounting Officer 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 cooperated with all Oversight Committees and responded to all questions emanating from its deliberations with these Committees.

The Provincial Health Council Technical meeting was convened in May 2014 to discuss matters of interest. Council Members participated in the Provincial Strategic Planning Workshops in September 2014/15 to ensure active consultation and participation in Departmental planning and decision-making.

Seven (7) District Health Councils have been established i.e.

- 2013/14: Amajuba, Uthungulu, Umkhanyakude, Sisonke, and Umgungundlovu.
- 2014/15: Zululand and Ilembe.

The Department, in partnership with the Department Cooperative Governance and Traditional Affairs, is in the process to establish the remaining 4 District Councils.

The MEC for Health convened a successful Provincial Consultative Health Forum on the 5th of March 2014 attended by 400 delegates. The Forum Report has been escalated to the National Department of Health. Resolutions will be implemented and feedback provided to stakeholders to ensure transparency.

The number of established Hospital Boards increased from 68 (95.8%) to 70 (98.6%) in 2014/15. The appointment of Clinic Committees is slow with 367 (62%) in PHC clinics and 14 (70%) in Community Health Centres. Recruitment of suitable candidates, especially in rural areas, and the high turn-over rate of members remain a significant challenge and also impacts on the functionality of Boards and Committees.

The Department established the Office of the Ombuds in the Office of the HOD as prescribed by the KZN Health Act, 2009 (Act No. 1 of 2009). The role played by the Ombuds in resolving complaints is critical in reducing the increased number of litigation cases against the Department.

On 31 March 2015, the Department launched the rollout of the National Complaints Management Protocol which advances the Patient Right Charter. Public health facilities will in future use this protocol to guide resolving of all complaints, which should strengthen control measures.

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Record keeping continues to be one of the leading challenges in investigation of complaints. Improved clinical governance has been targeted as priority in the coming MTEF including the review of the Clinical Governance Policy that will be enforced through vigorous monitoring and oversight.

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 Management and the Risk Management Committee on a monthly and quarterly basis. Three Internal Risk Management Committee meetings conducted in 2014/15.

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

The Department is a member of the Provincial Audit and Risk Committee which is responsible for an oversight role over 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 website to ensure access of information to all staff. Awareness workshops are conducted regularly for both management and staff at grass root level.

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.

In 2014/15, a total number of 33 investigations were conducted with 6 outstanding. Investigations included matters related to:

- Supply Chain Management irregularities
- Fraud and corruption
- Irregular expenditure
- Allegations of misconduct
- Conflict of interest
- Forensic audit and investigation
- Unauthorised interference in procurement processes
- Human Resources Management irregularities

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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.

During the reporting period, there was one (1) case of Conflict of Interest. A total amount of R 329 920.42 were recovered by the Department from September 2014 to March 2015.

CODE OF CONDUCT

The Code of Conduct promotes a high standard of professional standards in the workplace, encourages public servants to behave ethically and ensures 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

Established Health and Safety Committees ensure that problem areas are brought to the attention of management to ensure timely intervention. 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 and measures to ensure the safety of staff in their working environment.

Environmental Issues

The Health Care Risk Waste (HCRW) Management Policy was promulgated and is being implemented. 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.

Waste Management Officers has been appointed at all public hospitals and CHC's. These Officers have been trained using the accredited HCRW training programme. Rapid assessments of compliance to legislation have been completed and need analysis plans have been developed 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.

HEALTH PORTFOLIO COMMITTEE

The Health Portfolio Committee exercises oversight over performance, and four (4) meetings were held during 2014/15 i.e.

- 25 July 2014
- 23 September 2014
- 4 November 2014
- 26 March 2015

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The Department responded to the resolutions of the Committee 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

Two SCOPA meetings were held in the 2014/15 reporting year i.e.

- 28 October 2014
- 10 February 2015

Table 94: SCOPA Resolutions

Resolution Number	Subject	Details	Departmental Response	Resolved Yes/No
Resolution 18/2014	Qualifications, Emphasis of Matter and Supply Chain Management.	<ul style="list-style-type: none"> ▪ Specific action to address issues identified in the 2013/14 audit report. – Submitted a revised Audit Action Plan to address the following: <ul style="list-style-type: none"> – Qualification matters and emphasis of matter listed in the 2013/14 audit report. – Specific details on responsible person for each item. – Deadline dates for action. 	The Accounting Officer reported by 31 January 2015.	Ongoing
Resolution 19/2014	Budget concerns referred to the Finance Portfolio Committee.	<ul style="list-style-type: none"> ▪ Budget concerns affecting the Department of Health referred to the Finance Portfolio Committee for consideration and monitoring during the 2014/15 mid-year budget review hearings. 	The Department had noted the resolution. No response was required.	N/A
Resolution 20/2014	Overtime payments in excess of legislated limits.	<ul style="list-style-type: none"> ▪ That the Accounting Officer reports on the following by 31 January 2015: <ul style="list-style-type: none"> – A breakdown of irregular expenditure incurred due to overtime payments in excess of legislated limits. – Reasons for the lack of internal controls over these payments. – Action taken to ensure that this finding is addressed. – Action taken against those responsible for the transgression and recovery of money where required. 	Responses compiled and submitted.	Yes
Resolution 45/2014	Transversal resolution: Irregular expenditure; non-compliance with Supply Chain Management processes; and non-payment of performance bonuses to Senior Managers.	<ul style="list-style-type: none"> ▪ Concern of the Public Accounts Standing Committee at the steady increase in irregular expenditure. <ul style="list-style-type: none"> – The bulk of irregular expenditure is incurred due to non-compliance with Supply Chain Management processes. – The last three years, the Public Accounts Standing Committee has been calling for the Accounting Officers to act in terms of section 38(1)(h)(iii) of the Public Finance Management Act to take effective and appropriate disciplinary steps against any official in the service of the Department who makes or permits irregular expenditure. – The Public Accounts Standing Committee is of the 	The Department had noted the response. The Departmental response is must be submitted by 30 April 2015.	N/A

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Resolution Number	Subject	Details	Departmental Response	Resolved Yes/No
		<p>view that the failure of the Accounting Officers to act in terms of their responsibilities may constitute grounds for non-payment of performance bonuses.</p> <ul style="list-style-type: none"> - That making or permitting irregular expenditure and non-compliance with SCM processes that give rise to irregular expenditure constitute financial misconduct in terms of the PFMA. 		
Resolution 46/2014	Transversal resolution: The 2013/14 fruitless and wasteful expenditure.	<ul style="list-style-type: none"> ▪ The reasons for the fruitless and wasteful expenditure being incurred in the 2013/14 financial year. - Action taken against those officials responsible for incurring the fruitless and wasteful expenditure. - Recovery of money from those responsible. - Measures put in place to ensure that fruitless and wasteful expenditure does not occur in future. 	Responses compiled and submitted.	Yes
Resolution 47/2014	Transversal resolution: Findings of the Auditor-General on Information Technology.	<ul style="list-style-type: none"> ▪ The Office of the Premier requested to report on the following matters: <ul style="list-style-type: none"> - Progress made in the Province to adapt and implement the National IT Governance Framework which was approved by the DPSA. - The provisions in the Framework that address IT governance. - The plan for support and training. - How the Province will address the lack of a strategic plan for the purchase of IT systems in all Departments. 	The Department had noted the resolution. No Departmental response was required.	N/A
Resolution 48/2014	Transversal resolution: Material misstatements and omissions in submitted Annual Financial Statements.	<ul style="list-style-type: none"> ▪ Accounting Officers requested to ensure that financial statements are prepared regularly during the financial year. ▪ Due diligence is exercised to ensure that financial statements are correct in all respects. ▪ Financial statements are submitted to Internal Audit and the Provincial Audit and Risk Committee timeously. 	Responses compiled and submitted.	Yes
Resolution 49/2014	Transversal resolution: Human Resources matters – filling of key vacancies.	<ul style="list-style-type: none"> ▪ Accounting Officers of the relevant departments report on the following matters: <ul style="list-style-type: none"> - A list of vacant Senior Management posts in the Department. - Action being taken for filling of these vacant posts. - Implementation of the directive from the National Minister of Finance. ▪ The Premier requested to address the Committee at a special meeting in February 2015 to discuss the filling of vacant posts. ▪ The Portfolio Committees requested to monitor filling of all vacant funded posts. 	Responses compiled and submitted.	Yes
Resolution 50/2014	Transversal resolution: Reports on forensic and other investigations	<ul style="list-style-type: none"> ▪ Copies of reports on investigations completed during the 2013/14 financial year to be provided to the Committee. ▪ The Accounting Officer must report on: <ul style="list-style-type: none"> - Action taken against officials and service providers to implement recommendations contained in the reports. - Disciplinary cases that may have been initiated. - Criminal cases that may have been opened. 	Responses compiled and submitted.	Yes

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Resolution Number	Subject	Details	Departmental Response	Resolved Yes/No
		<ul style="list-style-type: none"> - Action taken as a result of findings of disciplinary cases. - The recovery of money by way of civil proceedings. 		
Resolution 51/2014	Transversal resolution: Repeat audit findings.	<ul style="list-style-type: none"> ▪ Accounting Officers report on: <ul style="list-style-type: none"> - All audit findings that have been repeatedly raised by the AG and in each case: - The first time the finding was reported by the AG. - Over how many financial years has the matter appeared in the audit report? 	Responses compiled and submitted.	Yes
Resolution 52/2014	Transversal resolution: Audit finding regressions.	<ul style="list-style-type: none"> ▪ The Accounting Officers which experienced any regression in audit findings i.e. qualification items or any other matters, predetermined objectives or compliance with laws and regulations, report on: <ul style="list-style-type: none"> - The reasons for the regressions. - What action is being taken to resolve those matters going forward? - What action has been taken against the Senior Managers responsible for those findings? 	Responses compiled and submitted.	Yes
Resolution 53/2014	Transversal resolution: Performance Agreements for Accounting Officer and Senior Management.	<ul style="list-style-type: none"> ▪ MECs requested to report on: <ul style="list-style-type: none"> - Whether the Accounting Officers and Senior Managers in their departments have all signed Performance Agreements and the reasons for non-compliance. - Do Performance Agreements clearly set out the consequences for non-performance and under-performance of responsibilities? - Do Performance Agreements include as a key performance indicator the general responsibilities of the Accounting Officers and Senior Managers to prevent unauthorised expenditure, irregular expenditure or fruitless and wasteful expenditure, and if not, the reasons for this exclusion? 	Responses compiled and submitted.	Yes
Resolution 54/2014	Transversal resolution: Expenditure on Consultants.	<ul style="list-style-type: none"> ▪ The Accounting Officers report on the following: <ul style="list-style-type: none"> - Breakdown of amounts spent in the 2013/14 financial year on Consultants. - The reasons for the engagement of the Consultants. - The period of time worked. - The owner name and company name of each Consultant and cost of each. - Whether the Department has any measures in place to ensure that skills transfer takes place between Consultants and existing staff. 	Responses compiled and submitted.	Yes
Resolution 55/2014	Transversal resolution: Government Employees performing private remunerative work.	<ul style="list-style-type: none"> ▪ The Accounting Officers of all Departments report on: <ul style="list-style-type: none"> - All instances of unauthorised private remunerative work identified by the AG in the 2013/14 audit, whether these cases have all been properly investigated, disciplinary action taken and recovery of remuneration earned without required permission. - What steps are taken to ensure public servants are completing SBD4 declaration forms? - The reasons why public servants conducting 	Responses compiled and submitted.	Yes

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Resolution Number	Subject	Details	Departmental Response	Resolved Yes/No
		business without authority were not detected.		
Resolution 56/2014	Transversal resolution: Unfunded events approved by the Major Events Sub-Committee of the Executive Council.	<ul style="list-style-type: none"> ▪ Accounting Officers do not undertake any event that is not provided for within their budgets. ▪ Should such events be held, resulting in over-expenditure, such over-expenditure will constitute unauthorised expenditure and disciplinary steps for financial misconduct against Accounting Officers who make or permit such expenditure must be undertaken by the relevant MEC. 	The Department had noted the resolution - no response was required.	N/A
Resolution 57/2014	Transversal resolution: Up-front payments.	<ul style="list-style-type: none"> ▪ The Committee noted with concern a number of instances where “up-front payments” were made to service providers prior to services being rendered, particularly in payments for arrangements around events, conferences and workshops. ▪ Resolution 41/2014 of the Finance Portfolio Committee must be circulated to Accounting Officers and Accounting Authorities to ensure compliance. 	The Department had noted the resolution - no response was required.	N/A
Resolution 58/2014	Transversal resolution: Analysis of Public Accounts Standing Committee resolutions in Annual Reports.	<ul style="list-style-type: none"> ▪ The National Treasury directive states that Departments include in the Annual Reports each year an account of the resolutions of the Public Accounts Standing Committee and whether responses have been provided to the committee on these resolutions. 	The Department had noted the resolution - no response was required.	N/A
Resolution 59/2014	Transversal resolution: Implementation of audit recommendations accepted by Management.	<ul style="list-style-type: none"> ▪ Accounting Officers report on: <ul style="list-style-type: none"> – Details of the AG recommendations that they agreed to implement in the 2013/14 financial year. – Which of these were implemented and which were not implemented. – Details of the recommendations that had been agreed to for implementation in the 2014/15 financial year. – What action has been taken to ensure that all recommendations were implemented in the 2014/15 financial year? 	Responses compiled and submitted.	Yes
Resolution 60/2014	Transversal resolution: Provision for accruals in Department budgets.	<ul style="list-style-type: none"> ▪ The relevant Departments where the matter of accruals is raised in the 2014/15 Report of the AG be requested to report on: <ul style="list-style-type: none"> – The amount that is recorded in the Annual Financial Statements for accruals. – Whether provision is made in the 2014/15 budget to pay accruals. – If no provision is made in the budget to pay accruals, how will the impact on the budget be managed. – The amount paid by the Department in interest on overdue invoices. ▪ This matter is referred to the Finance Portfolio Committee for follow-up during the 2015/16 budget hearings. 	There were no matters on accruals reported by the Auditor-General. The Department had noted the resolution - no response was required.	N/A
Resolution 63/2014	Department of Health (Vote 7): 2013/2014 Unauthorised Expenditure of	<ul style="list-style-type: none"> ▪ That in terms of Section 34(1) of the Public Finance Management Act, the unauthorised expenditure disclosed in the 2013/14 Annual Financial Statements of the Department of Health 	The Department had noted the resolution - no response was required.	N/A

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Resolution Number	Subject	Details	Departmental Response	Resolved Yes/No
	R322 822 000	amounting to R322 822 000 be <u>not approved</u> as a direct charge against the Revenue Fund and that a first charge be effected against the Department's budgets in the 2015/16 MTEF period over three years.		

INTERNAL CONTROL UNIT

Two CARC meetings were held during the 2014/15 reporting year i.e.

- 23 May 2014
- 04 March 2015

The Department does not have an Internal Audit Unit. There is however a collaborative service with the KwaZulu-Natal Provincial Treasury Internal Audit Unit.

The Department has an Audit and Internal Control Component to provide an independent and objective assurance and consulting service designed to add value and improve the Department of Health's operations.

The role of Audit and Internal Control is to determine whether the Department's risk management, internal control, and governance processes, as designed and represented by management, is adequate and functioning optimally.

The Component is also responsible for the management of all audits undertaken by the Auditor-General and the KwaZulu-Natal Provincial Treasury Internal Audit Unit. The Component further manages reporting processes to the various Oversight Committees including SCOPA, Portfolio Committees and the Cluster Audit and Risk Committee.

The results of all audits/internal control assessments undertaken by Audit and Internal Control are reported to the management teams of the audited entities at the conclusion of each audit/internal control assignment.

Reports by the Internal Audit Unit of the KwaZulu-Natal Provincial Treasury are issued to the audited institutions via Audit and Internal Control. The Component thereafter facilitates and compiles formal responses in respect of the draft internal audit reports. Once a report is finalised, the Component compiles an Audit Improvement Plan which is discussed with management and thereafter implemented.

Follow-up audits are undertaken at the audited entities to ensure compliance and verify implementation evidence.

INTERNAL AUDIT AND COMMITTEES

The Department does not have an Internal Audit Committee. The Department however participates in shared audit committees, which were appointed by Provincial Treasury Internal Audit Unit.

The shared Audit Committee meets on a quarterly basis to discuss:

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

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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) have been established to assist the KZN Provincial Government in fulfilling its oversight responsibilities by, amongst others, reviewing the following:

- a) Effectiveness of the internal control systems.
- b) Effectiveness of the internal audit function.
- c) Risk areas of the institution's operations covered in the scope of internal and external audits.
- d) Adequacy, reliability and accuracy of financial information provided to management and other users of such information.
- e) Any accounting and auditing concerns identified as a result of internal and external audits.
- f) The Department's compliance with legal and regulatory provisions.
- g) Activities of the internal audit function, including its annual work programme, coordination with the external auditors, the reports of significant investigations and the responses of management to specific recommendations.

The PARC is the shared Audit and Risk Committee for provincial departments, and is further sub-divided into three Cluster Audit and Risk Committees that provide oversight to provincial departments. The Department of Health is served by the Social Cluster Audit & Risk Committee.

The 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; has adopted appropriate formal terms of reference as its Audit and Risk Committee Charter, has regulated its affairs in compliance with this Charter and has discharged all its responsibilities as contained therein.

The Committee is therefore pleased to present its report for the financial year ended 31 March 2015.

2. Audit Committee Members and attendance

During the financial year under review, a new committee was appointed on 23 February 2015 and consisted of the PARC and the Social CARC members listed in the table below. The table outlines the meetings held and attendance thereof by members to enable the Committee to discharge their responsibilities relating to matters under review during the reporting period.

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No	Name of Member	PARC meetings attended	Social CARC meetings attended	Special meetings
1	Mr P Christianson (Acting Chairman of CARC)	2	2	2
2	Mr D O'Connor	2	2	2
3	Ms T Njozela	2	2	2
4	Mr S Simelane (Acting Chairman of PARC)	2	N/A	2
5	Mr R Dehal	2	N/A	2
6	Mr V Ramphal	2	N/A	2

3. 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:

- Inventory Management
- Leave Management
- Termination of employees' services
- Payment of suppliers within 30 days
- Completeness and accuracy of the asset register
- Collection, safeguarding, banking and recording of revenue
- Contract Management
- Appropriateness of medical waste storage facilities and physical access controls thereof
- Recording of medical waste
- Administration of patient records and admission forms
- Appointment and functioning of the Data Management Committee
- Accuracy and completeness of performance information
- Valuation of movable tangible capital assets and minor assets
- Irregular expenditure
- Management of capital commitments
- Compensation of employees – commuted overtime

4. Risk Management

The Committee has been concerned about the quality and completeness of the risk register for the Department – particularly with regard to the inclusion of critical clinical risks as well as proper implementation of risk mitigation plans. Management has been advised to review the Departmental risks and enhance the risk register with clinical risks, and risks emanating from both internal and external audit reports.

In order to improve the risk management maturity of the organisation, the Department has been requested to undertake the following activities on a regular (quarterly) basis:

- a) Validating and measuring the impact that completed risk mitigation plans make on the risk exposure, together with regular (quarterly) updates of the risk register.
- b) Reporting on emerging risks, if any, on a quarterly basis.
- c) Identifying critical risks in the light of the Department's exposure to meeting its objectives effectively, efficiently and economically.

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5. Forensics investigations

During the period under review, the Committee noted that there were six (6) forensic investigations for alleged procurement fraud and financial mismanagement, which the Department has referred to the Provincial Internal Audit Services for investigation. Four (4) of these investigations were completed, and two (2) were still in progress. The Department and the Provincial Internal Audit Service are urged to promptly finalise the outstanding investigations, and work together to implement recommendations on the finalised investigations.

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 any other 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.

6. 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.

Based on the reports of Internal Auditors and the Auditor General, the Committee has noted with concern the weaknesses identified around the completeness and reliability of performance information to support achieved performance. Management of the Department has been urged to implement the appropriate improvement strategies in order to address those identified shortcomings with immediate effect.

7. 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.
- Reviewed the Department's processes for compliance with legal and regulatory provisions and a concern have been noted around goods and services with a transaction value below R500 000 that were procured without obtaining the required price quotations, goods and services with a transaction value above R500 000 that were procured without inviting competitive bids, contract and quotations awarded to suppliers whose tax matters were not in order, employees that were employed without proper verification, unauthorised and irregular expenditure, conditional grants could not be validated to determine if it was used for the intended purposes, proper control systems to safeguard and maintain assets were not implemented.
- Reviewed material adjustments resulting from the audit of the Department and we note with concern that the material misstatements on movable assets, capital commitments commuted overtime and irregular expenditure were not adequately corrected which resulted in the financial statements receiving a qualified opinion.

8. 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.

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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.

9. Auditor-General's Report

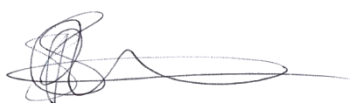
The Committee has monitored the implementation of corrective action plans to address the audit issues raised in the prior year by the Auditor General. The Committee has met with the Auditor General of South Africa to ensure that there were no unresolved issues that emanated from the current regulatory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

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.

10. 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.



Mr S Simelane
Acting Chairman: Provincial Audit and Risk Committee
11 August 2015

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PART D: HUMAN RESOURCES OVERSIGHT REPORT

- Service Delivery
- Personnel Related Expenditure
- Employment and Vacancies
- Filling of SMS Posts
- Job Evaluation
- Employment Changes
- Employment Equity
- Signing of Performance Agreements
- Performance Rewards
- Foreign Workers
- Leave Utilisation
- HIV, AIDS and Health Promotion
- Labour Relations
- Skills Development
- Injury on Duty
- Utilisation of Consultants
- Severance Packages

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14.2 SERVICE DELIVERY

The following tables reflect the Service Delivery Improvement Plan as well as progress made with implementation of the Plan.

Table 95: 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.	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
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.

Source: HRMS

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Table 96: Consultation arrangements with customers

Type of arrangement	Actual customers	Potential customers	Actual achievements
Batho Pele Principles	Clients using public health services.	Clients using private health services.	Number of people trained on Batho Pele: 260
Patients Right Charter	Clients using public health services.	Clients using private health services.	Patients' Rights incorporated into Batho Pele

Source: HRMS

Table 97: Batho Pele arrangements with beneficiaries

Access strategy	Actual achievements
Batho Pele Principles	Number of people trained on Batho Pele: 260
Patients Right Charter	Patients' Rights incorporated into Batho Pele

Source: HRMS

Table 98: Service delivery information tool

Current/ actual information tool(s)	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.

Source: HRMS

Table 99: Complaints mechanism

Current/ actual complaints mechanism(s)	Desired complaints mechanism(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

Source: HRMS

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14.3 PERSONNEL RELATED EXPENDITURE

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

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

Table 100 (3.1.1): Personnel expenditure by programme - 1 April 2014 to 31 March 2015

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	697 403	292 983	0	0	42	4
Programme 2	14 583 919	9 743 254	0	0	66.8	137
Programme 3	1 065 378	768 178	0	0	72.1	11
Programme 4	8 692 299	6 725 939	0	0	77.4	94
Programme 5	3 112 822	1 653 359	0	0	53.1	23
Programme 6	796 562	722 027	0	0	90.6	10
Programme 7	150 678	84 525	0	0	56.1	1
Programme 8	1 678 999	24 158	0	0	1.4	0
Total	31 245 510	20 014 422	0	0	64.1	281

Source: Vulindlela

Table 101 (3.1.2): Personnel costs by salary band - 1 April 2014 to 31 March 2015

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)	676 884	3.3	5 523	122 557
Skilled (Levels 3-5)	5 658 797	27.9	33 274	170 067
Highly skilled production (Levels 6-8)	3 987 989	19.7	14 282	279 232
Highly skilled supervision (Levels 9-12)	7 061 894	34.8	12 732	554 657
Senior and Top Management (Levels 13-16)	1 052 176	5.2	793	1 326 830
Contract (Levels 1-2)	84 848	0.4	2 053	41 329
Contract (Levels 3-5)	18 632	0.1	160	116 450
Contract (Levels 6-8)	170 204	0.8	766	222 198
Contract (Levels 9-12)	1 126 427	5.6	1 603	702 699
Contract (Levels 13-16)	95 948	0.5	72	1 332 611
Periodical Remuneration	38 637	0.2	708	54 572
Abnormal Appointment	204 690	1	11 717	17 469
Total	20 177 126	99.4	83 683	241 114

Source: Vulindlela

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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 102 (3.1.3.): Salaries, Overtime, Home Owners Allowance and Medical Aid by programme - 1 April 2014 to 31 March 2015

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	229 914	75.1	2 690	0.9	6 160	2	11 528	3.8
Programme 2	6 980 645	70.5	229 380	2.3	354 836	3.6	413 791	4.2
Programme 3	468 405	60.5	86 853	11.2	32 429	4.2	48 867	6.3
Programme 4	4 648 578	68.6	408 149	6.0	203 523	3.0	279 967	4.1
Programme 5	1 164 077	70.0	137 358	8.3	39 328	2.4	63 376	3.8
Programme 6	538 540	74.0	96 875	13.3	5 567	0.8	8 374	1.1
Programme 7	59 000	69.0	555	0.6	4 833	5.7	7 034	8.2
Programme 8	19 684	95.0	0	0	27	0.1	83	0.4
Donor Funds	0	0	0	0	0	0	0	0
Persal Agencies	3 849	75.5	334	6.6	66	1.3	121	2.4
Trading Accounts	18783	65.2	0	0	1135	3.9	1743	6.1
Total	14 131 475	69.7	962 194	4.7	647 904	3.2	834 884	4.1

Source: Vulindlela

Table 103 (3.1.4): Salaries, Overtime, Home Owners Allowance and Medical Aid by salary band - 1 April 2014 to 31 March 2015

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)	460 903	68.1	445	0.1	57 641	8.5	43 755	6.5
Skilled (Levels 3-5)	3 871 322	68	72 496	1.3	344 625	6.1	411 314	7.2
Highly skilled production (Levels 6-8)	2 796 024	69.7	44 300	1.1	141 894	3.5	205 064	5.1
Highly skilled supervision (Levels 9-12)	5 043 469	71	349 329	4.9	97 262	1.4	162 567	2.3
Senior management (Levels 13-16)	675 166	63.7	213 338	20.1	2 582	0.2	7 958	0.8
Contract (Levels 1-2)	83 443	98.2	0	0	347	0.4	243	0.3
Contract (Levels 3-5)	16 065	85.2	21	0.1	744	3.9	269	1.4
Contract (Levels 6-8)	145 665	85.1	2 082	1.2	1 811	1.1	1 379	0.8

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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
Contract (Levels 9-12)	772 185	68.5	260 120	23.1	868	0.1	1 923	0.2
Contract (Levels 13-16)	63 878	66.2	20 062	20.8	130	0.1	412	0.4
Periodical Remuneration	0	0	0	0	0	0	0	0
Abnormal Appointment	203 357	99.3	0	0	0	0	0	0
Total	14 131 477	69.7	962 193	4.7	647 904	3.2	834 884	4.1

Source: Vulindlela

14.4 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 104 (3.2.1.): Employment and vacancies by programme - 31 March 2015

Programme	Number of posts on approved establishment	Number of posts filled	Vacancy rate %	Number of employees additional to the establishment
Programme 1, Permanent	939	776	17.4	19
Programme 2, Permanent	41 361	36 869	10.9	44
Programme 2, Temporary	188	234	-24.5	0
Programme 3, Permanent	3 336	3 099	7.1	0
Programme 4, Permanent	24 547	21 590	12.0	0
Programme 4, Temporary	193	287	48.7	0
Programme 5, Permanent	4 818	4 393	8.8	0
Programme 5, Temporary	59	96	-62.7	0
Programme 6, Permanent	5 109	3 319	35.0	212
Programme 7, Permanent	527	465	11.8	0
Programme 8, Permanent	12	8	33.3	2
Persal Agencies, Permanent	12	9	25	0
Persal Agencies, Temporary	0	0	0	0

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Programme	Number of posts on approved establishment	Number of posts filled	Vacancy rate %	Number of employees additional to the establishment
Trading Accounts, Permanent	125	112	10.4	0
Total	81 226	71 257	12.3	277

Source: Vulindlela

Table 105 (3.2.2.): Employment and vacancies by salary band - 31 March 2015

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	7 735	5 501	28.9	3
Lower skilled (Levels 1-2), Temporary	33	35	-6.1	0
Skilled (Levels 3-5), Permanent	36 494	33 231	8.9	0
Skilled (Levels 3-5), Temporary	36	39	-8.3	0
Highly skilled production (Levels 6-8), Permanent	15 853	14 164	10.7	0
Highly skilled production (Levels 6-8), Temporary	91	116	-27.5	0
Highly skilled supervision (Levels 9-12), Permanent	15 123	12 305	18.6	0
Highly skilled supervision (Levels 9-12), Temporary	274	422	-54	0
Senior management (Levels 13-16), Permanent	927	786	15.2	1
Senior management (Levels 13-16), Temporary	5	5	0	0
Contract (Levels 1-2), Permanent	2 053	2 053	0	243
Contract (Levels 3-5), Permanent	160	160	0	17
Contract (Levels 6-8), Permanent	766	766	0	4
Contract (Levels 9-12), Permanent	1 603	1 603	0	7
Contract (Levels 13-16), Permanent	72	72	0	2
Total	81 225	71 258	12.3	277

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.

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Table 106 (3.2.3): Employment and vacancies by critical occupation -31 March 2015

Critical occupations	Number of posts on approved establishment	Number of posts filled	Vacancy rate %	Number of employees additional to establishment
Dental practitioners, Permanent	165	139	15.8	10
Medical practitioners, Permanent	3 557	3 010	15.4	0
Medical practitioners, Temporary	318	438	-37.7	0
Medical research and related professionals, Permanent	49	44	10.2	0
Medical specialists, Permanent	1 111	600	46	0
Medical specialists, Temporary	82	133	-62.2	0
Pharmacists, Permanent	877	765	12.8	0
Pharmacists, Temporary	11	12	-9.1	0
Radiography, Permanent	676	590	12.7	0
Radiography, Temporary	4	4	0	0
TOTAL	6 850	5 735	16.3	10

Source: Vulindlela

14.5 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 107 (3.3.1): SMS post information - 31 March 2015

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	6	3	50	3	50
Salary level 14	21	16	76	5	24
Salary level 13	79	64	81	15	19
Total	108	85	79	23	21

Source: HRMS (Recruitment and Selection)

Table 108 (3.3.2): SMS post information - 30 September 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	4	2	50	2	50

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SMS level	Total number of funded SMS posts	Total number of SMS posts filled	% of SMS posts filled	Total number of SMS posts vacant	% of SMS posts vacant
Salary level 14	20	17	85	3	15
Salary level 13	71	56	79	15	21
Total	97	77	79	20	21

Source: HRMS (Recruitment and Selection)

Table 109 (3.3.3): Advertising and filling of SMS posts - 1 April 2014 to 31 March 2015

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	1	1	0
Salary Level 13	14	2	12
Total	15	3	12

Source: HRMS (Recruitment and Selection)

The following table provides information on compliance with the filling of funded vacant SMS posts which require that it is advertised within 6 months and filled within 12 months after becoming vacant

Table 110 (3.3.4): Reasons for not having complied with the filling of funded vacant SMS posts - 1 April 2014 to 31 March 2015

Reasons for vacancies not advertised within 6 months
Comment below relevant
Reasons for vacancies not filled within twelve months
A challenge was experienced in completing the recruitment and selection processes due to delays in setting suitable dates for panel members; competency assessments for recommended candidates; and verification of information. In some instances no applicants were found suitable and posts had to be re-advertised or suitable candidates had to be head hunted. A new Head Office Structure is also being implemented.

Source: HRMS (Recruitment and Selection)

Notes

In terms of Public Service Regulations Chapter 1, Part VIII 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.

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Table 111 (3.3.5): Disciplinary steps taken for not complying with the prescribed timeframes for filling SMS posts within 12 months - 1 April 2013 to 31 March 2014

Disciplinary steps taken
None

Source: HRMS

14.6 JOB EVALUATIONS

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 112 (3.4.1): Job Evaluation by salary band - 1 April 2014 to 31 March 2015

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)	7 768	0	0	0	0	2	0
Skilled (Levels 3-5)	36 530	7	0	0	0	1	14.3
Highly skilled production (Levels 6-8)	15 944	5	0	3	60	0	0
Highly skilled supervision (Levels 9-12)	15 397	3	0	0	0	0	0
Senior management service Band A	589	1	0.2	0	0	0	0
Senior management service Band B	96	0	0	0	0	0	0
Senior management service Band C	226	0	0	0	0	0	0
Senior management service Band D	21	0	0	0	0	0	0
Contract (Levels 1-2)	2 053	0	0	0	0	0	0
Contract (Level 3-5)	160	0	0	0	0	0	0
Contract (Levels 6-8)	766	0	0	0	0	0	0
Contract (Levels 9-12)	1 603	0	0	0	0	0	0
Contract (Band A)	61	0	0	0	0	0	0
Contract (Band B)	5	0	0	0	0	0	0
Contract (Band C)	5	0	0	0	0	0	0
Contract (Band D)	1	0	0	0	0	0	0
Total	81 225	16	0	3	18.8	3	18.8

Source: Vulindlela

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.

