

ANNUAL REPORT

2021/2022

DEPARTMENT OF HEALTH
NORTHERN CAPE PROVINCE



VOTE 10

ANNUAL REPORT 2021/22

Honourable Mr. M Lekwene

I have the honour of submitting the Annual Report of the Northern Cape Department of Health for the period **01 April 2021 to 31 March 2022.**

APPROVED



Mr. M Lekwene
Member of Executive Council

Date: *31st May 2022*

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PART A: GENERAL INFORMATION

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PART A: GENERAL INFORMATION

1. Contact Information



Northern Cape Provincial Department of Health

Physical Address: Robert Mangaliso Sobukwe Hospital Complex
Office of the Head of Department
Executive Offices
144 Du Toitspan Road
Belgravia
Kimberley
8301

Postal Address: Private Bag x5049
Kimberley
8300

Tel: 053 830 2100 / 2102 / 2148

Email: PAHODHealth@ncpg.gov.za
HODAdmin@ncpg.gov.za

2. List of Abbreviations / Acronyms

AAHA	Alliance Against HIV and AIDS
AC	Audit Committee
ACLS	Advanced Cardiovascular Life Support
ACSM	Advocacy, Communication and Social Mobilisation
AEA	Ambulance Emergency Assistant
AFS	Annual Financial Statement
AGSA	Auditor-General of South Africa
AIDS	Acquired Immune Deficiency Syndrome
ALOS	Average Length of Stay
ANC	Ante Natal Care
APP	Annual Performance Plan
ART	Anti-Retroviral Treatment
ARV	Anti-Retro Viral
AYFS	Adolescent and Youth Friendly Services
BANC	Basic Antenatal Care
BAS	Basic Accounting System
BCG	Bacille Calmette-Guerine
BLS	Basic Life Support
BMSF	Bristol-Myers Squibb Foundation
BUR	Bed Utilisation Rate
CAMHS	Child & Adolescent Mental Health Services
CCDU	Central Chronic Dispensing Unit
CCMDD	Central Chronic Management Dispensing and Distribution
CDC	Communicable Disease Control
CDU	Chronic Dispensing Unit
CDT	Community Development Trust
CEO	Chief Executive Officer
CFO	Chief Financial Officer
CFR	Case Fatality Rate
CHC	Community Health Centre
CHE	Council on Higher Education
CHS	Community Health Services
CHW	Community Health Workers
COGHSTA	Cooperative Governance, Human Settlements and Traditional Affairs
COS	Community-based Outreach
CPD	Continuous Professional Development
CSD	Central Supplier Database
CSIR	Council for Scientific & Industrial Research
CSP	Community Service Pharmacist
CSS	Client Satisfaction Survey
CTG	Cardiotocography
CTOP	Choice on Termination of Pregnancy
CYPR	Couple Year Protection Rate
DBE	Department of Basic Education
DBSA	Development Bank of South Africa
DCST	District Clinical Specialist Teams
DCST	District Clinical Specialist Teams
DG	Director-General
DHIS	District Health Information System
DHMIS	District Health Management Information System
DHMO	District Health Management Office
DHSH	Dr. Harry Surtie Hospital
DOH	Department of Health
DORA	Division of Revenue Act
DORT	District Outbreak Response Team
DPME	Department of Monitoring and Evaluation
DPSA	Department of Public Service and Administration

DPTC	District Pharmaceutical Therapeutic Committee
DRTB	Drug Resistant Tuberculosis
ECP	Emergency Care Practitioner
EDVS	Electronic Data Vaccine System
EHP	Environmental Health Practitioner
EGK	Electronic Gate Keeping
EMC	Executive Management Committee
EMCQF	Emergency Medical Care Qualification Framework
EML	Essential Medicine List
EMS	Emergency Medical Services
EMSC	Emergency Medical Services College
EPI	Extended Programme Immunisation
EPMDS	Employment Performance Management Development System
ESMOE	Essential Step in the Management of Obstetric Emergency
ESST	Education Support Services Trust
ETR	Electronic TB Register
FB	Frances Baard
FDRC	Fixed Dose Combination
FET	Further Education and Training
FY	Financial Year
GBV	Gender Based Violence
GDH	Galeshewe Day Hospital
HAM	Health Area Manager
HBC	Home Based Care
HCSS	Healthcare Support Services
HCT	HIV Counselling and Testing
HDP	Hypertensive Disorder in Pregnancy
HEQC	Higher Education Quality Committee
HFM	Health Facilities Management
HFRG	Health Facility Revitalisation Grant
HIS	Health Information System
HIV	Human Immunodeficiency Virus
HIVSS	HIV Self Screening
HOD	Head of Department
HPCSA	Health Professions Council of South Africa
HPTDG	Health Professional Training and Development Grant
HPV	Human Papilloma Virus
HRA	Human Resource Administration
HRD	Human Resource Development
HRM	Human Resource Management
HRP	Human Resource Plan / Hospital Revitalisation Programme
HSNC	Henrietta Stockdale Nursing College
HST	Health Sciences and Training
HTA	High Transmission Area
HTS	HIV Training Services
HVAC	Heating, Ventilation, Air-Conditioning and Cooling
HWSETA	Health and Welfare Sectoral Education and Training Authority
IAR	Intra-Action Review
IAU	Internal Audit Unit
ICRM	Ideal Clinic Realisation and Maintenance
ICSM	Integrated Clinical Services Management
ICT	Information, Communication and Technology
ICU	Intensive Care Unit
IEC	Information, Education and Communication
IFRM	Ideal Facility Realisation and Maintenance
IMCI	Integrated Management of Childhood Illnesses
IMR	Infant Mortality Rate / Ratio
INH	Isonicotinic Acid Hydrazide (also Isoniazide)
IOD	Injury on Duty
IPC	Infection Prevention & Control

IPT	Isoniazid Preventative Treatment
IRM	Infrastructure Reporting Model
ISHP	Integrated School Health Programme
JBCC	Joint Building Contracts Committee
JTG	John Taolo Gaetsewe
KMC	Kangaroo Mother Care
LGBTIQ+	Lesbian, Gay, Bisexual, Transgender, Intersex, Queer (etc.)
LOGIS	Local Government Information System
LTF	Lost to Follow-up
M&E	Monitoring and Evaluation
MCMCP	Mandela-Castro Medical Collaboration Programme
MCWH&N	Mother, Child and Women's Health and Nutrition
MDG	Millennium Development Goal
MDR	Multi-Drug Resistant
MEC	Member of the Executive Council
MMC	Medical Male Circumcision
MMR	Maternal Mortality Ratio
MOA	Memorandum of Agreement
MPAT	Management Performance Assessment Tool
MTCT	Mother to Child Transmission
MTEF	Medium Term Expenditure Framework
MTSF	Medium Term Strategic Framework
MUS	Male Utheritis Syndrome
NACH	National Anti-Corruption Hotline (0800 701 701)
NASG	Non-pneumatic Anti Shock Garment
NCD	Non-Communicable Disease
NCDOH	Northern Cape Department of Health
NCEM	National Covid-19 Epi Model
NCS	National Core Standards
NDOH	National Department of Health
NDP	National Development Plan
NECET	National Emergency Care Education and Training
NGO	Non-Governmental Organisation
NGP	New Growth Path
NHI	National Health Insurance
NHLS	National Health Laboratory Service
NICd	National Institute for Communicable Disease
NICU	Neonatal Intensive Care Unit
NIHE	National Institute for Higher Education
NIMART	Nurse Initiated and Management of Anti-Retroviral Therapy
NIOH	National Institute for Occupational Health
NPA	National Prosecuting Authority
NSDA	Negotiated Service Delivery Agreement
NTSG	National Tertiary Services Grant
O&P	Orthotic and Prosthetic
OHS	Occupational Health and Safety
OPD	Out Patient Department
OSD	Occupational Special Dispensation
OTL	Outreach Team Leader
PAs	Performance Agreements
PBPA	Post-Basic Pharmacy Assistant
PCA	Provincial Council on AIDS
PCAC	Provincial Clinical Advisory Committee
PCR	Polymerase Chain Reaction
PDE	Patient Day Equivalents
PEP	Post Exposure Prophylaxis
PERSAL	Personnel and Salary Administration System
PFMA	Public Finance Management Act
PGDS	Provincial Growth and Development Strategy
PHC	Primary Health Care

PHCWBOT	Primary Health Care Ward Based Outreach Team
PHREC	Provincial Health Research and Ethics Committee
PHS	Provincial Hospital Services
PILIR	Policy on Incapacity Leave and Ill-Health Retirement
PMDS	Performance Management Development System
PMTCT	Prevention of Mother to Child Transmission
PPE	Personal Protective Equipment
PPTC	Polymetric Positive Temperature Coefficient
PrEP	Pre-Exposure Prophylaxis
PRU	Peer Review Updates
PSA	Public Service and Administration
PSETA	Public Service Sector Education and Training Authority
PSI	Patient Safety Incident
PSP	Provincial Strategic Plan
PSS	Patient Satisfaction Survey
PT	Proficiency Testing
RCCE	Risk Communication and Community Engagement
QA	Quality Assurance
REMCO	Risk and Ethics Management Committee
RFI	Request for Information
RMSH	Robert Mangaliso Sobukwe Hospital
ROIQ	Recognition of Improved Qualification
ROR	Rationalisation of Registers
RTC	Regional Training Centre
RV	Rotavirus
SAICA	South African Institute for Chartered Accountants
SANAC	South African National AIDS Council
SANC	South African Nursing Council
SANCB	South African National Council for the Blind
SAPC	South African Pharmacy Council
SAPS	South African Police Service
SAQA	South African Qualifications Authority
SBD	Standard Bidding Document
SCM	Supply Chain Management
SCOPA	Standing Committee on Public Accounts
SDIP	Service Delivery Improvement Plan
SDG	Sustainable Developmental Goals
SHERQ	Safety, Health, Environment, Risk and Quality
SIU	Special Investigating Unit
SLA	Service Level Agreement
SMS	Senior Management System
SOP	Standard Operating Procedures
SRH	Sexual Reproductive Health
SRHR	Sexual Reproductive Health and Rights
SSA	State Security Agency
STG	Standard Treatment Guidelines
TB	Tuberculosis
TEE	Tenofovir Emtricitabine Efavirenz
TFI	Transfer-in
TFO	Transfer-out
THP	Traditional Health Practitioners
THS	Tertiary Hospital Services
TIER	Three Integrated Electronic Registers
TLD	Tenofovir Lamivudine Dolutegravir
TMC	Traditional Male Circumcision
TROA	Total Client Remaining on ART
TVET	Technical Vocational Education and Training
UFS	University of the Free State
UNAIDS	United Nations Programme on HIV & AIDS
UPFS	Uniformed Patient Fees Schedule

VMMC	Voluntary Medical Male Circumcision
VPN	Virtual Private Network
WBOT	Ward Based Outreach Teams
WBPHCOT	Ward Based Primary Health Care Outreach Team
WBW	World Breastfeeding Week
WESH	West-End Specialised Hospital
WHO	World Health Organisation
WMS	Warehouse Management System
WSP	Work Skills Programme
XDR	Extreme Drug Resistant
ZFM	Zwelentlanga Fatman Mgcawu

3. Official Sign-Off

It is hereby certified that this Annual Report for the **2021/22** financial year:

- was developed by the Provincial Department of Health in the Northern Cape Province.
- was prepared in line with the current Annual Performance Plan of the Northern Cape Department of the Health under the guidance of the MEC for Health, Honourable Mr. M Lekwene.
- accurately reflects the performance of the Department of Health in the Northern Cape Province for the period under review.



Mr. M Mocumi

Director: Policy & Planning

31st May 2022

Date

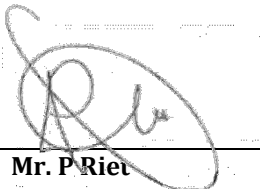


Mr. M Mlatha

Acting Chief Director: Strategic Management

31st May 2022

Date



Mr. P Riet

Chief Financial Officer

31st May 2022

Date



Mr. R Strydom

Accounting Officer (Acting)

31st May 2022

Date



Mr. M Lekwene

Member of Executive Council

31st May 2022

Date

4. Foreword by the Member of Executive Council (MEC)

It is my privilege and honour to submit the Annual Report of the Northern Cape Provincial Department of Health for the period 2021/2022. As we present this report, we remain mindful of our mandate expressed in Chapter 2 of the Constitution, Section 27 of the Bill of Rights, which guarantees the provision of quality health care services and reproductive health care within the realm of our resource envelope.

Our programme over the past year has been characterised by our responsiveness to the health needs of communities from the length and breadth of the province. By essence, health care touches on the very existence of our people and it is up to us to live up to such expectations.

We can give brief account on the achievements of the financial year which we emerge from. Firstly, corrective steps have been implemented to improve the overall financial performance of the Department for better Audit outcomes. This includes capacitating relevant components such as finance, supply chain management and human resource management. We remain more resolute and confident that, going forward, planning, budgeting and performance will reach an absolute turnaround.

This is in spite of the government's fiscal consolidation efforts to reduce the growth of the public sector wage bill and spending levels in the 2021 MTEF. It must be well understood, in the context of maintaining the 2021 financial year baseline for compensation of employees and further reducing the growth in departments, that were growing above 1.5 percent over the 2022 MTEF as a result of a deficit budget of R5.3 billion over the said period.

Secondly, we successfully addressed leadership issues in all respective districts across the province through permanent appointments of District Health Managers to ensure accountability and to effectively respond to health challenges on the ground. This intervention enabled the Department to address shortages of non-clinical and clinical staff as a drastic step towards enhancing the delivery of health to our people.

As the leadership of the Department, we have many success stories to draw from. Under the review period we demonstrated our commitment by engaging with relevant key stakeholders that are critical to the delivery of health services in our communities; particularly those that have played an important role in all five districts in the Northern Cape. This, amongst others, include Faith Based Organisations, Non-Governmental Organisations and Mining Houses. This is part of our ongoing strategy to mobilise additional resources for the greater good of addressing service delivery challenges beyond our resource envelope.

We must commend our health teams for maintaining an aggressive approach in all districts in holistically reducing the rate of Covid-19 infections, HIV & AIDS, TB and STIs, including teenage pregnancy.

As part of fostering effective and efficient communication with our communities, we have taken a deliberate posture to work towards appointing District Health Communicators to enhance planning and the execution of major departmental campaigns at district level. The aim is to ensure well-integrated and better coordinated messaging and information to improve and strengthen our communication machinery for the benefit and interaction with communities on a continuous basis.

Equally, we need our communities to play a pivotal role in supporting the frontline health staff through their participation in hospital boards and clinic committees, which are in the process of being re-established. This will bring about a behavioural change and dramatically scale up our efforts and ultimately address challenges confronting the health sector in the province.

I thank you.



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

Mr. M Lekwene
Executive Authority
Northern Cape Department of Health

31st May 2022

Date

5. Report of the Accounting Officer

5.1. Overview of the Operations of the Department

As the Department of Health in the province concludes the financial year under review, we would like to take stock and acknowledge that we have witnessed four waves of Covid-19 and we are now speculating as to the imminence of a fifth wave. Indications at this stage show that, as the cold weather takes hold and we spend more time indoors the risk of the fifth wave continues to loom. Over the preceding four waves we have lost loved ones, family members and friends, work colleagues, national leaders and icons from various aspects of life, including National, Religious, Traditional and Businesses; even the Houses of Parliament and Legislature were not spared by the pandemic.



The Department of Health presents the Annual Report for the financial year under review as a cornerstone of achieving more within a challenging environment. Despite a myriad of challenges, ranging from limited budgets, filling of critical posts and difficulties in rendering quality health care services, the Department continues to identify prospects and utilises them to mitigate challenges.

The Bokamoso Project, envisioning the sixth administration of a “Modern, Growing and Successful” province, that promotes an industrial revolution, was achieved. The Department has continued to improve connectivity at all facilities at a faster pace and in more efficient ways. We continue to implement the Go-Data system as well as the DATCOV system (Data Management for Covid-19) which is part of the Bokamoso Digital Project.

The progress on the pilot project of the new Patient Passport at the Galeshewe Day Hospital, which will soon be rolled-out to other areas, is exceedingly good news for our healthcare users. The new Patient Passport avails information about the patient’s treatment history so that clinicians do not waste time and resources by unnecessarily repeating tests. Patient information and tests are centrally stored and easily accessible and patients do not need to wait for test results.

Through our training platform, the Department has forged collaborations between the Henrietta Stockdale and EMS Colleges with the University of Stellenbosch and the University of Johannesburg respectively. This exercise is geared towards the upscaling of qualifications of lecturers and for developing new approaches to align ourselves with the new developments in the curriculum. This partnership also impacts positively on improving the qualifications of health professionals already in the system in order to ensure that patients receive the best quality services at the facilities. It is hopeful that this initiative will encourage other tertiary institutions and stakeholders to follow suit and build strong partnerships with government for the benefit of our communities.

The interventions of the Office of the Premier and the Provincial Treasury has assisted the Department in filling some critical posts. This intervention impacted positively in improving health care delivery in the various districts and we envisage to continue filling posts in other categories as well. Some improvements in the performance management of employees has also been realised during this reporting period, which has made the grade progression of qualifying officials possible. Coupled with the recognition of improved qualifications and financial assistance towards studies, this was key for improved employee satisfaction.

It is unfortunate that the case finding of Tuberculosis patients has declined and this must be improved as a matter of urgency, because TB cases are still increasing, whereas the condition is treatable and curable. Sadly, though, the TB defaulter rate and cases of other chronic conditions has also increased, hence it is critical and urgent to provide a comprehensive health care package so that all health conditions are prioritised, as well as for the improved participation of our communities in taking responsibility for their health. This report outlines the successes in some areas that were challenging and not fully implemented as well as the plans to deal with those challenges. But we will not lose focus, as our aim is to provide quality healthcare to our communities.

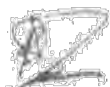
Some progress has been made in traditional medicine and more collaborations between Western and Traditional medicine is forging progress to deal with ailments in our diverse communities. The province is participating in National and Provincial structures that have been established to ensure that the province benefits from the outcomes of those interactions.

During this reporting cycle, maternal health and child programme has shown slight improvements, though it has been slow. The Department is hopeful that the performance will improve over the upcoming financial years. Pregnant women should receive complete necessary healthcare so that they are able to deliver healthy babies. The Expanded Immunisation Programme was derailed and negatively affected in 2020 by the Covid-19 pandemic but is picking up momentum and will hopefully be sustained to protect our children against preventable diseases like measles, TB, Whooping Cough, etc.

Central Chronic Medicine Dispensing and Distribution (CCMDD) which distributes chronic medication to stable patients so that they do not overcrowd health facilities for merely the collection of medication is also improving. This programme allows space for sick patients at health facilities to seek medical care and avoid congestion of clinics. This has also reduced waiting times at health facilities as there are fewer patients who are seeking medical attention.

The limited budget is negatively impacting on accruals and commitments which cannot be avoided, for instance the procurement of medication, catering for patients admitted at hospitals, maintenance of health facilities, filling of critical vacant posts, and so forth. This will, however, improve in the new financial year so that health services are not affected. We are greatly encouraged by the improvements realized to date.

Despite all the mentioned challenges, we wish to appreciate the support from partnerships, collaborations with other sector departments and all oversight bodies that held our hand; ensuring that we continue to render quality health care services to the people of the Northern Cape Province. We will be failing in our duty if we do not extend a word of gratitude also to the employees in the Department, both frontline and management, who had worked tirelessly with great enthusiasm to improve the performance of the Department. We greatly appreciate your efforts.



Mr. R Strydom
Accounting Officer (Acting)
Northern Cape Department of Health

31st May 2022

Date

5.2. Overview of the Financial Results of the Department

5.2.1. Departmental Receipts

The table below provides a breakdown of the sources of revenue and performance:

Table 1 Departmental Receipts: 2020/21 FY vs 2021/22 FY

Receipts	2021/22			2020/21		
	Estimate	Actual Amount Collected	(Over) / Under Expenditure	Estimate	Actual Amount Collected	(Over) / Under Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000
Sale of goods and services other than capital assets	39 960	25 455	14 505	45 028	22 417	22 611
Interest, dividends and rent on land	-	12	(12)	-	15	(15)
Sale of capital assets	1 716	5 539	(3 823)	2 628	98	2 530
Financial transactions in assets and liabilities	-	867	(868)	-	846	(846)
TOTAL	41 676	31 873	9 803	47 656	23 376	24 280

The Department did not achieve its revenue collection target, resulting in a total collection of 76 percent or R31 873 million of the targeted revenue, which is 24 percent above the previous financial year's collection. This improvement is attributable to assets that were disposed during the year and slight progress in patient fees derived from forensic observations performed.

The poor collection of revenue is mainly attributed to the slow recovery of the country's economy. Provincial Treasury assisted the Department to improve its revenue collection through funding and various recovery strategies. Undoubtedly, Covid-19 and its concomitant lockdowns had an adverse effect on the debt collection project and it did not improve the Department's chances to realise improvement on the recovery of patient debt compared to previous financial years.

Bad debt is written off in accordance with the Departmental Policy after the Department has taken all reasonable steps (and legal considerations) to collect the debt owed. The Department wrote-off debts amounting to R40 794 million during the year under review, a decision that was prompted by the provisions as stipulated in the Treasury Regulations.

Future Plans for Collecting Revenue

The Department is developing a patient debt collection strategy and further plans to build capacity through an on-going training program for personnel in the Revenue Collection Section. After a review of personnel capacity at facility level was performed, the Department would envisage to fill posts to strengthen this area in order to optimise revenue collection.

The Patient Fee Management Policy (PFMP) was reviewed and the ICD-10 coding training will receive preference.

Revenue Tariff Policy

The tariffs charged by the Department on patient fees are revised annually and are based on the national tariffs as approved by the Minister of Health. These tariffs are uniform throughout the country and are compiled (and consented to) by a National Task Team, which includes all provinces. Tariffs charged are determined in accordance to scales of income. Tariffs with regard to other sources of income, such as parking, are determined using guidelines issued by relevant national departments from time to time.

Free services

There are certain circumstances within which patients will receive free of charge services regardless of their means of income. These will include primary health care services received at primary health care centres, infectious and formidable diseases, pregnant women and children under the age of six years who are not members and beneficiaries of medical aid schemes. Additional to the above would be services to patients qualifying for full government subsidies such as social security beneficiaries and formally unemployed people.

5.2.2. Programme Expenditure

The following table depicts expenditure per the eight budget programmes for the period under review:

Table 2 Programme Expenditure: 2020/21 FY vs 2021/22 FY

Programme Name	2021/22			2020/21		
	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	262 073	260 115	1 958	227 845	229 117	(1 272)
District Health Services	2 837 5387	2 827 857	9 710	2 494 750	2 541 889	(47 139)
Emergency Medical Services	410 603	407 434	3 169	425 246	405 481	19 765
Provincial Hospital Services	470 415	470 233	182	409 768	481 050	(71 282)
Central Hospital Services	1 212 972	1 211 678	1 294	1 152 590	1 116 510	36 080
Health Sciences	156 242	153 494	2 748	135 342	140 693	(5 351)
Health Care Support Services	185 395	175 489	9 906	406 688	236 809	169 879
Health Facilities Management	379 983	379 913	70	363 809	386 071	(22 262)
TOTAL	5 915 250	5 886 213	29 037	5 616 038	5 537 620	78 418

The table above summarises the budget versus actual expenditure as at 31 March 2022. The department spent 100% of its budget in the reporting year. The expenditure per programme and economic classification is further analysed in the *Notes to the Appropriation Statement* contained in the Annual Financial Statements (ANN A).

5.2.3. Virements / Roll Overs

All virements applied are depicted on the Annual Financial Statements. Virements were applied in terms of Section 43 of the PFMA to ensure that no unauthorised expenditure occurred per Main Division. All virements were within the same economic classification but between different programmes, thus were approved by the Accounting Officer.

Similarly, the preparation of shifting and virements was guided by Section 43 of the PFMA and Treasury Regulations. The shifting was made to the compensation of employees, goods and services, transfers and subsidies.

5.2.4. Unauthorised, Fruitless and Wasteful Expenditure

Unauthorised Expenditure

The Department incurred R0 amount of Unauthorised Expenditure for the **2021/2022** financial year – compared to the R253.793 million incurred in the prior year.

The Department is continuing on the path of implementing 'cost containment strategies' to curb excessive waste of resources but also remain within the prescripts of spending within allocated resources. The Budget Office has been revamped and re-capacitated with skilled personnel from within the Department and through recruitment from other Departments. The Department will continue to engage the existence of its Departmental Budget Council, chaired by its acting Accounting Officer, and Programme Managers have been appointed in writing and play an active role to be custodians of government funds and its expenditure in terms of Section 45.

Fruitless & Wasteful Expenditure

The Department incurred fruitless and wasteful expenditure to the value of R16.748 million during the **2021/2022** financial year, compared to R5.128 million in the previous financial year. This was mainly due to interest charged on overdue accounts owed to service providers.

The Department has initiated a process of negotiating with the service providers to avoid interest on overdue accounts and rationalising the available financial resources.

Irregular Expenditure

The Department incurred irregular expenditure to the value of R684.424 million during the **2021/2022** financial year, compared to R685.640 million in the previous financial year. The main contributor to irregular expenditure in terms of monetary value is the awarding of tenders by implementing agents, followed by expired contracts that are extended on month-to-month. The main contributor in terms of numbers of cases is violation of SCM Policy and Procedures.

The Department had initiated plans to overcome this challenge but it should be deemed as work-in-progress due to the magnitude of the historical embeddedness of this non-compliance.

5.2.5. Future Plans for the Department

The Department has developed, and is implementing, a 21-point plan to overhaul and repurpose the financial management priorities – the Office of the Chief Financial Officer is taking the lead in this regard. The aim of the aforementioned is to overturn many of its financial misfortunes including, but not limited to, its audit outcomes and internal financial controls – aimed at paying service providers on time and strengthening service delivery, viz. strengthen the health promotion activities; and strengthening clinical oversight through the clinic committees and hospital boards by providing rigorous training to ensure that these structures are efficient and fully operational in the various districts.

5.2.6. Public Private Partnerships (PPP)

The Department does not have any registered public-private partnerships.

5.2.7. Discontinued Activities / Activities to be Discontinued

The old Port Nolloth structure is no longer being utilised by the Department but is now used by the Local Municipality.

5.2.8. New or Proposed Activities

The Port Nolloth CHC was completed and brought into use during the year under review. The Springbok Mortuary was also completed and opened to the public during the **2021/2022** financial year. The Department has no plans for any new or proposed operations thus far – safe to say the Kimberley Nursing College project is still continuing during this financial year. As a future activity, the Department is also stepping-up efforts to restructure its Supply Chain Management Unit and its responsibility towards complying with requisite procurement regulations.

5.2.9. Supply Chain Management

There were no unsolicited bids or proposals concluded during this financial year. The Department will continue to ensure compliance with applicable legislation of Supply Chain Management procedures to strengthen operations within its scope of responsibility and to provide optimal services to its clients (end-users).

5.2.10. Gifts and Donations Received in kind from non-related Parties

There were no unsolicited bids or proposals concluded during this financial year. The Department will continue to ensure compliance with applicable legislation of Supply Chain Management procedures to strengthen operations within its scope of responsibility and to provide optimal services to its clients (end-users).

5.2.11. Exemptions and Deviations Received from National Treasury

There were no exemptions and deviations received from Provincial Treasury for the year under review.

5.2.12. Events after the Reporting Date

During the month of April 2022, three officials were suspended by the Department for various alleged offences – two from the Human Resource Development directorate and a Junior Manager within the Supply Chain Management directorate.

5.2.13. Other

During the month of August 2021 the then Acting Head of Department and the Chief Financial Officer of the Department were suspended due to their arrests by the Directorate for Priority Crimes Investigations (DPCI) – otherwise known as ‘The Hawks’. Their matter is in-front of the courts and as such, too, they are appearing on charges preferred by the Department (internally). During this financial year a further two officials from Robert Mangaliso Sobukwe Hospital and Auxiliary Services were suspended.

On the 25th February 2022 National Treasury issued an Advisory Note: ‘Preferential Procurement Regulations, 2017 – Minister of Finance v Afribusiness NPC [2022] ZACC 4’, which communicated that the Constitutional Court of South Africa has effectively set-aside the provisions of the 2017 PPPFA and that all procurement should be suspended and halted.

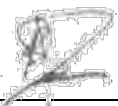
On the 03rd March 2022 National Treasury issued a further Advisory Note: ‘Preferential Procurement Regulations 2017 – Minister of Finance vs Afribusiness NPC [2022] ZACC 4’, which effectively communicated the existence of the first ‘Advisory Note’ and the thresholds within which procurement should take place. The aforementioned had an adverse effect on how the Department wanted to deal with irregular expenditure emanating from expired contract – see 5.2.4 “Irregular Expenditure” above. At this time, on the 25th February 2022 the Department had already widely advertised its security tender.

5.2.14. Acknowledgement / Appreciation

The Department wishes to extend its gratitude to all stakeholders, both internal and external, for their commitment to improving healthcare service delivery in the Province. The Department also wishes to express its appreciation to (and support it received from) its oversight structures, viz. Portfolio Committee on Health, Standing Committee on Public Accounts (SCOPA), its Audit Committee and the Treasuries. I therefore acknowledge their immeasurable support and encourage all employees to continue supporting their work towards accountability and good governance.

5.2.15 Conclusion

The Annual Financial Statements set out under **Annexure A** of this Annual Report have been approved by the Accounting Officer.



Mr. R Strydom
Accounting Officer (Acting)
Northern Cape Department of Health

31st May 2022

Date

6. Statement of Responsibility and Confirmation of Accuracy

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

- All information and amounts disclosed throughout this Annual Report are correct and consistent.
- This Annual Report is complete, accurate and free from omissions.
- This Annual Report has been prepared in accordance with the Annual Report Guide for National and Provincial Departments 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 as issued by 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 is designed to provide reasonable assurance as to the integrity and reliability of the performance information, the Human Resource information and the Annual Financial Statements.
- The external auditors are engaged to express an independent opinion on the Annual Financial Statements.
- This Annual Report fairly reflects the operations, performance information, human resources information and financial affairs of the Department for the financial year ended **31st March 2022**.



Mr R Strydom
Accounting Officer (Acting)
Northern Cape Department of Health

31st May 2022

Date

7. Strategic Overview

7.1. Vision

A modern health system delivering quality care to a growing province

7.2. Mission

The Department aims to provide better health care, better access and better value to the people of the Northern Cape, through community-wide, modern and individually focused initiatives to maximize wellness and prevent illness.

Better Health



Delivering better health for our people through community-wide and individually focussed initiatives. These aim to maximise health and wellness and prevent illness.

Better Care



Delivering better care through quick access to modern services. Care will be delivered in the most appropriate setting and in clean and infection-free facilities by well-trained, motivated & professional staff.

Better Value



Delivering better value through efficient allocation and use of resources.

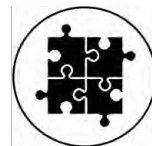
7.3. Values



Integrity



Excellence



Teamwork



Professionalism

8. Legislative and Other Mandates

8.1. Constitutional Mandates

Section 27 of the Constitution of the Republic of South Africa, Act 108 of 1996, provides for right of access to health care services, including reproductive health care.

The Department provides access to health care services, including reproductive health care, by making sure that hospitals and clinics are built closer to communities and emergency vehicles are provided, promotion of primary health care, etc.

8.2. Legal Mandates

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

Chapter 4

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

Chapter 5

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

8.3. Policy Mandates

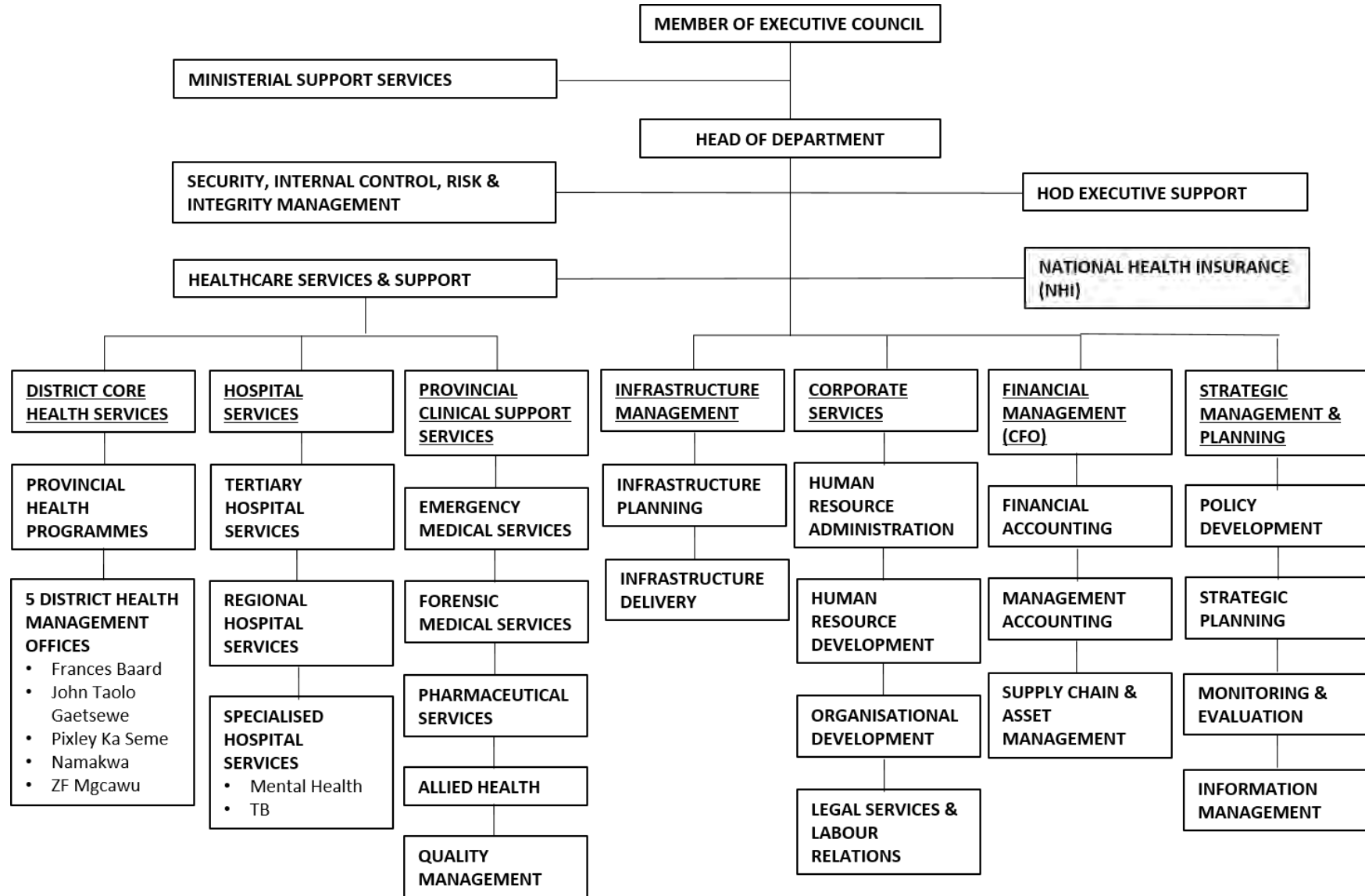
- Reclassification of Health facilities.
- White Paper on Transformation of Health Service.
- National Development Plan (NDP) Chapter 10.
- White Paper on National Health Insurance.
- The National Health Promotion Policy and Strategy.

8.4. Other Mandates

- Basic Conditions of Employment (Act 75 of 1975).
- Broad Based Black Economic Empowerment (Act 53 of 2003).
- Child Care Amendment (Act 96 of 1996).
- Choice on Termination of Pregnancy (Act 92 of 1996).
- Constitution of the Republic of South Africa (Act 106 of 1996).
- Control of Access to Public Premise and Vehicles (Act 53 of 1985).
- Convention of the Rights of the Child, 1997 (Chapters 5 and 7).
- Division of Revenue (Act 7 of 2007).
- Electronic Communication and Transaction (Act 25 of 2002).
- Electronic Communications Security (Pty) Ltd (Act 68 of 2002).
- Employment Equity (Act 55 of 1998).
- Environment Conservation (Act 73 of 1989).
- Fire-arms Control (Act 60 of 2000).
- Foodstuffs, Cosmetics and Disinfectants (Act 54 of 1972).
- Hazardous Substances Control (Act 15 of 1973).
- Health Act (Chapter 10).
- Health Professions (Act 56 of 1974).
- Higher Education (Act 101 of 1997).
- Income Tax Act, 1962.
- Inquest (Act 58 of 1959).
- Intimidation (Act 72 of 1982).
- Labour Relations (Act 66 of 1995).

- Maternal Death (Act 63 of 1977).
- Medicine and Related Substance Control (Act 101 of 1965).
- Mental Health Care (Act 17 of 2002).
- National Building Regulations and Building Standards (Act 103 of 1997).
- National Environmental Management (Act 107 of 1998).
- National Health Insurance.
- National Youth Commission Amendment (Act 19 of 2001).
- National Development Plan (Chapter 10 of MTSF).
- Nursing (Act 50 of 1978 and Related Regulations).
- Nursing (Act 33 of 2005).
- Occupational Health and Safety (Act 85 of 1993).
- Preferential Procurement Policy Framework (Act 5 of 2004).
- Prevention and Combating of Corrupt Activities (Act 12 of 2004).
- Prevention and Treatment of Drug Dependency (Act 20 of 1992).
- Promotion of Access to Information (Act 2 of 2000).
- Promotion of Administrative Justice (Act 3 of 2000).
- Promotion of Equality and Prevention of Unfair Discrimination (Act 4 of 2000).
- Protected Disclosures (Act 26 of 2000).
- Protection of Information (Act 84 of 1982).
- Pharmacy (Act 53 of 1974 as amended).
- Public Finance Management (Act 1 of 1999 and Treasury Regulations).
- Public Service (Act 103 of 1994 and Regulations).
- South African Qualifications Authority (Act 58 of 1995).
- Sexual Offences (Act 32 of 2007).
- Skills Development (Act 97 of 1998).
- South African Schools Act, 1996.
- State Information Technology (Act 88 of 1998).
- Sterilization (Act 44 of 2005).
- The International Health Regulations (Act 28 of 1974).
- Tobacco Control Amendment (Act 23 of 2007).

9. Organisational Structure



10. Entities reporting to the MEC

There are no entities reporting to the MEC.

DIVIDER PAGE

PART B: PERFORMANCE INFORMATION

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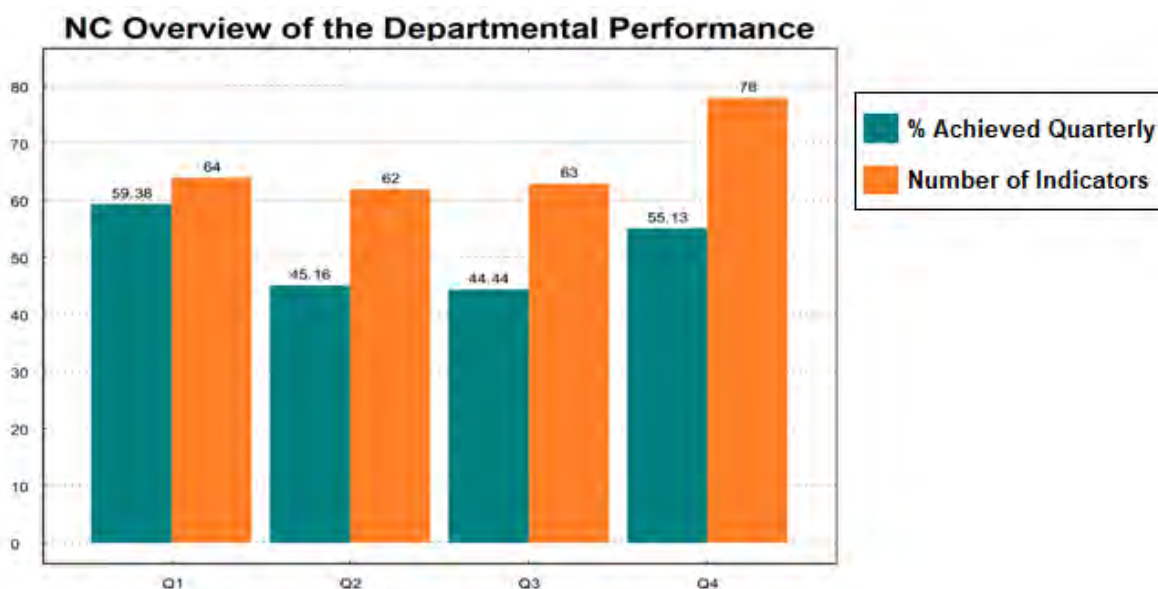
PART B: PERFORMANCE INFORMATION

11. Auditor General's Report: Predetermined Objectives

Refer to the Auditor General's Report (reporting on other legal and regulatory requirements) published under Part E: 'Financial Information' of this Annual Report.

12. Overview of Departmental Performance

Figure 1 NC Overview of the Departmental Performance (2021/2022)



The current performance responds to the Northern Cape Department of Health Annual Performance Plan **2021/2022**. The Department is working closely with the office of the Auditor General (SA) to correct audit findings and improve on service delivery. The Department will continue to improve working relations with other stakeholders to reach out to the communities in achieving the Vision of the Department. Covid-19 has negatively impacted on service delivery in the Province. Team Health will continue to render comprehensive health services to the population of this Province.

12.1. Service Delivery Environment

The Department of Health in the Northern Cape continues to experience serious financial constraints and yet, equally so, the Department continues to render quality health care services to the people of the province. Like all other provinces the Department was hit hard by the Covid-19 pandemic, occasioning in the Department having to juggle between the usual rendering of services, dealing with the unmasked pandemic and managing financial resources to cover all the areas of importance.

It is important to note that all services in the health sector are essential, therefore, the interventions from the National Treasury had propelled the Province to procure some resources during Covid-19 pandemic. The shifting of budget to Covid-19 from other service delivery platforms has negatively affected services. As the pandemic was subsiding, the province experienced a spike in TB, Hypertension, Diabetes and other respiratory types of diseases in various districts that could not be detected as the outreach programmes were not embarked on due to the lock down. The Department collaborated with other sector Departments through the Social Collaboration Cluster Departments to reduce teenage pregnancy. The Department is participating in the District Development Model to ensure collaboration with Local Government and robust implementation of services at the Districts.

The Department has been inundated with strikes in various different fields, including the Community Health Workers, Nursing and other categories, mainly due to employment packages and remunerations. The Department has escalated some of these issues to the National Department of Health and the Bargaining Chamber for further resolve and, where the Department could resolve issues internally, through engagements with the sector Unions in order to find an amicable solution to the issues.

Furthermore, the Department was compelled to convene a strategic meeting to embark on a prioritisation of services in the province. The Bosberaad had identified thirty-five (35) projects cutting across finance, HR, Labour Relations, Health Care Services, EMS and interventions on Tertiary and Secondary services. The Department has presented a turnaround strategy to the Legislature with the aim of improving financial accounting and rationing the limited resources to cover for all services. During the period under review, there were several investigations on the procurement of the PPE that resulted in consequence management on key Senior Managers. The matter is still in court and the State Security Agency is continuing with investigations.

12.2. Service Delivery Improvement Plan

12.2.1. Main Services and Standards

Table 3 Main Services & Standards: 2021/22 FY

Main Services	Beneficiaries	Current / Actual Standard of Service	Desired Standard of Service	Actual Achievements
Access to healthcare services	Broader community (Patients)	12/33 CHCs	11/33 CHCs	12/33 CHCs
Provision of quality Health Care Services	Broader community (patients)	Shortage of quality assurance coordinators in facilities.	Appointment of quality assurance practitioners in all hospitals Health establishment.	Only Robert Mangaliso Sobukwe Hospital (Tertiary Hospital) is conducting full quality assurance assessments.

12.2.2. Batho Pele Arrangements with Beneficiaries

Table 4 Batho Pele Arrangements with Beneficiaries: 2021/22 FY

Current / Actual Batho Pele Arrangements	Desired Batho Pele Arrangements	Actual Achievements
Access.	<ul style="list-style-type: none"> ▪ Establishment of the Complaints Management Office. ▪ A plan has been developed to train employees of health facilities on the proper implementation of the policy. ▪ The policy prescribes the time for opening the complaints, and processes to follow in addressing the complaint. ▪ The period allowed for redressing is also prescribed in the policy 25 days. 	<ul style="list-style-type: none"> ▪ Complaints policy in place. Patients complaints monitored in hospitals on a daily basis and report in the annual report. ▪ Policy fully implemented. ▪ Standard Operating procedure in place outlining the complaints reporting procedures. ▪ All reported complaints acknowledged and responded to within the set 25 days, however, should matter not be resolved within those days the complaint is then elevated to higher level intervention. ▪ Security officers to control access in al health facilities.
Information.	<ul style="list-style-type: none"> ▪ Service Charter. 	<ul style="list-style-type: none"> ▪ Developed departmental Corporate Culture and published in health establishments. ▪ Distributed and displayed in some health facilities already being capacitated. ▪ 3x Hospital staff provided with name badges.
Consultation.	<ul style="list-style-type: none"> ▪ To be proactive and consult clients regularly utilizing the following: <ul style="list-style-type: none"> ○ Open Day ○ Governance structures ○ Health Education and awareness at the facilities and communities'/ Household visits ▪ Consult the communities – Imbizo/Political outreach (annual) 	<ul style="list-style-type: none"> ▪ Patient satisfaction survey is completed by all patients admitted in the hospitals. ▪ Policy on establishment of Health Governance structures formulated and approved.
Courtesy.	<ul style="list-style-type: none"> ▪ The new Patient Experience of Care (PEC) that is Web-based is 	<ul style="list-style-type: none"> ▪ All hospitalised patients complete, on a daily basis, the survey and

Current / Actual Batho Pele Arrangements	Desired Batho Pele Arrangements	Actual Achievements
	<p>introduced as part of the service delivery improvement strategy the Ideal Clinic Realization and Maintenance (ICRM) strategy.</p> <ul style="list-style-type: none"> It is structured and has prescribed processes. It also compels the healthcare provider to institute improvement strategies that must be tracked and actioned. It is monitored at various levels: National, Provincial and District. 	<p>reported on a quarterly basis in the departmental performance review sessions.</p> <ul style="list-style-type: none"> First Aid practitioners in some health facilities. Evacuation and drill simulations conducted.
Openness and Transparency.	<ul style="list-style-type: none"> Share with the Governance structures and hospital boards on key challenges and complaints 	<ul style="list-style-type: none"> Departmental annual report distributed to all health facilities after approval.
Redress.	<ul style="list-style-type: none"> Institutionalization of the Policy. The policy prescribes intervals, processes and monitored improvement plans. 	<ul style="list-style-type: none"> Implementation of the Batho Pele principles. All newly appointed employees provided with a code of conduct.

12.2.3. Service Delivery Information Tool

Table 5 Service Delivery Information Tool: 2021/22 FY

Current / Actual Information Tool	Desired Information Tool	Actual Achievements
Information session.	Health promotion to conduct health information sessions in health facilities, schools and broader community.	<ul style="list-style-type: none"> A total of 46 245 IEC material distributed across the Province. Provincial District Support Visits: Integrated Outreach Programs (STI & World TB Day build-up activities) which included: Health talks on Healthy Lifestyle; SRH/STI; TB; MMC; Risks of teenage pregnancy, Different methods of contraceptives; Adherence to chronic medication; Early Warning Signs of Childhood Cancer; HPV, together with Health Screenings; TB Testing; HTS Testing as well as distribution of IEC material and condoms (324 Households reached) (887 people reached in the community). Stakeholder engagements pertaining to the arrangements of the National World TB Day Event (National Department of Health; South African National Aids Council; Office of the Premier; Provincial Council on AIDS; All Northern Cape Provincial Government Departments; various NGO's). National World TB Day commemorations held in Barkly West (Frances Baard District) (± 3000 participants). Service Delivery (conducted in conjunction with Lovelife; Loveline; Mobile HCT; Red Cross; NHLS) included: Health screenings (BP; glucose; BMI); Mobile Lab services; Mobile X-ray services; Hand wash demonstrations; IEC material distribution and condom distribution and demonstrations.
Educational Pamphlets.	Pamphlets customized into community common language and distributed.	<ul style="list-style-type: none"> Frances Baard District Outreach program at Sol Plaatje University Main Campus, Kimberley. Activities included Distribution of IEC material. Rotary Health Day at Phutanang Clinic in Kimberley. Activities included Distribution of IEC material. Rotary Health Day at Phutanang Clinic in Kimberley. Activities included Distribution of IEC material.
Radio talk shows.	Outreach programs through local community radio stations.	<ul style="list-style-type: none"> 36 Radio talks conducted addressing different health topics.

12.2.4. Complaints Mechanism

Table 6 Complaints Mechanism: 2021/22 FY

Current / Actual Complaints Mechanism	Desired Complaints Mechanism	Actual Achievements
Complaints register.	Complaints Policy developed and approved. SOP on complaints management institutionalized.	<ul style="list-style-type: none"> ▪ The complaints reported and recorded on the facility complaints register. ▪ Complaints captured on DHIS. ▪ Reporting quarterly and annually on the patient experience of care indicator in the APP.

12.3. Organisational Environment

In the past four years, the Department has been experiencing inconsistencies within the upper echelons of the management structure. This has propagated instability in the Department leading to lack of good governance and leadership in the Senior Management System. The Department has lost an Acting HOD and CFO due to suspensions. The Department, therefore, identified both the Acting HOD and CFO internally to continue with the responsibilities of steering the ship. There has also been an exodus of Senior Managers due to retirements and this has also escalated the challenges the Department is faced with. If not expedited, this may lead to a dismal collapse of the system, dampening the morale of staff and a serious lack of accountability.

Despite the absence of these positions, the team that is currently assigned with the duty to ensure that services are continually rendered, are hard at work to ensure that the task at hand is executed. Currently, the Department is in a process of developing an organisational structure to close the ailing gap that is compromising the work supposed to be accomplished. The organisational structure has been presented to the Office of the Premier, Provincial- and National Treasury and the DPSA for concurrence and approval. The structure is at its final stages and we are hopeful that this will be of great benefit to ensure stability and to appropriate management and good governance in the Department.

In moving forward, the team has started with the implementation the Bokamoso Digital Health Project. Under the banner of the Bokamoso Project, the Provincial and National Departments of Health are implementing electronic systems at primary health care facilities, covering a range of patient record and operational functions. This project is being piloted at six clinics and includes an electronic patient register, an electronic patient discharge summary, digitalisation and filling on health patient records. In terms of patient medication, the electronic system links to the central chronic medication distribution and dispensing project, as well as normal electronic dispensing.

12.4. Key Policy Developments and Legislative Changes

There were no major legislative or policy changes for the period under review, except for the gazetted lockdown regulations put in place by the President through the Disaster Management Act, 2002 (Act No.57 of 2002), addressing the Covid-19 pandemic. This brought a disruption to the service delivery platform within the province. However, during the third quarter, Cabinet approved several changes to the adjusted to alert level 1. The Department ensured alignment of its internal policies to guarantee the continuation of patient care. The Department implemented a catch-up plan to ensure that services remained accessible and skilfully rendered. All employees had to return to the workplace, resulting in improved performance. The Department further encouraged employees to vaccinate by issuing weekly updates on the available vaccination sites.

13. Progress Towards Achievement of Institutional Impacts and Outcomes

The plan comprehensively responds to the priorities identified by cabinet of 6th administration of democratic South Africa, which are embodied in the Medium-Term Strategic Framework (MTSF) for the period 2019-2024. It is aimed at eliminating avoidable and preventable deaths (*survive*); promoting wellness, and preventing and managing illness (*thrive*); and transforming health systems, the patient experience of care, and mitigating social factors determining ill health (*transform*), in line with the United Nation’s three broad objectives of the Sustainable Development Goals (SDGs) for health.

Over the next 5 years, the Provincial Department of Health’s response is structured into impact statements and outcomes that are well aligned to the Pillars of the Presidential Health Summit compact, as outlined in the table below:

Table 7 Strategic Outcome Orientated Goals: 2021/22 FY

	MTSF 2019-2024	Outcomes	Presidential Health Summit Compact Pillars	Progress
Survive & Thrive	Goal 1: Increase Life Expectancy improve Health and Prevent Disease.	<ol style="list-style-type: none"> 1. <i>Improve health outcomes by responding to the quadruple burden of disease of South Africa.</i> 2. <i>Inter sectoral collaboration to address social determinants of health.</i> 	N/A	<ul style="list-style-type: none"> • Total number of clients screened for hypertension were two hundred and seventeen thousand and five hundred and thirteen (217 513) as against the target of 43 987. • Thuthuzela Care Centres marketed their services in Kuruman, Kimberley, De Aar and Springbok. Marketing activities include integrated, inter-sectoral outreach programmes, radio talk sessions as well as one-on-one sessions with relevant individuals.
	Goal 2: Achieve UHC by Implement NHI.	<ol style="list-style-type: none"> 3. <i>Progressively achieve Universal Health Coverage through NHI.</i> 	<ul style="list-style-type: none"> • Pillar 4: <i>Engage the private sector in improving the access, coverage and quality of health services.</i> • Pillar 6: <i>Improve the efficiency of public sector financial management systems and processes.</i> 	<ul style="list-style-type: none"> • Twenty-four (24) facilities achieved the Ideal Clinic Status: where 10 facilities received platinum, 10 gold and 4 silver. One hundred and fifty-eight (158) facilities in the province conducted the status determinations for the Ideal Clinic Realisation and Maintenance (ICRM). • The department is continuing with the general practitioner contracting in anticipation of National Health Insurance. NHI Medical Officer Forum was hosted in Pixley ka Seme to market the NHI strategy.
Transform	Goal 3: Quality Improvement in the Provision of care.	<ol style="list-style-type: none"> 4. <i>Improve quality and safety of care.</i> 	<ul style="list-style-type: none"> • Pillar 5: <i>Improve the quality, safety and quantity of health services provided with a focus on to primary health care.</i> 	<ul style="list-style-type: none"> • The waiting time is being monitored in the facilities throughout the province, the waiting time has improved from 4 hours to less than 2 hours, the average waiting time for the province is 1 hour and 30 minutes. • The Emergency Medical Services have established an inter-facility component for Robert Mangaliso Sobukwe Hospital/Frances Baard District that is proving to be successful. • Psychological support was provided to all officials who contracted Covid-19 or who were in contact with infected patients.
		<ol style="list-style-type: none"> 5. <i>Provide leadership and enhance governance in the health sector for improved quality of care.</i> 	<ul style="list-style-type: none"> • Pillar 7: <i>Strengthen Governance and Leadership to improve oversight, accountability and health system performance at all levels.</i> 	<ul style="list-style-type: none"> • The department has been conditionally accredited by the South African Nursing Council to offer Higher Certificate in Nursing; while the response on accreditation for Diploma in Nursing curriculum is still awaited. The health facilities in three districts have been fully approved by the SANC for clinical placement of students for the Higher Certificate in Nursing and the other two districts are still to be assessed.