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Table 113 (3.4.2): Profile of employees whose salary positions were upgraded due to their posts being upgraded - 1 April 2014 to 31 March 2015

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: Vulindlela

The following table summarises the number of cases where remuneration bands exceeded the grade determined by job evaluation.

Table 114 (3.4.3): Employees with salary levels higher than those determined by job evaluation by occupation - 1 April 2014 to 31 March 2015

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 2014/15				0
Percentage of total employed				0%

Source: Vulindlela

14.7 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 115 (3.5.1): Annual turnover rates by salary band - 1 April 2014 to 31 March 2015

Salary band	Number of employees at beginning of period 1 April 2014	Appointments and transfers into the Department	Terminations and transfers out of the Department	Turnover rate
Lower skilled (Levels 1-2), Permanent	5 710	448	297	5.2
Lower skilled (Levels 1-2), Temporary	39	4	10	25.6
Skilled (Levels 3-5), Permanent	33 557	1 572	1 757	5.2
Skilled (Levels 3-5), Temporary	37	5	9	24.3
Highly skilled production (Levels 6-8), Permanent	14 197	383	1 414	10
Highly skilled production (Levels 6-8), Temporary	130	9	43	33.1
Highly skilled supervision (Levels 9-12), Permanent	12 705	357	1 435	11.3
Highly skilled supervision (Levels 9-12), Temporary	470	31	143	30.4
Senior Management Service Band A, Permanent	426	4	44	10.3
Senior Management Service Band A, Temporary	2	0	1	50
Senior Management Service Band B, Permanent	57	2	5	8.8
Senior Management Service Band B, Temporary	2	0	1	50

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Salary band	Number of employees at beginning of period 1 April 2014	Appointments and transfers into the Department	Terminations and transfers out of the Department	Turnover rate
Senior Management Service Band C, Permanent	187	3	5	2.7
Senior Management Service Band D, Permanent	8	0	0	0
Contract (Levels 1-2), Permanent	2 336	758	286	12.2
Contract (Levels 3-5), Permanent	91	67	8	8.8
Contract (Levels 6-8), Permanent	590	476	247	41.9
Contract (Levels 9-12), Permanent	1 820	467	480	26.4
Contract (Band A), Permanent	55	5	10	18.2
Contract (Band B), Permanent	7	1	4	57.1
Contract (Band C), Permanent	7	0	1	14.3
Contract (Band D), Permanent	1	0	0	0
Total	72 434	4 592	6 200	8.6

Source: Vulindlela

Notes for Table 3.5.2:

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 116 (3.5.2): Annual turnover rates by critical occupation – 1 April 2014 to 31 March 2015

Critical Occupation	Number of employees at beginning of the period 1 April 2014	Appointments and transfers into the Department	Terminations and transfers out of the Department	Turnover rate
Dental practitioners, Permanent	128	46	33	25.8
Dental practitioners, Temporary	1	0	0	0
Medical practitioners, Permanent	3 099	452	534	17.2
Medical practitioners, Temporary	478	38	160	33.5
Medical research and related professionals, Permanent	36	14	2	5.6
Medical specialists, Permanent	654	18	63	9.6
Medical specialists, Temporary	150	7	34	22.7
Pharmacists, Permanent	712	157	115	16.2
Pharmacists, Temporary	12	1	2	16.7
Radiography, Permanent	566	84	70	12.4
Radiography, Temporary	4	1	1	25

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Critical Occupation	Number of employees at beginning of the period 1 April 2014	Appointments and transfers into the Department	Terminations and transfers out of the Department	Turnover rate
TOTAL	5 840	818	1 012	17.3

The table below identifies the major reasons why staff left the Department

Table 117 (3.5.3): Reasons why staff left the Department - 1 April 2014 to 31 March 2015

Termination type	Number	% of total resignations
Death	396	6.4
Resignation	3 486	56.2
Expiry of contract	927	15.0
Transfers (Public Service Departments)	2	0
Discharged due to ill health	23	0.4
Dismissal operational changes	0	0
Dismissal-misconduct	117	1.9
Dismissal-inefficiency	1	0
Retirement	1 246	20.1
Other	2	0
Total	6 200	100
Total number of employees who left as a % of the total employment		8.6

Source: Vulindlela

Table 118 (3.5.4): Promotions by critical occupation - 1 April 2014 to 31 March 2015

Occupation	Employees as at 1 April 2014	Promotions to another salary level	Salary level promotions as a % of employees by occupation	Progressions to another notch within a salary level	Notch progressions as a % of employees by occupation
Dental practitioners	128	4	3.1	55	43
Medical practitioners	3 577	121	3.4	898	25.1
Medical research and related professionals	36	0	0	8	22.2
Medical specialists	804	46	5.7	316	39.3
Pharmacists	724	33	4.6	307	42.4
Radiography	570	19	3.3	293	51.4
Total	5 839	223	3.8	1 877	32.1

Source: Vulindlela

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Table 119 (3.5.5): Promotions by salary band - 1 April 2014 to 31 March 2015

Salary band	Employees on 1 April 2014	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	5 710	10	0.2	2 679	46.9
Lower skilled (Levels 1-2), Temporary	39	0	0	1	2.6
Skilled (Levels 3-5), Permanent	33 557	407	1.2	14 426	43
Skilled (Levels 3-5), Temporary	37	0	0	2	5.4
Highly skilled production (Levels 6-8), Permanent	14 197	365	2.6	4 054	28.6
Highly skilled production (Levels 6-8), Temporary	130	0	0	10	7.7
Highly skilled supervision (Levels 9-12), Permanent	12 705	554	4.4	2 869	22.6
Highly skilled supervision (Levels 9-12), Temporary	470	0	0	82	17.4
Senior management (Levels 13-16), Permanent	678	57	8.4	547	80.7
Senior management (Levels 13-16), Temporary	4	0	0	4	100
Contract (Levels 1-2), Permanent	2 336	0	0	103	4.4
Contract (Levels 3-5), Permanent	91	7	7.7	13	14.3
Contract (Levels 6-8), Permanent	590	4	0.7	11	1.9
Contract (Levels 9-12), Permanent	1 820	33	1.8	205	11.3
Contract (Levels 13-16), Permanent	70	4	5.7	27	38.6
Total	72 434	1 441	2	25 033	34.6

Source: Vulindlela

14.8 EMPLOYMENT EQUITY

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

Table 120 (3.6.1): Total number of employees (including employees with disabilities) in each of the following occupational categories - 31 March 2015

Occupational categories (SASCO)	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Legislators, senior officials and managers, Permanent	42	1	9	2	37	4	13	2	110
Professionals, Permanent	1 704	60	851	423	2 272	126	1 332	452	7 220
Professionals, Temporary	202	0	145	72	68	1	73	37	598
Technicians and associate professionals, Permanent	3 778	51	382	28	17 833	481	1 975	395	24 923
Technicians and associate professionals, Temporary	0	0	1	0	2	0	4	12	19
Clerks, Permanent	2 451	47	389	30	4 155	122	470	150	7 814
Service and sales workers, Permanent	4 462	39	498	21	15 122	165	481	70	20 858

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Occupational categories (SASCO)	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Craft and related trades workers, Permanent	344	28	64	62	22	0	0	0	520
Plant and machine operators and assemblers, Permanent	567	10	62	3	119	5	10	1	777
Elementary occupations, Permanent	2 498	41	242	28	5 275	71	208	36	8 399
Other, Permanent	4	0	1	0	12	0	2	1	20
Total	16 052	277	2 644	669	44 917	975	4 568	1 156	71 258
Employees with disabilities	142	5	42	5	123	2	18	8	345

Source: Vulindlela

Table 121 (3.6.2): Total number of employees (including employees with disabilities) in each of the following occupational bands - 31 March 2015

Occupational Bands	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Top Management, Permanent	31	4	69	47	7	1	39	11	209
Senior Management, Permanent	126	4	149	67	72	9	104	46	577
Senior Management, Temporary	0	0	3	0	1	0	1	0	5
Professionally qualified and experienced specialists and mid-management, Permanent	1 506	52	599	153	7 761	261	1 630	343	12 305
Professionally qualified and experienced specialists and mid-management, Temporary	170	0	78	50	47	0	52	25	422
Skilled technical and academically qualified workers, junior management, supervisors, foremen, Permanent	2 624	74	768	82	8 750	322	1 232	312	14 164
Skilled technical and academically qualified workers, junior management, supervisors, foremen, Temporary	23	0	39	7	15	1	14	17	116
Semi-skilled and discretionary decision making, Permanent	8 734	96	555	41	22 684	239	778	104	33 231
Semi-skilled and discretionary decision making, Temporary	5	0	12	6	6	0	6	4	39
Unskilled and defined decision making, Permanent	1 720	19	101	13	3 507	35	97	9	5 501
Unskilled and defined decision making, Temporary	4	0	14	9	1	0	4	3	35
Contract (Top Management), Permanent	1	0	0	3	1	0	1	0	6
Contract (Senior Management), Permanent	39	1	3	16	4	0	0	3	66
Contract (Professionally qualified), Permanent	353	17	206	167	370	31	272	187	1 603

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Occupational Bands	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Contract (Skilled technical), Permanent	138	2	22	6	339	17	153	89	766
Contract (Semi-skilled), Permanent	32	1	1	1	110	3	11	1	160
Contract (Unskilled), Permanent	546	7	25	1	1 242	56	174	2	2 053
Total	16 052	277	2 644	669	44 917	975	4 568	1 156	71 258

Source: Vulindlela

Table 122 (3.6.3): Recruitment - 1 April 2014 to 31 March 2015

Occupational Bands	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Top Management, Permanent	2	0	1	0	0	0	0	0	3
Senior Management, Permanent	4	0	0	2	0	0	0	0	6
Professionally qualified and experienced specialists and mid-management, Permanent	61	1	21	13	215	5	29	12	357
Professionally qualified and experienced specialists and mid-management, Temporary	10	0	4	5	6	0	4	2	31
Skilled technical and academically qualified workers, junior management, supervisors, foremen, Permanent	93	1	6	2	249	7	15	10	383
Skilled technical and academically qualified workers, junior management, supervisors, foremen, Temporary	3	0	2	1	0	0	2	1	9
Semi-skilled and discretionary decision making, Permanent	388	4	5	0	1 143	5	23	4	1 572
Semi-skilled and discretionary decision making, Temporary	0	0	3	1	1	0	0	0	5
Unskilled and defined decision making, Permanent	219	1	4	1	220	0	2	1	448
Unskilled and defined decision making, Temporary	1	0	1	0	1	0	1	0	4
Contract (Senior Management), Permanent	3	0	0	2	1	0	0	0	6
Contract (Professionally qualified), Permanent	95	7	50	62	110	12	40	91	467
Contract (Skilled technical), Permanent	69	1	18	6	164	11	121	86	476
Contract (Semi-skilled), Permanent	18	0	0	1	40	3	4	1	67
Contract (Unskilled), Permanent	207	4	7	0	465	17	57	1	758
Total	1 173	19	122	96	2 615	60	298	209	4 592

Source: Vulindlela

Employees with disabilities	15	1	0	0	9	0	1	0	26
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Source: Vulindlela

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Table 123 (3.6.4): Promotions - 1 April 2014 to 31 March 2015

Occupational Bands	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Top Management, Permanent	20	0	55	29	7	0	27	7	145
Senior Management, Permanent	83	4	124	56	50	8	94	40	459
Senior Management, Temporary	0	0	1	0	0	0	0	3	4
Professionally qualified and experienced specialists and mid-management, Permanent	561	19	321	53	1 628	67	644	130	3 423
Professionally qualified and experienced specialists and mid-management, Temporary	41	0	8	5	13	0	8	7	82
Skilled technical and academically qualified workers, junior management, supervisors, foremen, Permanent	1 004	36	215	44	2 502	93	420	105	4 419
Skilled technical and academically qualified workers, junior management, supervisors, foremen, Temporary	2	0	5	1	1	0	1	0	10
Semi-skilled and discretionary decision making, Permanent	5 136	48	320	29	8 794	118	359	29	14 833
Semi-skilled and discretionary decision making, Temporary	1	0	0	0	0	0	1	0	2
Unskilled and defined decision making, Permanent	733	7	67	5	1 800	21	51	5	2 689
Unskilled and defined decision making, Temporary	0	0	1	0	0	0	0	0	1
Contract (Top Management), Permanent	0	0	0	0	1	0	2	0	3
Contract (Senior Management), Permanent	11	1	0	10	3	0	1	2	28
Contract (Professionally qualified), Permanent	68	2	39	20	40	4	50	15	238
Contract (Skilled technical), Permanent	5	0	0	0	6	0	4	0	15
Contract (Semi-skilled), Permanent	3	0	2	0	5	4	5	1	20
Contract (Unskilled), Permanent	24	1	0	0	77	0	1	0	103
Total	7 692	118	1 158	252	14 927	315	1 668	344	26 474

Source: Vulindlela

Employees with disabilities	78	4	20	3	57	1	10	4	177
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Source: Vulindlela

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Table 124 (3.6.5): Terminations - 1 April 2014 to 31 March 2015

Occupational Bands	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Top Management, Permanent	1	0	3	1	0	0	0	0	5
Senior Management, Permanent	12	0	13	8	8	0	4	4	49
Senior Management, Temporary	0	0	2	0	0	0	0	0	2
Professionally qualified and experienced specialists and mid-management, Permanent	166	4	46	22	992	31	115	59	1 435
Professionally qualified and experienced specialists and mid-management, Temporary	66	0	21	13	29	0	6	8	143
Skilled technical and academically qualified workers, junior management, supervisors, foremen, Permanent	266	9	42	5	926	40	90	36	1 414
Skilled technical and academically qualified workers, junior management, supervisors, foremen, Temporary	14	0	7	6	7	0	8	1	43
Semi-skilled and discretionary decision making, Permanent	539	7	44	4	1 088	26	36	13	1 757
Semi-skilled and discretionary decision making, Temporary	3	0	2	2	0	0	2	0	9
Unskilled and defined decision making, Permanent	102	1	7	1	182	2	2	0	297
Unskilled and defined decision making, Temporary	4	0	1	4	1	0	0	0	10
Contract (Top Management), Permanent	0	0	0	1	0	0	0	0	1
Contract (Senior Management), Permanent	2	0	6	4	2	0	0	0	14
Contract (Professionally qualified), Permanent	80	7	55	62	103	10	78	85	480
Contract (Skilled technical), Permanent	31	0	7	5	69	3	68	64	247
Contract (Semi-skilled), Permanent	1	0	1	0	4	1	0	1	8
Contract (Unskilled), Permanent	93	1	2	0	178	4	7	1	286
Total	1 380	29	259	138	3 589	117	416	272	6 200
Employees with disabilities	5	1	1	0	11	0	1	1	20

Source: Vulindlela

Table 125 (3.6.6): Disciplinary action - 1 April 2014 to 31 March 2015

Disciplinary action	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Dismissal	16	2	8	1	9	1	1	1	39
Final written warning	68	4	14	2	26	1	10	0	125
No outcome	33	1	2	1	23	0	0	5	65

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Disciplinary action	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Suspended without payment	47	2	5	0	14	1	0	0	69
Written warning	30	2	10	1	21	0	10	0	74
Total	194	11	39	5	93	3	21	6	372

Source: HRMS (Labour Relations)

Table 126 (3.6.7): Skills development - 1 April 2014 to 31 March 2015

Occupational categories	Male					Female					Total
	African	Coloured	Indian	White	Total Male	African	Coloured	Indian	White	Total Female	
Legislators, senior officials and managers	172	7	43	16	238	320	10	27	20	377	615
Professionals	1 568	15	106	32	1 739	4 627	153	319	84	5183	6 922
Technicians and associate professionals	315	5	14	3	320	1 499	17	27	9	1 399	1 889
Clerks	436	3	18	9	466	454	14	19	14	501	967
Service and sales workers	231	6	17	35	289	562	10	8	2	582	871
Skilled agriculture and fishery workers & Craft and related trades workers	34	2	0	0	36	5	0	0	0	5	41
Plant and machine operators and assemblers	31	3	0	0	34	7	0	0	0	7	41
Elementary occupations	51	4	3	1	59	57	6	0	0	63	122
Total	2 856	45	201	96	3 181	7 531	210	400	129	8 117	11 468

Source: HRMS (HRD)

14.9 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.

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Table 127 (3.7.1): Signing of Performance Agreements by SMS members - 31 May 2014

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	1.4
Salary level 16	0	0	0	0
Salary level 15	5	2	0	0
Salary level 14	20	16	10	13.7
Salary level 13	72	54	30	41.1
Total	98	73	41	56.2

Source: HRMS (HRD)

Table 128 (3.7.2): Reasons for not having concluded Performance Agreements for all SMS members as on 31 May 2015

Reasons
Change of management, restructuring of components and new appointments/acting positions

Source: HRMS (HRD)

Table 129 (3.7.3): Disciplinary steps taken against SMS members for not having concluded Performance Agreements on 31 May 2014

Disciplinary steps taken
Disciplinary letters to be issued

Source: HRMS (HRD)

14.10 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 130 (3.8.1): Performance rewards by race, gender, and disability - 1 April 2014 to 31 March 2015

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	1	44 794	0	15	15 062
African, Male	0	15 910	0	0	0
Asian, Female	0	4 550	0	0	0
Asian, Male	0	2 602	0	0	0
Coloured, Female	0	973	0	0	0
Coloured, Male	0	272	0	0	0

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Race and Gender	Beneficiary Profile			Cost	
	Number of beneficiaries	Number of employees	% of total within group	Cost (R'000)	Average cost per employee (R)
Total Blacks, Female	1	50 317	0	15	15 062
Total Blacks, Male	0	18 784	0	0	0
White, Female	0	1 148	0	0	0
White, Male	0	664	0	0	0
Employees with a disability	0	345	0	0	0
Total	1	71 258	0	15	15 062

Source: Vulindlela

Table 131 (3.8.2): Performance rewards by salary band for personnel below Senior Management Service - 1 April 2014 to 31 March 2015

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	5 523	0	0	0	0
Skilled (Levels 3-5)	0	33 274	0	0	0	0
Highly skilled production (Levels 6-8)	0	14 282	0	0	0	0
Highly skilled supervision (Levels 9-12)	1	12 732	0	15	15 000	100
Contract (Levels 1-2)	0	2 053	0	0	0	0
Contract (Levels 3-5)	0	160	0	0	0	0
Contract (Levels 6-8)	0	766	0	0	0	0
Contract (Levels 9-12)	0	1 603	0	0	0	0
Periodical Remuneration	0	708	0	0	0	0
Abnormal Appointment	0	11 717	0	0	0	0
Total	1	82 818	0	15	15 000	100

Source: Vulindlela

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;

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Table 132 (3.8.3): Performance rewards by critical occupations - 1 April 2014 to 31 March 2015

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	139	0	0	0
Medical practitioners	0	3 446	0	0	0
Medical research and related professionals	0	44	0	0	0
Medical specialists	0	732	0	0	0
Pharmacists	0	776	0	0	0
Radiography	0	593	0	0	0
Total	0	5 730	0	0	0

Source: Vulindlela

Table 133 (3.8.4): Performance related rewards (cash bonus), by salary band for Senior Management Service - 1 April 2014 to 31 March 2015

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	568	0	0	0	0
Band B	0	82	0	0	0	0
Band C	0	195	0	0	0	0
Band D	0	20	0	0	0	0
Total	0	865	0	0	0	0

Source: Vulindlela

14.11 FOREIGN WORKERS

The tables below summarise the employment of foreign nationals in the Department in terms of salary bands and by major occupation. The tables also summarise changes in the total number of foreign workers in each salary band and by each major occupation.

Table 134 (3.9.1): Foreign Workers by salary band - 1 April 2014 to 31 March 2015

Salary Band	1 April 2014		31 March 2015		Change	
	Number	% of total	Number	% of total	Number	% change of Total
Lower skilled (Levels 1-2)	3	0.5	2	0.3	-1	-4.8
Skilled (Levels 3-5)	6	1	7	1.1	1	4.8
Highly skilled production (Levels 6-8)	17	2.8	16	2.5	-1	-4.8
Highly skilled supervision (Levels 9-12)	172	28.2	156	24.7	-16	-76.2

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Salary Band	1 April 2014		31 March 2015		Change	
	Number	% of total	Number	% of total	Number	% change of Total
Senior management (Levels 13-16)	78	12.8	87	13.8	9	42.9
Contract (Levels 1-2)	1	0.2	0	0	-1	-4.8
Contract (Levels 3-5)	4	0.7	3	0.5	-1	-4.8
Contract (Levels 6-8)	16	2.6	23	3.6	7	33.3
Contract (Levels 9-12)	262	42.9	276	43.7	14	66.7
Contract (Levels 13-16)	50	8.2	59	9.3	9	42.9
Periodical Remuneration	2	0.3	3	0.5	1	4.8
TOTAL	611	100	632	100	21	100

Source: Vulindlela

Table 135 (3.9.2): Foreign workers by major occupation - 1 April 2014 to 31 March 2015

Major Occupation	1 April 2014		31 March 2015		Change	
	Number	% of total	Number	% of total	Number	% change of Total
Administrative office workers	6	1	6	0.9	0	0
Craft and related trades workers	1	0.2	1	0.2	0	0
Elementary occupations	4	0.7	2	0.3	-2	-9.5
Professionals and managers	597	97.7	618	97.8	21	100
Social natural technical and medical sciences and support	3	0.5	5	0.8	2	9.5
Technicians and associated professionals	0	0	0	0	0	0
Total	611	100	632	100	21	100

Source: Vulindlela

14.12 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 136 (3.10.1): Sick leave - 1 January 2014 to 31 December 2014

Salary Band	Total days	% days with medical certification ⁵⁶	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)	28 732	89	3 513	6.4	8	11 990	25 579
Skilled (Levels 3-5)	211 690	87.6	26 046	47.3	8	122 784	185 433
Highly skilled production	100 981	86.3	12 420	22.5	8	95 888	87 145

⁵⁶ Days with medical certification refers to days taken in excess of 2 days

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Salary Band	Total days	% days with medical certification ⁵⁶	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
(Levels 6-8)							
Highly skilled supervision (Levels 9-12)	84 060	84.6	10 395	18.9	8	149 459	71 099
Senior management (Levels 13-16)	2 763	70.4	423	0.8	7	9 681	1 945
Other/ Personal Notches	10 586	69.5	2 320	4.2	5	9 655	7 361
Total	438 812	86.3	55 117	100	8	399 457	378 562

Source: Vulindlela

Table 137 (3.10.2): Disability leave (temporary and permanent) - 1 January 2014 to 31 December 2014

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)	4 968	99.8	197	10.2	25	2 091	4 957
Skilled (Levels 3-5)	26 387	99.4	981	50.8	27	15 191	26 241
Highly skilled production (Levels 6-8)	13 932	100	424	21.9	33	13 082	13 928
Highly skilled supervision (Levels 9-12)	11 374	99.9	312	16.1	36	20 175	11 366
Senior management (Levels 13-16)	396	100	9	0.5	44	1 408	396
Other/ Personal Notches	94	100	10	0.5	9	188	94
TOTAL	57 151	99.7	1 933	100	30	52 135	56 982

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 138 (3.10.3): Annual leave - 1 January 2014 to 31 December 2014

Salary bands	Total days taken	Average per employee	Number of employees using annual leave
Lower skilled (Levels 1-2)	117 568.43	23	5 164
Skilled (Levels 3-5)	717 964.65	22	32 827
Highly skilled production (Levels 6-8)	350 611.9	23	15 045
Highly skilled supervision (Levels 9-12)	313 280.78	23	13 347
Senior management (Levels 13-16)	19 219.44	23	818
Other/ Personal Notches	62 951.26	17	3 763

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Salary bands	Total days taken	Average per employee	Number of employees using annual leave
Total	1 581 596.46	22	70 964

Source: Vulindlela

Table 139 (3.10.4): Capped leave - 1 January 2014 to 31 December 2014

Salary bands	Total days of capped leave taken	Average number of days taken per employee	Average capped leave per employee as at 31 December 2014	Number of employees using capped leave	Total number of capped leave available as 31 December 2014	Number of employees as at 31 December 2014
Lower skilled (Levels 1-2)	227	4	28	61	40 604	1 432
Skilled (Levels 3-5)	1 754	6	48	286	246 458	5 175
Highly skilled production (Levels 6-8)	1 683	6	53	286	214 055	4 062
Highly skilled supervision (Levels 9-12)	2 171	7	61	313	259 750	4 280
Senior management (Levels 13-16)	68	5	41	15	11 816	286
Total	5 903	6	51	961	772 683	15 235

Source: Vulindlela

The following table summarises payments made to employees as a result of leave that was not taken.

Table 140 (3.10.5): Leave pay-outs - 1 April 2014 to 31 March 2015

Reason	Total Amount (R'000)	Number of Employees	Average payment per employee
Leave pay out for 2014/15 due to non-utilisation of leave for the previous cycle	618	6	103 000
Capped leave pay-outs on termination of service for 2014/15	146 900	4 045	36 316
Current leave pay-out on termination of service for 2014/15	39 619	2 332	16 989
Total	187 137	6 383	29 318

Source: Vulindlela

14.13 HIV, AIDS AND HEALTH PROMOTION PROGRAMMES

Table 141 (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
Waste handlers	Risk assessment, PPE, Education, Infection Prevention & Control (IPC), Occupational Post Exposure Prophylaxis (OPEP), Inspections (Health and safety)
Theatre staff	Risk assessment, PPE, Education, IPC, OPEP, Inspections Health & Safety (H&S)

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Units/categories of employees identified to be at high risk of contracting HIV & related diseases (if any)	Key steps taken to reduce the risk
Maternity and labour staff	Risk assessment, PPE, Education, IPC ,OPEP, Inspections (H&S)
Casualty and OPD	Risk assessment, PPE, Education, IPC , OPEP, Inspections (H&S)
Wards	Risk assessment ,PPE, Education, IPC, OPEP, Inspections (H&S)

Source: HRMS (EAP)

Table 142 (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 VIE of Chapter 1 of the Public Service Regulations, 2001?	X		Head Office EHW component manages by SMS working together with District and Institutional components.
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?	X		Various units promoting health and wellbeing of staff in all health institutions with practitioners such as Waste Management Officers, OHNs, IPC, EAPs, Physiotherapists, Safety Officers, Healthy Lifestyle Champions, Sports Coordinators, Nutrition staff, and NDC staff
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.	X		<ul style="list-style-type: none"> ▪ Wellness Management including Healthy lifestyle and Sports and Recreation ▪ Health and Productivity Management ▪ Management of HIV&AIDS,TB and STIs in the workplace ▪ SHERQ Management
4. Has the Department established (a) committee(s) as contemplated in Part VI E.5 (e) of Chapter 1of the Public Service Regulations 2001? If so, please provide the names of the members of the committee and the stakeholder(s) that they represent.	X		EHW committees have been established at all levels (Provincial, District and institutional) to deal with HIV&AIDS issues in the Workplace. These committees also include Organised Labour membership
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.	X		Management of HIV&AIDS, TB and STIs in the workplace policy
6. Has the Department introduced measures to protect HIV positive employees or those perceived to be HIV positive from discrimination? If so, list the key elements of these measures.	X		<ul style="list-style-type: none"> ▪ Education of staff (HIV, cultural norms and values as well as gender-based violence. Human rights) ▪ Employment policies
7. Does the Department encourage its employees to undergo Voluntary Counselling and Testing? If so, list the results that you have achieved.	X		HCT assist the Department to manage HIV&AIDS in the workplace i.e. HIV negative are advised accordingly, HIV positive are treated and given care and support
8. Has the Department developed measures / indicators to monitor and evaluate the impact of its health promotion programme? If so, list these measures / indicators.	X		<ul style="list-style-type: none"> ▪ Each EHW Pillar has got its own long list of output and outcome indicators indicated in each operational plan. Monitor the following indicators: ▪ Levels of staff participating in health promotion programmes ▪ Drop in absenteeism rate ▪ Drop in occupational injuries ▪ Increase in productivity ▪ Increased life expectancy

Source: HRMS (EAP)

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14.14 LABOUR RELATIONS

The following collective agreements were entered into with Trade Unions within the Department.

Table 143 (3.12.1): Collective agreements - 1 April 2014 to 31 March 2015

Subject Matter	Date
None	None

Source: HRMS (Labour Relations)

Table 144 (3.12.2): Misconduct and disciplinary hearings finalised - 1 April 2014 to 31 March 2015

Outcomes of disciplinary hearings	Number	% of Total
Correctional counselling	21	6.7
Verbal warning	34	10.9
Written warning	49	15.7
Final written warning	101	32.4
Suspended without pay	32	10.3
Fine	21	6.7
Demotion	1	0.3
Dismissal	27	8.7
Not guilty	11	3.5
Case withdrawn	15	4.8
Total	312	100

Source: HRMS (Labour Relations)

Table 145 (3.12.3): Types of misconduct addressed at disciplinary hearings - 1 April 2014 and 31 March 2015

Type of misconduct	Number	% of total
Fraud and Corruption	39	15.9
Insubordination	47	19.2
Absenteeism	63	25.7
Sexual Harassment	12	4.9
Under the influence of Alcohol	15	6.1
Other	69	28.2
Total	245	100

Source: HRMS (Labour Relations)

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Table 146 (3.12.4): Grievances logged - 1 April 2014 to 31 March 2015

Grievances	Number	% of Total
Number of grievances resolved	63	39.9
Number of grievances not resolved	95	60.1
Total number of grievances lodged	158	100

Source: HRMS (Labour Relations)

Table 147 (3.12.5): Disputes logged with Councils - 1 April 2014 to 31 March 2015

Disputes	Number	% of Total
Number of disputes upheld	18	5.3
Number of disputes dismissed	45	13.4
Total number of disputes lodged	105	31.2
Outstanding/ Pending	169	50.1
Total Number of disputes	337	100

Source: HRMS (Labour Relations)

Table 148 (3.12.6): Strike actions - 1 April 2014 to 31 March 2015

Total number of person working days lost	
Total number of persons working days lost	None
Total cost of working days lost (R'000)	Nil
Amount recovered as a result of no work no pay (R'000)	Nil

Source: HRMS (Labour Relations)

Table 149 (3.12.7): Precautionary suspensions - 1 April 2014 to 31 March 2015

Number of people suspended	
Number of people suspended	30
Number of people whose suspension exceeded 30 days	13
Average number of days suspended	184
Cost of suspensions (R'000)	169 546

Source: HRMS (Labour Relations)

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14.15 SKILLS DEVELOPMENT

This section highlights the efforts of the department with regard to skills development.

Table 150 (3.13.1): Training needs identified - 1 April 2014 to 31 March 2015

Occupational category	Gender	Number of employees as at 1 April 2014	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	840	0	237	0	237
	Male	743	0	208	0	208
Professionals	Female	18 402	0	2 706	0	2 706
	Male	3 320	0	996	0	996
Technicians and associate professionals	Female	12 891	0	1 207	0	1 207
	Male	4 849	0	761	0	761
Clerks	Female	3 667	0	765	0	765
	Male	2 363	0	600	0	600
Service and sales workers	Female	10 664	0	1 133	0	1 133
	Male	3 987	0	601	0	601
Skilled agriculture and fishery workers, Craft and related trades workers	Female	25	0	15	0	15
	Male	456	0	43	0	43
Plant and machine operators and assemblers	Female	418	0	14	0	14
	Male	766	0	57	0	57
Elementary occupations	Female	1 016	0	93	0	93
	Male	876	0	64	0	64
Sub Total	Female	48 023	0	6 170	0	6 170
	Male	17 360	0	3 330	0	3 330
Total		65 383	0	9 500	0	9 500

Source: HRMS (HRD)

Table 151 (3.13.2): Training provided - 1 April 2014 to 31 March 2015

Occupational Category	Gender	Number of employees as at 1 April 2014	Training provided within the reporting period			
			Learnerships	Skills Programmes & other short courses	Other forms of training	Total
Legislators, senior officials and managers	Female	840	0	377	0	377
	Male	743	0	238	0	238
Professionals	Female	18 402	0	5 183	0	5 183
	Male	3 320	0	1 739	0	1 739

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Occupational Category	Gender	Number of employees as at 1 April 2014	Training provided within the reporting period			
			Learnerships	Skills Programmes & other short courses	Other forms of training	Total
Technicians and associate professionals	Female	12 891	153	1 399	0	1 552
	Male	4 849	17	320	0	337
Clerks	Female	3 667	0	501	0	501
	Male	2 363	0	466	0	466
Service and sales workers	Female	10 664	0	582	0	582
	Male	3 987	0	289	0	289
Skilled agriculture and fishery workers, Craft and related trades workers	Female	25	0	5	0	5
	Male	456	0	36	0	36
Plant and machine operators and assemblers	Female	418	0	7	0	7
	Male	766	0	34	0	34
Elementary occupations	Female	1 016	0	63	0	63
	Male	876	0	59	0	59
Sub Total	Female	48 023	0	8 117	0	8 117
	Male	17 360	0	3 181	0	3 181
Total		65 383	170	11 298	0	11 468

Source: HRMS (HRD)

14.16 INJURY ON DUTY

Table 152 (3.14.1): Injury on duty - 1 April 2014 to 31 March 2015

Nature of injury on duty	Number	% of total
Required basic medical attention only	642	74.9
Temporary total disablement	210	24.5
Permanent disablement	4	0.5
Fatal	1	0.1
Total	857	100

Source: HRMS (Service Conditions)

14.17 UTILISATION OF CONSULTANTS

The following tables relate information on the utilisation of Consultants in the Department.