	MTSF 2019-2024	Outcomes	Presidential Health Summit Compact Pillars	Progress
		6. <i>Improve community engagement and reorient the system towards Primary Health Care through Community based health Programmes to promote health.</i>	<ul style="list-style-type: none"> • Pillar 8: <i>Engage and empower the community to ensure adequate and appropriate community based care.</i> 	<ul style="list-style-type: none"> • The department engaged in a number of events that were community-based. Activities such as health talks, health screening, radio talks and other opportunities to provide the community with all the relevant messages.
		7. <i>Improve equity, training and enhance management of Human Resources for Health.</i>	<ul style="list-style-type: none"> • Pillar 1: <i>Augment Human Resources for Health Operational Plan.</i> 	<ul style="list-style-type: none"> • A number of bursary holders who completed their studies were placed in various health facilities to improve the capacity of delivering services. Thirty-two (32) students has been released from Henrietta Stockdale Nursing College to commence with community service. All 17 RSA-Cuba medical students who sat for their final examinations have passed and graduated; while 32 local bursary holders across various field of study have been placed on permanent jobs at the health facilities. • A total of new 350 unemployed youth of Northern Cape were appointed onto learnership programmes.
		8. <i>Improving availability to medical products, and equipment.</i>	<ul style="list-style-type: none"> • Pillar 2: <i>Ensure improved access to essential medicines, vaccines and medical products through better management of supply chain equipment and machinery.</i> • Pillar 6: <i>Improve the efficiency of public sector financial management systems and processes.</i> 	<ul style="list-style-type: none"> • Mid-year stocktakes were conducted at the Provincial Medical Depot and all the districts to monitor the availability of pharmaceuticals and medical supplies; while the medicine availability remains above the target.
		9. <i>Robust and effective health information systems to automate business processes and improve evidence based decision making.</i>	<ul style="list-style-type: none"> • Pillar 9: <i>Develop an Information System that will guide the health system policies, strategies and investments</i> 	<ul style="list-style-type: none"> • Connectivity was upgraded to 20 megabytes per second satellite link at Calvinia Hospital and Niekerkshoop Clinic by the National Department of Telecommunications. The department upgraded WAN link at Kakamas Hospital to 2 megabytes per second; while a total of 14 Primary Health Care facilities were connected through SA Connect Broadbank project.
	Goal 4: Build Health Infrastructure for effective service delivery.	10. <i>Execute the infrastructure plan to ensure adequate, appropriately distributed and well maintained health facilities.</i>	<ul style="list-style-type: none"> • Pillar 3: <i>Execute the infrastructure plan to ensure adequate, appropriately distributed and well-maintained health facilities.</i> 	<ul style="list-style-type: none"> • In the third quarter, delays on the delivery of projects was caused by various factors such as regulations guidelines of national lockdown in terms of Disaster Management Act, thus most projects could not be completed within agreed timelines, the affected construction projects were construction of Boegoeberg Clinic, Port Nolloth CHC, Bankhara Bodulong Clinic, Springbok Hospital Pharmacy, Glenred Clinic and Heuningvlei Clinic.

14. Institutional Programme Performance Information

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

The Department conducts Performance Information Monitoring (PIM) Sessions on a quarterly basis with all budget programmes to review performance in order to monitor achievement in the implementation of the Strategic and Annual Performance Plans. These sessions assist the Department in identifying early warning signs on poor performance. Programmes then develop action plans on indicators that were not achieved.

Each quarter a Performance Analysis Report is also developed and shared with all relevant managers on strategies to overcome areas of underperformance. The outcome of analyses requires programmes to develop risk improvement plans on how to mitigate risks of non-achieving planned targets. Programmes are also accountable to provide means of evidence for performance over-achieved.

In lieu of the above, the performance for the period under review for each of the eight budget programmes hereby follows.

The following legend can be used for interpreting performance tables:

Strike-through areas means that the indicator is new and audited information for the previous years are thus not available

The Audited information of the past three financial years are provided (if available)

Planned annual targets are aligned with the 2021/22 APP

Outcomes, Outputs and Output Indicators are aligned with the 2021-22 APP

Table # Outcomes, Outputs, Output Indicators, Targets and Actual Achievements

OUTCOME	OUTPUT	OUTPUT INDICATOR	AUDITED ACTUAL PERFORMANCE 2019/20	AUDITED ACTUAL PERFORMANCE 2020/21	PLANNED ANNUAL TARGET 2021/22	ACTUAL ACHIEVEMENT 2021/22	DEVIATION FROM PLANNED TARGET TO ACTUAL ACHIEVEMENT 2021/22
Outcome	Output	Indicator					
REASONS FOR DEVIATION:							
IMPROVEMENT PLAN:							

Reasons are provided in cases where deviation occurs between planned performance and actual achievement

Corrective measures are provided in cases where an indicator has under-performed

Actual achievements for the year under review are reported by each Sub-Programme

Deviation occurs either when there is an over-achievement (+) or under-performance (-)

14.1. Programme 1 – Administration

PROGRAMME PURPOSE AND STRUCTURE

- To conduct the strategic management, technical support to core programmes and the overall administration of the Department of Health in the Northern Cape Province.

Office of the Member of Executive Council (MEC)

- The rendering of advisory, secretarial and office support services to the political office bearers.

Office of the Head of Department (HOD)

- To conduct the strategic management and the overall administration of the Department of Health in the Northern Cape Province.

SUB-PROGRAMMES

- Sub-Programme 1.1: Policy & Planning
- Sub-Programme 1.2: Information, Communication & Technology (ICT)
- Sub-Programme 1.3: Human Resource Management (HRM)
- Sub-Programme 1.4: Financial Management / Finance
- Sub-Programme 1.5: Employment Equity & Gender

OUTCOMES

1. Strengthening leadership and governance in the department and ensuring that there is collaborative planning at all levels.
2. Robust and effective health information systems to automate business process and improve evidence based decision-making.
3. Staff equitably distributed and have right skills and attitudes.
4. Improve financial management.
5. Women empowerment.

14.1.1. Sub-Programme 1.1: Policy and Planning (P&P)

PURPOSE

1. Monitor the implementation of Departmental Performance Plans.
2. To assist in the development and implementation of policies.

SITUATION ANALYSIS

MONITORING AND EVALUATION (M&E)

The M&E Unit conducts Performance Information Monitoring Sessions with all budget programmes to monitor performance and develop improvement plans for indicators not achieved. The unit continues to provide support to the districts in their reviews so as to guide and improve on performance management.

POLICY DEVELOPMENT

The Policy Development Unit has made good strides in getting programmes to realise the importance of having policies in place. This change is evident in the performance outcomes recorded for the period under review, where a total of eighteen (18) policies were approved against the target of sixteen (16). Ongoing monitoring of the departmental policy register is the biggest contributor to the overall performance. In ensuring compliance, the component developed a schedule for Policy Committee meetings and, for the period under review, six meetings were planned. However, due to competing departmental priorities only four meetings took place, viz; 20th May 2021, 20th July 2021, 15th October 2021 and 22nd March 2022.

The challenge, which burdens the policy formulation process, is the availability of appointed committee members and, at times, delays coming from the policy sponsors (executive/senior managers) to finalize policies on time. The concern of not being able to conduct policy implementation roadshows, due to the financial constraints stated when visits to districts need to be undertaken. Lastly, not empowering employees on approved policies has a negative bearing on the Department and compromises labour peace and disharmonizes the workplace.

STRATEGIC PLANNING

The National Department of Health (NDOH) circulated proposed standardized indicators to be reviewed by the respective Provincial programmes. The unit managed to convene a consultative session with key programme managers to review the proposed standardized indicators and submit inputs by the 6th August 2021. Furthermore, the final approved list of standardized indicators was submitted to NDOH by the 17th September 2021.

The Draft Annual Performance Plan 2022-2023 aligned to the format and approved standardized indicators was developed and circulated to budget programmes for inputs. Inputs were submitted by budget programmes by the end of September and those inputs were consolidated into the final APP 2022/2023, which has been submitted to both Office of the Premier and NDOH. Additionally, the draft Operational Plan 2022/2023, aligned to the APP 2022/2023, was developed and circulated for inputs. However, by the end of the second quarter, the majority of the budget programmes failed to cost the activities aligned to the output indicators which affected the finalization of the plan. The unit planned to engage with the respective budget programmes and the provincial budget directorate to ensure that the costing of activities is completed in order for the draft Operational Plan 2022/2023 to be finalized.

Moreover, the unit developed a performance analysis for the period 2018/19-2020/21 which was presented to management at the Provincial District Review convened in September 2021.

Additionally, the 5-year Strategic Plan 2020/21-2024/25 was reviewed in October 2021 to ensure alignment to the draft APP 2022/2023 and included in the draft APP 2022/2023.

The Unit also embarked on an internal audit for Programme 4 and interacted with the ZFM and Pixley Ka Seme Districts. The Unit made inputs on SOPA 2021 and submissions at the Technical Cluster on Teenage Pregnancy and Health Interventions.

The Policy and Planning Directorate ensured that the APP for the financial year 2022/2023 was tabled at the Office of the Premier (OTP) and the Provincial Legislature. The reviewed Strategic Plan was included as an Annexure in the APP 2022/23 that was tabled.

ACHIEVEMENTS

- A total of 18 policies against a target of 16 policies were approved under the reporting period:
 - Revenue Management Policy
 - Asset Management Policy
 - Policy on Special Leave
 - Policy on Information and Communication & Information Security
 - Policy on Patient Fee Management
 - Policy on Anti-Fraud and Corruption
 - Policy on Commuted Overtime for Medical and Dental Personnel
 - Policy on SHERQ
 - Policy on Leave of Absence
 - Policy o Subsistence and Travelling Allowance
 - Policy on Health and Productivity
 - Policy on Conducting Clinical Audits
 - Policy on the Establishment of Governance Structures (Hospital Boards and Clinic Committees)
 - Policy on Security Management
 - Policy on Health Technology Equipment Donations
 - Policy on Integrated Pest Management
 - Policy on Health Care Waste Management
 - Policy on Health Care Waste Management Submitted approved standardized indicators to NCDOH
- Developed and presented performance analysis to aid decision-making.
- Draft APP 2022/2023 submitted to OTP and NCDOH.
- Draft Operational Plan 2022/2023 was developed and aligned to the draft APP 2022/2023.

CHALLENGES AND MEASURES PLANNED TO OVERCOME THEM

Table 8 Challenges & Measures Planned to overcome them: Policy & Planning

CHALLENGES	CORRECTIVE ACTION
Delay on development of policies by custodians.	Seek intervention of the Accounting Officer.
Lack of training of employees on approved policies.	Conduct roadshows on Implementation of Policies.

Table 9 Outcomes, Outputs, Output Indicators, Targets and Actual Achievements: Policy & Planning

OUTCOME	OUTPUT	OUTPUT INDICATOR	AUDITED ACTUAL PERFORMANCE 2019/20	AUDITED ACTUAL PERFORMANCE 2020/21	PLANNED ANNUAL TARGET 2021/22	ACTUAL ACHIEVEMENT 2021/22	DEVIATION FROM PLANNED TARGET TO ACTUAL ACHIEVEMENT 2021/22	
Strengthening leadership and governance in the department and ensuring that there is collaborative planning at all levels	Development of Strategic Plan	Reviewed 5-year Strategic Plan	Draft Strategic Plan 2024/2025 developed	Reviewed 5-year Strategic Plan	Reviewed 5-year Strategic Plan	Reviewed 5-year Strategic Plan	-	
		REASONS FOR DEVIATION:						
		<ul style="list-style-type: none"> No deviation as the target was achieved. 						
	IMPROVEMENT PLAN							
	<ul style="list-style-type: none"> None. 							
	Development & implementation of Policies	Number of approved policies	11	16	16 Approved Policies	18 Approved policies	2 Approved policies	
REASONS FOR DEVIATION:								
<ul style="list-style-type: none"> Monitoring of the Departmental Policy Register and policy development support to programmes. 								
IMPROVEMENT PLAN								
<ul style="list-style-type: none"> Development and implementation of annual policy formulation plan. 								

14.1.2. Sub-Programme 1.2: Information, Communication & Technology

PURPOSE

1. Provide connectivity and upgrade physical network infrastructure in all facilities.

SITUATION ANALYSIS

The ICT (Information and Communication Technology) Unit has Technicians currently stationed at all District Offices that assist with incidents within the Districts as well as at vaccination sites and teams. A continued improvement in the resolution time for incidents in the Districts has been noticed throughout the financial year. Some areas of concern have been noticed with regard to the availability of transport within the Districts. This is now hampering technicians visiting facilities within the District and will have a negative effect on operations management of the ICT Unit.

The province had significant downtime with regard to the internet services hosted by SITA during quarter 4. This was mostly due to cable faults within the Upington area.

Vaccination sites are currently being monitored for uptime and all issues are being resolved as a matter of urgency by the technicians stationed in the Districts.

The Implementation of the Vodacom Virtual Private Network has started with the installation of the Fixed connectivity across all Facilities within the John Taolo Gaetsewe District. Some challenges were experienced with the installations due to the unavailability of Network cabinets in the Facilities. The Unit has procured the required cabinets and the installations have been completed. Connectivity of devices within the Facilities is currently underway.

The e-Submission system has been implemented and has gone live within the Department. The Human Resource Department is the first Unit that will use the system. The rest of the Units will be added in a phased-in approach.

The Department is in the process of Implementing a Computer Aided Dispatch System within the EMS Call Centre. The process has been started and should go live within the month of May 2022.

ACHIEVEMENTS

- Ninety-three percent (93%) incident Resolution across the Province.
- Ninety-one percent (91%) Systems availability accessibility across the Province.
- Implementation of e-Submission system has started.
- Seventeen (17) PHC facilities implemented internet connectivity.

CHALLENGES AND MEASURES PLANNED TO OVERCOME THEM

Table 10 Challenges & Measures Planned to overcome them: Information, Communication & Technology (ICT)

CHALLENGES	CORRECTIVE ACTION
Availability of Funds for Connectivity.	Reprioritization of funds for permanent connection solution at Primary Health Care Facilities.
Filling of current vacant positions within the ICT Unit: <ul style="list-style-type: none">▪ 2 x Deputy Director Positions▪ 1 x Principal Network Controller	Grant the necessary approval to fill vacant and funded positions within the ICT Unit.
Minimized allocation of Budget to the ICT Directorate for: <ul style="list-style-type: none">▪ Support Services / Incident Management in Districts.▪ Procurement of Parts for the repair of Equipment (Provincial Office and Districts including Hospitals).▪ Information Management Functions within Districts.	Allocation of Budget to the ICT Directorate to attend to Incidents within Districts and Hospitals.

Table 11 Outcomes, Outputs, Output Indicators, Targets and Actual Achievements: ICT

OUTCOME	OUTPUT	OUTPUT INDICATOR	AUDITED ACTUAL PERFORMANCE 2019/20	AUDITED ACTUAL PERFORMANCE 2020/21	PLANNED ANNUAL TARGET 2021/22	ACTUAL ACHIEVEMENT 2021/22	DEVIATION FROM PLANNED TARGET TO ACTUAL ACHIEVEMENT 2021/22
Robust and effective health information systems to automate business process and improve evidence based decision - making	PHC Facilities with network access	Percentage of PHC facilities with network access	65% (104/159)	69% (110/159)	50%	77%	27%
		REASONS FOR DEVIATION:					
		<ul style="list-style-type: none"> ▪ The implementation of the VPN was enhanced. 					
		IMPROVEMENT PLAN					
		<ul style="list-style-type: none"> ▪ Continued implementation of the VPN. 					

14.1.3. Sub-Programme 1.3: Human Resources Management (HRM)

PURPOSE

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

SITUATION ANALYSIS

HUMAN RESOURCE ADMINISTRATION

The Human Resource Plan for the Medium Term Expenditure Framework for the period 2018/2019–2020/2021 expired in March 2021. The Department has to develop a new Human Resource Plan due to changes in our organisational structure and the re-alignment of functions within the Department. The Human Resource Plan was due in May 2022 and will be linked to the Medium Term Expenditure Framework.

The Department has identified interventions and focus areas to increase Labour Relations capacity across the Province. Due to the current shortage of Labour Relations Practitioners in the Department, internal staff movements and the approval for the replacement post of the Labour Relations Manager and posts additional to the establishment, Labour Relations Officers. A draft Labour Relations strategy was done which will strengthen the approach to employee, management and labour relations in the Department. The conditions of service functions are fully decentralised to the district and Hospital Human Resource Management. Human Resource managers and practitioners are to be trained on the CompEasy system in order to upload injury on duty incidents.

The Recruitment and Selection function decentralised to Districts/Hospitals, only appointments and translation in rank were effected on PERSAL at provincial level. The National Department of Health has introduced the HRIS (Human Resource Information System), which can provide quality and accurate human resource for health information. The HRIS will improve decision-making regarding health workforce and will lead to improved service delivery in the health sector.

EMPLOYEE PERFORMANCE MANAGEMENT DEVELOPMENT SYSTEM (EPMDS)

According to the Northern Cape Provincial Government (NCPG) EPMDS Policy (2018), every employee must enter into a Performance Agreement with the employer. The NCDOH has complied poorly with this Policy, as the general compliance rate is below 60%. However, the EPMDS unit strives to ensure that managers, supervisors, and employees understand the signing of the Performance Agreement as a tool to monitor and evaluate performance of the employee against the targets of the Department; not just as an incentive exercise.

The Provincial EPMDS Office facilitated an employee performance appraisal processes and nine Intermediary Review Committee (IRC) sessions were successfully held across the province. Organised labour organizations were invited to take part as one of the important stakeholders of the process.

Implementation of performance rewards was centrally implemented by DPSA for all Departments of all Provinces, as guided by the DPSA Circular 21 of 2021. All employees (SL 1–12) were paid 1.5% pay progression irrespective of their qualifying criteria and/or status.

There have been sessions to review the transversal NCPG EPMDS Policy, conducted by OTP, where all Northern Cape Government Departments met on a virtual platform to discuss various inputs and the Policy is in the final stages of approval at OTP. Communication was sent out to all Districts / Institutions that employees qualifying for confirmation of permanent employment after probation completion, should be done so on PERSAL with the condition that all other prerequisites (except the Compulsory Induction Programme) are met accordingly.

ACHIEVEMENTS

HUMAN RESOURCE ADMINISTRATION

- The implementation of an electronic system to seek approval and track the progress of a submission. The e-submission will replace the manual based submissions. The 1st phase was implemented at the provincial office and the roll-out of the e-submission will take place in the District and Hospital Human Resource Management components in the next financial year.
- The Employee Health and Wellness conducted training on health and safety representative functions and fire fighting in the Districts. The psycho-social support programme was activated at the Provincial Office. A clinical psychologist was appointed at the Provincial Office to support the Emergency and Forensic Medical Services.

EMPLOYEE PERFORMANCE MANAGEMENT DEVELOPMENT SYSTEM (EPMDS)

- Development of standard grade progression guidelines and tools.
- Districts and Institutions capacitated on grade progression skills.
- Approval of all grade progression submissions granted and subsequent implementation of payments accordingly.
- Employee performance appraisal and moderation processes completed throughout the province.
- Pay Progression rewards for were completed (as was centrally done by DPSA).
- Districts / Institutions support site visits were of great success in determining their service and support needs for continuous rendering of quality services to stakeholders.
- Regular meetings are held with the office of the Premier to finalise the draft EPMDS policy.

CHALLENGES AND MEASURES PLANNED TO OVERCOME THEM

Table 12 Challenges & Measures Planned to overcome them: Human Resources Management (HRM)

CHALLENGES	CORRECTIVE ACTION
HUMAN RESOURCE ADMINISTRATION	
Human Resource Plan.	Develop a new HR Plan for the MTEF period.
PERSAL Establishment - Segregation of duties.	Segregation of duties to be aligned and implemented in the new financial year for the human resource management and finance salaries employees.
Non-implementation of declined PILLIR applications.	District Managers, Programme Managers and CEO Hospitals must enforce the decision of the Health Risk Manager.
Employees' pension claims at the Government Employees Pension Fund not claimed Overtime.	<ul style="list-style-type: none"> ▪ Northern Cape government employees pension fund Co-ordinator to assist in the claims for s-cases (old pension claims). ▪ Control measures to be put in place and strict monitoring of overtime by all Districts/Hospitals. Monthly detailed overtime report to Districts, Province and Hospitals to monitor expenditure.
Establishment of Wellness Centres in the 5 Districts and Hospitals.	The Head of Department must ensure that wellness centres be established to provide clinical evaluations and psycho-social therapeutic interventions.
Facility Inspections.	District Managers to ensure that inspections are conducted annually.
EPMDS	
<ul style="list-style-type: none"> ▪ The human resources capacity of provincial EPMDS office is insufficient to cater for the demands of the whole Province. ▪ Poor human resources capacity at Institution/ District level to adequately carry through effective EPMDS functions. 	An assessment should be done to establish how resources can be improved to enhance operations.
Employee job descriptions (JDs) and performance agreements (PAs) are not aligned with the departmental strategy and goals.	Supervisors/ managers to ensure that JDs and PAs to be aligned with the organisational strategy and goals.
<ul style="list-style-type: none"> ▪ Poor accountability by managers/ supervisors for performance management non-compliance. ▪ Delayed and poor response rate from employees with respect to performance management compliance. 	Training to be provided to all levels of employees, including supervisors/ managers for understanding of EPMDS Policy implications.
Failure of the managers to draw up Performance Improvement Plans (PIP) to address the employees who are poor performers.	EPMDS should monitor mid-year performance reports submitted and remind managers about their PIP.

Table 13 Outcomes, Outputs, Output Indicators, Targets and Actual Achievements: Human Resource Management

OUTCOME	OUTPUT	OUTPUT INDICATOR	AUDITED ACTUAL PERFORMANCE 2019/20	AUDITED ACTUAL PERFORMANCE 2020/21	PLANNED ANNUAL TARGET 2021/22	ACTUAL ACHIEVEMENT 2021/22	DEVIATION FROM PLANNED TARGET TO ACTUAL ACHIEVEMENT 2021/22
Staff equitably distributed and have right skills and attitudes	Human Resources Plan developed	Human Resources Plan developed	Human Resources Plan developed (30 th June 2018)	Not approved Human Resources Plan	Human Resources Plan developed	No Human Resource Plan developed	No Human Resource Plan developed
	REASONS FOR DEVIATION:						
	<ul style="list-style-type: none"> The HR Plan expired on 31 March 2021; the new HR Plan is in the process of being developed. 						
	IMPROVEMENT PLAN						
<ul style="list-style-type: none"> A new HR Plan should be developed due to the change in the organisational structure and areas that need improvement in the Department. 							
	Performance agreements signed for SMS	Percentage of Performance Agreements signed by SMS officials	26%	52% (13/25)	100%	75% (18/24)	-25% (6/24)
REASONS FOR DEVIATION:							
<ul style="list-style-type: none"> Non-compliance by members of SMS has led to poor performance on this indicator. 							
IMPROVEMENT PLAN							
<ul style="list-style-type: none"> Consequence management to be applied for failure to comply with the EPMDS Policy. 							

14.1.4. Sub-Programme 1.4: Financial Management

PURPOSE

1. Attain an unqualified Audit Report through developing financial control systems.

SITUATION ANALYSIS

The Office of the Chief Financial Officer (CFO) focused on the development of internal controls by updating the Audit Action Plan which includes key policies like the Budget Management Policy and the Supply Chain Policy. These controls are informed by the Audit outcome issued by the Office of the Auditor-General. The Department received a qualified audit opinion with emphasis on the main challenges of Asset Management, Irregular Expenditure, Revenue Management and Accruals were highlighted by Auditor-General. The Audit Action Plan has been developed to specifically address these qualification items and the other findings posing a risk of qualification. The Office of the CFO has engaged the Accounting Officer in dealing with some of the key performance areas contained in the Audit Action Plan.

Financial reforms remained a priority, key policies have been finalised and some are in circulation with the aim of rolling out before the financial year end. There is an additional resource in the budget office to assist in terms of improving internal controls in order to reduce the risk of unauthorised expenditure to an acceptable level.

An under collection of revenue has been realised throughout the year due to structural issues especially at the different facilities. The regularization of contracts, especially those that are on a month to month basis, is in the process of being finalised. The Adjustment budget review process was conducted during the second quarter, with programmes providing key inputs.

ACHIEVEMENTS

- Updated Audit Action Plan for the development of internal controls.
- Development of Audit Action Plan which focus on the five (5) qualification paragraphs.
- Key policies updated and in circulation.
- Departmental Asset Register is at an advanced stage in the Frances Baard District.
- An irregular expenditure to the value of R8.6 million was submitted to Office of the Premier for investigation.

CHALLENGES AND MEASURES PLANNED TO OVERCOME THEM

Table 14 Challenges & Measures Planned to overcome them: Financial Management

CHALLENGES	CORRECTIVE ACTION
Lack of controls to manage procurement related processes.	<ul style="list-style-type: none"> ▪ Implement controls contained in the Audit Action Plan. ▪ Appoint key personnel particularly at Senior Management Level.
Lack of archiving facilities for the Office of the CFO.	<ul style="list-style-type: none"> ▪ The Infrastructure unit has presented the layout of the archiving facility. ▪ Engagement is currently underway with the infrastructure management to revamp the existing West End Hospital.
Asset Management unit currently understaffed.	<ul style="list-style-type: none"> ▪ Provincial Treasury has committed to jointly review the current staff deployment of Senior Asset Officials to provide supervision.
Asset Register is not complete and accurate.	<ul style="list-style-type: none"> ▪ The unit has commenced with the capturing of the verified information on LOGIS. ▪ The unit is busy with the reconciliations of disposals and additions between BAS and LOGIS.

Table 15 Outcomes, Outputs, Output Indicators, Targets and Actual Achievements: Financial Management

OUTCOME	OUTPUT	OUTPUT INDICATOR	AUDITED ACTUAL PERFORMANCE 2019/20	AUDITED ACTUAL PERFORMANCE 2020/21	PLANNED ANNUAL TARGET 2021/22	ACTUAL ACHIEVEMENT 2021/22	DEVIATION FROM PLANNED TARGET TO ACTUAL ACHIEVEMENT 2021/22
Improve financial management	Audit outcome for regulatory audit expressed by AGSA for 2019/20 financial year	Audit opinion of Provincial DOH	Qualified Audit Report	Qualified Audit Report	Unqualified Audit Report	Qualified Audit Report	Qualified Audit Report
		REASONS FOR DEVIATION:					
		<ul style="list-style-type: none"> ▪ Lack of a framework to address internal control deficiencies. ▪ The absence of a revenue management system at Departmental facilities has also contributed toward negative audit outcomes. ▪ Historical irregular expenditure awaiting investigation, condonation or write-off has also contributed towards the inability to achieve a positive audit outcome. ▪ The management and monitoring of the Departments Accruals has further contributed to negative outcome. ▪ The lack of an asset register will continue to negatively affect the audit outcome. 					
IMPROVEMENT PLAN							
<ul style="list-style-type: none"> ▪ Monitor and implement the Audit Action Plan throughout the year. ▪ Finalise the asset register. ▪ Improve internal controls on the prevention of irregular expenditure ▪ Improve revenue collection from the facilities. 							

14.1.5. Sub-Programme 1.5: Employment Equity and Gender (EE&G)

PURPOSE

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

SITUATION ANALYSIS

The unit continued advocacy programmes around the State of Women and gender issues in the Department as it is a key imperative. However, the commencement of the fourth quarter had routed the focus of the unit to the development/review process of the Departmental Service Delivery Improvement Plan (SDIP). This has prompted the Unit to draw support from other districts/units with a quest of sourcing all required information, which is deemed key to the development of the document. The affirmation or acknowledgement of the districts/units had assisted the unit to compile a Process Mapping which provided strategic guidance to steer the process. During the reporting period, the DPSA requested the Department to preliminarily submit the Process Mapping Plan as part of the initial stages of the process. A draft plan was subsequently forwarded to and was endorsed by the DPSA.

After the acknowledgement of the Process Mapping Plan by the DPSA, the unit conducted an engagement with all stakeholders, both internally and externally. The engagement was aimed at creating and strengthening stakeholder relations to ensure a seamless development of the SDIP. This was instigated by indirect factors which are impeding on the provisioning of health care services to our communities. Hence, part of the audience during our stakeholder meeting were representatives from the municipalities who delivered presentations on the Integrated Development Plan, as well as the Spatial Development Framework to provide the Department with a glance of the landscape of the districts. The contribution of these municipalities had yielded useful and insightful information to assist the unit with the development of the document. Other external stakeholders which were engaged included, i.e. STATSSA and the Department of Roads and Public Works.

ACTIVITIES

- Drafted the Patient Passport for Chronic Patients, the LGBTIQ+ community and Persons with Disabilities, and translated the document into Afrikaans and IsiXhosa. These documents are currently at printing, whilst the Setswana translation is being scrutinised by experts in the linguistics field.
- Developed a Hospital Questionnaire as part of the transformation mechanism for the improvement of Operations at Galeshewe Day Hospital.
- Participated in the launch of the 19th Public Sector Innovation Awards 2021 (Microsoft Teams) on 02nd July 2021.
- Celebrated and commemorated Woman's Month on 13th August 2021.
- Participated at the Launch/ Opening of the Paediatric and Records unit at Galeshewe Day Hospital on 13 September 2021 (Mounting of Corporate Culture, developed information clips on Patient Passport, departmental Corporate Culture, Patient Satisfaction Surveys and the Service Package of the Facility).
- Participated in the Batho Pele (Public Service Month) Webinar virtual Meeting on 21st September 2021, in an effort to enhance the implementation of the Batho Pele Principles, the directorate gave a presentation on the activities conducted and tools developed to improve health services.

ACHIEVEMENTS

- Submitted the draft Process Mapping Plan to the DPSA.
- Establishment of Inter Stakeholder relations with District Municipalities.

CHALLENGES AND MEASURES PLANNED TO OVERCOME THEM

Table 16 Challenges & Measures Planned to overcome them: Employment Equity & Gender (EE&G)

CHALLENGES	CORRECTIVE ACTION
No support from the districts in the development of the SDIP.	Managers who are non-compliant must be held accountable to the HOD.

Table 17 Outcomes, Outputs, Output Indicators, Targets and Actual Achievements: Employment Equity & Gender (EE&G)

OUTCOME	OUTPUT	OUTPUT INDICATOR	AUDITED ACTUAL PERFORMANCE 2019/20	AUDITED ACTUAL PERFORMANCE 2020/21	PLANNED ANNUAL TARGET 2021/22	ACTUAL ACHIEVEMENT 2021/22	DEVIATION FROM PLANNED TARGET TO ACTUAL ACHIEVEMENT 2021/22
Women empowerment	Women appointed in senior management	Number of women appointed in senior management positions	/	0	4	1	-3
		REASONS FOR DEVIATION:					
		<ul style="list-style-type: none"> ▪ Only one woman was appointed in a senior management position due to the 2020/2021 moratorium passed on the filling of all posts. 					
		IMPROVEMENT PLAN					
<ul style="list-style-type: none"> ▪ Motivate for more women to be appointed in senior management positions when moratorium is lifted. 							

LINKING PERFORMANCE WITH BUDGET

Table 18 Linking Performance with Budget: Programme 1 - Administration

Pr1: Administration	2021/2022			2020/2021		
	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000
Office of the MEC	18 053	18 053	-	19 169	20 209	(1 040)
Management	244 020	242 062	1 958	208 676	208 909	(233)
Total	262 073	260 115	1 958	227 845	229 118	(1 273)

Administration spent R260.115 million or 99.3 percent of its allocated budget of R262.073 million.

The under spending of R1.958 million was a result of late invoices that were received after the final disbursement by Provincial Treasury.

14.2. Programme 2 – District Health Services (DHS)

PROGRAMME PURPOSE AND STRUCTURE

- Comprehensive, integrated and sustainable health care services (preventative, promotive, curative and rehabilitative) based on the Re-engineered Primary Health Care (PHC) approach through the District Health Systems (DHS).

SUB-PROGRAMMES

- Sub-Programme 2.1: District Health Services (DHS)
- Sub-Programme 2.2: District Hospitals
- Sub-Programme 2.3: HIV/Aids, STI
- Sub-Programme 2.4: Tuberculosis (TB) Control
- Sub-Programme 2.5: Mother, Child & Women’s Health and Nutrition (MCWH&N)
- Sub-Programme 2.6: Disease Prevention & Control (CDC)
- Sub-Programme 2.7: Health Promotion

OUTCOMES

1. Patient experience of care in public health facilities improved.
2. Health facilities ready for NHI accreditation.
3. Management of patient safety incidents improved to reduce new medico-legal cases.
4. Maternal, neonatal, infant and child mortality reduced.
5. Patient experience of care in public health facilities improved (District Hospitals).
6. Management of patient safety incidents improved to reduce new medico-legal cases (District Hospitals).
7. Maternal, neonatal, infant and child mortality reduced (District Hospitals).
8. AIDS related deaths reduced by implementing the 90-90-90 strategy.
9. 90-90-90 targets for HIV/AIDS achieved by 2020 and 95-95-95 targets by 2024/25.
10. TB Mortality reduced by 75%.
11. Stunting among children reduced.
12. Malaria eliminated by 2023.
13. Hypertension and diabetes prevalence managed.
14. Health and wellbeing of individuals improved.

14.2.1. Sub-Programme 2.1: District Health Services (DHS)

PURPOSE

1. Ensure accessibility to health care services.
2. Ensure well-functioning health facilities.
3. Improve oversight, accountability and health system performance by strengthening Governance and Leadership at all levels.
4. Improve patient complaints resolution rate within the province.
5. Improve patient safety incidents rate within the province.
6. Improve the percentage of facilities that have conducted self-assessments.

SITUATION ANALYSIS

District Health Services is a fundamental component within the Department and a well-functioning system is required for rendering health care services. It is critical that this component strengthen and improve on the six building blocks of the WHO standards. The programme achieved only five (5) out of sixteen (16) indicators (42%) for the **2021/22** financial year. The Covid-19 pandemic created a major setback in the Northern Cape Department of Health; programmes were negatively affected, the resources were directed in fighting the pandemic and increasing the vaccination uptake.

During this financial year service delivery slightly improved throughout the province; the pandemic operations have been incorporated in the daily operations of the health care facilities. Even though districts are noticing a slow implementation on the Integrated Clinical Services Management (ICSM) strategy, the facilities appointment system has relatively improved and more patients are being pre-booked in some local municipalities throughout the province.

The ICSM strategy is addressing the following inefficiencies caused by the Covid-19 pandemic, patients are managed appropriately through:

- Five Streams.
- Patient Flow.
- Appointment system.
- Reduction of waiting times.
- Pre retrieval & pre packing.
- Emergency services.

Continuous effective Incident Management Team (IMT) meetings were conducted to monitor the key indicators of the resurgence and strategize on pillars that needed intervention.

The province developed a 5th wave resurgence plan to prepare for a possible wave. The objectives of this plan were:

- To detect Covid-19 cases early through enhanced monitoring of resurgence alert and response indicators.
- To reinforce implementation of Covid-19 prevention interventions at community level.
- To ensure continuous implementation of service delivery priorities through the integration of Covid-19 with existing health priorities.
- To sustain and optimise the health system capacity to respond to a resurgence in Covid-19 cases.
- To support the development of innovations and new technology aimed at improving overall Covid-19 response.

To accelerate the vaccination rollout, the districts have been conducting Vooma drives to increase the vaccination uptake of the province. The province conducted a vaccination Intra Action Reviews (IAR) from the 30th March 2022 to the 1st April 2022 in Upington, these sessions were supported by the WHO. Four districts submitted plans for continuing essential health care services in their respective districts. The purpose of this plan is to provide a roadmap for recovery to delivering and maintaining essential health services while dealing with future waves of Covid-19 or other pandemics.

The John Taolo Gaetsewe District was visited by the Deputy Minister of Health to support infrastructure improvement at the Tshwaragano District Hospital. All the projects discussed during the session will be included in the Table B5 and implemented in the 2022/23 financial year.

Renovations

Wall oxygen was installed in all wards, minor renovations in casualty including painting and benches were installed at the waiting area. The paediatric renovations are also underway through the assistance of South 32 Mines. Plumbing work was done at Keolopile Olepeng and leakages and the geyser was fixed. Renovations at the Postmasburg Hospital theatre and casualty are also underway through the assistance of Kolomela Mine and SIOC.

The EMS building will be renovated and converted into a mental health ward. Major repairs of water pipes were done at Carnarvon CHC; the Nurses Home is temporarily being used to render services to the community.

Ideal Facility Realisation and Maintenance (IFRM)

Self-assessments were done in the first quarter of this financial year. The Peer Review updates for the Ideal Clinic Realisation and Maintenance was done in the 2nd & 3rd quarter of 2021/22 were not conducted as envisaged. The province status determination has improved as of 30th March 2022 from 156 to 162. Thirty-five (35) facilities attained ideal clinic status, namely: 12 Gold, 13 Platinum and 10 Silver; whereas one hundred and twenty-seven (127) facilities have not achieved ideal clinic status. In quarter four the Ideal Clinic categories improved from twenty-three (23) to thirty-five (35), thus twelve (12) facilities improved their status. This improvement was mainly attributed to districts updating their status on the equipment donated and received from NCDOH and other partners. Updates were also done for facilities that do not have MOUs/Policies.

Appointment of Critical Posts

Appointment of critical staff (Operational Managers, Professional Nurses, Medical Officers, Hospital CEOs and District Directors, etc.) was done throughout the province to address the critical staff shortages, however, even though appointments were done in the districts there is still a need to appoint additional staff in order to enhance service delivery. Human Resource Administration remains a challenge in the districts because, at this stage only clinical posts are prioritized yet non-clinical posts (e.g. porters, cleaners, groundsman, artisans, data capturers etc.) are also crucial.

Waiting Time

The waiting time for the province is still within the norm (less than 2 hours). The average waiting time for the 3rd quarter was 1hr 16min and in the 4th quarter the province was at 1hr 18min. Facilities throughout the province monitors the waiting time routinely.

CCMDD

The number of registered patients on CCMDD in 2021/22 quarter 4 stood at 82 173 and the registered target for 2022/23 is 94 898. The aim of the CCMDD is to decant stable patients at health care facilities and decrease waiting times.

WBPHCOT

A submission was approved to appoint OTLs throughout the province and the Pixley ka Seme District has concluded the recruitment and selection processes. No progress has been made in the other districts.

DELEGATIONS

Table 19 Delegations

Position	Finance & SCM	HR appointments	Maintenance and repairs
District Director	Requisitions, Orders and Payments: -Quotes obtained up to R500 000 -RT tenders up to R1 000 000	No delegations	Limited to only small repairs - broken windows, small plumbing, Air-conditioning, Cooling systems, Medical equipment, security systems etc. not covered

The Department acknowledges the following donations that were received:

- A sixteen-seater quantum vehicle for the vaccination programme from Khumani mines.
- Twenty (20) vaccine fridges from Khumani mines to assist with the vaccination uptake.
- Assmang Khumani Mine handed over medical equipment for the Kuruman Hospital casualty as well as a 14 seater quantum to the department on 26th October 2021 to enhance on service delivery.
- Through partnership with the University of Pretoria, De Beers and Kumba Mines, the district received three Clinical Associates in December 2021 to assist with vaccination programme.

ACHIEVEMENTS

- Additional vaccination sites opened throughout the province to ramp up the coverage.
- The merger and opening of Martha Griffith's.
- John Taolo Gaetsewe District Maternal and Child Health Care Symposium convened 24-25 November 2021 to improve on the health outcomes.
- The Vooma Campaign took place in October, November and December with the support of the office of the Deputy Minister Department of Basic Education.
- Appointment of Operational Managers, Hospital CEOs and District Director to address the vacancy rate and work towards stability throughout the province.

CHALLENGES AND MEASURES PLANNED TO OVERCOME THEM

Table 20 Challenges & Measures Planned to overcome them: District Health Services

CHALLENGES	CORRECTIVE ACTION
Shortage of staff/Critical posts not filled: <ul style="list-style-type: none"> ▪ Will hamper on effective good quality service delivery ▪ Increased litigations ▪ Will affect the health outcomes 	Appointment of critical staff using the block advert and finalisation of the Organisational Development Structure.
Lack of ICT in some facilities will compromise: <ul style="list-style-type: none"> ▪ Effective communication ▪ Data quality ▪ Decision making and late reporting 	All facilities connected in Frances Baard, ICT is in a process of rolling out the connectivity in all districts especially in John Taolo, Telkom fixed connectivity.
Verification and validation of data will hinder on data quality and decision making.	Compliance of the facility based District Health Management of Information System Policy.
Rationalization of Registers (ROR).	Speed up the process of procurement of ROR.
Lack of maintenance budget.	Maintenance budget to made available for all districts by the Infrastructure unit.
<ul style="list-style-type: none"> ▪ Limited Cash flow received from province impacting on accruals and commitments. ▪ Cash flow not available on time will affect efficient service delivery. 	Province Finance to release adequate amount of money requested from district office's to pay suppliers timeously.
Governance structures not yet functional at all facilities.	Revive and appointment governance structures throughout the province.
Vacancies in DHMO structure.	Repositioning existing staff and shifting of functions.

Table 21 Outcomes, Outputs, Output Indicators, Targets and Actual Achievements: District Health Services (DHS)

OUTCOME	OUTPUT	OUTPUT INDICATOR	AUDITED ACTUAL PERFORMANCE 2019/20	AUDITED ACTUAL PERFORMANCE 2020/21	PLANNED ANNUAL TARGET 2021/22	ACTUAL ACHIEVEMENT 2021/22	DEVIATION FROM PLANNED TARGET TO ACTUAL ACHIEVEMENT 2021/22
Patient experience of care in public health facilities improved	Patient experience of care survey satisfied responses	Patient experience of care satisfaction rate		84.5%	80%	80.8%	0.8%
		REASONS FOR DEVIATION:					
		<ul style="list-style-type: none"> The target was achieved. 					
		IMPROVEMENT PLAN					
		<ul style="list-style-type: none"> Conduct routine surveys and filling of vacant funded posts to improve patient care at health facilities. 					
Health facilities ready for NHI accreditation	Fixed PHC health facilities have obtained Ideal Clinic status (silver, gold, platinum)	Ideal Clinic Status obtained rate	35% (57/163)	14% (23/159)	85%	22% (35/162)	-63%
		REASONS FOR DEVIATION:					
		<ul style="list-style-type: none"> Facilities not attaining 100% on the non-negotiables; 60-80% on the vital elements. Dilapidated infrastructure, non-calibration of essential equipment. 					
		IMPROVEMENT PLAN					
		<ul style="list-style-type: none"> Health Technologist to calibrate essential equipment throughout the districts. 					
Management of patient safety incidents improved to reduce new medico-legal cases	Severity assessment code (SAC) 1 incident reported within 24 hours rate	Severity assessment code (SAC) 1 incident reported within 24 hours rate		98%	100%	25%	-75%
		REASONS FOR DEVIATION:					
		<ul style="list-style-type: none"> Three (SAC) 1 cases were not reported within the stipulated timeframe. 					
		IMPROVEMENT PLAN					
		<ul style="list-style-type: none"> Training on PSI. Verification and reviewing of all SAC incidence cases recorded on the system. 					
Patient Safety Incident (PSI) case closed	Patient Safety Incident (PSI) case closed	Patient Safety Incident (PSI) case closure rate			100%	90%	-10%
		REASONS FOR DEVIATION:					
		<ul style="list-style-type: none"> One case not closed but was escalated to the next level of intervention. 					
		IMPROVEMENT PLAN					
		<ul style="list-style-type: none"> Escalation of cases to the next level of intervention. Verification and reviewing of all SAC incident cases recorded on the system. 					

OUTCOME	OUTPUT	OUTPUT INDICATOR	AUDITED ACTUAL PERFORMANCE 2019/20	AUDITED ACTUAL PERFORMANCE 2020/21	PLANNED ANNUAL TARGET 2021/22	ACTUAL ACHIEVEMENT 2021/22	DEVIATION FROM PLANNED TARGET TO ACTUAL ACHIEVEMENT 2021/22
Maternal, neonatal, infant and child mortality reduced	Maternal death in facility	Maternal mortality in facility ratio (CHC)			54.9 / 100 000	0 / 100 000	54.9 / 100 000
		REASONS FOR DEVIATION:					
		<ul style="list-style-type: none"> ▪ No maternal deaths occurred at the CHCs. ▪ Good implementation of the IMCI guidelines. ▪ Complicated cases timeously referred to the next level of care. 					
	IMPROVEMENT PLAN						
	<ul style="list-style-type: none"> ▪ Continuous implementation of the IMCI guidelines. 						
	Death in facility under 5-years total	Death under 5-years against live birth rate (CHC)			0.4	0.6	-0.2
		REASONS FOR DEVIATION:					
		<ul style="list-style-type: none"> ▪ Delayed response to danger signs by parents/guardians and late presentation of children to facilities. 					
	IMPROVEMENT PLAN						
	<ul style="list-style-type: none"> ▪ Continuous on-site training, support visits and awareness campaigns. 						
	Diarrhoea death under 5-years	Child under 5-years diarrhoea case fatality rate (CHC)			0.3	0	0.3
		REASONS FOR DEVIATION:					
<ul style="list-style-type: none"> ▪ Good implementation of the IMCI guidelines. ▪ Good response to danger signs. 							
IMPROVEMENT PLAN							
<ul style="list-style-type: none"> ▪ Continuous on-site training, support visits and awareness campaigns. 							
Pneumonia death under 5-years	Child under 5-years pneumonia case fatality rate (CHC)			0.7	2.7	-2.0	
	REASONS FOR DEVIATION:						
<ul style="list-style-type: none"> ▪ Delayed response to danger signs by parents/guardians and late presentation of children to facilities. 							

OUTCOME	OUTPUT	OUTPUT INDICATOR	AUDITED ACTUAL PERFORMANCE 2019/20	AUDITED ACTUAL PERFORMANCE 2020/21	PLANNED ANNUAL TARGET 2021/22	ACTUAL ACHIEVEMENT 2021/22	DEVIATION FROM PLANNED TARGET TO ACTUAL ACHIEVEMENT 2021/22
		IMPROVEMENT PLAN					
		<ul style="list-style-type: none"> Strengthen health education and awareness to caregivers. 					
	Severe Acute Malnutrition (SAM) death under 5-years	Severe Acute Malnutrition death under 5-years rate (CHC)			5.5	7.8	-2.3
		REASONS FOR DEVIATION:					
		<ul style="list-style-type: none"> Delayed response to danger signs by parents/guardians and late presentation of children to facilities. 					
		IMPROVEMENT PLAN					
		<ul style="list-style-type: none"> Strengthen health education and awareness to caregivers. 					

14.2.2. Sub-Programme 2.2: District Hospitals

Table 22 Outcomes, Outputs, Output Indicators, Targets and Actual Achievements: District Hospitals

OUTCOME	OUTPUT	OUTPUT INDICATOR	AUDITED ACTUAL PERFORMANCE 2019/20	AUDITED ACTUAL PERFORMANCE 2020/21	PLANNED ANNUAL TARGET 2021/22	ACTUAL ACHIEVEMENT 2021/22	DEVIATION FROM PLANNED TARGET TO ACTUAL ACHIEVEMENT 2021/22
Patient experience of care in public health facilities improved	Patient experience of care survey satisfied responses	Patient experience of care satisfaction rate		0%	80%	66.2%	-13.8%
		REASONS FOR DEVIATION:					
		<ul style="list-style-type: none"> Shortage of staff and no dedicated persons for quality assurance in our district hospitals. 					
		IMPROVEMENT PLAN					
		<ul style="list-style-type: none"> Identify focal person for quality assurance in the districts. 					
Management of patient safety incidents improved to reduce new medico-legal cases	Severity assessment code (SAC) 1 incident reported within 24 hours rate	Severity assessment code (SAC) 1 incident reported within 24 hours rate		35%	100%	70%	-10%
		REASONS FOR DEVIATION:					
		<ul style="list-style-type: none"> Six (6) SAC1 cases were not reported within the stipulated timeframe. 					
		IMPROVEMENT PLAN					
		<ul style="list-style-type: none"> Training on PSI. Verification and reviewing of all SAC incidence cases recorded on the system. 					
Patient Safety Incident (PSI) case closed	Patient Safety Incident (PSI) case closed	Patient Safety Incident (PSI) case closure rate			100%	100%	0%
		REASONS FOR DEVIATION:					
		<ul style="list-style-type: none"> Target achieved as all Patient Safety Incident cases were closed. 					
		IMPROVEMENT PLAN					
		<ul style="list-style-type: none"> Sustain achievement by reporting and closing cases timeously. 					
Maternal, neonatal, infant and child mortality reduced	Maternal death in facility	Maternal mortality in facility ratio			74.9 / 100 000	107 / 100 000	-32.1 / 100 000
		REASONS FOR DEVIATION:					
		<ul style="list-style-type: none"> No segregation of Maternity ward units. Lack of basic essential equipment (Blood pressure, Haemoglobin machines, Non Pneumatic Antishock Garment, etc.). Not all district hospitals have access to safe caesarean delivery (i.e. Prof ZK, Connie Vorster, Kakamas). 					

	<ul style="list-style-type: none"> Late referral to the Regional or Tertiary hospital. Inadequate EMS. 					
	<p>IMPROVEMENT PLAN</p> <ul style="list-style-type: none"> Continuous training and mentoring on guidelines. Strengthen early referral to the next level of care. Conduct regular Perinatal and Child Review Meetings at facility and district level modifiable factors. Establishment and adherence to referral criteria and pathway. 					
Death in facility under 5-years total	Death under 5-years against live birth rate			1.4	1.3	0.1
	<p>REASONS FOR DEVIATION:</p> <ul style="list-style-type: none"> Good implementation of the IMCI guidelines. Good response on to danger signs. 					
	<p>IMPROVEMENT PLAN</p> <ul style="list-style-type: none"> Continuous on-site training, support visits and awareness campaigns. 					
Diarrhoea death under 5-years	Child under 5-years diarrhoea case fatality rate			2.1	2.3	-0.2
	<p>REASONS FOR DEVIATION:</p> <ul style="list-style-type: none"> Absence of dehydration corners. Delayed response to danger signs by parents/guardians and late presentation of children to facilities. 					
	<p>IMPROVEMENT PLAN</p> <ul style="list-style-type: none"> Districts to establish rehydration corners in facilities. Continuous on-site training, support visits and awareness campaigns. 					
Pneumonia death under 5-years	Child under 5-years pneumonia case fatality rate			2.4	3.9	-1.5
	<p>REASONS FOR DEVIATION:</p> <ul style="list-style-type: none"> Delayed response to danger signs by parents/guardians and late presentation of children to facilities. 					
	<p>IMPROVEMENT PLAN</p> <ul style="list-style-type: none"> Strengthen health education and awareness to caregivers. 					
Severe Acute Malnutrition (SAM) death under 5-years	Severe Acute Malnutrition death under 5-years rate			4.7	5.3	-1.4
	<p>REASONS FOR DEVIATION:</p>					

		<ul style="list-style-type: none">▪ Delayed response to danger signs by parents/guardians and late presentation of children to facilities.
		<p><u>IMPROVEMENT PLAN</u></p> <ul style="list-style-type: none">▪ Strengthen health education and awareness to caregivers.

14.2.3. Sub-Programme 2.3: HIV & AIDS, STI and TB Control (HAST)

PURPOSE

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

SITUATION ANALYSIS

HIV/AIDS & STI

HIV Testing Services (HTS)

Compared to the previous reporting period, the performance has improved substantially. The number of people tested for HIV increased from 202 937 to 233 920, representing an increase of 15.3% year-on-year. This increase is largely due to the easing of the lockdown regulations, where in the previous financial year (2020/21) most of the health care services were negatively affected by the Covid-19 pandemic.

As a result of the improvement in performance during the period under review the HIV Testing Services (HTS) managed to achieve 93.8% against the annual target of 249 165. A number of community mobilization campaigns were conducted on a quarterly basis at district level through the Operation Phuthuma strategy.

The HIV prevalence amongst 15-24 year olds target has been achieved despite an increase from 2.9% in quarter 3 to 3.3% in quarter 4, which could be as a result of decline on condom distribution and other reasons at societal level.

HIV Self Screening (HIVSS)

The province has trained one hundred and seven (107) health care workers (including lay counsellors) on HIV Self Screening. The National Department of Health donated an additional five thousand HIVSS test kits, adding to the initial two thousand six hundred and twenty-five that was donated in October 2020. Eight hundred and fifty test kits have been distributed to date. The province also received one hundred and forty-four HTS registers and twenty HIVSS information charts.

Proficiency Testing (PT)

Proficiency Testing survey results were received from the National Health Laboratory Services (NHLS), showing that the Province had 40% (79/199) non-response among facilities since not all facilities reported, citing various reasons such as inability to fax results. The NHLS is in a process of migrating from paper based to electronic reporting which may improve reporting and data quality. This will be done at district level by the coordinators as some facilities do not have proper internet access. The NHLS has trained district coordinators in four districts and arrangements have been made with the NHLS for the remaining district, Pixley Ka Seme. Seventy-seven thousand, eight hundred and forty test strips were ordered and delivered at district level.

Condom Distribution

The condom distribution programme has achieved 69.7% of the annual target on male condoms (13 595 823), with a shortfall of 4 million. This under-performance is as a result of inadequate transport and supply chain management challenges, where there were delays in procurement processes.

The performance will be improved through a condom truck which will be utilized on a rotational basis in districts. However, it must be noted that there are still serious transport challenges in all districts which impacts negatively on the condom distribution performance. During the 4th quarter there were some improvements due to various campaigns where condom distribution and promotion were incorporated.

Medical Male Circumcision (MMC)

The Programme had already achieved its annual target by the end of the 3rd quarter, this was as a result of the re-activation of MMC services and appointment of an external MMC service provider. During the previous period, MMC services were scaled down completely during the Covid-19 peak period, where only eight hundred and eighty-six (886) medical circumcisions were performed. During the current financial year no adverse events were reported due to focus on quality and safety.

Traditional Male Circumcision

A total of four thousand four hundred (4 400) initiates were circumcised. This MMC sub-programme, in close cooperation with COGHSTA and traditional leaders, continues to provide support. One death was however reported in the Pixley Ka Seme District and the incident is under investigation.

Pre-exposure Prophylaxis (PreP)

The demand and uptake of PreP is still low at facility level, which is an indication that the PreP programme is not optimally implemented. NGOs have been appointed to scale up the demand for PreP amongst LGBTQI, Men having sex with Men, Sex Workers and Victims of Gender Based Violence (GBV). All five Districts are working on implementing the PreP roll-out plan for phase 1 & 2 facilities and training will be intensified in the new financial year. There was a notable increase in the number of clients initiated on PreP, increasing to ninety-three (93) in 2021/22 from thirty-one (31) in 2020/21. Those remaining on PreP also increased from one hundred (100) to three hundred and eighteen (318) by the end of this financial year. These two indicators show that, despite the slow roll-out of the PreP programme in the Province, there are still positive signs of progress.

Post Exposure Prophylaxis (PeP)

The PeP programme reached 86% of its annual target and is projected to further exceed. During the current financial year, the Province had almost similar reports in the number of reported sexual assault cases (744) compared to the seven hundred and thirty-six (736) cases in the previous financial year. In terms of those who were HIV negative, five hundred and forty-six (546) were provided with PeP, which accounts for 100% as per the eligibility criteria. Multi Sectoral Campaigns were conducted to highlight the impact of GBV and to promote the health services that are available to victims of GBV and Sexual Assault.

High Transmission Areas (HTA)

The Department has provided funding to Life Line through the HIV & AIDS sub-grant to assist in the roll-out of interventions to key populations, such as sex workers and the youth. Below is a summary of the progress per district:

Table 23 Progress on High Transmission Areas

District	No. of Sex Workers	Funded	Services Provided
Frances Baard	190	Yes	HIV testing services, TB screening, STI screening, Condom promotion & distribution, PreP and PeP Education, Psychological Support, GBV Education, Human Rights.
JT Gaetsewe	160	Yes	HIV testing services, TB screening, STI screening, Condom promotion & distribution, PreP and PeP Education, Psychological Support.
Namakwa	10	No	Human Rights, PreP and Pep Education.
Pixley ka Seme	15	No	HIV testing services, TB screening, STI screening, Condom promotion & distribution, PreP and PeP Education, Psychological Support.
ZF Mgcawu	15	No	HIV testing services, TB screening, STI screening, Condom promotion & distribution.
NC TOTAL	390		

HIV TREATMENT CARE AND SUPPORT SUB-PROGRAMMES

ART Programme

None of the two quarterly indicators were achieved. Two indicators on viral load suppression are annual indicators. The non-achievement of the Total Remaining on ART indicators are largely due to poor tracing of clients by CHWs caused by migration of patients due to work opportunities.

CCMDD

The province has a total of 10 067 active ART patients registered on CCMDD which is a slight improvement compared to 9 443 active ART patients reported in quarter 2.

Community Outreach Services (COS)

The CHWs numbers per category are as follows: Caregivers – 1 765, HTS - 449 and Peer Educators – 154; these numbers do not remain the same due to attrition in the programme. The CHWs managed to track and trace 357 TB defaulters and 1 765 HIV defaulters for the during the 4th quarter.

Through the National COS Grant, the province has appointed four Non-Governmental Organisations (NGOs) in the 4th quarter where an introductory meeting was held in Upington. These NGOs are: Get Ready, AAHA, ESST and Ukhahlamba, and have since signed Service Level Agreement (SLAs) with the Provincial Department of Health.

Regional Training Centre

One hundred and eighty-five (185) Health Professionals were trained on various clinical management programmes, including data management. After years of little progress on capacitating the Community Health Care Workers (CHCW) there were 347 CHCW trained on HIV/TB Adherence in quarter 3, whilst trainings are ongoing during quarter 4. All the CHCW in Pixley ka Seme have been trained and it is the only district in the Province to have achieved such status.

Advocacy Communication and Social Mobilization (ACSM) Main Events

- The **Provincial World AIDS Day** event was held in Kenhardt, ZFM district, where four hundred people attended the event. Build-up events were held in four districts (except Namakwa). Two participants attended a Traditional Medicine Conference in Cape Town and it is acknowledged that traditional medicine has the potential of reducing the burden on the health care systems.
- **Reproductive Health & Condom Week:** During this event 258 000 male condoms were distributed, due to stock-outs in the Province, however, no female condoms were issued.
- **World TB Day build-up activities:** All districts were engaged to conduct build-up activities from 28th February 2022 up to the day of the main event which was 24th March 2022. Other activities continued up to 31st March. The build-up activities were an integrated approach where HIV & AIDS, and STI awareness topics were also incorporated. The following activities were provided: condom distribution, STI screening, HIV testing and linkage to care (for those who tested positive).

90-90-90 Strategy (Operation Phuthuma)

The National Department of Health (HAST Cluster) launched Operation Phuthuma on 1st April 2019 as an effort to fast-track the implementation of planned activities at lower levels in order to achieve the 90-90-90 HIV and TB Targets. Operation Phuthuma is responsible for managing the implementation of the 10 Point Plan for Acceleration, which are:

1. Strengthen management (including quality patient centred-care).
2. Strengthen data systems; clean up data.
3. Same day initiation; follow-up first missed appointment
4. Use unique ID (HPRN).
5. All trained NIMART nurses (23 000) to initiate patients.
6. Set performance targets for: NIMART nurses; lay counsellors; data clerks; CHWs.
7. Strengthen CCMDD and increase pick up points.
8. Decrease waiting times by for example improving the filing system.
9. Provide services in extended working hours 10.
10. Accountability to MEC/HOD and reward facilities that perform against targets.

Through the course of the period under review, the HAST Directorate embarked on various activities as per the Provincial Operation Phuthuma Plan, which comprised of: HIV testing; TB cases finding; Treatment initiation and adherence; PMTCT, Back to care; community mobilization and engagement; etc. Progress on the HIV 90-90-90 Pillars shows that Pillar 1: People Living with HIV knowing their status, has been achieved in all districts in the Province, Pillar 2: People

Living with HIV on ART, achievement stands at 66% while the Pillar 3 shows that the Province was not far from reaching the targets (88% of those on ART virally suppressed). Unfortunately, no district in the Province has achieved all three Pillars.

Table 24 Operation Phuthuma (90-90-90) Strategy

District	1st 90 Source: Thembisa 4.3	2nd 90 Source: DHIS & CMS	3rd 90 Source: DHIS - VLS rate 12 month cohort
Pixley ka Seme	92%	84%	87%
John Taolo Gaetsewe	91%	69%	89%
Frances Baard	91%	69%	90%
ZF Mgcawu	91%	47%	92%
Namakwa	91%	70%	87%
NC	91%	66%	88%

Viral Load Suppressed Rate

Activities

- The unit has successfully conducted key awareness campaigns during the financial year: STI week, World AIDS Day, and additional community mobilisation engagements such as door-to-door, community dialogues, etc.
- Early warning indicator assessments conducted at selected facilities in JT Gaetsewe and ZF Mgcawu district to assess ART programme indicators in order to improve patient outcomes.
- Various trainings were also conducted:
 - Paediatric ART optimization training conducted in JT Gaetsewe district – Category of staff trained, 24 Prof nurses, 7 Pharmacy learners, 4 Pharmacy assistants, 2 Pharmacist, 1 Clinical associate and 5 Doctors.
 - Sexual and reproductive health training conducted in Pixley ka Seme, John Taolo Gaetsewe, ZF Mgcawu and Frances Baard and included nurses from Unjani private practice, Lenmed, Department of Correctional service and Dischem. Seventy-seven Prof Nurses and three doctors were trained. The aim of the training was to improve sexual and reproductive health management and to make clients aware of their rights regarding reproductive health.

TB CONTROL

TB Screening recorded an increase in performance from 81 % in quarter 3 to 85% in quarter 4, this performance exceeds the preferred target of 80%.

JT Gaetsewe District recorded 95% in quarter 4 compared to 89% in quarter 3 and ZF Mgcawu achieved the 91%, Pixley and Frances Baard marked a slight improvement of 77% in quarter 4 from 74% in quarter 3. The DS-TB Programme noted a decline in TB treatment initiation from 1 422 patients in quarter 3 to 1 133 patients in quarter 4. All districts have contributed to the under-performance; hence the province is struggling to reach the desired targets for Finding Missing TB Patients.

Under-performance on the DS-TB outcomes was noted where the TB success rate for the Province stood at (819/1 360) 60%, ZFM is the only district that achieved (290/412) 70%, Namakwa and Pixley are at (88/135) 65% and 167/276 (60%) respectively, Frances Baard and JT Gaetsewe both performed poorly at 50%.

Progress for FAST Implementation

The Province procured fifty LF-ULAM (Lateral flow urine lipoarabinomannan assay for the diagnosis of active tuberculosis in people living with HIV) packets, of which a pack having 25 test kits were received, and distributed to all five districts, for 16 Primary Health facilities and 3 Community Health Centres, including the Regional Hospital (Dr. Harry Surtie Hospital). The implementation is slow and in-service training is scheduled for the new financial year.

Linkage to care is still not functional at certain facilities visited during the financial year and this was subsequently addressed with the respective facility managers. Data management systems are still under-performing in some facilities with daily capturing not taking place as required. Late reporting to the next level continues to hinder optimal performance. Operational Managers have been advised to have monthly meetings in order to address areas of under-performance. Leadership and supervision needs strengthening and proposals were forwarded to the facility management teams for implementation and review for next visit.

The outcome of the visit resulted, firstly, in the DMT buy-in on strategies proposed to improve performance. Secondly, Human Resources, internet connectivity and EMS was elevated to the Executive Management. Thirdly, NIMDR implementation reconfigured and additional professional nurses identified by the Health Area Managers to undergo

future NIMDR training to sustain sub district coverage. Lastly, the District Clinical Advisory Committee was established and draft terms of references were developed for sign-off by the District Managers.

MDR-TB Outcomes & Decentralisation

The Provincial decentralisation of MDR TB is expanding and has moved from 50 to 55 MDR treatment initiation sites due to Namakwa as the major contributor with 18 sites, albeit mostly Medical Officer driven. Trained and competent Nurse Initiators in all districts initiate newly diagnoses patients though the target of treatment initiation less than five days of diagnosis is still not being met as per policy guideline.

The province still maintains its 100% sub-district coverage for treatment initiation sites and provision of access to care for Drug Resistant TB patients. The Programme is still hinged on outreach support by the teams from West end Specialised Hospital, Harry Surtie Hospital and Namakwa to initiate all difficult DR-TB cases, mentor Nurse Initiators of MDR TB (NIMDR), as well as conducting follow up visits to Pixley ka Seme and JT Gaetsewe districts. A total of 298 patients were seen in outreach during quarter 4.

The treatment outcomes for MDR-TB patients is based on the 2019 cohort. Treatment outcomes are indicative of a slight negative change in the unfavourable outcomes of lost to follow up (LTFU) increasing from 15.1% (2019) to 19.8% (2019). Conversely, death rate decreased year-on-year for the past three-year period (2017-2019). However, despite the unfavourable outcomes in LTFU and death rate, the treatment success rate has improved significantly in 2019, standing at 63.8% compared to 54% in 2018 and 2017. This is mainly attributed to the interventions on drug regimens that have been introduced to improve recovery timeline and pill burden.

Table 25 Treatment Outcomes

Indicator	2017	2018	2019
Treatment Success	54.1% (160/296)	54.1% (199/311)	63.8% (190/298)
Death	24.3% (72/296)	19.3% (60/311)	13.4% (40/298)
LTFU	15.5% (46/296)	15.1% (47/311)	19.8% (59/298)

Furthermore, implementation of the Shorter Treatment regimen is progressing well with 67/81 cases (83%) making up the majority case finding for the cohort. The number of cases started on new and repurposed drugs, such as Bedaquiline and Delamanid, is indicative of a good uptake with 80/81 (99%) and exceeded the set target of 9 Delamanid initiations by achieving 14 (155%).

District Support

The programme also undertook sub-district peer reviews on a quarterly basis. The purpose of these peer reviews was to support the poor performing facilities in the district. Other important interventions include the following:

- Regular data quality assessment through formal facility support or remote technical support.
- Implementation of the new monthly TB reporting template on activities and challenges in order to improve programmatic monitoring in a speedy manner.
- TB U-LAM (urine lipoarabinomannan) Training roll out was conducted in all districts.
- TB Management training was conducted in ZFM from 6-10 September 2021 and 45 participants from all sub-districts attended.
- Quality Improvement Integrated support visits were conducted across all districts as part of the Operation Phuthuma Strategy.

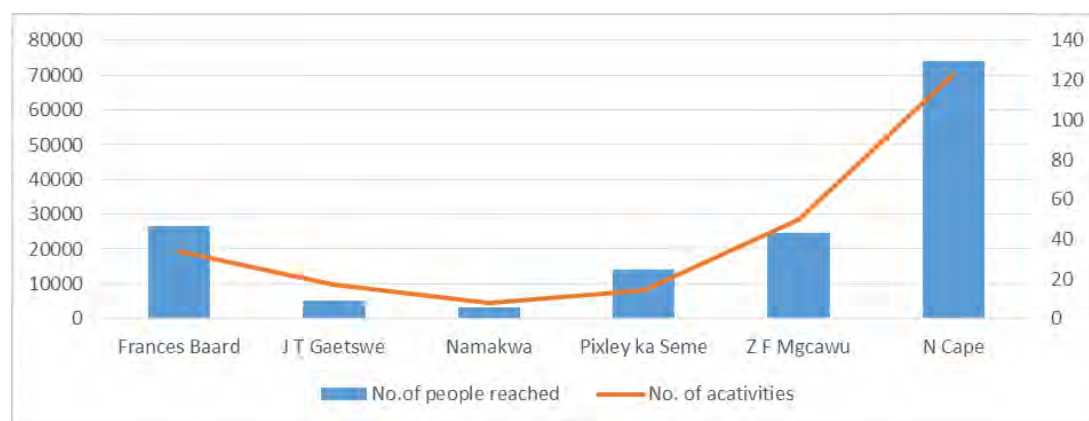
World TB Day Event

World TB Day is commemorated annually on the 24th of March. This financial year the national event was hosted by the Northern Cape Province under the theme: **“Invest in Action to End TB Now! Get Screened, End Stigma, Save Lives”**. Frances Baard district was identified to host the event.

All five districts were engaged in conducting build-up activities from 28th February 2022 up to the day of the event and the activities also continued post the event up to 31st March 2022. Build-up activities were undertaken through provision of TB services, Covid-19 services, Sexually Transmitted Infections screening and HIV testing, Health awareness campaigns and provisioning of social services.

A cumulative total of 74,050 people was reached from a total of 123 build-up activities across the province. In total 3 734 households were visited and a total number of 26, 747 people was reached by Frances Baard as the hosting district, of which 52% were female and 48% were male.

Figure 2 Number of people reached through World TB Day Activities



As part of its interventions, the Province identified high volume facilities to up-scale activities in order to achieve the TB Missing Cases targets (case finding). This illustrates that most health care facilities did not achieve their target, which could be as a result of the negative impact of Covid-19. However, activities were strengthened during the last quarter through the World TB Day build-up activities.

Table 26 TB Missing Cases

Name of Facility	Annual Target	Actual 2021/22	Achievement Rate
1. Galeshewe Day Hospital	111	134	120,7%
2. Phuthanang Clinic	116	66	56,9%
3. Valspan Clinic	179	63	35,2%
4. Betty Gaetsewe Clinic	140	89	63,6%
5. Dr Torres Clinic	174	117	67,2%
6. Ritchie Clinic	148	105	70,9%
7. Katrina Koi-Koi	160	6	3,8%
8. Seoding	108	32	29,6%
9. Tshwaragano CHC	372	29	7,8%
10. Calvinia Clinic	112	71	63,4%
11. Breipaal Clinic	159	95	59,7%
12. Carnavon CHC	136	50	36,8%
13. De Aar Clinic	166	97	58,4%
14. Hopetown Clinic	150	83	55,3%
15. L Adams	126	24	19,0%
16. Lowryville Clinic	104	36	34,6%
17. Montana Clinic	111	61	55,0%
18. Petrusville Clinic	116	62	53,4%
19. Dr. H Surtie Hospital	150	34	22,7%
20. Lingelethu Clinic (Pabalello)	116	36	31,0%
21. Progress Clinic	162	102	63,0%
22. Sarah Strauss Clinic	214	127	59,3%
23. Kakamas Clinic	162	102	63,0%
24. Keimoes Clinic	115	74	64,3%
25. Postmasburg Clinic	107	79	73,8%
Total	3714	929	47,8%

Activities

- The Province successfully hosted the National event for the World TB Day which was led by the Deputy President, Deputy Minister of Health and the Premier of the Province.
- Various trainings conducted:
 - Basic TB training for Pixley ka Seme and Frances Baard, 25 Prof Nurses trained and this includes two nurses from Department of Correctional services.
 - TB LF-LAM training was conducted for the ZF Mgcawu district and 20 participants were trained the breakdown is seven Doctors, nine Nurses and four Pharmacists all from the public health sector.
 - Paediatric DR-TB management training, this was facilitated at WESH and three doctors, four nurses, Physiotherapist, Occupational therapist, Dietician one each and two Pharmacist.
 - Basic TB training conducted in Frances Baard district, the participants of Frances Baard and Pixley Ka Seme district. The number of participants trained were 25 professional nurses from both districts.

- Training on LF-LAM conducted in Harry Surtie hospital, target group was for doctors, Pharmacists and nurses. The number of Participants trained on the LF LAM were 20.
- Convened a successful Provincial Clinical Advisory Committee (PCAC) where further management of complicated cases was presented for solutions and guidance.

ACHIEVEMENTS

HIV/AIDS & STI

- Appointment of twenty-five (25) LGBTQI+ peer educators.
- Appointment of HIV Prevention Clinical Programme Coordinator in JT Gaetsewe.

TB CONTROL

- 100% treatment initiation on MDR-TB which has been maintained for 3 years in succession.
- Appointment of TB Coordinator in Pixley Ka Seme and TB/Infection Operational Manager for Tshwaragano hospital from the 1st of January 2022. Induction programme for both employees was conducted on the 3rd and the 4th February 2022.
- The appointment of the District TB Coordinator and the TB/Infection Control Operational manager in Tshwaragano hospital, will improve the TB Indicators, especially the TB Screening and Finding Missing TB Patients and other TB Indicators.
- The progress to date to implement the integrated system (Tier.Net) across districts has achieved 91.7%. In quarter 1, the National Department of Health developed an upgraded version (ver. 1.13.2), which the districts are currently rolling out.

CHALLENGES AND MEASURES PLANNED TO OVERCOME THEM

Table 27 Challenges & Measures Planned to Overcome them: HIV & AIDS, STI & TB Control (HAST)

CHALLENGES	CORRECTIVE ACTION
HIV/AIDS & STI	
Vacant post for provincial STI, HTA and Condom.	HR has planned to advertise the post.
Unavailability of HIV Prevention coordinator for Namakwa.	Head hunting process has started.
Under-performance of the PreP programme.	The programme has been handed over to PEP manager as a focal person and further support to improve performance.
Condom distribution targets were not achieved due to transport challenge.	The transport discussion is at executive level.
Poor female condom uptake.	Intensify awareness.
Vacant posts – District Comprehensive Care, Management and Treatment coordinators ZF Mgcawu & Frances Baard districts.	Follow up with districts on appointment of successful candidates.
Delays in procurement of ART clinical stationery affecting data quality.	Follow-up with SCM regarding procurement of clinical stationary.
Slow TLD transitioning and TLD under reporting.	TLD uptake rapid assessment and TLD data clean up.
Slow filling of vacant posts.	NDOH in a CG review meeting advised that all vacant posts should be filled as priority.
TB	
Increase in Drug Resistant TB death rate.	Death audits planned for Q1 2022/23 to draw lessons and improve quality of care.
High loss to follow rate. Poor recording and communication between clinicians and Data Clerks. TIER.NET is not implemented adequately, the daily /weekly capturing by Data Clerks and Health facilities without Data Clerks.	Province and District to support facilities presenting with high LTFU rate, by drawing up a list of for facilities that have patients without outcomes and whose Data Clerks not capturing daily/weekly. Resuming of morbidity and mortality meetings at inpatient unit level as well as District Clinical Advisory meetings.
Low TB screening by some districts and Low case finding. Delay on procurement of Integrated TB/Covid-19 screening books, province, districts and health facilities cannot print copies due to printing paper or cartridges.	Intensify TB case finding through facility screening at 90% performance and missing TB cases campaign at district level. Weekly monitoring tool developed of the three districts (Frances Baard, PKS and JTG) that are not performing on the TB screening that started from 1 June 2021.
Slow progress on approval submission, TB Tracer Team Leader, procurement of vehicles for Finding Missing TB Cases.	Fast track the submission, and start action.
Slow implementation of LF LAM in all five districts, due to poor communication of SCM.	Strengthen the communication with SCM and TB Programme. In-service training on the LF LAM scheduled for April/May 2022.

Table 28 Outcomes, Outputs, Output Indicators, Targets and Actual Achievements: HIV/Aids & STI

OUTCOME	OUTPUT	OUTPUT INDICATOR	AUDITED ACTUAL PERFORMANCE 2019/20	AUDITED ACTUAL PERFORMANCE 2020/21	PLANNED ANNUAL TARGET 2021/22	ACTUAL ACHIEVEMENT 2021/22	DEVIATION FROM PLANNED TARGET TO ACTUAL ACHIEVEMENT 2021/22
AIDS related deaths reduced by implementing the 90-90-90 strategy	HIV positive 15-24 years (excl. ANC)	HIV positive 15 – 24 years (excl. ANC) rate		3.1	4.5	2.4	2.1
		REASONS FOR DEVIATION:					
		<ul style="list-style-type: none"> Fewer than projected HIV new infections were recorded. However, it is noted that in Quarter 4, there was a notable increase which is largely attributed to low condom distribution and other societal reasons such as poverty which results in younger women engaged in commercial sex with older men, etc. 					
		IMPROVEMENT PLAN					
		<ul style="list-style-type: none"> Improve the distribution and education around correct condom usage. Intensified community awareness campaigns, also targeting key populations e.g. tertiary institutions, High Transmission Areas, etc. 					
ART adult remain in care- total	ART adult remain in care rate			58 714	90	48.5	-41.5
		REASONS FOR DEVIATION:					
		<ul style="list-style-type: none"> The high attrition was mainly associated with lost to follow-up due to poor treatment adherence among clients who were previously enrolled onto treatment. Below target (less than desired 90%) treatment initiation. 					
		IMPROVEMENT PLAN					
		<ul style="list-style-type: none"> Ongoing adherence counselling among clients including training to health care workers. Embark on regular track and trace of early defaulters to mitigate high defaulter rate. Continued health education at facility level 					
ART child remain in care- total	ART child remain in care rate			3 669	90	55.9	-34.1
		REASONS FOR DEVIATION:					
		<ul style="list-style-type: none"> The high attrition was mainly associated with lost to follow-up due to poor treatment adherence among clients who were previously enrolled onto treatment. Below target (less than desired 90%) treatment initiation. Also influenced by lack of proper support by guardians to ensure adherence to monthly facility follow-up visits. 					
		IMPROVEMENT PLAN					
		<ul style="list-style-type: none"> Ongoing adherence counselling among clients including training to health care workers. Embark on regular track and trace of early defaulters to mitigate high defaulter rate. Continued health education at facility level. 					

OUTCOME	OUTPUT	OUTPUT INDICATOR	AUDITED ACTUAL PERFORMANCE 2019/20	AUDITED ACTUAL PERFORMANCE 2020/21	PLANNED ANNUAL TARGET 2021/22	ACTUAL ACHIEVEMENT 2021/22	DEVIATION FROM PLANNED TARGET TO ACTUAL ACHIEVEMENT 2021/22
	ART adult viral load under 400 at 12-months	ART adult viral load suppressed rate (12-months)		90%	90	90	0
	<p>REASONS FOR DEVIATION:</p> <ul style="list-style-type: none"> There is a zero deviation as the target was achieved. <p>IMPROVEMENT PLAN</p> <ul style="list-style-type: none"> Maintain current strategies in improved case management. 						
	ART child viral load under 400 at 12-months	ART child viral load suppressed rate (12-months)		84%	90	81	-9
	<p>REASONS FOR DEVIATION:</p> <ul style="list-style-type: none"> There still inconsistent application of ART guidelines noted in the programme. Non-capturing of viral load done on tier.net. ART clinical stationeries in facilities. Incorrect application of guidelines i.e. Under dosing of children as a result of not being weighed. <p>IMPROVEMENT PLAN</p> <ul style="list-style-type: none"> Rollout HIV advanced clinical care training and strengthen guideline implementation. Register ART high volume facilities to access viral load results for action to identify non-suppressed patients for enhanced adherence counselling referral and assessment for switching to 2nd line regimen if virological/immunological failure is confirmed. Strengthen capturing of viral load results on tier.net by supporting daily data capturing. Roll out of paediatric fixed dose combination to improve adherence and dosing. Printing of dosing charts and procurement of scales. Fast track procurement of Clinical Stationeries. 						
90-90-90 Targets for HIV/AIDS achieved by 2020 and 95-95-95 targets by 2024/25	HIV test done	HIV test done total	292 938	202 905	2 49 165	233 728	-15 437
<p>REASONS FOR DEVIATION:</p> <ul style="list-style-type: none"> Although more than 90% of the annual target was achieved, the following challenges were noted: shortage of test kits, ongoing go-slow by lay counsellors in some facilities which resulted in disruption of HIV testing services. <p>IMPROVEMENT PLAN</p> <ul style="list-style-type: none"> Address supply chain management challenges by continuing to engage with the directorate to ensure speedy procurement and delivery of test kits and other HIV commodities. The strike by lay counsellors has been referred to National since is deals with the National Regulations of Employment of Community Health Workers nationally. 							

OUTCOME	OUTPUT	OUTPUT INDICATOR	AUDITED ACTUAL PERFORMANCE 2019/20	AUDITED ACTUAL PERFORMANCE 2020/21	PLANNED ANNUAL TARGET 2021/22	ACTUAL ACHIEVEMENT 2021/22	DEVIATION FROM PLANNED TARGET TO ACTUAL ACHIEVEMENT 2021/22
	Male condom distributed	Male condom distributed	12 959 400	10 825 929	13 595 823	9 482 000	-4 113 823
<p>REASONS FOR DEVIATION:</p> <ul style="list-style-type: none"> Inadequate transport for delivery of condoms from Primary Delivery Sites to facilities and other strategic points. Uneven distribution of Primary Delivery Sites between sub-districts where some do not have adequate space for accommodating targeted condoms. Slow supply chain management processes in procurement and delivery. 							
<p>IMPROVEMENT PLAN</p> <ul style="list-style-type: none"> Transport to be provided at the Primary Delivery Sites so as to improve male condom distribution. Construction of a warehouse for storage of condoms and other medical supplies. 							
	Medical male circumcision	Medical male circumcision - total	7 631	967	6 954	10 017	+3 063
<p>REASONS FOR DEVIATION:</p> <ul style="list-style-type: none"> Target exceeded due to re-activation of MMC services as a result of easing of Covid-19 lockdown regulations which caused the backlog. The programme embarked on aggressive community mobilisation campaigns and MMC outreach services. Appointment of dedicated external MMC service providers which utilized private medical practitioners to increase access. 							
<p>IMPROVEMENT PLAN</p> <ul style="list-style-type: none"> Target has been increased for the new financial year that will be augmented by the support from the appointed service provider. Continue with strengthening the marketing and community mobilisation in order to increase demand for MMC services. 							

14.2.4. Sub-Programme 2.4: Tuberculosis (TB)

Table 29 Outcomes, Outputs, Output Indicators, Targets and Actual Achievements: Tuberculosis (TB)

OUTCOME	OUTPUT	OUTPUT INDICATOR	AUDITED ACTUAL PERFORMANCE 2019/20	AUDITED ACTUAL PERFORMANCE 2020/21	PLANNED ANNUAL TARGET 2021/22	ACTUAL ACHIEVEMENT 2021/22	DEVIATION FROM PLANNED TARGET TO ACTUAL ACHIEVEMENT 2021/22
TB Mortality reduced by 75%	All DS-TB client loss to follow up	All DS-TB client LTF rate	9.9%	7.4%	6.5%	24%	17,5%
		REASONS FOR DEVIATION:					
		<ul style="list-style-type: none"> ▪ Patients lost to follow up (abscond) at two months when they start feeling better. 					
		IMPROVEMENT PLAN					
		<ul style="list-style-type: none"> ▪ Draft submission for the Tracer Team Leaders (two per district), and fast-track the appointment of a TB/Inflectional Control Manager for the nine hospitals. ▪ The Province and district TB Coordinators shall strengthen the technical support visits to the poor performing facilities by conducting clinical audits and in-service training. ▪ Basic TB training to be decentralised to all five districts. 					
All TB client successfully completed treatment	All DS-TB Client Treatment Success rate		74%	73%	75%	64%	78,5%
		REASONS FOR DEVIATION:					
		<ul style="list-style-type: none"> ▪ TB patients transfers out not followed-up for treatment continuation. ▪ High loss to follow-up (LTFU). ▪ Recording by clinicians in the TB patient's file and poor communication among the clinicians and the data clerks. 					
		IMPROVEMENT PLAN					
		<ul style="list-style-type: none"> ▪ Strengthen support visit by district and province. ▪ Conduct data audits at poor performing facilities. ▪ Data management training for Operational managers. ▪ Tier.Net training for clinicians and Data Clerks. 					
TB Rifampicin Resistant / MDR / pre-XDR client successfully complete treatment	TB Rifampicin Resistant / MDR / pre-XDR treatment success rate		67.7%	65%	60%	65%	5%
		REASONS FOR DEVIATION:					
		<ul style="list-style-type: none"> ▪ Reduction in LTFU for the WESH reporting site due to the improvement on the tracing of patients. 					
		IMPROVEMENT PLAN					
		<ul style="list-style-type: none"> ▪ Maintain the current level of performance through continued support to the tracer teams. 					

OUTCOME	OUTPUT	OUTPUT INDICATOR	AUDITED ACTUAL PERFORMANCE 2019/20	AUDITED ACTUAL PERFORMANCE 2020/21	PLANNED ANNUAL TARGET 2021/22	ACTUAL ACHIEVEMENT 2021/22	DEVIATION FROM PLANNED TARGET TO ACTUAL ACHIEVEMENT 2021/22
	TB XDR client confirmed start on treatment	TB XDR treatment start rate		100%	90%	100%	10%
		<u>REASONS FOR DEVIATION:</u>					
		<ul style="list-style-type: none"> ▪ Adherence to the TB guidelines and protocols. 					
		<u>IMPROVEMENT PLAN</u>					
		<ul style="list-style-type: none"> ▪ Maintain adherence to the TB guidelines and protocols. 					

14.2.5. Sub-Programme 2.5: Mother, Child, Women's Health and Nutrition (MCWH&N)

PURPOSE

1. Achievement of the SDG's by the development of 3 over-arching goals: Survive, Thrive and Transform.
2. Reduce Maternal, Neonatal and Child morbidity and mortality.
3. Promote the health and wellbeing of young people age 10-24 years, focussing on equitable distribution of health resources and expansion of service delivery, e.g. Adolescent, Youth Friendly Services.
4. Strengthen access to comprehensive sexual and reproductive health services.

SITUATION ANALYSIS

MATERNAL HEALTH (GENETICS, PMTCT AND PERINATAL HEALTH)

There has been an increase of institutional maternal deaths for the period under review, 157/100 000(39), as compared to the previous reporting period, 80.6/100 000 (20), against the target of 110/100 000. This sharp rise was due to Covid-19 related maternal deaths. Currently, the three main causes of Maternal Deaths that remain a challenge at all levels of care are obstetric haemorrhage, hypertensive disorders of pregnancy and non-pregnancy related infections.

Table 30 Maternal Health Statistics for the period 1 January 2022 to 31 March 2022

Organisation unit / Data	Maternal death in facility	DOA	PRIVATE
Frances Baard	17	0	8
John Taolo Gaetsewe	8	0	0
Namakwa	1	0	0
Pixley ka Seme	1	1	0
Zwelentlanga Fatman Mgcawu	12	0	0
Total	39	1	8

Table 31 MMR (April 2021 – March 2022)

Districts	TOTAL
Frances Baard	185,1
John Taolo Gaetsewe	141,8
Namakwa	58,8
Pixley ka Seme	29
Zwelentlanga Fatman Mgcawu	250,7
Northern Cape Province Total	157,7 / 100 000

Strategies to ensure reductions amongst others include the revival of Perinatal Morbidity and Mortality Meetings, clinicians being committed to providing quality care to all pregnant women, safe caesarean deliveries, preventing unwanted/unplanned pregnancies and community engagement during pregnancy. The uptake of antenatal care before 20 weeks is improving gradually although the target was not achieved. Focus is directed towards improving coverage by conducting continuous awareness campaigns, support visits, onsite trainings and fast track home pregnancy test screenings by the community health workers.

Prevention of Mother to Child Transmission

There is a constant achievement of the target of Polymerase Chain Reaction (PCR) positivity at birth. The actual transmission is currently 0.77% against the target of $\leq 1.5\%$. Challenges are experienced on the implementation of the new guidelines, non-adherence to ART treatment, defaulting, EGK codes not used correctly, viral loads not taken at due intervals, gaps in data management and disparities in number of PCR's done reported on NHLS versus WEBDHIS. The Province and the country are striving towards the elimination of PCR positivity by 2030.

NEONATAL DEATH (UNDER 28 DAYS) IN FACILITY

A decline has been noted in neonatal deaths in facility for the past three consecutive financial years, despite the following challenges:

- Lack of skills and knowledge on the management of sick and small neonates.
- Lack of transport for support visits and outreach services.
- Lack of functional neonatal care units and paediatric high care units in district hospitals.
- Lack of basic essential equipment and well equipped EMS transport.
- Shortage of staff and vacant posts not filled.
- Poor linkages between admission sites, communities and PHC's.

Continuous training, support visits and perinatal morbidity and mortality meetings are envisaged to enhance and sustain performance.

ADOLESCENT AND YOUTH SERVICES

Delivery in facility among 10-19 year-olds remains a challenge, although the performance has been above the set target of $\leq 15\%$ for the past three consecutive financial years (2019-2022). The stats are as follows: 18.4% in 2019/2020, 19.3% in 2020/2021 and 17.7% in 2021/2022. The main challenge experienced was the slow implementation of the Adolescent and Youth Friendly Services (AYFS) policy. The province is currently implementing one of the AYFS standards, namely Youth Zones “happy hour” to improve access to health services. Currently, forty-three facilities have activated Youth Zones against the annual target of 60.

The main challenge for the proper implementation of ISHP services to address adolescent and youth challenges is the lack of dedicated teams for the provisioning of an efficient standardised package of services. Furthermore, there is no focal person for the programme at the Provincial office, awareness on SRHR services is inadequate and teenage pregnancies remain a concern which might be contributed by social ills, socio economic factors, etc.

SEXUAL REPRODUCTIVE HEALTH AND RIGHTS (SRHR)

A decline was noted on the performance of Couple Year Protection Rate due to the following:

- Inadequate awareness on SRHR services at community level.
- Farming community challenges to access health facilities.
- Limited access to safe abortion services (see table below).
- Low uptake of long acting contraceptives like Sterilization, IUCD and Implanon.
- Sporadic stock outs of Intradermal Implanon and Depo-Provera injectable (contraceptives).

Table 32 Facilities currently operating that have been designated to provide first trimester (up to the 12th week of the gestation age) abortions only

District	State / Private
John-Taolo Gaetsewe	Private
John-Taolo Gaetsewe	Kagisho CHC
Zwelentlanga Fatman Mgcawu	Dr. Harry Surtie Hospital
Frances Baard	Galeshewe Day Hospital
Frances Baard	Private

An improvement is noted on the access to CTOP services as compared to FY 2020/2021 (1/13 facilities).

In quarter 4 training was conducted in four districts (excluding Namakwa) in an attempt to improve Couple Year Protection Rate (CYPR). It is envisaged that practical sessions for Long-Acting Reversible Contraceptives (LARC) will be conducted in the new financial year (2022/23). In addition, five private practitioners have been recruited and trained on SRHR. The Service Level Agreement (SLA) on extending services to private practitioners for the improvement of coverage was approved by the HOD for commodity access. Recruitment is ongoing so as to increase access by Public Private Partnerships (PPP). IPAS NGO has trained a health promotion team and incurred radio slots in all five districts for health promotion to promote and increase SRHR and Maternal health awareness.

EXPANDED PROGRAMME ON IMMUNISATION (EPI) & EPI SURVEILLANCE

There is a slight increase as the Immunisation under 1-year coverage is standing at 72.2%, compared 65.3% for 2020/21, which might be attributable to the implementation of Public Private Partnerships. The province currently has thirteen practitioners on board across the five districts. The Clicks Head Office is in the process of renewing the permit to continue rendering services in order to strengthen the partnership and increase the access to vaccinations. The new SLA, which includes Vitamin A and Deworming, has been distributed to all potential applicants for the approval of the HOD.

The Acute Flaccid Paralysis (AFP) target for the Province is thirteen cases per year, i.e. Detection rate of at least four non-Polio AFP cases per 100 000 population of under 15 year-olds in all Districts. Currently, the Province stands at two (2) detected cases: one from Frances Baard and the other from John Taolo Gaetsewe. Continuous support visit is underway in order to sensitize Health Care Workers (HCW) on case detection, stool adequacy rate indicator and weekly reporting, which includes zero reporting.

Table 33 Acute Flaccid Paralysis (AFP) Statistics

Health District	Total Population	<15 yrs Population	AFP Target	Cases Detected	Year Target Detection Rate	Adequate stools	Stool Adequacy
Francis Baard	383 428	111 725	4	2	1,2	1	50%
J T Gaetsewe	241 836	77 548	3	1	1,2	1	100%
Namakwa	119 188	29 157	1	0	0,0	0	0%
Pixley ka Seme	193 196	55 773	2	0	0,0	0	0%
ZF Mgcawu	250 934	69 041	3	0	0,0	0	0%
TOTAL	1 188 582	3 43 244	13	3	1,4	2	37%

INTEGRATED NUTRITION PROGRAMME (INP)

The National Department of Health conducted Food Service Unit assessments in quarters 2 and 3 during this financial year. Eight facilities were randomly selected in the province (i.e. Kakamas, Dr Harry Surtie, Postmasburg, Prof ZK Matthews, De Aar, Hester Malan, Kuruman and Robert Mangaliso Sobukwe Hospitals). The outcome of these assessments were that only three out of the eight facilities (i.e. Prof ZK Matthews & Kuruman hospitals and Hester Malan CHC) reached the target of above 75%. The remaining facilities will be supported on a continuous basis towards reaching the desired target and sustain performance.

INTEGRATED SCHOOL HEALTH PROGRAMME

Due to a lack of school health screening equipment and shortages of staff and transport the screening of learners is not implemented fully. The total number of learners screened is 6908. The data was contributed by supporting partners INNOVO (PKS & FB) and Tshela (JTG). The under-performance is due to the implementation of the HPV campaign and Covid-19 immunisations in facilities, which utilizes already overstretched staff. The Sessional Workers that were contracted could not implement the program due to lack of transport.

Table 34 Screenings as part of the Integrated School Health Programme

District	School Grade 1 Learner screened	School Grade 4 Learner screened	School Grade 8 Learner screened	School Grade 10 Learner screened	Total
Francis Baard	530	224	822	95	1 671
John Taolo Gaetsewe	2051	0	0	0	2 051
Namakwa	0	0	0	0	0
Pixley Ka Seme	632	742	600	793	2 767
ZFM	228	164	27	0	490
Province Total	3 441	1 130	1 449	888	6 908

The HPV and Deworming campaign was conducted from 15th February to 25th March 2022. Due to transport and staff shortages a mop up is currently in process and the final report is still anticipated from the Districts.

Covid-19 vaccinations in school preparations are underway. The ZFM District has already started but had to halt due to utilization of the current ISHP consent form. NCDOH and National Department of Basic Education (DBE) are recommended a new Covid-19 consent form and this has already distributed to all districts. Engagements were held with the DBE, Right to Care and Re-action NGO's to develop an implementation plan and coordination of appointments for access at schools for vaccination.

ACHIEVEMENTS

- None

CHALLENGES AND MEASURES PLANNED TO OVERCOME THEM

Table 35 Challenges & Measures Planned to overcome them: Mother, Child, Women's Health & Nutrition (MCWH&N)

CHALLENGES	CORRECTIVE ACTION
Filling of vacant posts.	HR to fast track the filling in of vacant funded posts.
Lack of clinical stationery e.g. Maternity case records , registers, IEC material etc.	SCM to fast track the procurement of clinical stationery.
Quality of data. Data from Private Healthcare providers is not captured.	A memorandum of understanding should be signed between Private Health care providers and the Department for the former to provide required data for reporting.
Lack of basic essential equipment, e.g., vaginal speculums , CTG machine and tracing paper, etc.	SCM to fast track procurement of basic essential equipment.
Tools of trade, e.g. Laptops, Desktops and cell phones.	SCM fast track procurement of tools of trade.
District hospitals not having neonatal units therefore burdening Tertiary and Regional hospital.	Infrastructure to fast track the upgrading the infrastructure at District Hospital gradually starting with the busy district hospital.
No dedicated budget for the Adolescent and Youth Unit.	Finance to avail budget for youth activities of the Unit.

Table 36 Outcomes, Outputs, Output Indicators, Targets and Actual Achievements: Mother, Child, Women's Health & Nutrition (MCWH&N)

OUTCOME	OUTPUT	OUTPUT INDICATOR	AUDITED ACTUAL PERFORMANCE 2019/20	AUDITED ACTUAL PERFORMANCE 2020/21	PLANNED ANNUAL TARGET 2021/22	ACTUAL ACHIEVEMENT 2021/22	DEVIATION FROM PLANNED TARGET TO ACTUAL ACHIEVEMENT 2021/22
Maternal, neonatal, infant and child mortality reduced	Couple year protection	Couple year protection rate	56.4%	50.8%	45%	44.5%	-0.5%
		<p>REASONS FOR DEVIATION:</p> <ul style="list-style-type: none"> Inadequate awareness on Sexual Reproductive Health and Rights (SRHR) services. Non-accessibility of the farming community to healthcare services. Limited access to safe abortion services. Low uptake of long acting contraceptives and sporadic stock-outs of Intra-dermal Implanon and Depo-Provera. 					
		<p>IMPROVEMENT PLAN</p> <ul style="list-style-type: none"> Procurement of IEC material so that all facilities has the necessary materials for community engagements. Partnership with NCDOH Partners to train both Private and Public Health Care Workers. Mentors to be trained to support Clinicians on the insertion of long acting contraceptives. The Programme is embarking extending services to Private practitioners to improve coverage. Continuous support visits, training and awareness campaigns. 					
Delivery 10-19 years in facility	Delivery 10-19 years in facility	Delivery 10-19 years in facility rate	18.4%	19.3%	≤15%	17.7%	-2.7%
		<p>REASONS FOR DEVIATION:</p> <ul style="list-style-type: none"> There is no focal person for the programme at the Provincial office. Inadequate awareness on SRHR services. Limited access to AYFS services due to the slow establishment of Youth Zones (only 45 facilities against the target of 60). Teenage pregnancies remain a challenge which might be contributed by social ills, socio economic factors etc. Poor implementation of ISHP/AYFS/Health promoting Schools. 					
		<p>IMPROVEMENT PLAN</p> <ul style="list-style-type: none"> All PHC facilities to activate Youth Zones in order to create access for Adolescents and Youth. Strengthen provincial collaboration with NGO's and interdepartmental partnership to support adolescent and youth services. Continuous support visit, training and awareness. Ensure implementation of Health promoting schools initiative. Strengthen ISHP services in schools for identification and preventative measures. Avail a dedicated budget for the Adolescent and Youth Unit. 					
Antenatal 1 st visit before 20 weeks	Antenatal 1 st visit before 20 weeks rate	65.1%	58.6%	64%	56.8%	-7.2%	

OUTCOME	OUTPUT	OUTPUT INDICATOR	AUDITED ACTUAL PERFORMANCE 2019/20	AUDITED ACTUAL PERFORMANCE 2020/21	PLANNED ANNUAL TARGET 2021/22	ACTUAL ACHIEVEMENT 2021/22	DEVIATION FROM PLANNED TARGET TO ACTUAL ACHIEVEMENT 2021/22
		<p>REASONS FOR DEVIATION:</p> <ul style="list-style-type: none"> Inadequate screening for pregnancy of women with reproductive potential at facility and community levels. Late and unbooked cases. Cultural beliefs. Limited access to facilities by farming communities and far to reach areas. <p>IMPROVEMENT PLAN</p> <ul style="list-style-type: none"> Continuous support visits, training and awareness campaigns on the importance of early booking and the benefits thereof for neonates. Engagement and capacitation of the communities and traditional health practitioners about maternal issues. 					
	Neonatal deaths (under 28 days) in facility	Neonatal deaths (<28 days) in facility rate	11.7 / 1 000 Live births	13.8 / 1 000 Live births	14 / 1 000 Live births	12.5 / 1 000 Live births	1.5 / 1 000 Live births
		<p>REASONS FOR DEVIATION:</p> <ul style="list-style-type: none"> Lack of transport to conduct support visits and outreach services. Inadequate neonatal care and paediatric high care units in District Hospitals. Insufficient essential equipment and well-equipped EMS transport for neonates. Shortage of staff and vacant posts not filled. Poor linkages between admission sites, PHC's and communities. Overcrowding of neonatal units. <p>IMPROVEMENT PLAN</p> <ul style="list-style-type: none"> Continuous support visits, training and awareness campaigns. Ensure 24 hours' access to effective triage and resuscitation for neonates in hospitals. Ensure immunisations are available 24 hours a day in all facilities. Ensure KMC and maternity waiting homes in all hospitals. Ensure non-rotation of key clinical staff for both neonatal and paediatric care. Engagement and capacitate traditional health practitioners. Neonatal and paediatric wards to adhere to infection control measures. Hospitals that conduct deliveries must have access to Caesarean Section. Ensure Perinatal/Child Review Meetings to be conducted regularly with minutes documenting plans for rectifying modifiable factors. Ensure accessible and appropriate contraceptive services for all women which are Integrated into all levels of health care and which must be available onsite. Implement an outreach program to support referring facilities. Filling of vacant posts. Establishment and adherence to referral criteria and pathway. Procurement of basic essential equipment (Pulse oximeters at every PHC and district hospitals to implement neonatal pulse oximeter screening in all birthing units. 					
		Live birth under 2500g in facility rate		16.7%	20%	18%	+2%

OUTCOME	OUTPUT	OUTPUT INDICATOR	AUDITED ACTUAL PERFORMANCE 2019/20	AUDITED ACTUAL PERFORMANCE 2020/21	PLANNED ANNUAL TARGET 2021/22	ACTUAL ACHIEVEMENT 2021/22	DEVIATION FROM PLANNED TARGET TO ACTUAL ACHIEVEMENT 2021/22
	Live birth under 2500g in facility	<p>REASONS FOR DEVIATION:</p> <ul style="list-style-type: none"> Provided pregnant women in their nutritional needs (i.e. iron preparation and micronutrients). Improved the management of hypertensive disorders during pregnancy. <p>IMPROVEMENT PLAN</p> <ul style="list-style-type: none"> Awareness campaigns to avoid alcohol, smoking and recreational drugs during pregnancy. Improve access for Contraceptive Fertility Planning service. Pregnant women with Mid upper arm circumference of less than 23cm to be referred for nutritional supplementation as per guidelines. 					
	Mother postnatal visit within 6 days after delivery	Mother postnatal visit within 6 days after delivery rate	68.6%	66.8%	64%	61.8%	-2.2%
		<p>REASONS FOR DEVIATION:</p> <ul style="list-style-type: none"> Inadequate linkages between delivery sites and PHC's. Cultural beliefs. Inadequate capturing of data elements at hospital level. <p>IMPROVEMENT PLAN</p> <ul style="list-style-type: none"> Strengthen linkages between the delivery and PHC's sites. Emphasise data collection on this indicator at hospital level by adding the following categories of women post-delivery, complications of Normal Vertex Delivery, caesarean sections and re-admission within 6 days. 					
	Infant 1 st PCR test positive at birth	Infant 1 st PCR test positive at birth rate			1.5%	0.77%	+0.73%
		<p>REASONS FOR DEVIATION:</p> <ul style="list-style-type: none"> There has been adherence to treatment and defaulting of HIV positive pregnant women (Loss to follow up). Integration of Child health/EPI service. <p>IMPROVEMENT PLAN</p> <ul style="list-style-type: none"> Continuous support visits, training and awareness campaigns. Establishment of treatment adherence clubs. Strengthen integration of Child Health/EPI services. 					
	Infant PCR test positive around 10 weeks	Infant PCR test positive around 10 weeks rate	1.3%	0.96%	<1.4%	1.4%	0%
		<p>REASONS FOR DEVIATION:</p> <ul style="list-style-type: none"> Non-adherence by HIV positive pregnant women. Late and non-booking by patients. 					

OUTCOME	OUTPUT	OUTPUT INDICATOR	AUDITED ACTUAL PERFORMANCE 2019/20	AUDITED ACTUAL PERFORMANCE 2020/21	PLANNED ANNUAL TARGET 2021/22	ACTUAL ACHIEVEMENT 2021/22	DEVIATION FROM PLANNED TARGET TO ACTUAL ACHIEVEMENT 2021/22
		<ul style="list-style-type: none"> Slow transition or switching to TLD. 					
		<p>IMPROVEMENT PLAN</p> <ul style="list-style-type: none"> Strengthen Child Health and Expanded Programme of Immunisation services as entry point. Continuous support visits, training and awareness campaigns. Establishment of treatment adherence clubs. 					
	Immunised fully under 1-year	Immunised fully under 1-year coverage	89.9%	79.9%	88%	72.2%	-15.8%
		<p>REASONS FOR DEVIATION:</p> <ul style="list-style-type: none"> Non-implementation of “Every day is Immunization Day”. Data capturing of private and public still a challenge. Non-accessibility of farming community to health facilities. Shortage of consumables and lack of transport to deliver vaccines and to conduct support visits. 					
		<p>IMPROVEMENT PLAN</p> <ul style="list-style-type: none"> Expansion of immunisation services to private sector by enrolling delivery sites with agreement to report data monthly. Provision of data collection tools on catch up drive to all private providers. Ensure data capturing by private healthcare providers. Continuous support visits, training and awareness programmes. Implementation of standardised immunization register in all facilities admitting under 5’s. Provision of reliable dedicated transport for consumables and support visits. Supply Chain processes to be addressed and fast-tracked. 					
	Measles 2 nd dose	Measles 2 nd dose coverage	89.6%	83.5%	91%	71.6%	-19.4%
		<p>REASONS FOR DEVIATION:</p> <ul style="list-style-type: none"> Non-implementation of “Every day is Immunization Day”. Data capturing of private and public healthcare providers still a challenge. Non-accessibility of health facilities by the farming community. Shortage of consumables and lack of transport to deliver vaccines and to conduct support visits. 					
		<p>IMPROVEMENT PLAN</p> <ul style="list-style-type: none"> Expansion of immunisation services to private sector by enrolling delivery sites. Provision of data collection tools on catch up drive to all Private healthcare providers. Ensure data capturing by Private healthcare providers. Continuous support visits, training and awareness programmes. Implementation of a standardised immunization register in all facilities admitting under 5’s. Provision of reliable dedicated transport for consumables and support visits. 					

OUTCOME	OUTPUT	OUTPUT INDICATOR	AUDITED ACTUAL PERFORMANCE 2019/20	AUDITED ACTUAL PERFORMANCE 2020/21	PLANNED ANNUAL TARGET 2021/22	ACTUAL ACHIEVEMENT 2021/22	DEVIATION FROM PLANNED TARGET TO ACTUAL ACHIEVEMENT 2021/22
		<ul style="list-style-type: none"> Supply Chain processes to be addressed and fast-tracked. 					
Stunting among children reduced	Vitamin A dose 12-59 months	Vitamin A dose 12-59 months coverage	48.4%	47.7%	51%	42.4%	8.6%
		<p>REASONS FOR DEVIATION:</p> <ul style="list-style-type: none"> Planned outreach services to Early Childhood Development and communities were not conducted due to lack of transport. WBOTS not fully supporting child health services (i.e. administering of Vit. A during household visits). <p>IMPROVEMENT PLAN</p> <ul style="list-style-type: none"> Training of WBOTS on Vit. A administration. Continuous support visits, training and awareness programmes. 					

14.2.6. Sub-Programme 2.6: Disease Prevention and Control (CDC)

PURPOSE

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

SITUATION ANALYSIS

COMMUNICABLE DISEASE CONTROL

Malaria

According to the Notifiable Medical Conditions (NMC) Report there were thirty (30) malaria cases and no (0) deaths, signifying a 0% fatality rate. The discrepancy in the fourth quarterly performance report, in which one malaria death was reported, was as a result of not all the reported malaria cases being captured on the webDHIS. In the case of the one reported malaria death the patient was captured twice (as a death and as alive); this mistake has been rectified by the NMC.

CHRONIC DISEASES

Hypertension

Eighteen to Forty-four (18-44) Years: Out of three hundred and four thousand, six hundred and ninety-one (304 691) clients who were screened for hypertension three thousand five hundred and nineteen (3 519) clients were newly diagnosed (incidence) against the target of six thousand, four hundred and sixty-eight (6 468). This means that only 1.15% were newly diagnosed and put on treatment and there is a deviation of two thousand nine hundred and forty-nine (2 949).

Forty-five (45) Years and Older: Out of one hundred and eighty thousand, three hundred and nineteen (180 319) clients who were screened eight thousand seven hundred and twenty-nine (8 729) clients were newly diagnosed (incidence) against the target of ten thousand four hundred and thirty-four (10 434). This means that 4.8 % were newly diagnosed and there is a deviation of one thousand seven hundred and five (1 705).

Diabetes

Eighteen to Forty-four (18-44) Years: Out of two hundred and twenty thousand three hundred thirty-six (220 336) clients who were screened, four thousand eight hundred and thirty-one (4 831) clients were newly diagnosed (incidence) against the target of one thousand six hundred and two (1 602). This means that 2.2% were newly diagnosed and there is a deviation of negative three thousand two hundred and twenty-nine (-3 229). There is a high increased number of newly diagnosed diabetic clients in this cohort of 18-44 years. There is need to intensify health promotion and other stakeholders to be engaged to strengthen education and establishment of support groups.

Forty-five (45) Years and Older: Out of one hundred and sixty thousand and fifty-three (160 053) two thousand, one hundred and three (2 103) were newly diagnosed (incidence) against the target of three thousand and forty-eight (3 048). This means that 1.3% of clients were diagnosed with diabetes and there is a deviation of nine hundred and forty-five (945).

EYE CARE SERVICES

Robert Mangaliso Sobukwe Hospital (RMSH)

Four hundred and sixty-three (463) cataract surgeries were performed from April 2021 to March 2022 and the target outcomes (337.7/1 000 000) as against the quarterly target of 1000/1 000 000 cataract surgery rate has not been achieved with the deviation being 662.3/1 000 000. This indicator poses challenging as it is doctor-driven and the issue of Covid-19 has had a negative impact due to reduced theatre time. The total headcount for RMSH was four thousand two hundred and thirty-nine (4 239), four hundred and eighty (480) patients were admitted, one hundred and ninety-six (196) other ocular surgeries and fifty (50) laser therapy were done.

Two thousand and seven (2007) spectacles were required by adults and one thousand and fifty-seven (1357) spectacles were issued, giving a deviation of six hundred and fifty (650). Seventy-three (73) spectacles were required by children and fifty-six (56) were issued to children; a deviation of seventeen (17).

Frances Baard District

Three hundred and fifty-five (355) cataract surgeries were conducted. One thousand two hundred and fifteen (1 215) clients were consulted, seven hundred and fifty-eight (758) clients were treated, three hundred and eleven (311) were identified with cataract and five hundred and sixty-seven (567) were treated for other ocular diseases (glaucoma, strabismus, diabetic retinopathy and irreversible visual impairment). No clients were referred to RMSH. Eight hundred and fifty-two (852) spectacles were required by adults and four hundred and seventy-six (476) spectacles were issued, giving a deviation of three hundred and seventy-six (376). Forty-two (42) spectacles were required by children and nineteen (19) were issued, a deviation of twenty-three (23).

John Taolo Gaetsewe District

Five hundred and thirty-nine (539) clients were consulted. Four hundred and eleven (411) clients were treated, one hundred and fifty-nine (159) were identified with cataract. One thousand and ninety-seven (1 097) clients were treated for other ocular diseases (i.e. glaucoma, strabismus, diabetic retinopathy and irreversible visual impairment). Twenty-seven (27) clients were referred to RMSH. One thousand and thirty-two (1 032) spectacles were required by adults and eight hundred and twenty-eight (828) spectacles were issued, giving a deviation of two hundred and four (204). Thirty (30) spectacles were required by children and thirty-seven (37) were issued, a deviation of seven (+7) due to the South Africa National Council of the Blind (SANCB) cataract drive in JTG where spectacles were issued to children randomly.

ZF Mgcawu District / Dr. Harry Surtie Hospital

Nine hundred and seventeen (917) clients were consulted, one hundred and sixty-eight (168) were treated, three hundred and thirty-one (331) clients were identified with cataract and three hundred and thirty-six (336) were treated for other ocular diseases (glaucoma, strabismus, diabetic retinopathy and irreversible visual impairment). Sixty-two (62) clients were referred to RMSH. One hundred and twenty (120) spectacles were required by adults and fifty-three (53) spectacles were issued, giving a deviation of sixty-seven (67). One pair of spectacles was required by children and (0) were issued, a deviation of one (1).

Pixley ka Seme District

One hundred and seventy-three (173) clients were consulted, sixty-eight (68) were treated, sixty-one (61) clients were identified with cataract and eighty-three (83) were treated for other ocular diseases (glaucoma, strabismus, diabetic retinopathy and irreversible visual impairment). Twenty-three (23) clients were referred to RMSH. Due to the shortage of personnel for eye care services in Pixley ka Seme, there are no NGOs assisting with eye care services, no Optometrist and the only Ophthalmology Nurse has resigned at the end of March 2022. Only three (3) adult clients required spectacles.

ORAL HEALTH

The total headcount for 2021/22 was forty thousand one hundred and forty-seven (40 147). Tooth extractions were forty-three thousand five hundred and seventy-two (43 572), there were twenty-one (21) fissure sealant 1st and 2nd molar (child) for both adults and children. One thousand and three (1 003) tooth restorations were done.