In terms of the Public Service Regulations "Consultant" means a natural or juristic person or a partnership who or which provides in terms of a specific contract on an ad hoc basis any of the following professional services to a department against remuneration received from any source:

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- The rendering of expert advice;
- The drafting of proposals for the execution of specific tasks; and
- The execution of a specific task which is of a technical or intellectual nature, but excludes an employee of a department.

Table 153 (3.15.1a): Report on Consultant appointments using appropriated funds - 1 April 2013 to 31 March 2014

Project Title	Total number of Consultants that worked on project	Duration – Work days	Contract value in Rand
Technical support at strategic level to operations of King Edward VIII Hospital, JME and AJSCA Agreement	1	3 rd May 2012 to 2 nd May 2017	R1 076 619.00 per annum
Infection Prevention and Control including training, surveillance, infrastructure and facilities	1	31 st Aug 2012 to 30 th Aug 2017	R1 087 296.00 per annum
Financial support to the Department	1	10 th March 2014 to 31 st March 2015	R615.00 per hour excluding VAT
Chairperson of the Risk Management Committee	1	From 1 st Dec 2013 to 30 th Nov 2015	R3 392.00 per day
Revitalisation of Provincial Operations Centre - Emergency Medical Services	1	From 1 st Dec 2014 to 30 th Nov 2015	R771 306.00 per annum
Collection of revenue from RAF - participation in the transversal contract of Free State Province	-	Ending on 31 st July 2016	Commission of 19% of a total claim
Business and Advisory Services			
Hospital Board Members Once-off training of Hospital Board Members for all the hospitals	-	-	2 289 055.54
Financial Management Management fee for groceries distribution by PCK and payment for the Board Health Care Funders for accreditation/licencing of ambulances	-	-	1 223 390.19
Human Resource Management of specialised training, development and registration of various councils	-	-	8 853 154.65
Project Management fee paid to IDT for management of projects	-	-	35 009 301.98
Qualification Verification SAQA and Umalusi qualification verification	-	-	186 361.30
Forensic Investigations Forensic investigations and staff disciplinary cases	-	-	100 888 648.65
Agency and Support/ Outsourced Services			
IALCH PPP. Impilo Consortium PPP agreement for the management of IALCH	-	-	752 868 990.36

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Project Title	Total number of Consultants that worked on project	Duration – Work days	Contract value in Rand
Patient Catering Catering for patients at various Hospitals - usage of various suppliers	-	-	192 419 260.92
Medical Waste Removal Compass Waste for removal of medical waste	-	-	59 201 898.91
Burial Services Pauper burial of indigent patients			2 447 476.95
Outsourcing of Professional staff. Specialised payments to Medical and other staff on contract	-	-	8 443 309.15
Agency/ Outsourced - Infrastructure Planning			
Infrastructure and Planning - Architectural Services Specialised staff for Infrastructure planning - IDT	-	-	812 144.76
Agency/ Outsourced Services - Laboratory Services			
Medical Laboratory Services - NHLS National Health services for laboratory tests	-	-	861 540 880.79
Agency/ Outsourced Services - Legal Costs			
Legal fees - State Attorney Legal cost for State Attorney for medical litigation costs and other services	-	-	9 331 693.70
Agency/ Outsourced Services - Contractors			
Infrastructure - Aerial Photography Aerial photography for Infrastructure projects	-	-	75 000.00 (2013/14)
Medical Services - Outsourcing of beds from Private Hospitals Outsourcing of beds in case of emergency; termination of pregnancy performed by Marie Stopes Clinic; specialised radiology tests and usage of District Surgeons	-	-	19 444 075.83
Infrastructure - Repairs and Maintenance - Asset and building Maintenance and repairs to buildings, machinery and equipment performed by outsourced contractors	-	-	114 976 638.75

Source: Legal Services and Finance Section

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Table 154 (3.15.2): Analysis of Consultant appointments using appropriated funds, in terms of historically disadvantaged individuals (HDIs) - 1 April 2013 to 31 March 2014

Project title	Percentage ownership by HDI groups	Percentage management by HDI groups	Number of Consultants from HDI groups that worked on the project
-	-	-	-

Table 155 (3.15.3a): Report on Consultant appointments using Donor Funds - 1 April 2013 to 31 March 2014

Project Title	Total number of Consultants that worked on project	Duration – Work days	Donor and Contract value in Rand
-	-	-	-

Table 156 (3.15.4): Analysis of Consultant appointments using Donor funds, in terms of historically disadvantaged individuals (HDIs) - 1 April 2013 to 31 March 2014

Project title	Percentage ownership by HDI groups	Percentage management by HDI groups	Number of Consultants from HDI groups that worked on the project
-	-	-	-

14.18 SEVERANCE PACKAGES

Table 157 (3.16.1): Granting of employee initiated severance packages - 1 April 2014 to 31 March 2015

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)	-	-	-	-
Skilled (levels 3-5)	-	-	-	-
Highly skilled production (levels 6-8)	-	-	-	-
Highly skilled supervision (levels 9-12)	-	-	-	-
Senior management (levels 13-16)	-	-	-	-
Total	0	0	0	0

Source: HRMS

PART E: ANNUAL FINANCIAL STATEMENTS

- Report of the Auditor General of South Africa
- Appropriation Statement
- Notes to the Appropriation Statement
- Statement of Financial Performance
- Statement of Financial Position
- Statement of Changes in Net Assets
- Cash Flow Statement
- Notes to the Annual Financial Statements (including Accounting Policies)
- Annexures to Annual Financial Statements

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15. REPORT OF THE AUDITOR GENERAL ON THE ANNUAL FINANCIAL STATEMENTS

Introduction

1. I have audited the financial statements of the Department of Health set out on pages 292 to 378, which comprise the appropriation statement, the statement of financial position as at 31 March 2015, 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 these financial statements in accordance with the Modified Cash Standard prescribed by the National Treasury and the requirements of the Public Finance Management Act of South Africa, 1999 (Act No. 1 of 1999) (PFMA) and the Division of Revenue Act of South Africa, 2014 (Act No. 10 of 2014) (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 these financial statements based on my audit. I conducted my audit in accordance with 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. I was unable to obtain sufficient appropriate audit evidence that management had properly valued and accounted for movable tangible capital assets and minor assets disclosed in note 32 to the financial statements due to the poor status of accounting records in support of these assets. I was unable to confirm these assets by alternative means. Consequently, I was unable to determine whether any adjustment relating to movable tangible assets stated at R2,29 billion (2014: R2,09 billion) and minor assets stated at R450,91 million (2014: R426,91 million) in note 32 to the financial statements was necessary.

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Irregular expenditure

7. The Department did not disclose all irregular expenditure for conditional grants (HIV/AIDS and National Tertiary Services) and non-adherence to procurement legislation due to breakdowns in internal controls over Conditional Grant management and supply chain management, respectively. Consequently, I was unable to determine the full extent of the irregular expenditure stated at R2,74 billion (2014: R2,06 billion) in note 26 to the financial statements as it was impracticable to do so.

Capital commitments

8. I was unable to obtain sufficient appropriate audit evidence in support of capital commitments as the department did not implement adequate processes and procedures for the management of capital commitments. I was unable to confirm the capital commitments by alternative means. Consequently, I was unable to determine whether any adjustment to capital commitments stated at R3,2 billion in note 21 to the financial statements was necessary.

Compensation of employees - Commuted overtime

9. I was unable to obtain sufficient appropriate audit evidence for commuted overtime expenditure of R807,6 million disclosed in note 4 to the financial statements. This was because the commuted overtime worked was not supported by reliable accounting records and contracts. I was unable to confirm this expenditure by alternative means. Consequently, I was unable to determine whether any adjustment to commuted overtime, which was included under compensation of employees in the financial statements, was necessary.

Qualified opinion

10. 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 2015, and its financial performance, and cash flows for the year then ended, in accordance with the Modified Cash Standard and the requirements of the PFMA and DoRA.

Emphasis of matters

11. I draw attention to the matters below.

Significant uncertainties

12. With reference to note 20 to the financial statements, the Department is a defendant in various lawsuits relating to medical negligence and claims against the state amounting to R6,72 billion. The Department is also disputing an amount of R3,04 billion payable to the National Health Laboratory Services. The ultimate outcome of these matters cannot presently be determined and no provision for any liability that may result had been made in the financial statements.

Payables

13. With reference to note 22 to the financial statements, payables which exceeded the payment term of 30 days, as required by Treasury Regulation 8.2.3, amounted to R66,05 million. This amount, in turn, exceeded the voted funds to be surrendered of R1,57 million as per the statement of financial position by R64,48 million. The amount of R64,48 million would therefore have constituted unauthorised expenditure had the amounts due been paid in a timely manner.

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Report on other legal and regulatory requirements

14. In accordance with the Public Audit Act of South Africa, 2004 (Act No. 25 of 2004) (PAA) and the general notice issued in terms thereof, I have a responsibility to report findings on the reported performance information against predetermined objectives for selected programmes presented in the annual performance report, compliance with legislation and 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

15. I performed procedures to obtain evidence about the usefulness and reliability of the reported performance information for Programme 2: District Health Services on pages 86 to 136 as well as Programme 5: Central and Tertiary Hospitals on pages 175 to 182 presented in the annual performance report of the Department for the year ended 31 March 2015.

16. I evaluated the reported performance information against the overall criteria of usefulness and reliability.

17. 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).

18. I assessed the reliability of the reported performance information to determine whether it was valid, accurate and complete.

19. The material findings in respect of the district health services programme are as follows:

District Health Services

Usefulness of reported performance information

Measurability of indicators and targets

Performance targets not verifiable

20. The processes and systems that produced the indicator should be verifiable, as required by the FMPPI. A total of 20% of the indicators were not verifiable. This was due to a lack of proper systems and processes at clinic level.

Reliability of reported performance information

21. The FMPPI requires departments to have appropriate systems to collect, collate, verify and store performance information to ensure valid, accurate and complete 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. This was due to the fact that the Department could not provide sufficient appropriate evidence in support of the reported performance information and the Department's records not permitting the application of alternative audit procedures.

Central and Tertiary Hospitals

22. I did not raise any material findings on the usefulness and reliability of the reported performance information for the central and tertiary hospitals programme.

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Additional matters

23. I draw attention to the following matters.

Achievement of planned targets

24. Refer to the annual performance report on pages 86 to 136 and 175 to 182 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 usefulness and reliability of the reported performance information for Programme 2: District Health Services reported in paragraphs 20 to 21 of this report.

Adjustment of material misstatements

25. I identified material misstatements in the annual performance report submitted for auditing on the reported performance information for Programme 5: Central and Tertiary Hospitals. As management subsequently corrected the misstatements, I did not raise any material findings on the usefulness and reliability of the reported performance for Programme 5.

Compliance with legislation

26. 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.

Strategic planning and performance management

27. Effective, efficient and transparent systems of risk management and internal control with respect to performance information and management were not in place, as required by section 38(1)(a)(i) of the PFMA.

Annual financial statements

28. The financial statements submitted for auditing were not prepared in accordance with the prescribed financial reporting framework, as required by section 40(1)(a) of the PFMA. Material misstatements of movable assets, capital commitments and commuted overtime and irregular expenditure identified by the auditors in the financial statements were not adequately corrected and supporting records could not be provided subsequently, which resulted in the financial statements receiving a qualified audit opinion.

Procurement and Contract management

29. 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.

30. Goods and services of a transaction value above R500 000 were procured without inviting competitive bids, as required by Treasury Regulation 16A6.1.

31. Bid adjudication was not always performed by committees composed in accordance with the policies of the Department, as required by Treasury Regulation 16A6.2(a), (b) and (c).

32. Contracts were extended or modified without the approval of a properly delegated official, as required by Treasury Regulation 8.1 and 8.2.

33. Contracts and quotations 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 Regulation 16A9.1(d) and the Preferential Procurement

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Regulations.

34. Sufficient appropriate audit evidence could not be obtained that all contracts and quotations were awarded in accordance with the legislative requirements as proper record keeping was not maintained to ensure that complete, relevant and accurate information is accessible and available to support the procurement processes followed.

Human resource management and compensation

35. Employees were appointed without following a proper process to verify the claims made in their applications, in contravention of Public Service Regulation 1/VII/D.8.

Expenditure management

36. 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.
37. Sufficient appropriate audit evidence could not be obtained that money was spent with the approval of the Accounting Officer, as required by Treasury Regulation 8.2.1 and 8.2.2.

Conditional Grants

38. Sufficient appropriate audit evidence could not be obtained that the Comprehensive HIV/AIDS and National Tertiary Services Conditional Grant allocation was spent in accordance with the applicable grant framework, in terms of section 17(1) of DoRA.

Asset management

39. 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

40. 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 compliance with legislation included in this report.

Leadership

41. Leadership, due to their lack of effective oversight and monitoring, did not ensure the design, communication and consistent implementation of policies and procedures and related internal controls by delegated officials in respect of performance management, procurement and contract management, asset management, supply chain management, conditional grant management, commuted overtime and capital commitments to achieve reliable and credible financial and performance reporting.

Financial and performance management

42. Management has failed to implement a proper asset management system as well as a proper record keeping system to ensure that complete, relevant and accurate information is accessible and available to support irregular expenditure, commuted overtime payments capital commitments, conditional grants and performance reporting.

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Other reports

Performance audits

43. A performance audit was conducted on the management of pharmaceuticals to ensure that patients receive prescribed pharmaceuticals in time. The performance audit focused on policy and planning, procurement, storage and safeguarding as well as distribution of pharmaceuticals to patients. The outcomes of this performance audit will be included in a transversal report.

Investigations

44. At the request of the department, the provincial treasury internal audit unit conducted six investigations covering the period 1 April 2014 to 31 March 2015. These investigations related to irregularities around deviation from work and variation orders in respect of projects managed by the department and alleged fraud and corruption in the appointment and termination of service providers. Four of the investigations had been completed and two were still in progress.
45. At the request of the department, independent consulting firms are performing investigations covering the period 1 April 2014 to 31 March 2015. These investigations are based on allegations of incorrect awarding of certain contracts, accusations of theft, employees performing unauthorised remunerative work outside the public service, misappropriation of inventory and the manner in which promotions were awarded within the department. These investigations were still in progress at the date of this report.

Pietermaritzburg

29 July 2015



AUDITOR-GENERAL
SOUTH AFRICA

Auditing to build public confidence

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APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2015

APPROPRIATION PER PROGRAMME		2014/15						2013/14		
		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
Voted funds and direct charges										
1	Administration	581 140	-	26 252	607 392	701 319	-93 927	115.5%	596 402	687 188
2	District Health Services	14 726 806	-	-37 751	14 689 055	14 689 055	-	100.0%	13 168 131	13 303 470
3	Emergency Medical Services	1 073 438	-	-5 325	1 068 113	1 068 113	-	100.0%	971 026	1 009 940
4	Provincial Hospital Services	8 785 841	-	6 548	8 792 389	8 795 679	-3 290	100.0%	8 412 264	8 460 460
5	Central Hospital Services	3 079 392	-	34 218	3 113 610	3 141 397	-27 787	100.9%	2 947 144	2 947 147
6	Health Sciences and Training	1 051 367	-	-32 727	1 018 640	1 018 964	-324	100.0%	1 000 091	999 397
7	Health Care Support Services	140 934	-	10 295	151 229	151 946	-717	100.5%	123 368	123 002
8	Health Facilities Management	1 680 547	-	-1 510	1 679 037	1 679 037	-	100.0%	2 000 784	2 000 806
Programme sub total		31 119 465	-	-	31 119 465	31 245 510	-126 045	100.4%	29 219 210	29 531 410
Statutory Appropriation		-	-	-	-	-	-	-	-	-
TOTAL		31 119 465	-	-	31 119 465	31 245 510	-126 045	100.4%	29 219 210	29 531 410
Reconciliation with Statement of Financial Performance										
Add:										
	Departmental receipts				289 933				270 747	
	Aid assistance				-				3 677	
Actual amounts per Statement of Financial Performance (Total Revenue)					31 409 398				29 493 634	
Add:										
	Aid assistance					-			669	
	Prior year unauthorised expenditure approved without funding					-			-	
Actual amounts per Statement of Financial Performance Expenditure						31 245 510			29 532 079	

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Appropriation per Economic Classification	2014/15							2013/14	
	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	28 780 978	-	-3 172	28 777 806	28 911 107	-133 301	100.5%	26 569 570	26 890 290
Compensation of employees	20 211 032	-	-196 610	20 014 422	20 014 422	-	100.0%	18 671 457	18 676 774
Salaries and wages	17 610 277	-	-48 725	17 561 552	17 563 141	-1 589	100.0%	16 409 656	16 304 542
Social contributions	2 600 755	-	-147 885	2 452 870	2 451 281	1 589	99.9%	2 261 801	2 372 232
Goods and services	8 569 946	-	193 148	8 763 094	8 895 999	-132 905	101.5%	7 898 005	8 213 347
Administrative fees	32	-	-30	2	-	2	-	182	184
Advertising	25 561	-	-11 280	14 281	14 083	198	98.6%	11 460	13 631
Minor assets	98 119	-	-49 902	48 217	46 064	2 153	95.5%	66 159	34 712
Audit costs: External	13 000	-	18 252	31 252	122 572	-91 320	392.2%	47 914	15 924
Bursaries: Employees	2 350	-	1 347	3 697	3 694	3	99.9%	690	731
Catering: Departmental activities	8 111	-	-5 746	2 365	2 286	79	96.7%	1 876	2 087
Communication (G&S)	112 866	-	-11 904	100 962	99 338	1 624	98.4%	96 429	93 269
Computer services	134 765	-	2 449	137 214	133 813	3 401	97.5%	146 398	197 731
Consultants: Business and advisory services	34 197	-	20 044	54 241	52 944	1 297	97.6%	22 578	84 964
Infrastructure and planning services	731	-	80	811	812	-1	100.1%	-	139
Laboratory services	706 562	-	200 764	907 326	913 128	-5 802	100.6%	502 907	587 579
Legal services	3 891	-	8 279	12 170	12 025	145	98.8%	7 035	8 909
Contractors	177 056	-	-35 305	141 751	140 172	1 579	98.9%	117 779	149 834
Agency and support / outsourced services	841 724	-	166 006	1 007 730	1 034 153	-26 423	102.6%	1 002 113	946 855
Entertainment	520	-	-518	2	2	-	100.0%	36 833	42 089
Fleet services (including government motor transport)	260 373	-	15 259	275 632	293 616	-17 984	106.5%	166 521	109 319
Inventory: Clothing material and accessories	1 902	-	6 100	8 002	11 282	-3 280	141.0%	5 193	8

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Appropriation per Economic Classification	2014/15							2013/14	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final Appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Inventory: Farming supplies	-	-	7	7	5	2	71.4%	27 826	28 546
Inventory: Food and food supplies	194 796	-	-74 658	120 138	120 101	37	100.0%	142 403	143 931
Inventory: Fuel, oil and gas	158 497	-	-36 843	121 654	124 589	-2 935	102.4%	128 196	207 014
Inventory: Learner and teacher support material	1 010	-	-961	49	29	20	59.2%	-	-
Inventory: Materials and supplies	863	-	9 751	10 614	10 634	-20	100.2%	1 445	10 005
Inventory: Medical supplies	1 325 019	-	158 651	1 483 670	1 481 668	2 002	99.9%	1 268 795	1 339 984
Inventory: Medicine	2 724 988	-	-331 508	2 393 480	2 392 761	719	100.0%	2 449 069	2 520 817
Medsas inventory interface	-	-	3	3	3	-	100.0%	174	-
Inventory: Other supplies	1 500	-	-402	1 098	1 098	-	100.0%	810	-
Consumable supplies	225 815	-	42 153	267 968	262 751	5 217	98.1%	217 658	257 298
Consumable: Stat, printing and office supplies	55 181	-	21 497	76 678	73 777	2 901	96.2%	42 364	45 414
Operating leases	116 150	-	19 595	135 745	135 476	269	99.8%	77 573	98 759
Property payments	1 126 228	-	52 676	1 178 904	1 180 365	-1 461	100.1%	1 134 306	1 085 140
Transport provided: Departmental activity	57 971	-	14 305	72 276	72 277	-1	100.0%	38 547	58 556
Travel and subsistence	71 374	-	8 590	79 964	80 518	-554	100.7%	61 857	65 387
Training and development	42 108	-	-26 433	15 675	15 950	-275	101.8%	39 951	28 421
Operating payments	44 143	-	10 214	54 357	57 987	-3 630	106.7%	32 550	34 092
Venues and facilities	2 505	-	1 452	3 957	4 826	-869	122.0%	1 549	2 018
Rental and hiring	37	-	1 165	1 202	1 200	2	99.8%	865	-
Interest and rent on land	-	-	290	290	686	-396	236.6%	108	169
Interest (Incl. interest on unitary payments (PPP))	-	-	290	290	686	-396	236.6%	3	20
Rent on land	-	-	-	-	-	-	-	105	149

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Appropriation per Economic Classification	2014/15							2013/14	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final Appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Transfers and subsidies	694 193	-	2 768	696 961	828 109	-131 148	118.8%	774 496	740 160
Provinces and municipalities	157 672	-	-	157 672	122 636	35 036	77.8%	161 496	79 199
Provinces	4 341	-	-	4 341	5 232	-891	120.5%	5 141	4 367
Provincial Revenue Funds	-	-	-	-	-	-	-	-	9
Provincial agencies and funds	4 341	-	-	4 341	5 232	-891	120.5%	5 141	4 358
Municipalities	153 331	-	-	153 331	117 404	35 927	76.6%	156 355	74 832
Municipal bank accounts	153 331	-	-	153 331	117 404	35 927	76.6%	-	-
Municipal agencies and funds	-	-	-	-	-	-	-	156 355	74 832
Departmental agencies and accounts	13 069	-	2 768	15 837	15 895	-58	100.4%	11 847	11 373
Departmental agencies (non-business entities)	13 069	-	2 768	15 837	15 895	-58	100.4%	11 847	11 373
Higher education institutions	-	-	-	-	16	-16	-	-	498
Foreign govern and international organisations	-	-	-	-	66	-66	-	-	-
Non-profit institutions	230 638	-	-	230 638	222 050	8 588	96.3%	277 683	256 751
Households	292 814	-	-	292 814	467 446	-174 632	159.6%	323 470	392 339
Social benefits	87 164	-	-12 186	74 978	143 800	-68 822	191.8%	67 055	100 165
Other transfers to households	205 650	-	12 186	217 836	323 646	-105 810	148.6%	256 415	292 174
Payments for capital assets	1 644 294	-	-	1 644 294	1 505 879	138 415	91.6%	1 875 137	1 867 331
Buildings and other fixed structures	1 269 855	-	-63 349	1 206 506	1 206 505	1	100.0%	1 530 893	1 530 972
Buildings	1 269 855	-	-63 349	1 206 506	1 206 295	211	100.0%	-	-
Other fixed structures	-	-	-	-	210	-210	-	1 530 893	1 530 972
Machinery and equipment	374 439	-	63 349	437 788	299 374	138 414	68.4%	344 244	336 178
Transport equipment	52 360	-	92 427	144 787	122 384	22 403	84.5%	94 524	94 811

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Appropriation per Economic Classification	2014/15							2013/14	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final Appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Other machinery and equipment	322 079	-	-29 078	293 001	176 990	116 011	60.4%	249 720	241 367
Software and other intangible assets	-	-	-	-	-	-	-	-	181
Payment for financial assets	-	-	404	404	415	-11	102.7%	7	33 629
	31 119 465	-	-	31 119 465	31 245 510	-126 045	100.4%	29 219 210	29 531 410

PROGRAMME 1: ADMINISTRATION	2014/15							2013/14	
	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
Sub-Programmes									
1 Office of the MEC	19 498	-	-2 726	16 772	16 818	-46	100.3%	16 996	17 011
2 Management	561 642	-	28 978	590 620	684 501	-93 881	115.9%	579 406	670 177
	581 140	-	26 252	607 392	701 319	-93 927	115.5%	596 402	687 188

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Economic Classification: Programme 1	2014/15							2013/14	
	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	570 060	-	14 925	584 985	678 837	-93 852	116.0%	553 070	610 664
Compensation of employees	307 734	-	-14 751	292 983	292 983	-	100.0%	273 360	273 359
Salaries and wages	267 622	-	-12 081	255 541	255 527	14	100.0%	238 091	237 844
Social contributions	40 112	-	-2 670	37 442	37 456	-14	100.0%	35 269	35 515
Goods and services	262 326	-	29 676	292 002	385 799	-93 797	132.1%	279 710	337 290
Administrative fees	1	-	-1	-	-	-	-	1	7
Advertising	3 024	-	479	3 503	3 504	-1	100.0%	5 765	7 796
Minor assets	2 520	-	-2 104	416	416	-	100.0%	961	1 083
Audit costs: External	13 000	-	18 245	31 245	122 566	-91 321	392.3%	33 966	1 616
Bursaries: Employees	100	-	-100	-	-2	2	-	-	12
Catering: Departmental activities	900	-	-399	501	500	1	99.8%	920	635
Communication (G&S)	13 820	-	-2 861	10 959	10 581	378	96.6%	5 558	4 006
Computer services	122 490	-	10 975	133 465	133 465	-	100.0%	136 690	176 019
Laboratory services	-	-	25	25	25	-	100.0%	-	-
Legal services	240	-	264	504	504	-	100.0%	1 104	1 197
Contractors	30	-	1 469	1 499	1 507	-8	100.5%	34	2 777
Agency and support / outsourced services	6 100	-	1 656	7 756	7 756	-	100.0%	5 813	6 027
Entertainment	110	-	-108	2	2	-	100.0%	9	6
Fleet services (incl. government motor transport)	4 560	-	764	5 324	5 324	-	100.0%	3 263	4 299
Inventory: Clothing material and accessories	-	-	9	9	3 415	-3 406	37944.4%	-	-1 638
Inventory: Food and food supplies	80	-	-62	18	18	-	100.0%	2 569	2 569
Inventory: Fuel, oil and gas	-	-	6	6	6	-	100.0%	1 076	-67

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Economic Classification: Programme 1	2014/15							2013/14	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final Appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Inventory: Materials and supplies	-	-	9	9	9	-	100.0%	34	23
Inventory: Medical supplies	-	-	-	-	-1 684	1 684	-	-	170
Inventory: Medicine	-	-	-	-	318	-318	-	-	-
Inventory: Other supplies	-	-	-	-	-	-	-	600	-
Consumable supplies	450	-	70	520	-6 517	7 037	(1253.3%)	1 111	5 980
Consumable: Stat, printing and office supplies	4 400	-	1 465	5 865	8 149	-2 284	138.9%	3 594	2 664
Operating leases	4 570	-	436	5 006	5 012	-6	100.1%	3 876	3 781
Property payments	40 431	-	-16 356	24 075	25 844	-1 769	107.3%	34 491	30 140
Transport provided: Departmental activity	-	-	-	-	-	-	-	-	17
Travel and subsistence	22 100	-	-4 068	18 032	18 047	-15	100.1%	19 931	18 829
Training and development	1 000	-	1 592	2 592	2 591	1	100.0%	2 931	3 020
Operating payments	500	-	3 471	3 971	7 745	-3 774	195.0%	414	447
Venues and facilities	900	-	2 022	2 922	2 922	-	100.0%	777	943
Rental and hiring	-	-	734	734	733	1	99.9%	4	-
Interest and rent on land	-	-	-	-	55	-55	-	-	15
Interest (Incl. interest on unitary payments (PPP))	-	-	-	-	55	-55	-	-	15
Transfers and subsidies	4 630	-	184	4 814	6 643	-1 829	138.0%	1 549	1 300
Provinces and municipalities	1 629	-	184	1 813	2 661	-848	146.8%	48	51
Provinces	1 629	-	184	1 813	2 661	-848	146.8%	48	51
Provincial agencies and funds	1 629	-	184	1 813	2 661	-848	146.8%	48	51
Departmental agencies and accounts	1	-	-	1	-	1	-	1	-
Departmental agencies (non-business entities)	1	-	-	1	-	1	-	1	-

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Economic Classification: Programme 1	2014/15							2013/14	
	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
Higher education institutions	-	-	-	-	-	-	-	-	3
Foreign government and international organisations	-	-	-	-	66	-66	-	-	-
Households	3 000	-	-	3 000	3 916	-916	130.5%	1 500	1 246
Social benefits	3 000	-	-	3 000	3 862	-862	128.7%	1 500	1 236
Other transfers to households	-	-	-	-	54	-54	-	-	10
Payments for capital assets	6 450	-	11 143	17 593	15 827	1 766	90.0%	41 776	41 595
Machinery and equipment	6 450	-	11 143	17 593	15 827	1 766	90.0%	41 776	41 414
Transport equipment	-	-	2 254	2 254	1 274	980	56.5%	8 550	8 338
Other machinery and equipment	6 450	-	8 889	15 339	14 553	786	94.9%	33 226	33 076
Software and other intangible assets	-	-	-	-	-	-	-	-	181
Payment for financial assets	-	-	-	-	12	-12	-	7	33 629
Total	581 140	-	26 252	607 392	701 319	-93 927	115.5%	596 402	687 188

SUB-PROGRAMME 1.1: OFFICE OF THE MEC	2014/15							2013/14	
	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	19 498	-	-3 642	15 856	15 856	-	100.0%	16 445	16 459
Compensation of employees	12 074	-	-1 023	11 051	11 051	-	100.0%	10 866	10 866
Goods and services	7 424	-	-2 619	4 805	4 804	1	100.0%	5 579	5 592
Interest and rent on land	-	-	-	-	1	-1	-	-	1

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SUB-PROGRAMME 1.1: OFFICE OF THE MEC	2014/15							2013/14	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final Appropriation	Final Appropriation	Actual Expenditure
Economic Classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Transfers and subsidies	-	-	7	7	53	-46	757.1%	16	17
Provinces and municipalities	-	-	7	7	7	-	100.0%	10	8
Households	-	-	-	-	46	-46	-	6	9
Payments for capital assets	-	-	909	909	909	-	100.0%	535	535
Machinery and equipment	-	-	909	909	909	-	100.0%	535	535
Total	19 498	-	-2 726	16 772	16 818	-46	100.3%	16 996	17 011

SUB-PROGRAMME 1.2: MANAGEMENT	2014/15							2013/14	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final Appropriation	Final Appropriation	Actual Expenditure
Economic Classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	550 562	-	18 567	569 129	662 981	-93 852	116.5%	536 625	594 205
Compensation of employees	295 660	-	-13 728	281 932	281 932	-	100.0%	262 494	262 493
Goods and services	254 902	-	32 295	287 197	380 995	-93 798	132.7%	274 131	331 698
Interest and rent on land	-	-	-	-	54	-54	-	-	14
Transfers and subsidies	4 630	-	177	4 807	6 590	-1 783	137.1%	1 533	1 283
Provinces and municipalities	1 629	-	177	1 806	2 654	-848	147.0%	38	43
Departmental agencies and accounts	1	-	-	1	-	1	-	1	-
Higher education institutions	-	-	-	-	-	-	-	-	3
Foreign governments and international organisations	-	-	-	-	66	-66	-	-	-
Households	3 000	-	-	3 000	3 870	-870	129.0%	1 494	1 237

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SUB-PROGRAMME 1.2: MANAGEMENT	2014/15							2013/14	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final Appropriation	Final Appropriation	Actual Expenditure
Economic Classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Payments for capital assets	6 450	-	10 234	16 684	14 918	1 766	89.4%	41 241	41 060
Machinery and equipment	6 450	-	10 234	16 684	14 918	1 766	89.4%	41 241	40 879
Software and other intangible assets	-	-	-	-	-	-	-	-	181
Payment for financial assets	-	-	-	-	12	-12	-	7	33 629
Total	561 642	-	28 978	590 620	684 501	-93 881	115.9%	579 406	670 177

PROGRAMME 2: DISTRICT HEALTH SERVICES	2014/15							2013/14	
	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
Sub-Programmes									
1 District Management	233 858	-	-1 964	231 894	230 638	1 256	99.5%	217 441	217 557
2 Community Health Clinics	3 065 892	-	32 131	3 098 023	3 072 879	25 144	99.2%	2 847 056	2 790 522
3 Community Health Centres	1 281 471	-	-77 121	1 204 350	1 208 867	-4 517	100.4%	1 042 823	1 048 590
4 Community-Based Services	2 580	-	-	2 580	2 580	-	100.0%	-	-
5 Other Community Services	988 742	-	21 185	1 009 927	1 013 481	-3 554	100.4%	904 281	906 875
6 HIV and AIDS	3 257 992	-	-	3 257 992	3 258 231	-239	100.0%	2 652 072	2 725 646
7 Nutrition	47 772	-	-4 009	43 763	43 763	-	100.0%	44 090	44 089
8 Coroner Services	158 208	-	5 071	163 279	163 386	-107	100.1%	156 391	156 317
9 District Hospitals	5 690 291	-	-13 044	5 677 247	5 695 230	-17 983	100.3%	5 303 977	5 413 874
	14 726 806	-	-37 751	14 689 055	14 689 055	-	100.0%	13 168 131	13 303 470