The challenge with dental services is the lack of equipment and preventative services. The plan is to engage health promotion in working in close collaboration with school health and the revival of the provincial manager post. The need demand equipment plan was sent to Supply Chain just to make a follow-up.

ENVIRONMENTAL HEALTH

Collaboration with municipalities as far as monitoring water availability and water quality at NCDOH health care facilities is running smoothly. Two thousand one hundred and twenty-four (2 124) samples were collected of which one thousand two hundred and sixty-nine (1 269) were not compliant. The Municipality conducted investigations and intervened in non-compliant samples. According to webDHIS eighty (80) hazardous substance dealership were inspected and sixty-four (64) were compliant.

Two hundred and fifty-eight (258) health care waste generator facilities were inspected and one hundred and seventy-five (175) were compliant. The necessary interventions are ensured by the Environmental Health Practitioners through on site in-service training at all non-compliant facilities.

MENTAL HEALTH

According to webDHIS, there were six hundred and fifty-four (654) involuntary admissions, nine hundred and thirty-five (935) mental health separation 18 years and older and one hundred and eighty-six (186) mental health separation under 18 years. The mental health visits, 18 years and older, were forty-seven thousand, three hundred and four (47 304) and mental health visits, under 18 years, were one thousand eight hundred and sixty (1 860). At PHC level new clients treated for mental disorders were one thousand, four hundred and thirty-two (1 432).

The lack of capacity at the provincial office and Pixley ka Seme and Namakwa not having coordinators remain challenges. District hospitals not compliant in rendering mental health care services even one part of services 72-hour observation.

REHABILITATION AND DISABILITY SERVICES

According to webDHIS, hearing aids required for adults (19 years and older) were two hundred and eighty-seven (287) and one hundred and fifty-five (155) were issued. Hearing aids required for children (0-18 years) were eighty-two (82) and sixty-three (63) were issued.

Wheelchairs required for adults (19 years and older) were four thousand, nine hundred and fifty-seven (4 957) and two hundred and forty (240) were issued and wheelchairs required for children (0-18 years) were five hundred and forty-five (545); only sixty-one (61) were issued.

The process of procuring two vans for JTG by SIOC Community Development Trust (CDT) is still underway and is awaiting finalisation of the MOA. These vehicles will be used to provide rehabilitation services by the Therapist. SIOC-CDT donated four hundred and sixty-three (463) wheelchairs to the province out of which two hundred and twenty-five (225) were received: Prieska (70), Victoria West (60), De Aar (71) and Abraham Esau Hospital (27). Two Hundred and thirty-eight (238) are still outstanding: Dr. Harry Surtie (101), Dr. Van Niekerk (97), Keimoes (20) and Kakamas (20). The department had signed an MOA with The Church of Jesus Christ of Latter-Day Saints (a three-year contract) for the donation of three hundred and fifty (350) wheelchairs, four hundred (400) commodes and two hundred and five (205) mobility aids.

The following challenges are experienced regarding rehabilitation services: No capacity at district level, no permanent therapist in some districts resulting to no continuum of care and no district Rehabilitation Coordinators results in a lack of leadership and supervision. To address the backlog on wheelchairs we have budgeted R4.4 million for the procurement of wheelchairs, even though the donations from Charity Organizations and SIOC-CDT helped to reduce the backlog.

ACHIEVEMENTS

- Appointment of a Psychiatrist from the Mental Health Conditional Grant.
- Received Ophthalmology Equipment for RMSH, donated by SIOC-CDT.
- Received two hundred and twenty-five (225) wheelchairs donated by SIOC-CDT.

CHALLENGES AND MEASURES PLANNED TO OVERCOME THEM

Table 37 Challenges & Measures Planned to overcome them: Disease Prevention & Control (CDC)

CHALLENGES	CORRECTIVE ACTION
Lack of HR capacity in the Mental Health Sub-Directorate.	Capacitate the Mental Health Sub-Directorate.
No progress on the operationalisation of the optical laboratory.	Fast-track the appointment of the Optician.
No ophthalmology services in Namakwa, Pixley ka Seme and Dr. Harry Surtie (ZFM).	Prioritise Ophthalmology Services in PKS, Namakwa and Dr. Harry Surtie Hospital (ZFM).
No CDC Coordinators at district level.	Appointment of CDC Coordinators at district level.
No Mental Health Care Coordinators in Namakwa and Pixley ka Seme.	Appointment of Mental Health Care Coordinators.
No Rehabilitation Coordinators at district level.	Appointment of Rehabilitation Coordinators.
No provincial Oral Health Manager.	Revive the post of Oral Health Manager.

Table 38 Outcomes, Outputs, Output Indicators, Targets and Actual Achievements: Disease Prevention & Control (CDC)

OUTCOME	OUTPUT	OUTPUT INDICATOR	AUDITED ACTUAL PERFORMANCE 2019/20	AUDITED ACTUAL PERFORMANCE 2020/21	PLANNED ANNUAL TARGET 2021/22	ACTUAL ACHIEVEMENT 2021/22	DEVIATION FROM PLANNED TARGET TO ACTUAL ACHIEVEMENT 2021/22	
Malaria eliminated by 2023	Malaria deaths reported	Malaria case fatality rate	0%	0%	0%	0%	0%	
		REASONS FOR DEVIATION:						
		<ul style="list-style-type: none"> None. 						
		IMPROVEMENT PLAN						
		<ul style="list-style-type: none"> Continuous strengthening of the surveillance system. 						
Hypertension and diabetes prevalence managed	Hypertension client treatment new 18-44 years	Hypertension client treatment new 18-44 years		4 275	6 468	3 519	2 949	
		REASONS FOR DEVIATION:						
		<ul style="list-style-type: none"> Less clients in this age cohort were diagnosed with Hypertension during screening. 						
			IMPROVEMENT PLAN					
			<ul style="list-style-type: none"> Intensify screening and health promotion on lifestyle behavioural changes. 					
	Hypertension client treatment new 45 years and older	Hypertension client treatment new 45 years older	Hypertension client treatment new 45 years older		8 011	10 434	8 729	1 705
REASONS FOR DEVIATION:								
<ul style="list-style-type: none"> Less clients in this age cohort were diagnosed with Hypertension during screening. 								
		IMPROVEMENT PLAN						
		<ul style="list-style-type: none"> Intensify screening and health promotion on lifestyle behavioural changes. 						
Diabetes client treatment new 18-44 years	Diabetes client treatment new 18-44 years	Diabetes client treatment new 18-44 years		4 135	1 602	4 831	-3 229	
		REASONS FOR DEVIATION:						
		<ul style="list-style-type: none"> More clients were picked up during the screening indicating a potential problem of more clients being diagnosed with diabetes. 						
		IMPROVEMENT PLAN						
		<ul style="list-style-type: none"> Intensify screening and health promotion on lifestyle behavioural changes. 						

OUTCOME	OUTPUT	OUTPUT INDICATOR	AUDITED ACTUAL PERFORMANCE 2019/20	AUDITED ACTUAL PERFORMANCE 2020/21	PLANNED ANNUAL TARGET 2021/22	ACTUAL ACHIEVEMENT 2021/22	DEVIATION FROM PLANNED TARGET TO ACTUAL ACHIEVEMENT 2021/22
	Hypertension client treatment new 45 years and older	Diabetes client treatment new 45 years and older		3 298	3 048	2 103	945
REASONS FOR DEVIATION: <ul style="list-style-type: none"> Less clients in this age cohort were diagnosed with Diabetes during screening. 							
IMPROVEMENT PLAN <ul style="list-style-type: none"> Intensify screening and health promotion on lifestyle behavioural changes. 							

14.2.7 Sub-Programme 2.7: Health Promotion

PURPOSE

1. Promote healthy lifestyles.
2. Sustain health and wellness.
3. Coordinate Advocacy, Communication and Social Mobilization (ACSM) activities.
4. IEC distribution.
5. Participation in communication networks.

SITUATION ANALYSIS

There are currently only three appointed Health Promoters in the Districts (Frances Baard, ZF Mgcawu, Pixley ka Seme) and all programs are depending on the them to address their respective program's activities. There is no permanent Health Promoter in JTG & Namaqua (other officials are assisting with the program). Health Promotion is not fully implemented at community and facility level as the WBPHCOTs have not been fully established in all the districts and the Community Development Workers go-slow strike impacted negatively on outreach campaigns. A big shortage of Information, Education and Communication material is also still being experienced which, in turn, impacts negatively on the distribution to citizens and communities and the target of the number of people reached.

Activities

The following Health Awareness Campaigns were conducted across the Province:

Table 39 Health Awareness Campaigns Conducted

Campaign Name	No. of People Reached
Vaccination Awareness Campaign under the theme "Vaccines Save Lives"	1 944
Global Hand wash Campaign	274
Vaccination Campaign	3 395
Northern Cape School Health Campaign	3 094
UNICEF Mobilisation Drive	2 491
Vooma Vaccination Campaign	1 289
Community Assessments on Covid-19, Vaccine hesitancy & other health-related issues	166
Men's Health Day	183
Healthy Lifestyle Awareness Event	130
Health Education on EVDS registration and Covid-19 preventative measures	699
Department of Sport, Arts & Culture Vaccination Social Mobilization Event	250
EMS Day Commemorations	150
Provincial World AIDS Day Commemorations	700
TOTAL	14 765

Activities

- The established RCCE (Risk Communication and Community Engagement) Pillar for Covid-19 is functional and Weekly Meetings are conducted on Mondays, consisting of Provincial Health Promotion, Communications, Ministry, District Health Promoters/RCCE representatives, WHO, DG Murray Trust (District Vaccine support), GCIS (JTG), JTG District Municipality Communications. The establishment of this Pillar assists in obtaining weekly updates on Covid-19 through weekly reports on activities done from the following Streams: Media and Public Relations, Internal Communication, Social Media, Content Development (IEC) material, Stakeholder Engagement and Community Engagement. This initiative, as part of the Provincial Incident Management Team Covid-19 Provincial Structure, reports on a weekly basis. Attended the 3rd Wave Covid-19 Resurgence Review & Planning for 4th Wave Workshop in October 2021, whereat inputs were provided into the draft Presentation to NDOH and also attended and participated in the Northern Cape Province Covid-19 Intra-Action Review (IAR) that took place in Upington on 29 March 2022-01 April 2022.
- Coordinated RCCE Training, which was conducted by WHO, to Stakeholders across the Province which included Religious Leaders, Faith Based Organization, Taxi Association Sector, Traditional Health Practitioners, Civil Society, LGBTQI, Community Policing Forum, SAPS, Community Work Programme Workers, Community Health Workers, Professional Nurses, NCDOH District and Provincial officials, District & Local Municipality officials, Government Communication and Information System officials, DG Murray Trust officials, Employee Health & Wellness Units at Government Departments (Education, Sport, Arts and Culture, Cooperative Governance, Human Settlements and Traditional Affairs, Social Development, DOH, Agriculture, Land Reform and Rural Development), Mines (Peer educators, Healthcare Workers, CHWs), and various NGO's (928 participants).

ACHIEVEMENTS

- None.

CHALLENGES AND MEASURES PLANNED TO OVERCOME THEM

Table 40 Challenges & Measures Planned to overcome them: Health Promotion

CHALLENGES	CORRECTIVE ACTION
District Health Promoters shortage – only 3 are permanent (Frances Baard, PKS & ZFM). JTG & Namaqua Health Promoter posts are vacant.	Prioritise the Health Promoter posts in Frances Baard, JTG and Namaqua (2) Districts.
Health Promotion not fully implemented at community and facility level as the WBPHCOTS have not been fully established in all the districts.	Establish WBPHCOTS in all districts to assist with health promotion activities.
The Covid-19 Pandemic had a negative impact on health education sessions at schools as access to schools is restricted due to the ongoing backlog in the curriculum.	Revival of the implementation of the School Health Programme.

Table 41 Outcomes, Outputs, Output Indicators, Targets and Actual Achievements: Health Promotion

OUTCOME	OUTPUT	OUTPUT INDICATOR	AUDITED ACTUAL PERFORMANCE 2019/20	AUDITED ACTUAL PERFORMANCE 2020/21	PLANNED ANNUAL TARGET 2021/22	ACTUAL ACHIEVEMENT 2021/22	DEVIATION FROM PLANNED TARGET TO ACTUAL ACHIEVEMENT 2021/22
Health and wellbeing of individuals improved	ACSM activities conducted	Number of ACSM activities conducted			960	2 474	1 514
		REASONS FOR DEVIATION:					
		<ul style="list-style-type: none"> ▪ Increased District Covid-19 Vaccine Outreaches. ▪ Increased number of IEC material distributed activities. 					
	IMPROVEMENT PLAN						
	<ul style="list-style-type: none"> ▪ None. 						
	People reached through ACSM activities		Number of people reached through ACSM activities			2 250 000	6 185 880
REASONS FOR DEVIATION:							
<ul style="list-style-type: none"> ▪ Increased District Covid-19 Vaccine Outreaches. ▪ Increased number of IEC material distributed activities. 							
IMPROVEMENT PLAN							
<ul style="list-style-type: none"> ▪ Improve working relationship with internal and external stakeholders across the province. 							

LINKING PERFORMANCE WITH BUDGET

Table 42 Linking Performance with Budget: Programme 2 – District Health Services (DHS)

Pr2: District Health Services	2021/2022			2020/2021		
	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000
District Management	357 180	357 180	-	174 462	263 108	(88 646)
Community Health Clinics	573 101	573 101	-	534 678	533 072	1 606
Community Health Centres	435 510	435 510	-	364 281	395 972	(31 691)
Other Community Services	53 572	53 572	-	57 627	39 954	17 673
HIV/Aids	678 797	669 234	9 563	708 777	588 753	120 024
Nutrition	3 483	3 483	-	5 574	3 994	1 580
District Hospitals	735 925	735 925	-	649 351	717 035	(67 684)
Total	2 837 568	2 828 005	9 563	2 494 750	2 541 888	(47 138)

District Health Services spent R2.828.005 billion or 99.7 percent of its allocated budget of R2.837.568 billion.

The under spending of R9.563 million was due to the delay in capital spending were procurement of services were impacted by Covid-19 restrictions.

14.3. Programme 3 – Emergency Medical Services (EMS)

PROGRAMME PURPOSE & STRUCTURE

- To render Emergency Medical Services through the implementation of ambulance services, special operations, communications, planned patient transport, as well as providing disaster management services in the Province.

SUB-PROGRAMMES

- Sub-Programme 3.1: Emergency Medical Services (EMS)

OUTCOMES

1. Co-ordinating health services across the care continuum, re-orientating the health system towards primary health

14.3.1. Sub-Programme 3.1: Emergency Medical Services (EMS)

PURPOSE

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

SITUATION ANALYSIS

The period under review has been very challenging for the programme and also the Department as a whole. The programme started the year with an operational workforce of about seven hundred (700) personnel. During this period the programme has responded to over 22 000 Priority-1 calls for both urban and rural areas. In the beginning of the period under review there had been a decline in the number of calls received by the emergency call centres across the province, alleviating pressures from the limited resources available.

The programme has since been able to meet the demand of services in terms of its response times, however, there were challenges of delays in responding to some Covid-19 cases due to the numbers of cases increasing and a need for accessing hospital care. There was indeed a decline in the number of trauma cases and calls in general and, as a result, the first two quarters saw an improvement in response time. The subsequent relaxation of the lockdown levels, however, resulted in an increased number of Covid-19 infections, which, in turn, placed a serious burden of EMS for the referral of these patients on top conventional cases.

For the period under review, the programme had an average of eighty-five (85) ambulances on a daily basis, which subsequently improved towards the end of the third quarter as we managed to place forty-five (45) ambulances in the districts. This improved the operational status to ninety-five (95) ambulances on average against a target of one hundred and thirty (130).

Since the reviewing of performance targets the programme has achieved its targets, however, there are still problems experienced with response times. In some cases, the programme failed to respond due to high call volumes against the available resources. Furthermore, the programme has also experienced a constant increase of referrals from the District Hospitals, which has created a lack of availability of ambulances due to the long travelling distances and the handing over of patients at receiving facilities.

Covid-19 did not spare our employees as a number of our emergency service employees were infected and some have succumbed to the virus. This has not only slowed our response to needy communities but has also exacerbated the one person crews in the province. In an effort to address the staff shortages, the Department was able to appoint ten (10) Emergency Care Practitioners in the PKS District as part of the Covid-19 response. However, the programme is still suffering as a number of employees have also left the service and some have passed on. The difficulties to achieve the quality of performance of the program has mostly been as a result of shortages in personnel as well as ambulances and patient transport vehicles. Our challenges to meet the required level of operational ambulances and personnel has been due to the limited budget allocated to the programme, despite numerous reports citing the challenge of insufficient funding. Another challenge that affected our situation was, and still is, the licensing of vehicles as well as delays with vehicle repairs.

Despite these challenges, the programme continues to achieve the set targets. This does not, however, amount to acceptable levels of performance, but has rather been the result of realistic target setting. The above average operational resources have a target of a little more than a 1.2 million population to serve, who are scattered across this vast province. Over 70% of households in the province depend on state ambulances in order to access health care services. This magnitude of a population has a number of service demands that outweigh the available resources. The programme optimally would require one thousand eight hundred (1 800) staff members operating with one hundred and eighty-four (184) vehicles at any given time across the province as a long term plan, whilst EMS personnel is still featuring at less than 50% of this target.

ACHIEVEMENTS

- Appointment of ten (10) ECP's for the PKS District.
- Distribution of forty-five (45) ambulances in the districts.

CHALLENGES AND MEASURES PLANNED TO OVERCOME THEM

Table 43 Challenges & Measures Planned to overcome them: Emergency Medical Services (EMS)

CHALLENGES	CORRECTIVE ACTION
Limited staff and delays on the replacement of vacant funded posts deters the programme to perform at its expected level.	Vacant funded posts must be prioritised.
Shortage of ambulances and patient transporters due to breakdowns and poor road infrastructure.	Replace or procure additional ambulances and improve turnaround time of authorization for repairs by Transit Solutions Fleet Management.
Prolonged licensing and registration processes of current and new fleet.	Finalising the SLA with Government Garage and the Department of Transport, Roads and Public Works to ensure vehicles are registered correctly and timeously.

Table 44 Outcomes, Outputs, Output Indicators, Targets and Actual Achievements: Emergency Medical Services (EMS)

OUTCOME	OUTPUT	OUTPUT INDICATOR	AUDITED ACTUAL PERFORMANCE 2019/20	AUDITED ACTUAL PERFORMANCE 2020/21	PLANNED ANNUAL TARGET 2021/22	ACTUAL ACHIEVEMENT 2021/22	DEVIATION FROM PLANNED TARGET TO ACTUAL ACHIEVEMENT 2021/22	
Co-ordinating health services across the care continuum, re-orientating the health system towards primary health	EMS P1 urban response under 30 minutes	EMS P1 urban response under 30 minutes rate		79%	40%	80%	40%	
		REASONS FOR DEVIATION:						
		<ul style="list-style-type: none"> ▪ The review on the response time from 15 to 30 minutes has enabled the achievement of this target. ▪ The Covid-19 lockdowns have contributed to a decline in Priority-1 calls. 						
	IMPROVEMENT PLAN							
	<ul style="list-style-type: none"> ▪ Improve on staffing levels and ambulance availability. 							
	EMS P1 rural response under 60 minutes	EMS P1 rural response under 60 minutes rate		80%	50%	80%	30%	
REASONS FOR DEVIATION:								
<ul style="list-style-type: none"> ▪ The review on the response time from 30 to 60 minutes has enabled the achievement of this target. ▪ The Covid-19 lockdowns have contributed to a decline in Priority-1 calls. 								
IMPROVEMENT PLAN								
<ul style="list-style-type: none"> ▪ Improve on staffing levels and ambulance availability. 								

LINKING PERFORMANCE WITH BUDGET

Table 45 Linking Performance with Budget: Programme 3 – Emergency Medical Services (EMS)

Pr3: Emergency Medical Services	2021/2022			2020/2021		
	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000
Emergency Transport	403 976	401 684	2 292	421 968	405 091	16 877
Planned Patient Transport	6 627	5 750	877	3 278	390	2 888
Total	410 603	407 434	3 169	425 246	405 481	19 765

Emergency Medical Services spent R407.434 million or 99.2 percent of its allocated budget of R410.603 million.

The under spending of R3.169 million was due to the delay in capital spending were procurement of services were impacted by Covid-19 restrictions.

14.4. Programme 4 – Provincial Hospital Services

PROGRAMME PURPOSE AND STRUCTURE

- Rendering of hospital services at a general and specialist level, and provide a platform for the training of health workers and research.

SUB-PROGRAMMES

- Sub-Programme 4.1: Regional Hospital - Dr. Harry Surtie Hospital (DHS)
- Sub-Programme 4.2: Specialised Hospital - West End Specialised Hospital (WESH)

OUTCOMES

1. Patient experience of care in public health facilities improved.
2. Management of patient safety incidents improved to reduce new medico-legal cases.
3. Maternal, neonatal, infant and child mortality reduced.

14.4.1. Sub-Programme 4.1: Regional Hospital - Dr. Harry Surtie Hospital (DHS)

PURPOSE

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

SITUATION ANALYSIS

Dr. Harry Surtie Hospital (DHS) is the only Regional Hospital in the Northern Cape Province and is the referral Hospital for the western side of the Northern Cape. The hospital consists of three hundred and twenty-seven (327) planned beds, of which two hundred and twenty-seven (227) are commissioned. DHS provides 24-hour health services in the fields of Internal Medicine, Paediatrics, Obstetrics and Gynaecology, General Surgery, Trauma and Emergency services, Orthopaedic surgery, Anaesthetics, Diagnostic radiology, Short-term ventilation in the critical care unit and a 72-hour Mental Health Observation Unit. The latter includes a nine-bedded Susceptible TB unit which is not commissioned to date. The fact that the hospital is not fully commissioned is mainly due to staff shortages across the board. Vital services such as Susceptible TB, Separation of Postnatal- from Antenatal services and twenty (20) Gynaecology beds are also rendered. The remainder of beds are MDR-PTB and XDR-PTB beds (15) and Step down facility and Day surgery beds (30). Although the service package above is outlined as per Gazette, DHS also provides some Tertiary Services, such as Chemotherapy for Oncology patients, Obstetrics & Gynaecology and Paediatric Tertiary Services.

The hospital currently functions below its potential workforce as it has five hundred and eighty-eight (588) employees with support services in Laundry, Kitchen, Stores, Workshop, Mortuary, HR, Finance, Transport, Reception and Employee Health and Wellness. Unfortunately, the hospital had not catered for a Kangaroo Mother Care (KMC) unit which was a dire need. The designated Paediatric High Care/ICU unit has thus been converted to a KMC unit. Mental Health Services are rendered in the General medical ward but does unfortunately not comply to the Mental Health Act prescripts. This predisposes the facility to possible Medico-legal cases. The phenomenon of epidemiological transition is also apparent in the province, which highlights the burden of communicable diseases such as HIV, Tuberculosis, Acute Respiratory infections, along with the non-communicable diseases of Cardio Vascular and Cerebro-vascular systems, Gastro-intestinal Tract diseases, Diabetes, Hypertension and Cancer.

The Infant Mortality in facility rate (IMR), and the Maternal Mortality in facility rate (MMR), has performed well in the period under review.

On an analysis of the hospital's efficiency the following was found:

- An Average Length of Stay of 4.7 days
- A Bed Utilisation Rate of 61.3%
- The Patient Day Equivalent of R 2 804.40

ACHIEVEMENTS

- Appointment of Quality Assurance Coordinator (caretaking), Community Service Officials, two Sessional Professional Nurses (Speciality) and three Medical Officers on contract.
- Nine (9) contracts for the new financial year 2022/23 (4 Nurses and 5 Social Workers).

CHALLENGES AND MEASURES PLANNED TO OVERCOME THEM

Table 46 Challenges & Measures Planned to overcome them: Regional Hospital – Dr. Harry Surtie Hospital (DHSB)

CHALLENGES	CORRECTIVE ACTION
Delayed appointment processes. High rate of Patient Safety Incidents & Complaints.	<ul style="list-style-type: none"> ▪ Implementation of the e-Submission system. ▪ Address system failures and shortcomings identified during investigations conducted. ▪ Strengthen Formal and in-formal trainings as well as disciplinary processes.
Damaged and inadequate clinical equipment. Poor management of Mental Health Users.	<ul style="list-style-type: none"> ▪ Procurement of clinical equipment as required. ▪ Upgrading of the 4 bed Psychiatric ward. ▪ Clinicians must complete paperwork timeously to ensure proper patient management. ▪ Involvement of Provincial Psychiatrists and District coordinator in management of patients.
Poor management of Oncology patients.	<ul style="list-style-type: none"> ▪ Appointment of an Oncologist. ▪ Strengthening of outreach programmes.
Poor records management system.	<ul style="list-style-type: none"> ▪ Implementation of the Pharmaceutical Advertising Advisory Board system.
Out of stock consumables due to lengthy procurement processes.	<ul style="list-style-type: none"> ▪ Overhaul SCM systems.
Poor Infection Prevention and Control (IPS).	<ul style="list-style-type: none"> ▪ Appointment of IPC Coordinator to be prioritised. ▪ In-service training programmes regarding IPC basic principles. ▪ Repair HVAC system.

Table 47 Outcomes, Outputs, Output Indicators, Targets and Actual Achievements: Regional Hospital - Dr. Harry Surtie Hospital (DHS)

OUTCOME	OUTPUT	OUTPUT INDICATOR	AUDITED ACTUAL PERFORMANCE 2019/20	AUDITED ACTUAL PERFORMANCE 2020/21	PLANNED ANNUAL TARGET 2021/22	ACTUAL ACHIEVEMENT 2021/22	DEVIATION FROM PLANNED TARGET TO ACTUAL ACHIEVEMENT 2021/22	
Patient experience of care in public health facilities improved	Patient experience of care survey satisfied responses	Patient experience of care satisfaction rate			80%	92.4%	12.4%	
		REASONS FOR DEVIATION:						
		<ul style="list-style-type: none"> Monitoring of surveys issued and captured on a daily basis. 						
		IMPROVEMENT PLAN						
		<ul style="list-style-type: none"> Continue to conduct routine surveys and filling of vacant funded posts to improve patient care at health facilities. 						
Management of patient safety incidents improved to reduce new medico-legal cases	Severity assessment code (SAC) 1 incident reported within 24 hours rate	Severity assessment code (SAC) 1 incident reported within 24 hours rate		0%	100%	100%	0%	
		REASONS FOR DEVIATION:						
		<ul style="list-style-type: none"> Monitoring of surveys issued and captured on a daily basis. 						
			IMPROVEMENT PLAN					
			<ul style="list-style-type: none"> Continue to conduct routine surveys and filling of vacant funded posts to improve patient care at health facilities. 					
Patient Safety Incident (PSI) case closed	Patient Safety Incident (PSI) case closure rate	Patient Safety Incident (PSI) case closure rate			100%	100%	0%	
		REASONS FOR DEVIATION:						
		<ul style="list-style-type: none"> Monitoring of surveys issued and captured on a daily basis. 						
		IMPROVEMENT PLAN						
		<ul style="list-style-type: none"> Continue to conduct routine surveys and filling of vacant funded posts to improve patient care at health facilities. 						
Maternal, neonatal, infant and child mortality reduced	Maternal death in facility	Maternal mortality in facility ratio			58.9 / 100 000	1 / 100 000	57.9 / 100 000	
		REASONS FOR DEVIATION:						
		<ul style="list-style-type: none"> Adherence to the implementation of IMCI guidelines. Complicated cases timeously referred to the next level of care. 						
		IMPROVEMENT PLAN						
		<ul style="list-style-type: none"> Continuous implementation of the IMCI guidelines. 						

OUTCOME	OUTPUT	OUTPUT INDICATOR	AUDITED ACTUAL PERFORMANCE 2019/20	AUDITED ACTUAL PERFORMANCE 2020/21	PLANNED ANNUAL TARGET 2021/22	ACTUAL ACHIEVEMENT 2021/22	DEVIATION FROM PLANNED TARGET TO ACTUAL ACHIEVEMENT 2021/22
	Death in facility under 5-years total	Death under 5-years against live birth rate			1.7	0.2	1.5
		REASONS FOR DEVIATION:					
		<ul style="list-style-type: none"> ▪ Adherence to the implementation of IMCI guidelines. ▪ Complicated cases timeously referred to the next level of care. 					
		IMPROVEMENT PLAN	<ul style="list-style-type: none"> ▪ Continued implementation of the IMCI guidelines. 				
	Diarrhoea death under 5-years	Child under 5-years diarrhoea case fatality rate			5.1	0.3	4.8
		REASONS FOR DEVIATION:					
		<ul style="list-style-type: none"> ▪ Adherence to the implementation of IMCI guidelines. ▪ Complicated cases timeously referred to the next level of care. 					
		IMPROVEMENT PLAN	<ul style="list-style-type: none"> ▪ Continued implementation of the IMCI guidelines. 				
	Pneumonia death under 5-years	Child under 5-years pneumonia case fatality rate			0.3	0	0.3
		REASONS FOR DEVIATION:					
		<ul style="list-style-type: none"> ▪ Adherence to the implementation of IMCI guidelines. ▪ Complicated cases timeously referred to the next level of care. 					
		IMPROVEMENT PLAN	<ul style="list-style-type: none"> ▪ Continued implementation of the IMCI guidelines. 				
	Severe Acute Malnutrition (SAM) death under 5-years	Severe Acute Malnutrition death under 5-years rate			2.1	0.5	1.6
		REASONS FOR DEVIATION:					
		<ul style="list-style-type: none"> ▪ Adherence to the implementation of IMCI guidelines. ▪ Complicated cases timeously referred to the next level of care. 					

OUTCOME	OUTPUT	OUTPUT INDICATOR	AUDITED ACTUAL PERFORMANCE 2019/20	AUDITED ACTUAL PERFORMANCE 2020/21	PLANNED ANNUAL TARGET 2021/22	ACTUAL ACHIEVEMENT 2021/22	DEVIATION FROM PLANNED TARGET TO ACTUAL ACHIEVEMENT 2021/22
		<u>IMPROVEMENT PLAN</u> <ul style="list-style-type: none"> ▪ Continued implementation of the IMCI guidelines. 					

14.4.2. Sub-Programme 4.2: Specialised Hospital – West End Specialised Hospital (WESH)

PURPOSE

1. Improve specialised hospital services by gradually increasing employment of staff.
2. Improve accessibility to mental health service in the specialised hospital.

SITUATION ANALYSIS

MENTAL HEALTH HOSPITAL

Human Resources

The Mental Health Hospital Human Resources Unit is understaffed and this has a negative effect on the overall service delivery of the Hospital.

Psychiatry

The department of psychiatry in the Northern Cape has four full time employed Psychiatrists, one Medical Registrar, five Medical Officers, three Medical Officers on contract and two Community Service Medical Officers. The department of psychiatry is fairly staffed in relation to hospital needs at the current patient load.

The factors that have negatively affected clinical efficiency were:

- Pressure to discharge patients due to high intake of admission/readmission.
- Average length of stay beyond national averages.
- Difficulties with down referral due to lack of infrastructure and system to accommodate patient that need ongoing care (Community based services and/or Half way housing).
- The limitation of forensic services mainly due to human resource challenges. This results in some state patients being housed at correctional service facilities and the limitation of forensic observation out to only three cases at time.
- Long forensic observation waiting list and growing number of state patients at correctional services.
- Lack of medication leads to frequent change in treatment.
- Ongoing mental health care service issues need to be addressed with the referring institutions.
- There is a need for retraining of mental health care providers at primary health centres and district hospitals regarding the Mental Health Care Act and forms, and management of acutely ill mental health patients.

The Covid-19 pandemic also had a massive impact on how the department operates. The social distancing between clinicians and patients has made communication difficult, thus affecting service delivery. The new platform has allowed us to use time more efficiently than before. Some of short The departmental financial challenges in the midst of pandemic affected the desired service delivery. The need for employees to work staggered shifts to safe guard the continued service delivery in case of undesired occurrences also had negative impact on services.

Nursing

During the period under review, twenty-six (26) Contract Nurses (2 Professional Nurses; 10 Enrolled Nurses and 14 Enrolled Nursing Assistant) were relocated to RMSH. One Operational Manager was transferred/relocated to the Western Cape. As previously reported, the shortage of Professional Nurses puts an enormous challenge in ensuring safe coverage of the eleven wards/units. Three Professional Nurses are currently on maternity leave. Only Enrolled Nursing Assistants are allocated to the Forensic Observation unit at night being indirectly supervised by the Professional Nurse in P1 (acute male admission ward). The distance between the two wards posed a safety risk for both observandis and staff due to the Enrolled Nursing Assistants lack of professional competency and in-depth knowledge of the aetiology of mental illnesses in case of an emergency.

Security

The previous reports have put emphasis on the shortage of security staff. Thus far there has been no changes as far as additional staff is concerned and we implore our principals to view this matter as needing immediate intervention. With the current number of personnel, we are unable to cover all areas inside and outside of the building and valuable assets are being lost and patients are absconding and/or injuring themselves. It is evident that full security shift shortages pose serious security challenges at the facility as the number of personnel are inadequate to cover the areas of responsibility that must be covered on a daily basis; and this also has poses a potential risk of legal-medico cases.

Department of Psychology and Clinical Support Services

The Psychology and Clinical Support Services remain hugely understaffed, since the migration from the former West End Specialised Hospital to the new Northern Cape Mental Health Hospital. The Hospital has seen an increase in the admission of Children and Adolescents and urgent attention must be given to the approval of the Business Case to operationalize the Child and Adolescent Unit (CAMHS). Financial injection is a high priority. Both the department of Psychology and Clinical Support Services remain understaffed and this impacts negatively on the overall quality of patient care, as well as operational and organisational efficiency. Despite these needs being flagged for a long time, the current moratorium/freezing of posts effectively prevents the recruitment of additional clinical staff.

DRUG RESISTANT TB

West End Specialised Hospital is the centralised drug resistant TB unit for the Province. The bed occupancy is forty (40), of which there are eighteen males, eighteen females and four paediatric beds. The unit renders daily OPD services as well as monthly outreach to the different districts. The catchment area of the unit is Francis Baard, Pixley Ka Seme and John Taolo Districts.

Infrastructure

Preadmission wards as the entry point for the different classification of admissions to facility results in the mixing of genders. The structural layout of the unit does not allow for the separation of genders as this increases the safety risk of vulnerable mental health care users.

ACHIEVEMENTS

MENTAL HEALTH HOSPITAL

- Permanent appointments of one Clinical Psychologist and one Medical Officer.
- Renewal of Covid-19 Funded Nurses had a positive implication in ensuring continuation of nursing services.
- The commencement of in-hospital 30-day Forensic Observation Service with effect from 03 October 2020 with the admission of 03 observation cases to the Forensic Observation unit.
- During November and December 2020 two of the ten State patients has transferred from the Department of Justice and Correctional Services.

CHALLENGES AND MEASURES PLANNED TO OVERCOME THEM

Table 48 Challenges & Measures Planned to overcome them: Specialised Hospital – West End Specialised Hospital (WESH)

CHALLENGES	CORRECTIVE ACTION
Lack of Human Resource capacity in the Institution.	<ul style="list-style-type: none"> ▪ Submission for replacement posts should be approved without delay.
Moratorium against the filling of posts.	<ul style="list-style-type: none"> ▪ Suspension of Moratorium by the Office of the Premier.
Observation waiting list.	<ul style="list-style-type: none"> ▪ Improvement of collaborative effort of multilateral team from health, correctional service, justice, and social development by having regular meetings to monitor progress and review mechanisms.
Short Courts evaluation.	<ul style="list-style-type: none"> ▪ Centralise the management of bookings to our clerk at outpatient department with support from psychiatry admin clerk. ▪ The medical officer responsible for observation unit to assist with short courts evaluation.
Admission of minors in adult wards is presenting constant medico-legal risks to the institution.	<ul style="list-style-type: none"> ▪ Operationalize Child and Adolescent mental health service (CAMHS) ward.
Increasing admissions of Child and Adolescent Services.	<ul style="list-style-type: none"> ▪ Approval of business case with financial allocation. ▪ Appointment of identified staff. ▪ Opening up of the overnight facility for parents.
Continued loss of medical officers to other institutions.	<ul style="list-style-type: none"> ▪ Retain medical officers who are currently on contract and Community Service by improving their service package.
<ul style="list-style-type: none"> ▪ Need to cater for the patient who are at correctional facility due to human right violation of placing patient in prison system instead of in hospital. ▪ Long forensic observation waiting list negatively affects justice system leading to cases being struck off the court roll. 	<ul style="list-style-type: none"> ▪ Submission for employment of staff (security, nursing, social worker, clinical psychologist and occupational therapist) to operationalise the state patient ward and increase observation unit output. ▪ There is an effort to redirect limited available resources, and utilise them minimally while increasing the output to five / six observandi per month.

CHALLENGES	CORRECTIVE ACTION
Lack of District Mental Health Coordinators.	<ul style="list-style-type: none"> ▪ The mental health outreach program has resumed at Sol Plaatjie Municipality area and expected to extend throughout the province. ▪ Implementation of the approved fleet request. ▪ Revive Outreach Programmes.
Lack of necessary stationary, clinical equipment and medical health technology.	<ul style="list-style-type: none"> ▪ Procurement processes to be fast tracked.
Lack of meshing of T-block windows allows patient abscondment.	<ul style="list-style-type: none"> ▪ Submission was generated. ▪ Ongoing follow up on progress.
Covid-19 remains the biggest threat to effective service delivery in respect to operations and service interventions.	<ul style="list-style-type: none"> ▪ Strict adherence to Covid-19 protocols in the workplace. ▪ Rendering psycho-social support to staff where needed. ▪ Managing workflow and work programmes of staff. ▪ Opening up of Isolation and Pre-admission wards. ▪ Admission of observandis to NCMHH for continuation of services and to protect staff from visiting prisons.

Table 49 Outcomes, Outputs, Output Indicators, Targets and Actual Achievements: Specialised Hospital

OUTCOME	OUTPUT	OUTPUT INDICATOR	AUDITED ACTUAL PERFORMANCE 2019/20	AUDITED ACTUAL PERFORMANCE 2020/21	PLANNED ANNUAL TARGET 2021/22	ACTUAL ACHIEVEMENT 2021/22	DEVIATION FROM PLANNED TARGET TO ACTUAL ACHIEVEMENT 2021/22	
Patient experience of care in public health facilities improved	Patient experience of care survey satisfied responses	Patient experience of care satisfaction rate			80%	20%	-60%	
		REASONS FOR DEVIATION:						
		<ul style="list-style-type: none"> Limited surveys were done due to the retirement of the responsible manager and sudden ill-health hospitalisation of the alternative practitioner. 						
		IMPROVEMENT PLAN						
		<ul style="list-style-type: none"> Patient experience of Care Survey to be conducted frequently. Identification of a dedicated official to conduct surveys. 						
Management of patient safety incidents improved to reduce new medico-legal cases	Severity assessment code (SAC) 1 incident reported within 24 hours rate	Severity assessment code (SAC)1 incident reported within 24 hours rate		40%	100%	75%	-25%	
		REASONS FOR DEVIATION:						
		<ul style="list-style-type: none"> One alleged sodomy case reported but investigation still underway by SAPS. 						
			IMPROVEMENT PLAN					
			<ul style="list-style-type: none"> Fast track Severity Assessment Code (SAC)1 incidents reported within 24 hours. 					
	Patient Safety Incident (PSI) case closed	Patient Safety Incident (PSI) case closure rate			100%	75%	-25%	
		REASONS FOR DEVIATION:						
		<ul style="list-style-type: none"> One case remains open subject to SAPS processes. 						
		IMPROVEMENT PLAN						
		<ul style="list-style-type: none"> Sustain persistent collaboration with SAPS until matters are resolved. 						

LINKING PERFORMANCE WITH BUDGET

Table 50 Linking Performance with Budget: Programme 4 – Provincial Hospital Services

Pr4: Provincial Hospital Services	2021/2022			2020/2021		
	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000
General (Regional) Hospitals	328 044	328 044	-	301 807	343 684	(41 877)
Tuberculosis Hospitals	19 117	18 935	182	23 745	17 856	5 889
Psychiatric/Mental Hospitals	123 254	123 254	-	84 216	119 510	(35 294)
Total	470 415	470 233	182	409 768	481 050	(71 282)

Provincial Hospital Services spent R470.233 million of its allocated budget of R470.415 million.

14.5. Programme 5 – Tertiary Hospital Services

PROGRAMME PURPOSE AND STRUCTURE

- To deliver tertiary services which are accessible, appropriate, effective and provide a platform for training health professionals.

SUB-PROGRAMMES

- Sub-Programme 5.1: Robert Mangaliso Sobukwe Hospital (RMSH)

OUTCOMES

1. Patient experience of care in public health facilities improved.
2. Management of patient safety incidents improved to reduce new medico-legal cases.
3. Maternal, neonatal, infant and child mortality reduced.

14.5.1. Sub-Programme 5.1: Robert Mangaliso Sobukwe Hospital (RMSH)

PURPOSE

1. Improve efficiencies and quality of care at Provincial Tertiary Hospital services.
2. Ensure compliance with the national core standards for effective health service delivery.
3. Implement effective referral systems by ensuring a close relationship between all levels of the health systems.

SITUATION ANALYSIS

The Hospital continues to provide secondary and tertiary services to the people of the Northern Cape and strives for health excellence in service delivery for all communities across the province despite the challenges encountered. Continuous maintenance of infrastructure and clinical equipment is often neglected due to cash flow constraints faced by the hospital. This might inadvertently lead to adverse events in the near future. Additionally, the increased workload that is often as a result of inequitable distribution of human resources across all functional areas in the hospital is also a big challenge. Human resources is one of the building blocks recommended by the WHO to run an efficient and effective health care system; the neglect of this area adds to long waiting times and possible medico-legal claims that often is not funded from our allocation. The recruitment and retention of health care professionals adversely affects the delivery of health care services and results in high vacancy rates and the possibility of closure of and reduced access to quality of health care services. This situation presently prevents RMSH to operationalise all its theatres.

The Obstetrics and Gynaecology unit staff compliment is non-compliant in terms of the NDOH Saving Mothers and Babies Standards, which should be sixteen (16) midwives per 100 births within a facility per month. The facility currently has only fourteen (14) midwives for 900-950 births/deliveries. Sixteen (16) maternal deaths were reported due to Post-Partum Haemorrhage, Pulmonary embolism and multi organ failure. The reported cases are from Kuruman (5), Postmasburg (2), Jan Kemp (2), Douglas (1) and Kimberley (6).

The Department needs to continuously address measures to attract and retain critical scarce skills. The institution has experienced a number of service terminations as a result of resignations, contract expiry, transfer-out, retirement, death, etc.

Table 51 Overview of service terminations at RMSH (January 2022 – March 2022)

Category	Number
Medical Officers	10
Professional Nurses	4
Occupational Therapist	1
Audiologist	1
Orthotic and Prosthetics Assistant	1
Radiographer	1
Pharmacist	1
Admin Clerk	1
Seamstress	1
Cleaner	1
Total	22

The following posts were interviewed for the period under review and are awaiting approval:

- Five Medical Specialists (1x Surgery, 1x Paediatrics, 2x Orthopaedics and 1x Urology)
- Three Allied Health (1x Physiotherapist and 2x Occupational Therapist)
- Nine Staff Nurses
- Nine Pharmacy Assistants

The registrar programme is viewed as one of the key strategies aimed at enhancing a pool of specialists within various disciplines. Over the past few years its impact was visible towards improved patient experience of care. It is for this reason that funds are set aside within the NTSG to cater for the permanent absorption of registrars after their academic completion.

Two Registrars successfully completed their registrar program in the field of Orthopaedics during the period under review. One registrar is placed at RMSH and the other one is placed at Dr Harry Surtie Hospital in Upington. Furthermore, four Medical Officers commenced with their registrar program in the following disciplines: Anaesthesia x1, Orthopaedics x2 and Family Medicine x1.

Improvement of modernised tertiary services remains a significant factor in ensuring rendering quality health care services. We have through the assistance of NDOH set aside funding for the establishment of radiotherapy services. The service will limit the current referral to the Free State Province. Tender for a Professional Service Provider (PSP) to assist with the establishment of a Radiation Oncology unit was done and the successful bidder was appointed. The project is envisaged to commence in the 2022/23 financial year.

An in-patient oncology unit, comprising of twenty-four beds was developed and upgraded in collaboration with the Bristol-Myers Squibb Foundation (BMSF). This unit will accommodate patients travelling in for their radiotherapy treatment sessions. The unit will be operational in the 2022/23 financial year. In partnership with our stakeholders we remain committed towards rendering quality health care services to the citizens of the Northern Cape.

ACHIEVEMENTS

- The standard of care and quality of working life has been improved through the procurement of Clinical and support equipment. The procurement of all this clinical equipment goes a long way to ensuring compliance with the Health Technology life cycle and it assists with compliance to the National Core standards. Amongst others, the following critical equipment has been procured:
 - New mobile sonar machine for emergency sonars in the wards.
 - Intensive Care Unit received 10 (ten) new beds and added 2 (two) extra beds to make it a 12 bedded unit.
 - Theatre received 10 (ten) dressing trolleys.
 - Paediatric Ward received 10 (ten) new mattresses.
 - Ward K4 received Baby Therm Resuscitation Units.
 - Five Mobile suction units.
 - Seven Cardiotocography (CTG) machines.
 - One Colposcopy machine.
 - Twenty Computers and printers.
- Setting up of a simulation unit at the ICU unit for clinical training. This training centre is being developed with the focus on the critically ill patient.
- Operationalisation of the refurbished in-patient oncology unit, comprising of twenty-four 24 beds.
- Newly renovated Peritoneal Dialysis Unit added to the Haemo dialysis Unit.
- Completion of the phase 2 project of the Burns unit in partnership with the Smile Foundation.
- Opening of the Dream Room for Oncology patients at the Paediatrics unit, sponsored by Reach for a Dream Organisation.

CHALLENGES AND MEASURES PLANNED TO OVERCOME THEM

Table 52 Challenges & Measures Planned to overcome them: Tertiary Hospital – Robert Mangaliso Sobukwe Hospital (RMSH)

CHALLENGES	CORRECTIVE ACTION
<ul style="list-style-type: none"> ○ Chronic shortage of staff hampers efficient and effective health care services. ○ Continued exodus of clinical professionals due to low staff morale which may cause certain services to collapse if it continues ▪ Litigations in regard to: <ul style="list-style-type: none"> ○ Increase in adverse events ○ Increased complaints ○ Compromised Infection Prevention and Control (IPC) 	<ul style="list-style-type: none"> ▪ Fill most critical vacant posts in line with the functional organogram, urgently to prevent the increase in medico-legal cases. ▪ Full HR delegations to be given to the CEO.
<ul style="list-style-type: none"> ▪ High demand for services versus inadequate budget with a further budget cut for the current financial year <ul style="list-style-type: none"> ○ Inability to service current debt and operational costs as well as increased accruals and delay in payments to suppliers in line with instruction note 34 of treasury. ○ Review of equitable share allocation against conditional grant activities. 	<ul style="list-style-type: none"> ▪ Streamline the budget baseline and review current budget allocation in line with hospital service package. ▪ Availability of cash flow in line with budget allocation letter. ▪ Full Financial Delegations to be given to the CEO. ▪ Re-alignment of hospital budgets in line with service delivery demands.
<ul style="list-style-type: none"> ▪ Delay in the procurement of items above R500 thousand due to dysfunctional Departmental Bid Committees. <ul style="list-style-type: none"> ○ Inability to procure as per the procurement plan and to spend grants within the financial year. 	<ul style="list-style-type: none"> ▪ Review of Departmental Bid Committees and implementation of the procurement plan.

CHALLENGES	CORRECTIVE ACTION
<ul style="list-style-type: none"> ▪ Infrastructure Maintenance (leaking roofs, Backup electricity, Heating and Ventilation (HVAC), Backup water supply, etc.). <ul style="list-style-type: none"> ○ Continuous repairs due to an aged infrastructure, e.g. galvanised sewerage pipes bursting. ○ Lack of major maintenance program. 	<ul style="list-style-type: none"> ▪ Development and Implementation of a funded Infrastructure Plan to deal with backlog maintenance. ▪ Propose a new hospital or increase budget for maintenance.
<ul style="list-style-type: none"> ▪ No approved organogram for the institution <ul style="list-style-type: none"> ○ Vacant funded posts are abolished with no replacement in especially the administrative areas. ○ Instability within the management system. 	<ul style="list-style-type: none"> ▪ Finalise and implement the Organogram.

Table 53 Outcomes, Outputs, Output Indicators, Targets and Actual Achievements: Tertiary Hospital – Robert Mangaliso Sobukwe Hospital (RMSH)

OUTCOME	OUTPUT	OUTPUT INDICATOR	AUDITED ACTUAL PERFORMANCE 2019/20	AUDITED ACTUAL PERFORMANCE 2020/21	PLANNED ANNUAL TARGET 2021/22	ACTUAL ACHIEVEMENT 2021/22	DEVIATION FROM PLANNED TARGET TO ACTUAL ACHIEVEMENT 2021/22
Patient experience of care in public health facilities improved	Patient experience of care survey satisfied responses	Patient experience of care satisfaction rate			80%	69%	-11%
		REASONS FOR DEVIATION:					
		<ul style="list-style-type: none"> Compared to the previous year, cleanliness dropped from 72% to 65.8% and values and attitudes also dropped from 74.5% to 68.8%. This is as a result of staff shortages and overworked staff resulting in low staff morale. 					
		IMPROVEMENT PLAN					
		<ul style="list-style-type: none"> Urgent filling of critical vacant funded posts in line with the functional organogram. 					
Management of patient safety incidents improved to reduce new medico-legal cases	Severity assessment code (SAC) 1 incident reported within 24 hours rate	Severity assessment code (SAC) 1 incident reported within 24 hours rate		100%	100%	100%	0%
		REASONS FOR DEVIATION:					
		<ul style="list-style-type: none"> There is a zero deviation as the twenty-four (24) SAC 1 incidents were reported within 24 hours. 					
		IMPROVEMENT PLAN					
		<ul style="list-style-type: none"> Maintain the reporting of all SAC 1 incidents within the stipulated timeframe. 					
	Patient Safety Incident (PSI) case closed	Patient Safety Incident (PSI) case closure rate			100%	100%	0%
		REASONS FOR DEVIATION:					
		<ul style="list-style-type: none"> There is a zero deviation as the eighty-five (85) reported Patient Safety Incident cases were resolved / closed. 					
		IMPROVEMENT PLAN					
		<ul style="list-style-type: none"> Monitor and maintain the status quo. 					
Maternal, neonatal, infant and child mortality reduced	Maternal death in facility	Maternal mortality in facility ratio			105 / 100 000	409 / 100 000	-304 / 100 000
		REASONS FOR DEVIATION:					
		<ul style="list-style-type: none"> Sixteen (16) maternal deaths due to post-partum haemorrhage, cardiac arrest and multi organ failure. Three thousand eight hundred and twenty-six (3 826) live births, and eighty-six (86) born alive before arrival reported during the period under review. 					

OUTCOME	OUTPUT	OUTPUT INDICATOR	AUDITED ACTUAL PERFORMANCE 2019/20	AUDITED ACTUAL PERFORMANCE 2020/21	PLANNED ANNUAL TARGET 2021/22	ACTUAL ACHIEVEMENT 2021/22	DEVIATION FROM PLANNED TARGET TO ACTUAL ACHIEVEMENT 2021/22
		IMPROVEMENT PLAN <ul style="list-style-type: none"> Liase with Health Promotion for community outreach to promote ante natal clinic visits. 					
	Death in facility under 5-years total	Death under 5-years against live birth rate			5.1	4.3	-0.8
		REASONS FOR DEVIATION: <ul style="list-style-type: none"> Children presented late at the health facility for care. One hundred and sixty-three (163) deaths under 5 years were reported with a total of three thousand eight hundred and twenty-six (3 826) live births reported. 					
		IMPROVEMENT PLAN <ul style="list-style-type: none"> Maintain the community education through health promotion. Adherence to road to health card. 					
	Diarrhoea death under 5-years	Child under 5-years diarrhoea case fatality rate			1.7	3.1	-1.4
		REASONS FOR DEVIATION: <ul style="list-style-type: none"> Children presented late at the health facility for care. Eleven (11) Diarrhoea deaths under 5 years were reported with three hundred and sixty (360) separations. 					
		IMPROVEMENT PLAN <ul style="list-style-type: none"> Liase with Health Promotion to create awareness and education in the community about danger signs. 					
	Pneumonia death under 5-years	Child under 5-years pneumonia case fatality rate			1.8	3.4	1.6
		REASONS FOR DEVIATION: <ul style="list-style-type: none"> Children present late at the health facility for care. Twenty-one (21) Pneumonia deaths under 5 years were reported with six hundred and nine (609) separations reported. 					
		IMPROVEMENT PLAN <ul style="list-style-type: none"> Liase with Health Promotion to create awareness and education in the community about danger signs. 					
	Severe Acute Malnutrition (SAM) Death under 5-years	Severe Acute Malnutrition death under 5-years rate			5.8	31.3	-25.5

OUTCOME	OUTPUT	OUTPUT INDICATOR	AUDITED ACTUAL PERFORMANCE 2019/20	AUDITED ACTUAL PERFORMANCE 2020/21	PLANNED ANNUAL TARGET 2021/22	ACTUAL ACHIEVEMENT 2021/22	DEVIATION FROM PLANNED TARGET TO ACTUAL ACHIEVEMENT 2021/22
		<p>REASONS FOR DEVIATION:</p> <ul style="list-style-type: none"> ▪ Children present late at the health facility for care. ▪ Fifteen (15) severe acute malnutrition deaths under 5 years reported with forty-eight (48) deaths in facility 1 month to 5 years. 					
		<p>IMPROVEMENT PLAN</p> <ul style="list-style-type: none"> ▪ The institution will strengthen the supplementation programme on discharge and liaise with the down referred facility to ensure continuum of supply of supplements. 					

LINKING PERFORMANCE WITH BUDGET

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

Pr5: Central Hospital Services	2021/2022			2020/2021		
	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000
Provincial Tertiary Hospital Services	1 212 972	1 211 672	1 300	1 152 590	1 116 510	36 080
Total	1 212 972	1 211 672	1 300	1 152 590	1 116 510	36 080

Central Hospital Services spent R1.211.672 billion or 99.9 percent of its allocated budget of R1.212.972 billion. The under spending of R1.300 million was due to the delay in capital spending were procurement of services were impacted by Covid-19 restrictions.

14.6. Programme 6 – Health Sciences and Training

PROGRAMME PURPOSE AND STRUCTURE

- Develop a dedicated ethical educated workforce to acquire knowledge and principles in the provision of nursing, emergency medical care and other health professions, empowering them to translate their knowledge, skills and attitude to complement a comprehensive health care service in the Province.

SUB-PROGRAMMES

- Sub-Programme 6.1: Health Sciences & Training (HST)

OUTCOMES

1. Strengthen collaborative and multidisciplinary training approach towards capacitation of health workforce to deliver quality service.

14.6.1. Sub-Programme 6.1: Health Sciences & Training (HST)

PURPOSE

1. Continuous staff development through CPD points and WSP.
2. Academic and support staff development.
3. To invest in human capital in order to enhance healthcare service delivery through allocation of bursaries.
4. To identify and address scarce and critical skills in the public Health Sector through research and development.

SITUATION ANALYSIS

HUMAN RESOURCE DEVELOPMENT (HRD)

Human Resource Development continued to strengthen the multidisciplinary approach towards the development of the youth in the province for work readiness. The developmental strategic focus was confined to programmes such as learnerships, internships and bursaries. Learnership included Post Basic Pharmacy Assistant, Technical Vocational Education and Training (TVET) Learnership, and internship for health professionals. The strategic outputs of developmental programmes were also directed towards the strengthening of academic and professional development of employees of the Northern Cape. Development through interventions such bursaries, skills programmes and learnerships for employees in the lower occupational categories. These interventions are aimed at responding to transformative and developmental imperatives of government to enhance and improve service delivery in the Northern Cape Province.

Learnership Programme for the Unemployed Youth

HRD, in collaboration with the Pharmaceutical Unit and Health and Welfare Sectoral Education and Training Authority (HWSETA), continued to sustain the training of eighty-six (86) Post Basic Pharmacist Assistants. The table below depicts the distribution of this Learnership across the province.

Table 55 Distribution of Learnerships in the districts

UNIVERSITY	GENDER		TOTAL NUMBER OF STUDENTS
	Male	Female	
Frances Baard	33	16	49
Pixley Ka Seme	4	3	7
Namakwa	4	3	7
Zwelentlanga Fatman Mgcawu	5	8	13
John Taolo Gaetsewe	6	4	10
TOTAL	52	34	86

Added to the above, twenty-two (22) of the forty (40) TVET learners were appointed and are undertaking experiential learning at various facilities and directorates in the NCDOH. Processes are underway to finalise the appointment of the remaining eighteen (18) learners.

Capacity Building Programmes for the Unemployed Youths

The Unit continued to coordinate the management of twenty-nine (29) Mandela-Castro Medical Collaboration Programme (MCMCP) students undertaking clinical training in various South African Universities as shown in the table below:

Table 56 Final Year MCMCP Students on Clinical Integration Expected to Complete in 2022

UNIVERSITY	GENDER		TOTAL NUMBER OF STUDENTS
	MALE	FEMALE	
Sefako Makgatho University	2	3	5
Stellenbosch University	1	1	2
University of Cape Town	1	1	2
University of Free State	5	2	7
University of Kwa-Zulu Natal	1	0	1
University of Limpopo	0	3	3
University of Pretoria	3	2	5
University of Witwatersrand	2	2	4
Total	15	14	29

In addition to the above, twelve (12) MCMCP students are repeating their final year of clinical training and are expected to complete their clinical training during the 2022 academic year.

Table 57 Repeating Final Year MCMCP Students Expected to Complete in 2022 Academic Year

University	Gender		Total Number of Students
	Male	Female	
Sefako Makgatho University	0	1	1
Stellenbosch University	1	0	1
University of Pretoria	3	5	8
University of Witwatersrand	1	1	2
Total	5	7	12

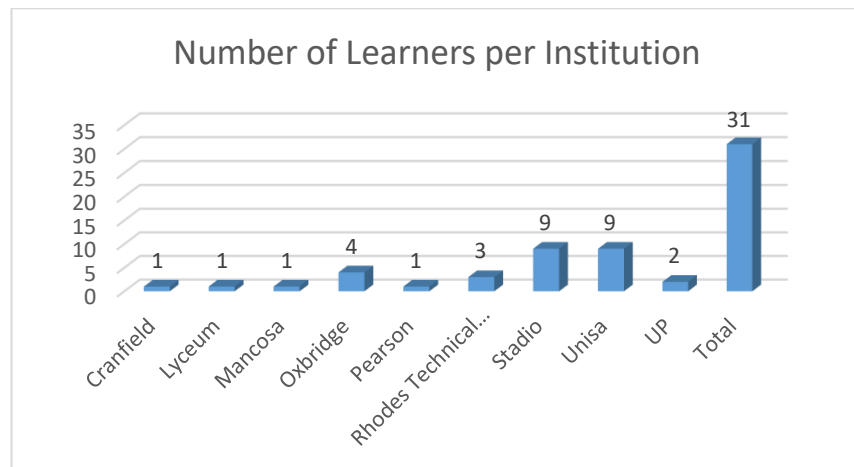
Three lower level students in Cuba are remaining, comprising of two females and one male. Two of these students are in their fifth year, whereas one is in her third year of medical training. This implies that the combined total number of MCMCP scholarship beneficiaries based in South African and Cuban universities consist of forty-four (44) students.

Besides the MCMCP students, there is one fifth-year South African trained medical student at the University of the Free State.

Professional development of employees

The unit had facilitated the recruitment and confirmation of bursaries for eighty-three (83) employees. Of these, thirty-one (31) are linked to recognised accredited institutions of higher learning. The number of candidates attached or studying with traditional universities is eleven (11), whereas those studying with private colleges are twenty (20). In the end, there is a substantial number of candidates who did not register despite their bursary being approved. Two institutions seem to be more popular and appealing to the trainees and these are the University of South Africa (UNISA) (Traditional Distance Institution) and STADIO (Private Institution) with nine trainees each. These are followed by Oxbridge Academy, Rhodes Technical FET. The University of Pretoria is the only institution where the trainees are pursuing studies in Public Health. The Figure below depicts the frequency of the number of learners per institution among the thirty-one registered candidates.

Figure 3 Number of Learners per Institution



In the final analysis the majority of the employees (52) who had applied for bursaries did not register with any institution. Two had passed on and one had resigned.

Expansion of Skills Development among the Elementary Staff

In an effort to develop the skills and promote career pathing among employees in the lower levels of occupational classification, HRD, in collaboration with Pharmaceutical Unit and Health and Welfare Sectoral Education, had finalised the recruitment of twelve (12) employees to undertake training in Basic Pharmacist Assistant Programme (BPAP). The target group for this training is lower categories in the occupational classification and these include cleaners, porters and switchboard operators.

Table 58 Career pathing of elementary staff

UNIVERSITY	GENDER		TOTAL
	Male	Female	
Robert Mangaliso Sobukwe Hospital	2	2	4
Provincial Hospital	3	1	4
Henrietta Stockdale Nursing College	0	1	0
New Mental Health Hospital	2	1	3
TOTAL	7	5	11

Skills Development Programme

The HRD unit had also facilitated numerous training interventions to enhance and improve the skills of the employees of the NCDOH. These interventions comprised of twenty-four introductions to Occupational Health and Safety (OHS), one hundred and fourteen Conflict Management, thirty-one IMCI, fourteen TB LF-ULAM, twenty Palliative Care for Children, nine Drug Resistant TB and ninety-nine Customer Care skills programmes. While the unit acknowledges the slow pace of upskilling and reskilling of employees, plans are underway to establish the provincial NCDOH Training and Skills Committee that will not only play an oversight role but will also ensure that there is accountability on the implementation of the Work Place Skills Plan.

Provincial HRD Forum and Compliance with Legislation

The unit had participated in all four Provincial HRD Forums hosted by the Office of the Premier (OTP) which were held quarterly in the 2021/22 financial year. These forums were attended by various provincial government departments, as well as the National School of Government and Public Service Sector Education and Training Authority (PSETA).

In terms of Section 2(1) of the Skills Development Act (No.97 of 1998), HRD must encourage partnerships with public bodies. Some of the activities carried out by HRD in compliance with the above legislation were:

- Attendance of the Provincial HRD Forums.
- Submission of the departmental Strategic and Implementation to OTP and PSETA.
- Submission of Quarterly Monitoring Performance Reports to OTP and PSETA.

Attendance of the provincial HRD Forum assists the unit to assess its progress in terms of compliance with statutory regulatory legislative frameworks and to share and be updated with the latest trends in skills development related matters.

Recognition of Improved Qualification

The Recognition of Improved Qualifications (ROIQs) was one of the interventions that stood out glaringly in the NCDOH. The Unit had organised three interactive assessment sessions with the Provincial Training Committee and Organised Labour to assess the qualifications of employees of the NCDOH and identified those who were eligible for a once off 10% bonus, as per Public Service Coordinating Bargaining Council (PSCBC) Resolution 1 of 2012 and Public Health and Social Development Sectoral Bargaining Council (PHSDSBC) Resolution 1 of 2012. According to these resolutions the employer must recognise the improved qualifications of employees as long as they are related to an employees' scope of work, enhances performance and improves service delivery. The unit had, thus far, performed relatively well in all the five municipal districts of the Northern Cape Province in the implementation of ROIQs in the 2021/22 financial year.

Northern Cape Department of Health Provincial Training Committee Forum

The Northern Cape Department of Health Provincial Training Committee Forum took place in Kimberley at the Mental Health Hospital on the 12th and 13th October 2021. This was a fully representative structure where all the districts and other relevant stakeholders, such as Henrietta Stockdale Nursing College (HSNC) and Emergency Medical Services College (EMSC), with the exception of John Taolo Gaetsewe District, participated in the proceedings. The two main themes that informed the discussions were the Recognition of Improved Qualifications (ROIQs) and Workplace Skills Plan and the offshoot of other HRD items on a wide array of training and development.

Mindful of the strategic objective of the NCDOH, which is to improve equity, training and enhance management of human resources for health, the Training Committee Forum was concerned with the slow pace and/or lack of implementation of HRD programmes towards the realisation of this objective.

Current operational challenges within HRD provided a better context for the need to decentralise most of the HRD functions, prioritising improvement on implementation staff training and development through Work Skills Plan (WSP). As part of the immediate remedial actions, task committees were established to develop strategies and standard guidelines to be considered for implementation across the board throughout the Province.

HENRIETTA STOCKDALE NURSING COLLEGE (HSNC)

The academic programme for the year went as planned. All classes, theoretical and practical examinations were conducted as arranged. Students progressed to new semesters and year levels successfully. However, the College experienced student unrest regarding accommodation challenges on the 10th and 11th of May 2021. This issue was resolved by a decision to relocate the affected students.

- Fourth year students were invited to a virtual conference by the Forum for Professional Nurses Society from 17th to 19th September 2021.
- Integrated Management of Childhood Illnesses (IMCI) Training conducted for all fourth year students from the 2nd to the 12th November 2021 with assistance from the Province and facilitators from districts.
- Feedback has been received from the Council on Higher Education (CHE) on the R169, Higher Certificate in Auxiliary Nursing. Conditional accreditation has been granted. However, training cannot commence before the set conditions have been addressed, which include:
 - A functional Student Management Information System and a learning platform.
 - A proper OHS certificate.
 - Restructuring of the Recognition of Prior Learning Policy.
 - Verification visit by CHE.

The College is currently busy with corrections and adjustments as stated in the feedback.

- A monitoring and Evaluation visit has been conducted by the National Department of Health (Nursing Education) on the 22-23 February 2022. Three items specifically monitored were:
 - Recruitment and selection of student committee.
 - Establishment of Clinical Education and Training Units (CETUs).
 - Way forward on the development of Speciality programmes.
- A benchmarking meeting was held between the North West and Northern Cape Nursing and EMS colleges on 08 February 2022 regarding collaboration between EMS and Nursing Colleges in the Northern Cape Province.
- The office of the Premier (HRD) visited the college on 01st March 2022. The purpose of the visit was to discuss the skills development of the Province. The College was then invited to the Provincial Skills Development Forum meeting that took place on the 23rd March 2022.
- Process of accreditation of Tshwaragano Campus still continuing. The South African Nursing Council (SANC) verification visit & staffing the campus still outstanding. Posts still need to be created and funded before the recruitment process can commence. SANC will only conduct a site visit if the facility is staffed.
- Advanced Diploma in Midwifery curriculum not yet submitted to the SANC, although it is at an advanced stage, additional activities delay finalization and submission.
- Situational analysis conducted for accreditation of additional clinical placement for Pixley Ka Seme District
- Vaccination training held for lecturers on 26 July 2021.
- UFS provided a successful practical Objective Structured Clinical Evaluation workshop for all lecturers on 29th-30th September 2021.
- Facilitation workshop: Seven (7) lecturers attended the workshop from 11th-13th March 2022.
- Strategic meeting held with Nursing Service Care Taker Director on 15th March 2022.
- Meeting held with SCM team regarding all procurement issues of the college on 16th March 2022.
- Procurement plan for financial year 2022/23 compiled on 22nd March 2022.
- Conditions of service officials attended training on Pension Case Management on 25th March 2022.
- The college lost two lecturers in the month of February, one deceased and one resignation.

ACHIEVEMENTS

HUMAN RESOURCE DEVELOPMENT (HRD)

- Successful coordination and completion of one hundred (100) Pharmacy Assistant Learnerships (86 Basic & 14 Post-basic).
- Commencement of eighty-six (86) Post-Basic Pharmacy Assistant Learnerships.
- Coordination of thirty-three (33) Emergency Care Learnership.
- The Graduation of forty-four (44) MCMCP students and new qualifications of additional twenty (20) MCMCP students.
- Successful Implementation of ROIQs by all the Districts.
- Appointment of bursary holders (8x Medical Interns, 17x Community Service Medical Officers, 13x Community Service Nurses and 2x Community Service Interns).

HENRIETTA STOCKDALE NURSING COLLEGE (HSNC)

- The teach-out plan is being implemented successfully. The College does not have first-year students in the R425 programme.
- Two lecturers were appointed for the financial year.
- The submission and proposal from SITA for the development and implementation of the Student Information Management System has been approved. Appointment letters signed and delivered to all relevant stakeholders in the project.
- Thirteen students of the Group B 2016 – R425 completed their studies and have been released for community service. Twenty-two (22) of the twenty-three (23) midwives that were on training passed their final examinations.
- A new Student Representative Council has been elected.
- Simulation equipment requested through the National Department of Health to the value of R2 million was received in January 2022 from HWSETA.

CHALLENGES AND MEASURES PLANNED TO OVERCOME THEM

Table 59 Challenges & Measures Planned to overcome them: Health Sciences & Training (HST)

CHALLENGES	CORRECTIVE ACTION
HRD	
Delayed SCM and Finance processes on the transportation of lower level students as well as the implementation of WSP.	Create a separate Cost Centre for MCMCP.
Delayed implementation of TVET learnership programme.	HWSETA to prioritise the transfer of funds to NCDOH.
HENRIETTA STOCKDALE NURSING COLLEGE	
Appointment of the new College Council.	College Council members and representatives from the Department of Health to be appointed by the MEC.
Provision of budget information on expenditure and regular budget review meetings.	College budget to be reviewed to include developmental plans and new projects. Cost centre to be created for Tshwaragano campus.
Non-accreditation of Tshwaragano as an additional campus Slow implementation of the approved Tshwaragano campus staffing submission.	Appointment of staff for the new campus as required by the SANC to conduct a verification visit.
Difficulty to engage in blended/remote teaching and learning methodologies.	Development and implementation of the virtual learning platform.
Slow payment of pre-planned activities and services.	Payments to be made on time.
Inability to attract lecturers due to OSD salary level.	Decision to be made on lecturer appointments.

Table 60 Outcomes, Outputs, Output Indicators, Targets and Actual Achievements: Health Sciences & Training (HST)

OUTCOME	OUTPUT	OUTPUT INDICATOR	AUDITED ACTUAL PERFORMANCE 2019/20	AUDITED ACTUAL PERFORMANCE 2020/21	PLANNED ANNUAL TARGET 2021/22	ACTUAL ACHIEVEMENT 2021/22	DEVIATION FROM PLANNED TARGET TO ACTUAL ACHIEVEMENT 2021/22
Strengthen collaborative and multidisciplinary training approach towards capacitation of health workforce to deliver quality service	Nursing students graduating and bursaries awarded	Basic nurse students completing	59	52	36	35	-1
		REASONS FOR DEVIATION:					
		<ul style="list-style-type: none"> One student failed. 					
	IMPROVEMENT PLAN						
	<ul style="list-style-type: none"> An opportunity for a supplementary examination and academic support will be provided to the student who failed. 						
	Bursary holders appointed per completion	Proportion of bursary holders permanently appointed	27%	88% (49/56)	80%	82%	+2%
REASONS FOR DEVIATION:							
<ul style="list-style-type: none"> Some of the bursary holders are still completing their Community Service Training year, and some leave the Northern Cape Province for better opportunities. 							
IMPROVEMENT PLAN							
<ul style="list-style-type: none"> The bursary contract is under review to strengthen NCDOH internal controls. 							

LINKING PERFORMANCE WITH BUDGET

Table 61 Linking Performance with Budget: Programme 6 - Health Sciences & Training (HST)

Pr6: Health Sciences and Training	2021/2022			2020/2021		
	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
Nurse Training Colleges	118 945	118 945	-	74 563	94 167	(19 604)
EMS Training Colleges	292	292	-	2 259	795	1 464
Bursaries	31 356	29 984	1 372	27 312	31 349	(4 037)
Primary Health Care Training	1 967	-	1 967	-	-	-
Training Other	3 682	1 311	2 371	31 208	14 384	16 824
Total	156 242	150 532	5 710	135 342	140 695	(5 353)

Health Science and Training spent R150.532 million or 96.3 percent of its allocated budget of R156.242 million. The under spending of R5.710 million was due to the delay in the procurement of goods and services, as well as, the capital spending for the implementation of the student management information system.

14.7. Programme 7 – Health Care Support Services (HCSS)

PROGRAMME PURPOSE AND STRUCTURE

- To render health care support services and specialised forensic medical and medico-legal services to meet the objectives of the Department.

SUB-PROGRAMMES

- Sub-Programme 7.1: Forensic Medical Services (FMS)
- Sub-Programme 7.2: Pharmaceuticals
- Sub-Programme 7.3: Orthotic & Prosthetic

OUTCOMES

1. Render health care support service through specialised forensic medical and medico-legal services.
2. Improve availability and access of medicine.
3. Re-integration of orthotic and prosthetic patients into society.

14.7.1. Sub-Programme 7.1: Forensic Medical Services (FMS)

PURPOSE

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

SITUATION ANALYSIS

The completion date of 30th June 2021 for the refurbishment project at Kuruman Forensic Mortuary could not be met by the contractor. Extension was therefore granted by the department, taking into consideration that delays caused disruption from Community Forums and the delivery of equipment.

Procurement of two mortuary vans could not be finalised during the 2021/22 financial year. Three Toyota bakkies were modified and converted into mortuary vehicles for operationalisation in the new financial year to augment the ailing fleet.

The post retirement contract for the Forensic Specialist Doctor terminated on 31st May 2021. Reappointment on contract of twenty (20) sessional hours per week was concluded. The hours, however, proved to be insufficient to cover the workload resulting in instability and reduced overall performance. This therefore necessitated an increase to forty (40) sessional hours per week. The process for the recruitment of a Forensic Specialist from the Free State Province is currently underway.

The Post-Exposure Prophylaxis & Clinical programmes continued to offer access to a package of care to victims/survivors of gender based violence (GBV) in the five districts. There are currently four functional Thuthuzela Centres, namely in Kimberley, Springbok, Kuruman and De Aar. Dr. Harry Surtie Hospital in Upington provides the same victim-centered service to survivors/victims of GBV. Public Health facilities without clinical forensic personnel refer victims to hospitals with the necessary personnel and expertise. Lifeline Northern Cape provides victim support services at Dr. Harry Surtie, RMSH as well as Kimberley Thuthuzela.

The National Prosecuting Authority (NPA) revived the role-out of Thuthuzela Care Centres in the country. A meeting held between NPA, SAPS, Social Development, Lifeline and Health resolved that the Dr. Harry Surtie Hospital is the ideal site for an integrated and victim-centred Thuthuzela Care Centre. This is a national initiative formed mainly for the minimization of secondary victimization, the improvement of successful conviction rate as well as the empowerment of victims.

Forensic Pathology Officers had a provincial meeting with the National Health Bargaining Council Team to engage on matters pertaining to disparities caused by OSD. Forensic Officers have stagnated and reached the ceiling, unable to progress to Gr. 3 as there are only two Grades for Forensic Pathology Services. They are unable to register on HPCSA without a formal qualification for professionalization of the service. A SAQA Accredited qualification is available, however, no university is willing to offer the course due to the small pool of Forensic Pathology Officers in the country for sustainability. To address the inconsistencies, a Sustainable Model for Forensic Pathology Service was produced. Due to budget pressures to appoint Forensic Officers according to the proposed levels, the Model was not approved at DPISA and National Treasury.

The Premier of the Northern Cape Province officially opened the Springbok Forensic Mortuary and Pharmacy, which was completed in October 2020. This development increased access of services to the upper Namakwa region.

Interviews for the appointment of seven (7) Forensic Pathology Officers were held in February 2022 to address staff shortages, particularly for the one-man standby crews in the Pixley Ka Seme district.

Output Indicators' Performance

Table 62 Indicator 1: Percentage of Autopsies completed in 4 days

2020/21 FY				2021/22 FY			
Quarter	% of Autopsies over 4 Days (90%)	Deviation	Number of Cases in Quarter	Quarter	% of Autopsies over 4 Days (90%)	Deviation	Number of Cases in Quarter
Q1	93%	+3%	237/254	Q1	90%	0%	425/473
Q2	87%	-3%	337/386	Q2	85%	-5%	345/406
Q3	92%	+2%	452/489	Q3	83%	-7%	466/560
Q4	91%	+1%	373/411	Q4	91%	+1%	410/452
Total			1 399/1 540	Total			1 646/1 891

Table 63 Indicator: Percentage of Autopsy reports submitted in 10 days to stakeholders

2020/21 FY				2021/22 FY			
Quarter	% of Autopsy reports within 10 Days (80%)	Deviation	Number of Cases in Quarter	Quarter	% of Autopsy reports within 10 Days	Deviation	Number of Cases in Quarter
Q1	90%	+10%	229/254	Q1	82%	+2%	389/473
Q2	74%	-6%	287/386	Q2	78%	-2%	315/406
Q3	81%	+1%	396/489	Q3	73%	-7%	411/560
Q4	77%	-3%	317/411	Q4	75%	-5%	341/452
Total			1 229/1 540				1 456/1 891

Post-Mortems

Table 64 Statistics on post-mortems (April 2021 – March 2022)

Types of PM's	Kimberley	Upington	De Aar	Calvinia	Springbok	Kuruman	Total
Murder	137	65	58	12	18	70	360
Accident	88	48	24	2	29	36	227
MVA	151	83	74	9	31	141	489
Suicide	114	50	32	10	23	69	298
Undetermined	6	7	2	2	0	24	41
Natural	106	210	84	16	26	6	448
Decomposed	1	1	1	0	0	1	4
Bones	2	1	2	0	0	1	6
Foetus	1	0	0	0	0	1	2
Anaesthetic	4	0	0	0	0	0	4
Other	1	8	0	0	1	2	12
Total	611	474	277	50	128	351	1 891

Clinical Forensics

Table 65 Number of Clinical Forensic Cases (April 2021 – March 2022)

District Reporting	Frances Baard	Pixley Ka Seme	ZF Mgcawu	Namakwa	John Taolo Gaetsewe	Total
Sexual Assault/new	237	77	118	34	136	602
HIV Counselling & testing	211	77	56	23	121	488
HIV Positive clients	18	1	5	0	11	35
Clients on ARV (PEP)	174	76	51	15	113	429
DNA testing perpetrators	1	0	0	0	0	1
Domestic violence	18	37	242	9	37	343
Common Assault	15	0	460	2	12	489
Drunken driving	34	0	11	8	0	53
Total	708	268	943	91	430	2 440

ACTIVITIES

- A Clinical Forensic Refresher training was offered in ZF Mgcawu district to add to the pool of skilled forensic professional nurses Stakeholders who participated in the training include SAPS, Social Development, NPA, Justice and the Human Rights Commission.

ACHIEVEMENTS

- Amidst the current Covid-19 pandemic, post-mortems continued to be performed and post-mortems reports issued to assist the Judiciary in making rulings.
- Healthy relations fostered with Office of the Premier, Lifeline, NGO's, the Department of Social Development and the National Prosecuting Authority (NPA).
- Successful reappointment of the Forensic Specialist for enhanced stability.
- Standby cellphones allocated to all mortuaries and qualifying officials.
- Provision of personal protective clothing, cleaning material and instruments.
- Procurement and provision of Post Exposure Prophylaxis (PEP) replacement clothing.
- Establishment of a new Thuthuzela Care Centre in Upington at Dr Harry Surtie Hospital.

CHALLENGES AND MEASURES PLANNED TO OVERCOME THEM

Table 66 Challenges & Measures Planned to overcome them: Forensic Medical Services (FMS)

CHALLENGES	CORRECTIVE ACTION
Late reporting and poor quality of data reported by certain districts due to a lack of dedicated support staff, as well as lack of internet connectivity.	Continue to motivate non-clinical staff to report within a reasonable time, despite their challenges.
A significant number of sexual violence victims still report after 72 hours, thus resulting in a large number of victims/survivors not receiving PEP, because only victims presenting at facilities before or within 72 hours is eligible for PEP.	The programme continue to participate in integrated programmes spearheaded by Social Development. The programme is working closely with Lifeline Northern Cape to try and address the gaps in the system. Civil Society, including Lifeline NC will be responsible for the services the Department is currently struggling to provide.
Unavailability of paper based marketing material to distribute to districts for educational purposes.	Motivation will be submitted to print pamphlets, posters and booklets to distribute to the districts to educate the public on Forensic Pathology and Clinical Services.
Follow-up and clinic visits are not provided at Upington Clinical Forensic facility as there is no dedicated vehicle to render such services.	Motivation for allocation of a dedicated vehicle for provision of full service package.
Inability to fill the vacant posts of mortuary managers at Kimberley and Upington mortuaries resulting in collapsed management controls and state of affairs.	Budget to be allocated to fill these critical posts.

Table 67 Outcomes, Outputs, Output Indicators, Targets and Actual Achievements: Forensic Medical Services (FMS)

OUTCOME	OUTPUT	OUTPUT INDICATOR	AUDITED ACTUAL PERFORMANCE 2019/20	AUDITED ACTUAL PERFORMANCE 2020/21	PLANNED ANNUAL TARGET 2021/22	ACTUAL ACHIEVEMENT 2021/22	DEVIATION FROM PLANNED TARGET TO ACTUAL ACHIEVEMENT 2021/22
Render health care support service through specialised forensic medical and medico-legal services	Autopsies completed & reported to SAPS	Percentage of autopsies completed within 4 working days	90%	91%	90%	87%	-3%
		REASONS FOR DEVIATION:					
		<ul style="list-style-type: none"> ▪ The sub-programme operated without the services of a Forensic Specialist for a period of one month due to delays in the reappointment. ▪ All high profile and complex cases were referred to the Free State and Western Cape Provinces thereby extending turnaround times for both indicators. ▪ The employee strikes that ensued in May and October 2021 due to non-payment of overtime and unavailability of personal protective clothing as a result of delayed procurement processes also further aggravated the delayed turnaround time of performing post-mortems in 4 days and issuing post-mortem reports within 10 days. ▪ 					
		IMPROVEMENT PLAN					
		<ul style="list-style-type: none"> ▪ Permanent appointment of Forensic Specialists. ▪ The initial sessional hours of the Specialist were insufficient to cover the workload for the entire province, hence the revision and extension from 20 to 40 hours. 					
		Percentage of autopsy reports submitted in 10 days to stakeholders (SAPS)	84%	80%	80%	77%	-3%
REASONS FOR DEVIATION:							
<ul style="list-style-type: none"> ▪ The sub-programme operated without the services of a Forensic Specialist for a period of a month due to delays in the reappointment. ▪ All high profile and complex cases were referred to Free State and Western Cape Provinces thereby extending turnaround times for both indicators. ▪ The employee strikes that ensued in May and October 2021 due to non-payment of overtime and unavailability of personal protective clothing as a result of delayed procurement processes also further aggravated the delayed turnaround time of performing post-mortems in 4 days and issuing post-mortem reports within 10 days. ▪ 							
IMPROVEMENT PLAN							
<ul style="list-style-type: none"> ▪ Appointment of a second Specialist for the province. ▪ Filling of vacant posts of doctors in Pixley Ka Seme and JT Gaetsewe district. ▪ The initial sessional hours of the Specialist were insufficient to cover the workload for the entire province, hence the revision and extension from 20 to 40 hours. 							

14.7.2. Sub-Programme 7.2: Pharmaceuticals

PURPOSE

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

SITUATION ANALYSIS

For the period under review, the availability of medicine in the province was 86.4%. The provincial performance across the quarters show that the availability of medicine remains consistently above 80%, despite various challenges encountered at both supplier and implementation levels and still being under the Disaster Management Regulations of the Covid-19 pandemic.

The management of cash flow allocations placed undue pressure on the suppliers and the provincial depot. Notwithstanding, after agreement with the Chief Financial Officer, the outstanding accruals were substantially reduced to an amount of R15 million. In comparison with the previous financial year, when the provincial depot closed with accruals of R95 million, this is a major achievement. Pharmacy and facility staff directed their efforts towards various interventions, such as the redistribution of stocks and the recommended use of alternative therapeutic medicines. The province received two hundred and sixty-six (266) computers to strengthen the Rx Solution stock management reporting system as well as one hundred and seventy-eight (178) mobile devices (Tablets) to strengthen reporting on the Stock Visibility System (SVS) at facilities.

The ongoing revision of the Provincial Medicines formulary, the compilation of five (5) new SOPs and the review of eighty-four (84) SOPs contributed to the strengthening of Good Pharmacy Practice, the Ideal Clinic Realisation standards and improved pharmaceutical services in the province.

During this financial year, eighty-six (86) new learners across all districts, were enrolled on the Post Basic Pharmacist Assistant course, for completion by July 2022.

Over this financial period the pharmacy personnel continued to contribute and support the Covid-19 vaccination programme by ensuring access and availability of the Covid-19 vaccines at Covid-19 reporting sites and outreach facilities that were equipped with SVS mobile devices. In addition, the pharmacists provided guidance and oversight to relevant stakeholders on the proper storage, stock management and usage of the Covid-19 vaccines with the support from a contracted service provider in the province.

ACHIEVEMENTS

- The redistribution of stocks and Covid-19 vaccines assisted patients in that medicines and Covid-19 vaccines were accessible and available at facilities.
- Improved cold chain capacity across the province in all districts due to donations of cold chain equipment from Vodacom.
- Annual stock takes were successfully completed at all facilities.
- Thirty-seven (37) Community Service Pharmacist (CSP) posts were filled in the province, with successful orientation trainings conducted in all the districts.
- Three new vehicles were procured for the provincial depot, which will enhance the delivery of medicines to the districts.
- Strengthening of relationships between the public and private sectors with the implementation of the Covid-19 vaccine roll out in the districts.

CHALLENGES AND MEASURES PLANNED TO OVERCOME THEM

Table 68 Challenges & Measures Planned to overcome them: Pharmaceuticals

CHALLENGES	CORRECTIVE ACTION
WAREHOUSE MANAGEMENT SYSTEM (WMS)	
Challenges with the non-functionality of the Warehouse Management system e.g., user interface contains incomplete data; limited availability of user reports for intervention and decision making purposes.	Develop the current Warehouse Management system or acquire a new system.
MEDICINE AVAILABILITY	
<ul style="list-style-type: none"> ▪ Supplier challenges due to cash flow allocation ▪ Certain items were out of stock at the provincial depot. 	<ul style="list-style-type: none"> ▪ Avail adequate cash flow allocation to pay suppliers. ▪ Redistribute stocks (where required). ▪ Continuous follow-up with the depot, the reasons for the out of stock status.
HUMAN RESOURCES	
Staff vacancies at depot and in districts (drivers; admin clerks; pharmacists) affect service delivery.	Fill vacant posts.
TRAINING	
Learners who completed the Post basic training in Q2 were not successfully retained and 2 learners (Pixley Ka Seme) left the province.	Retention of learnerships should be considered in alignment with the HWSETA agreement.
GOVERNANCE	
<ul style="list-style-type: none"> ▪ Non-renewal of prescriptions. ▪ Noncompliance by prescribers to clinical guidelines. 	<ul style="list-style-type: none"> ▪ Appoint the necessary doctors/specialists in the districts. ▪ Continuous monitoring and engagement with prescribers and Health Programs.
SCM	
Poor maintenance and irregular servicing of air conditioner systems; fire extinguishers and the absence of a functional equipment (Building Maintenance System/BMS; generators; printers; scanners; fridge alarm systems) at facilities or vaccination sites.	<ul style="list-style-type: none"> ▪ Regular follow up with SCM and service providers. ▪ Ensure that regular maintenance and servicing forms part of the service level agreements. ▪ Procure/repair the necessary equipment for the depot and districts.
INFRASTRUCTURE	
Infrastructural challenges such as inadequate space at RMSH bulk store; pharmacies and medicine rooms in the districts, as well as the condition of the building/s are a risk compromising Good Pharmacy Practice standards.	Follow-up with the provincial Infrastructure unit and relevant stakeholders.
DATA CONNECTIVITY	
Poor or no connectivity in the districts delays the timeous submission of stock management reports (SVS; Rx Solution)	<ul style="list-style-type: none"> ▪ Report technical challenges with data lines or connectivity to provincial IT or the service providers. ▪ Procure modems; routers or the necessary equipment where required.
SURGICAL AND DRESSINGS	
Payment of suppliers is a major concern with some debts outstanding for years. Accounts are subsequently placed on hold and stock cannot be ordered until debt is cleared.	Engage with finance to clear all outstanding accounts.
NON PHARMACEUTICAL ITEMS	
The turnaround time for the procurement by SCM for items such as dispensing Labels; vacoliters; pharmacy stationery; Drug requisition books and registers; test/diagnostic kits) is very long.	Engage and continuously follow up with SCM.
CCMDD PROGRAM	
The CCMDD Program in all the districts is performing poorly due to various reasons.	<ul style="list-style-type: none"> ▪ Urgent intervention and commitment by all stakeholders at provincial and district level is required. ▪ Provide training and support. ▪ Follow examples of best practices within the districts.
ANTIMICROBIAL STEWARDSHIP (AMS) PROGRAM	
Poor progress of the AMS program in the province and noncompliance by prescribers to adherence to guidelines.	Appoint a provincial AMS champion to strengthen the AMS program.
TRANSPORT	
The non-availability of vehicles in the districts to deliver medicines due to delays with repairs causes delays with the distribution of medicines to facilities.	<ul style="list-style-type: none"> ▪ Procure new vehicles or repair vehicles timeously. ▪ Contract private service providers in the districts or outsource deliveries.

Table 69 Outcomes, Outputs, Output Indicators, Targets and Actual Achievements: Pharmaceuticals

OUTCOME	OUTPUT	OUTPUT INDICATOR	AUDITED ACTUAL PERFORMANCE 2019/20	AUDITED ACTUAL PERFORMANCE 2020/21	PLANNED ANNUAL TARGET 2021/22	ACTUAL ACHIEVEMENT 2021/22	DEVIATION FROM PLANNED TARGET TO ACTUAL ACHIEVEMENT 2021/22
Improve availability and access of medicine	Improved availability of medicine in all health establishments	Percentage availability of medicine in all health establishments	84.6%	87.8%	90%	86.4%	-3.6%
		REASONS FOR DEVIATION:					
		<ul style="list-style-type: none"> ▪ Supplier out of stocks and limited delivery of stocks from suppliers due to challenges with cash flow and supplier payments. ▪ None reporting on SVS at some facilities due to staffing challenges or infrastructural changes within the districts. ▪ Inconsistent reporting on SVS or RX Solution due to technical challenges with the mobile devices or challenges with connectivity by the service provider. ▪ Challenges with the redistribution of medicines in the districts due to the shortage of drivers or non-availability of vehicles to deliver the medicines timeously. 					
IMPROVEMENT PLAN							
<ul style="list-style-type: none"> ▪ Ensure an adequate cash flow for the continuous payment to suppliers. ▪ Continuous monitoring of reporting on SVS and Rx Solution, with the necessary interventions and support provided to the districts. ▪ Procure or avail vehicles and drivers to ensure timeous redistribution of medicines to facilities. 							

14.7.3. Sub-Programme 7.3: Orthotic & Prosthetic (O&P)

PURPOSE

1. To ensure all patients that are in need of orthoses & prosthesis are provided with such service.
2. To assess, prescribe, design, fit, monitor, provide therapy and educate regarding the use and care of appropriate orthoses / prosthesis.

SITUATION ANALYSIS

Orthotic & Prosthetic devices are custom made for each patient to meet their specific and unique needs. Some are made by casting the affected areas, while others are made from measurements taken during an in-ward visit. These devices are therefore designed to correct the individual's posture, reduce pain caused by nerve pressure, and improve mobility. The entire range of ills mentioned in the aforementioned can be treated and corrected from worsening.

However, during the financial year under review, the shortage of Orthotist/Prosthetist has drastically hampered the productivity level of the unit. The long list of patients that await these services throughout the Province, attest to it. During the year under review, the resignation and death of employees exacerbated the situation. Furthermore, the processes that must be undertaken to finally produce the proper fitting to a patient is quite timeous. Of the measurements that will be implemented in the ensuing financial years, will be to fill the vacant posts as well as to appoint learners to qualify as Orthotist/Prosthetist across the Province.

ACHIEVEMENTS

- Two sewing machines (Industrial flatbed sewing machine; Industrial patching machine) received.

CHALLENGES AND MEASURES PLANNED TO OVERCOME THEM

Table 70 Challenges & Measures Planned to overcome them: Orthotic & Prosthetic

CHALLENGES	CORRECTIVE ACTION
Only one O&P centre for the Province.	<ul style="list-style-type: none"> ▪ Orthotic and Prosthetic services should be decentralized in other nodal areas in the districts. ▪ Establish an O&P Centre in Dr. Harry Surtie and the De Aar hospitals respectively.
Outdated machinery, equipment and tools which are not health & safety compliant.	<ul style="list-style-type: none"> ▪ Refurbishment and procurement of new machinery, equipment and installation of effective dust extraction system.
Cross-border patients.	<ul style="list-style-type: none"> ▪ Due to budget constraints cross border patients to be referred back to their Provinces; alternatively an increased operational budget.
Lack of sufficient working space in the districts.	<ul style="list-style-type: none"> ▪ Dedicated operational areas to be identified and created.
Lack of an adequate stock management system and lack of feedback from client units.	<ul style="list-style-type: none"> ▪ Implementation of an efficient stock management system- LOGIS. ▪ Regular meetings between units to be conducted.
Inadequate health & safety measures within the current O&P centre.	<ul style="list-style-type: none"> ▪ Creation of an additional emergency exit. ▪ Staff training on the proper use of fire extinguishers. ▪ Provision of protective clothing. ▪ Security measures to be improved (access control). ▪ Once adequate staff is appointed, the establishment of an OHS team.
Lack of maintenance contracts for equipment and machinery.	<ul style="list-style-type: none"> ▪ Budget allocation for maintenance contracts and machinery.
Vast distances must be covered when going on outreach.	<ul style="list-style-type: none"> ▪ Recruitment and appointment of Medical Orthotist / Prosthetist.

Table 71 Outcomes, Outputs, Output Indicators, Targets and Actual Achievements: Orthotic & Prosthetic

OUTCOME	OUTPUT	OUTPUT INDICATOR	AUDITED ACTUAL PERFORMANCE 2019/20	AUDITED ACTUAL PERFORMANCE 2020/21	PLANNED ANNUAL TARGET 2021/22	ACTUAL ACHIEVEMENT 2021/22	DEVIATION FROM PLANNED TARGET TO ACTUAL ACHIEVEMENT 2021/22
Re-integration of orthotic and prosthetic patients into society	Patients assessed and issued with assistive devices	Percentage of patients assessed and issued with assistive devices			60%	40%	-20%
		REASONS FOR DEVIATION:					
		<ul style="list-style-type: none"> ▪ Shortage of staff. ▪ No outreach visits done due to Covid-19. ▪ Inadequate tools of trade. 					
		IMPROVEMENT PLAN					
		<ul style="list-style-type: none"> ▪ Filling of critical posts. ▪ Implementation of outreach services. ▪ Purchasing of equipment & tools. ▪ Decentralising of O&P services at district level. 					

LINKING PERFORMANCE WITH BUDGET

Table 72 Linking Performance with Budget: Programme 7 – Health Care Support Services (HCSS)

Pr7: Health Care Support Services	2021/2022			2020/2021		
	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000
Laundry Services	19 141	19 141	-	8 940	20 789	-11 849
Engineering Services	11 987	9 623	2 364	17 556	15 768	1 788
Forensic Services	42 569	35 598	6 971	44 480	45 125	-645
Orthotic and Prosthetic Services	3 820	3 248	572	10 206	4 818	5 388
Medicine Trading Account	107 878	107 878	-	325 506	150 309	175 197
Total	185 395	175 488	9 907	406 688	236 809	169 879

Health Care Support Services spent R175.488 million or 94.7 percent of its allocated budget of R185.395 million. The under spending of R9.907 million was due to the delay in the procurement of goods and services, as well as, the capital spending for the procurement of emergency/mortuary vehicles and the equipping of these vehicles.

14.8. Programme 8 – Health Facilities Management (HFM)

PROGRAMME PURPOSE

- Effective and efficient delivery of infrastructure and provision of technical support services to the Department.

SUB-PROGRAMMES

- Sub-Programme 8.1: Health Facilities Management (HFM)

OUTCOMES

1. Infrastructure maintained and backlog reduced.

14.8.1. Sub-Programme 8.1: Health Facilities Management (HFM)

PURPOSE

1. Effective and efficient delivery of infrastructure and provision of technical support services to the Department.

SITUATION ANALYSIS

PLANNING

The Health Facilities Planning unit is currently in the process of designing the New Nursing and EMS College (Main Campus). This project will be implemented in two phases. Detailed designs have been completed and have been signed off by the user Departments (Nursing and Emergency Medical Services units).

Maintenance at various facilities in the province still remains a challenge. The Department of Roads and Public works has been requested to assist with the appointment of service providers to maintain standby generators and HVAC at various facilities. The Department has opted to do the day to day maintenance in-house, with the assistance of the various Supply Chain units in the different districts. The challenge, however, is the slow progress in the appointment of Service providers.

Other projects that are currently at planning phase include the following:

- Forensic Mortuary (Francis Baard District): Planning unit currently busy with the user Department in compiling the scope for the project.
- Logistics Centre (Provincial): Department of Roads and Public Works have appointed Architectural services for the design in construction of the facility.
- Service of Fire Fighting equipment) Budget have been allocated in current financial year. Department of Roads and Public Works to assist in obtaining service providers.
- Backup water (James Exum building and RMSH identified).

DELIVERY

Bankhara Bodulong Clinic

The project started in September 2017 estimated for completion in 12 months. It is currently 36 months behind schedule following the previous approved extension of time, which was mostly as a result of delayed processing of payments by the NCDOH. The contractor did not return to site in January 2020 until May 2021 citing perpetual delays in the processing of payments. The contractor got back to site to complete the outstanding works in May 2021. The contractor did not go back to site since January 2022 to date to complete the outstanding works. There is no extension of time approved, nor a construction recovery programme for the project with the Department of Roads and Public as the contracting party.

Boegoeberg Clinic

The project started in September 2017 estimated for completion in 12 months. It is currently 36 months behind schedule following the previous approved extension of time, which was mostly as a result of delayed processing of payments by the NCDOH. The contractor never returned to site from the beginning of the 2021 financial year to date. The contract has now been terminated by the Department of Public Works. A new contractor has been appointed to complete the outstanding works before end of June 2022.

Glenred Clinic

A contractor was appointed in March 2018 prior to the approval of the final designs by the Department of Health. Construction activities on site and the signed off designs differ, hence the IDT had to submit new designs to be approved by the NCDOH in October 2021. The contractor never returned to site from the beginning of the 2020 financial year to date. The IDT has submitted a final design in October 2021 for approval by the NCDOH to correct the misalignment between construction drawings used by the contractor on site and approved drawings. Foundations were constructed except the super structure. Infrastructure Planning and IDT shall resolve the differences between the construction drawing and the approved drawing.

Heuningvlei Clinic

The project is 98% complete. A request for extension of time following the delays in processing of contractor's payments, which negatively impacted on construction programme and a variation to scope on IT, was submitted in August 2021; this request has been approved. The project experienced delays in processing of payment for two months from September 2021. All outstanding work is being attended to, targeting to complete construction works by end of June 2022.

Port Nolloth CHC

The project reached practical completion and is now at works completion stage. The facility is being used for its purposes.

Nursing College Student Accommodation

The project has 80% time lapsed and less than 30% construction work has been achieved. The practical completion date was set to 25th November 2021 but could not be reached. An extension of time has been granted by the Department of Roads and Public Works up to 22nd May 2022. The project has experienced delays in processing the contractor's payment for three months. Three outstanding payments were processed to the contractor by the end of April 2022, with the expectation to get contract back to site before the end of May 2022.

Springbok Hospital Pharmacy

Practical completion was reached on the 14th September 2021. A variation to scope was initiated by the hospital in August 2021 to install burglar proofs, which was granted by the Department of Health after the practical completion.

ACHIEVEMENTS

- Detailed designs of Nursing and EMS main campus signed off (Phase 2).
- User Asset Management Plan 2022-23 Submitted.

CHALLENGES AND MEASURES PLANNED TO OVERCOME THEM

Table 73 Challenges & Measures Planned to overcome them: Health Facilities Management (HFM)

CHALLENGES	CORRECTIVE ACTION
Slow performance of the contractor at the Nursing college accommodation (Phase 1) puts strain on the outer year budget in terms of the budget for phase 2.	Regular meetings with the Department of Transport, Roads and Public works to speed up progress in terms of phase 1 (Nursing Accommodation).
Slow Supply Chain processes for the appointment of Service Providers for maintenance.	Regular meetings with District Work and District SCM inspectors to assist them with maintenance request.
Limited funding to implement planned maintenance.	The 2022/23 budget plans (Table B5) as well as Annual Implementation Plans have been compiled and submitted to National Health.
Slow delivery by Bankhara Bodulong Clinic contractor.	<ul style="list-style-type: none"> ▪ Produce a final determination for Cost and Schedule Performance Indexes. ▪ Put the contractor on default of contract.
The contract for Glenred Clinic was awarded without final designs (construction drawing and approved drawings differ).	<ul style="list-style-type: none"> ▪ Approve the final design. ▪ Produce a new Bill of Quantities. ▪ Produce a determination for Cost and Schedule Performance Indexes.
Variations to scope and costs for the Heuningvlei Clinic.	Complete variations to scope and costs to attain practical completion.

Table 74 Outcomes, Outputs, Output Indicators, Targets and Actual Achievements: Health Facilities Management (HFM)

OUTCOME	OUTPUT	OUTPUT INDICATOR	AUDITED ACTUAL PERFORMANCE 2019/20	AUDITED ACTUAL PERFORMANCE 2020/21	PLANNED ANNUAL TARGET 2021/22	ACTUAL ACHIEVEMENT 2021/22	DEVIATION FROM PLANNED TARGET TO ACTUAL ACHIEVEMENT 2021/22
Infrastructure maintained and backlog reduced	Total number of health facilities with completed refurbishment	Percentage of health facilities with major refurbishment		35%	19%	19%	0%
		REASONS FOR DEVIATION:					
		<ul style="list-style-type: none"> ▪ There is a zero deviation as the target is achieved. 					
		IMPROVEMENT PLAN					
		<ul style="list-style-type: none"> ▪ The Northern Cape Department of Health have allocated more funding for the maintenance of facilities for the 2022/23 financial year in order to try and make up for the back-log on maintenance at various facilities. 					

LINKING PERFORMANCE WITH BUDGET

Table 75 Linking Performance with Budget: Programme 8 - Health Facilities Management (HFM)

Pr8: Health Facilities Management	2021/2022			2020/2021		
	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000
District Hospital Services	70 678	70 678	-	304 241	110 083	194 158
Provincial Hospital Services	309 305	309 235	70	59 568	275 988	(216 420)
Total	379 983	379 913	70	363 809	386 071	(22 262)

Health Facilities Management spent R379.913 million of its allocated budget of R379.983 million.

15. Institutional Response to the Covid-19 Pandemic

Table 76 Progress on Institutional Response to the Covid-19 Pandemic

Budget Programme	Intervention	Geographic Location (District / Local Municipality)	Number Of Beneficiaries	Disaggregation Of Beneficiaries	Total Budget Allocation Per Intervention R'000	Budget Spent Per Intervention	Contribution To Outputs (App)	Immediate Outcomes
RCCE	Preparation - Communication And Information Sharing And Hygiene Promotion	Northern Cape Province as at Q4 2021/22: -All 5 Districts -All 27 Municipalities	Community Outreaches/Service Delivery/Screening/Campaigns (Covid-19 Symptoms / Preventative Measures): -267 Activities -70694 People Reached Distribution of IEC Material: -38 Activities -46245 IEC Distributed Media-Radio Talk shows: -36 Talk shows -1 028 556 Listeners	All Citizens Of The Province	-	-	-Number of ACSM Activities Conducted -Number Of People Reached Through ACSM Activities	-Informed Citizenry On Vaccines & Covid-19. -Address False Information and Stigma Around Covid-19 Vaccine
	Training as per National Standards (Facilities, HCW, Clinical staff, SOP for EMS, Port Health facilities)	-	-Go Data training. -Antigen testing for Patient under Investigation. -Train the trainer (RCCE).	All five districts.	-	-	Number of facilities using the DATCOV and Go Data.	Dashboard on Covid-19 indicators.
	Facility readiness (Hospital, isolation, intensive care, quarantine beds)	Health Facilities	-Facilities readiness done. -Beds identified and allocated in all hospitals for Covid-19	District hospitals.	-	-	-	Facility readiness.
	Contact tracing (Screening teams, tracing teams).	All Districts.	-Ongoing training and support visits done in five districts. -Beneficiaries Health Area Managers, Facility managers, Rapid response teams.	Rapid Response Teams.	-	-	-	Effective contact tracing within the province.

Budget Programme	Intervention	Geographic Location (District / Local Municipality)	Number Of Beneficiaries	Disaggregation Of Beneficiaries	Total Budget Allocation Per Intervention R'000	Budget Spent Per Intervention	Contribution To Outputs (App)	Immediate Outcomes
	Quarantined sites surveillance	Frances Baard (24)	24	-West End Hospital-24	-	-	-	-
		John Taolo Gaetsewe (69)	69	-Eldorado Hotel (Khumani Mine)-37 -Markram House -0 -Khumani Mine-22 -Dingleton-0 -Bendel Clinic-0 -Tshwaragano Hospital Treatment Site-0 -Kuruman Hospital Treatment Site-0 -Olifantshoek Treatment Site-0 -Black Rock Mine-5 -South 32 Mine-5	-	-	-	-
John Taolo Gaetsewe	Preparation - Communication and information sharing and hygiene promotion: - Kurara FM (Mine initiative).	JTG District	~180 000	-	-	-	Radio slots, jingles & adverts have stopped due to lack of funds.	-
	Training as per National Standards (Facilities, HCW, Clinical staff, SOP for EMS, Port Health facilities): -Rapid antigen testing. -Vaccination training for new vaccinators.	-JTG District -Gasegonyana Sub-district	~400 ~12 (Doctors, Nurses, Clinical associates)	-	-	-	-Refresher training done at all facilities in preparation for rolling out rapid antigen testing to facilities. -5 Nurses and 7 clinical associates were trained.	-
	Facility readiness (Hospital, isolation, intensive care, quarantine beds).	John Taolo Gaetsewe District (98)	98	-Tshwaragano Hospital uses ward 4 orthopaedics and has 20 active beds -Kuruman Hospital (16 beds) with only 12 in use -Sivos Facility closed -Eldorado Hotel site closed on 31 October	-	-	-	-

Budget Programme	Intervention	Geographic Location (District / Local Municipality)	Number Of Beneficiaries	Disaggregation Of Beneficiaries	Total Budget Allocation Per Intervention R'000	Budget Spent Per Intervention	Contribution To Outputs (App)	Immediate Outcomes
				2021 quarantine & isolation facility moved to Markram House (Dingleton) (19 isolations and 6 quarantine) -Hotazel Safe House (Private) (7) -Mapoteng Field Hospital (mine initiative) (30 beds)				
	Contact tracing (Screening teams, tracing teams): -Contact tracing teams.	JTG District	-	All Communities	-	-	Teams continue to do mass screening in communities.	-
	Quarantined sites surveillance	-	-	-	-	-	-	-
	Data management processes: -Surveillance of positive cases. -Vaccination programme.	JTG District	-	-	-	-	-Data management still uses excel to track and repost new cases and outcomes -All vaccinators have access to EVDS.	-
	Isolation space at ports identified and equipped.	-	-	-	-	-	-	-
	Hotspot identification: -Contact tracing.	JTG District	-	-	-	-	Contact tracing teams investigate possibilities of hotspots when tracing positive cases.	
Pixley ka Seme	Training as per National Standards (Facilities, HCW, Clinical staff, SOP for EMS, Port Health facilities): -Training done on Antigen testing, Vaccination.	PKS District	-	Clinicians	-	-	To improve knowledge on conducting Antigen testing as it was new type of test that was introduced.	Antigen testing is now used for testing of Covid-19 in our facilities, which is cheaper than PCR.