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Economic Classification: Programme 2	2014/15							2013/14	
	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	14 210 378	-	-81 084	14 129 294	14 126 593	2 701	100.0%	12 644 501	12 844 311
Compensation of employees	9 837 336	-	-94 081	9 743 255	9 743 254	1	100.0%	8 953 452	8 958 639
Salaries and wages	8 503 120	-	8 060	8 511 180	8 514 193	-3 013	100.0%	7 859 073	7 781 310
Social contributions	1 334 216	-	-102 141	1 232 075	1 229 061	3 014	99.8%	1 094 379	1 177 329
Goods and services	4 373 042	-	12 867	4 385 909	4 383 193	2 716	99.9%	3 691 049	3 885 651
Administrative fees	30	-	-28	2	-	2	-	152	149
Advertising	20 113	-	-13 165	6 948	6 750	198	97.2%	3 078	2 940
Minor assets	45 304	-	-18 803	26 501	25 913	588	97.8%	36 312	22 857
Audit costs: External	-	-	-	-	-1	1	-	6 603	6 565
Bursaries: Employees	-	-	-	-	-	-	-	3	3
Catering: Departmental activities	6 661	-	-5 112	1 549	1 473	76	95.1%	633	1 213
Communication (G&S)	61 750	-	-6 649	55 101	53 851	1 250	97.7%	52 658	53 961
Computer services	12 275	-	-8 781	3 494	93	3 401	2.7%	1 838	8 141
Consultants: Business and advisory services	4 000	-	2 368	6 368	5 071	1 297	79.6%	2 997	6 813
Laboratory services	518 562	-	297 801	816 363	822 165	-5 802	100.7%	345 659	421 965
Legal services	1 220	-	2 389	3 609	3 602	7	99.8%	2 181	2 859
Contractors	36 699	-	-11 720	24 979	25 005	-26	100.1%	19 651	21 018
Agency and support / outsourced services	46 772	-	64 542	111 314	111 322	-8	100.0%	105 316	105 016
Entertainment	410	-	-410	-	-	-	-	36 824	42 083
Fleet services (incl. government motor transport)	88 093	-	6 917	95 010	94 997	13	100.0%	37 112	46 841
Inventory: Clothing material and accessories	1 800	-	1 814	3 614	3 489	125	96.5%	4 741	1 278

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Economic Classification: Programme 2	2014/15							2013/14	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final Appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Inventory: Farming supplies	-	-	7	7	4	3	57.1%	21	-
Inventory: Food and food supplies	121 048	-	-50 251	70 797	70 810	-13	100.0%	68 453	69 578
Inventory: Fuel, oil and gas	48 986	-	-10 660	38 326	38 355	-29	100.1%	63 726	59 134
Inventory: Materials and supplies	-	-	4 008	4 008	4 023	-15	100.4%	366	3 915
Inventory: Medical supplies	490 458	-	-36 586	453 872	453 814	58	100.0%	384 406	384 850
Inventory: Medicine	2 096 915	-	-253 951	1 842 964	1 843 424	-460	100.0%	1 835 603	1 932 082
Medsas inventory interface	-	-	-	-	-	-	-	174	-
Inventory: Other supplies	1 500	-	-1 054	446	446	-	100.0%	200	-
Consumable supplies	80 100	-	36 126	116 226	118 063	-1 837	101.6%	93 107	99 446
Consumable: Stat, printing and office supplies	32 567	-	9 099	41 666	36 479	5 187	87.6%	24 329	24 184
Operating leases	24 286	-	17 849	42 135	42 099	36	99.9%	20 627	20 075
Property payments	570 945	-	7 233	578 178	577 925	253	100.0%	498 278	510 392
Transport provided: Departmental activity	3 970	-	-2 992	978	979	-1	100.1%	923	937
Travel and subsistence	23 485	-	2 210	25 695	26 097	-402	101.6%	21 554	21 495
Training and development	16 708	-	-13 842	2 866	3 141	-275	109.6%	12 719	3 433
Operating payments	17 185	-	-4 888	12 297	12 340	-43	100.3%	10 098	11 673
Venues and facilities	1 200	-	-897	303	1 171	-868	386.5%	192	761
Rental and hiring	-	-	293	293	293	-	100.0%	515	-6
Interest and rent on land	-	-	130	130	146	-16	112.3%	-	21
Interest (Incl. interest on unitary payments (PPP))	-	-	130	130	146	-16	112.3%	-	-
Rent on land	-	-	-	-	-	-	-	-	21
Transfers and subsidies	394 240	-	-57	394 183	413 439	-19 256	104.9%	419 246	355 231

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Economic Classification: Programme 2	2014/15							2013/14	
	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
Provinces and municipalities	153 806	-	-31	153 775	117 889	35 886	76.7%	158 027	76 148
Provinces	515	-	-31	484	485	-1	100.2%	1 714	1 361
Provincial agencies and funds	515	-	-31	484	485	-1	100.2%	1 714	1 361
Municipalities	153 291	-	-	153 291	117 404	35 887	76.6%	156 313	74 787
Municipal bank accounts	153 291	-	-	153 291	117 404	35 887	76.6%	-	-
Municipal agencies and funds	-	-	-	-	-	-	-	156 313	74 787
Departmental agencies and accounts	32	-	-26	6	10	-4	166.7%	31	21
Departmental agencies (non-business entities)	32	-	-26	6	10	-4	166.7%	31	21
Non-profit institutions	202 102	-	-	202 102	190 404	11 698	94.2%	228 854	207 922
Households	38 300	-	-	38 300	105 136	-66 836	274.5%	32 334	71 140
Social benefits	38 300	-	-	38 300	73 711	-35 411	192.5%	31 940	47 735
Other transfers to households	-	-	-	-	31 425	-31 425	-	394	23 405
Payments for capital assets	122 188	-	43 369	165 557	149 002	16 555	90.0%	104 384	103 928
Buildings and other fixed structures	-	-	-	-	210	-210	-	-	-
Other fixed structures	-	-	-	-	210	-210	-	-	-
Machinery and equipment	122 188	-	43 369	165 557	148 792	16 765	89.9%	104 384	103 928
Transport equipment	32 200	-	74 947	107 147	106 720	427	99.6%	58 441	58 237
Other machinery and equipment	89 988	-	-31 578	58 410	42 072	16 338	72.0%	45 943	45 691
Payment for financial assets	-	-	21	21	21	-	100.0%	-	-
	14 726 806	-	-37 751	14 689 055	14 689 055	-	100.0%	13 168 131	13 303 470

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SUB-PROGRAMME 2.1: DISTRICT MANAGEMENT	2014/15							2013/14	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final Appropriation	Final Appropriation	Actual Expenditure
Economic Classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	219 516	-	-4 316	215 200	212 465	2 735	98.7%	202 744	202 733
Compensation of employees	167 987	-	-3 951	164 036	163 996	40	100.0%	157 309	157 298
Goods and services	51 529	-	-369	51 160	48 462	2 698	94.7%	45 435	45 435
Interest and rent on land	-	-	4	4	7	-3	175.0%	-	-
Transfers and subsidies	1 294	-	-	1 294	1 458	-164	112.7%	1 358	1 487
Provinces and municipalities	94	-	-	94	91	3	96.8%	258	259
Households	1 200	-	-	1 200	1 367	-167	113.9%	1 100	1 228
Payments for capital assets	13 048	-	2 352	15 400	16 715	-1 315	108.5%	13 339	13 337
Machinery and equipment	13 048	-	2 352	15 400	16 715	-1 315	108.5%	13 339	13 337
Total	233 858	-	-1 964	231 894	230 638	1 256	99.5%	217 441	217 557

SUB-PROGRAMME 2.2: COMMUNITY HEALTH CLINICS	2014/15							2013/14	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final Appropriation	Final Appropriation	Actual Expenditure
Economic Classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	2 893 123	-	42 424	2 935 547	2 935 555	-8	100.0%	2 644 264	2 654 239
Compensation of employees	1 952 856	-	-17 402	1 935 454	1 935 455	-1	100.0%	1 787 503	1 787 503
Goods and services	940 267	-	59 826	1 000 093	1 000 093	-	100.0%	856 761	866 720
Interest and rent on land	-	-	-	-	7	-7	-	-	16
Transfers and subsidies	135 769	-	11 091	146 860	121 704	25 156	82.9%	175 316	108 807
Provinces and municipalities	103 291	-	3 013	106 304	77 467	28 837	72.9%	143 758	74 910

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SUB-PROGRAMME 2.2: COMMUNITY HEALTH CLINICS	2014/15							2013/14	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final Appropriation	Final Appropriation	Actual Expenditure
Economic Classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Non-profit institutions	22 478	-	8 078	30 556	25 152	5 404	82.3%	23 058	23 058
Households	10 000	-	-	10 000	19 085	-9 085	190.9%	8 500	10 839
Payments for capital assets	37 000	-	-21 386	15 614	15 618	-4	100.0%	27 476	27 476
Machinery and equipment	37 000	-	-21 386	15 614	15 618	-4	100.0%	27 476	27 476
Payment for financial assets	-	-	2	2	2	-	100.0%	-	-
Total	3 065 892	-	32 131	3 098 023	3 072 879	25 144	99.2%	2 847 056	2 790 522

SUB-PROGRAMME 2.3: COMMUNITY HEALTH CENTRES	2014/15							2013/14	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final Appropriation	Final Appropriation	Actual Expenditure
Economic Classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	1 268 647	-	-77 461	1 191 186	1 191 186	-	100.0%	1 032 097	1 037 649
Compensation of employees	966 330	-	-80 762	885 568	885 568	-	100.0%	800 114	800 114
Goods and services	302 317	-	3 277	305 594	305 594	-	100.0%	231 983	237 535
Interest and rent on land	-	-	24	24	24	-	100.0%	-	-
Transfers and subsidies	2 824	-	-	2 824	7 345	-4 521	260.1%	2 866	3 081
Provinces and municipalities	24	-	-	24	24	-	100.0%	156	154
Departmental agencies and accounts	-	-	-	-	5	-5	-	-	5
Households	2 800	-	-	2 800	7 316	-4 516	261.3%	2 710	2 922

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SUB-PROGRAMME 2.3: COMMUNITY HEALTH CENTRES	2014/15							2013/14	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final Appropriation	Final Appropriation	Actual Expenditure
Economic Classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Payments for capital assets	10 000	-	340	10 340	10 336	4	100.0%	7 860	7 860
Machinery and equipment	10 000	-	340	10 340	10 336	4	100.0%	7 860	7 860
Total	1 281 471	-	-77 121	1 204 350	1 208 867	-4 517	100.4%	1 042 823	1 048 590

SUB-PROGRAMME 2.4: COMMUNITY-BASED SERVICES	2014/15							2013/14	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final Appropriation	Final Appropriation	Actual Expenditure
Economic Classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	2 580	-	-	2 580	2 580	-	100.0%	-	-
Compensation of employees	2 580	-	-528	2 052	2 052	-	100.0%	-	-
Goods and services	-	-	528	528	528	-	100.0%	-	-
Total	2 580	-	-	2 580	2 580	-	100.0%	-	-

SUB-PROGRAMME 2.5: OTHER COMMUNITY SERVICES	2014/15							2013/14	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final Appropriation	Final Appropriation	Actual Expenditure
Economic Classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	968 197	-	33 030	1 001 227	1 001 227	-	100.0%	884 009	884 009
Compensation of employees	913 000	-	41 954	954 954	954 955	-1	100.0%	838 747	838 747
Goods and services	55 197	-	-8 924	46 273	46 272	1	100.0%	45 262	45 262

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SUB-PROGRAMME 2.5: OTHER COMMUNITY SERVICES	2014/15							2013/14	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final Appropriation	Final Appropriation	Actual Expenditure
Economic Classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Transfers and subsidies	4 545	-	-94	4 451	8 004	-3 553	179.8%	4 623	7 217
Provinces and municipalities	145	-	-94	51	51	-	100.0%	179	152
Households	4 400	-	-	4 400	7 953	-3 553	180.8%	4 444	7 065
Payments for capital assets	16 000	-	-11 751	4 249	4 250	-1	100.0%	15 649	15 649
Machinery and equipment	16 000	-	-11 751	4 249	4 250	-1	100.0%	15 649	15 649
Total	988 742	-	21 185	1 009 927	1 013 481	-3 554	100.4%	904 281	906 875

SUB-PROGRAMME 2.6: HIV AND AIDS	2014/15							2013/14	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final Appropriation	Final Appropriation	Actual Expenditure
Economic Classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	3 175 722	-	-48 800	3 126 922	3 132 242	-5 320	100.2%	2 624 677	2 709 111
Compensation of employees	1 511 966	-	-5 364	1 506 602	1 506 630	-28	100.0%	1 374 886	1 374 886
Goods and services	1 663 756	-	-43 436	1 620 320	1 625 611	-5 291	100.3%	1 249 791	1 334 220
Interest and rent on land	-	-	-	-	1	-1	-	-	5
Transfers and subsidies	76 070	-	-11 028	65 042	59 959	5 083	92.2%	27 302	16 442
Provinces and municipalities	50 000	-	-2 950	47 050	40 001	7 049	85.0%	13 000	7
Non-profit institutions	22 370	-	-8 078	14 292	14 291	1	100.0%	12 852	12 742
Households	3 700	-	-	3 700	5 667	-1 967	153.2%	1 450	3 693

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SUB-PROGRAMME 2.6: HIV AND AIDS	2014/15							2013/14	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final Appropriation	Final Appropriation	Actual Expenditure
Economic Classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Payments for capital assets	6 200	-	59 828	66 028	66 030	-2	100.0%	93	93
Machinery and equipment	6 200	-	59 828	66 028	66 030	-2	100.0%	93	93
Total	3 257 992	-	-	3 257 992	3 258 231	-239	100.0%	2 652 072	2 725 646

SUB-PROGRAMME 2.7: NUTRITION	2014/15							2013/14	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final Appropriation	Final Appropriation	Actual Expenditure
Economic Classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	47 772	-	-4 009	43 763	43 763	-	100.0%	43 966	43 965
Goods and services	47 772	-	-4 009	43 763	43 763	-	100.0%	43 966	43 965
Payments for capital assets	-	-	-	-	-	-	-	124	124
Machinery and equipment	-	-	-	-	-	-	-	124	124
Total	47 772	-	-4 009	43 763	43 763	-	100.0%	44 090	44 089

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SUB-PROGRAMME 2.8: CORONER SERVICES	2014/15							2013/14	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final Appropriation	Final Appropriation	Actual Expenditure
Economic Classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	157 039	-	-107	156 932	156 927	5	100.0%	151 951	151 951
Compensation of employees	131 000	-	-2 048	128 952	128 950	2	100.0%	123 177	123 178
Goods and services	26 039	-	1 941	27 980	27 972	8	100.0%	28 774	28 773
Interest and rent on land	-	-	-	-	5	-5	-	-	-
Transfers and subsidies	229	-	-	229	340	-111	148.5%	306	232
Provinces and municipalities	29	-	-	29	30	-1	103.4%	96	92
Households	200	-	-	200	310	-110	155.0%	210	140
Payments for capital assets	940	-	5 178	6 118	6 119	-1	100.0%	4 134	4 134
Machinery and equipment	940	-	5 178	6 118	6 119	-1	100.0%	4 134	4 134
Total	158 208	-	5 071	163 279	163 386	-107	100.1%	156 391	156 317

SUB-PROGRAMME 2.9: DISTRICT HOSPITALS	2014/15							2013/14	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final Appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	5 477 782	-	-21 845	5 455 937	5 450 648	5 289	99.9%	5 060 793	5 160 654
Compensation of employees	4 191 617	-	-25 980	4 165 637	4 165 648	-11	100.0%	3 871 716	3 876 913
Goods and services	1 286 165	-	4 033	1 290 198	1 284 898	5 300	99.6%	1 189 077	1 283 741
Interest and rent on land	-	-	102	102	102	-	100.0%	-	-
Transfers and subsidies	173 509	-	-26	173 483	214 629	-41 146	123.7%	207 475	217 965
Provinces and municipalities	223	-	-	223	225	-2	100.9%	580	574

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SUB-PROGRAMME 2.9: DISTRICT HOSPITALS	2014/15							2013/14	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final Appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Departmental agencies and accounts	32	-	-26	6	5	1	83.3%	31	16
Non-profit institutions	157 254	-	-	157 254	150 961	6 293	96.0%	192 944	172 122
Households	16 000	-	-	16 000	63 438	-47 438	396.5%	13 920	45 253
Payments for capital assets	39 000	-	8 808	47 808	29 934	17 874	62.6%	35 709	35 255
Buildings and other fixed structures	-	-	-	-	210	-210	-	-	-
Machinery and equipment	39 000	-	8 808	47 808	29 724	18 084	62.2%	35 709	35 255
Payment for financial assets	-	-	19	19	19	-	100.0%	-	-
Total	5 690 291	-	-13 044	5 677 247	5 695 230	-17 983	100.3%	5 303 977	5 413 874

PROGRAMME 3: EMERGENCY MEDICAL SERVICES	2014/15							2013/14	
	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
Sub-Programmes									
1 Emergency Transport	1 012 736	-	14 247	1 026 983	1 026 983	-	100.0%	928 294	967 208
2 Planned Patient Transport	60 702	-	-19 572	41 130	41 130	-	100.0%	42 732	42 732
	1 073 438	-	-5 325	1 068 113	1 068 113	-	100.0%	971 026	1 009 940

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Economic Classification: Programme 3	2014/15							2013/14	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final Appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	1 026 957	-	16 915	1 043 872	1 061 869	-17 997	101.7%	934 952	975 416
Compensation of employees	751 280	-	16 898	768 178	768 178	-	100.0%	715 056	715 735
Salaries and wages	635 481	-	23 488	658 969	658 964	5	100.0%	619 197	608 066
Social contributions	115 799	-	-6 590	109 209	109 214	-5	100.0%	95 859	107 669
Goods and services	275 677	-	-	275 677	293 675	-17 998	106.5%	219 896	259 679
Advertising	100	-	-50	50	52	-2	104.0%	87	174
Minor assets	3 000	-	-2 579	421	424	-3	100.7%	3 475	192
Catering: Departmental activities	100	-	-22	78	77	1	98.7%	39	4
Communication (G&S)	9 058	-	-953	8 105	8 107	-2	100.0%	8 700	8 251
Computer services	-	-	45	45	45	-	100.0%	-	2 233
Consultants: Business and advisory services	-	-	11	11	11	-	100.0%	9	3
Legal services	200	-	-48	152	151	1	99.3%	140	140
Contractors	5 767	-	-4 868	899	901	-2	100.2%	1 120	925
Agency and support / outsourced services	700	-	-6	694	696	-2	100.3%	910	542
Fleet services (incl. government motor transport)	152 884	-	-1 437	151 447	169 437	-17 990	111.9%	105 705	36 053
Inventory: Clothing material and accessories	-	-	293	293	292	1	99.7%	19	360
Inventory: Farming supplies	-	-	-	-	1	-1	-	-	-
Inventory: Fuel, oil and gas	5 000	-	-1 650	3 350	3 350	-	100.0%	27 138	115 350
Inventory: Materials and supplies	-	-	91	91	91	-	100.0%	-	24
Inventory: Medical supplies	8 808	-	2 280	11 088	11 086	2	100.0%	8 648	6 708
Inventory: Medicine	600	-	-265	335	335	-	100.0%	571	278
Consumable supplies	9 215	-	-8 208	1 007	1 009	-2	100.2%	1 885	10 628

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Economic Classification: Programme 3	2014/15							2013/14	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final Appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Consumable: Stationary, printing and office supplies	1 596	-	1 354	2 950	2 948	2	99.9%	1 436	281
Operating leases	2 520	-	-1 079	1 441	1 441	-	100.0%	1 333	2 269
Property payments	16 624	-	717	17 341	17 341	-	100.0%	16 319	14 072
Transport provided: Departmental activity	54 000	-	17 283	71 283	71 283	-	100.0%	37 612	57 590
Travel and subsistence	5 100	-	-600	4 500	4 503	-3	100.1%	4 402	3 535
Training and development	-	-	-	-	-	-	-	-	14
Operating payments	400	-	-304	96	94	2	97.9%	207	53
Venues and facilities	5	-	-5	-	-	-	-	5	-
Rental and hiring	-	-	-	-	-	-	-	136	-
Interest and rent on land	-	-	17	17	16	1	94.1%	-	2
Interest (Incl. interest on unitary payments (PPP))	-	-	17	17	16	1	94.1%	-	2
Transfers and subsidies	4 340	-	-93	4 247	4 684	-437	110.3%	4 774	3 946
Provinces and municipalities	2 040	-	-93	1 947	1 947	-	100.0%	2 879	2 511
Provinces	2 000	-	-93	1 907	1 947	-40	102.1%	2 879	2 511
Provincial agencies and funds	2 000	-	-93	1 907	1 947	-40	102.1%	2 879	2 511
Municipalities	40	-	-	40	-	40	-	-	-
Municipal bank accounts	40	-	-	40	-	40	-	-	-
Departmental agencies and accounts	-	-	-	-	2	-2	-	-	-
Departmental agencies (non-business entities)	-	-	-	-	2	-2	-	-	-
Households	2 300	-	-	2 300	2 735	-435	118.9%	1 895	1 435
Social benefits	2 300	-	-114	2 186	2 098	88	96.0%	1 895	862
Other transfers to households	-	-	114	114	637	-523	558.8%	-	573

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Economic Classification: Programme 3	2014/15							2013/14	
	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
Payments for capital assets	42 141	-	-22 518	19 623	1 189	18 434	6.1%	31 300	30 578
Machinery and equipment	42 141	-	-22 518	19 623	1 189	18 434	6.1%	31 300	30 578
Transport equipment	5 260	-	13 423	18 683	250	18 433	1.3%	22 374	21 502
Other machinery and equipment	36 881	-	-35 941	940	939	1	99.9%	8 926	9 076
Payment for financial assets	-	-	371	371	371	-	100.0%	-	-
	1 073 438	-	-5 325	1 068 113	1 068 113	-	100.0%	971 026	1 009 940

SUB-PROGRAMME 3.1: EMERGENCY TRANSPORT	2014/15							2013/14	
	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	971 855	-	30 959	1 002 814	1 020 810	-17 996	101.8%	898 065	938 342
Compensation of employees	728 280	-	4 011	732 291	732 291	-	100.0%	687 570	688 249
Goods and services	243 575	-	26 931	270 506	288 503	-17 997	106.7%	210 495	250 091
Interest and rent on land	-	-	17	17	16	1	94.1%	-	2
Transfers and subsidies	4 000	-	175	4 175	4 613	-438	110.5%	4 429	3 733
Provinces and municipalities	2 000	-	-53	1 947	1 947	-	100.0%	2 829	2 511
Departmental agencies and accounts	-	-	-	-	2	-2	-	-	-
Households	2 000	-	228	2 228	2 664	-436	119.6%	1 600	1 222
Payments for capital assets	36 881	-	-17 258	19 623	1 189	18 434	6.1%	25 800	25 133
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-

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SUB-PROGRAMME 3.1: EMERGENCY TRANSPORT	2014/15							2013/14	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final Appropriation	Final Appropriation	Actual Expenditure
Economic Classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Machinery and equipment	36 881	-	-17 258	19 623	1 189	18 434	6.1%	25 800	25 133
Payment for financial assets	-	-	371	371	371	-	100.0%	-	-
Total	1 012 736	-	14 247	1 026 983	1 026 983	-	100.0%	928 294	967 208

SUB-PROGRAMME 3.2: PLANNED PATIENT TRANSPORT	2014/15							2013/14	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final Appropriation	Final Appropriation	Actual Expenditure
Economic Classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	55 102	-	-14 044	41 058	41 059	-1	100.0%	36 887	37 074
Compensation of employees	23 000	-	12 887	35 887	35 887	-	100.0%	27 486	27 486
Goods and services	32 102	-	-26 931	5 171	5 172	-1	100.0%	9 401	9 588
Transfers and subsidies	340	-	-268	72	71	1	98.6%	345	213
Provinces and municipalities	40	-	-40	-	-	-	-	50	-
Households	300	-	-228	72	71	1	98.6%	295	213
Payments for capital assets	5 260	-	-5 260	-	-	-	-	5 500	5 445
Machinery and equipment	5 260	-	-5 260	-	-	-	-	5 500	5 445
Total	60 702	-	-19 572	41 130	41 130	-	100.0%	42 732	42 732

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PROGRAMME 4: PROVINCIAL HOSPITALS	2014/15							2013/14	
	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
General (Regional) Hospitals	7 114 482	-	-65 447	7 049 035	7 049 697	-662	100.0%	6 851 180	6 899 384
Tuberculosis Hospitals	667 219	-	3 875	671 094	673 273	-2 179	100.3%	631 363	631 362
Psychiatric-Mental Hospitals	743 815	-	9 679	753 494	753 353	141	100.0%	686 600	686 597
Other Specialised Hospitals (Sub-Acute, Step-Down and Chronic)	242 501	-	58 912	301 413	301 941	-528	100.2%	226 851	226 850
Dental Training Hospital	17 824	-	-471	17 353	17 415	-62	100.4%	16 270	16 267
	8 785 841	-	6 548	8 792 389	8 795 679	-3 290	100.0%	8 412 264	8 460 460

Economic classification: Programme 4	2014/15							2013/14	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final Appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	8 634 529	-	-7 417	8 627 112	8 627 112	-	100.0%	8 267 154	8 285 195
Compensation of employees	6 814 383	-	-88 444	6 725 939	6 725 939	-	100.0%	6 372 656	6 372 154
Salaries and wages	5 976 876	-	-75 801	5 901 075	5 900 726	349	100.0%	5 588 450	5 567 961
Social contributions	837 507	-	-12 643	824 864	825 213	-349	100.0%	784 206	804 193
Goods and services	1 820 146	-	80 884	1 901 030	1 901 030	-	100.0%	1 894 393	1 912 913
Administrative fees	1	-	-1	-	-	-	-	1	-
Advertising	2 081	-	836	2 917	2 915	2	99.9%	2 197	2 153
Minor assets	24 115	-	-16 956	7 159	7 099	60	99.2%	18 099	7 016
Audit costs: External	-	-	7	7	7	-	100.0%	7 345	7 743
Bursaries: Employees	-	-	-	-	-	-	-	-	29

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Economic classification: Programme 4	2014/15							2013/14	
	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
Catering: Departmental activities	220	-	-168	52	51	1	98.1%	143	70
Communication (G&S)	21 287	-	677	21 964	21 963	1	100.0%	23 095	22 132
Computer services	-	-	165	165	165	-	100.0%	125	2 964
Consultants: Business and advisory services	-	-	944	944	944	-	100.0%	24	51
Laboratory services	150 000	-	-59 062	90 938	90 938	-	100.0%	132 111	132 117
Legal services	1 581	-	5 465	7 046	7 044	2	100.0%	2 886	4 305
Contractors	26 423	-	-12 992	13 431	13 492	-61	100.5%	21 476	26 375
Agency and support / outsourced services	37 257	-	114 520	151 777	151 776	1	100.0%	147 656	143 417
Fleet services (incl. government motor transport)	13 950	-	2 510	16 460	16 465	-5	100.0%	12 567	13 269
Inventory: Clothing material and accessories	-	-	1 689	1 689	1 688	1	99.9%	130	-
Inventory: Farming supplies	-	-	-	-	-	-	-	27 804	28 546
Inventory: Food and food supplies	65 596	-	-21 276	44 320	44 320	-	100.0%	67 465	67 282
Inventory: Fuel, oil and gas	68 104	-	-14 341	53 763	53 764	-1	100.0%	5 357	5 414
Inventory: Learner and teacher support material	-	-	2	2	2	-	100.0%	-	-
Inventory: Materials and supplies	-	-	2 201	2 201	2 204	-3	100.1%	-	4 678
Inventory: Medical supplies	485 300	-	83 710	569 010	569 026	-16	100.0%	542 178	562 327
Inventory: Medicine	456 370	-	-43 117	413 253	413 208	45	100.0%	436 555	420 154
Consumable supplies	77 480	-	11 210	88 690	88 697	-7	100.0%	71 793	84 785
Consumable: Stationary, printing and office supplies	13 607	-	7 974	21 581	21 585	-4	100.0%	10 480	15 123
Operating leases	11 904	-	-2 355	9 549	9 533	16	99.8%	10 106	9 375
Property payments	336 000	-	36 871	372 871	372 865	6	100.0%	330 662	328 783
Transport provided: Departmental activity	-	-	14	14	14	-	100.0%	11	11

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Economic classification: Programme 4	2014/15							2013/14	
	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
Travel and subsistence	7 460	-	-2 319	5 141	5 156	-15	100.3%	3 942	4 876
Training and development	-	-	48	48	48	-	100.0%	-	398
Operating payments	21 410	-	-15 413	5 997	6 020	-23	100.4%	20 010	19 520
Venues and facilities	-	-	-	-	-	-	-	175	-
Rental and hiring	-	-	41	41	41	-	100.0%	-	-
Interest and rent on land	-	-	143	143	143	-	100.0%	105	128
Interest (Incl. interest on unitary payments (PPP))	-	-	143	143	143	-	100.0%	-	-
Rent on land	-	-	-	-	-	-	-	105	128
Transfers and subsidies	64 651	-	-	64 651	135 168	-70 517	209.1%	108 080	144 696
Provinces and municipalities	79	-	-	79	78	1	98.7%	361	270
Provinces	79	-	-	79	78	1	98.7%	361	270
Provincial agencies and funds	79	-	-	79	78	1	98.7%	361	270
Departmental agencies and accounts	36	-	-	36	64	-28	177.8%	59	15
Departmental agencies (non-business entities)	36	-	-	36	64	-28	177.8%	59	15
Non-profit institutions	28 536	-	-	28 536	31 646	-3 110	110.9%	28 829	28 829
Households	36 000	-	-	36 000	103 380	-67 380	287.2%	78 831	115 582
Social benefits	36 000	-	-12 072	23 928	54 012	-30 084	225.7%	23 831	42 456
Other transfers to households	-	-	12 072	12 072	49 368	-37 296	408.9%	55 000	73 126
Payments for capital assets	86 661	-	13 960	100 621	33 394	67 227	33.2%	37 030	30 569
Buildings and other fixed structures	-	-	-	-	-	-	-	78	157
Other fixed structures	-	-	-	-	-	-	-	78	157
Machinery and equipment	86 661	-	13 960	100 621	33 394	67 227	33.2%	36 952	30 412

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Economic classification: Programme 4	2014/15							2013/14	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final Appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Transport equipment	3 800	-	5 655	9 455	6 617	2 838	70.0%	4 095	5 239
Other machinery and equipment	82 861	-	8 305	91 166	26 777	64 389	29.4%	32 857	25 173
Payment for financial assets	-	-	5	5	5	-	100.0%	-	-
	8 785 841	-	6 548	8 792 389	8 795 679	-3 290	100.0%	8 412 264	8 460 460

SUB-PROGRAMME 4.1: GENERAL (REGIONAL) HOSPITALS	2014/15							2013/14	
	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
Economic Classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	7 008 641	-	-79 347	6 929 294	6 929 295	-1	100.0%	6 744 836	6 765 420
Compensation of employees	5 509 723	-	-131 929	5 377 794	5 377 795	-1	100.0%	5 153 898	5 153 899
Goods and services	1 498 918	-	52 452	1 551 370	1 551 370	-	100.0%	1 590 833	1 611 414
Interest and rent on land	-	-	130	130	130	-	100.0%	105	107
Transfers and subsidies	28 030	-	55	28 085	91 333	-63 248	325.2%	74 483	108 559
Provinces and municipalities	-6	-	55	49	51	-2	104.1%	257	200
Departmental agencies and accounts	36	-	-	36	52	-16	144.4%	50	7
Households	28 000	-	-	28 000	91 230	-63 230	325.8%	74 176	108 352
Payments for capital assets	77 811	-	13 840	91 651	29 064	62 587	31.7%	31 861	25 405
Buildings and other fixed structures	-	-	-	-	-	-	-	-	79
Machinery and equipment	77 811	-	13 840	91 651	29 064	62 587	31.7%	31 861	25 326

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SUB-PROGRAMME 4.1: GENERAL (REGIONAL) HOSPITALS	2014/15							2013/14	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final Appropriation	Final Appropriation	Actual Expenditure
Economic Classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Payment for financial assets	-	-	5	5	5	-	100.0%	-	-
Total	7 114 482	-	-65 447	7 049 035	7 049 697	-662	100.0%	6 851 180	6 899 384

SUB-PROGRAMME 4.2: TUBERCULOSIS HOSPITALS	2014/15							2013/14	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final Appropriation	Final Appropriation	Actual Expenditure
Economic Classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	633 853	-	3 898	637 751	637 751	-	100.0%	599 184	599 097
Compensation of employees	464 327	-	-3 071	461 256	461 256	-	100.0%	436 673	436 673
Goods and services	169 526	-	6 969	176 495	176 495	-	100.0%	162 511	162 424
Transfers and subsidies	29 566	-	-23	29 543	34 394	-4 851	116.4%	29 911	29 998
Provinces and municipalities	30	-	-23	7	6	1	85.7%	26	20
Departmental agencies and accounts	-	-	-	-	8	-8	-	6	5
Non-profit institutions	28 536	-	-	28 536	31 646	-3 110	110.9%	28 829	28 829
Households	1 000	-	-	1 000	2 734	-1 734	273.4%	1 050	1 144
Payments for capital assets	3 800	-	-	3 800	1 128	2 672	29.7%	2 268	2 267
Machinery and equipment	3 800	-	-	3 800	1 128	2 672	29.7%	2 268	2 267
Total	667 219	-	3 875	671 094	673 273	-2 179	100.3%	631 363	631 362

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SUB-PROGRAMME 4.3: PSYCHIATRIC HOSPITALS	2014/15							2013/14	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final Appropriation	Final Appropriation	Actual Expenditure
Economic Classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	733 765	-	9 708	743 473	743 472	1	100.0%	681 854	679 875
Compensation of employees	623 678	-	-2 114	621 564	621 563	1	100.0%	575 158	575 157
Goods and services	110 087	-	11 822	121 909	121 909	-	100.0%	106 696	104 718
Transfers and subsidies	6 050	-	-29	6 021	7 866	-1 845	130.6%	2 673	4 650
Provinces and municipalities	50	-	-29	21	20	1	95.2%	70	48
Departmental agencies and accounts	-	-	-	-	4	-4	-	3	3
Households	6 000	-	-	6 000	7 842	-1 842	130.7%	2 600	4 599
Payments for capital assets	4 000	-	-	4 000	2 015	1 985	50.4%	2 073	2 072
Machinery and equipment	4 000	-	-	4 000	2 015	1 985	50.4%	2 073	2 072
Total	743 815	-	9 679	753 494	753 353	141	100.0%	686 600	686 597

SUB-PROGRAMME 4.4: OTHER SPECIALISED HOSPITALS (SUB-ACUTE, STEP-DOWN, CHRONIC)	2014/15							2013/14	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final Appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	240 496	-	58 745	299 241	299 241	-	100.0%	225 093	224 618
Compensation of employees	200 150	-	48 963	249 113	249 113	-	100.0%	191 668	191 167
Goods and services	40 346	-	9 769	50 115	50 115	-	100.0%	33 425	33 430
Interest and rent on land	-	-	13	13	13	-	100.0%	-	21
Transfers and subsidies	1 005	-	-3	1 002	1 533	-531	153.0%	1 008	1 485
Provinces and municipalities	5	-	-3	2	1	1	50.0%	8	2

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SUB-PROGRAMME 4.4: OTHER SPECIALISED HOSPITALS (SUB-ACUTE, STEP-DOWN, CHRONIC)	2014/15							2013/14	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final Appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Households	1 000	-	-	1 000	1 532	-532	153.2%	1 000	1 483
Payments for capital assets	1 000	-	170	1 170	1 167	3	99.7%	750	747
Machinery and equipment	1 000	-	170	1 170	1 167	3	99.7%	750	747
Total	242 501	-	58 912	301 413	301 941	-528	100.2%	226 851	226 850

SUB-PROGRAMME 4.5: DENTAL TRAINING HOSPITAL	2014/15							2013/14	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final Appropriation	Final Appropriation	Actual Expenditure
Economic Classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	17 774	-	-421	17 353	17 353	-	100.0%	16 187	16 185
Compensation of employees	16 505	-	-293	16 212	16 212	-	100.0%	15 259	15 258
Goods and services	1 269	-	-128	1 141	1 141	-	100.0%	928	927
Transfers and subsidies	-	-	-	-	42	-42	-	5	4
Households	-	-	-	-	42	-42	-	5	4
Payments for capital assets	50	-	-50	-	20	-20	-	78	78
Buildings and other fixed structures	-	-	-	-	-	-	-	78	78
Machinery and equipment	50	-	-50	-	20	-20	-	-	-
Total	17 824	-	-471	17 353	17 415	-62	100.4%	16 270	16 267

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PROGRAMME 5: CENTRAL HOSPITALS	2014/15							2013/14	
	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
Sub-Programmes									
1 Central Hospital Services	888 645	-	21 399	910 044	908 448	1 596	99.8%	840 495	840 496
2 Provincial Tertiary Hospital Services	2 190 747	-	12 819	2 203 566	2 232 949	-29 383	101.3%	2 106 649	2 106 651
	3 079 392	-	34 218	3 113 610	3 141 397	-27 787	100.9%	2 947 144	2 947 147

Economic Classification: Programme 5	2014/15							2013/14	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final Appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	3 053 388	-	34 192	3 087 580	3 111 768	-24 188	100.8%	2 914 371	2 914 371
Compensation of employees	1 619 167	-	34 192	1 653 359	1 653 359	-	100.0%	1 515 078	1 515 078
Salaries and wages	1 413 909	-	39 646	1 453 555	1 452 465	1 090	99.9%	1 320 380	1 322 283
Social contributions	205 258	-	-5 454	199 804	200 894	-1 090	100.5%	194 698	192 795
Goods and services	1 434 221	-	-	1 434 221	1 458 083	-23 862	101.7%	1 399 293	1 399 293
Advertising	208	-	432	640	639	1	99.8%	205	499
Minor assets	1 800	-	94	1 894	397	1 497	21.0%	1 743	-111
Catering: Departmental activities	-	-	10	10	10	-	100.0%	-	-
Communication (G&S)	4 700	-	-1 234	3 466	3 467	-1	100.0%	5 017	3 444
Computer services	-	-	-	-	-	-	-	3 356	3 508
Consultants: Business and advisory services	-	-	-	-	-	-	-	-	5 706
Laboratory services	38 000	-	-38 000	-	-	-	-	25 137	33 497

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Economic Classification: Programme 5	2014/15							2013/14	
	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
Legal services	650	-	200	850	715	135	84.1%	600	227
Contractors	17 000	-	-6 481	10 519	8 773	1 746	83.4%	17 212	18 539
Agency and support / outsourced services	743 000	-	-7 191	735 809	762 223	-26 414	103.6%	742 412	691 848
Fleet services (incl. government motor transport)	-	-	751	751	754	-3	100.4%	699	726
Inventory: Clothing material and accessories	-	-	313	313	314	-1	100.3%	297	8
Inventory: Food and food supplies	8 072	-	-3 069	5 003	4 953	50	99.0%	3 916	4 502
Inventory: Fuel, oil and gas	27 000	-	-4 547	22 453	25 361	-2 908	113.0%	26 726	23 436
Inventory: Materials and supplies	-	-	690	690	690	-	100.0%	-	316
Inventory: Medical supplies	334 885	-	106 204	441 089	440 813	276	99.9%	318 891	370 885
Inventory: Medicine	171 103	-	-34 175	136 928	135 476	1 452	98.9%	174 771	168 297
Inventory: Other supplies	-	-	652	652	652	-	100.0%	10	-
Consumable supplies	21 302	-	-2 285	19 017	18 987	30	99.8%	17 379	19 131
Consumable: Stationary, printing and office supplies	2 400	-	534	2 934	2 933	1	100.0%	1 162	1 725
Operating leases	918	-	-374	544	324	220	59.6%	567	423
Property payments	59 390	-	-10 788	48 602	48 602	-	100.0%	55 263	49 696
Transport provided: Departmental activity	1	-	-	1	1	-	100.0%	1	1
Travel and subsistence	1 000	-	-306	694	820	-126	118.2%	1 056	831
Training and development	1 900	-	-1 823	77	78	-1	101.3%	1 850	536
Operating payments	892	-	393	1 285	1 101	184	85.7%	1 023	1 623
Interest and rent on land	-	-	-	-	326	-326	-	-	-
Interest (Incl. interest on unitary payments (PPP))	-	-	-	-	326	-326	-	-	-

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Economic Classification: Programme 5	2014/15							2013/14	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final Appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Transfers and subsidies	5 004	-	26	5 030	28 634	-23 604	569.3%	4 887	4 890
Provinces and municipalities	4	-	-	4	8	-4	200.0%	12	15
Provinces	4	-	-	4	8	-4	200.0%	-	-
Provincial agencies and funds	4	-	-	4	8	-4	200.0%	-	-
Municipalities	-	-	-	-	-	-	-	12	15
Municipal agencies and funds	-	-	-	-	-	-	-	12	15
Departmental agencies and accounts	-	-	26	26	51	-25	196.2%	52	52
Departmental agencies (non-business entities)	-	-	26	26	51	-25	196.2%	52	52
Households	5 000	-	-	5 000	28 575	-23 575	571.5%	4 823	4 823
Social benefits	5 000	-	-	5 000	6 492	-1 492	129.8%	4 823	4 503
Other transfers to households	-	-	-	-	22 083	-22 083	-	-	320
Payments for capital assets	21 000	-	-	21 000	995	20 005	4.7%	27 886	27 886
Machinery and equipment	21 000	-	-	21 000	995	20 005	4.7%	27 886	27 886
Transport equipment	-	-	-	-	289	-289	-	183	182
Other machinery and equipment	21 000	-	-	21 000	706	20 294	3.4%	27 703	27 704
	3 079 392	-	34 218	3 113 610	3 141 397	-27 787	100.9%	2 947 144	2 947 147

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SUB-PROGRAMME 5.1: CENTRAL HOSPITALS	2014/15							2013/14	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final Appropriation	Final Appropriation	Actual Expenditure
Economic Classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	887 945	-	21 399	909 344	907 092	2 252	99.8%	839 484	839 485
Compensation of employees	292 551	-	21 399	313 950	313 950	-	100.0%	275 996	276 000
Goods and services	595 394	-	-	595 394	593 142	2 252	99.6%	563 488	563 485
Transfers and subsidies	700	-	-	700	1 356	-656	193.7%	1 011	1 011
Households	700	-	-	700	1 356	-656	193.7%	1 011	1 011
Total	888 645	-	21 399	910 044	908 448	1 596	99.8%	840 495	840 496

SUB-PROGRAMME 5.2: PROVINCIAL TERTIARY HOSPITALS	2014/15							2013/14	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final Appropriation	Final Appropriation	Actual Expenditure
Economic Classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	2 165 443	-	12 793	2 178 236	2 204 676	-26 440	101.2%	2 074 887	2 074 886
Compensation of employees	1 326 616	-	12 793	1 339 409	1 339 409	-	100.0%	1 239 082	1 239 078
Goods and services	838 827	-	-	838 827	864 941	-26 114	103.1%	835 805	835 808
Interest and rent on land	-	-	-	-	326	-326	-	-	-
Transfers and subsidies	4 304	-	26	4 330	27 278	-22 948	630.0%	3 876	3 879
Provinces and municipalities	4	-	-	4	8	-4	200.0%	12	15
Departmental agencies and accounts	-	-	26	26	51	-25	196.2%	52	52
Households	4 300	-	-	4 300	27 219	-22 919	633.0%	3 812	3 812

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SUB-PROGRAMME 5.2: PROVINCIAL TERTIARY HOSPITALS	2014/15							2013/14	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final Appropriation	Final Appropriation	Actual Expenditure
Economic Classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Payments for capital assets	21 000	-	-	21 000	995	20 005	4.7%	27 886	27 886
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	21 000	-	-	21 000	995	20 005	4.7%	27 886	27 886
Total	2 190 747	-	12 819	2 203 566	2 232 949	-29 383	101.3%	2 106 649	2 106 651

PROGRAMME 6: HEALTH SCIENCES AND TRAINING	2014/15							2013/14	
	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
Sub-Programmes									
1 Nursing Training Colleges	302 756	-	-26 765	275 991	276 195	-204	100.1%	292 613	292 616
2 Ems Training Colleges	7 549	-	-2 501	5 048	5 048	-	100.0%	6 044	5 998
3 Bursaries	216 950	-	26 455	243 405	243 405	-	100.0%	206 530	205 882
4 Primary Health Care Training	52 172	-	-10 300	41 872	41 957	-85	100.2%	47 044	47 043
5 Training Other	471 940	-	-19 616	452 324	452 359	-35	100.0%	447 860	447 858
	1 051 367	-	-32 727	1 018 640	1 018 964	-324	100.0%	1 000 091	999 397

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Economic classification: Programme 6	2014/15							2013/14	
	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	824 702	-	-46 343	778 359	778 344	15	100.0%	784 251	789 339
Compensation of employees	766 143	-	-44 117	722 026	722 027	-1	100.0%	736 450	736 404
Salaries and wages	720 401	-	-33 031	687 370	687 353	17	100.0%	694 828	696 774
Social contributions	45 742	-	-11 086	34 656	34 674	-18	100.1%	41 622	39 630
Goods and services	58 559	-	-2 226	56 333	56 317	16	100.0%	47 798	52 932
Administrative fees	-	-	-	-	-	-	-	28	28
Advertising	-	-	144	144	144	-	100.0%	75	32
Minor assets	2 200	-	-1 659	541	530	11	98.0%	761	501
Bursaries: Employees	2 250	-	1 447	3 697	3 696	1	100.0%	687	687
Catering: Departmental activities	230	-	-55	175	175	-	100.0%	141	165
Communication (G&S)	1 649	-	-703	946	948	-2	100.2%	1 037	1 054
Computer services	-	-	45	45	45	-	100.0%	-	2 125
Consultants: Business and advisory services	600	-	-566	34	34	-	100.0%	-	55
Legal services	-	-	9	9	9	-	100.0%	124	181
Contractors	99	-	-97	2	1	1	50.0%	-	15
Agency and support / outsourced services	10	-	49	59	59	-	100.0%	6	5
Fleet services (incl. government motor transport)	552	-	1 767	2 319	2 320	-1	100.0%	1 642	2 349
Inventory: Clothing material and accessories	-	-	-	-	-	-	-	6	-
Inventory: Farming supplies	-	-	-	-	-	-	-	1	-
Inventory: Fuel, oil and gas	2 329	-	-2 329	-	-	-	-	467	372
Inventory: Learner and teacher support material	1 010	-	-963	47	27	20	57.4%	-	-
Inventory: Materials and supplies	-	-	51	51	51	-	100.0%	6	60

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Economic classification: Programme 6	2014/15							2013/14	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final Appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Inventory: Medical supplies	-	-	413	413	413	-	100.0%	94	194
Inventory: Medicine	-	-	-	-	-	-	-	1 591	6
Medsas inventory interface	-	-	3	3	3	-	100.0%	-	-
Consumable supplies	1 780	-	-405	1 375	1 373	2	99.9%	1 166	1 161
Consumable: Stationary, printing and office supplies	432	-	1 054	1 486	1 486	-	100.0%	1 192	1 369
Operating leases	1 850	-	-575	1 275	1 273	2	99.8%	1 515	1 220
Property payments	4 831	-	1 242	6 073	6 122	-49	100.8%	4 590	4 752
Travel and subsistence	12 136	-	13 457	25 593	25 585	8	100.0%	10 561	15 473
Training and development	22 500	-	-12 409	10 091	10 091	-	100.0%	20 951	20 085
Operating payments	3 700	-	-2 477	1 223	1 199	24	98.0%	757	729
Venues and facilities	400	-	332	732	733	-1	100.1%	400	314
Interest and rent on land	-	-	-	-	-	-	-	3	3
Interest (Incl. interest on unitary payments (PPP))	-	-	-	-	-	-	-	3	3
Transfers and subsidies	220 665	-	2 768	223 433	238 202	-14 769	106.6%	214 414	208 632
Provinces and municipalities	15	-	-	15	15	-	100.0%	42	46
Provinces	15	-	-	15	15	-	100.0%	12	16
Provincial agencies and funds	15	-	-	15	15	-	100.0%	12	16
Municipalities	-	-	-	-	-	-	-	30	30
Municipal agencies and funds	-	-	-	-	-	-	-	30	30
Departmental agencies and accounts	13 000	-	2 768	15 768	15 768	-	100.0%	11 285	11 285
Departmental agencies (non-business entities)	13 000	-	2 768	15 768	15 768	-	100.0%	11 285	11 285

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Economic classification: Programme 6	2014/15							2013/14	
	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
Higher education institutions	-	-	-	-	16	-16	-	-	495
Households	207 650	-	-	207 650	222 403	-14 753	107.1%	203 087	196 806
Social benefits	2 000	-	-	2 000	2 324	-324	116.2%	2 066	2 066
Other transfers to households	205 650	-	-	205 650	220 079	-14 429	107.0%	201 021	194 740
Payments for capital assets	6 000	-	10 841	16 841	2 412	14 429	14.3%	1 426	1 426
Machinery and equipment	6 000	-	10 841	16 841	2 412	14 429	14.3%	1 426	1 426
Transport equipment	4 000	-	-1 797	2 203	2 189	14	99.4%	881	1 313
Other machinery and equipment	2 000	-	12 638	14 638	223	14 415	1.5%	545	113
Payment for financial assets	-	-	7	7	6	1	85.7%	-	-
	1 051 367	-	-32 727	1 018 640	1 018 964	-324	100.0%	1 000 091	999 397

SUB-PROGRAMME 6.1: NURSING TRAINING COLLEGES	2014/15							2013/14	
	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
Economic Classification									
Current payments	296 950	-	-25 172	271 778	271 778	-	100.0%	289 499	289 498
Compensation of employees	277 550	-	-20 887	256 663	256 663	-	100.0%	275 096	275 095
Goods and services	19 400	-	-4 285	15 115	15 115	-	100.0%	14 400	14 400
Interest and rent on land	-	-	-	-	-	-	-	3	3

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SUB-PROGRAMME 6.1: NURSING TRAINING COLLEGES	2014/15							2013/14	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final Appropriation	Final Appropriation	Actual Expenditure
Economic Classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Transfers and subsidies	1 806	-	-	1 806	2 011	-205	111.4%	1 798	1 802
Provinces and municipalities	6	-	-	6	6	-	100.0%	12	16
Households	1 800	-	-	1 800	2 005	-205	111.4%	1 786	1 786
Payments for capital assets	4 000	-	-1 598	2 402	2 402	-	100.0%	1 316	1 316
Machinery and equipment	4 000	-	-1 598	2 402	2 402	-	100.0%	1 316	1 316
Payment for financial assets	-	-	5	5	4	1	80.0%	-	-
Total	302 756	-	-26 765	275 991	276 195	-204	100.1%	292 613	292 616

SUB-PROGRAMME 6.2: EMS TRAINING COLLEGES	2014/15							2013/14	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final Appropriation	Final Appropriation	Actual Expenditure
Economic Classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	7 540	-	-2 511	5 029	5 029	-	100.0%	5 898	5 852
Compensation of employees	4 188	-	-1 391	2 797	2 797	-	100.0%	3 316	3 271
Goods and services	3 352	-	-1 120	2 232	2 232	-	100.0%	2 582	2 581
Transfers and subsidies	9	-	-	9	9	-	100.0%	36	36
Provinces and municipalities	9	-	-	9	9	-	100.0%	30	30
Households	-	-	-	-	-	-	-	6	6
Payments for capital assets	-	-	10	10	10	-	100.0%	110	110
Machinery and equipment	-	-	10	10	10	-	100.0%	110	110
Total	7 549	-	-2 501	5 048	5 048	-	100.0%	6 044	5 998

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SUB-PROGRAMME 6.3: BURSARIES	2014/15							2013/14	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final Appropriation	Final Appropriation	Actual Expenditure
Economic Classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	11 300	-	12 026	23 326	23 310	16	99.9%	5 526	10 664
Goods and services	11 300	-	12 026	23 326	23 310	16	99.9%	5 526	10 664
Transfers and subsidies	205 650	-	-	205 650	220 095	-14 445	107.0%	201 004	195 218
Higher education institutions	-	-	-	-	16	-16	-	-	495
Households	205 650	-	-	205 650	220 079	-14 429	107.0%	201 004	194 723
Payments for capital assets	-	-	14 429	14 429	-	14 429	-	-	-
Machinery and equipment	-	-	14 429	14 429	-	14 429	-	-	-
Total	216 950	-	26 455	243 405	243 405	-	100.0%	206 530	205 882

SUB-PROGRAMME 6.4: PRIMARY HEALTH CARE TRAINING	2014/15							2013/14	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final Appropriation	Final Appropriation	Actual Expenditure
Economic Classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	49 972	-	-8 300	41 672	41 673	-1	100.0%	46 807	46 806
Compensation of employees	45 156	-	-7 807	37 349	37 350	-1	100.0%	42 937	42 937
Goods and services	4 816	-	-493	4 323	4 323	-	100.0%	3 870	3 869
Transfers and subsidies	200	-	-	200	284	-84	142.0%	237	237
Households	200	-	-	200	284	-84	142.0%	237	237
Payments for capital assets	2 000	-	-2 000	-	-	-	-	-	-
Machinery and equipment	2 000	-	-2 000	-	-	-	-	-	-
Total	52 172	-	-10 300	41 872	41 957	-85	100.2%	47 044	47 043

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SUB-PROGRAMME 6.5: TRAINING OTHER	2014/15							2013/14	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final Appropriation	Final Appropriation	Actual Expenditure
Economic Classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	458 940	-	-22 386	436 554	436 554	-	100.0%	436 521	436 519
Compensation of employees	439 249	-	-14 032	425 217	425 217	-	100.0%	415 101	415 101
Goods and services	19 691	-	-8 354	11 337	11 337	-	100.0%	21 420	21 418
Transfers and subsidies	13 000	-	2 768	15 768	15 803	-35	100.2%	11 339	11 339
Departmental agencies and accounts	13 000	-	2 768	15 768	15 768	-	100.0%	11 285	11 285
Households	-	-	-	-	35	-35	-	54	54
Payment for financial assets	-	-	2	2	2	-	100.0%	-	-
Total	471 940	-	-19 616	452 324	452 359	-35	100.0%	447 860	447 858

PROGRAMME 7: HEALTH CARE SUPPORT SERVICES	2014/15							2013/14	
	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
Sub-Programmes									
1 Medicine Trading Account	-	-	-	-	6	-6	-	-	-
2 Laundry Services	112 439	-	12 881	125 320	125 704	-384	100.3%	90 801	90 420
3 Orthotic and Prosthetic Services	28 495	-	-2 586	25 909	26 236	-327	101.3%	32 567	32 582
	140 934	-	10 295	151 229	151 946	-717	100.5%	123 368	123 002

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Economic classification: Programme 7	2014/15							2013/14	
	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	132 685	-	14 763	147 448	147 452	-4	100.0%	121 822	121 545
Compensation of employees	89 900	-	-5 376	84 524	84 524	-	100.0%	81 357	81 357
Salaries and wages	72 710	-	-2 600	70 110	70 109	1	100.0%	65 949	66 664
Social contributions	17 190	-	-2 776	14 414	14 415	-1	100.0%	15 408	14 693
Goods and services	42 785	-	20 139	62 924	62 928	-4	100.0%	40 465	40 188
Advertising	35	-	44	79	79	-	100.0%	53	37
Minor assets	20	-	11	31	31	-	100.0%	175	46
Communication (G&S)	598	-	-181	417	417	-	100.0%	334	399
Consultants: Business and advisory services	-	-	7	7	7	-	100.0%	-	-
Contractors	700	-	-205	495	596	-101	120.4%	488	488
Agency and support / outsourced services	7 885	-	-7 885	-	-	-	-	-	-
Fleet services (incl. government motor transport)	334	-	3 987	4 321	4 319	2	100.0%	5 533	5 782
Inventory: Clothing material and accessories	102	-	59	161	161	-	100.0%	-	-
Inventory: Fuel, oil and gas	7 025	-	-3 318	3 707	3 705	2	99.9%	3 436	3 223
Inventory: Materials and supplies	2	-	387	389	389	-	100.0%	17	105
Inventory: Medical supplies	5 115	-	290	5 405	5 410	-5	100.1%	14 523	14 307
Inventory: Medicine	-	-	-	-	-	-	-	-22	-
Consumable supplies	9 602	-	-3 384	6 218	6 218	-	100.0%	4 641	4 660
Consumable: Stationary, printing and office supplies	66	-	125	191	192	-1	100.5%	171	67
Operating leases	105	-	5	110	110	-	100.0%	110	97
Property payments	11 047	-	736	11 783	11 684	99	99.2%	10 839	10 825
Travel and subsistence	93	-	23	116	116	-	100.0%	121	106

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Economic classification: Programme 7	2014/15							2013/14	
	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
Training and development	-	-	1	1	1	-	100.0%	-	-
Operating payments	56	-	29 432	29 488	29 488	-	100.0%	36	46
Rental and hiring	-	-	5	5	5	-	100.0%	10	-
Transfers and subsidies	649	-	-60	589	1 302	-713	221.1%	1 546	1 443
Provinces and municipalities	99	-	-60	39	38	1	97.4%	127	158
Provinces	99	-	-60	39	38	1	97.4%	127	158
Provincial Revenue Funds	-	-	-	-	-	-	-	-	9
Provincial agencies and funds	99	-	-60	39	38	1	97.4%	127	149
Departmental agencies and accounts	-	-	-	-	-	-	-	419	-
Departmental agencies (non-business entities)	-	-	-	-	-	-	-	419	-
Households	550	-	-	550	1 264	-714	229.8%	1 000	1 285
Social benefits	550	-	-	550	1 264	-714	229.8%	1 000	1 285
Payments for capital assets	7 600	-	-4 408	3 192	3 192	-	100.0%	-	14
Machinery and equipment	7 600	-	-4 408	3 192	3 192	-	100.0%	-	14
Transport equipment	7 100	-	-3 946	3 154	3 154	-	100.0%	-	-
Other machinery and equipment	500	-	-462	38	38	-	100.0%	-	14
	140 934	-	10 295	151 229	151 946	-717	100.5%	123 368	123 002

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SUB-PROGRAMME 7.1: MEDICINE TRADING ACCOUNT	2014/15							2013/14	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final Appropriation	Final Appropriation	Actual Expenditure
Economic Classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	-	-	-	-	6	-6	-	-	-
Goods and services	-	-	-	-	6	-6	-	-	-
Total	-	-	-	-	6	-6	-	-	-

SUB-PROGRAMME 7.2: LAUNDRY SERVICES	2014/15							2013/14	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final Appropriation	Final Appropriation	Actual Expenditure
Economic Classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	104 743	-	16 847	121 590	121 591	-1	100.0%	89 572	89 572
Compensation of employees	69 100	-	-2 370	66 730	66 730	-	100.0%	65 626	65 626
Goods and services	35 643	-	19 217	54 860	54 861	-1	100.0%	23 946	23 946
Transfers and subsidies	596	-	-58	538	921	-383	171.2%	1 229	834
Provinces and municipalities	96	-	-58	38	37	1	97.4%	127	149
Departmental agencies and accounts	-	-	-	-	-	-	-	417	-
Households	500	-	-	500	884	-384	176.8%	685	685
Payments for capital assets	7 100	-	-3 908	3 192	3 192	-	100.0%	-	14
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	7 100	-	-3 908	3 192	3 192	-	100.0%	-	14
Total	112 439	-	12 881	125 320	125 704	-384	100.3%	90 801	90 420

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SUB-PROGRAMME 7.3: ORTHOTIC AND PROSTHETIC SERVICES	2014/15							2013/14	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final Appropriation	Final Appropriation	Actual Expenditure
Economic Classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	27 942	-	-2 084	25 858	25 855	3	100.0%	32 250	31 973
Compensation of employees	20 800	-	-3 006	17 794	17 794	-	100.0%	15 731	15 731
Goods and services	7 142	-	922	8 064	8 061	3	100.0%	16 519	16 242
Transfers and subsidies	53	-	-2	51	381	-330	747.1%	317	609
Provinces and municipalities	3	-	-2	1	1	-	100.0%	-	9
Departmental agencies and accounts	-	-	-	-	-	-	-	2	-
Households	50	-	-	50	380	-330	760.0%	315	600
Payments for capital assets	500	-	-500	-	-	-	-	-	-
Machinery and equipment	500	-	-500	-	-	-	-	-	-
Total	28 495	-	-2 586	25 909	26 236	-327	101.3%	32 567	32 582

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PROGRAMME 8: HEALTH FACILITIES MANAGEMENT	2014/15							2013/14	
	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
Sub-Programmes									
1 Community Health Facilities	307 486	-	136 075	443 561	443 562	-1	100.0%	522 627	523 719
2 District Hospital Services	540 694	-	-64 040	476 654	476 652	2	100.0%	1 009	1 328
3 Emergency Medical Services	694	-	-694	-	-	-	-	671 465	588 488
4 Provincial Hospital Services	539 311	-	-39 080	500 231	500 232	-1	100.0%	514 360	600 958
5 Central Hospital Services	18 362	-	323	18 685	18 685	-	100.0%	23 449	24 396
6 Other Facilities	274 000	-	-34 094	239 906	239 906	-	100.0%	267 874	261 917
	1 680 547	-	-1 510	1 679 037	1 679 037	-	100.0%	2 000 784	2 000 806

Economic classification: Programme 8	2014/15							2013/14	
	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	328 279	-	50 877	379 156	379 132	24	100.0%	349 449	349 449
Compensation of employees	25 089	-	-931	24 158	24 158	-	100.0%	24 048	24 048
Salaries and wages	20 158	-	3 594	23 752	23 804	-52	100.2%	23 688	23 640
Social contributions	4 931	-	-4 525	406	354	52	87.2%	360	408
Goods and services	303 190	-	51 808	354 998	354 974	24	100.0%	325 401	325 401
Minor assets	19 160	-	-7 906	11 254	11 254	-	100.0%	4 633	3 128
Communication (G&S)	4	-	-	4	4	-	100.0%	30	22
Computer services	-	-	-	-	-	-	-	4 389	2 741

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Economic classification: Programme 8	2014/15							2013/14	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final Appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Consultants: Business and advisory services	8 597	-	5 236	13 833	13 834	-1	100.0%	5 330	7 404
Infrastructure and planning services	731	-	80	811	812	-1	100.1%	-	139
Contractors	90 338	-	-411	89 927	89 897	30	100.0%	57 798	79 697
Agency and support / outsourced services	-	-	321	321	321	-	100.0%	-	-
Inventory: Clothing material and accessories	-	-	1 923	1 923	1 923	-	100.0%	-	-
Inventory: Fuel, oil and gas	53	-	-4	49	48	1	98.0%	270	152
Inventory: Materials and supplies	861	-	2 314	3 175	3 177	-2	100.1%	1 022	884
Inventory: Medical supplies	453	-	2 340	2 793	2 790	3	99.9%	55	543
Consumable supplies	25 886	-	9 029	34 915	34 921	-6	100.0%	26 576	31 507
Consumable: Stationary, printing and office supplies	113	-	-108	5	5	-	100.0%	-	1
Operating leases	69 997	-	5 688	75 685	75 684	1	100.0%	39 439	61 519
Property payments	86 960	-	33 021	119 981	119 982	-1	100.0%	183 864	136 480
Travel and subsistence	-	-	193	193	194	-1	100.5%	290	242
Training and development	-	-	-	-	-	-	-	1 500	935
Operating payments	-	-	-	-	-	-	-	5	1
Rental and hiring	37	-	92	129	128	1	99.2%	200	6
Transfers and subsidies	14	-	-	14	37	-23	264.3%	20 000	20 022
Non-profit institutions	-	-	-	-	-	-	-	20 000	20 000
Households	14	-	-	14	37	-23	264.3%	-	22
Social benefits	14	-	-	14	37	-23	264.3%	-	22
Payments for capital assets	1 352 254	-	-52 387	1 299 867	1 299 868	-1	100.0%	1 631 335	1 631 335
Buildings and other fixed structures	1 269 855	-	-63 349	1 206 506	1 206 295	211	100.0%	1 530 815	1 530 815

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Economic classification: Programme 8	2014/15							2013/14	
	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
Buildings	1 269 855	-	-63 349	1 206 506	1 206 295	211	100.0%	-	-
Other fixed structures	-	-	-	-	-	-	-	1 530 815	1 530 815
Machinery and equipment	82 399	-	10 962	93 361	93 573	-212	100.2%	100 520	100 520
Transport equipment	-	-	1 891	1 891	1 891	-	100.0%	-	-
Other machinery and equipment	82 399	-	9 071	91 470	91 682	-212	100.2%	100 520	100 520
	1 680 547	-	-1 510	1 679 037	1 679 037	-	100.0%	2 000 784	2 000 806

SUB-PROGRAMME 8.1: COMMUNITY HEALTH FACILITIES	2014/15							2013/14	
	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
Economic Classification									
Current payments	55 103	-	3 821	58 924	58 924	-	100.0%	43 899	42 259
Goods and services	55 103	-	3 821	58 924	58 924	-	100.0%	43 899	42 259
Payments for capital assets	252 383	-	132 254	384 637	384 638	-1	100.0%	478 728	481 460
Buildings and other fixed structures	244 586	-	135 900	380 486	380 487	-1	100.0%	477 420	480 720
Machinery and equipment	7 797	-	-3 646	4 151	4 151	-	100.0%	1 308	740
Total	307 486	-	136 075	443 561	443 562	-1	100.0%	522 627	523 719