Budget Programme	Intervention	Geographic Location (District / Local Municipality)	Number Of Beneficiaries	Disaggregation Of Beneficiaries	Total Budget Allocation Per Intervention R'000	Budget Spent Per Intervention	Contribution To Outputs (App)	Immediate Outcomes
	Facility readiness (Hospital-, isolation-, intensive care-, quarantine beds)	De Aar Hospital:	-5 High Care -6 ICU -15 Isolation -16 Quarantine	Community Members	-	-	To keep infected sick patients in our Covid-19 wards to easily managed and Monitor progress of patients	All our facilities (CHCs and District Hospitals) are always ready for quarantine and isolation. Covid-19 section was opened in all our Hospitals and CHCs
		Manne Dipico Hospital:	-6 Isolation -4 Quarantine -1 High Care	Community Members	-	-		
		Prieska Hospital:	-6 Isolation -Patient under investigation also admitted in Covid-19 Ward	Community Members	-	-		
		Siyancuma LM: -Douglas CHC	-2 Isolation beds -5 Quarantine beds -NB: 5 Isolation beds were compromised with moving of Breipaal Clinic to Douglas CHC due to infrastructural needs	Community members	-	-	-	-
		Griekwastad CHC:	-1 Isolation bed -5 Quarantine beds	Community members	-	-	-	-
		Emthanjeni LM: De Aar Hospital	-12 beds De Aar Hospital Overnight Lodge -4 beds De Aar Mothers Lodge	Community members	-	-	-	-
		Thembelihle LM: Hopetown CHC	-10 Quarantine beds in Nursing Home -5 Isolation beds inside CHC	Community members	-	-	-	Doornkloof Nature Reserve (28 beds) was never functional due to distance
		Umsobomvu LM Noupoort CHC	One part of the CHC is converted to the quarantine site with 17 beds	Community members	-	-	-	-
Training on Vaccination	Training was conducted by Clinical Mentor through zoom platform.	Pixley ka Seme District.	-	Clinicians	-	-	To be able to monitor and manage all contacts identify.	Contact Tracers were appointed for 3 months contract (October – December

Budget Programme	Intervention	Geographic Location (District / Local Municipality)	Number Of Beneficiaries	Disaggregation Of Beneficiaries	Total Budget Allocation Per Intervention R'000	Budget Spent Per Intervention	Contribution To Outputs (App)	Immediate Outcomes
								2021) and was not renewed.
Quarantined sites surveillance	There were no patients to quarantine anymore as new cases were very low within the District.	-	-	Community members	-	-	-	Nature Reserves and B&B that were identified as quarantine sites were never functional.
Data management processes	DORT, Contact Tracing, Deaths, Staff confirmed with Covid-19 reports submitted to the provincial M&E Rapid Response Team.	Facilities, Sub Districts & District Office.	-	-	-	-	To monitor daily activities on Covid-19 at facilities level.	There was a delay on Covid-19 daily reporting due to overtime worked not cleared up or paid.
Isolation space at ports identified and equipped	All Hospitals and CHC's are having equipped Isolation wards.	District Hospitals & CHC's.	-	-	-	-	To keep infected sick patients in our Covid-19 wards to easily managed and Monitor progress of patients.	All our facilities (CHC's and District Hospitals) are always ready for quarantine and isolation. All Hospitals and CHC's have Covid-19 section.
Hotspot identification	-Surveillance, Monitoring & Evaluation done daily to identify resurgence and possible hotspots. -Cluster outbreak identified, cases are mapped according to their respective areas.	-	-	-	-	-	There are no more high number of new cases.	There were no cluster outbreaks in this quarter.
Testing in-lying patients	It is compulsory to test all inpatients in Hospitals and CHC's , Antigen testing kits was introduced to health facilities	District Hospitals & CHC's	-	-	-	-	-Patients are easily identified if they have Covid-19 or not, in order to properly manage and monitored. -Results come quicker as compared to PCR testing.	-

Budget Programme	Intervention	Geographic Location (District / Local Municipality)	Number Of Beneficiaries	Disaggregation Of Beneficiaries	Total Budget Allocation Per Intervention R'000	Budget Spent Per Intervention	Contribution To Outputs (App)	Immediate Outcomes
Effective ambulance system		De Aar Hospital: -2 Ambulances available for De Aar and surrounding farms. -3 Ambulances are in for repairs.	-	-	-		Same Ambulances are used to transport Covid-19 patients, then get disinfected immediately after Covid-19 patients was transported.	-
		Manne Dipico Hospital: -1 Ambulance available for Colesberg and one for Norvalspont that also support the surrounding farms.	-	-	-		Same Ambulances are used to transport Covid-19 patients, then get disinfected immediately after Covid-19 patients was transported	-
		Noupoort CHC: -1 functional ambulance available which services Noupoort and surrounding farms.	-	-	-		Same Ambulances are used to transport Covid-19 patients, then get disinfected immediately after Covid-19 patients was transported.	-
		Masibambane PHC: -1 functional ambulance servicing Phillipstown and surrounding farms.	-	-	-		Same Ambulances are used to transport Covid-19 patients, then get disinfected immediately after Covid-19 patients was transported.	-
		Petrusville PHC: -1 functional ambulance servicing Petrusville, Keurtjieskloof and surrounding farms	-	-	-		Same Ambulances are used to transport Covid-19 patients, then get disinfected immediately after Covid-19 patients was transported.	-
		Prieska Hospital: -2 Ambulances available for Prieska, Niekerkshoop & the surrounding farms, (one was borrowed to Marydale PHC).	-	-	-		Same Ambulances are used to transport Covid-19 patients, then get disinfected immediately after Covid-19 patients was transported.	-

Budget Programme	Intervention	Geographic Location (District / Local Municipality)	Number Of Beneficiaries	Disaggregation Of Beneficiaries	Total Budget Allocation Per Intervention R'000	Budget Spent Per Intervention	Contribution To Outputs (App)	Immediate Outcomes
		Griekwastad CHC: -3 ambulances available for Griekwastad and surrounding farms (2) -One ambulance is on repair	-	-	-	-	Same Ambulances are used to transport Covid-19 patients, then get disinfected immediately after Covid-19 patients was transported.	-
		Douglas CHC: -2 functional ambulances which servicing Douglas, Campbell, Schmidtsdrift and surrounding farms	-	-	-	-	Same Ambulances are used to transport Covid-19 patients, then get disinfected immediately after Covid-19 patients was transported.	-
Field hospitals for triage	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Expand ICU bed and ventilator numbers	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Capacity of morgues in the District.	De Aar Hospital		-	-Forensic = 18 -Hospital = 28 -Adults = 12 -Children = 16	-	-	-	-
		Manne Dipico Hospital	-	-Forensic = 3 -Hospital = 18	-	-	-	-
		Prieska Hospital	-	-Forensic = 3 -Hospital = 3	-	-	-	-

16. Transfer Payments

16.1. Transfer Payments to Public Entities

Table 77 Transfer Payments to Public Entities: 1 April 2021 – 31 March 2022

Public Entity Name	Public Entity Key Outputs	Amount Transferred R'000	Amount spent by the Public Entity	Achievements of the Public Entity
South African Post Office		436	436	Not Applicable
TOTAL		436	436	

16.2. Transfer Payments to All Organisations other than Public Entities

The table below reflects the transfer payments made for the period 1 April 2021 to 31 March 2022.

Table 78 Transfer Payments to All Organisations other than Public Entities: 1 April 2021 – 31 March 2022

Transferee Name	Type of Organisation	Purpose of Funds Used	Compliance with s38(1)(j) of the PFMA	Amount Transferred R'000	Amount Spent by the entity	Reason for Unspent Funds
Hantam	Municipality	Municipal Services	Yes	43	43	Not applicable
Kamiesberg	Municipality	Municipal Services	Yes	1	1	Not applicable
Namakhoi	Municipality	Municipal Services	Yes	8	8	Not applicable
Karoo Hoogland	Municipality	Municipal Services	Yes	32	32	Not applicable
Emthanjeni	Municipality	Municipal Services	Yes	11	11	Not applicable
Rightersveld	Municipality	Municipal Services	Yes	3	3	Not applicable
Ga-Magara	Municipality	Municipal Services	Yes	20	20	Not applicable
Khara Hais	Municipality	Municipal Services	Yes	8 390	8 390	Not applicable
Households	University	Bursaries For Non-Employees	Yes	3 294	3 294	Not applicable
Households	Private Entities And Individuals	Claims Against The State	Yes	23 447	23 447	Not applicable
Households	Employees	Donations And Gifts	Yes	510	510	Not applicable
Households	Employees	Leave Gratuity	Yes	12 783	12 783	Not applicable
Hantam	Municipality	Municipal Services	Yes	43	43	Not applicable
TOTAL				49 071	49 071	

16.3. Transfer Payments budgeted for, but no payments made

The table below reflects the transfer payments which were budgeted for in the period 1 April 2021 to 31 March 2022, but no transfer payments were made.

Table 79 Transfer Payments budgeted for, but no payments made: 1 April 2021 – 31 March 2022

Transferee Name	Type of Organisation	Purpose of Funds Used	Amount Budgeted R'000	Amount Transferred R'000	Reasons for Untransferred Funds
N/A	N/A	N/A	-	-	N/A
TOTAL			-	-	

All transfer payments that were budgeted for in the period under review were made as reflected in the transfer payments table (16.2) above.

17. Conditional Grants

17.1. Conditional Grants and Earmarked Funds Paid

During the period under review, the Department did not make Conditional Grant payments to any external entities.

17.2. Conditional Grants and Earmarked Funds Received

17.2.1. HIV, TB, Malaria and Community Outreach Grant (Health)

Table 80 Conditional Grants & Earmarked Funds Received (1 April 2021 – 31 March 2022): HIV, Malaria & Community Outreach Grant

Department Transferring the Grant	National Department of Health
Purpose of the grant	To enable the health sector to develop and implement an effective response and AIDS and TB.
Expected Outputs of the grant	<ul style="list-style-type: none"> ▪ Number of new patients started on ART ▪ Total number of patients on ART remaining in care ▪ Number of female condoms distributed ▪ Number of exposed infants, HIV positive at 10 weeks Polymerase Chain Reaction (PCR) test ▪ Number of clients tested HIV (including antenatal) ▪ Number of MMC performed ▪ Number of patients on ART initiated on Isoniazid Preventative Therapy (IPT) ▪ Number of clients newly initiated on Bedaquiline ▪ Number of adherence clubs ▪ TB new smear positive client success rate
Actual Outputs Achieved	Yes
Amount per amended DORA (R'000)	734 737
Amount Transferred (R'000)	734 737
Reasons if amount as per DORA not received	100 % received
Amount Spent by the Department (R'000)	731 063
Reasons for funds unspent by the entity	The Department has spent 99 per cent of the allocated funds in line with the approved business plan.
Monitoring Mechanism by the receiving Department	Monthly and quarterly review

17.2.2. Health Facility Revitalisation Grant

Table 81 Conditional Grants & Earmarked Funds Received (1 April 2021 – 31 March 2022): Health Facility Grant

Department Transferring the Grant	National Department of Health
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 new facilities completed ▪ Number of facilities maintained ▪ Number of facilities upgraded and renovated ▪ Number of facilities commissioned
Actual Outputs Achieved	Yes
Amount per amended DORA (R'000)	379 637
Amount Transferred (R'000)	379 637
Reasons if amount as per DORA not received	100 % received
Amount Spent by the Department (R'000)	379 637
Reasons for funds unspent by the entity	The Department has spent all the allocated funds in line with the approved business plan.
Monitoring Mechanism by the receiving Department	Monthly and quarterly review

17.2.3. National Health Insurance Grant

Table 82 Conditional Grants & Earmarked Funds Received (1 April 2021 – 31 March 2022): National Health Insurance Grant

Department Transferring the Grant	National Department of Health
Purpose of the grant	To expand health care service benefits through the strategic purchasing of health services from health care providers
Expected Outputs of the grant	<ul style="list-style-type: none"> ▪ Number of health professionals contracted (Total and by discipline) ▪ Number of health professionals contracted through capacitation arrangement ▪ Improved identification and management of high risk pregnancies ▪ Improved care of women during labour with management of complications ▪ Number of patients screened and treated for mental health problems ▪ Percentage reduction in the backlog of forensic mental observation ▪ Number of learners who have been referred by school health services for further assessment and management to audiologist, optometrist, speech therapist and others ▪ Number of learners equipped with required assistive devices through school health services ▪ Percentage reduction in radiation oncology backlog ▪ Number of HPV DNA tests that were rendered ▪ Number of patients confirmed to have cervical cancer that were screened by HPV DNA
Actual Outputs Achieved	Yes
Amount per amended DORA (R'000)	19 233
Amount Transferred (R'000)	19 233
Reasons if amount as per DORA not received	100 % received
Amount Spent by the Department (R'000)	18 872
Reasons for funds unspent by the entity	The Department has spent 98 per cent of the allocated funds in line with the approved business plan.
Monitoring Mechanism by the receiving Department	Monthly and quarterly review

17.2.4. National Tertiary Services Grant

Table 83 Conditional Grants & Earmarked Funds Received (1 April 2021 – 31 March 2022): National Tertiary Services Grant

Department Transferring the Grant	National Department of Health
Purpose of the grant	<ul style="list-style-type: none"> ▪ Ensure provision of tertiary health services for all South African citizens (including documented foreign national) ▪ To compensate tertiary facilities for the additional costs associated with provision of these services
Expected Outputs of the grant	<ul style="list-style-type: none"> ▪ Number of inpatients separation ▪ Number of day patient's separation ▪ Number of outpatient first attendance ▪ Number of outpatient follow up attendances ▪ Number of inpatient days ▪ Average length of stay by facility ▪ Bed utilisation rate by facility (all levels of care)
Actual Outputs Achieved	Yes
Amount per amended DORA (R'000)	397 757
Amount Transferred (R'000)	397 757
Reasons if amount as per DORA not received	100 % received
Amount Spent by the Department (R'000)	397 758
Reasons for funds unspent by the entity	The Department has spent all the allocated funds in line with the approved business plan.
Monitoring Mechanism by the receiving Department	Monthly and quarterly review

17.2.5. Statutory Human Resources, Training and Development Grant (Health)

Table 84 Conditional Grants & Earmarked Funds Received (1 April 2021 – 31 March 2022): Statutory Human Resources, Training and Development Grant (Health)

Department Transferring the Grant	National Department of Health
Purpose of the grant	<ul style="list-style-type: none"> ▪ To appoint statutory positions in the health sector for systematic realisation of human resources for health strategy and phased-in of National Health Insurance ▪ Support provinces to fund service costs associated with clinical training and supervision of health science trainees on the public service platform
Expected Outputs of the grant	<ul style="list-style-type: none"> ▪ Number and percentage of statutory posts funded from this grant (per category and discipline) and other funding sources ▪ Number and percentage of registrars posts funded from this grant (per discipline) and other funding sources ▪ Number and percentage of specialists posts funded from this grant (per discipline) and other funding sources ▪ Number and percentage of other health professionals (clinical and allied) appointed (total by district, category and by discipline) ▪ Number of posts needed per funded categories <ul style="list-style-type: none"> ○ To report on the number of clinical supervisors associated with clinical training and supervision of students, funded on the public health service delivery platform: number of specialists, number of registrars, number of medical officers, number of clinical associates, number of post graduates, number of clinical supervisors/trainers per category in nursing, emergency medical services (EMS) and allied health and pharmacy ○ number of grant administration staff
Actual Outputs Achieved	-
Amount per amended DORA (R'000)	130 873
Amount Transferred (R'000)	130 873
Reasons if amount as per DORA not received	100 % received
Amount Spent by the Department (R'000)	130 873
Reasons for funds unspent by the entity	The Department has spent all the allocated funds in line with the approved business plan.
Monitoring Mechanism by the receiving Department	Monthly and quarterly review

17.2.6. Social Extended Public Works Programme (EPWP) Incentive Grant for Provinces

Table 85 Conditional Grants & Earmarked Funds Received (1 April 2021 – 31 March 2022): Social Extended Public Works Programme (EPWP) Incentive Grant for Provinces

Department Transferring the Grant	National Department of Health
Purpose of the grant	The programme involves creating work opportunities for unemployed persons, allowing them to participate economically and contribute to the development of their communities and the country as whole.
Expected Outputs of the grant	<ul style="list-style-type: none"> ▪ Creating employment: Provide work opportunities ▪ Enhancing Social protection: Provide income support ▪ Reaching its target group: Poor and unemployed people
Actual Outputs Achieved	185 people paid from the EPWP incentive grant
Amount per amended DORA (R'000)	6 183
Amount Transferred (R'000)	6 183
Reasons if amount as per DORA not received	100 % received
Amount Spent by the Department (R'000)	6 183
Reasons for funds unspent by the entity	The Department has spent all the allocated funds in line with the approved business plan.
Monitoring Mechanism by the receiving Department	Monthly and quarterly review

18. Donor Funds

18.1. Donor Funds Received

Table 86 Donor Funds Received: 1 April 2021 – 31 March 2022

Name of Donor	National Skills Fund Growth and Development Strategy
Full Amount of the Funding	R3 761 million
Period of Commitment	Two years
Purpose of the Funding	Donation (Cash)
Expected Outputs	A number of employed persons trained
Actual Outputs Achieved	Officials were trained
Amount Received (R'000)	R 4 491
Amount Spent (R'000)	R 2 962
Reason for Unspent Funds	R 5 290
Monitoring Mechanism by the Donor	Bi-annual reports
Name of Donor	De Beers Group
Full Amount of the Funding	R 207
Period of Commitment	Once-off
Purpose of the Funding	Donation (Cash)
Expected Outputs	Upgrade of K3 –ward at RMS Hospital
Actual Outputs Achieved	No
Amount Received (R'000)	R 207
Amount Spent (R'000)	R 0
Reason for Unspent Funds	R207 is still unutilized as at 31 March 2022, but will be spent in the 2022 financial year.
Monitoring Mechanism by the Donor	One report

19. Capital Investment

19.1. Capital Investment, Maintenance and Asset Management Plan

Table 87 Capital Investment, Maintenance & Asset Management Plan: 1 April 2021 – 31 March 2022

INFRASTRUCTURE PROJECT	2020/2021 FY			2019/2020 FY		
	Final Appropriation	Actual Expenditure	(Over) / Under Expenditure	Final Appropriation	Actual Expenditure	(Over) / Under Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000
New infrastructure assets: Capital	221 000	160 008	60 992	197 023	110 030	86 993
Existing infrastructure assets	140 161	26 806	113 355	161 300	37 191	124 109
Upgrading and additions	88 161	1 133	87 028	10 500	2 909	7 591
Rehabilitation and refurbishment	7 000	8 792	-1 792	4 100	1 503	2 597
Maintenance and repair	45 000	16 881	28 119	146 700	32 779	113 921
Infrastructure transfers		89	-89		18 722	-18 722
Current		89	-89		18 722	-18 722
Capital						
Infrastructure leases		43 341	-43 341		36 187	-36 187
Current infrastructure	45 000	60 311	-15 311	146 700	87 688	59 012
Capital infrastructure	316 161	169 933	146 228	211 623	114 442	97 181
TOTAL	361 161	230 244	130 917	358 130	202 130	156 193

DIVIDER PAGE

PART C: GOVERNANCE

(Printer to add design)

PART C: GOVERNANCE

20. Introduction

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

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

21. Risk Management

Risk Management remains one of the areas that the Department of Health continues to prioritize in its quest to ensure the improvement of corporate governance, service delivery and audit outcomes, and this will further ensure that the Risk Management Strategy is fully implemented by the Department.

In terms of the PFMA section 38 a (i), the Accounting Officer must ensure that an effective, efficient and transparent system of financial and risk management and internal control are in place. The Department developed a risk management strategy, a risk management policy and a risk register that is linked to the Department's objectives. The risk register contains both strategic and operational risks identified, mitigating controls, the risk owners and target dates for completion.

21.1 Risk Management Structures & Resources

The Unit functions with an Assistant Director, Deputy Director, and a Chief Risk Officer, who reports directly to the Accounting Officer. During this financial year the Department appointed an external Risk and Ethics Committee Chairperson, who was employed as Chief Risk Officer at Department of Science and Innovation. During this financial year only one REMCO meeting was held in May 2021, due to the resignation of the REMCO Chair person.

The Accounting Officer appointed an internal Interim Chairperson, but we are concurrently in the process of appointing a new external REMCO chairperson, as stipulated by the REMCO Charter.

The Unit reports to the Audit Steering Committee on a quarterly basis on performance and progress. The role of the Audit Committee is to advise and monitor the effectiveness of the risk management system.

21.2 Risk Management Governing Documents

The status of the relevant Governance Documents is that the Risk Management Charter and Risk Management Policy and Strategy has been reviewed and approved by the Accounting Officer and are only due for review in 2022.

The following documents have also been approved:

- Risk and Ethics Management Committee Charter (March 2022)
- Risk Management Policy (April 2022)
- Risk Management Strategy (October 2022)

21.3 Risk Assessments

The Risk Management Unit conducted several risk assessments/reviews within the Provincial Office, with just four (4) Units not complying. The Unit has also completed risk assessments at the following institutions:

- New Mental Hospital
- EMS College
- Henrietta Stockdale Nursing College

The Risk Management Unit attended the Provincial Quality Assurance Review Meeting in Upington, 08-11 November 2021, as well as the Third Quarterly Performance Review Session and Budget Lekgotla in Keimoes, 21-24 February 2022.

We embarked also on Risk Assessments for Covid-19 readiness, with the National Department of Health and Participated in Provincial Risk assessments for Covid-19 Health Readiness, led by the WHO and National Department of Health during the month of August 2021.

21.4 Continued Challenges

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

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

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

21.5 Way Forward

It is the Risk Management Unit's desire to continue with the improvement of Risk Management in the Department, and we believe this will now gain momentum because the Unit has implemented a risk monitoring tool which will assist in monitoring the progress of risks and the unit will operate with the assistance of its combined assurance providers, Provincial Internal Auditors / Audit Committee and the Risk and Ethics Management Committee. It is also vital that the Risk and Ethics Committee (REMCO) review the TOP Strategic Risks of the Department. REMCO plays an important oversight role in assisting the Department in mitigating key risks:

- Use of other assurance providers
- Use of Compliance Unit
- Establishment of Risk Champions in the Districts

22. Fraud and Corruption

22.1 Ethical Governance

Ethical governance structures and accountability are promoted in the Department in public administration, through continuous improvement of internal controls to avoid corruption and mismanagement of state resources. The ultimate goals are to achieve ethical leadership, adhering to the highest standards/values of improved efficiencies and professionalism for optimal service delivery.

22.2 Fraud, Corruption and Ethics Management

The Department has implemented various policies to curb potential fraudulent and corruption risks impacting negatively on service delivery and reputation of the Department. Media clearly portrayed the message of accountability through reports published on the Department's zero-tolerance towards fraud, theft and corruption, after the arrests of senior officials possibly implicated in maladministration through collaboration efforts of investigation by South African Police Service (SAPS), Hawks and/or Special Investigating Unit (SIU).

The National Anti-Corruption Strategy 2020-2030 was implemented in conjunction with the Provincial Anti-Fraud & Corruption Management Policy and the Financial Disclosure and Gift Policy. The Whistle-blowing Policy outlines various channels of reporting on allegations of fraud, theft and corruption available for employees to use. No new cases were reported on the National Anti-Corruption Hotline (NACH).

All internal cases referred for investigation to the internal Fraud Unit were successfully completed and handed over to the relevant authorities for further legal (criminal prosecution) and/or internal labour (disciplinary) action.

Management tools are used to accurately record all cases reported on the Case Management System reflecting eleven (11) cases during 2021-2022 (not all cases were fraudulent in nature, but were investigated to determine the truth of allegations reported to confirm or refute it with evidence collection). Most of these cases are anonymously reported, where the Whistle-blower's identity is kept confidential and protected, if meeting the requirements of disclosed in good faith.

The Department of Public Service and Administration (DPSA) introduced new Lifestyle Audits on all public servants to enhance the current Financial Disclosure System, which will be rolled out to Level 9's in 2022. Vetting is also conducted on all employees on a continuous basis through the State Security Agency (SSA) to determine security competency and flag any risky behaviours. Ethics Awareness was conducted through Zoom platforms in order to reach a larger crowd than with Roadshows. Annual compliance through disclosure are used during Ethical reporting periods linked to Other Remunerative Work (ORW), business interest links and disclosing all assets to be transparent and open.

23. Minimising Conflict of Interest

In all procurement thresholds as detailed in the National Treasury Practice Note 2 of 2005 reviewed in 2008/2009, are areas of transactions that potential conflict of interest can occur. In this context, the Department has therefore instructed the following measures:

As requested in terms of National Treasury Practice notes, all transactions between R10 000.00 until R30 000.00 the service providers bidding through quotation are expected to submit declaration, herein referred to as "SBD forms" to confirm whether owners of the companies are government employees.

In light of the Department's approved policy on Supply Chain Management, in terms of clause 20 of the same policy all SCM officials sign a code of conduct received from National Treasury requiring declaration of interest as well as disclosing any gifts received.

With respect to bids / tenders, both committees at Evaluation and Adjudication level, all members sign a declaration of interest to attest to the best knowledge of their conscience as individuals in that they do not have conflict of interest with respect to the bids serving before them.

As a further measure to address conflict of interest, transaction that were conducted in light of threshold values below R500 000.00, the following measure has been instituted:

Transaction assessment and profiling to assess full compliance in terms of the undermentioned National Treasury Practice notes.

Compliance Requirements Relative to This Transaction Threshold Value

The following compliance requirements must be to be adhered to:

1. National Treasury Practice Note 8 of 2007/2008 – Applicable sections in terms of this authority
 - 1a) Section: 2.1, 3.3.1, 3.3.2 as well as 3.3.3 (about quotations)
 - 2a) Section: 6.1 (about Tax Clearance requirements)
2. National Treasury Practice Note 3 of 2006 – Applicable section in terms of this authority
 - 1b) Section: 1 (about Tax Clearance requirements)
3. National Treasury Practice Note 4 of 2006 – Applicable section in terms of this authority
 - 1c) Section: 3 (about submission of SBD 8 form)
4. National Treasury Practice Note 7 of 2009/2010 – Applicable section in terms of this authority
 - 1d) Section: 2.3 (about submission of SBD 4 form)
5. National Treasury Practice Note of 21 July 2010 – Applicable sections in terms of this authority
 - 1e) Section: 3.1.2 (about submission of SBD 9 form)

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

24. Code of Conduct

The Department issues the Code of Conduct as a declaration to new employees. The declaration explains how the employee should conduct himself/herself in the public service with regard to the following:

- Relationship with Legislature and Executive Management
- Relationship with the public
- Relationship among employees
- The performance of duties of an employee
- Personal conduct and private interest

Employees should comply with the Code of Conduct in the Public Service.

24.1 Code of Conduct Selection Committee Members

The Department has implemented an internal code of conduct for selection committee members when short listing and interview proceedings are held. The following provisions are observed before, during and after the recruitment proceedings:

1. Proceedings, discussions, candidate's information and documentation of the Shortlisting and Interviews must be treated as confidential.
2. Selection Committee members must refrain from commenting or responding to an Interviewee candidate's enquiries or queries but rather refer such to the Human Resource Scribe.
3. The selection criteria and method for both Shortlisting and Interviews must be fair, objective and consistent.
4. The Selection Committee must guard against guiding the Interviewee.
5. In the event that a Selection Committee member is related to an Interviewee, he or she should recuse him or herself from the Shortlisting and Interviews.
6. The Interview atmosphere must be free from a patronizing approach, intimidation and unfair discriminatory questions.
7. Selection Committee members are invited in view of their dependent and objective contribution during an Interviewee's assessment. Selection Committee members are discouraged from private discussions which may compromise valuable contributions.
8. The Selection Committee members may not inform an Interviewee about the outcome of the Interview, the successful candidate must be notified by the Human Resource Practitioner when approval has been granted for appointment by the Executing Authority.
9. The Selection Committee must adhere to all other applicable legislations, policies and procedures.

25. Health Safety and Environmental Issues

25.1 Health and Safety

The Occupational Health and Safety Act, 1993, is the guiding document for safety, health, environment, risk and quality management. The Northern Cape Department of Health has about 95 % of Health and Safety Committees established. The inspection of the Mortuaries was done in the 2021/2022 financial year. The training of health and safety representatives and fire- fighting was done in the Pixley a Seme, Frances Baard, JT Gaetsewe, ZF Mgcawu and Namakwa Districts.

The Department has appointed a clinical psychologist to offer psycho-social to employees in the Emergency and Forensic Medical services. The Psycho-social support programme was activated in the Provincial Office, Pixley Ka Seme, Namakwa and the Frances Baard District Offices. The Provincial Office is currently supporting the JT Gaetsewe District.

25.2 Environmental Health

Environmental Health in the Northern Cape Department of Health experiences the following major risks:

- Risks associated with Health Care Risk Waste at facility level (Covid-19 and non- Covid-19 are regarded as the same).
- Monitoring, training, segregation and storage.
- Risks associated with the current "month-to-month" contract for Health Care Risk Waste Management.
- Water quality and the general conditions in health care facilities need urgent attention as the conditions are often not acceptable and may endanger the health and well-being of staff and patients.
- Planning and construction of new facilities should include the inputs of the Environmental Health Sub-Directorate.

- Licencing of Hazardous Substances premises are done by the National Department of Health in an extremely uncoordinated manner and licences (annual) are often issued only midway through the year.

The Environmental Health Unit implemented or will implement the following programmes, some of which are unique to the Northern Cape:

- Climate change mitigation and adaptation in the Northern Cape Department of Health.
- The resumption of community service projects for the 2022 Community Service Environmental Health Practitioners.
- The auditing of Provincial Environmental Health Services at District level.

26. Portfolio Committee

The following observations were made by the Portfolio Committee:

- a) There is a lack of community awareness with regard to 72 hours' patient's assessment/ observation
- b) Shortage of personnel in critical positions. The hospital has only three (3) doctors and one (1) clinical associate
- c) The Hospital is using the psychiatrist that is based in Kimberley. This will have a negative impact on the 72 hours' patients' assessments
- d) The construction of the hospital took long to complete
- e) There is a shortfall of R1.8 billion for the hospital to operate optimally

The following are the recommendations made by the Portfolio Committee and the subsequent responses of Department:

1. The Department must embark on education programmes/awareness campaigns to educate community about policy guidelines of 72 hours' patient involuntary assessments

The issue of Community Education on 72 hours Observation for Mental Health has been incorporated into health promotion activities and talks held during door-to-door visits and at facilities.

2. The Department must request the National Department of Health and National Treasury to assist with required resources for the hospital to operate optimally

The Funding Gap for Martha Griffiths CHC was incorporated into the Department's presentation at the PMTECH bilateral with Treasury in September 2021

3. The Department must urgently appoint the psychiatrist for this health facility to avoid infringement of the 72 hours' involuntary patient's policy

Psychiatrists are specialists who are appointed at a higher level of care and not at primary health care. There is an Outreach Team consisting of Psychiatrists who visit districts on a roster in order to provide specialized Mental Health Care. Mental Health Users who are stable are otherwise managed at a PHC level.

4. The Department must ensure that it meets project timeframes set for the hospital. Furthermore, the PC on Health and Social Development must be furnished with a cost breakdown of the hospital

The facility was delayed due to challenges experienced with the community regarding tariffs and appointment of sub-contractors. Once those were resolved everything ran smoothly until completion.

5. The Department must request additional funding from National Treasury to complete the Martha Griffiths Health Community Health Centre.

The facility has been completed and was accordingly launched by the Premier of the Northern Cape, Hon Dr Zamani Saul, on 27 May 2021.

The Department must submit the following reports 30 days after tabling of this report in the House:

- a) The cost breakdown of the Martha Griffiths project from inception to date.

Table 88 Cost breakdown of the Martha Griffiths Project

ITEM NO.	ITEM	SPEC REF	UNIT	QTY	RATE	TOTAL
	Item 1: Preliminary and General					
1	Technical submissions		Sum	1	R 2 630,88	R 2 630,88
2	Workshop Drawings		Sum	1	R 8 901,14	R 8 901,14
3	Compliance with Health and Safety		Sum	1	R 6 138,72	R 6 138,72
4	Operating & Maintenance Manuals		Sum	1	R 5 612,54	R 5 612,54
5	As Built Drawings		Sum	1	R 13 307,87	R 13 307,87
6	Training		Sum	1	R 7 508,97	R 7 508,97
7	P&G's		Sum	1	R 84 626,64	R 84 626,64
8	Accommodation		Sum	1	R 252 564,48	R 252 564,48
9	Attendance		Sum	1	R 34 885,47	R 34 885,47
10	Rigging		Sum	1	R 46 588,50	R 46 588,50
11	Transport		Sum	1	R 607 588,58	R 607 588,58
	Total for Item 1					R 1 070 353,80

27. SCOPA Resolutions

The responses to the concerns raised by Hon. F Rhoda of the Democratic Alliance in his letter to the Chairperson of the Portfolio Committee on Health and Social Development and the Chairperson of the Standing Committee on Public Accounts on 30th September 2021 are as follows:

1. Monitoring the delivery of quality of care to residents of the province

Quality service delivery is of utmost importance to us in the Department of Health, that being the reason clinical audits are conducted, patient satisfaction surveys are conducted as well as complaint and compliment processes are in place to address challenges in service delivery

2. Working conditions and staffing of the hospital

The working conditions of staff is being monitored by the managers and concerns attended to and adjustments made in order to improve the working conditions of staff. The staffing at the hospital might not be optimal at the moment, but we are awaiting the sign-off of the submissions for the filling of posts. All shifts are covered and certain staff are on standby, should the need arise for additional staff.

3. Security of the premises

Reallocation of security services between day and night shifts are done and routine patrolling of the premises is worked out and discussed with the security company (Defensor). Securities rotating in the hospital and outside the gates are covered with securities. Incidences at the hospital have been reported to the police and we are awaiting feedback on the burglaries that occurred

4. Impact on adverse conditions on the ultimate quality of medical care rendered by the facilities

Linkage to care between various health facilities and hospitals strengthened and systems put in place to ensure quality across the platform. Outreach service to health facilities are performed by medical officers and patients are booked by the facility to see the medical officers should there be a need. Medical officers are also called out in case of an emergency to the health facilities to attend to patients

5. Roll-out of vaccination programme

The vaccination roll-out strategy is progressing well despite resistance due to myths, but social mobilization in ongoing even though much more needs to be done, and vaccinations can improve if all Department would be collaborating well. Strategy is adjusted based on age groups. Daily vaccination outreaches and door to door activities done to reach the people. Improvement in the vaccination roll-out seen, but constant monitoring and evaluation done. So far the PKS District has vaccinated more than Sixty-Six Thousand (66 000) residents and hope to reach more considering that we are heading towards an envisaged fourth wave and the new variant (Omicron) which we need to ensure protection from.

6. Delays in medical care resulting in untimely death – Poor medical care

Investigations are done when complaints are received on the delays in medical care. All patients brought to casualty are treated as serious and are immediately attended based on the triage score. Stab wounds are a triage score red and the patient would be prioritised and attended to immediately on arrival, considering the risk involved. We must

be cognizant of the lives according to their oath, depending on the condition of the patient on arrival. In some cases, these patients are dead on arrival for which nothing can unfortunately be done.

7. Leadership

A new District Director and CEO have been appointed for the District and De Aar Hospital. Interventions for improvement of service delivery, as well as coaching and mentoring are in process. Service alignment and health service strengthening systems in process of implementation and staff relationships are being worked on. HR processes are still underway to fill Operational Manager posts. Workshops and in-service trainings conducted and staff engagements are continuously done.

Way Forward

Concerns on health service in Pixley Ka Seme can be raised with the District Director, Ms Sheila McCloen, so that it can be resolved as soon as possible. We value the inputs from the community and take concerns seriously and will ensure that we attend to matters within our capacity to amend accordingly. Our patients' lives matter and our patients come first. We are looking forward to work together to improve the lives of the community.

28. Prior Modification to Audit Reports

Table 89 Prior Modification to the Audit Reports

Nature of qualification, disclaimer, adverse opinion and matters of non-compliance.	Financial year in which it first arose	Progress made in clearing/Resolving the matter
Movable Tangible Capital Assets		
<p>I was unable to obtain sufficient appropriate audit evidence that management had properly accounted for movable tangible capital assets and minor assets in the current year and the previous year, as the process for completing the asset register was not completed at year-end in support of these assets. I was unable to confirm these assets by alternative means. Consequently, I was unable to determine whether any adjustment was necessary to movable tangible capital assets stated at R1 207 753 000 (2019: R1 162 265 000) and machinery and equipment included in minor assets stated at R190 715 000 (2019: R187 437 000) in note 29 to the financial statements.</p>	<p>2012 and beyond</p>	<ul style="list-style-type: none"> ▪ The Department has undertaken a project to address the asset management accounting challenges. ▪ The project consists of the following areas: <ul style="list-style-type: none"> ○ Policy development. ○ Verification of the Departmental Assets. ○ Capturing of Assets onto the Departmental LOGIS Asset. ○ Valuations of Assets. ▪ The Department is currently at an advance stage with the second level of verification currently underway. ▪ This verification is intended to validate the data that has been captured. ▪ The valuation of the assets is intended to commence in June 2022. ▪ The Department will be submitting the assets register for the current year under review.
Immovable Tangible Capital Assets and Capital Work in progress		
<p>I was unable to obtain sufficient appropriate audit evidence regarding the balances for immovable tangible capital assets and capital work in progress as the fixed asset register did not reconcile to the amounts presented in the annual financial statements. I was unable to confirm the balances by alternative means. Consequently, I was unable to determine whether any adjustments to immovable tangible capital assets stated at R2 589 853 000 and capital work in progress stated at R584 739 000 in note 30 to the financial statements were necessary.</p> <p>I was unable to obtain sufficient appropriate audit evidence for accruals and payables not recognised relating to capital work in progress as the department did not have adequate systems to maintain records for these transactions. I was unable to confirm these amounts disclosed by alternative means. Consequently, I was unable to determine whether any adjustment was necessary to accruals and payables not recognised relating to capital work in progress,</p>	<p>2012 and beyond</p>	<ul style="list-style-type: none"> ▪ The Department has effected the adjustment to account for the immovable assets. The adjustments were required in the previous reporting period. ▪ The Department has also commenced with the transfer of immovable assets to the Department of Public Works in line with section 42 of PFMA.

Nature of qualification, disclaimer, adverse opinion and matters of non-compliance.	Financial year in which it first arose	Progress made in clearing/Resolving the matter
stated at R60 869 000 (2020: R91 543 000) in note 30.4 to the financial statements.		
Irregular Expenditure		
The Department did not disclose all irregular expenditure in the notes to the financial statements, as required by section 40(3)(b)(i) of the PFMA. The Department incurred expenditure in contravention with supply chain management (SCM) requirements that was not included in the irregular expenditure disclosed in note 24 to the financial statements. I was unable to determine the full extent of the understatement for the current as well as previous years as it was impractical to do so.	2012 and beyond	<ul style="list-style-type: none"> ▪ An irregular expenditure to the value of R8.6 billion was submitted to the Office of the Premier for investigation. ▪ Finance Unit is identifying irregular transactions and reporting on a monthly basis.
Accruals and Payables not Recognised		
The Department did not disclose all outstanding amounts meeting the definition of accruals and payables not recognised in accordance with chapter 9, General Departmental assets and liabilities in the MCS, the Department did not perform adequate and regular reconciliations for accruals and payables not recognised. I was unable to determine the full extent of the understatement of accruals and payables not recognised for the current and prior years as it was impracticable to do so. The Department incorrectly classified accruals as payables not recognised in accordance with chapter 9, General Departmental assets and liabilities in the MCS. As the Department did not have adequate systems to account for accruals and payables not recognised. Consequently, I was unable to determine the full extent of these misstatements for the current and previous years as it was impracticable to do so.	2012 and beyond	<ul style="list-style-type: none"> ▪ The Department has significantly improved utilisation of LOGIS system. ▪ Management has also developed a reporting mechanism where district offices provided a report on a monthly basis on the state of the Departmental accruals. ▪ Centralisation and reconciliation of certain key accounts has been introduced for sound financial management and monitoring accounts.
Accrued Departmental Revenue		
I was unable to obtain sufficient appropriate audit evidence to substantiate the accrued Departmental revenue disclosed in note 23 to the financial statements. The Department did not have adequate internal controls to maintain patient records of accrued Departmental revenue in the current year and previous year. I could not confirm accrued Departmental revenue by alternative means. Additionally, there was an impact on the impairment of accrued Departmental revenue. Consequently, I was unable to determine whether any adjustment was necessary to accrued Departmental revenue stated at R73 615 000 (2019: R147 553 000) in note 23 to the financial statements.	2012 and beyond	<ul style="list-style-type: none"> ▪ The Department continues to operate sub bank accounts for most hospitals to ease reconciliation and identification of amounts received and timeous reporting of these transactions. ▪ Speed point devices are still in use in certain hospitals where the demand was identified to minimise cash handling risk at those facilities. ▪ Revenue and patient debt management policies have been reviewed during the year under review. These policies will be presented and made available to all users and ensure implementation thereof. ▪ Contracts for contract employees at revenue generating facilities were extended to minimise gaps in the admission, billing and records management processes during and after business hours.

29. Internal Control Unit

29.1. Project Overview

Management did not ensure that prior year control weaknesses that gave rise to irregular expenditure, fruitless and wasteful expenditure were sufficiently addressed in the current year, although various follow ups were made with all districts but the information remains outstanding. Furthermore, processes to investigate irregular expenditure and fruitless and wasteful expenditure were not conducted during 2019/2020 and 2021/2022 financial years. No audit plans or progress reports on addressing issues raised in the audit reports were submitted for the audit outcomes of the 2019/2020 and 2021/2022 financial years. The overall project start date was April 2021 and the end date was March 2022.

29.2 Start-up phase

The problem identified: Department has over a number of years being unable to fully prevent and disclose cases of irregular expenditure. The project objective to turn the unfavourable audit outcomes, in terms of both the financial and non-financial performance through managing, advise, guiding, monitoring and conducting oversight covering all aspects of audit related issues of the Department. The project team has received project start up documents, in terms of reference, latest reports as agreed upon with relevant stakeholders to clarify matters surrounding the outcomes of the audit management report.

29.3 Two-fold project approach

To review the management of audit General's reports on all matters to design and support improvement strategy document and the implementation thereof. Highlighting the importance of preventative controls to the accounting officer and authorities to address the increased risk to and significant changes in their operation as such controls are by their nature a deterrent to abuse.

29.4 Unique Audit Approach

Throughout the work done, compliance team found that the rapid implementation of the initiatives already compromised control environments and which by the way created significant risk that most audits were not able to address. Processes, criteria, needs and controls were not well considered and in hast of implementation, mistakes were made and opportunities created for abuse. Provide direction and oversight on financial and non-financial performance reporting so as to enhancing accountability and oversight support visits were conducted across the province and intervention meetings were also held with all strategic partners, management, supply chain and Finance teams during this process, were all aspects of audit related issues of the Department were discussed and presented.

Support to programmes and sub-programmes in developing audit outcome mitigation strategies such as policy development, review process flows, standard operational procedure (SOPs), development of new checklists, updating of the new contractual register, donations register, payment register, controls and monitoring of internal systems. Irregular expenditure resulting from awarding of tenders to implementing agent, irregular expenditure resulting from expired contracts that are extended on month to month, irregular resulting from contravene of the PFMA, fruitless and wasteful expenditure, accruals and commitment were discussed & agreed on implementation as outlined in the management action plans to ensure strict compliance across the board.

29.5 Internal Control Deficiency and non-compliance

29.5.1 Accrued Departmental Revenue

Management did not design and/or implement effective internal controls over safeguarding of patient files and tracking of patient files hence there is no controls systems in place to track patient files or identify missing patient files. Accuracy of the patient fee for the services offered couldn't be confirmed in order to agree the amount of the services offered to the uniform patient fee schedule amounts.

Existence of the patient to which the services were offered to could not be confirmed, therefore also the services cannot be confirmed. The rights of the Department to the accrued Departmental revenue could not be confirmed and whether any services were offered by the facilities to patient as there is no evidence.

The patient files are sequentially numbered and the folder numbers are generated by the system, however the Department's system does not generate reports identifying all the files that should be present in the filing room at the end of the financial year, therefore, there is no way of determining which files should be in the filing room which may have gone missing.

29.5.2 Supply Chain Management, Assets and Finance

Inadequate review of the financial statements by management to ensure that the annual financial statements reconcile with supporting schedules and the notes to the annual financial statements. The cause of the finding was non-review of the financial statements before submission for audit and Disclosure not in terms of the Modified Cash standard and when reviewing annual financial statements, the pages of the financial statements are not numbered, the Statement of Financial Performance is incorrectly named as Notes to the appropriation Statements and numbering of the notes is not in sequence.

During the audit of goods and services property payments, fleet services, operating leases, Laboratory services, expenditure for capital assets, Agency fees and support services, contractors, and consumables, it was identified that the Department did not make payments within the prescribed 30 days as required by Treasury Regulations. During the audit of the Department, RFIs were issued by the auditors, requesting payment batches relating to Goods and services but payment batches requested were not submitted. The invoices were not stamped when received, and therefore could not confirm classification of the transactions as a payable, therefore it is a limitation of scope.

It was noted that the Department does not have proper systems in place to keep record of all their infrastructure payables batches.

Management did not ensure that a performance monitoring measure is in place to prevent fruitless and wasteful expenditure. Management has not designed a monitoring tool for contracts to monitor the performance of service providers. There are no controls place to ensure that contracts amounts are continuously compared to the expenditure to date to ensure that it does not exceed the contract amount. There are no controls in place to ensure that competitive bidding process is followed for all amounts above R500 000,00.

Performance monitoring of contracts not performed and contract operating on a month to month basis but extension/variation were not approved and were not done in accordance with the auditee's policies and procedures. The employees of the Department did not complete e-disclosure which allows for them to disclose interests of close family members doing business with the Department. The controls designed to ensure that all the employees complete the e-disclosure are not effective as they are not properly implemented.

During the understanding of the business process for the movable capital assets of the Department it was identified that the Department did not have an asset register. It was further identified that there were no assets counts done in the year under the audit. Movable tangible asset register not submitted and difference between expenditure for capital note and note 31 Additions and Annual Asset Count not performed for movable tangible capital assets. Through discussion held with the asset unit, it was noted that the Department has been on the project to update the assets register but the process is not completed. Approval for remunerative work was not approved by the executive authority due to some employees not declaring their interests performed.

Preferential Point System was not included in the payment batch as a method of selection of the winning tender and winning provider's tax matters have not been declared by SARS to be in order, Quotations have not been sourced from three suppliers and the declaration of interest (SBD4) not attached including the CSD report not attached.

Management oversight and lack of monitoring controls to ensure that the policies are regularly updated and management did not ensure that the policies and procedures are reviewed at frequent intervals with changes in legislations and other relevant statutes to maintain an effective, efficient and transparent system of internal controls, as required by section 38 of the PFMA. Management did not prepare the quarterly reporting on procurement as the Department's units did not submit the internal plans to supply chain management unit on time and provide proof that the procurement process was submitted to treasury and does not have proof for the delegations with regards to bid committee. No Investigations of Irregular, fruitless and wasteful expenditure were conducted and deviation process not followed.

29.5.3 Accruals and Commitments

Whilst performing the walk through for the business process relating to capital commitments, it was confirmed that the Department does not maintain a capital commitments register during the financial year. During the performance of completeness for capital commitments, we noted that the amounts on the LOGIS Report were not included in the AFS. Orders are not followed up on to determine whether cancelled orders are removed from the capital commitments schedule. The goods received notes were not provided to confirm when goods/services were received, and therefore could not confirm classification of the transactions as accruals not recognised. Orders are not followed up on to determine whether cancelled orders are removed from the capital commitments schedule. Management did not regularly update its accruals and payables not recognised listings. Inspected the action plan, and noticed that no progress was done by management, therefore prior year mistake remains unresolved.

29.5.4 Employee Costs

The Department have not had an approved organisational structure for few years and this issue was also communicated in the prior year's audit findings. No records for the monitoring of the negative capped leave. The candidate did not sign the offer as evidence that she or he accepted the employment offer. The HR plan was not reviewed for the current year. The Department did not exercise oversight with ensuring that internal controls over the HR processes are operating as designed.

29.5.5 Contingent Liabilities

Incorrect classification of claim against the Department and Contingent Liabilities Related Schedules not maintained. The Interim Financial Statements were not adequately reviewed as to ensure the accuracy of the contingent liabilities amount disclosed as per the disclosure. The Department did not ensure that controls are in place to continuously monitor the Health State Guarantee Liability Report and during the testing of related party transaction, the auditor identified transaction that is disclosed as the transaction with related parties, the auditor evaluated the nature of the transaction with the understanding of the Department. The Department paid the salary of the former employee who was seconded to the office of the premier; the nature of the transaction is compensation of employees and inter Departmental payables/receivables. The Department claimed the amount paid to the former employee from the office of the premier and recorded as the inter-Departmental receivable. Based on above the auditor concludes that the transaction is similar to transactions under normal course of business of the Department, furthermore the transaction is at arm's length.

29.6 Frontline services and health response

29.6.1 Covid-19

Due to a National State of Disaster that was declared by the President of South Africa owing to the Covid-19 pandemic, the team selected frontline and health response initiatives, through conduct district oversight support visits so as to check the level of compliance in order respond to Government call to create a relative understanding of strengthening screening, testing, tracing, social distance and mass screening programme in communities and that was also forming part of screening of all health workers including front line staff at all facilities and at roadblocks. As it can be observed from all the initiatives started this far, there are significant risk that point to internal deficiencies as well as the exposure to external risk on the funds. To-date, less than half of the appropriated funds have been spent and this alone suggest that a heightened level of oversight will be required as more programmes are rolled out.

29.6.2 Basic Sanitation and Hygiene Package

Develop guidelines for cleaners for maintaining hygiene during the Covid-19 pandemic to provide recommendations on proper cleaning and the use of personal protective equipment (PPE) based on risk exposure. Basic principles of infection prevention & control; Risk reduction methods for schools, toilets/bathrooms, offices and food preparation areas.

29.6.3 Number of Facilities in need of emergency water supply

Districts to Identify facilities with crises of water supply challenges. District to initiate an emergency water supply programme; that install water tank at critical supply points. Province to participate in this initiative to get water tanks installed at identified facilities and to get portable water tanks delivered to these facilities. Following the latest liaison with districts, the revised figure is around 75 facilities with critical water supply challenges.

29.7 Recommendations

- Develop a monitoring tool to track patient files and also to design a process of doing a count of all the patient files in order to identify any missing patient files.
- The Department to ensure that supporting schedules to the AFS are complete and accurate by ensuring regular updates and reconciliations of supporting schedules.
- Clean-up the LOGIS commitment register and do monthly follow up of commitments.
- The Department should ensure that internal controls over the HR processes are designed and operate effectively to ensure the smooth running of the Department, with the relevant officials executing their duties accordingly.
- Better co-ordination and communication
- The hospital to have a dedicated officials responsible for filling, movement of file and maintaining the register for all incoming and outgoing files.
- Fast-track the process to update and finalise the organogram for the Department.
- Management should ensure that controls are put in place in order to have all contracts with service providers have contract amounts.
- Management should ensure that there are controls in place to monitor the contracts against the expenditure to date
- Strengthen compliance monitoring through the SCM compliance checklist
- Implement the action plans to address the prior year supply chain management findings on time.
- Development of a standard operating procedure to guide threshold amounts for procurement of goods and services.
- It is recommended that management must have proper record keeping processes in place to ensure that payment batches are complete by including all necessary documentation in the payment batch.

30.8 Conclusion

We urge all role players to heed our call for a shift in thinking towards prevention and design and implement controls measures that will prevent fraud and corruption errors and abuse of power. Even in the midst of crisis, transparency and accountability for government spending to the benefit of the citizens cannot take a backseat.

30. Internal Audit and Audit Committees

30.1. Key Activities and Objectives of Internal Audit

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

30.2. Summary of Audit Work Done

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

- Accruals & Payables
- Accrued Revenue
- Annual Financial Statements
- Annual Performance Report
- Asset Management – Follow Up
- Follow up – AGSA
- Follow up – Internal Audit
- Information Communication & Technology
- Interim Financial Statements
- National Health Insurance Grant
- Pharmaceuticals
- Predetermined Objectives
- Procurement & Contract Management
- Supply Chain Management
- Transfer Payments – HIV/AIDS

The Internal Audit Unit also attended and contributed to the Departmental risk management committee meetings and ad hoc management meetings as and when requested.

30.3. Key Activities and Objectives of the Audit Committee

The Executive Council of the Northern Cape Provincial Government has established Cluster Audit Committees for the twelve Provincial Departments. The Health Cluster Audit Committee deals with three Departments, including the Department of Health. The Audit Committee (AC) assists the Department by providing advice relating to the reporting process, the system of internal control, the risk management processes, the internal and external audit process and the Departments processes for monitoring compliance with laws and regulations and the code of conduct.

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

30.4. Attendance of Audit Committee Meetings by Audit Committee Members

During the financial year under review four meetings were convened as per its charter. These meetings were attended by the following AC members:

Table 90 Audit Committee Meetings Attendance (new term as of 1 Dec 2021)

Name	Qualification	Internal / External Member	Position in Department (If Internal)	Date Appointed	Date Resigned	No. Of Meetings Attended
R Mnisi	LLB, Post Graduate Certificate in Compliance management	External	n/a	01 December 2020	n/a	4
S Calitz	Registered Government Auditor (RGA), Certified Government Audit Professional (CGAP), Certified Fraud Examiner (CFE), Advanced Certificate Forensic Examination, National Diploma Government Auditing	External	n/a	01 December 2020	n/a	4
D Padayachy	Bsc Degree, Executive Development Programme, Post Graduate HDE, Information Technology Management, Leadership in the Connection Economy Certificate, Capability Maturity Integration and Software and Project Management Certificate	External	n/a	01 December 2020	n/a	4
L Wyngaard	Masters in Social Science	Internal	Executive Manager	01 December 2020	28 October 2021	2
O Gaoraelwe	Bachelor of law, Conflict Management, Project Management, Certificate in environmental law	Internal	Acting Chief Director	01 December 2020	n/a	0

31. Audit Committee Report

We are pleased to present our report for the financial year ended 31 March 2022.

Audit Committee's responsibility

The audit committee has complied with its responsibilities arising from section 38(1)(a)(ii) of the Public Finance Management Act and Treasury Regulation 3.1.13. The Audit Committee also reports that it has adopted appropriate formal terms of reference as its Audit Committee Charter, has regulated its affairs in compliance with this charter and has discharged all its responsibilities as contained therein, except that we have not reviewed changes in accounting policies and practices.

The Effectiveness of Internal Control

Our review of the findings of the Internal Audit work, which was based on the risk assessments conducted in the department revealed certain weaknesses, which were then raised with the Department.

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

- Accruals & Payables
- Accrued Revenue
- Annual Financial Statements
- Annual Performance Report
- Asset Management – Follow Up
- Follow up – AGSA
- Follow up – Internal Audit
- Information Communication & Technology
- Interim Financial Statements
- National Health Insurance Grant
- Pharmaceuticals
- Predetermined Objectives
- Procurement & Contract Management
- Supply Chain Management
- Transfer Payments – HIV/AIDS

In-Year Management and Monthly/Quarterly Report

The department has reporting monthly and quarterly to the Treasury as is required by the PFMA.

Evaluation of Financial Statements

We have reviewed the annual financial statements prepared by the department.

Auditor General's Report

The Audit Committee concurs and accepts the conclusions of the Auditor-General on the annual financial statements and is of the opinion that the audited annual financial statements be accepted and read together with the report of the Auditor-General.



Mr. Roy Mnisi
Chairperson of the Audit Committee
Department of Health
31 July 2022

32. B-BBEE Compliance Performance Information

Table 91 Compliance of B-BBEE Requirements

Has the Department / Public Entity applied any relevant Code of Good Practice (B-BBEE Certificate Levels 1 – 8) with regards to the following:		
Criteria	Response (Y/N)	Discussion
Determining qualification criteria for the issuing of licences, concessions or other authorisations in respect of economic activity in terms of any law?	N/A	This function is a function executed by the Department of Economic Development.
Developing and implementing a preferential procurement policy?	N/A	In bids advertised, the Department outlines and applies the PPPFA requirements and the concomitant points' calculations and compliance assessments.
Determining qualification criteria for the sale of state-owned enterprises?	N/A	The Department does not have competencies with regards to the sale of SOEs.
Developing criteria for entering into partnerships with the private sector?	N/A	There were no such transactions during (or for) the year under review.
Determining criteria for the awarding of incentives, grants and investment schemes in support of Broad Based Black Economic Empowerment?	N/A	The Department's Supply Chain Management section only solicits bids (and awarding) in line with its health service delivery mandate.

DIVIDER PAGE

PART D: HUMAN RESOURCE MANAGEMENT INFORMATION

(Printer to add design)

PART D: HUMAN RESOURCE MANAGEMENT

33. Introduction

33.1. Status on Human Resource Administration in the Department

The purpose of the Human Resource Administration Unit is to render an efficient human resource administration function, which includes the management of the recruitment, selection, appointment, life cycle events, compensation and conditions of service of employees. The function includes the management and facilitation of the provision of employee relations services. The Department has planned activities to assist with the development of a new human resource plan before the end of the financial year (2021/22).

The Department has identified interventions and focus areas to increase the labour relations capacity across the Province. Due to the current shortage of labour relations practitioners in the Department, internal staff movements and the approval for the replacement posts of the Provincial Labour Relations Manager and Labour Relations Officers in the Districts. A draft Labour Relations strategy was done, which will strengthen the approach to employee, management and labour relations in the Department.

The National Department of Health developed a 2030 Human Resource Strategy for Health. In order to achieve this vision there are five (5) goals listed in the 2030 Human Resource for Health Strategy. The Department has to develop and align its turn-around strategy to improve human resources toward an effective and efficient health care service with the goals and objectives as set out in the 2030 Human Resources for Health Strategy.

33.2. Priorities and Impact

A new Human Resource Plan needs to be developed for the coming Medium Term Expenditure Framework due to the updated organisational structure and the re-alignment of functions in the Department. The new developed Human Resource Plan is due on the 31st May 2022. The moratorium on the filling of administrative and support posts has an impact on the service delivery of the Department and the Department still has challenges with budgetary constraints.

33.3. Workforce Planning and Key Strategies

The Department has to have an effective health workforce plan to attract and invest in competent and skilled health professionals to deliver quality health care services. In order for the Department to achieve this it has to be aligned with the goals listed in the 2030 Human Resource for Health Strategy, namely:

1. Effective health workforce planning to ensure human resources for health aligned with current and future needs,
2. Institutionalise data-drive and research informed health workforce policy,
3. Produce a competent and caring multi-disciplinary health workforce through an equity-orientated, socially accountable education and training system,
4. Ensure optimal governance and build capable and accountable strategic leadership and management in the health system,
5. Build an enabled, productive, motivated and empowered health workforce.

33.4. Employee Performance Management

Employee Performance Management and Development System (EPMDS) have been designed as a system to assist with the performance management of employees on salary levels 1-12 in the Northern Cape Provincial Administration (Provincial EPMDS Policy, 2018). Accordingly, work to be performed by each employee is planned ahead and performance standards set as well as agreed upon by employee and supervisor for continuous appraisal through-out the performance cycle (12-months). Even though normal performance management processes were followed as per the Provincial Policy, implementation of performance rewards was centrally done by DPSA for all government officials and as a result, every employee benefited even though some did not qualify. This was a once-off occasion emanating from the need for government to address gaps & challenges that might have resulted from the impact of Covid-19 pandemic.