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SUB-PROGRAMME 8.2: DISTRICT HOSPITALS	2014/15							2013/14	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final Appropriation	Final Appropriation	Actual Expenditure
Economic Classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	51 679	-	35 342	87 021	87 020	1	100.0%	1 009	1 315
Compensation of employees	-	-	-	-	-1	1	-	-	-
Goods and services	51 679	-	35 342	87 021	87 021	-	100.0%	1 009	1 315
Payments for capital assets	489 015	-	-99 382	389 633	389 632	1	100.0%	-	13
Buildings and other fixed structures	456 593	-	-88 970	367 623	367 412	211	99.9%	-	13
Machinery and equipment	32 422	-	-10 412	22 010	22 220	-210	101.0%	-	-
Total	540 694	-	-64 040	476 654	476 652	2	100.0%	1 009	1 328

SUB-PROGRAMME 8.3: EMERGENCY MEDICAL SERVICES	2014/15							2013/14	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final Appropriation	Final Appropriation	Actual Expenditure
Economic Classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	694	-	-694	-	-	-	-	76 740	81 194
Goods and services	694	-	-694	-	-	-	-	76 740	81 194
Payments for capital assets	-	-	-	-	-	-	-	594 725	507 294
Buildings and other fixed structures	-	-	-	-	-	-	-	581 523	501 752
Machinery and equipment	-	-	-	-	-	-	-	13 202	5 542
Total	694	-	-694	-	-	-	-	671 465	588 488

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SUB-PROGRAMME 8.4: PROVINCIAL HOSPITAL SERVICES	2014/15							2013/14	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final Appropriation	Final Appropriation	Actual Expenditure
Economic Classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	92 168	-	10 697	102 865	102 865	-	100.0%	80 577	100 221
Goods and services	92 168	-	10 697	102 865	102 865	-	100.0%	80 577	100 221
Payments for capital assets	447 143	-	-49 777	397 366	397 367	-1	100.0%	433 783	500 737
Buildings and other fixed structures	411 875	-	-74 471	337 404	337 404	-	100.0%	366 971	407 162
Machinery and equipment	35 268	-	24 694	59 962	59 963	-1	100.0%	66 812	93 575
Total	539 311	-	-39 080	500 231	500 232	-1	100.0%	514 360	600 958

SUB-PROGRAMME 8.5: CENTRAL HOSPITAL SERVICES	2014/15							2013/14	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final Appropriation	Final Appropriation	Actual Expenditure
Economic Classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	9 134	-	4 424	13 558	13 558	-	100.0%	10 205	10 918
Goods and services	9 134	-	4 424	13 558	13 558	-	100.0%	10 205	10 918
Payments for capital assets	9 228	-	-4 101	5 127	5 127	-	100.0%	13 244	13 478
Buildings and other fixed structures	9 228	-	-4 410	4 818	4 818	-	100.0%	13 244	13 478
Machinery and equipment	-	-	309	309	309	-	100.0%	-	-
Total	18 362	-	323	18 685	18 685	-	100.0%	23 449	24 396

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SUB-PROGRAMME 8.6: OTHER FACILITIES	2014/15							2013/14	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final Appropriation	Final Appropriation	Actual Expenditure
Economic Classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	119 501	-	-2 713	116 788	116 765	23	100.0%	137 019	113 542
Compensation of employees	25 089	-	-931	24 158	24 159	-1	100.0%	24 048	24 048
Goods and services	94 412	-	-1 782	92 630	92 606	24	100.0%	112 971	89 494
Transfers and subsidies	14	-	-	14	37	-23	264.3%	20 000	20 022
Non-profit institutions	-	-	-	-	-	-	-	20 000	20 000
Households	14	-	-	14	37	-23	264.3%	-	22
Payments for capital assets	154 485	-	-31 381	123 104	123 104	-	100.0%	110 855	128 353
Buildings and other fixed structures	147 573	-	-31 398	116 175	116 174	1	100.0%	91 657	127 690
Machinery and equipment	6 912	-	17	6 929	6 930	-1	100.0%	19 198	663
Total	274 000	-	-34 094	239 906	239 906	-	100.0%	267 874	261 917

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NOTES TO APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2015

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 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:

	Final Appropriation	Actual Expenditure	Variance	Variance as a % of Final Appropriation
Administration	607 392	701 319	-93 927	-15.46%
The expenditure pressures were attributed to SITA payments in relation to Microsoft Licenses which was not budgeted for, the costs of outsourcing disciplinary cases and forensic investigations				
Provincial Hospital Services	8 792 389	8 795 679	-3 290	-0.04%
The over-spending was due to the staff exit costs and the medico legal claims				
Central Hospital Services	3 113 610	3 141 397	-27 787	-0.89%
Over expenditure was due to the filling of critical vacant posts, mainly medical specialists				
Health Sciences and Training	1 018 640	1 018 964	-324	-0.03%
There was pressure resulting from the increased intake (95 intake) in the Cuban Doctors' training programme				
Health Care Support Services	151 229	151 946	-717	-0.47%
The over-expenditure was due to outsourcing of laundry services relating to unplanned maintenance required due to the breakdown of laundry machines				

	Final Appropriation	Actual Expenditure	Variance	Variance as a % of Final Appropriation
4.2 Per economic classification:	R'000	R'000	R'000	%
Current expenditure				
Compensation of employees	20 014 422	20 014 422	0	0.97%
Goods and services	8 763 094	8 895 999	-132 905	-3.80%
Interest and rent on land	290	686	-396	0

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	Final Appropriation	Actual Expenditure	Variance	Variance as a % of Final Appropriation
4.2 Per economic classification:	R'000	R'000	R'000	%
Transfers and subsidies				
Provinces and municipalities	157 672	122 636	35 036	22.20%
Departmental agencies and accounts	15 837	15 895	-58	-21.62%
Higher education institutions	0	16	-16	0
Non-profit institutions	230 638	222 050	8 588	0.72%
Households	292 814	467 446	-174 632	-59.22%
Payments for capital assets				
Buildings and other fixed structures	1 206 506	1 206 505	1	4.98%
Machinery and equipment	437 788	299 374	138 414	20.04%
Payments for financial assets	404	415	-11	0

Goods and services over expenditure was due to pressures from payment of accruals from 2013/14, the lease of the Universal Mobile Hospital Unit which was more costly than anticipated (the Department is currently engaging with the supplier to purchase the Unit), increased security contract renewal prices, increased costs of medical supplies (which was impacted by the weakening Rand:Dollar exchange rate) and higher fuel cost, the out-sourcing of in-patient nutrition services, which was originally planned to be in-sourced. Transfers and subsidies to: Households was over-spent due to higher than expected staff exit costs, as well as litigation claims against the state. Provinces and municipalities were under spent due to the delays in finalising SLAs with the eThekweni municipal clinics.

Non- Profit Institutions under spending relates to the unallocated funds earmarked for further negotiations with the NGOs as well as the McCords Hospital Trade Creditors that were paid in 2013/14 but funding received in 2014/15. Machinery and equipment was under spent as a result of enforced savings to address pressures elsewhere in the budget, as well as unexpected delays in the delivery of emergency vehicles in Programme 3, with orders not being met by the end of March 2015. There was also under-spending in Programmes 4 and 5 due to the slow pace in the delivery of medical equipment.

4.3	Per Conditional Grant	Final Appropriation	Actual Expenditure	Variance	Variance as a % of Final Appropriation
	Comprehensive HIV / AIDS Grant	3 257 992	3 257 870	122	0
	Health Facility Revitalisation Grant	1 362 469	1 362 469	0	0
	Health Professional and Training Develop Grant	292 837	292 847	-10	0
	National Health Insurance Grant	19 848	18 399	1 449	7.30%
	National Tertiary Services Grant	1 496 427	1 496 427	0	0
	EPWP Integrated Grant for Provinces	2 581	2 581	0	0
	Social Sector EPWP Incentive Grant for Provinces	2 580	2 580	0	0
	Total:	6 434 734	6 433 172	1 562	0.02%

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The NHI grant was under spent mainly due to the Bidders evaluation for the procurement of 4 mobile square caravan's (mobile clinics) granted in February 2015. The unspent funds were committed and the request for roll over of unspent funds to 2015/16 was requested.

STATEMENT OF FINANCIAL PERFORMANCE FOR THE YEAR ENDED 31 MARCH 2015

	Note	2014/15 R'000	2013/14 R'000
REVENUE			
Annual appropriation	<u>1</u>	31 119 465	29 219 210
Department Revenue	<u>2</u>	289 933	270 747
Aid Assistance	<u>3</u>	-	3 677
TOTAL REVENUE		31 409 398	29 493 634
EXPENDITURE			
Current expenditure			
Compensation of employees	<u>4</u>	20 014 422	18 676 774
Goods and services	<u>5</u>	8 895 999	8 213 347
Interest and Rent on land		686	169
Aid Assistance	<u>3</u>	-	669
Total current expenditure		28 911 107	26 890 959
Transfers and subsidies			
Transfers and subsidies	<u>8</u>	828 109	740 160
Total transfers & subsidies		828 109	740 160
Expenditure for capital assets			
Tangible capital assets	<u>9</u>	1 505 879	1 867 150
Intangible assets		-	181
Total expenditure for capital assets		1 505 879	1 867 331
Payments for Financial Assets	<u>7</u>	415	33 629
TOTAL EXPENDITURE		31 245 510	29 532 079
SURPLUS/ (DEFICIT) FOR THE YEAR		163 888	(38 445)
Reconciliation of Net Surplus/ (Deficit) for the year			
Voted Funds		(126 045)	(312 200)
Annual Appropriation		126 045	(312 200)
Departmental Revenue and NRF Receipts	<u>15</u>	289 933	270 747
Aid assistance	<u>3</u>	-	3 008
SURPLUS / DEFICIT FOR THE YEAR		163 888	(38 445)

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STATEMENT OF FINANCIAL POSITION FOR YEAR ENDED 31 MARCH 2015

	Note	2014/15 R'000	2013/14 R'000
ASSETS			
Current Assets		679 467	577 423
Unauthorised expenditure	10	450 515	440 440
Cash and Cash Equivalent	11	360	283
Prepayments and advances	12	17	1
Receivables	13	228 575	136 699
Non-Current Assets		17 771	-
Receivables		17 771	-
TOTAL ASSETS		697 238	577 423
LIABILITIES			
Current Liabilities		685 354	572 205
Voted funds to be surrendered to the Revenue Fund	14	1 571	(67 244)
Departmental revenue and NRF Receipts to be surrendered to the Revenue Fund	15	15 506	15 446
Bank overdraft	16	601 986	562 882
Payables	17	66 291	59 121
Aid assistance unutilised	3	-	2 000
TOTAL LIABILITIES		685 354	572 205
NET ASSETS		11 884	5 218
Represented by:			
Recoverable revenue		11 884	5 218
TOTAL		11 884	5 218

STATEMENT OF CHANGES IN NET ASSETS FOR YEAR ENDED 31 MARCH 2015

	Note	2014/15 R'000	2013/14 R'000
Recoverable revenue			
Opening balance		5 218	26 550
Transfers		6 666	(21 332)
Irrecoverable amounts written off	7.2	-	-22 863
Debts raised		6 666	1 531
Closing balance		11 884	5 218

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CASH FLOW STATEMENT FOR YEAR RENDED 31 MARCH 2015

	<i>Note</i>	2014/15 R'000	2013/14 R'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts		31 395 389	29 406 161
Annual appropriated funds received	1.1	31 119 465	29 141 344
Departmental revenue received	2	275 781	255 152
Interest received		143	5 988
Aid assistance received	3	-	3 677
Net (increase)/ decrease in working capital		(112 568)	(251 201)
Surrendered to Revenue Fund		(222 706)	(289 763)
Surrendered to RDP Fund/Donor		(2 000)	-
Current payments		(28 782 728)	(26 567 968)
Interest paid		(686)	(169)
Payments for Financial Assets		(415)	(33 629)
Transfers and subsidies paid		(828 109)	(740 160)
Net cash flow available from operating activities	18	1 446 177	1 523 271
CASH FLOWS FROM INVESTING ACTIVITIES			
Payments for capital assets	9	(1 505 879)	(1 867 331)
Proceeds from sale of capital assets	2.4	14 009	9 607
Net cash flows from investing activities		(1 491 870)	(1 857 724)
CASH FLOWS FROM FINANCING ACTIVITIES			
Increase/ (decrease) in net assets		6 666	(21 332)
Net cash flows from financing activities		6 666	(21 332)
Net increase/ (decrease) in cash and cash equivalents		(39 027)	(355 785)
Cash and cash equivalents at beginning of period		(562 599)	(206 814)
Cash and cash equivalents at end of period	19	(601 626)	(562 599)

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NOTES TO ANNUAL FINANCIAL STATEMENTS FOR YEAR ENDED 31 MARCH 2015

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 users.

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.

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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 and forfeits

Fines, penalties and 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.

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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).

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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 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 in terms of the Act.
- 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.

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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 potentials 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.

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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.

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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:
 - 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.

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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	2014/15 Actual Funds received R'000	Funds not requested/ not received R'000	Appropriation received 2013/14 R'000
Administration	607 392	607 392	-	596 402
District Health Services	14 689 055	14 689 055	-	13 168 131
Emergency Medical Services	1 068 113	1 068 113	-	971 026
Provincial Hospital Services	8 792 389	8 792 389	-	8 412 264
Central Hospital Services	3 113 610	3 113 610	-	2 947 144
Health Sciences and Training	1 018 640	1 018 640	-	1 000 091
Health Care Support Services	151 229	151 229	-	123 368
Health Facilities Management	1 679 037	1 679 037	-	1 922 918
Total	31 119 465	31 119 465	-	29 141 344

R77.866 allocated for the 2013/2014 financial year, received in 2014/2015, was the amount for McCords Hospital

1.2 Conditional Grants

	Note	2014/15 R'000	2013/14 R'000
Total Grants received	Annexure 1A	6 434 734	5 444 245
Provincial Grants included in Total Grants received		5 161	484 031

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

2 Departmental Revenue

		2014/15 R'000	2013/14 R'000
Sales of goods and services other than capital assets	2.1	250 237	237 077
Fines, penalties and forfeits	2.2	31	29
Interest, dividends and rent on land	2.3	143	5 988
Sales of capital assets	2.4	14 009	9 607
Transactions in financial assets and liabilities	2.5	25 513	18 046
Total Revenue Collected		289 933	270 747
Departmental revenue collected		289 933	270 747
		2014/15 R'000	2013/14 R'000
2.1 Sales of goods and services other than capital assets	2		
Sales of goods and services produced by the department		249 286	236 584
Sales by market establishment		14 366	14 369
Administrative Fees		5 262	4 347
Other sales		229 658	217 868
Sales of scrap, waste and other used current goods		951	493
Total		250 237	237 077

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		2014/15 R'000	2013/14 R'000
2.2	Fines, penalties and forfeits		
	Penalties	31	29
	Total	31	29
2.3	Interest, dividends and rent on land		
	Interest	143	5 988
2.4	Sales of capital assets		
	Tangible Assets	14 009	9 607
	Machinery and Equipment	14 009	9 607
2.5	Transactions in Financial assets and liabilities		
	Receivables	11 963	5 651
	Stale cheques written back	6	125
	Other receipts including recoverable revenue	13 544	12 270
	Total	25 513	18 046
3.	Aid assistance		
3.1	Opening Balance	2 000	9 479
	Prior period error	-	(10 487)
	As restated	2 000	(1 008)
	Transferred from statement of financial performance	-	3 008
	Paid during the year	(2 000)	-
	Closing balance	-	2 000
3.2	Analysis of balance by source		
	Aid assistance from RDP	-	2 000
	Closing balance	-	2 000
3.3	Analysis of balance		
	Aid assistance unutilised	-	2 000
	Closing balance	-	2 000
3.4	Prior period error		2013/14
	Relating to 2013/14	-	10 487
	Funds are not for RDP	-	10 487
	Total	-	10 487

Prior period corrected as the Aid Assistance received was not for the RDP Programme and the R2million for RDP that was not used was surrendered.

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		2014/15 R'000	2013/14 R'000
4.	Compensation of employees		
4.1	Salaries and wages		
	Basic Salary	13 244 105	12 387 729
	Performance award	15	18
	Service Based	20 308	18 246
	Compensative/circumstantial	1 747 514	1 418 664
	Periodic payments	33 422	37 680
	Other non-pensionable allowances	2 517 777	2 442 205
	Total	17 563 141	16 304 542
		2014/15 R'000	2013/14 R'000
4.2	Social contributions		
	Employer contribution		
	Pension	1 615 148	1 497 194
	Medical	833 498	872 366
	UIF	76	23
	Bargaining council	2 559	2 649
	Total	2 451 281	2 372 232
	Total compensation of employees	20 014 422	18 676 774
	Average number of employees	81 536	71 759
		2014/15 R'000	2013/14 R'000
5.	Goods and services		
	Administrative fees	-	30
	Advertising	14 084	13 787
	Minor Assets	46 063	34 711
	Bursaries (employees)	3 694	734
	Catering	2 286	2 087
	Communication	99 337	93 270
	Computer services	133 812	197 733
	Consultants, contractors and agency/ outsourced services	2 223	84 964
	Infrastructure and planning services	812	139
	Laboratory services	913 128	587 578
	Legal services	12 025	8 908
	Contractors	140 172	149 834
	Agency and support / outsourced services	1 188 230	946 858
	Entertainment	2	6
	Audit cost - External	19 214	15 924
	Fleet services	293 616	151 403
	Inventory	4 130 856	4 250 296
	Consumables	347 846	302 713
	Operating leases	136 676	98 851
	Property payments	1 180 366	1 085 142
	Transport provided as part of the departmental activities	72 278	58 556
	Travel and subsistence	80 518	65 389
	Venues and facilities	4 826	2 017
	Training and development	15 949	28 420
	Other operating expenditure	57 986	33 997
	Total	8 895 999	8 213 347

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	<i>Note</i>	2014/15 R'000	2013/14 R'000
5.1 Minor Assets	<u>5</u>	46 063	34 711
Tangible assets			
Machinery and equipment		46 063	34 711
Total		46 063	34 711
	<i>Note</i>	2014/15 R'000	2013/14 R'000
5.2 Computer services	<u>5</u>		
SITA computer services		118 091	169 881
External computer service providers		15 721	27 852
Total		133 812	197 733
	<i>Note</i>	2014/15 R'000	2013/14 R'000
5.3 Audit cost – external	<u>5</u>		
Regulatory audits		19 214	15 924
Total		19 214	15 924
	<i>Note</i>	2014/15 R'000	2013/14 R'000
5.4 Inventory	<u>5</u>		
Food and food supplies		120 101	116 213
Fuel, oil and gas		124 590	263 279
Materials and supplies		10 635	10 005
Medical supplies		1 481 668	1 339 983
Medicine		2 393 862	2 520 816
Total		4 130 856	4 250 296
	<i>Note</i>	2014/15 R'000	2013/14 R'000
5.5 Consumables	<u>5</u>		
Consumable supplies		274 040	257 299
Uniform and clothing		92 056	96 862
Household supplies		142 949	119 355
Building material and supplies		32 704	30 639
IT consumables		3 079	9 102
Other consumables		3 252	1 341
Stationery, printing and office supplies		73 806	45 414
Total		347 846	302 713
	<i>Note</i>	2014/15 R'000	2013/14 R'000
5.6 Property Payment	<u>5</u>		
Municipal Services		439 179	406 899
Property maintenance and repairs		119 861	136 818
Other		621 326	541 425
Total		1 180 366	1 085 142

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	<i>Note</i>	2014/15 R'000	2013/14 R'000
5.7			
Travel and subsistence	5		
Local		64 775	57 664
Foreign		15 743	7 725
Total		80 518	65 389
5.8			
Other operating expenditure	5		
Professional bodies, membership and subscription fees		5 567	1 584
Resettlement costs		14 911	13 722
Other		37 508	18 691
Total		57 986	33 997
6.			
Interest and Rent on Land			
Interest paid		686	169
Total		686	169
7.			
Payment for Financial Assets			
Other material losses written off	7.1	415	-
Debts written off		-	33 629
Total		415	33 629
7.1			
Other material losses written off	7		
Nature of losses			
Debts written off		252	-
Accommodation no shows		163	-
Total		415	-
7.2			
Debts written off	7		
Nature of debts written off			
Other debt written off		-	33 629
Total		-	33 629

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	<i>Note</i>	2014/15 R'000	2013/14 R'000
8. Transfers and subsidies			
Provinces and municipalities	Annexure 1B	122 636	79 199
Departmental agencies and accounts	Annexure 1C	15 895	11 373
Higher education institutions	Annexure 1D	82	-
Non-profit institution	Annexure 1E	222 051	256 751
Households	Annexure 1F	467 445	392 339
Total		828 109	739 662

	<i>Note</i>	2014/15 R'000	2013/14 R'000
9. Expenditure for capital assets			
Tangible assets	34	1 505 879	1 867 150
Buildings and other fixed structures		1 206 505	1 530 963
Machinery and equipment		299 374	336 187
Intangible assets	33	-	181
Software		-	181
Total		1 505 879	1 867 331

9.1 Analysis of funds utilised to acquire capital assets	2014/15 Voted Funds R'000	Aid assistance R'000	Total R'000
Tangible assets	1 505 879	-	1 505 879
Buildings and other fixed structures	1 206 505	-	1 206 505
Heritage assets	299 374	-	299 374
Intangible assets	-	-	-
Software	-	-	-
Total	1 505 879	-	1 505 879

9.2 Analysis of funds utilised to acquire capital assets-	2013/14 Voted Funds R'000	Aid assistance R'000	Total 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

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	<i>Note</i>	2014/15 R'000	2013/14 R'000
10. Unauthorised expenditure			
10.1 Reconciliation of unauthorised expenditure			
Opening balance		440 440	245 577
As restated		440 440	245 577
Unauthorised expenditure- discovered in current year	14	127 693	322 822
Less: Amount approved by parliament/ legislature with funding		(117 618)	(127 959)
Unauthorised expenditure awaiting authorisation / Written off		450 515	440 440
10.2 Analysis of unauthorised expenditure awaiting authorisation per economic classification			
Current		450 515	440 440
Total		450 515	440 440
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		450 515	440 440
Total		450 515	440 440
10.4 Details of unauthorised expenditure - current year			2014/15 R'000
Incident	Disciplinary steps taken/criminal proceedings		
Administration	Overspending on the Programme		93 927
Provincial Hospital Services	Overspending on the Programme		3 290
Central Hospital Services	Overspending on the Programme		27 787
Health Science and Training	Overspending on the Programme		324
Health Care Support Services	Overspending on the Programme		717
Comprehensive HIV / AIDS Grant	Underspending on Grant		122
National Health Insurance	Underspending on Grant		1 449
Surrender of Underspending on grant	Underspending of grant for 2013/2014 surrender		77
Total			127 693
11. Cash and cash equivalents		2014/15 R'000	2013/14 R'000
Cash receipts		69	-
Cash on hand		291	283
Total		360	283
12. Prepayments and advances		2014/15 R'000	2013/14 R'000
Travel and subsistence		17	1
Total		17	1

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	Note	2014/15			Total	2013/14
		Less than one year	One to three years	Older than three years		
		R'000	R'000	R'000		
13. Receivable						
Claims recoverable	13.1	4 347	-	-	4 347	4 105
Recoverable Expenditure	13.2	152	-	-	152	449
Staff debt		25 636	6 872	10 899	43 407	29 158
Other debtors	13.4	198 440	-	-	198 440	102 987
Total		228 575	6 872	10 899	246 346	136 699

	Note	2014/15 R'000	2013/14 R'000
13.1 Claims recoverable	13		
National departments		12	1 913
Provincial departments		583	108
Public entities		3 752	885
Private enterprises		-	1
Higher education institutions		-	590
Local governments		-	608
Total		4 347	4 105

	Note	2014/15 R'000	2013/14 R'000
13.2 Recoverable Expenditure (disallowance accounts)	13		
Disallowance dishonoured cheque		74	131
Disallowance payment fraud: CA		-	179
Disallowance Miscellaneous		-	49
Salary deduction Disallowance		78	90
Disallowance Damages and Losses		(447)	800 995
Disallowance Damages and Losses Recovered		447	(800 995)
Total		152	449

	Note	2014/15 R'000	2013/14 R'000
13.3 Staff debt	13		
Breach of Contract		2 660	1 065
Employee Debt		30 633	21 070
Fruitless and wasteful		35	-
Government Accidents		13	-
State Guarantee		5	-
Supplier Debt		156	22
Telephone Debt		41	-
Other Staff Debt and Salary Related		3 501	1 778
Tax Debt		6 349	5 199
Travel and Subsistence		14	24
Total		43 407	29 158

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	<i>Note</i>	2014/15 R'000	2013/14 R'000
13.4 Other debtors			
Salary control accounts	13	-	1 451
Medsas Clearing account		71 358	101 536
Revenue Accrual		127 082	-
Total		198 440	102 987
	<i>Note</i>	2014/15 R'000	2013/14 R'000
14. Voted funds to be surrendered to the Revenue Fund			
Opening balance		(67 244)	18 015
As restated		(67 244)	18 015
Transfer from Statement of Financial Performance (as restated)		(126 045)	(312 200)
Add: Unauthorised expenditure for current year	10	127 693	322 822
Voted funds not requested/not received		-	(77 866)
Paid during the year		67 167	(18 015)
Closing balance		1 571	(67 244)
R77.866 million was received in 2014/2015 for 2013/2014 reflected in paid during the year			
		2014/15 R'000	2013/14 R'000
15. Departmental revenue and NRF Receipts to be surrendered to the Revenue Fund			
Opening balance		15 446	16 447
As restated		15 446	16 447
Transfer from Statement of Financial Performance (as restated)		289 933	270 747
Paid during the year		(289 873)	(271 748)
Closing balance		15 506	15 446
		2014/15 R'000	2013/14 R'000
16. Bank overdraft			
Consolidated Paymaster General Account		601 986	562 882
Total		601 986	562 882
	<i>Note</i>	2014/15 R'000	2013/14 R'000
17. Payables - current			
Clearing accounts	17.1	24 871	27 872
Other payables	17.2	41 420	31 249
Total		66 291	59 121

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	<i>Note</i>	2014/15 R'000	2013/14 R'000
17.1 Clearing account	<u>17</u>		
Sal ACB Recalls		2 058	27 872
Sal Pension Fund		168	-
Sal Garnishee Order		66	-
Sal Income Tax		3 801	-
Sal Bargaining Council		16	-
Sal Medical Aid		5	-
Adv: Dom/Prov KZN		10 282	-
Sal Reversal Control		805	-
Sal Pension Debt		7 670	-
Total		24 871	27 872

	<i>Note</i>	2014/15 R'000	2013/14 R'000
17.2 Other payables	<u>17</u>		
Medsas Clearing Account		41 420	31 249
Total		41 420	31 249

PPSD is a Trade Account within the Departments book - this will be converted to a Responsibility reporting in 2015/2016

	2014/15 R'000	2013/14 R'000
18. Net cash flow available from operating activities		
Net surplus / (deficit) as per Statement of Financial Performance	163 888	(38 445)
Add back non-cash movements/ movements not deemed operating activities:	1 282 289	1 561 716
(Increase)/decrease in receivables – current	(109 647)	(58 526)
Increase)/decrease in prepayments and advances	(16)	(1)
(Increase)/decrease in other current assets	117 618	127 959
Increase)/(decrease) in payables – current	7 170	2 189
Proceeds from sale of capital assets	(14 009)	(9 607)
Expenditure on capital assets	1 505 879	1 867 331
Surrenders to revenue fund	(222 706)	(289 763)
Surrenders to RDP Fund/Donor	(2 000)	-
Voted funds not requested/not received	-	(77 866)
Net cash flow generated by operating activities	1 446 177	1 523 271

	2014/15 R'000	2013/14 R'000
19. Reconciliation of cash and cash equivalents for cash flow purposes		
Consolidated Paymaster General Account	(601 986)	(562 882)
Cash receipts	69	-
Cash on hand	291	283
Total	(601 626)	(562 599)

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		Note	2014/15 R'000	2013/14 R'000
20.	Contingent liabilities and Contingent Assets			
20.1	Liable to	Nature		
	Housing loan guarantees	Employees Annex 2A	6 155	9 839
	Claims against the department	Annex 2B	7 002 420	4 087 230
	Intergovernmental payables (unconfirmed balances)	Annex 4	24 122	34 013
	Other		3 268 560	1 671 780
	Total		10 301 257	5 802 862
			2014/15 R'000	2013/14 R'000
20.2	Contingent Assets			
	Nature of Contingent Assets			
	Nursing OSD		-	5 785
	Total		-	5 785
			2014/15 R'000	2013/14 R'000
21.	Commitments			
	Current expenditure			
	Approved and contracted		517 539	200 710
	Sub Total		517 539	200 710
	Capital expenditure			
	Approved and contracted		3 197 921	1 532 887
	Sub Total		3 197 921	1 532 887
	Total Commitments		3 715 460	1 733 597

Restatement of prior year approved and not yet contracted due to Modified cash standard reduced to 0

		30 Days R'000	30+ Days R'000	2014/15 Total R'000	2013/14 Total R'000
22.	Accruals, Payables not recognised				
	Listed by economic classification				
	Goods and services	501 795	58 826	560 621	629 021
	Transfers and subsidies	-	-	-	5 378
	Capital Assets	-	7 223	7 223	23 909
	Total	501 795	66 049	567 844	658 308

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Listed by Programme level	2014/15 R'000	2013/14 R'000
Administration	79 939	48 784
District Health Services	120 484	261 522
Emergency Medical Services	44 796	39 598
Provincial Hospital Services	263 045	148 838
Central Hospital Services	19 708	110 239
Health Service and Training	21 224	9 122
Health Care Support	1 154	1 089
Health Facilities Management	17 494	39 116
Total	567 844	658 308

	2014/15 R'000	2013/14 R'000
Confirmed balances with other departments	118 813	70 918
Confirmed balances with other government entities	453 582	247 653
Total	572 395	318 571

	2014/15 R'000	2013/14 R'000
23. Employee benefit provisions		
Leave entitlement	791 339	653 124
Service Bonus (Thirteenth cheque)	513 457	486 420
Capped leave commitments	674 951	745 116
Other	2 882	2 694
Total	1 982 629	1 887 354

Credit Balance of R28.312 in added to leave entitlement total due to PERSAL system data calculations based on pro rata credit balances

24. Lease commitments

24.1 Operating leases expenditure

2014/15	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	-	-	53 007	31 366	84 373
Later than 1 year and not later than 5 years	-	-	50 488	18 448	68 936
Total lease commitments	-	-	103 495	49 814	153 309

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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

Annual general escalation is between 8% and 10%

24.2 Finance leases expenditure 2014/15

	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	-	-	-	2 605	2 605
Later than 1 year and not later than 5 years	-	-	-	812	812
Total lease commitments	-	-	-	3 417	3 417

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

This note excludes leases relating to public private partnerships as they are separately disclosed to note number 30.

	2014/15 R'000	2013/14 R'000
25. Accrued Departmental Revenue		
Sales of goods and services other than capital assets	155 677	155 403
Other	19 353	9 445
Total	175 030	164 848

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	2014/15 R'000	2013/14 R'000
25.1 Analysis of accrued departmental revenue		
Opening Balances	155 403	175 415
Less: Amounts received	111 360	112 613
Add: Amounts recognised	138 295	123 782
Less: Amounts written-off/reversed as irrecoverable	7 308	21 736
Closing balance	175 030	164 848
	2014/15 R'000	2013/14 R'000
25.2 Accrued Department Revenue written off Nature of losses		
Patient Fees written off as irrecoverable	10 583	5 261
Patient fees reduced	34 123	16 475
Total	44 706	21 736
	2014/15 R'000	2013/14 R'000
25.3 Impairment of accrued departmental revenue		
Estimate of impairment of accrued departmental revenue	11 476	15 579
Total	11 476	15 579
	2014/15 R'000	2013/14 R'000
26. Irregular Expenditure		
26.1 Reconciliation of irregular expenditure		
Opening balance	2 061 316	2 995 788
Prior period error	-	130 197
As restated	2 061 316	3 125 985
Add: Irregular expenditure - relating to current year	708,803	1 219 740
Less: Prior year amounts condoned	(31 363)	(1 571 594)
Less: Current year amounts condoned	-	(712 815)
Less: Amounts not condoned and recoverable	-	-
Less: Amounts not condoned and not recoverable	(1 769)	-
Irregular expenditure awaiting condonation	2,736,987	2 061 316
Analysis of awaiting Condonation per age classification		
Current year	708,803	506 925
Prior years	2 028 184	1 424 194
Total	2,736,987	1 931 119

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		2014/15
		R'000
26.2	Details of irregular expenditure - Incident	
	Current year	
	Disciplinary steps taken/criminal proceedings	
	SCM processes not followed - to investigate	652 903
	Conflict of Interest non - compliance - to investigate	5 320
	Overtime exceeding 30% Non - compliance - to HR policies - to investigate	17 428
	Appointment of over 65 Non - compliance with DPSA policies - to investigate	16 474
	Restricted Suppliers SCM processes not followed - to investigate	497
	Property lease payment Property lease payment month to month	16 181
	Total	708,803
26.3	Details of irregular expenditure condoned Incident	2014/15
		R'000
	Condoned by (condoning authority)	
	3 quotes not requested Provincial Treasury prior years	8 455
	Competitive bidding process not followed Provincial Treasury prior years	3 365
	Lowest quote not selected Provincial Treasury prior years	50
	Month to month contract Provincial Treasury prior years	4 959
	Potential irregular expenditure Provincial Treasury prior years	6
	PPPFA not applied Provincial Treasury prior years	3 106
	Single source Provincial Treasury prior years	11 422
	Total	31 363
26.4	Details of irregular expenditure recoverable (not condoned) Incident	2014/15
		R'000
	Not Condoned by (condoning authority)	
	3 quotes not requested	6
	Competitive bidding process not followed	184
	Month to month contract	1 212
	Single source	316
	Supplier restricted	51
	Total	1 769
26.5	Details of irregular expenditure under investigation Incident	2014/15
		R'000
	Prior year	2 028 184
	current year	708,803
	Total	2,736,987
26.6	Prior period error	2014/15
		R'000
	Nature of prior period error	130 197
	Relating to 2013/2014 transactions identified after audit due to qualification	130 197
	Total	130 197
27	Fruitless and wasteful expenditure	2014/15
		R'000
27.1	Reconciliation of fruitless and wasteful expenditure	2013/14
		R'000
	Opening balance	133
	As restated	830
	Fruitless and wasteful expenditure – relating to current year	697
	Fruitless and wasteful expenditure awaiting resolution	3 863
		830

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		2014/15 R'000	2013/14 R'000
27.2	Analysis of awaiting resolution per economic classification		
	Current	3 033	830
	Total	3 033	830

			2014/15 R'000
27.3	Analysis of Current Year's Fruitless and wasteful expenditure		
	Incident	Disciplinary steps taken/criminal proceedings	
	Interest on Overdue Accounts	To investigate	1 298
	Expired Stock	To investigate	893
	Paid incorrect Supplier	To investigate	340
	Penalty late return of Dosimeter	To investigate	8
	Lost Gas Cylinders	To investigate	311
	Unauthorised procurement	To investigate	144
	S & T no shows at accommodation	To investigate	8
	MMC campaign	To investigate	6
	Overpaid Salary	To investigate	18
	Advert Cancellation	To investigate	7
	Total		3 033

		2014/15 R'000	2013/14 R'000
28.	Year end balances arising from revenue/payments		
	Payables to related parties	41 420	31 249
	Total	41 420	31 249

		2014/15 R'000	2013/14 R'000
29.	Key management personnel		
	Political office bearers	1 822	1 735
	Officials:		
	Level 15 to 16	7 097	4 000
	Level 14 (incl CFO if at a lower level)	19 053	18 081
	Family members of key management personnel	3 290	4 904
	Total	31 262	28 720

MEC for Health is Dr SM Dhlomo

Public Private Partnership (Inkosi Albert Luthuli Central Hospital PPP)

The Department has 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:

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- Supply of equipment and IM&T Systems that are State of the Art and replace the equipment and IM&T systems to ensure that they remain State of the Art.
- Supply and replacement of non-medical equipment.
- Provision of all services necessary to manage the project assets in accordance with best industry practice.
- Maintenance and replacement of the Departmental assets in terms of the replacement schedules.
- Provision or procurement of utilities and consumables and surgical instruments.
- Provision of facilities management services.

The agreement was concluded with a view to provide the Department with the opportunity to concentrate on the delivery of clinical services at the highest standards in terms of quality, efficiency, effectiveness and patient focussed care. The Department is responsible for the employment of all healthcare staff and the administration staff, together with the provision of all consumables used in the provision of the healthcare services.

Impilo Consortium is required at its own cost and risk to provide, deliver, commission, manage, maintain and repair (as the case may be) project assets and Department assets (or part thereof), including the renewal or replacement of project assets and Department assets at such times and in such manner as to enable it to meet the IM&T Output Specifications and the FM Output Specifications to ensure that the Department is, at all times, able to provide clinical services that fulfil Hospital's Output Specifications using State of the Art Equipment and IM&T Systems as would be required having regard to Best Industry Practice; and as required by Law.

The replacement of assets over the period of the contract is based on the Replacement Programme which operates on a rolling basis. To that end, at least 1 (one) month prior to the start of each Contract Year thereafter, Impilo Consortium is required to furnish to the Asset Replacement Committee for approval a revised Replacement Programme. The assets will only transfer to the Department at the end of the period of the agreement.

The Impilo Consortium has to ensure that, at the end of the Project Term the Project assets and Department assets comply with the requirements of the agreement and are in a state of repair which is sound and operationally safe, fair wear and tear excepted and the items comprising each level of Project assets specified in the agreement between them have an average remaining useful life not less than one third of the original useful life.

Amendment 2 to the PPP agreement was concluded during December 2005. The main aim thereof was to consolidate various amendments agreed upon since the inception date of the contract and no additional financial implications were incurred as a result of the amendments.

The commencement date of the contract was 4 February 2002, with a final commissioning date for the hospital functions being 31 August 2003. The contract is for a period of 15 years from the commencement date. The Department has the option to renew the agreement only for a further year after 15 years.

The agreement requires the Department to pay a monthly service fee as stipulated in the schedule of payments to cover the monthly operational costs for facilities management, provision of information technology services, maintenance of equipment and the supply of equipment related consumables which the consortium is responsible for. The service fee is adjusted monthly for applicable performance penalties in accordance with the provisions of the penalty regime. The Department is also responsible for the payment of a quarterly fee towards the asset replacement reserve. The fees for the year under review were as follows:

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	Actual Expenditure: 2014/15 R'000	Commitment for 2015/15 R'000	Payments till the End of the contract R'000
Monthly Service Fee	477,688	546,482	4,562,244
Quarterly Fee	271,091	263,046	2,813,565
TOTAL	748,779	809,528	7,375,809

	Actual Expenditure: 2013/14 R'000	Commitment for 2013/14 R'000	Payments from 1 April 2002 till the 31 March 2014 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

Listed below were the expenditure incurred for the current and prior year

	2014/15 R'000	2013/14 R'000
30. Contract fee paid		
Indexed component	748,779	679,454
Total	748,779	679,454
31. Impairment: Other		
Staff Debts	-	9 004
Total	-	9 004

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32. Movable Tangible Capital Assets

Movement in movable tangible capital assets per asset register for the year ended 31 March 2015

	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
HERITAGE ASSETS	-	-	-	-	-
Heritage assets	-	-	-	-	-
Machinery and Equipment	2 094 965	-	247 536	53 884	2 288 617
Transport Assets	765 222	-	120 391	48 203	837 410
Computer equipment	132 817	-	3 192	32	135 977
Furniture and Office equipment	60 431	-	4 642	56	65 017
Other machinery & Equipment	1 136 495	-	119 311	5 593	1 250 213
Total movable tangible assets	2 094 965	-	247 536	53 884	2 288 617

Movable Tangible Capital Assets under investigation

	Number	Value R'000
Included in the above total of the movable tangible capital assets per the asset register are assets that are under investigation:		
Machinery and equipment	160 654	533 940

Under investigation

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32.1 Additions to movable tangible capital asset per asset register for the year ended 31 March 2015

	Cash	Non-Cash	(Capital work in progress - current costs)	Received current year, not paid (Paid current year, received prior year)	Total
	Cost	Fair Value	Cost	Cost	Cost
	R'000	R'000	R'000	R'000	R'000
Machinery and equipment	247 536	-	-	-	247 536
Transport assets	120 391	-	-	-	120 391
Computer equipment	3 192	-	-	-	3 192
Furniture and Office equipment	4 642	-	-	-	4 642
Other machinery and equipment	119 311	-	-	-	119 311
Total capital assets	247 536	-	-	-	247 536

32.2 Disposals of movable tangible capital assets per asset register for the year ended 31 March 2015

	Sold for cash	Transfer out or destroyed or scrapped	Total disposals	Cash received
	Cost	Fair Value	Cost	Actual
	R'000	R'000	R'000	R'000
MACHINERY AND EQUIPMENT	53 884	-	53 884	14 009
Transport assets	48 203	-	48 203	14 009
Computer equipment	32	-	32	-
Furniture and office equipment	56	-	56	-
Other machinery and equipment	5 593	-	5 593	-
Total	53 884	-	53 884	14 009

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Movement for 2013/2014

32.3 Movement in movable tangible capital assets per asset register for the year ended 31 March 2014

	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	2 218 581	(466 970)	374 760	31 406	2 094 965
Transport assets	697 924	(1 066)	99 770	31 406	765 222
Computer equipment	110 305	1 460	21 052	-	132 817
Furniture and office equipment	26 179	26 179	8 073	-	60 431
Other machinery and equipment	1 384 173	(493 543)	245 865	-	1 136 495
Total tangible assets	2 218 581	(466 970)	374 760	31 406	2 094 965

32.3.1 Prior period error

	2013/14
	R'000
Relating to 2013/14	(466 970)
Asset correction - valuation and asset under investigation	(466 970)
Total	(466 970)

3.2.4 Minor assets

Movement in minor asset per the asset register for the year ended 31 March 2015

	Specialised military assets	Intangible assets	Heritage assets	Machinery and equipment	Biological assets	Total
	R'000	R'000	R'000	R'000	R'000	R'000
Opening Balance	-	-	-	426 912	-	426 912
Additions	-	-	-	27 842	-	27 842
Disposals	-	-	-	3 846	-	3 846
TOTAL	-	-	-	450 908	-	450 908

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Minor assets

Movement in minor asset per the asset register for the year ended 31 March 2014

	Specialised military assets	Intangible assets	Heritage assets	Machinery and equipment	Biological assets	Total
	R'000	R'000	R'000	R'000	R'000	R'000
Opening balance	-	-	-	625 787	-	625 787
Current Year Adjustments to Prior Year Balances	-	-	-	(234 540)	-	(234 540)
Additions	-	-	-	37 513	-	37 513
Disposals	-	-	-	1 848	-	1 848
TOTAL	-	-	-	426 912	-	426 912

32.4.1 Prior period error

	2013/14
	R'000
Relating to 2013/14	(234 540)
Asset correction - valuation and asset under investigation	(234 540)
Total	(234 540)

33. Intangible Capital Assets

Movement in intangible capital assets per the asset register for the year ended 31 March 2015

	Opening balance	Current year adjustments to prior year balances	Additions	Disposals	Closing balance
	R'000	R'000	R'000	R'000	R'000
Software	7	-	-	-	7
TOTAL	7	-	-	-	7

33.1 Movement for 2013/14

Movement in intangible capital assets per the asset register for the year ended 31 March 2014

	Opening balance	Prior period error	Additions	Disposals	Closing balance
	R'000	R'000	R'000	R'000	R'000
Software	-	(174)	181	-	7
TOTAL	-	(174)	181	-	7

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34. Immovable Tangible Capital Assets

Additions

Additions to immovable tangible capital assets per asset register for the year ended 31 March 2015

	Cash R'000	Non-cash R'000	(Capital work-in- progress current costs and finance lease payment) R'000	Received current, not paid (paid current year, received prior year R'000	Total R'000
Building and Other Fixed Structures	1 225 803	-	(1 225 803)	-	-
Dwellings	62 016	-	(62 016)	-	-
Non-residential buildings	1 108 976	-	(1 108 976)	-	-
Other fixed structures	54 811	-	(54 811)	-	-
Total tangible assets	1 225 803	-	(1 225 803)	-	-

		2013/14 R'000
35. Prior period errors		
Aid Assistance		(10 487)
Net effect		(10 487)
Aid Assistance		10 487
Net effect		10 487

Change in reporting in respect of Modified Cash Standard for Aid Assistance

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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS FOR YEAR ENDED 31 MARCH 2015

Annexure A

SCHEDULE – IMMOVABLE ASSETS, LAND AND SUB SOIL ASSETS

Opening balances – 2007/2008

In the 2006/07 financial year the Department applied Accounting Circular 1 of 2007. The impact of this circular on the financial statements resulted in the cumulative balances on buildings being transferred to the provincial Department of Works. The balance that was transferred was R549, 366 million under the category *Buildings and other fixed structures*.

Movements to immovable assets – 2007/2008

The Department has applied the exemption as granted by the National Treasury and thus immovable assets have not been disclosed on the face of the annual financial statements.

Additions

The additions for the 2007/08 financial year on buildings recorded under the category *Buildings and other fixed structures* were R 623,762 million.

Disposals

The Department did not dispose of any additions on buildings for the 2007/08 financial year.

Movements to immovable assets – 2008/2009

The Department has applied the exemption as granted by the National Treasury and thus where there is uncertainty with regards to ownership of immovable assets; these have not been disclosed on the face of the annual financial statements.

Additions

The additions for the 2008/09 financial year on buildings recorded under the category *Buildings and other fixed structure* was R635, 593 million.

Disposals

The Department did not dispose of any additions on buildings for the 2008/09 financial year.

Movements to immovable assets – 2009/2010

The Department has applied the Guidelines as issued by the National Treasury and thus where there is doubt as to which Department is responsible for the property and the GIAMA allocation process has not been finalised, these assets must not be disclosed in the notes to the annual financial statements. The register for immovable in the Province of KwaZulu-Natal resides with the Department of Public Works.

Additions

The additions for the 2009/2010 year recorded on Buildings and fixed structures are R 1,005,258 billion.

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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.

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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.

Movements to immovable assets – 2014/2015

The register for immovable in the Province of KwaZulu-Natal resides with the Department of Public Works.

Additions

The additions for the 2014/2015 year recorded on buildings and fixed structures are R 1, 206, 505 billion.

Work in Progress

The work-in-progress as at 31 March 2015 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 2014/15 financial year.

Completed Projects

During the financial year, the Departments completed project to value of R 455,369 million.

The supplementary information presented does not form part of the annual financial statements and is unaudited.

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ANNEXURE 1A

STATEMENT OF CONDITIONAL GRANTS RECEIVED

NAME OF GRANT	GRANT ALLOCATION					SPENT				2013/14	
	Division of Revenue Act/Provincial Grants	Roll Overs	DORA Adjustments	Other Adjustments	Total Available	Amount received by Department	Amount spent by Department	Under / (overspending)	% of available funds spent by Department	Division of Revenue Act	Amount spent by Department
	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
National Tertiary Services Grant	1 496 427	-	-	-	1 496 427	1 496 427	1 496 427	-	100%	1 415 731	1 415 743
Comprehensive HIV / AIDS Grant	3 257 992	-	-	-	3 257 992	3 257 992	3 257 870	122	100%	2 652 072	2 651 997
Hospital Revitalisation Grant	1 162 469	-	-	200 000	1 362 469	1 362 469	1 362 469	-	100%	560 104	560 115
Health Professional & Training Grant	292 837	-	-	-	292 837	292 837	292 847	(10)	100%	276 262	276 262
Health Infrastructure Component	-	-	-	-	-	-	-	-	-	484 031	484 451
National Health Insurance	14 000	5 848	-	-	19 848	19 848	18 399	1 449	93%	24 649	15 520
Nursing Colleagues and Schools	-	-	-	-	-	-	-	-	-	28 396	27 963
EPWP Grant for Social Sector	2 580	-	-	-	2 580	2 580	2 580	-	100%	-	-
EPW Integrated Grant to Province	2 581	-	-	-	2 581	2 581	2 581	-	100%	3 000	3 000
	6 228 886	5 848	-	200 000	6 434 734	6 434 734	6 433 173	1 561		5 444 245	5 435 051

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ANNEXURE 1B

STATEMENT OF CONDITIONAL GRANTS PAID TO MUNICIPALITIES

NAME OF MUNICIPALITY	GRANT ALLOCATION				TRANSFER			SPENT			2013/14	
	Division of Revenue Act	Roll Overs	Adjustments	Total Available	Actual Transfer	Funds Withheld	Re-allocations by National Treasury or National Department	Amount received by Municipality	Amount spent by municipality	% of available funds spent by municipality	Division of Revenue Act	Amount spent by Department
	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Endondasuka / Mandeni	-	-	-	-	-	-	-	-	-	-	657	657
Budget Holding Funds	-	-	-	-	-	-	-	-	-	-	-	-
eThekwini	109 000	-	20 009	129 009	105 000	-	-	105 000	105 000	100%	61 051	61 051
Umhlatuze	23 600	-	-	23 600	10 451	-	-	10 451	10 451	100%	6 773	6 773
Umvoti	-	-	-	-	-	-	-	-	-	-	417	417
Umgeni	-	-	-	-	673	-	-	673	673	0%	764	764
Msunduzi	-	-	-	-	-	-	-	-	-	-	5 074	5 074
Nseleni	-	-	-	-	-	-	-	-	-	-	50	50
Endumeni	-	-	-	-	746	-	-	746	746	-	-	-
PD Vehicle Licences	-	-	-	-	5 232	-	-	5 232	5 232	0%	4 413	4 413
Ladysmith	-	-	-	-	534	-	-	534	534	0%	-	-
TOTAL	132 600	-	20 009	152 609	122 636	-	-	122 636	122 636		79 199	79 199

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ANNEXURE 1C

STATEMENT OF TRANSFERS TO DEPARTMENTAL AGENCIES AND ACCOUNTS

DEPARTMENT/AGENCY/ACCOUNT	TRANSFER ALLOCATION				TRANSFER		2013/14	
	Adjusted appropriation	Roll Overs	Adjustments	Total Available	Actual Transfer	% of Available funds transferred	Appropriation Act	Amount spent by Department
	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Skills Development Levy	15 768	-	-	15 768	15 768	100%	11 315	11 285
Com: SABC TV Licences	69	-	-	69	127	184%	532	88
TOTAL	15 837	-	-	15 837	15 895		11 847	11 373

ANNEXURE 1D

STATEMENT OF TRANSFERS TO HIGHER EDUCATION INSTITUTIONS

INSTITUTION NAME	TRANSFER ALLOCATION				TRANSFER			2013/14
	Adjusted appropriation	Roll Overs	Adjustments	Total Available	Actual Transfer	Amount not transferred	% of Available funds transferred	Appropriation Act
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000
Donation and Gifts for Cuban Programme	-	-	-	-	82	(82)	-100%	-
TOTAL	-	-	-	-	82	(82)		-

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ANNEXURE 1E

STATEMENT OF TRANSFERS TO NON-PROFIT INSTITUTIONS

NON-PROFIT INSTITUTIONS	TRANSFER ALLOCATION				EXPENDITURE		2013/14
	Adjusted appropriation Act	Roll Overs	Adjustments	Total Available	Actual Transfer	% of Available funds transferred	Appropriation Act
	R'000	R'000	R'000	R'000	R'000	%	R'000
Transfers	-	-	-	-	-	-	-
	-	-	-	-	-	-	-
Subsidies							
Austerville Halfway House	536	-	-	536	536	100%	520
Azalea House	495	-	-	495	495	100%	480
Bekimpelo/Bekulwandle Trust Clinic	8 141	-	-	8 141	8 141	100%	7 904
Benedictine Clinic	88	-	-	88	88	100%	175
Budget Control Holding Funds	(7 789)	-	-	(7 789)	-	0%	52 092
Claremont Day Care Centre	378	-	-	378	378	100%	367
Day Care Club 91	102	-	-	102	102	100%	100
District Holding Funds UMzinyathi	(153)	-	-	(153)	-	0%	-
DPSA-Comm Based Rehab Project	525	-	-	525	525	100%	-
DPSA - Wheelchair repair & maintenance	483	-	-	483	483	100%	-
Ekukhanyeni Clinic	-	-	-	-	920	-	911
Elandskop Clinic	-	-	-	-	-	-	449
Enkumane Clinic	265	-	-	265	265	100%	270
Ethembeni Stepdown Centre	4 640	-	-	4 640	4 189	90%	4 881
Genesis care Centre	2 889	-	-	2 889	2 857	99%	2 919
Happy Hour Amaoti	505	-	-	505	505	100%	490

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NON-PROFIT INSTITUTIONS	TRANSFER ALLOCATION				EXPENDITURE		2013/14
	Adjusted appropriation Act	Roll Overs	Adjustments	Total Available	Actual Transfer	% of Available funds transferred	Appropriation Act
	R'000	R'000	R'000	R'000	R'000	%	R'000
Happy Hour Durban North	252	-	-	252	252	100%	245
Happy Hour Kwaximba	404	-	-	404	404	100%	392
Happy Hour Marianhill	126	-	-	126	127	101%	123
Happy Hour Mpumalanga	404	-	-	404	404	100%	392
Happy Hour Ninikhona	252	-	-	252	252	100%	245
Happy Hour Nyangwini	265	-	-	265	265	100%	257
Happy Hour Overport	190	-	-	190	190	100%	184
Happy Hour Phoenix	252	-	-	252	252	100%	245
Hlanganani Ngothando DCC	214	-	-	214	214	100%	208
Humana People to People	3 291	-	-	3 291	3 291	100%	2 828
Ikhwezi Cripple Care	1 170	-	-	1 170	1 170	100%	1 136
John Peattie House	1 139	-	-	1 139	1 139	100%	1 335
Jona Vaughn Centre	2 017	-	-	2 017	2 017	100%	2 335
KZN Blind and Deaf Society	800	-	-	800	800	100%	-
Kwa-Zulu Natal Childrens Hospital	-	-	-	-	-	-	20 000
Lynn House	593	-	-	593	593	100%	584
Madeline Manor	866	-	-	866	866	100%	841
Magaye School for the Blind	459	-	-	459	458	100%	-
Masada NGO	-	-	-	-	-	-	74
Masibambeni Day Care Centre	-	-	-	-	-	-	147
Matikwe Oblate Clinic	486	-	-	486	486	100%	491
McCords Hospital	15 870	-	-	15 870	-	0%	52 765
Mountain View Special Hospital	9 773	-	-	9 773	9 773	100%	9 871

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NON-PROFIT INSTITUTIONS	TRANSFER ALLOCATION				EXPENDITURE		2013/14
	Adjusted appropriation Act	Roll Overs	Adjustments	Total Available	Actual Transfer	% of Available funds transferred	Appropriation Act
	R'000	R'000	R'000	R'000	R'000	%	R'000
Noyi Bazi Oblate Clinic	179	-	-	179	178	99%	496
Philanjolo Hospice	2 525	-	-	2 525	1 935	77%	2 551
Prenaid A.L.P. NGO	-	-	-	-	-	-	100
Pongola Hospital	-	-	-	-	-	-	2 300
Power of God	1 100	-	-	1 100	1 100	100%	-
Rainbow Haven	397	-	-	397	397	100%	385
Scadifa Centre	925	-	-	925	925	100%	949
Siloah Special Hospital	21 873	-	-	21 873	21 873	100%	18 958
South Coast Hospice	174	-	-	174	174	100%	-
Sparks Estate	1 099	-	-	1 099	1 099	100%	-
St. Lukes Home	443	-	-	443	443	100%	430
St. Mary's Hospital Marianhill	151 465	-	-	151 465	150 961	100%	117 046
Sunfield Home	262	-	-	262	261	100%	303
Umlazi Halfway House	268	-	-	268	268	100%	260
	230 638	-	-	230 638	222 051		310 034
Total	230 638	-	-	230 638	222 051		310 034

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ANNEXURE 1F

STATEMENT OF TRANSFER TO HOUSEHOLDS

HOUSEHOLDS	TRANSFER ALLOCATION				EXPENDITURE		2013/14
	Adjusted appropriation Act	Roll Overs	Adjustments	Total Available	Actual Transfer	% of Available funds transferred	Appropriation Act
	R'000	R'000	R'000	R'000	R'000	%	R'000
Transfers							
Employee Social Benefits - Injury on Duty	90	-	-	90	2 004	2227%	396
Employee Social Benefits - Leave Gratuity	89 401	-	-	89 401	141 796	159%	72 504
Bursaries : Non-Employee	220 079	-	-	220 079	220 079	100%	201 004
Claims Against the State	23 689	-	-	23 689	103 536	437%	55 200
PMT / Refunds & Rem - Act of Grace	-	-	-	-	30	-	-
Total	333 259	-	-	333 259	467 445		329 104

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ANNEXURE 1G

STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2014/15	2013/14
		R'000	R'000
Received in cash			
Prior years		-	61
Cash Donations	Various hospitals for service delivery improvements	26	-
Subtotal		26	61
Received in kind			
Prior year balance		-	15 920
PMB Kidney Association	10 Food parcels	1	-
Sanofi	Campath Injections X12	14	-
Braun Medical	Registration fees, flights & accommodation	22	-
SA Haemophilia Foundation	Registration fees, flights & accommodation	29	-
Jansen Pharm	Registration fees, flights & accommodation	52	-
KZN Childrens Trust	CP Workshop	2	-
PMB Kidney Association	10 Food parcels	1	-
Newcastle Catholics ARV Projects	Medical equipment	398	-
S Ngcowabe-Mosiro	Park home	127	-
Sanofi	Campath Injection X1	7	-
Sanofi	Campath Injection X1	7	-
Firm Foundation Community Church	Easter eggs & buns	7	-
KZN Childrens Trust	Registration fees	2	-
IYDSA	2x Double door fridges	55	-

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NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2014/15	2013/14
		R'000	R'000
IYDSA	6X Single glass doors	114	-
Brienholden Vision	Medical equipment	50	-
Match	Medical equipment	50	-
Hillcrest Aids Centre	Various physio-therapy equipment	15	-
Victor Diatz	Hoist	119	-
Victor Diatz	Bed linen	114	-
Vodacom-Umhlanga	Samsung TV	70	-
Vodacom-Umhlanga	DVD player	2	-
Liberty Life	Trophies	2	-
P Sunderlall	2X Route patrol vehicles	28	-
Match	Conference package for 35 delegates	20	-
Match	Registration fee: TB conference	5	-
Aids Council	Bed linen	1	-
Aids Council	Gift voucher	5	-
URC	Sponsorship for TB conference	9	-
HST	Venue and stakeholders meeting	84	-
Dr S Madela	Photos and DVD	4	-
Siemens	Echo machine	1 200	-
Hibiscus radiology service	X-RAY cassettes and stickers	115	-
Nedbank	23X chairs, 6 tables, 8 side cupboards, 2X stands, 4X lounge pieces, 1X cupboard, 2X water cooler machine without bottles, 16 screens, 12 desk divisions, 3X wall frames, 2X Blank frames, 1X carpet-All used items	50	-
PMB Kidney Association	10X food parcels	2	-
Institute of natural resources	70X gift bags -Mandela day	2	-
Woolams & associates	Party packs- Mandela day	2	-

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NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2014/15	2013/14
		R'000	R'000
Wykeham Collegiate	Beanies and teddy bears	1	-
The Ruth Mailbag Group	Washing machine	4	-
Girls Islamic School	Microwave	1	-
Dumani Lodge	Finger lunch for CEP farewell	1	-
SAPA/SAAPS	Registration fees, flights & accommodation	13	-
SARS	Food-dry groceries	3	-
Broadreach Healthcare	20X fold in half tables	14	-
Broadreach Healthcare	60X heavy duty plastic chairs	8	-
Broadreach Healthcare	20X stationery cupboards	39	-
Broadreach Healthcare	29X waste paper bins	2	-
Dr E Rashaad	Logik microwave	1	-
PMB kidney association	10X food parcels	2	-
Friends of Umgeni	Cricket kit	5	-
UKZN	Laptop, data projector, computer and printers	30	-
Mr R Reddy	Wheelchairs	6	-
31 Club	Vacuum cleaners	2	-
31 Club	Kitchen utensils	9	-
Dr Goundsami surgery	cloths, cash & posters	1	-
Mr MS Madonsela	Soccer & netball kit	8	-
PMB kidney association	10X food parcels	2	-
Old Mutual-Mandeni	Microwave oven	1	-
City Hill Engineering	Groceries	1	-
Umfolozi casino	3X meal vouchers for two	1	-

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NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2014/15	2013/14
		R'000	R'000
BP Driving School	Groceries	1	-
Critical care congress 2014	Registration fees, flights & accommodation	8	-
Eminence curtains	5X pale blue curtains and 5X green curtains	2	-
Adock Ingram	46X desk clocks, 10X wall clocks, 11X blankets, 1X box fo pens, 50X writing pads	5	-
Thera Maphumulo Meds Pharmacy	5X trophies, 24X medals	2	-
Fresenius- Kabi	5X leather folders	1	-
Tongaat hullet	Gas heater	10	-
Tongaat hullet	Air-conditioned	5	-
Broadreach healthcare	Stationery	207	-
Aquella	300 bottles of flavoured water	1	-
Private	Hearing aid	1	-
Private	Hearing aid	1	-
Oticon	Pamphlets, lipiec, mints, pens	1	-
Phonak	Goodie bags, suckers	1	-
Broadreach Healthcare	Pharmaceutical equipment	230	-
Marburg Interchange Development	Extension of clinic	100	-
Match	Conference package	20	-
Nutricia advanced nutrition	Registration foe 5 staff to attend allergy society of SA conference	13	-
CAPRISA	Catering	3	-
DENOSA	Accommodation	134	-
Diva nutrition	Flight to attend National Nutrition Congress of SA	20	-
Nutrition advanced medical nutrition	Flight, conference package and accommodation to attend National Nutrition Congress of SA	10	-
Diva nutrition	Flight for 12 delegates to attend National Nutrition Congress of SA	30	-

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NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2014/15	2013/14
		R'000	R'000
Broadreach	Conferencing & catering	24	-
URC	Catering	6	-
URC	Parkhome	300	-
URC	Parkhome	300	-
URC	Parkhome	300	-
URC	Parkhome	300	-
UNICEF	Conference and accommodation	78	-
Broadreach Healthcare	Stationary Cupboard x 50	97	-
Broadreach Healthcare	Chairs x150	20	-
Broadreach Healthcare	Protea Fold-in-half table 1830 x 755 each x50	34	-
Broadreach Healthcare	1205-Waste Paper Bin 15i SQ plastic-Black x 50	3	-
USAID	Parkhome with medical equipment & furniture	1 200	-
Broadreach Healthcare	Stationary Cupboard x 50	97	-
Broadreach Healthcare	Chairs x150	20	-
Broadreach Healthcare	Protea Fold-in-half table 1830 x 755 each x50	34	-
Broadreach Healthcare	1205-Waste Paper Bin 15i SQ plastic-Black x 50	3	-
LK Security Solution	5000	5	-
PCK Distributors	Mutton Stwing-35 kg	2	-
PCK Distributors	Chicken Thighs	1	-
PCK Distributors	Grocery	3	-
Metropolitant	Trophies x28 & Medals	6	-
Impilo Consortium	Sponsorship of IALCH Choir uniform	37	-
6th Annual Clinical Governance Conference, Umhlanga, 29-31 October 2014	Sponsorship of Conference registration Fees	8	-

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NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2014/15	2013/14
		R'000	R'000
SMJ Beverages	Cool Drinks	1	-
Capitol Caterers	Food	2	-
St Aidans Hospital	Medical Sundries	319	-
Pfizer Laboratories (Pty) Ltd	Payment of Honorarium Fee	12	-
6 International Conference on Regenerative Surgery Rome 11-13 December 2014	Sponsorship of two night's accommodation and registration fees	8	-
Tau Medical Supplies	Sponsorship of Samsung 32 inch LED TV	3	-
Ekuhlengeni Psychiatric Hospital	Sound System Hired	2	-
Ekuhlengeni Psychiatric Hospital	Marquee and Chairs	8	-
Ekuhlengeni Psychiatric Hospital	Party Packs	7	-
South African Social of Anaesthesiology	Sponsorship of registration fees	4	-
Soul Sanctuary Foundation	Support Services to patients and families of patients	2 400	-
MTN Foundation	Naso Pharyngo Laryngoscope Fiber Machine	100	-
Private Pharmacist Intern	Printer / Fax /Scanner	2	-
The School for International Training SA	Cash	1	-
Tongaat Huletts	Banner (1)	1	-
Tongaat Huletts	Filling of 9kg Gases (6)	1	-
B.B Tomlison	Maxdorf Television	2	-
Longmarket Girls School	Woollen Socks, Jerseys & Blanket	1	-
Midlands Childcare Initiative	Ankle Guards, Elbow Guards	3	-
PMB Kidney Association	10x Food Parcels	2	-
Pietermaritzburg Mental Health Society	1 Bench-flat, 1 Bench- Armour, 1 Power Gym (Home), 8 Weight various sizes	5	-
Vusa-Isizwe Security	Cash	22	-
Old Mutual	40 Trophies	4	-

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NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2014/15	2013/14
		R'000	R'000
PMB kidney Association	10X Food Parcels	2	-
UNFPA	Finance	280	-
URC SA	Conferencing and Catering	20	-
Broadreach	Conferencing and Catering	24	-
CHAI	Catering	2	-
Mc gregor Erasmus	Bag, Chocolate	1	-
URC	Catering for TAG meeting at KDH	4	-
Spur Empangeni	50 Burgers & 35 balloons for children for Down Syndrome Awareness on 02/10/2014	2	-
Boxer Store Empangeni	Cake & 2X 5 Litre Oroz Juice for Down Syndrome Awareness	1	-
Lower Umfolozi Doctors from Neonatal Unit	Refreshments & gifts/token of appreciation to gust for Down Syndrome Awareness	1	-
Broad Reach Healthcare	Cooler Boxes 48 Litres	20	-
Broad Reach Healthcare	Linbins Black medicine size 5	2	-
Broad Reach Healthcare	Steel 2 tier tea trolley	14	-
Broad Reach Healthcare	950 Ivory cupboard 1800	14	-
Broad Reach Healthcare	4 Shelves ivory/ Karoo SA	14	-
KZN Wildlife	Hampers	2	-
Phonak	Baked Bins	1	-
Lower Umfolozi Hospital	20 Frames	1	-
Aspen	Varies items	44	-
Ubunye Funeral Home	Chicken Druettes, Water and Branding	2	-
Amajuba District Office	Supply of Buses	16	-
University Research Council	Park Home, Equipment and Furniture	490	-
Van Schaik b/Seller	Textbooks	6	-

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NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2014/15	2013/14
		R'000	R'000
Broadreach Health Care	5X Stationary Cupboard	10	-
Broadreach Health Care	15X Chairs	1	-
Broadreach Health Care	Protea fold-in-half table 1830x755 each X5	3	-
St Andrews Hospital	C.T.G Machine	51	-
Tongaat Hulett's	Catering	9	-
Dr. R Gangai	Deserts	2	-
Namisile Trading	Drinks	1	-
Athopasi Security Service	Drinks	1	-
Ikhonzile Trading	Food & Drinks	1	-
Kheth Impilo	LCD Monitors(Mecer) x2, CPU(Dell) x2, Keyboard & Mouse(Dell) x2, UPS(Apollo) x2, Bin(Addis), Fridge(Kic), Laiser Printer(Xerox)	16	-
Old Mutual	Fruits and Soft Drinks	1	-
The School of International Training	Cash	1	-
First National Bank	Furniture	10	-
Grace Family Church Umhlanga	Garden Service	4	-
Quadriplegic Association of South Africa	Wheelchairs	75	-
World Bank-GIZ	Accommodation, Travel and Registration fee	36	-
Fresenius Kabi	Travel Cost	3	-
Gift of the Givers	Marcaine 5mg/ 5ml Ampoules	18	-
Sanofi/ Clinigen	Campath. Injection x1 Vial	7	-
CHOC	Donation of Hisense 80 cm TV	3	-
KwaZulu Natal Kidney Association	Sponsorship of Flights, accommodation and registration	7	-
B Braun Medical	Sponsorship of Flights, accommodation and registration	12	-
First Medical Company	Sponsorship of Flights, accommodation and registration	32	-

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NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2014/15	2013/14
		R'000	R'000
Marcus Medical	Sponsorship of Flights, accommodation and registration	23	-
Beyond Zero	Welch Allyn BP Machine x2, Stethoscope x3	1	-
Beyond Zero	Accu Check Active Glucometer x2, Nebulizer X9	1	-
Beyond Zero	Stature Meter x5, Welch Allyn Diagnostic Ent Set x35	1	-
Beyond Zero	Mobile Drip Stand x3, Baby Scale x4, Foot Stoll x8	1	-
Beyond Zero	BP Cuffs x3, Dressing Trolley x10, Height & Weight Scale x4	1	-
Beyond Zero	Foldable Screen x9, Examination Lamp x3, Examination Bed x12	1	-
St Apollinaris Hospital	Various items	1	-
PCK	Various items	1	-
Life Scan	Sandwiches & Juice for 100 People	4	-
URC	Catering for TAG meeting at King Dinuzulu Hospital	4	-
Nedbank	Office Furniture	10	-
Evolabs	Banners, booklets, hampers for pregnancy week	1	-
N3 Toll Concession	Soft Toys for Paediatric Ward	10	-
Eshowe Zululand Nursery	Vegetables and flower seedlings	1	-
Post net	Furniture	27	-
Medical Research Council	2 Parkhomes	183	-
Subtotal		11 074	15 920
TOTAL		11 100	15 981

All donations less than a R1 000.00 have not been disclosed.