The Department had a huge grade progression backlog that dated a few years back, affecting mainly the OSD employee categories. A project to eradicate this backlog was initiated and was successfully completed. Last implementation was done in the last quarter of the year, and a system was set in place for yearly grade progression of those due, for each year going forward so as to avoid potential future backlog creation again.

33.5. Employee Health and Wellness

The function of the Employee Health and Wellness Unit is to promote and facilitate occupational health and safety programmes and provides for the implementation of wellness and SHERQ policies. The unit has to plan for the establishment of wellness centres in the Districts and Hospitals. The emergency and forensic medical services has been prioritised for psycho-social support in all Districts. The Employee Health and Wellness Unit conducted health and safety representative functions and fire-fighting training in the 5 (five) Districts.

At present the Department has pockets of interventions and therefore the full impact of the programme is not felt in the Department due to budget pressures and infrastructure constraints however there are request made to Executive and Senior Management to establish the programme in Districts and Major Hospitals to ensure that there is a dedicated site for employee health and wellness ,once approved we will ensure that we implement the four functional pillars, namely the SHERQ pillar, Health and Productivity Pillar, Wellness Management Pillar and the HIV/AIDS and TB in the Workplace pillar.

33.6. Achievements, Challenges and Future Plans / Goals

The development of a new Human Resource Plan will have an impact on the priorities and goals of the Department for the Medium Term Expenditure Framework. The Human Resource Plan will include the appointment of Operational Managers for primary health care clinics and Health Area Managers for Districts in the Department. The implementation of the electronic submission system in the Department to fast track human resource requests was done by the Human Resources Unit for approval by the Senior and Executive Management via the electronic submission system.

Table 92 Challenges and Proposed Remedial Plans of Human Resources Management

CHALLENGES	PROPOSED CORRECTIVE ACTION
Non implementation of declined PILLIR applications	All designated managers must enforce the decision of the Health Risk manager
Late capturing of leave and PILLIR applications impacting negatively on the disclosure notes in the AFS	Managers and employees to be held accountable for late submission of leave forms and PILLIR applications
Compensation budget	Budget baseline assessment
Ba ga Mothibi project	Intervention from OTP
Incorrect HR submissions despite continued support and standardized submissions from provincial office which delay service delivery matters	District Directors to prioritize the appointment of HR staff at District Level/Consequence management for non-performance and poor performance
Non implementation of Arbitration awards which leads to court orders and Attachment of Departmental Assets including interest charged for outstanding payments	Disciplinary action against managers and managers to take responsibility on interest charged for non-payment
Non -compliance with regards to SHERQ leads to closure of facilities by the Department of labour	Managers to be held accountable
Employees and managers do not comply to set time frames for submission of performance documents.	Executive and Senior Managers to be responsible for ensuring compliance to time frames by their respective units.
About 15% of the total establishment is still on probation, owing mainly to non-compliance by employees & supervisors across the board.	Executive and Senior Managers to be responsible for ensuring compliance to submission of confirmation letters to PMDS offices.
Poor implementation of PMDS Policy by both employees and supervisors	Supervisors and managers to ensure compliance to Policy; Intense training on the new PMDS Policy and tools by PMDS practitioners in Districts and Facilities.
Staff shortages at Provincial Office negatively affects full support and continuous M & E to Districts and Facilities.	Capacitate Provincial Office by recruiting additional staff
Lack of responsibility and accountability for performance management (PMDS) at the District and facility level	District and Facility managers to be accountable, and further ensure that dedicated employees (HR Practitioners) are assigned for performance management accordingly.
Non-implementation of declined PILLIR applications	All designated managers must enforce the decision of the Health Risk manager
Lack of employee Health and Wellness site	Utilise the RMS hospital Wellness site as a provincial Departmental site and have each District and major Hospital a dedicated site.

34. Human Resources Oversight Statistics

34.1. Personnel Related Expenditure

34.1.1 Personnel Expenditure by Programme

Table 93 Personnel expenditure by programme (1 April 2021 to 31 March 2022)

Programme	Total Expenditure	Personnel Expenditure	Training Expenditure	Professional and Special Services Expenditure	Personnel Expenditure as a % of Total Expenditure	Average Personnel Cost per Employee
	R'000	R'000	R'000	R'000		R'000
Administration	274889	126216	0	0	46	478
Central hospital services	940231	667095	0	0	71	515
District health services	2237812	1383649	0	0	62	230
Emergency medical services	306499	206513	0	0	67	280
Health care support services	174048	64251	0	0	37	381
Health facilities management	317561	10295	0	0	3	542
Health sciences and training	124780	45810	0	0	37	246
Provincial hospital services	392711	280102	0	0	71	371
TOTAL (BAS)	4768530	2783930	0	0	58	295

34.1.2 Personnel Costs by Salary Band

Table 94 Personnel costs by Salary Band (1 April 2021 to 31 March 2022)

Salary Band	Personnel Expenditure including Transfers	% of Total Personnel Cost	Number of Employees	Average Personnel Cost per Employee
	R'000			R'000
01 Lower skilled (Levels 1-2)	0	0	0	0
02 Skilled (Levels 3-5)	723188	26	3193	226492
03 Highly skilled production (Levels 6-8)	560247	20	1506	372010
04 Highly skilled supervision (Levels 9-12)	1005565	36	1299	774107
05 Senior management (Levels >= 13)	25299	1	25	1011960
09 Other	0	0	0	0
11 Contract (Levels 3-5)	40901	2	202	202480
12 Contract (Levels 6-8)	77119	3	115	670600
13 Contract (Levels 9-12)	228980	8	251	912271
14 Contract (Levels >= 13)	1776	0	2	888000
18 Contract Other	0	0	0	0
19 Periodical Remuneration	38005	1	144	264125
20 Abnormal Appointment	97206	4	2710	35870
TOTAL	2798285	99	9447	296213

34.1.3 Salaries, Overtime, Home Owners Allowance and Medical Aid by Programme

Table 95 Salaries, Overtime, Home Owners Allowance & Medical Aid by Programme (1 April 2021 to 31 March 2022)

Programme	Salaries		Overtime		Home Owners Allow.		Medical Aid	
	Salaries	Salaries as a % of Personnel Costs	Overtime	Overtime as a % of Personnel Costs	HOA	HOA as a % of Personnel Costs	Medical Aid	Medical Aid as a % of Personnel Costs
	R'000		R'000		R'000		R'000	
Administration	105290	81	2349	2	2855	2	6156	5
Central hospital services	514846	74	94082	14	12375	2	23025	3
District health services	1154656	82	47062	3	35282	3	53768	4
Emergency medical services	151992	73	13458	7	9688	5	15569	8
Health care support services	48683	75	4018	6	2062	3	4641	7
Health facilities management	9201	83	0	0	118	1	244	2
Health sciences and training	22054	84	312	1	604	2	1105	4
Provincial hospital services	215579	76	22166	8	8959	3	15302	5
TOTAL	2222302	79	183447	7	71943	3	119810	4

34.1.4 Salaries, Overtime, Home Owners Allowance and Medical Aid by Salary Band

Table 96 Salaries, Overtime, Home Owners Allowance & Medical Aid by Salary Band (1 April 2021 to 31 March 2022)

Salary Band	Salaries		Overtime		Home Owners Allow.		Medical Aid	
	Salaries	Salaries as a % of Personnel Costs	Overtime	Overtime as a % of Personnel Costs	HOA	HOA as a % of Personnel Costs	Medical Aid	Medical Aid as a % of Personnel Costs
	R'000		R'000		R'000		R'000	
01 Lower skilled (Levels 1-2)	0	0	0	0	0	0	0	0
02 Skilled (Levels 3-5)	531993	73	23659	3	42344	6	63866	9
03 Highly skilled production (Levels 6-8)	442358	79	14411	3	18044	3	33612	6
04 Highly skilled supervision (Levels 9-12)	789504	78	98346	10	11307	1	22159	2
05 Senior management (Levels ≥ 13)	22563	86	0	0	248	1	174	1
09 Other	0	0	0	0	0	0	0	0
11 Contract (Levels 3-5)	40040	97	838	2	0	0	0	0
12 Contract (Levels 6-8)	76164	98	913	1	0	0	0	0
13 Contract (Levels 9-12)	183144	80	45280	20	0	0	0	0
14 Contract (Levels ≥ 13)	1775	99	0	0	0	0	0	0
18 Contract Other	0	0	0	0	0	0	0	0
19 Periodical Remuneration	37554	97	0	0	0	0	0	0
20 Abnormal Appointment	97206	100	0	0	0	0	0	0
TOTAL	2222302	79	183447	7	71943	3	119810	4

34.2. Employment and Vacancies

34.2.1 Employment and Vacancies by Programme

Table 97 Employment & Vacancies by Programme as on 31 March 2022

Programme	Number of Posts on Approved Establishment	Number of Posts Filled	Vacancy Rate (Includes Frozen Posts)	Number of Employees Additional to the Establishment
Administration, permanent	295	238	19	9
Central hospital services, permanent	1 601	1 298	19	136
Central hospital services, temporary	2	2	0	0
District health services, permanent	4 136	3 317	20	292
District health services, temporary	3	3	0	0
Emergency medical services, permanent	855	736	14	1
Health care support services, permanent	207	167	19	0
Health facilities management, permanent	24	19	21	4
Health sciences and training, permanent	59	54	9	0
Provincial hospital services, permanent	907	759	16	39
TOTAL	8 089	6 593	19	481

34.2.2 Employment and Vacancies by Salary Band

Table 98 Employment & vacancies by Salary Band as on 31 March 2022

Salary Band	Number of Posts on Approved Establishment	Number of Posts Filled	Vacancy Rate (Includes Frozen Posts)	Number of Employees Additional to the Establishment
02 Skilled (Levels 3-5), Permanent	3788	3193	16	1
03 Highly Skilled Production (Levels 6-8), Permanent	1904	1506	21	6
03 Highly Skilled Production (Levels 6-8), Temporary	0	0	0	0
04 Highly Skilled Supervision (Levels 9-12), Permanent	1781	1294	27	8
04 Highly Skilled Supervision (Levels 9-12), Temporary	5	5	0	0
05 Senior Management (Levels ≥ 13), Permanent	41	25	39	1
11 Contract (Levels 3-5), Permanent	202	202	0	172
12 Contract (Levels 6-8), Permanent	115	115	0	100
13 Contract (Levels 9-12), Permanent	251	251	0	191
14 Contract (Levels ≥ 13), Permanent	2	2	0	2
TOTAL	8089	6593	19	481

34.2.3 Employment and Vacancies by Critical Occupation

Table 99 Employment & vacancies by Critical Occupation as on 31 March 2022

Critical Occupation	Number of Posts on Approved Establishment	Number of Posts Filled	Vacancy Rate (Includes Frozen Posts)	Number of Employees Additional to the Establishment
Administrative related, permanent	172	144	16	11
All artisans in the building metal machinery etc., permanent	10	8	20	0
Ambulance and related workers, permanent	829	721	13	12
Archivists curators and related professionals, permanent	1	1	0	0
Artisan project and related superintendents, permanent	5	0	100	0
Auxiliary and related workers, permanent	52	34	35	0
Building and other property caretakers, permanent	1	0	100	0
Bus and heavy vehicle drivers, permanent	29	23	21	0
Cleaners in offices workshops hospitals etc., permanent	754	594	21	5
Client inform clerks (switchboard receptionist inform clerks), permanent	25	21	16	0
Community development workers, permanent	2	1	50	0

Critical Occupation	Number of Posts on Approved Establishment	Number of Posts Filled	Vacancy Rate (Includes Frozen Posts)	Number of Employees Additional to the Establishment
Computer programmers, permanent	1	1	0	0
Dental practitioners, permanent	44	27	39	1
Dental specialists, permanent	2	1	50	0
Dental technicians, permanent	1	1	0	0
Dental therapy, permanent	26	24	8	0
Dieticians and nutritionists, permanent	69	52	25	1
Dieticians and nutritionists, temporary	1	1	0	0
Emergency services related, permanent	4	2	50	0
Engineering sciences related, permanent	2	1	50	1
Engineers and related professionals, permanent	9	7	22	3
Environmental health, permanent	39	25	36	14
Financial and related professionals, permanent	13	12	8	0
Financial clerks and credit controllers, permanent	107	91	15	0
Food services aids and waiters, permanent	71	54	24	1
Food services workers, permanent	2	2	0	0
General legal administration & rel. Professionals, permanent	1	1	0	0
Health sciences related, permanent	10	6	40	0
Household and laundry workers, permanent	132	96	27	0
Housekeepers laundry and related workers, permanent	8	8	0	0
Human resources & organisational development & relate prof, permanent	1	0	100	0
Human resources clerks, permanent	12	9	25	0
Human resources related, permanent	2	2	0	0
Information technology related, permanent	9	9	0	0
Leather workers, permanent	2	1	50	0
Legal related, permanent	3	3	0	0
Library mail and related clerks, permanent	3	3	0	0
Light vehicle drivers, permanent	31	24	23	0
Material-recording and transport clerks, permanent	3	2	33	0
Medical practitioners, permanent	543	399	27	136
Medical practitioners, temporary	1	1	0	0
Medical research and related professionals, permanent	1	1	0	0
Medical specialists, permanent	64	38	41	0
Medical specialists, temporary	2	2	0	0
Medical technicians/technologists, permanent	8	4	50	0
Messengers porters and deliverers, permanent	90	72	20	0
Motor vehicle drivers, permanent	7	4	43	0
Nursing assistants, permanent	982	870	11	75
Occupational therapy, permanent	68	36	47	6
Optometrists and opticians, permanent	2	2	0	0
Oral hygiene, permanent	2	2	0	0
Other administration & related clerks and organisers, permanent	939	822	13	45
Other administrative policy and related officers, permanent	23	20	13	0
Other information technology personnel, permanent	10	5	50	0
Other occupations, permanent	8	4	50	0
Pharmaceutical assistants, permanent	69	60	13	0
Pharmacists, permanent	179	131	27	26
Pharmacologists pathologists & related professions, permanent	44	36	18	0
Physiotherapy, permanent	69	33	52	3
Printing and related machine operators, permanent	2	2	0	0
Professional nurse, permanent	1846	1529	17	74
Professional nurse, temporary	1	1	0	0
Psychologists and vocational counsellors, permanent	27	18	33	3
Radiography, permanent	105	76	28	2
Secretaries & other keyboard operating clerks, permanent	2	2	0	0
Security guards, permanent	72	69	4	0
Security officers, permanent	0	0	0	0
Senior managers, permanent	29	13	55	2
Shoemakers, permanent	1	0	100	0

Critical Occupation	Number of Posts on Approved Establishment	Number of Posts Filled	Vacancy Rate (Includes Frozen Posts)	Number of Employees Additional to the Establishment
Social work and related professionals, permanent	39	39	0	6
Speech therapy and audiology, permanent	35	17	51	1
Staff nurses and pupil nurses, permanent	312	259	17	45
Supplementary diagnostic radiographers, permanent	1	1	0	0
Trade labourers, permanent	17	13	24	0
Trade/industry advisers & other related profession, permanent	1	0	100	0
TOTAL	8089	6593	19	481

34.3. Filling of SMS Posts

34.3.1 SMS Post Information (31 March 2022)

Table 100 SMS post information as on 31 March 2022

SMS Level	Total number of funded posts	Total number of SMS posts filled	% of SMS posts filled	Total number of SMS posts vacant	% of SMS posts vacant
DG / HOD	1	0	0	1	100
Salary Level 16	1	1	100	0	0
Salary Level 15	0	0	0	0	0
Salary Level 14	9	1	11	8	89
Salary Level 13	35	25	71	10	29
TOTAL	46	27	59	19	43

34.3.2 SMS Post Information (31 September 2021)

Table 101 SMS post information as on 30 September 2021

SMS Level	Total number of funded posts	Total number of SMS posts filled	% of SMS posts filled	Total number of SMS posts vacant	% of SMS posts vacant
DG / HOD	1	0	0	1	100
Salary Level 16	1	1	100	0	0
Salary Level 15	0	0	0	0	0
Salary Level 14	8	2	25	6	75
Salary Level 13	33	23	69	10	30
TOTAL	43	26	59	17	40

34.3.3 Advertising and Filling of SMS Posts

During the period under review no posts were advertised and filled due to the Moratorium on the filling of posts.

Table 102 Advertising & filling of SMS posts (1 April 2021 to 31 March 2022)

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
DG / HOD	0	0	0
Salary Level 16	0	0	0
Salary Level 15	0	0	0
Salary Level 14	0	0	0
Salary Level 13	0	0	0
TOTAL	0	0	0

34.3.4 Non-compliance with the Filling of Funded Vacant SMS Posts

Table 103 Reasons for not having complied with the filling of funded vacant SMS – Advertised within 6 months and filled within 12 months after becoming vacant (1 April 2021 to 31 March 2022)

Reasons for vacancies not advertised within 6 months	Reasons for vacancies not filled within 12 months
Not Applicable	Not Applicable

34.3.5 Disciplinary steps taken for not complying with the prescribed timeframes for the Filling SMS Posts

Table 104 Disciplinary steps taken for not complying with the prescribed timeframes for filling SMS posts within 12 months (2021/2022)

Reasons for vacancies not advertised within 6 months	Reasons for vacancies not filled within 6 months
Not Applicable	Not Applicable

34.4. Job Evaluation

34.4.1 Job Evaluation by Salary Band

Table 105 Job evaluation by Salary Band (1 April 2021 to 31 March 2022)

Salary Banc	No. of posts on approved establishment	Number of Jobs Evaluated	% of Posts evaluated by salary band	Posts Upgraded		Posts Downgraded	
				No.	% of Posts evaluated	No.	% of Posts evaluated
Lower Skilled (Levels 1-2)	0	0	0	0	0	0	0
Skilled (Levels 3-5)	3788	0	0	0	0	0	0
Highly Skilled Production (Levels 6-8)	1904	3	0,03	1	0,01	2	0,02
Highly Skilled Supervision (Levels 9-12)	1786	1	0	0	0	0	0
Senior Management Service Band A	31	0	0	0	0	0	0
Senior Management Service Band B	8	0	0	0	0	0	0
Senior Management Service Band C	1	0	0	0	0	0	0
Senior Management Service Band D	1	0	0	0	0	0	0
TOTAL	7519	3	0,03	1	0,01	2	0,02

34.4.2 Upgrading of Posts

Table 106 Profile of employees whose positions were upgraded due to posts being upgraded (1 April 2021 to 31 March 2022)

Gender	African	Asian	Coloured	White	Total
Female	0	0	0	0	0
Male	1	0	0	0	1
TOTAL	1	0	0	0	1
Employees with Disability	0	0	0	0	0

34.4.3 Employees with Salary Levels higher than those determined by Job Evaluations

Table 107 Employees with salary levels higher than those determined by job evaluation by occupation (1 April 2021 to 31 March 2022)

Occupation	No. of Employees	Job Evaluation Level	Remuneration Level	Reason for Deviation
Admin Officer	1	5	7	Employee still occupying post once vacated post would downgraded accordingly
Total number of employees whose salaries exceeded the level determined by job evaluation				1
Percentage of Total Employed				

34.4.3 Profile of Employees with Salary Levels higher than those determined by Job Evaluations

Table 108 Profile of employees who have salary levels higher than those determined by job evaluation (1 April 2021 to 31 March 2022)

Gender	African	Asian	Coloured	White	Total
Female	1	0	0	0	1
Male	0	0	0	0	0
Total number of employees whose salaries exceeded the grades determined by job evaluation					1
Employees with Disability	0	0	0	0	0

34.5. Employment Changes

34.5.1 Annual Turnover Rates by Salary Band

Table 109 Annual turnover rates by Salary Band (1 April 2021 to 31 March 2022)

Salary Band	Number of Employees at Beginning of Period – 1 April 2021	Appointments and Transfer into the Department	Terminations and Transfers out of the Department	Turnover Rate
01 Lower Skilled (Levels 1-2) Permanent	0	0	0	0
02 Skilled (Levels 3-5) Permanent	3282	41	97	3
03 Highly Skilled Production (Levels 6-8) Permanent	1526	72	100	7
03 Highly Skilled Production (Levels 6-8) Temporary	1	0	1	100
04 Highly Skilled Supervision (Levels 9-12) Permanent	1347	47	97	7
04 Highly Skilled Supervision (Levels 9-12) Temporary	5	0	0	0
05 Senior Management Service Band A Permanent	19	1	1	5
06 Senior Management Service Band B Permanent	3	0	1	33
08 Senior Management Service Band D Permanent	1	0	0	0
09 Other Permanent	0	0	0	0
09 Other Temporary	0	0	0	0
11 Contract (Levels 3-5) Permanent	201	19	17	9
12 Contract (Levels 6-8) Permanent	257	44	208	81
13 Contract (Levels 9-12) Permanent	314	107	190	61
14 Contract Band A Permanent	2	0	0	0
16 Contract Band C Permanent	0	0	0	0
TOTAL	6958	331	712	10

34.5.2 Annual Turnover Rates by Critical Occupation

Table 110 Annual turnover rates by Critical Occupation (1 April 2021 to 31 March 2022)

Critical Occupation	Number of Employees at Beginning of Period – 1 April 2021	Appointments and Transfer into the Department	Terminations and Transfers out of the Department	Turnover Rate
Administrative related permanent	146	3	6	4
All artisans in the building metal machinery etc. Permanent	8	0	0	0
Ambulance and related workers permanent	738	14	26	4
Architects town and traffic planners permanent	1	0	0	0
Archivists curators and related professionals permanent	37	0	4	11
Artisan project and related superintendents permanent	0	0	0	0
Auxiliary and related workers permanent	37	0	4	11
Bus and heavy vehicle drivers permanent	19	3	0	0

Critical Occupation	Number of Employees at Beginning of Period – 1 April 2021	Appointments and Transfer into the Department	Terminations and Transfers out of the Department	Turnover Rate
Cleaners in offices workshops hospitals etc. Permanent	620	0	26	4
Client inform clerks(switchboard receptionist inform clerks) permanent	22	0	2	9
Community development workers permanent	1	0	0	0
Computer programmers. Permanent	1	0	0	0
Dental practitioners permanent	40	0	13	33
Dental specialists permanent	1	0	0	0
Dental technicians permanent	1	0	0	0
Dental therapy permanent	24	0	0	0
Dieticians and nutritionists permanent	64	0	12	19
Dieticians and nutritionists temporary	1	0	0	0
Emergency services related permanent	3	0	0	0
Engineering sciences related permanent	1	0	0	0
Engineers and related professionals permanent	7	0	0	0
Environmental health permanent	22	13	9	41
Financial and related professionals permanent	10	1	1	10
Financial clerks and credit controllers permanent	93	0	0	0
Food services aids and waiters permanent	51	1	0	0
Food services workers permanent	2	0	0	0
Health sciences related permanent	6	0	0	0
Household and laundry workers permanent	100	0	4	4
Housekeepers laundry and related workers permanent	8	0	0	0
Human resources & organisational development & relate prof permanent	1	0	1	100
Human resources clerks permanent	12	0	1	8
Human resources related permanent	2	0	0	0
Information technology related permanent	1	7	0	0
Leather workers permanent	1	0	0	0
Legal related permanent	3	0	0	0
Library mail and related clerks permanent	4	0	0	0
Light vehicle drivers permanent	22	5	2	9
Material-recording and transport clerks permanent	1	0	0	0
Medical practitioners permanent	444	119	161	36
Medical practitioners temporary	1	0	0	0
Medical research and related professionals permanent	1	0	0	0
Medical specialists permanent	40	1	3	8
Medical specialists temporary	2	0	0	0
Medical technicians/technologists permanent	4	0	0	0
Messengers porters and deliverers permanent	75	0	3	4
Motor vehicle drivers permanent	3	1	0	0
Nursing assistants permanent	889	25	44	5
Occupational therapy permanent	55	6	25	46
Optometrists and opticians permanent	2	0	0	0
Oral hygiene permanent	2	0	0	0
Other administrative & related clerks and organisers permanent	843	1	19	2
Other administrative policy and related officers permanent	19	0	0	0
Other information technology personnel. Permanent	5	0	0	0
Other occupations permanent	4	0	0	0
Pharmaceutical assistants permanent	62	0	2	3
Pharmacists permanent	155	13	39	25
Pharmacologists pathologists & related professionals permanent	39	0	3	8
Physiotherapy permanent	58	3	29	50
Printing and related machine operators permanent	2	0	0	0
Professional nurse permanent	1633	88	213	13
Professional nurse temporary	2	0	1	50
Psychologists and vocational counsellors permanent	17	3	3	18
Radiography permanent	94	3	20	21
Secretaries & other keyboard operating clerks permanent	2	0	0	0
Security guards permanent	68	0	0	0
Security officers permanent	0	0	0	0
Senior managers permanent	15	0	2	13
Social work and related professionals permanent	37	3	2	5
Speech therapy and audiology permanent	30	0	14	47
Staff nurses and pupil nurses permanent	266	18	21	8
Supplementary diagnostic radiographers permanent	1	0	0	0
Trade labourers permanent	14	0	1	7
TOTAL	6958	331	712	10

34.5.3 Reasons why Staff Left the Department

Table 111 Reasons why staff left the Department (1 April 2021 to 31 March 2022)

Termination Type	Number	% of Total Resignations	% of Total Employment
01 Death, Permanent	42	6	1
02 Resignation, Permanent	200	28	3
03 Expiry of contract, Permanent	385	54	6
03 Expiry of contract, Temporary	0	0	0
06 Discharged due to ill health, Permanent	7	1	0
07 Dismissal-misconduct, Permanent	2	0	0
09 Retirement, Permanent	75	11	1
10 Other, Temporary	1	0	0
TOTAL	712	100	11

34.5.4 Promotions by Critical Occupation

Table 112 Promotions by Critical Occupation (1 April 2021 to 31 March 2022)

Occupation	Number of Employees at Beginning of Period	Promotions to another Salary Level	Salary Level Promotions as a % of Employees by Occupation	Progression to another Notch within a Salary Level	Notch Progression as a % of Employees by Occupation
Administrative related	146	2	1	140	96
All artisans in the building metal machinery etc.	8	0	0	8	100
Ambulance and related workers	738	0	0	726	98
Architects town and traffic planners	0	0	0	0	0
Archivists curators and related professionals	1	0	0	1	100
Artisan project and related superintendents	0	0	0	0	0
Auxiliary and related workers	37	0	0	34	92
Bus and heavy vehicle drivers	19	0	0	23	121
Cleaners in offices workshops hospitals etc.	620	0	0	600	97
Client inform clerks (switchboard receptionist inform clerks)	22	0	0	21	96
Community development workers	1	0	0	1	100
Computer programmers.	1	0	0	1	100
Dental practitioners	40	0	0	40	100
Dental specialists	1	0	0	1	100
Dental technicians	1	0	0	1	100
Dental therapy	24	0	0	24	100
Dieticians and nutritionists	65	0	0	64	99
Emergency services related	3	0	0	3	100
Engineering sciences related	1	0	0	1	100
Engineers and related professionals	7	0	0	7	100
Environmental health	22	0	0	34	155
Financial and related professionals	10	0	0	3	30
Financial clerks and credit controllers	93	0	0	91	98
Food services aids and waiters	51	0	0	54	106
Food services workers	2	0	0	2	100
Health sciences related	6	0	0	7	117
Household and laundry workers	100	0	0	97	97
Housekeepers laundry and related workers	8	0	0	8	100
Human resources & organisation development & relate prof	1	0	0	1	100
Human resources clerks	12	0	0	10	83
Human resources related	2	0	0	2	100
Information technology related	1	1	100	9	900
Leather workers	1	0	0	1	100
Legal related	3	0	0	4	133
Library mail and related clerks	4	0	0	3	75
Light vehicle drivers	22	0	0	25	114
Material-recording and transport clerks	1	0	0	2	200
Medical practitioners	445	4	1	428	96
Medical research and related professionals	1	0	0	1	100
Medical specialists	42	2	5	41	98
Medical technicians/technologists	4	0	0	4	100
Messengers porters and deliverers	75	0	0	73	100
Motor vehicle drivers	3	0	0	4	133
Nursing assistants	889	0	0	877	99
Occupational therapy	55	0	0	55	100
Optometrists and opticians	2	0	0	2	100
Oral hygiene	2	0	0	2	100

Occupation	Number of Employees at Beginning of Period	Promotions to another Salary Level	Salary Level Promotions as a % of Employees by Occupation	Progression s to another Notch within a Salary Level	Notch Progression as a % of Employees by Occupation
Other administration & related clerks and organisers	843	1	0	824	98
Other administrative policy and related officers	19	0	0	20	105
Other information technology personnel.	5	0	0	5	100
Other occupations	4	0	0	3	75
Pharmaceutical assistants	62	0	0	60	97
Pharmacists	155	0	0	151	97
Pharmacologists pathologists & related professional	39	0	0	37	95
Physiotherapy	58	0	0	58	100
Printing and related machine operators	2	0	0	2	100
Professional nurse	1635	11	1	1590	97
Psychologists and vocational counsellors	17	0	0	18	106
Radiography	94	0	0	90	96
Secretaries & other keyboard operating clerks	2	0	0	2	100
Security guards	68	0	0	69	102
Security officers	0	0	0	0	0
Senior managers	15	0	0	0	0
Social work and related professionals	37	0	0	38	103
Speech therapy and audiology	30	0	0	31	103
Staff nurses and pupil nurses	266	0	0	259	97
Supplementary diagnostic radiographers	1	0	0	1	100
Trade labourers	14	0	0	13	93
TOTAL	6958	21	0	6807	98

34.5.5 Promotions by Salary Band

Table 113 Promotions by Salary Band (1 April 2021 to 31 March 2022)

Salary Band	Number of Employees at Beginning of Period	Promotions to another Salary Level	Salary Level Promotions as a % of Employees by Salary Band	Progression s to another Notch within a Salary Level	Notch Progression as a % of Employees by Salary Band
Lower Skilled (Levels 1-2), Permanent	0	0	0	0	0
Skilled (Levels 3-5), Permanent	3282	0	0	3218	98
Highly Skilled Production (Levels 6-8), Permanent	1526	1	0	1520	100
Highly Skilled Production (Levels 6-8), Temporary	1	0	0	0	0
Highly Skilled Supervision (Levels 9-12), Permanent	1347	12	1	1307	97
Highly Skilled Supervision (Levels 9-12), Temporary	5	0	0	5	100
Senior Management (Levels ≥ 13), Permanent	23	3	13	0	0
Other, Permanent	0	0	0	0	0
Other, Temporary	0	0	0	0	0
Contract (Levels 3-5), Permanent	201	0	0	204	102
Contract (Levels 6-8), Permanent	257	1	0	238	93
Contract (Levels 9-12), Permanent	314	4	1	315	100
Contract (Levels ≥ 13), Permanent	2	0	0	0	0
TOTAL	6958	21	0	6807	98

34.6. Employment Equity

34.6.1 Total Number of Employees per Occupational Category

Table 114 Total number of employees (incl. those with disabilities) in each of the following occupational categories as on 31 March 2022

Occupational Category	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Senior Officials And Managers	8	3	0	2	4	0	0	1	18
Professionals	178	81	46	135	138	137	19	179	913
Technicians And Associate Professionals	250	91	2	10	884	764	13	202	2216
Clerks	196	108	0	2	441	215	2	16	980
Service Shop And Market Sales Workers	324	278	5	16	824	503	2	30	1982
Craft And Related Trade Workers	2	4	0	4	0	0	0	0	10
Plant And Machine Operators And Assemblers	25	19	0	0	2	0	0	0	46
Labourers And Related Workers	219	101	0	0	349	201	0	2	872
TOTAL	1202	685	53	169	2642	1820	36	430	7037
Employees with disabilities	5	5	1	2	3	2	0	5	23

34.6.2 Total Number of Employees per Occupational Band

Table 115 Total number of employees (incl. those with disabilities) in each of the following occupational bands as on 31 March 2022

Occupational Band	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Top Management, Permanent	1	0	0	0	0	0	0	0	1
Senior Management, Permanent	10	3	0	3	5	0	0	2	23
Professionally qualified and experienced specialists and mid-management, Permanent	194	87	28	84	387	379	18	174	1351
Professionally qualified and experienced specialists and mid-management, Temporary	0	0	0	1	0	0	0	4	5
Skilled technical and academically qualified workers, junior management, supervisors, foremen, Permanent	206	115	2	17	569	518	4	117	1548
Skilled technical and academically qualified workers, junior management, supervisors, foremen, Temporary	0	0	0	0	0	0	0	1	1
Semi-skilled and discretionary decision making, Permanent	682	433	0	9	1393	761	1	19	3298
Contract (Top Management), Permanent	0	1	0	0	0	0	0	0	1
Contract (Senior Management), Permanent	1	1	0	0	0	0	0	0	2
Contract (Professionally Qualified), Permanent	52	20	22	51	60	44	8	67	324
Contract (Skilled Technical), Permanent	22	17	1	4	94	91	5	46	280
Contract (Semi-Skilled), Permanent	34	8	0	0	134	27	0	0	203
TOTAL	1202	685	53	169	2642	1820	36	430	7037

34.6.3 Recruitment

Table 116 Recruitment (1 April 2021 to 31 March 2022)

Occupational Band	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Professionally qualified and experienced specialists and mid-management, Permanent	24	9	8	19	18	16	1	21	116
Skilled technical and academically qualified workers, junior management, supervisors, foremen, Permanent	18	4	0	1	42	23	0	6	94
Semi-skilled and discretionary decision making, Permanent	5	12	0	1	36	26	0	1	81
Not Available, Temporary	0	0	1	3	0	0	0	1	5
Contract (Professionally qualified), Permanent	47	17	14	41	48	28	6	55	256
Contract (Skilled technical), Permanent	19	18	1	4	104	94	5	46	291
Contract (Semi-skilled), Permanent	34	9	0	0	135	31	0	0	209
TOTAL	147	69	24	69	383	218	12	130	1052
Employees with disabilities	0	0	1	0	0	0	0	0	1

34.6.4 Promotions

Table 117 Promotions (1 April 2021 to 31 March 2022)

Occupational Band	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
03 Professionally qualified and experienced specialists and mid-management, Permanent	14	3	2	2	22	11	0	5	59
04 Skilled technical and academically qualified workers, junior management, supervisors, foremen, Permanent	1	2	0	0	4	7	0	2	16
05 Semi-skilled and discretionary decision making, Permanent	1	1	0	0	6	10	0	0	18
10 Contract (Professionally qualified), Permanent	3	0	0	0	0	0	0	1	4
11 Contract (Skilled technical), Permanent	0	0	0	0	1	1	0	0	2
12 Contract (Semi-skilled), Permanent	1	1	0	0	1	0	0	0	3
TOTAL	20	7	2	2	34	29	0	8	102

34.6.5 Terminations

Table 118 Terminations (1 April 2021 to 31 March 2022)

Occupational Band	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
02 Senior Management, Permanent	0	0	0	0	1	1	0	0	2
03 Professionally qualified and experienced specialists and mid-management, Permanent	5	7	4	7	30	28	0	16	97
04 Skilled technical and academically qualified workers, junior management, supervisors, foremen, Permanent	18	3	1	0	51	37	0	7	117
05 Semi-skilled and discretionary decision making, Permanent	25	21	0	2	51	34	0	1	134
07 Not Available, Permanent	1	0	0	0	0	0	0	0	1
07 Not Available, Temporary	1	2	1	7	0	0	0	3	14
09 Contract (Senior Management), Permanent	1	0	0	0	0	0	0	0	1
10 Contract (Professionally qualified), Permanent	27	14	12	40	16	22	8	62	201
11 Contract (Skilled technical), Permanent	8	8	1	4	40	63	3	47	174
12 Contract (Semi-skilled), Permanent	3	1	0	0	5	2	0	0	11
TOTAL	89	56	19	60	194	187	11	136	752
Employees with Disabilities	0	0	0	0	0	0	0	0	0

34.6.6 Disciplinary Action

Table 119 Disciplinary Action (1 April 2021 to 31 March 2022)

Disciplinary Action	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
No Outcome	1	0	0	0	0	0	0	0	1
TOTAL	1	0	0	0	0	0	0	0	1

34.6.7 Skills Development

No training interventions were implemented as per above plans owing to the pandemic impact, and training budget was redirected for budget re-prioritization needs of the Department.

Table 120 Skills development (1 April 2021 to 31 March 2022)

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

34.7. Signing of Performance Agreements by SMS Members

34.7.1 Signing of Performance Agreements by SMS Officials

Table 121 Signing of Performance Agreements by SMS members as on 31 May 2022

SMS Level	Total no. of funded SMS Posts	Total no. of SMS Members	Total no. of Signed PAs	Signed Pas as % of Total no. of SMS Members
DG / HOD	-	-	-	-
Salary Level 16	-	-	-	-
Salary Level 15	1	0	0	0%
Salary Level 14	7	4	3	75%
Salary Level 13	26	20	15	75%
TOTAL	34	24	18	75%

34.7.2 Reasons for Non-conclusion of Performance Agreements by SMS Officials

Table 122 Reasons for not having concluded Performance Agreements for all SMS members as on 31 March 2022

Reasons
<ul style="list-style-type: none"> ▪ The Department does not have a permanently appointed HOD, and it is not a requirement for the acting HOD position incumbent to sign a Performance Agreement; ▪ Some members of SMS did not comply with the EPMDS Policy

34.7.3 Disciplinary Actions taken against SMS Officials for Non-conclusion of Performance Agreements

Table 123 Disciplinary actions taken against SMS members for not having concluded Performance Agreements as on 31 March 2022

Steps Taken
<ul style="list-style-type: none"> ▪ Consequence management process by the Accounting Officer for those who were found to be non-compliant

34.8. Performance Rewards

34.8.1 Performance Rewards by Race, Gender and Disability

*Kindly note that it is impossible to populate this template for the required period because:

1. The performance cycle 2021/22 is still current and will only end as at 31st March 2022;
2. Only after such date will the process of employee performance appraisal start, which has proven to take a few months before completion; and
3. Lastly, consequent to b) above, implementation of performance rewards only commences any time after July of the following year.

It is therefore against above-mentioned reasons that the following tables remain empty, lest figures that are not a true reflection of the Department's statistics.

Table 124 Performance Rewards by Race, Gender & Disability (1 April 2021 to 31 March 2022)

Race & Gender	Beneficiary Profile			Cost	
	No. of Beneficiaries	No. of Employees	% of Total within Group	Amount (R'000)	Average cost per Employee
AFRICAN	0	0	0	0	0
Male	0	0	0	0	0
Female	0	0	0	0	0
ASIAN	0	0	0	0	0
Male	0	0	0	0	0
Female	0	0	0	0	0
COLOURED	0	0	0	0	0
Male	0	0	0	0	0
Female	0	0	0	0	0
WHITE	0	0	0	0	0
Male	0	0	0	0	0
Female	0	0	0	0	0
TOTAL	0	0	0	0	0

34.8.2 Performance Rewards by Salary Band

Table 125 Performance Rewards by Salary Band for personnel below SMS (1 April 2021 to 31 March 2022)

Salary Band	Beneficiary Profile			Cost		Total cost as a % of Total Personnel Expenditure
	No. of Beneficiaries	No. of Employees	% of Total within Salary Bands	Amount (R'000)	Average cost per Employee	
Salary Level 3	0	0	0	0	0	0
Salary Level 4	0	0	0	0	0	0
Salary Level 5	0	0	0	0	0	0
Salary Level 6	0	0	0	0	0	0
Salary Level 7	0	0	0	0	0	0
Salary Level 8	0	0	0	0	0	0
Salary Level 9	0	0	0	0	0	0
Salary Level 10	0	0	0	0	0	0
Salary Level 11	0	0	0	0	0	0
Salary Level 12	0	0	0	0	0	0
TOTAL	0	0	0	0	0	0

34.8.3 Performance Rewards by Critical Occupation

Table 126 Performance Rewards by Critical Occupation (1 April 2021 to 31 March 2022)

Critical Occupation	Beneficiary Profile			Cost	
	No. of Beneficiaries	No. of Employees	% of Total within Occupation	Total Cost (R'000)	Average cost per Employee
Administrative Related	0	0	0	0	0
All Artisans in the Build	0	0	0	0	0
Ambulance and Related Work	0	0	0	0	0
Archivists Curators and related work	0	0	0	0	0
Auxiliary and Related Work	0	0	0	0	0
Bus and Heavy Vehicle Driver	0	0	0	0	0
Cleaners in Offices Workshop	0	0	0	0	0
Client inform Clerks (Switchboard)	0	0	0	0	0
Community Development Worker	0	0	0	0	0
Computer Programmers	0	0	0	0	0
Dental Practitioners	0	0	0	0	0
Dental Specialist	0	0	0	0	0
Dental Technicians	0	0	0	0	0
Dental Therapy	0	0	0	0	0
Dietitians and Nutrition	0	0	0	0	0
Emergency Services Relate	0	0	0	0	0
Engineers and related Professional	0	0	0	0	0
Environmental Health	0	0	0	0	0
Financial and Related Professional	0	0	0	0	0
Finance Clerk and Credit controllers	0	0	0	0	0
Food Services Aid and Waiters	0	0	0	0	0
Food Service Workers	0	0	0	0	0
Household and Laundry Workers	0	0	0	0	0
Housekeepers Laundry and Related Workers	0	0	0	0	0

Critical Occupation	Beneficiary Profile			Cost	
	No. of Beneficiaries	No. of Employees	% of Total within Occupation	Total Cost (R'000)	Average cost per Employee
Human Resource & Organisational Development & Related Prof	0	0	0	0	0
Human Resources Clerks	0	0	0	0	0
Human Resources Related	0	0	0	0	0
Information Technology Related	0	0	0	0	0
Leather Workers	0	0	0	0	0
Legal Related	0	0	0	0	0
Library Mail and Related Clerks	0	0	0	0	0
Light Vehicle Drivers	0	0	0	0	0
Material Recording & Transport Clerks	0	0	0	0	0
Medical Practitioners	0	0	0	0	0
Medical Research and Related Professionals	0	0	0	0	0
Medical Specialists	0	0	0	0	0
Medical Technicians/Technologists	0	0	0	0	0
Messengers Porters and Deliverers	0	0	0	0	0
Motor Vehicle Drivers	0	0	0	0	0
Nursing Assistants	0	0	0	0	0
Occupational Therapy	0	0	0	0	0
Optometrists and Opticians	0	0	0	0	0
Oral Hygiene	0	0	0	0	0
Other Administrative & Related Clerks	0	0	0	0	0
Other Administrative Policy & Related Office	0	0	0	0	0
Other Information Technology Personnel	0	0	0	0	0
Other Occupations	0	0	0	0	0
Pharmaceutical Assistants	0	0	0	0	0
Pharmacists	0	0	0	0	0
Pharmacologist & Pathologist	0	0	0	0	0
Physiotherapist	0	0	0	0	0
Professional Nurse	0	0	0	0	0
Psychologists and Vocational Counsellors	0	0	0	0	0
Radiography	0	0	0	0	0
Secretaries & Other Keyboard Operating Clerks	0	0	0	0	0
Security Guards	0	0	0	0	0
Social Work and Related Professionals	0	0	0	0	0
Speech Therapy and Audiology	0	0	0	0	0
Staff Nurses and Pupil Nurses	0	0	0	0	0
Trade Labourers	0	0	0	0	0
TOTAL	0	0	0	0	0

34.8.4 Performance Related Rewards by Salary Band (SMS)

Table 127 Performance Related Rewards (cash bonus) by Salary Band for SMS (1 April 2021 to 31 March 2022)

Salary Band	Beneficiary Profile			Cost		Total cost as a % of Total Personnel Expenditure
	No. of Beneficiaries	No. of Employees	% of Total within Salary Bands	Total Cost (R'000)	Average cost per Employee	
Not Applicable						

34.9. Foreign Workers

34.9.1 Foreign Workers by Salary Band

Table 128 Foreign Workers by Salary Band (1 April 2021 to 31 March 2022)

Salary Band	Employment at Beginning of Period	Percentage of Total at Beginning of Period	Employment at End of Period	Percentage of Total at End of Period	Change in Employment	Percentage of Total	Total Employment at Beginning of Period	Total Employment at End of Period	Total Change in Employment
Highly skilled production (Levels 6-8)	11	7	4	2.8	-7	58	157	145	-12
Highly skilled supervision (Levels 9-12)	142	90	138	95	-4	33	157	145	-12
Other	2	1	2	1	0	0	157	145	-12
Senior management (Levels 13-16)	1	1	0	0	-1	8	157	145	-12
Skilled (Levels 3-5)	1	1	1	1	0	0	157	145	-12
TOTAL	157	100	145	100	-12	100	157	145	-12

34.9.2 Foreign Workers by Major Occupation

Table 129 Foreign Workers by Major Occupation (1 April 2021 to 31 March 2022)

Major Occupation	Employment at Beginning of Period	Percentage of Total at Beginning of Period	Employment at End of Period	Percentage of Total at End of Period	Change in Employment	Percentage of Total	Total Employment at Beginning of Period	Total Employment at End of Period	Total Change in Employment
Elementary occupations	0	0	0	0	0	0	157	145	-12
Professionals and managers	155	99	144	100	-11	92	157	145	-12
Social natural technical and medical sciences + sup.	1	1	1	1	0	0	157	145	-12
Technicians and associated professionals	1	1	0	0	-12	8	157	145	-12
TOTAL	157	100	145	100	-12	100	157	145	-12

34.10. Leave Utilisation

34.10.1 Sick Leave

Table 130 Sick Leave (01 January 2021 – 31 December 2022)

Salary Band	Total Days	% Days with Medical Certification	Number of Employees using Sick Leave	% of Total Employees using Sick Leave	Average Days per Employee	Estimated Cost (R'000)
Contract (Levels 3-5)	971	76	151	3	6	813
Contract (Levels 6-8)	1172	78	220	5	5	1499
Contract (Levels 9-12)	864	79	178	4	5	2173
Skilled (Levels 3-5)	15 035	82	2 074	45	7	12335
Highly skilled production (Levels 6-8)	8 084	83	1 101	24	7	12000
Highly skilled supervision (Levels 9-12)	6 631	86	828	18	8	18175
Senior management (Levels 13-16)	93	89	12	0	8	412
TOTAL	32 850	83	4564	100	7	47407

34.10.2 Disability Leave (Temporary and Permanent)

Table 131 Disability Leave: Temporary & Permanent (01 January 2021 – 31 December 2022)

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)
Contract (Levels 6-8)	67	100	5	2	13	85
Contract (Levels 9-12)	14	100	2	1	7	36
Skilled (Levels 3-5)	2684	100	133	45	20	2226
Highly skilled production (Levels 6-8)	2572	100	86	29	30	3724
Highly skilled supervision (Levels 9-12)	1679	97	66	22	25	4481
Senior Management (Levels 13-16)	11	100	1	0	11	54
TOTAL	7036	99	295	100	24	10614

34.10.3 Annual Leave

Table 132 Annual Leave (01 January 2021 – 31 December 2022)

Salary Band	Total Days Taken	Number of Employees using Annual Leave	Average per Employee
Contract (Levels 13-16)	24	1	24
Contract (Levels 3-5)	3352	193	17
Contract (Levels 6-8)	4377	277	16
Contract (Levels 9-12)	5113	317	16
Skilled (Levels 3-5)	69500	1551	22
Highly skilled production (Levels 6-8)	34488	1320	22
Highly skilled supervision (Levels 9-12)	30104	25	23
Senior management (Levels 13-16)	454	3130	18
TOTAL	147412	6814	22

34.10.4 Capped Leave

Table 133 Capped Leave (01 January 2021 – 31 December 2022)

Salary Band	Total Days of Capped Leave Taken	Number of Employees using Capped Leave	Average Number of Days Taken per Employee	Average Capped Leave per Employee as on 31 March 2021
Contract (Levels 13-16)	0	0	0	0
Contract (Levels 3-5)	0	0	0	0
Contract (Levels 6-8)	0	0	0	0
Contract (Levels 9-12)	29	2	15	23
Skilled (Levels 3-5)	11	5	2	17
Highly skilled production (Levels 6-8)	8	3	3	30
Highly skilled supervision (Levels 9-12)	25	5	5	31
Senior management (Levels 13-16)	0	0	0	46
TOTAL	73	15	5	26

34.10.5 Leave Payouts

Table 134 Leave Payouts (1 April 2021 to 31 March 2022)

Reason	Total Amount (R'000)	Number of Employees	Average per Employee (R'000)
Annual - Discounting With Resignation (Work Days)	3232	134	24119
Annual - Discounting: Unused Vacation Credits (Work Days)	215	7	30714
Annual - Gratuity: Death/Retirement/Medical Retirement(Work	3310	103	32136
Capped - Gratuity: Death/Retirement/Medical Retirement(Work	2521	48	52521
TOTAL	9279	292	34873

34.11. HIV/AIDS & Health Promotion Programmes

34.11.1 Reduction of the Risk of Occupational Exposure

Table 135 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
<ul style="list-style-type: none"> ▪ Clinical Staff (Nurses, Doctors, Lab Technicians) ▪ Most exposure incidence occur due to needle pricks injuries which can also be consider a high and low risk of infection. 	<p>These injuries can be avoided by</p> <ol style="list-style-type: none"> 1. Eliminating the unnecessary use of needles, 2. Using devices with safety features 3. Promoting education and safe work practices for handling needles and related systems. <p>These measures should be part of a comprehensive program to prevent the transmission of blood borne pathogens.</p>

34.11.2 Details of Health Promotion and HIV/AIDS Programmes

Table Details of Health Promotion and HIV/AIDS Programmes

Question	Yes	No	Details, if yes
1. Has the Department designated a member of the SMS to implement the provisions contained in Part VI E of Chapter 1 of the Public Service Regulations, 2001? If so, provide her/his name and position	x		Ms. LC Fritz
2. Does the Department have a dedicated unit or has it designated specific staff members to promote the health and well-being of your employees? If so, indicate the number of employees who are involved in this task and the annual budget that is available for this purpose	x		<p>Below is the breakdown of the staff in the Health and Wellness unit, however, there is no budget for this programme except the compensation budget.</p> <p>Provincial Office</p> <ul style="list-style-type: none"> • Ms. R Hannie – Principal Psychologist • Mr. CB Jardine- SHERQ Manager • Mrs. KE Mabija – Administrative Support <p>Kimberley Hospital Complex</p> <ul style="list-style-type: none"> • Sr. V. Itumeleng – Occupational Health Nurse • Sr. D. Pietersen – Occupational Health Nurse • Mr. T. Lekwene – Administrative Support <p>NC Specialist Hospital</p> <ul style="list-style-type: none"> • Mr. J Visser – Occupational Health Nurse <p>ZF Mgcawu District</p> <ul style="list-style-type: none"> • Mrs Mazaleni – Employee Health and Wellness Coordinator (Social Worker) <p>Dr Harry Surtie Hospital</p> <ul style="list-style-type: none"> • Sr. Du Plooy – Occupational Health Nurse <p>Pixley Ka Seme</p> <ul style="list-style-type: none"> • Mrs M Van Wyk – Clinical Psychologist (Sessional – 12-month Contract Appointment) <p>John Taolo Gaetsewe: Kuruman Hospital</p> <ul style="list-style-type: none"> • Sr Williamse – Occupational Health Nurse • Sr Kuriti – Occupational Health Nurse
3. Has the Department introduced an Employee Assistance or Health Promotion Programme for your employees? If so, indicate the key elements/services of this Programme	x		<p>Key elements:</p> <ul style="list-style-type: none"> • Counselling and Presentations- Provincial Office (assistance given to districts and hospitals). • Incident Investigation for injuries on duty and Risk Assessment- Provincial Office (assistance given to districts and hospitals).

Question	Yes	No	Details, if yes
			<ul style="list-style-type: none"> Chronic disease management and Injury on Duty Management – Wellness Centre: Kimberley Hospital Complex. Awareness/ Health Screening events: Provincial Office.
4. Has the Department established (a) committee(s) as contemplated in Part VI E.5 (e) of Chapter 1 of the Public Service Regulations, 2001? If so, please provide the names of the members of the committee and the stakeholder(s) that they represent		x	
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		The HIV/AIDS, STI and TB in the Workplace policy covers all employees. It has been reviewed in 2021. For protection, reasonable accommodation is guaranteed under the policy as well confidentiality and protection of employees' personal data.
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		Except for the Policy, no other measures in place. The policy gives guidance with the necessary action that needs to be taken by the affected employee.
7. Does the Department encourage its employees to undergo Voluntary Counselling and Testing? If so, list the results that you have achieved	x		As part of all Health, Screening events held HCT is included and employees are encouraged to test. Healthy Lifestyle event – over 60 employees tested and were negative.
8. Has the Department developed measures/indicators to monitor & evaluate the impact of its health promotion programme? If so, list these measures/indicators.		x	

34.12. Labour Relations

34.12.1 Collective Agreements

Table 136 Collective agreements (1 April 2021 to 31 March 2022)

Subject Matter	Date
Total Number of Collective Agreements	None

34.12.2 Misconduct and Disciplinary Hearings

Table 137 Misconduct & disciplinary hearings (1 April 2021 to 31 March 2022)

Outcome of Disciplinary Hearings	Number	% of Total
Corrective counselling	0	0
Verbal warning	0	0
Written warning	0	0
Final written warning	3	20%
Suspended without pay	11	73%
Fine	0	0
Demotion	0	0
Dismissal	1	7%
Not guilty	0	0
Case withdrawn	0	0
TOTAL	15	100%

34.12.3 Types of Misconduct Addressed

Table 138 Types of misconduct addressed at disciplinary hearings (1 April 2021 to 31 March 2022)

Type of Misconduct	Number	% of Total
Abscondment	1	1%
Absenteeism	13	18%
Abuse of sick leave	1	1%
Conflict of interest assisting legal firm to claim medical negligence against the Department.	2	3%
Contravention with act: doing business with state	13	18%
Dismissal	1	1%
Disregard of authority. Prevention of investigation sanction by national, HOD and CEO.	1	1%
Drunk on duty	2	3%
Ex lege termination	1	1%
Failure to comply with council registration	19	27%
Falsify	1	1%
Fraud	3	4%
Harassment/sexual	2	3%
insolence	1	1%
insubordination	1	1%
Involvement in an accident and drove away from scene	1	1%
Misrepresentation	4	6%
Racism remarks	1	1%
Schedule 5 drug	1	1%
Theft	2	3%
Unauthorized possession	1	1%
TOTAL	71	96%

34.12.4 Grievances

Table 139 Grievances logged (1 April 2021 to 31 March 2022)

Grievances	Number	% of Total
Bullying and harassment	4	8%
Correction of Salary	2	4%
Discrimination	1	2%
EPMDS	5	10%
Exploitation & victimization	2	4%
Improved qualification	1	2%
Intimidation by CFO	1	2%
None acting allowance	7	14%
Operation	2	4%
Overtimes	4	8%
Post grading	4	8%
Probation	1	2%
Relocation settlement	1	2%
Safety	1	2%
Suspension	1	2%
Transfer	2	4%
Translation (OSD)	3	6%
Unacceptable behaviour	5	10%
Unfair deduction of salary	1	2%
Working condition	2	4%
TOTAL	50	100%

34.12.5 Disputes

Table 140 Disputes logged with Councils (1 April 2021 to 31 March 2022)

Disputes	Number	% of Total
Benefits	5	26%
Constructive dismissal	1	5%
Interpretation and application of a collective agreement	7	37%
Promotion	2	11%
Salaries	1	5%
Suspension	2	11%
Translation (OSD)	1	5%
TOTAL	19	100%

34.12.6 Strike Actions

Table 141 Strike actions (1 April 2021 to 31 March 2022)

Total no. of persons working days lost	0
Total cost working days lost	0
Amount recovered as a result of no work no pay (R'000)	0

34.12.7 Precautionary Suspensions

Table 142 Precautionary suspensions (1 April 2021 to 31 March 2022)

Number of people suspended	6
Number of people whose suspension exceeded 30 days	6
Average number of days suspended	74
Cost of suspension (R'000)	R 734 872.87

34.13. Skills Development

34.13.1 Training Needs Identified

Table 143 Training needs identified (1 April 2021 to 31 March 2022)

Occupational Category	Gender	No. of Employees as at 1 April 2020	Training Needs Identified at start of Reporting Period			Total
			Learnerships	Skills Programmes & Other Short Courses	Other forms of Training	
Legislators, Senior Officials & Managers	Female	-	-	45	2	47
	Male	-	-	45	1	46
Professionals	Female	-	-	259	0	259
	Male	-	-	213	0	213
Technicians & Associate Professionals	Female	-	-	53	0	53
	Male	-	-	47	0	47
Clerks	Female	-	-	0	28	28
	Male	-	-	0	25	25
Service & Sales Workers	Female	-	-	0	0	0
	Male	-	-	0	0	0
Craft & Related Trade Workers	Female	-	-	3	0	3
	Male	-	-	7	0	7
Plant & Machine Operators & Assemblers	Female	-	-	0	0	0
	Male	-	-	0	0	0
Elementary Occupations	Female	-	-	15	5	20
	Male	-	-	15	5	20
Sub-Total	Female	-	-	410	35	410
	Male	-	-	292	31	358
TOTAL		-	-	1404	132	1536

34.13.2 Training Provided

No training interventions were implemented as per above plans owing to the pandemic impact, and training budget was redirected for budget re-prioritization needs of the Department.