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ANNEXURE 2A

STATEMENT OF FINANCIAL GUARANTEES AS AT 31 MARCH 2015 - LOCAL

GUARANTOR INSTITUTION	Guarantee in respect of	Original guaranteed capital amount	Opening balance 1 April 2014	Guarantees draw downs during the year	Guaranteed repayments/ cancelled/ reduced/ released during the year	Revaluations	Closing balance 31 March 2015	Guaranteed interest for year ended 31 March 2015	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
ABSA	Housing	12 692	599	220	414	-	405	-	-
BOE Bank Ltd	Housing	46	-	-	-	-	-	-	-
First Rand Bank Ltd	Housing	14 264	3 929	12	499	-	3 442	-	-
Green Start Home Loans	Housing	45	6	-	-	-	6	-	-
ITHALA Limited	Housing	1 973	491	-	491	-	-	-	-
Nedbank Ltd	Housing	3 269	907	21	699	-	229	-	-
Old Mutual Bank	Housing	12 898	1 273	-	294	-	979	-	-
Peoples Bank Ltd	Housing	446	89	-	-	-	89	-	-
SA Home Loans	Housing	51	36	-	17	-	19	-	-
Standard Bank	Housing	7 092	1 862	-	920	-	942	-	-
Unique Finance	Housing	102	44	-	-	-	44	-	-
		52 878	9 236	253	3 334	-	6 155	-	-
TOTAL		52 878	9 236	253	3 334	-	6 155	-	-

Closing Balance for 31.03.2014 R 9,839 as per 2014 reports Closing Balance as at 31.03.2015 as per 2015 opening balance is R9,237. Redeemed guarantees processed in 2015 for period ending 31.03.2015 and posted to PERSAL for 2013 amounted to R602, PERSAL system of prior posting which affect that prior period as per date of transaction (Opening balance reduced by prior years BOE R14, First Rand R254, Ithala R17, Nedbank R51, & Standard R267

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ANNEXURE 2B

STATEMENT OF CONTINGENT LIABILITIES AS AT 31 MARCH 2015

Nature of liability	Opening balance 1 April 2014	Liabilities incurred during the year	Liabilities paid/ cancelled/ reduced during the year	Liabilities recoverable (Provide details hereunder)	Closing balance 31 March 2015
	R'000	R'000	R'000	R'000	R'000
Claims against the department					
Medico Legal	3 901 289	3 036 427	212 851	-	6 724 865
Claims against the State (Transport, Labour, Civil)	185 941	93 997	2 383	-	277 555
Afrox	-	8 393	-	-	8 393
Subtotal	4 087 230	3 138 817	215 234	-	7 010 813
Other					
National Health Laboratory Services	1 596 780	1 441 088	-	-	3 037 868
McCord's Hospital (Medical Legal Malpractice Claims)	75 000	-	-	-	75 000
Subtotal	1 671 780	1 441 088	-	-	3 112 868
TOTAL	5 759 010	4 579 905	215 234	-	10 123 681

Afrox relates to lost cylinders to be investigated.

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ANNEXURE 3

CLAIMS RECOVERABLE

GOVERNMENT ENTITY	Confirmed balance outstanding		Unconfirmed balance outstanding		Total		Cash in transit at year end 2014/15*	
	31/03/2015	31/03/2014	31/03/2015	31/03/2014	31/03/2015	31/03/2014	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
DEPARTMENTS								
Agriculture	9	12	3	-	12	12		-
Arts and Culture	-	-	-	1	-	1		-
Community Safety and Liaison	-	17	-	-	-	17		-
Department of KZN Education	-	6	5	-	5	6		-
Department of Co-operative Governance & Traditional Affairs	489	-	-	-	489	-		-
Office of the Premier	-	-	72	-	72	-		-
Provincial Treasury	-	-	13	48	13	48		-
Department of KZN Transport	-	-	13	8	13	8		-
Department of KZN Public Works	2	1	-	14	2	15		-
Royal Household	-	-	-	1	-	1		-
Department of Human Settlements	1	-	-	-	1	-		-
Department of Social Development	-	-	4	-	4	-		-
National Department of Health	12	-	-	-	12	-		-
Department of Health Western Cape	82	-	-	-	82	-		-
National Department of Home Affairs	-	-	24	-	24	-		-
TOTAL	595	36	134	72	729	108		-

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CLAIMS RECOVERABLE CONTINUE

GOVERNMENT ENTITY	Confirmed balance outstanding		Unconfirmed balance outstanding		Total	
	31/03/2015	31/03/2014	31/03/2015	31/03/2014	31/03/2015	31/03/2014
	R'000	R'000	R'000	R'000	R'000	R'000
OTHER GOVERNMENT ENTITIES						
CSIR	-	-	-	132	-	132
HWSETA Unemployed Graduates	-	-	-	752	-	752
University of KwaZulu-Natal (UKZN)	1 941	590	-	-	1 941	590
KZN Gambling Board	20	-	-	1	20	1
SITA	-	-	409	-	409	-
Zululand Steam	-	-	-	1	-	1
Uthukela District Municipality	-	-	-	286	-	286
Umkhanyakude District Municipality	322	-	-	322	322	322
Ithala Limited	3 260	1 403	-	-	3 260	1 403
Department of Justice for Patients	-	-	-	1 913	-	1 913
	5 543	1 993	409	3 407	5 952	5 400
Total	6 138	2 029	543	3 479	6 681	5 508

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ANNEXURE 4

INTER-GOVERNMENT PAYABLES

GOVERNMENT ENTITY	Confirmed balance outstanding		Unconfirmed balance outstanding		Total		Cash in transit at year end 2014/15*	
	31/03/2015	31/03/2014	31/03/2015	31/03/2014	31/03/2015	31/03/2014	Payment date up to six (6) working days before year end	Amount
	R'000	R'000	R'000	R'000	R'000	R'000		R'000
DEPARTMENTS								
Current								
Department of Health & Social Development: Limpopo	27	-	-	-	27	-		-
Department of Health: Eastern Cape	-	297	190	-	190	297		-
Department of Justice and Constitutional Development	1 403	-	277	1 601	1 680	1 601		-
Department of Social Development: KwaZulu-Natal	-	7	8	8	8	15		-
Department of Transport: KwaZulu-Natal	12 987	1 709	16 690	-	29 677	1 709		-
Departments of Public Works: KwaZulu-Natal	102 108	68 876	2 306	25 196	104 414	94 072		-
Departments of Education : KwaZulu-Natal	27	-	62	-	89	-		-
KwaZulu-Natal Provincial Treasury	2 208	-	-	-	2 208	-		-
Department of Arts and Culture: KwaZulu-Natal	-	17	-	-	-	17		-
Department of Health: Western Cape	11	-	-	-	-	-		-
Department of Health: North West	-	-	-	22	-	22		-
Department of Health Free State	-	12	-	-	-	12		-
National Department of Cooperative Governance	42	-	-	-	42	-		-
Subtotal	118 813	70 918	19 533	26 827	138 335	97 745		-

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GOVERNMENT ENTITY			Unconfirmed balance outstanding		Total		Cash in transit at year end 2014/15*	
	31/03/2015	31/03/2014	31/03/2015	31/03/2014	31/03/2015	31/03/2014	Payment date up to six (6) working days before year end	Amount
	R'000	R'000	R'000	R'000	R'000	R'000		R'000
Non-current					-	-		
Subtotal	-	-	-	-	-	-		-
Total Departments	118 813	70 918	19 533	26 827	138 335	97 745		-
OTHER GOVERNMENT ENTITY								
Current								
University of KwaZulu-Natal	30 897	17 776	-	-	30 897	17 776		
National Health Laboratory Services	304 503	48 708	-	541 000	304 503	589 708		
South African National Blood Services	28 361	47 361	-	-	28 361	47 361		
Auditor - General South Africa	-	1 576	-	-	-	1 576		
Government Printing Works	-	-	-	7 186	-	7 186		
SITA	78 792	82 873	-	-	78 792	82 873		
Independent Development Trust	11 029	49 359	-	-	11 029	49 359		
Subtotal	453 582	247 653	-	548 186	453 582	795 839		
Total Other Government Entities	453 582	247 653	-	548 186	453 582	795 839		
TOTAL INTER-GOVERNMENTAL	572 395	318 571	19 533	575 013	591 917	893 584		

Restatement of NHLS prior year unconfirmed balance of R 541, 000

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ANNEXURE 5

INVENTORY

	<i>Note</i>	2014/15		2013/14	
		Quantity	R'000	Quantity	R'000
Inventory					
Opening balance		-	797 182	-	710 736
Add/(Less): Adjustments to prior year balances		-	35 942	-	-
Add: Additions/Purchases - Cash		-	4 130 856	-	4 522 679
(Less): Issues		-	(4 114 371)	-	(4 436 233)
Closing balance		-	849 609	-	797 182

PHARMACEUTICAL SERVICES

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- *Report of the Auditor General of South Africa*
- *Report of the Accounting Officer*
- *Statement of Financial Position*
- *Statement of Financial Performance*
- *Statement of Changes in Equity*
- *Statement of Cash Flows*
- *Notes to the Annual Financial Statements*

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16. REPORT OF THE AUDITOR GENERAL ON THE ANNUAL FINANCIAL STATEMENTS FOR PHARMACEUTICAL SERVICES

Introduction

1. I have audited the financial statements of the Provincial Pharmaceutical Supply Depot set out on pages 413 to 428, which comprise the statement of financial position as at 31 March 2015, the statement of financial performance, statement of changes in net assets, and statement of cash flows for the year then ended, as well as the notes, comprising a summary of significant accounting policies and other explanatory information.

Accounting authority's responsibility for the financial statements

2. The accounting authority is responsible for the preparation and fair presentation of these financial statements in accordance with the 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 authority 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 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 2015 and its financial performance and cash flows for the year then ended, in accordance with the SA Standards of GRAP and the requirements of the PFMA.

Emphasis of matter

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

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Material underspending on capital budget

8. As disclosed in the statement of comparison of projected budget and actual amounts, the entity has materially underspent the budget for capital expenditure to the amount of R40,30 million.

Subsequent events

9. As disclosed in note 23.2 to the financial statements, it was noted that a preliminary decision was taken to merge the entity back into the Department of Health.

Report on other legal and regulatory requirements

10. In accordance with the Public Audit Act of South Africa, 2004 (Act No. 25 of 2004)(PAA) and the general notice issued in terms thereof, I have a responsibility to report findings on the reported performance information against predetermined objectives for selected objectives presented in the annual performance report, non-compliance with legislation and 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

11. I performed procedures to obtain evidence about the usefulness and reliability of the reported performance information for Objective 1: Financial Performance Indicators on page 411 and Objective 2: Service Delivery Objectives on page 197 in the annual performance report of the Department for the year ended 31 March 2015.
12. I evaluated the reported performance information against the overall criteria of usefulness and reliability.
13. 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 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 (FMPPPI)*.
14. I assessed the reliability of the reported performance information to determine whether it was valid, accurate and complete.
15. The material findings in respect of the selected objectives are as follows:

Financial performance indicators

16. I did not identify any material findings on the usefulness and reliability of the reported performance information for Objective 1: Financial Performance Indicators.

Service delivery indicators

Usefulness of reported performance information

17. I did not identify any material findings on the usefulness of the reported performance information for Objective 2: Service Delivery Indicators.

Reliability of reported performance information

18. The FMPPPI requires entities to have appropriate systems to collect, collate, verify and store performance information to ensure valid, accurate and complete reporting of actual achievements against planned objectives, indicators and

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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. This was due to limitations placed on the scope of my work due to the fact that the entity could not provide sufficient appropriate evidence in support of the reported performance information.

Additional matter

19. I draw attention to the following matter:

Achievement of planned targets

20. Refer to the annual performance report on page 197 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 Objective 2: Service Delivery Indicators reported in paragraphs 22 to 28 of this report.

Compliance with legislation

21. 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:

Strategic planning and performance management

22. 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.

Audit committee

23. 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

24. 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

25. 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 findings on the performance report and the findings on non-compliance with legislation included in this report.

Leadership

26. The Accounting Officer did not exercise sufficient oversight responsibility regarding compliance with PFMA and Treasury Regulations.

Financial and performance management

27. The Accounting Officer and management team did not implement controls over proper record keeping ensuring that complete, relevant and accurate information is available to support performance reporting.

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Governance

28. The Accounting Officer did not appoint an internal audit function and an audit committee to provide oversight over effectiveness of the internal control environment.

Other reports

Performance audits

29. A performance audit on the management of pharmaceuticals was conducted. This is to ensure that patients receive prescribed pharmaceuticals in time. The performance audit focused on policy and planning, procurement, storage and safeguarding as well as distribution of pharmaceuticals to patients. The outcomes of this performance audit will be included in a transversal report.

Pietermaritzburg

31 July 2015



AUDITOR - GENERAL
SOUTH AFRICA

Auditing to build public confidence

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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 (PPSD) has shown a net trading profit of R9.4 million for the period ended 31 March 2015 as compared the previous year net loss of R9.3 million net loss [R18.7 million (200.5% increase)]. Though, there was a reduction of levy charged by the PPSD to health facilities (R110.5 million), and an increase in direct deliveries to health facilities. PPSD still maintained an improved net profit margin of R9.4 million (0.35%) because of increased direct deliveries which resulted into overall decrease in total operating expenditure of R41.9 million (1.6% decrease) for the year.

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:

- The continually increasing distribution of inventories due to the ongoing ARV Project, which were charged directly to Institutions.

The number of patients serviced increased over the previous year, largely due to 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.

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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

Table 158: Financial Performance Indicators for PPSD

Objective	Indicator	Target	Actual
Increase in standard stock account	Stock level	R 221,926 million	R 236,376 million
Adequate working capital to support adequate stockholding	Stock Turnover	R 2,731,810 million	R 2,772,730 million
Sufficient stock available at end user	Service Level	92%	73%

Stock turnover target was not achieved due to cost containment adopted during the period under review.

Table 159: Service Delivery Performance Indicators

Objective	Indicator	2014/15 (Target)	2014/15 (Actual)	Comments
Reduce medicine stock out to less than 1% in PPSD and facilities by 2019	Tracer medicine stock-out rate (PPSD)	< 5%	6.4%	Some of the contracted Suppliers (National Contracts) were unable to keep with the demand as patient numbers increased. Medicines availability has been constantly unstable in 2014/15 with some critical items out of stock. Each product faces a specific set of challenges nevertheless these problems could be categorised into three areas : <ul style="list-style-type: none"> • Difficulty with sourcing of the active pharmaceutical ingredient and other raw materials; • Unforeseen delays in the formulation and packaging of medicines; and • Unanticipated increases in demand for a particular medicine.

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APPROVAL

The Annual Financial Statements set out on pages 413 to 428 have been approved by the Accounting Officer.



DR ST MTSHALI

ACCOUNTING OFFICER

DATE: 20 AUGUST 2015

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STATEMENT OF FINANCIAL POSITION

	Note	2014/15 R'000	2013/14 R'000 (Restated)
ASSETS			
Current assets		393,722	322,022
Trade and other Receivables from exchange transactions	1	200,410	118,974
Inventory	2	193,312	203,048
Non-current assets		3,509	3,087
Property, plant and equipment	3	3,509	3,087
Total assets		397,231	325,109
LIABILITIES			
Current Liabilities		63,859	3,017
Trade and other payables from exchange transactions	4	63,110	2,937
Current provisions	5	749	80
Total liabilities		63,859	3,017
Net assets		333,372	322,092
Capital by Government	Net Assets	202,372	202,372
Reserves	Net Assets	6,184	4,276
Accumulated surplus / (deficits)	Net Assets	124,816	115,482
Total net assets and liabilities		397,231	325,109

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STATEMENT OF FINANCIAL PERFORMANCE

	Note	2014/15 R'000	2013/14 R'000 (Restated)
REVENUE			
Revenue from exchange transactions		2,670,087	2,693,391
Sale of goods & rendering of services	6	2,670,069	2,689,623
Other income		18	3,767
Total revenue		2,670,087	2,693,391
EXPENSES			
Employees related cost	7	30,987	28,558
Depreciation and amortisation expense	8	1,710	2,505
Repairs and maintenance	9	1,132	637
General expenses	10	2,626,918	2,671,020
Total expenses		2,660,747	2,702,720
Other gains/ losses		32	-
Gain/ loss on sale of assets	11	32	-
Surplus / (Deficit) for the period before tax		9,372	(9,329)
Surplus / (Deficit) for the period		9,372	(9,329)

	Revaluation Reserves R'000	Contributed capital R'000	Accumulated Surplus/ (deficit) R'000	Total: Net Assets R'000
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
Correction of prior period error	-	-	(38)	(38)
Balance as at 1 April 2014- restated	4,276	202,372	115,444	322,092
Transfers to/ from other reserves	(1,908)	-	-	(1,908)
Surplus/ (deficit) for the period	-	-	9,372	9,372
Balance as at 31 March 2015	6,184	202,372	124,816	333,372

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Note	2014/15 R'000	2013/14 R'000 (Restated)
Cash flows from operating activities		
Receipts		
	2,588,651	2,400,863
Sales of goods and rendering of services	2,588,633	2,400,847
Other operating Revenue	18	16
Payments		
	(2,588,460)	(2,400,861)
Compensation of Employees	(30,318)	(28,624)
Goods and services	(2,558,142)	(2,372,237)
Net cash flows from operating activities	191	2
12		
Cash flows from investing activities		
	(191)	(2)
Purchase of assets	(212)	-
Proceeds from sale of assets	21	(2)
Net cash flows from investing activities	(191)	(2)
13		
Cash flows from financing activities		
	-	-
Proceeds from issuance of ordinary shares/ contributed cap	-	-
Net cash flows from financing activities	-	-
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	-	-

PROJECTED OPERATING BUDGET ON CASH BASIS

	Projected budget R'000	Actual amount on comparable basis R'000	Difference between final budget and actual R'000
PROJECTED OPERATING BUDGET ON CASH BASIS			
REVENUE			
Revenue from exchange transactions	2,730,000	2,670,087	59,913
Sale of goods & rendering of services	2,730,000	2,670,069	59,931
Other income	-	18	(18)
Total revenue	2,730,000	2,670,087	59,913
EXPENSES			
Employees related cost	49,197	30,987	18,210
Repairs and maintenance	2,035	1,132	903
General expenses	2,675,562	2,626,250	49,312
Total expenses	2,726,794	2,658,369	68,425
Surplus / (Deficit) for the period before tax	3,206	11,718	(8,512)
Surplus / (Deficit) for the period	3,206	11,718	(8,512)

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	Projected budget R'000	Actual amount on comparable basis R'000	Difference between final budget and actual R'000
PROJECTED CAPITAL BUDGET ON CASH BASIS			
CAPITAL			
Capital expenses	40,300	-	40,300
Warehouse upgrade	40,000	-	40,000
IT Equipment	220	-	220
Security equipment	80	-	80
Total Projected Capital Budget Underspent (Overspent)	40,300	-	40,300*

* Projected capital expenditure was not spent due to delayed supply chain processes.

ACCOUNTING POLICIES

1. 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 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).

The Annual 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.

2. 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:

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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 indicating 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 value in use of calculations and fair values less costs to sell. These calculations require the use of estimates and assumptions. The 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's 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.

3. Presentation Currency

All amounts have been presented in the currency of the South African Rand (R).

Rounding

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

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.

4. 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.

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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.
- 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.
- 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.

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Transfers

Apart from Services in kind, which are not recognised, the Provincial Pharmaceutical Supply Depot recognises assets 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 as 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.

5. 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 a 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 de-recognition of the asset (calculated as the difference between the net disposal proceeds and the carrying amount of the asset) is included in profit or loss in the year the asset is derecognised.

The asset's residual values, useful lives and method of depreciation are reviewed, and adjusted if appropriate, at each financial year end.

Valuations are performed after every three year cycle 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

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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.

6. 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. The PPSD continues to recognise this asset as there is continuing involvement in the Provincial banking account in terms of cash receivables.

7. 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.

8. 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.

9. Employee benefits

Post-employee benefits

Retirement

The entity provides a defined benefit fund for the benefit of its employees, which is the Government Employee's Pension Fund. The entity is not liable for any deficits due to the difference between the present value of the benefit obligations and the fair value of the assets managed by the Government Employee's Pension Fund. Any potential liabilities are disclosed in the financial statements of the National Revenue Fund and not in the financial statements of PPSD.

Medical

No contributions are made by the entity to the medical aid of retired employees.

Short and long-term benefits

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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.

10. 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.
- 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.

11. 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.

12. 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.

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13. 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.

14. 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 an 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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	2014/15 R'000	2013/14 R'000 (Restated)
1. Trade and other receivables from Exchange Transactions	200,410	118,974
Other receivables	200,410	118,974
Total Trade and other receivables at 31 March 2015	200,410	118,974
2. Inventories		
Carrying value of inventory	193,312	203,048
Raw Material	-	794
Finished Goods	193,312	202,253
Inventory carried at Net Realisable Value		
The following classes of inventory are carried at net realisable value:		
Finished Goods	193,312	202,054
Total	193,312	202,054
Amount recognised as an expense		
Cost of inventory sold and included in cost of sales expense line item for the year*	2,619,467	2,662,575
Total	2,619,467	2,662,575
* Stock / inventory profit (loss) expense for the year	(5,162)	412

3. Property, Plant and Equipment

	2015			2014 (Restated)		
	Cost/ Valuation	Accumulated Depreciation and Impairment	Carrying value	Cost/ Valuation	Accumulated Depreciation and Impairment	Carrying value
Motor vehicles	551	(179)	372	551	(110)	441
Furniture & fittings	2,979	(2,706)	273	3,008	(2,254)	754
Computer equipment	5,475	(3,488)	1,987	3,723	(2,806)	917
Other assets	3,046	(2,169)	877	2,762	(1,787)	975
Total	12,051	(8,542)	3,509	10,044	(6,957)	3,087

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Reconciliation Property, Plant and Equipment - 2015							
	Carrying value Opening balance	Additions	Disposals	Transfers	Depreciation	Revaluation	Carrying value Closing Balance
Motor vehicles	441	-	-	-	(69)	-	372
Furniture & fittings	754	23	(11)	-	(494)		273
Computer equipment	917	-	-	-	(682)	1,752	1,987
Other assets	975	189	(62)	-	(465)	241	877
Total	3,087	212	(73)	-	(1,710)	1,993	3,509

Reconciliation Property, Plant and Equipment – 2014 (Restated)								
	Carrying value Opening balance	Additions	Disposal	Transfer	Depreciation	Revaluation	Prior Year Errors	Carrying value Closing Balance
Motor vehicles	361	-	-	-	(48)	-	128	441
Furniture & fittings	2,255	-	-	-	(897)	(604)	-	754
Computer equipment	1,662	-	-	-	(745)	-	-	917
Other assets	2,341	2	-	-	(777)	(432)	(159)	975
Total	6,619	2	-	-	(2,467)	(1,036)	(31)	3,087

4. Trade and other Payables from exchange transactions

	2014/15 R'000	2013/14 R'000 (Restated)
Trade creditors	58,781	296
Staff leave accrual	1,536	213
Other creditors	2,793	2,428
Total creditors	63,110	2,937

5. Current Provisions

Reconciliation of Movement in provisions

Opening balance	80	80
Change in provision due to change in Estimation inputs	669	-
Closing balance	749	80

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	2014/15 R'000	2013/14 R'000 (Restated)
6. Sales of Goods and Services and Other Income		
Revenue from Exchange Transactions – Sales of goods and services	<u>2,670,069</u>	<u>2,689,623</u>
Other income		
Other income	18	3,767
Total	<u>18</u>	<u>3,767</u>
7. Employee Related Costs		
Employee related costs - Salaries and wages	21,980	21,635
Employee related costs – Contributions for UIF, Pension and Medical	4,099	4,102
Housing benefits and allowances	1,135	1,168
Performance and other bonuses	2,142	1,582
Other employee related costs	1,631	71
Employee Related costs	<u>30,987</u>	<u>28,558</u>
Executive management		
No business took place between PPSD and key management personnel and their close family members.		
Manager: Pharmaceutical Services		
- Basic salary	594	555
- Social contributions	15	15
- Other allowances	119	111
Compensation for key management personnel	<u>728</u>	<u>681</u>
8. Depreciation and amortisation Expense		
Property, plant and equipment	1,710	2,505
Total depreciation and amortisation	<u>1,710</u>	<u>2,505</u>
9. Repairs and maintenance		
Repairs and maintenance during the year	<u>1,132</u>	<u>637</u>
10. General Expenses		
Advertising	4	5
Audit fees	-	30
Bank charges	4	2
Bursaries	925	949
Connection charges	1,633	1,976
Consumables	103	32
Cost of sales	2,619,467	2,662,575
Entertainment	1	1
Electricity	759	791
Fuel and oil	85	81
Licence fees – vehicles	1	1
Postage	42	47
Printing and stationery	549	1,030

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	2014/15 R'000	2013/14 R'000 (Restated)
Professional fees	3	27
Rental of office equipment	436	348
Security cost	2,533	2,499
Subscription & publication	6	5
Telephone cost	275	458
Training	-	22
Travel and subsistence – local	73	42
Uniform & overalls	5	59
Other	13	40
Total	2,626,918	2,671,020
11. Gain / (Loss) on sales of Assets		
Property, plant and equipment	32	-
Total	32	-
12. Defined contribution plan		
Government Pension Fund	2,355	2,307
Total contributions expensed to Income Statement	2,355	2,307
13. Cash flows from operating activities		
Surplus/ (deficit) for the year from:		
Continuing operations	9,372	(9,329)
Adjusted for:		
- Depreciation	1,710	2,505
- Movement in provisions	668	80
- (Gain) / loss on sale of assets	(32)	-
Operating surplus (deficit) before working capital changes:	11,718	(6,744)
- (Increase)/ decrease in inventories	9,736	(13,078)
- Increase / (decrease) in receivables	(81,436)	45,697
- Increase/ (Decrease) in payables	60,173	(25,873)
Cash generated from operations	191	2
14. Purchase of Property, Plant and Equipment		
During the period, the economic entity required property, plant and equipment with an aggregate cost of R 212,402.93. Cash payment of R 212,402.93 was made to purchase property, plant and equipment.	(212)	(2)
	(212)	(2)
15. Correction of Prior Year Error		
During the year ended 31 March 2014, the vehicle transfer-in was erroneously omitted. The error is corrected retrospectively in the current financial period. The comparative amount has been restated as follows:		

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	2014/15 R'000	2013/14 R'000 (Restated)
Statement of Financial Performance		
Depreciation	-	38
Net effect on surplus/(deficit)	-	38
Statement of Financial Position		
Non-current Assets:		
Property, plant and equipment	166	166
Accumulated depreciation: Motor vehicles	(38)	(38)
Current Assets:		
Medsas: Interface Account	(166)	(166)
Net effect on Statement of Financial Position	(38)	(38)
Net effect on Accumulated surplus opening balance	(38)	(38)
<p>During the year ended 31 March 2014, there was a calculation error on elimination of exclusion items previously capitalized. The error is corrected retrospectively in the current financial period. The comparative amount has been restated as follows:</p>		
Net effect on surplus/ (deficit) for the year	-	-
Non-current Assets:		
Accumulated depreciation: Other machinery and equipment	159	159
Current Assets:		
Medsas: Interface Account	(159)	(159)
Net effect on Statement of Financial Position	-	-
Net effect on Accumulated surplus opening balance	-	-
16. Irregular expenditure		
Opening balance	83,563	63,467
Irregular expenditure current year	1,741	20,096
Condoned or written off by Accounting Officer	-	-
Irregular expenditure awaiting condonement	85,304	83,563
17. 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	198	318
1 to 5 years	114	295
More than 5 years	-	-
Total	312	613

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	2014/15 R'000	2013/14 R'000 (Restated)
18. Revaluation Reserve		
The surplus arising from the revaluation surplus of vehicles, furniture & 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 revalued amounts, are credited or charged to the statement of financial performance. Any impairment loss or de-recognition of a revalued asset shall be treated as revaluation 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	4,276	5,312
Contributions	1,908	(1,036)
	6,184	4,276

19. Related Party and Related Party Transactions

KwaZulu-Natal Department of Health

The nature of the relationship between PPSD and Department of Health is that the department the sole beneficiary of services rendered by PPSD and that the Department provides some administrative functions including banking on behalf of PPSD.

Outstanding Balances

Accounts Receivables (incl. in note 1)	110,633	118,974
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Related Party Transactions

Sales	2,670,069	2,689,623
Employees related costs	30,987	28,558
	2,701,056	2,718,181

20. Events After Reporting Date

20.1 Adjusting

On the 20th May 2015 approval was given to reduce PPSD levy on all sales to health facilities resulting in weakened financial position of the trading entity. This condition already existed at the reporting date, 31st March 2015 and the financial statements were adjusted accordingly with the following effect:

	2014/15 R'000
Statement of Financial Position	
Accumulated Surplus	110,544
Statement of Financial Performance	
Revenue	(110'544)

20.2 Non-adjusting

This is the event that has taken place after the reporting date but before the issue of the annual financial statement.

A decision was taken by management in principle to incorporate PPSD into the Department of Health in terms of the future financial reporting from the General Recognized Accounting Standard to Modified Cash Standard with effect from the 1st of April 2015 and all other things remain the same. This means that PPSD and Department of Health will have one set of financial statements in the future.

After management assessment of the above decision, nothing has come up that will require the adjustment of the Annual Financial Statements of PPSD and no assets will be bought or disposed as a direct effect of the decision to incorporate PPSD into Department of Health.



health

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