Table 144 Training provided (1 April 2021 to 31 March 2022)

Occupational Category	Gender	No. of Employees as at 1 April 2020	Training Provided within the Reporting Period			
			Learnerships	Skills Programmes & Other Short Courses	Other forms of Training	Total
Legislators, Senior Officials & Managers	Female	0	0	0	0	0
	Male	0	0	0	0	0
Professionals	Female	0	0	0	0	0
	Male	0	0	0	0	0
Technicians & Associate Professionals	Female	0	0	0	0	0
	Male	0	0	0	0	0
Clerks	Female	0	0	0	0	0
	Male	0	0	0	0	0
Service & Sales Workers	Female	0	0	0	0	0
	Male	0	0	0	0	0
Craft & Related Trade Workers	Female	0	0	0	0	0
	Male	0	0	0	0	0
Plant & Machine Operators & Assemblers	Female	0	0	0	0	0
	Male	0	0	0	0	0
Elementary Occupations	Female	0	0	0	0	0
	Male	0	0	0	0	0
Sub-Total	Female	0	0	0	0	0
	Male	0	0	0	0	0
TOTAL		0	0	0	0	0

34.14. Injury on Duty

Table 145 Injury on duty (1 April 2021 to 31 March 2022)

Nature of injury on duty	Number	% of Total
Required basic medical attention only	144	75%
Temporary total disablement	37	19.3%
Permanent disablement	0	0%
Fatal	11	5.7%
Total	192	100%

34.15. Utilisation of Consultants

The Northern Cape Department of Health did not appoint any consultants for the 2021/2022 financial year.

34.15.1 Consultant Appointments using Appropriated Funds

Table 146 Report on consultant appointments using appropriated funds (1 April 2021 to 31 March 2022)

Project Title	Total number of consultants that worked on the project	Duration: Work days	Contract value: Rands
Not applicable	0	0	0
Total No. of Projects	Total individual consultants	Total Duration: Work days	Total Contract value: Rands
0	0	0	0

34.15.2 Consultant Appointments using Appropriated Funds

Table 147 Analysis of consultant appointments using appropriated funds, in terms of Historically Disadvantaged Individuals (HDI) (1 April 2021 to 31 March 2022)

Project Title	Percentage ownership by HDI groups	Percentage management by HDI groups	Number of consultants from HDI groups that work on the project
Not applicable	0	0	0

34.15.3 Consultant Appointments using Donor Funds

Table 148 Report on consultant appointments using donor funds (1 April 2021 to 31 March 2022)

Project Title	Total number of consultants that worked on the project	Duration: Work days	Donor and contract value: Rands
Not applicable	0	0	0
Total No. of Projects	Total individual consultants	Total Duration: Work days	Total Contract value: Rands
0	0	0	0

Table 149 Analysis of consultant appointments using donor funds, in terms of Historically Disadvantaged Individuals (HDI) (1 April 2021 to 31 March 2022)

Project Title	Percentage ownership by HDI groups	Percentage management by HDI groups	Number of consultants from HDI groups that work on the project
Not applicable	0	0	0

34.16. Severance Packages

The Northern Cape Department has not received any application for severance package in the 2021/2022 financial year.

34.16.1 Granting of Employee Initiated Severance Packages

Table 150 Granting of employee initiated severance packages (1 April 2021 to 31 March 2022)

Category	No of applications received	No of applications referred to the MPSA	No of applications supported by MPSA	No of Packages approved by Department
02 Skilled (Levels 3-5)	0	0	0	0
03 Highly Skilled Production (Levels 6-8)	0	0	0	0
04 Highly Skilled Supervision (Levels 9-12)	0	0	0	0
05 Senior Management Service Band A	0	0	0	0
06 Senior Management Service Band B	0	0	0	0
08 Senior Management Service Band D	0	0	0	0
11 Contract (Levels 3-5)	0	0	0	0
12 Contract (Levels 6-8)	0	0	0	0
13 Contract (Levels 9-12)	0	0	0	0
14 Contract Band A	0	0	0	0
16 Contract Band C	0	0	0	0
TOTAL	0	0	0	0

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PART E: FINANCIAL INFORMATION

35. Report of the Auditor-General

35.1. Report on the Annual Financial Statements

35.1.1 Qualified opinion

1. I have audited the financial statements of the Department of Health set out on pages 215 to 296 (ANN A), which comprise the appropriation statement, statement of financial position as at 31 March 2022, the statement of financial performance, statement of changes in net assets and cash flow statement for the year then ended, as well as notes to the financial statements, including a summary of significant accounting policies.
2. In my opinion, except for the effects and possible effects of the matters described in the basis for qualified opinion section of this auditor's report, the financial statements present fairly, in all material respects, the financial position of the Department of Health as at 31 March 2022, and financial performance and cash flows for the year then ended in accordance with the Modified Cash Standard (MCS) prescribed by National Treasury and the requirements of Public Finance Management Act 1 of 1999 (PFMA) and the Division of Revenue Act 9 of 2021 (Dora).

35.1.2 Basis for Qualified Opinion

Compensation of employees

3. I was unable to obtain sufficient appropriate audit evidence for basic salary included under compensation of employees as the department did not implement proper record keeping to ensure that complete, relevant and accurate information is accessible and available to support basic salaries in the financial statements, I was unable to confirm the amount by alternative means. Consequently, I was unable to determine whether any adjustment to basic salary stated at R1 967 234 000 in note 4.1 to the financial statements was necessary.

Contingent Liabilities

4. I was unable to obtain sufficient appropriate audit evidence for contingent liabilities- claims against the department due to the status of the accounting records. The department did not have adequate systems of internal control for the recording of all transactions and events. I was unable to confirm the amount by alternative means. Consequently, I was unable to determine whether any adjustment to contingent liabilities-claims against the department stated at R1 803 995 000 in note 18 to the financial statements was necessary. In addition, the department did not have adequate systems in place to account for contingent liabilities-claims against the department in terms of MCS chapter 14, *Provision and contingencies* as cases that did not meet the definition of contingent liabilities were included under contingent liabilities- claims against the department and differences were noted between the financial statements and the external confirmations. Consequently, the contingent liabilities - Claims against the department as disclosed in note 18.1 to the financial statements were overstated by R114 486 446.

Movable Tangible Capital Assets

5. I was unable to obtain sufficient appropriate audit evidence that the department had properly accounted for movable tangible capital assets and minor assets in the current year and the previous year, as the asset register submitted for audit was incomplete. I was unable to confirm these assets by alternative means. Consequently, I was unable to determine whether any adjustment was necessary to movable tangible capital assets stated at R1 362 635 000 (2020-21: R1 314 600 000) in note 28 and machinery and equipment included in minor assets stated at R201 246 000 (2020-21: R196 835 000) in note 28.2 to the financial statements.

Accruals and payables not recognised

6. The department did not disclose all outstanding amounts meeting the definition of accruals and payables not recognised relating to capital work in progress under capital assets in note 20 in accordance with chapter 9, *General departmental assets and liabilities* in the MCS. The department did not perform adequate and regular reconciliations for accruals and payables not recognised. I was unable to determine the full extent of the understatement of accruals and payables not recognised for the current year as it was impracticable to do so. Consequently, this will also have an impact on capital work in progress disclosed under immovable tangible capital assets in note 30.2 to the financial statements.
7. I was unable to obtain sufficient appropriate audit evidence for accruals and payables not recognised as the department did not have adequate systems to maintain records for these transactions. I was unable to confirm these amounts disclosed by alternative means. Consequently, I was unable to determine whether any adjustment was necessary to accruals and payables not recognised stated at R81 881 000 (2020-21: R304 416 000) and R315 353 000 (2020-21: R285 770 000) respectively in note 20 to the financial statements.
8. During 2021, the department did not disclose all outstanding amounts meeting the definition of accruals and payables not recognised, in accordance with chapter 9, *General departmental assets and liabilities* in the MCS. The department did not perform adequate and regular reconciliations for accruals and payables not recognised. I was unable to determine the full extent of the understatement of accruals and payables not recognised for the prior year as it was impracticable to do so.

Immovable Tangible Capital assets and Capital work in progress

9. During 2021, I was unable to obtain sufficient appropriate audit evidence for accruals and payables not recognised relating to capital work in progress as the department did not have adequate systems to maintain records for these transactions. I was unable to confirm these amounts disclosed by alternative means. Consequently, I was unable to determine whether any adjustment was necessary to accruals and payables not recognised relating to capital work in progress, stated at R60 869 000 in note 30.2 to the financial statements.

Accrued departmental revenue and Impairment of accrued departmental revenue

10. During 2021, I was unable to obtain sufficient appropriate audit evidence to substantiate the accrued departmental revenue and impairment of accrued departmental revenue as disclosed in note 23 to the financial statements. The department did not have adequate internal controls to maintain records of accrued departmental revenue and impairment of accrued departmental revenue. I could not confirm accrued departmental revenue and impairment of accrued departmental revenue by alternative means. Consequently, I was unable to determine whether any adjustments were necessary to accrued departmental revenue stated at R59 026 000 and impairment of accrued departmental revenue stated at R51 401 000 in note 23 to the financial statements.

Irregular expenditure

11. The department did not disclose all irregular expenditure in the notes to the financial statements, as required by section 40(3)(b)(i) of the PFMA. The department incurred expenditure in contravention of supply chain management (SCM) requirements that was not included in the irregular expenditure disclosed in note 24 to the financial statements. I was unable to determine the full extent of the understatement for the current as well as previous years as it was impractical to do so.

Context for the opinion

12. I conducted my audit in accordance with the International Standards on Auditing (ISAs). My responsibilities under those standards are further described in the auditor-general's responsibilities for the audit of the financial statements section of my report.
13. I am independent of the department in accordance with the International Ethics Standards Board for Accountants' International code of ethics for professional accountants (including International Independence Standards) (IESBA code) as well as other ethical requirements that are relevant to my audit in South Africa. I have fulfilled my other ethical responsibilities in accordance with these requirements and the IESBA code.
14. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my qualified opinion.

Material uncertainty relating to going concern

15. I draw attention to the matter below. My opinion is not modified in respect of this matter.
16. I draw attention to note 36 to the financial statements, which indicates that as at 31 March 2022 the department has an unfavourable net current liability position of R711 445 000, taking into account the liabilities of accruals and payables not recognised and employee related benefits. Furthermore, in note 36, the bank overdraft is stated at R393 936 000, which indicates that the department does not have sufficient cash flow to pay for their debts as and when they become due. These events or conditions, along with the other matters indicate that a material uncertainty exists that may cast significant doubt on the department's ability to continue as a going concern.

Emphasis of matter

17. I draw attention to the matter below. My opinion is not modified in respect of this matter.

Restatement of corresponding figures

18. As disclosed in note 32 to the financial statements, the corresponding figures for the year ended 31 March 2021 were restated as a result of an error in the financial statements of the department at, and for the year ended, 31 March 2022.

Other matter

19. I draw attention to the matter below. My opinion is not modified in respect of this matter.

Unaudited supplementary schedules

20. The supplementary information set out on pages 291 to 296, does not form part of the financial statements and is presented as additional information. I have not audited these schedules and, accordingly, I do not express an opinion on them.

Responsibilities of the accounting officer for the financial statements

21. The accounting officer is responsible for the preparation and fair presentation of the financial statements in accordance with the MCS and the requirements of the PFMA and Dora, and for such internal control as the accounting officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.
22. In preparing the financial statements, the accounting officer is responsible for assessing the department's ability to continue as a going concern, disclosing, as applicable, matters relating to going concern and using the going concern basis of accounting unless the appropriate governance structure either intends to liquidate the department or to cease operations, or has no realistic alternative but to do so.

Auditor-general's responsibilities for the audit of the financial statements

23. My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with the ISAs will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.
24. A further description of my responsibilities for the audit of the financial statements is included in the annexure to this auditor's report

35.2. Report on the Audit of the Annual Report

Introduction and scope

25. In accordance with the Public Audit Act 25 of 2004 (PAA) and the general notice issued in terms thereof, I have a responsibility to report on the usefulness and reliability of the reported performance information against predetermined objectives for selected programmes presented in the annual performance report. I was engaged to perform procedures to identify findings but not to gather evidence to express assurance.
26. I was engaged to evaluate the usefulness and reliability of the reported performance information in accordance with the criteria developed from the performance management and reporting framework, as defined in the general notice, for the following selected programmes presented in the department's annual performance report for the year ended 31 March 2022

Programmes	Pages in the Annual Report
Programme 2: District Health Services	50

27. I performed procedures to determine whether the reported performance information was properly presented and whether performance was consistent with the approved performance planning documents. I performed further procedures to determine whether the indicators and related targets were measurable and relevant, and assessed the reliability of the reported performance information to determine whether it was valid, accurate and complete.
28. The material findings on the usefulness and reliability of the performance information of the selected programme are as follows:

Programme 2 – District Health Services

29. I was unable to audit the usefulness and reliability of the selected programme listed below as the annual performance report was presented without accurate and complete underlying performance records. This placed limitation on the scope of my work as we were unable to obtain sufficient and appropriate audit evidence and to audit the reported performance information by alternative means.
- Programme 2: District Health Services

Other matter

30. I draw attention to the matter below.

Achievement of planned targets

31. Refer to the annual performance report on pages 53 to 54 for information on the achievement of planned targets for the year and management's explanations provided for the under/over achievement of targets. This information should be considered in the context of the material findings on the usefulness and reliability of the reported performance information in paragraph 29 of this report.

35.3. Report on the Audit of Compliance with Legislation

Introduction and scope

32. In accordance with the PAA and the general notice issued in terms thereof, I have a responsibility to report material findings on the department's compliance with specific matters in key legislation. I performed procedures to identify findings but not to gather evidence to express assurance.
33. The material findings on compliance with specific matters in key legislation are as follows:

Annual financial statements

34. The financial statements submitted for auditing were not prepared in accordance with the prescribed financial reporting framework and supported by full and proper records as required by section 40(1) (a) and (b) of the PFMA. Material misstatements of expenditure and disclosure items identified by the auditors in the submitted financial statements were corrected and the supporting records were provided subsequently, but the uncorrected material misstatements and supporting records that could not be provided resulted in the financial statements receiving a qualified opinion.

Expenditure management

35. Effective and appropriate steps were not taken to prevent irregular expenditure, as required by section 38(1)(c)(ii) of the PFMA and treasury regulation 9.1.1. As reported in the basis for qualified opinion the value as disclosed in note 24 of the financial statements does not reflect the full extent of the irregular expenditure incurred. The majority of the irregular expenditure disclosed in the financial statements was caused by contravention of Supply Chain Management(SCM) requirements.
36. Effective steps were not taken to prevent fruitless and wasteful expenditure amounting to R13 338 000, as disclosed in note 25 to the annual financial statements, as required by section 38(1)(c)(ii) of the PFMA and treasury regulation 9.1.1. The majority of the fruitless and wasteful expenditure was caused by interest on overdue accounts.
37. I was unable to obtain sufficient appropriate audit evidence that public money was spent with the approval of a properly delegated officer, as required by treasury regulation 8.2.1.
38. Payments were not made within 30 days or an agreed period after receipt of an invoice, as required by treasury regulation 8.2.3.

Asset management

39. Proper control systems were not in place at the department to ensure the safeguarding and maintenance of assets, as required by treasury regulation 10.1.1(a).
40. Processes and procedures were not in place at the department for the effective, efficient, economical and transparent use of the institution's assets, as required by treasury regulation 10.1.2.
41. Preventative mechanisms were not in place to eliminate theft, loss wastage, misuse of assets, as required by treasury regulation 10.1.1(a).
42. I was unable to obtain sufficient appropriate audit evidence that the disposal of movable assets was done in a manner most advantageous to the state, as required by treasury regulation 16A.7.1.

Strategic planning and performance management

43. Specific information systems were not implemented to enable the monitoring of progress made towards achieving targets, core objectives and service delivery as required by public service regulation 25(1)(e)(i) and (iii).

Procurement and contract management

44. Some of the goods and services were procured without obtaining at least three written price quotations in accordance with Treasury Regulation 16A6.1, paragraph 3.3.1 of Practice Note 8 of 2007/08 and paragraph 3.2.1 of SCM instruction note 2 of 2021/22. Similar non-compliance was also reported in the prior year.
45. I was unable to obtain sufficient appropriate audit evidence that some quotations were awarded to suppliers whose tax matters have been declared by the South African Revenue Services to be in order as required by Treasury Regulation 16A9.1(d). Similar non-compliance was also reported in the prior year.
46. Goods and services of a transaction value above R500 000 were procured without inviting competitive bids as required by Treasury Regulation 16A6.1 and paragraph 3.4.1 of Practice Note 8 of 2007/2008. Similar non-compliance was also reported in the prior year.

47. The preference point system was not applied in some of the procurement of goods and services above R30 000 as required by section 2(1)(a) of the PPPFA and Treasury Regulation 16A6.3(b). Similar non-compliance was also reported in the prior year.
48. The bid documentation to tender for procurement of commodities designated for local content and production, did not stipulated the minimum threshold for local production and content as required by the 2017 Procurement Regulation 8(2). Similar non-compliance was also reported in the prior year.
49. Contracts were extended or modified without the approval of a properly delegated official as required by section 44 of the PFMA and Treasury Regulations 8.2.1 and 8.2.2. Similar non-compliance was also reported in the prior year.

Consequence management

50. I was unable to obtain sufficient appropriate audit evidence that disciplinary steps were taken against officials who had incurred unauthorised, irregular, fruitless and fruitless expenditure as required by section 38(1)(h)(iii) of the PFMA. This was because investigations into unauthorised, irregular, fruitless and wasteful expenditure were not performed.

Other information

51. The accounting officer is responsible for the other information. The other information comprises the information included in the annual report. The other information does not include the financial statements, the auditor's report and those selected programmes presented in the annual performance report that have been specifically reported in this auditor's report.
52. My opinion on the financial statements and findings on the reported performance information and compliance with legislation do not cover the other information and I do not express an audit opinion or any form of assurance conclusion on it.
53. In connection with my audit, my responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with financial statements and the selected programmes presented in the annual performance report, or my knowledge obtained in the audit, or otherwise appears to be materially misstated.
54. I did not receive the other information prior to the date of this auditor's report. When I do receive and read this information, if I conclude that there is a material misstatement therein, I am required to communicate the matter to those charged with governance and request that the other information be corrected. If the other information is not corrected, I may have to retract this auditor's report and re-issue an amended report as appropriate. However, if it is corrected this will not be necessary.

35.4. Internal Control Deficiencies

55. I considered internal control relevant to my audit of the financial statements, reported performance information and compliance with applicable legislation; however, my objective was not to express any form of assurance on it. The matters reported below are limited to the significant internal control deficiencies that resulted in the basis for the qualified opinion, the findings on the annual performance report and the findings on compliance with legislation included in this report.
56. Leadership did not ensure that the organisational structure of the department was finalised and implemented to promote effective human resource management to ensure that adequate and sufficiently skilled resources are in place.
57. The department experienced some stability at leadership level as executive authority and accounting officer occupied their positions over the financial year and the audit process. The audit revealed instability due to vacancies at senior management level and acting appointments did not effectively implement processes to improve audit outcomes.
58. Leadership did not compile and implement the action plan on time and this resulted in material findings recurring in the current financial year. The control environment was not reinforced to prevent repeat material misstatements in the annual financial statements, performance reports and areas of legislation scoped for audit.

59. Some material misstatements identified in the annual financial statements and performance reports were due to ineffective processes put in place to compile these reports. These processes include those designed to review reports before submission for audit.
60. Leadership did not ensure that the department complied with applicable legislation as material findings on compliance with legislation were raised in the year under review. The department's internal processes and systems did not prevent material findings in areas of legislation scoped for audit.
61. Accounting officer and chief directors did not have adequate controls in place to effectively process transactions and achieve positive audit outcomes. Control environment includes daily to year-end controls, regular reconciliations between underlying information and reports for all material departmental processes. In the absence or the inadequacy of these controls, the department relied on manual reconciliations at the end of the year, which still resulted to a number of errors identified in the reconciliations by the external auditors.
62. The department did not at all times retrieve information on time to submit for audit and at times could not provide reasonable alternate systems to the auditors. The audit revealed experienced lack of information in all areas of audit, annual financial and performance reports, laws and regulations, material irregularities as well special focus areas.
63. The department conducted a risk assessment as required by the PFMA however, the risk assessment performed by the department was not suitable to detect the number of control deficiencies identified, as communicated in this report and enable leadership to prevent and correct the impact.

35.5. Material irregularities

64. In accordance with the PAA and the Material Irregularity Regulations, I have a responsibility to report on material irregularities identified during the audit and on the status of the material irregularities reported in the previous year's auditor's report.

Material irregularities in progress

65. I identified material irregularities during the audit and notified the accounting officer of these, as required by material irregularity regulation 3(2). By the date of this auditor's report, the final determination of further action to be taken on the MIs had not yet been completed. These material irregularities will be included in the next year's auditor's report. Status of previously reported material irregularities.

Evaluation criteria applied in medical waste award different from original bidding invitation

66. In November 2018, a three-year contract for medical waste collection, for R4 278 000 per month, was awarded to a supplier based on criteria applied in the evaluation process that were different from those included in the original bidding invitation, in contravention of treasury regulation 16A3.2(a).
67. The non-compliance is likely to result in a material financial loss because the fixed monthly pricing awarded to the supplier differs significantly from the variable cost pricing included in the original bidding invitation.
68. The accounting officer was notified of the material irregularity on 18 July 2019. The accounting officer responded that by disagreeing that there was non-compliance with legislation in awarding the contract.
69. I referred the material irregularity to the National Treasury on 06 October 2019 for investigation as provided by section 5(1A) of the PAA. On 13 March 2020, after discussions and engagements, National Treasury accepted the referral for investigation. The delay in accepting the referral was caused by a delay in engagements on the memorandum of understanding to facilitate the referral, in addition National Treasury indicated that further delays were caused by COVID lock-down restrictions.
70. In the current year, the National Treasury provided feedback on 29 June 2022 and indicated that the investigation is still ongoing.
71. I will follow up on the status of the investigation during my next audit.

Overpayment for radiology services

72. The department entered into a contract for radiology service on 1 November 2013. The total expenditure relating to the contract and extension was R17 428 920. Payments were made for radiology services even though the contract had a mathematical error that resulted in an overpayment, as effective internal controls were not in place for approving and processing payments, as required by treasury regulation 8.1.1. The overpayment is likely to result in a material financial loss, if not recovered from the supplier. The payments were made in respect of the first extension of the contract, which was effective from 1 April 2014 to 31 March 2015, and payments also were made in respect of the fourth extension of the contract, which was effective from 1 October 2018 to 30 September 2019 (the contract is not signed).
73. Furthermore, payments were also made to the radiologist to perform mammograms, although the hospital did not have a mammogram machine. It is likely that there will be a material financial loss if the payments are not recovered from the supplier. Payments were made in respect of the first extension of the contract, which was effective from 1 April 2014 to 31 March 2015, and also in respect of the third extension of the contract, which was effective from 1 October 2015 to 30 September 2018.
74. The accounting officer was notified of the material irregularity on 17 July 2019.
75. The accounting officer instituted a full-scale investigation on 23 August 2019 based on the outcome of the preliminary investigation performed.
76. On 1 March 2020 the accounting officer was moved to the office of the premier and an acting accounting officer was appointed. This meant that the acting accounting officer was not aware of this material irregularity. The lockdown measures implemented in response to covid-19 caused additional delays in this process of completing the previous investigation that was started. On 21 August 2020, the acting accounting officer informed the AGSA of the reasons for delay and the proposed course of action to re-appoint an investigation team to complete the investigation. The internal investigation that was instituted by the accounting officer was concluded on 23 October 2020, the following actions took place:
 - The case was referred to the Hawks on 20 January 2021 for criminal prosecution and possible recovery of loss. The case is ongoing.
 - No actions were taken against the officials as per the internal investigations. The officials involved in the process were requested to respond to the allegations of misconduct where the hospital manager responded that all payments went through the office of the CEO. The CEO responsible failed to respond prior to taking retirement at the end of February 2021.
 - In addition to the investigations by the Hawks, on 20 May 2021 the accounting officer wrote to the supplier requesting a proposal for a payback payment plan failing which further legal steps would be instituted.
77. In addition to the above actions the accounting officer sought legal opinion from the state attorney on the matter. The legal opinion was received on 03 March 2022, where the accounting officer was advised on how to deal with the matter, furthermore the accounting officer was advised to act on the matter urgently due to the sensitivity of the matter.
78. I will follow up on the investigation and recovery process during my next audit.

35.6. Other Reports

Other reports

79. In addition to the investigations relating to material irregularities I draw attention to the following engagements conducted by various parties which had, or could have, an impact on the matters reported in the department's financial statements, reported performance information, compliance with applicable legislation and other related matters. These reports did not form part of my opinion on the financial statements or my findings on the reported performance information or compliance with legislation.
80. The directorate for Priority Crime Investigation (Hawks) is investigating allegations of irregularities in the SCM processes applied by the department. These proceedings were in progress at the date of this report.

Kimberley

31 July 2022



AUDITOR - GENERAL
SOUTH AFRICA

Auditing to build public confidence

Annexure – Auditor-General’s Responsibility for the Audit

1. As part of an audit in accordance with the ISAs, I exercise professional judgement and maintain professional scepticism throughout my audit of the financial statements and the procedures performed on reported performance information for selected programmes and on the department’s compliance with respect to the selected subject matters.

Financial statements

2. In addition to my responsibility for the audit of the financial statements as described in this auditor’s report, I also:
 - identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error; design and perform audit procedures responsive to those risks; and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal control
 - obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the department’s internal control
 - evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by accounting officer
 - conclude on the appropriateness of the accounting officer’s use of the going concern basis of accounting in the preparation of the financial statements. I also conclude, based on the audit evidence obtained, whether a material uncertainty exists relating to events or conditions that may cast significant doubt on the ability of the department of Health to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor’s report to the related disclosures in the financial statements about the material uncertainty or, if such disclosures are inadequate, to modify my opinion on the financial statements. My conclusions are based on the information available to me at the date of this auditor’s report. However, future events or conditions may cause a department to cease operating as a going concern
 - evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and determine whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation

Communication with those charged with governance

3. I communicate with the accounting officer regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.
4. I also provide the accounting officer with a statement that I have complied with relevant ethical requirements regarding independence, and to communicate with them all relationships and other matters that may reasonably be thought to bear on my independence and, where applicable, actions taken to eliminate threats or safeguards applied.

36. Annual Financial Statements

The Annual Financial Statements are included as **ANNEXURE A** of this Annual Report.

ACKNOWLEDGEMENTS

The development and completion of the Annual Report of the Northern Cape Department of Health for the **2021/22** performance period was a collaborative effort between a number of officials, together with budget Programmes.

The following individuals are expressly recognised:

- **Mr M Mlatha** - Acting Chief Director: Strategic Management
- **Mr M Mocumi** - Acting Director: Policy & Planning Directorate
- **Mr P Riet** - Acting Chief Financial Officer
- **Mr B Bosvark** - Acting Director: Budgets
- **Mr M Mothapo** - Acting Director: Financial Accounting
- **Ms A Selao** - Deputy Director: Policy Development
- **Mr R Sichimwi** - Acting Assistant Director: Policy & Planning (Monitoring & Evaluation)
- **Ms K Moloi** - Senior Administrative Officer: Policy & Planning (Monitoring & Evaluation)
- **Ms L Smith** - Administrative Officer: Policy & Planning (Monitoring & Evaluation)
- **Mr P Bonokwane** - Intern: Policy & Planning (Monitoring & Evaluation)

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- Northern Cape Department of Health, Vulindlela
- Northern Cape Department of Health, PERSAL

ANNEXURES

ANNEXURE A: ANNUAL FINANCIAL STATEMENTS

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AFS 1. Appropriation Statements

AFS 1.1 Appropriation Statement Per Programme

Table 151 Appropriation Statement per Programme

APPROPRIATION STATEMENT PER PROGRAMME	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Programme	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
1. Administration	262,073	-	-	262,073	260,115	1,958	99.3%	227,845	229,118
2. District Health Services	2,837,568	-	-	2,837,568	2,828,005	9,563	99.7%	2,494,750	2,541,888
3. Emergency Medical Services	410,415	-	-	410,415	407,434	3,169	99.2%	425,246	405,481
4. Provincial Hospital Services	470,415	-	-	470,415	470,233	182	100.0%	409,768	481,050
5. Central Hospital Services	1,212,972	-	-	1,212,972	1,211,672	1,300	99.9%	1,152,590	1,116,510
6. Health Sciences	156,242	-	-	156,242	150,532	5,710	96.3%	135,342	140,695
7. Health Care Support Services	185,395	-	-	185,395	175,488	9,907	94.7%	406,688	236,809
8. Health Facilities Management	379,983	-	-	379,983	379,913	70	100.0%	363,809	386,071
Subtotal	5,915,251	-	-	5,915,251	5,883,392	31,859	99.5%	5,616,038	5,537,622
Statutory Appropriation	-	-	-	-	-	-	-	-	-
TOTAL	-	-	-	-	-	-	-	5,616,038	5,537,622
TOTAL (brought forward)	-	-	-	-	-	-	-	-	-
Reconciliation with statement of financial performance	-	-	-	-	-	-	-	-	-
ADD	-	-	-	-	-	-	-	-	-
Departmental receipts	-	-	-	-	-	-	-	-	-
NRF Receipts	-	-	-	-	-	-	-	-	-
Aid assistance	-	-	-	4,491	-	-	-	207	-
Actual amounts per statement of financial performance (total revenue)	-	-	-	5,919,742	-	-	-	5,516,245	-
ADD	-	-	-	-	-	-	-	-	-
Aid assistance	-	-	-	2,962	-	-	-	35	-
Prior year unauthorised expenditure approved without funding	-	-	-	-	-	-	-	-	-
Actual amounts per statement of financial performance (total expenditure)	-	-	-	5,886,354	-	-	-	5,537,622	-

AFS 1.2 Appropriation Statement Per Economic Classification

Table 152 Appropriation per Economic Classification

ECONOMIC CLASSIFICATION	2021/22							2020/21	
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual expenditure R'000
Current payments	5,487,958	(10,010)	-	5,477,948	5,599,527	(121,579)	102.2%	5,175,072	5,231,147
Compensation of employees	3,500,635	(148,100)	-	3,352,535	3,352,535	-	100.0%	3,128,092	3,199,504
Salaries and wages	3,156,148	(172,543)	-	2,983,605	2,983,605	-	100.0%	2,808,648	2,839,725
Social contributions	344,487	24,443	-	368,930	368,930	-	100.0%	319,444	359,779
Goods and services	1,987,323	124,753	-	2,112,076	2,233,655	(121,579)	105.8%	2,046,980	2,026,520
Administrative fees	6,021	(4,689)	-	1,332	572	760	42.9%	4,987	817
Advertising	6,477	(1,557)	-	4,920	4,920	-	100.0%	5,768	2,855
Minor assets	26,710	(21,523)	-	5,187	4,123	1,064	79.5%	25,317	5,436
Audit costs: External	12,160	3,509	-	15,669	12,016	3,653	76.7%	13,601	15,667
Bursaries: Employees	2,607	25,764	-	28,371	27,710	661	97.7%	2,473	360
Catering: Departmental activities	5,997	1,920	-	7,917	7,944	(27)	100.3%	5,687	9,269
Communication (G&S)	14,655	19,169	-	33,824	33,541	283	99.2%	17,172	17,716
Computer services	15,209	34,901	-	50,110	49,902	208	99.6%	14,418	38,286
Consultants: Business and advisory services	2,686	(1,094)	-	1,592	1,592	-	100.0%	2,546	1,493
Infrastructure and planning services	22	(22)	-	-	-	-	-	21	-
Laboratory services	191,439	(114,749)	-	76,690	116,690	(40,000)	152.2%	158,377	126,897
Scientific and technological services	-	-	-	-	-	-	-	-	-
Legal services	15,803	6,779	-	22,582	22,582	-	100.0%	6,051	10,348
Contractors	216,616	69,379	-	285,995	328,316	(42,321)	114.8%	271,839	293,334
Agency and support / outsourced services	131,925	85,656	-	217,581	228,418	(10,837)	105.0%	127,911	145,709
Entertainment	290	(290)	-	-	-	-	-	275	-
Fleet services (including government motor transport)	124,799	(42,272)	-	82,527	88,743	(6,216)	107.5%	123,074	110,489
Housing	-	-	-	-	-	-	-	-	-
Inventory: Clothing material and accessories	4,702	(274)	-	4,428	4,428	-	100.0%	4,457	3,545
Inventory: Farming supplies	35	(21)	-	14	14	-	100.0%	33	53
Inventory: Food and food supplies	45,399	(17,499)	-	27,900	28,837	(937)	103.4%	46,472	29,881
Inventory: Fuel, oil and gas	23,455	(10,057)	-	13,398	15,747	(2,349)	117.5%	44,463	7,345
Inventory: Learner and teacher support material	134	(134)	-	-	-	-	-	127	-
Inventory: Materials and supplies	7,410	(5,285)	-	2,125	2,127	(2)	100.1%	7,023	3,220
Inventory: Medical supplies	267,358	(1,565)	-	265,793	276,299	(10,506)	104.0%	275,315	253,528
Inventory: Medicine	390,461	22,734	-	413,195	435,624	(22,429)	105.4%	462,248	406,728
Medsas inventory interface	-	-	-	-	-	-	-	-	-
Inventory: Other supplies	-	14,936	-	14,936	15,297	(361)	102.4%	-	21,214
Consumable supplies	40,317	18,518	-	58,055	58,112	(57)	100.1%	38,475	94,639
Consumable: Stationery, printing and office Supplies	25,405	3,748	-	29,933	30,030	(97)	100.3%	24,821	26,713
Operating leases	76,090	(22,120)	-	53,970	54,024	(54)	100.1%	76,321	43,536
Property payments	216,048	62,813	-	278,861	286,627	(7,766)	102.8%	176,443	286,475
Transport provided: Departmental activity	7,347	38,460	-	45,807	45,807	-	100.0%	2,225	22,308
Travel and subsistence	51,802	(15,815)	-	35,987	35,265	722	98.0%	49,068	29,223
Training and development	36,584	(19,670)	-	16,914	2,334	14,580	13.8%	36,743	13,041

	2021/22							2020/21	
	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
Operating payments	4,497	(1,187)	-	3,310	3,342	(32)	101.0%	6,263	4,779
Venues and facilities	2,469	(349)	-	2,120	1,639	481	77.3%	2,341	1,009
Rental and hiring	14,394	(3,361)	-	11,033	11,033	-	100.0%	14,625	607
Interest and rent on land	-	16,748	-	13,337	13,337	-	100.0%	-	5,123
Interest	-	13,337	-	13,337	13,337	-	100.0%	-	5,123
Rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	39,062	10,010	-	49,072	49,072	-	100.0%	38,437	76,993
Provinces and municipalities	13,237	(4,233)	-	9,004	9,004	-	100.0%	13,674	578
Provinces	35	230	-	265	265	-	100.0%	9,427	395
Provincial Revenue Funds	-	-	-	-	-	-	-	9,427	395
Provincial agencies and funds	35	230	-	265	265	-	100.0%	-	-
Municipalities	13,202	(4,463)	-	8,739	8,739	-	100.0%	4,247	183
Municipal bank accounts	13,202	(4,463)	-	8,739	8,739	-	100.0%	4,247	183
Municipal agencies and funds	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	33	-	33	33	-	100.0%	-	-
Public corporations	-	-	-	-	-	-	-	-	-
Other transfers to private enterprises	-	-	-	-	-	-	-	-	-
Private enterprises	-	-	-	-	-	-	-	-	-
Other transfers to private enterprises	-	33	-	33	33	-	100.0%	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	25,825	14,210	-	40,035	40,035	-	100.0%	24,763	76,415
Social benefits	9,821	2,962	-	12,783	12,783	-	100.0%	9,668	11,357
Other transfers to households	16,004	11,248	-	27,252	27,252	-	100.0%	15,095	65,058
Payments for capital assets	388,231	-	-	388,231	234,793	153,438	60.5%	402,529	229,482
Buildings and other fixed structures	135,210	71,730	-	206,940	169,934	37,006	82.1%	117,934	113,328
Buildings	135,210	71,730	-	206,940	169,934	37,006	82.1%	117,934	113,328
Other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	253,021	(71,730)	-	181,291	64,859	116,432	35.8%	284,595	115,734
Transport equipment	1,370	14,575	-	15,945	15,266	679	95.7%	66,933	59,988
Other machinery and equipment	251,651	(86,305)	-	165,346	49,593	115,753	30.0%	217,662	55,746
Software and other intangible assets	-	-	-	-	-	-	-	-	420
TOTAL	5,915,251	-	-	5,915,251	5,883,392	31,859	99.5%	5,616,038	5,537,622

AFS 1.3 Appropriation Statement for Programme 1 – Administration

Table 153 Appropriation Statement for Programme 1 - Administration

APPROPRIATION STATEMENT FOR PROGRAMME 1 - ADMINISTRATION	2021/22							2020/21	
	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 programme									
Office of the MEC	13,435	4,618	-	18,053	18,053	-	100.0%	19,169	20,209
Management	248,638	(4,618)	-	244,020	242,062	1,958	99.2%	208,676	208,909
TOTAL FOR SUB PROGRAMMES	262,073	-	-	262,073	260,115	1,958	99.3%	227,845	229,118

AFS 1.3.1 Appropriation Statement for Programme 1 – Administration by Economic Classification

Table 154 Appropriation Statement for Programme 1 – Administration by Economic Classification

P1 per Economic Classification	2021/22							2020/21	
	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	259,520	(20,326)	-	239,194	229,611	9,583	96.0%	225,425	214,279
Compensation of employees	159,720	(12,905)	-	146,815	146,815	-	100.0%	151,984	151,984
Salaries and wages	146,920	(18,778)	-	128,142	128,142	-	100.0%	139,851	133,408
Social contributions	12,800	5,873	-	18,673	18,673	-	100.0%	12,133	18,576
Goods and services	99,800	(7,806)	-	91,994	82,411	9,583	89.6%	73,441	62,036
Administrative fees	967	(667)	-	300	300	-	100.0%	917	212
Advertising	1,238	(1,221)	-	17	17	-	100.0%	804	23
Minor assets	381	(72)	-	309	309	-	100.0%	361	83
Audit costs: External	12,160	-	-	12,160	8,507	3,653	70.0%	13,601	15,667
Bursaries: Employees	-	-	-	-	-	-	100.0%	-	-
Catering: Departmental activities	272	326	-	598	598	-	100.0%	258	515
Communication (G&S)	9,946	4,951	-	14,897	14,897	-	100.0%	12,708	8,912
Computer services	6,429	4,267	-	10,696	10,696	-	100.0%	6,094	235
Consultants: Business and advisory services	761	831	-	1,592	1,592	-	100.0%	721	1,493
Infrastructure and planning services	18	(18)	-	-	-	-	-	17	-
Laboratory services	-	-	-	-	-	-	-	-	213
Scientific and technological services	-	-	-	-	-	-	-	-	-
Legal services	15,786	6,796	-	22,582	22,582	-	100.0%	6,035	10,348
Contractors	2,132	(2,041)	-	91	91	-	100.0%	2,020	669
Agency and support / outsourced services	-	3,757	-	3,757	3,757	-	100.0%	-	572
Entertainment	290	(290)	-	-	-	-	-	275	-
Fleet services (including government motor transport)	10,261	(1,708)	-	8,553	2,623	5,930	30.7%	12,148	1,553
Housing	-	-	-	-	-	-	-	-	-
Inventory: Clothing material and accessories	-	-	-	-	-	-	-	-	-
Inventory: Farming supplies	-	-	-	-	-	-	-	-	-

P1 per Economic Classification	2021/22							2020/21	
	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
Inventory: Food and food supplies	-	661	-	661	661	-	100.0%	-	614
Inventory: Fuel, oil and gas	-	142	-	142	142	-	100.0%	-	-
Inventory: Learner and teacher support material	-	-	-	-	-	-	-	-	-
Inventory: Materials and supplies	-	-	-	-	-	-	-	-	199
Inventory: Medical supplies	18,000	(17,803)	-	197	197	-	100.0%	-	1,039
Inventory: Medicine	-	-	-	-	-	-	-	-	-
Medsas inventory interface	-	-	-	-	-	-	-	-	-
Inventory: Other supplies	-	4	-	4	4	-	100.0%	-	371
Consumable supplies	1,365	(593)	-	772	772	-	100.0%	1,294	3,065
Consumable: Stationery, printing and office supplies	2,543	(210)	-	2,333	2,333	-	100.0%	2,410	3,075
Operating leases	4,596	(3,013)	-	1,583	1,583	-	100.0%	4,357	1,355
Property payments	3,932	743	-	4,675	4,675	-	100.0%	3,727	6,919
Transport provided: Departmental activity	-	-	-	-	-	-	-	-	-
Travel and subsistence	7,712	(2,162)	-	5,550	5,550	-	100.0%	4,736	4,593
Training and development	184	(184)	-	-	-	-	-	174	10
Operating payments	446	3	-	449	449	-	100.0%	423	232
Venues and facilities	381	(365)	-	16	16	-	100.0%	361	53
Rental and hiring	-	60	-	60	60	-	100.0%	-	16
Interest and rent on land	-	385	-	385	385	-	100.0%	-	259
Interest	-	385	-	385	385	-	100.0%	-	259
Rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	133	20,326	-	20,459	40,459	-	100.0%	126	9,877
Provinces and municipalities	-	-	-	-	-	-	-	-	217
Provinces	-	-	-	-	-	-	-	-	217
Provincial Revenue Funds	-	-	-	-	-	-	-	-	217
Provincial agencies and funds	-	-	-	-	-	-	-	-	-
Municipalities	-	-	-	-	-	-	-	-	-
Municipal bank accounts	-	-	-	-	-	-	-	-	-
Municipal agencies and funds	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	133	20,175	-	20,308	20,308	-	100.0%	126	9,660
Social benefits	133	848	-	981	981	-	100.0%	126	177
Other transfers to households	-	19,327	-	19,327	19,327	-	100.0%	-	9,483
Payments for capital assets	2,420	-	-	2,420	10,045	(7,625)	415.1%	2,294	4,962
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Buildings	-	-	-	-	-	-	-	-	-
Other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	2,420	-	-	2,420	10,045	(7,625)	415.1%	2,294	4,712
Transport equipment	-	-	-	-	138	(138)	-	-	973
Other machinery and equipment	2,420	-	-	2,420	9,907	(7,487)	409.4%	2,294	3,739
Software and other intangible assets	-	-	-	-	-	-	-	-	250
TOTAL	262,073	-	-	262,073	260,115	1,958	99.3%	227,845	229,118

AFS 1.3.2 Appropriation Statement for Programme 1 – Administration: Sub-Programme 1.1 – Office of the MEC

Table 155 Appropriation Statement: Programme 1 – Administration: Sub-Programme 1.1 – Office of the MEC

P1.1 MECO	2021/22							2020/21	
	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	13,435	4,458	-	17,893	17,893	-	100.0%	19,169	19,169
Compensation of employees	6,992	4,190	-	11,182	11,182	-	100.0%	12,625	12,625
Goods and services	6,443	268	-	6,711	6,711	-	100.0%	6,544	6,526
Interest and rent on land	-	-	-	-	-	-	-	-	18
Transfers and subsidies	-	160	-	160	160	-	100.0%	-	67
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	160	-	160	160	-	100.0%	-	67
Payments for capital assets	-	-	-	-	-	-	-	-	973
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	-	-	-	-	-	-	-	-	973
Intangible assets	-	-	-	-	-	-	-	-	-
TOTAL	13,435	4,618	-	18,053	18,053	-	100.0%	19,169	20,209

AFS 1.3.3 Appropriation Statement for Programme 1 – Administration: Sub-Programme 1.2 – Management

Table 156 Appropriation Statement: Programme 1 – Administration: Sub-Programme 1.2 – Management

P1.2 Management	2021/22							2020/21	
	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	246,085	(24,784)	-	221,301	211,718	9,583	95.7%	206,256	195,110
Compensation of employees	152,728	(17,095)	-	135,633	135,633	-	100.0%	139,359	139,359
Goods and services	93,357	(8,074)	-	85,283	75,700	-	100.0%	66,897	55,510
Interest and rent on land	-	385	-	385	385	-	100.0%	-	241
Transfers and subsidies	133	20,166	-	20,299	20,299	-	100.0%	126	9,810
Provinces and municipalities	-	151	-	151	151	-	100.0%	-	217
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	133	20,015	-	20,148	20,148	-	100.0%	126	9,593
Payments for capital assets	2,420	-	-	2,420	10,045	(7,625)	415.1%	2,294	3,989
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	2,420	-	-	2,420	9,907	(7,487)	409.4%	2,294	3,739
Intangible assets	-	-	-	-	-	-	-	-	250
TOTAL	248,638	(4,618)	-	244,020	242,062	1,958	99.2%	208,676	208,909

AFS 1.4 Appropriation Statement for Programme 2 - District Health Services

Table 157 Appropriation Statement: Programme 2 – District Health Services

APPROPRIATION STATEMENT FOR PROGRAMME 2 – DHS	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
Sub programme	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
District Management	210,444	146,736	-	357,180	357,180	-	100.0%	174,462	263,108
Community Health Clinics	557,856	15,245	-	573,101	573,101	-	100.0%	534,678	533,072
Community Health Centres	377,286	58,224	-	435,510	435,510	-	100.0%	364,281	395,972
Other Community Services	68,417	(14,845)	-	53,572	53,572	-	100.0%	57,627	39,954
HIV/Aids	882,505	(203,708)	-	678,797	669,234	9,563	98.6%	708,777	588,753
Nutrition	5,974	(2,491)	-	3,483	3,483	-	100.0%	5,574	3,994
District Hospitals	735,086	839	-	735,925	735,925	-	100.0%	649,351	717,035
TOTAL FOR SUB PROGRAMMES	2,837,568	-	-	2,837,568	2,828,005	9,563	99.7%	2,494,750	2,541,888

AFS 1.4.1 Appropriation Statement for Programme 2 – District Health Services per Economic Classification

Table 158 Appropriation Statement: Programme 2 – District Health Services Per Economic Classification

P2 per Economic classification	2021/22							2020/21	
	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	2,735,309	9,048	-	2,744,357	2,801,140	(56,783)	102.1%	2,459,268	2,518,002
Compensation of employees	1,726,584	(59,402)	-	1,667,182	1,667,182	-	100.0%	1,499,581	1,565,454
Salaries and wages	1,543,238	(53,355)	-	1,489,883	1,489,883	-	100.0%	1,332,816	1,392,768
Social contributions	183,346	(6,047)	-	177,299	177,299	-	100.0%	166,765	172,686
Goods and services	1,008,725	64,850	-	1,073,575	1,130,358	(56,783)	105.3%	959,687	949,303
Administrative fees	650	(562)	-	88	88	-	100.0%	616	94
Advertising	3,599	1,295	-	4,894	4,894	-	100.0%	3,410	2,676
Minor assets	7,179	(4,846)	-	2,333	2,333	-	100.0%	6,805	2,946
Audit costs: External	-	3,509	-	3,509	3,509	-	100.0%	-	-
Bursaries: Employees	179	(179)	-	-	-	-	-	171	82
Catering: Departmental activities	4,768	(413)	-	4,355	4,355	-	100.0%	4,521	6,636
Communication (G&S)	1,833	16,439	-	18,272	18,272	-	100.0%	1,738	8,494
Computer services	3,053	(195)	-	2,858	2,858	-	100.0%	2,895	19,962
Consultants: Business and advisory services	348	(348)	-	-	-	-	100.0%	330	-
Infrastructure and planning services	-	-	-	-	-	-	100.0%	-	-
Laboratory services	139,680	(86,442)	-	53,238	93,238	(40,000)	175.1%	109,317	109,763
Scientific and technological services	-	-	-	-	-	-	100.0%	-	-
Legal services	-	-	-	-	-	-	100.0%	-	-
Contractors	44,385	(8,672)	-	35,713	36,639	(926)	102.6%	41,675	20,430
Agency and support / outsourced services	69,580	87,662	-	157,242	156,924	318	99.8%	68,125	81,563
Entertainment	-	-	-	-	-	-	100.0%	-	-

P2 per Economic classification	2021/22							2020/21	
	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
Fleet services (including government motor transport)	12,134	23,045	-	35,179	35,179	-	100.0%	11,501	10,196
Housing	-	-	-	-	-	-	100.0%	-	-
Inventory: Clothing material and accessories	1,564	147	-	1,711	1,711	-	100.0%	1,483	2,142
Inventory: Farming supplies	5	9	-	14	14	-	100.0%	5	18
Inventory: Food and food supplies	36,151	(17,732)	-	18,419	18,419	-	100.0%	34,741	21,688
Inventory: Fuel, oil and gas	5,417	1,067	-	6,484	6,484	-	100.0%	5,135	2,729
Inventory: Learner and teacher support material	-	-	-	-	-	-	100.0%	-	-
Inventory: Materials and supplies	3,855	(2,771)	-	1,084	1,084	-	100.0%	3,654	427
Inventory: Medical supplies	104,359	5,454	-	109,813	116,024	(6,211)	105.7%	60,448	79,128
Inventory: Medicine	307,276	(13,362)	-	293,914	314,814	(20,900)	107.1%	371,232	303,750
Medsas inventory interface	-	-	-	-	-	-	100.0%	-	-
Inventory: Other supplies	-	4,662	-	4,662	4,662	-	100.0%	-	9,579
Consumable supplies	20,115	16,944	-	37,059	37,059	-	100.0%	19,065	64,140
Consumable: Stationery, printing and office supplies	14,339	503	-	14,842	14,918	(76)	100.5%	13,592	13,662
Operating leases	28,323	(11,101)	-	17,222	17,222	-	100.0%	30,170	8,274
Property payments	159,576	46,159	-	205,735	207,741	(2,006)	101.0%	131,353	163,495
Transport provided: Departmental activity	861	6,694	-	7,555	7,555	-	100.0%	816	-
Travel and subsistence	23,834	(6,780)	-	17,054	17,054	-	100.0%	22,042	11,740
Training and development	12,808	1,062	-	13,870	852	13,018	6.1%	12,141	720
Operating payments	2,014	477	-	2,491	2,491	-	100.0%	1,909	3,609
Venues and facilities	499	1,088	-	1,587	1,587	-	100.0%	474	833
Rental and hiring	341	2,037	-	2,378	2,378	-	100.0%	323	527
Interest and rent on land	-	3,600	-	3,600	3,600	-	100.0%	-	3,245
Interest	-	3,600	-	3,600	3,600	-	100.0%	-	3,245
Rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	19,099	(9,048)	-	10,051	10,051	-	100.0%	19,590	9,361
Provinces and municipalities	12,734	(12,480)	-	254	254	-	100.0%	12,475	187
Provinces	35	22	-	57	57	-	100.0%	9,427	4
Provincial Revenue Funds	-	-	-	-	-	-	100.0%	9,427	4
Provincial agencies and funds	35	22	-	57	57	-	100.0%	-	-
Municipalities	12,699	(12,502)	-	197	197	-	100.0%	3,048	183
Municipal bank accounts	12,699	(12,502)	-	197	197	-	100.0%	3,048	183
Municipal agencies and funds	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	33	-	33	33	-	100.0%	-	-
Private enterprises	-	-	-	-	-	-	-	-	-
Other transfers to private enterprises	-	33	-	33	33	-	100.0%	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	6,365	3,399	-	9,764	9,764	-	100.0%	7,115	9,174
Social benefits	6,365	533	-	6,898	6,898	-	100.0%	7,115	7,221
Other transfers to households	-	2,866	-	2,866	2,866	-	100.0%	-	1,953
Payments for capital assets	83,160	-	-	83,160	16,814	66,346	20.2%	15,892	14,525
Buildings and other fixed structures	-	598	-	598	1,349	(715)	225.6%	411	411
Buildings	-	598	-	598	1,349	(715)	225.6%	411	411
Other fixed structures	-	-	-	-	-	-	-	-	-

P2 per Economic classification	2021/22							2020/21	
	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	83,160	(598)	-	82,562	15,465	67,097	18.7%	15,481	14,114
Transport equipment	-	-	-	-	553	(553)	-	1,661	2,111
Other machinery and equipment	83,160	(598)	-	82,562	14,912	67,650	18.1%	13,820	12,003
Software and other intangible assets	-	-	-	-	-	-	-	-	-
TOTAL	2,837,568	-	-	2,837,568	2,828,005	9,563	99.7%	2,494,750	2,541,888

AFS 1.4.2 Appropriation Statement for Programme 2 – District Health Services: Sub-Programme 2.1 – District Management

Table 159 Appropriation Statement: Programme 2 – District Health Services: Sub-Programme 2.1 – District Management

P2.1 District Management	2021/22							2020/21	
	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	209,714	145,838	-	355,552	355,128	424	99.9%	172,727	257,931
Compensation of employees	154,155	55,491	-	209,646	209,646	-	100.0%	139,968	175,325
Goods and services	55,559	90,342	-	145,901	145,477	424	99.7%	32,759	82,512
Interest and rent on land	-	5	-	5	5	-	100.0%	-	94
Transfers and subsidies	35	898	-	933	933	-	100.0%	1,076	1,047
Provinces and municipalities	35	14	-	49	49	-	100.0%	33	4
Non-profit institutions	-	-	-	-	-	-	100.0%	-	-
Households	-	884	-	884	884	-	100.0%	1,043	1,043
Payments for capital assets	695	-	-	695	1119	(424)	161.0%	659	4,130
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	695	-	-	695	1119	(424)	161.0%	659	4,130
Intangible assets	-	-	-	-	-	-	-	-	-
TOTAL	210,444	146,736	-	357,180	357,180	-	100.0%	174,462	263,108

AFS 1.4.3 Appropriation Statement for Programme 2 – District Health Services: Sub-Programme 2.2 – Community Health Clinics

Table 160 Appropriation Statement: Programme 2 – District Health Services: Sub-Programme 2.2 – Community Health Clinics

P2.2 Community Health Clinics	2021/22							2020/21	
	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	546,137	24,060	-	570,197	570,813	(616)	100.1%	522,754	530,750
Compensation of employees	349,204	(14,809)	-	334,395	334,395	-	100.0%	335,759	314,102
Goods and services	196,933	38,575	-	235,508	236,124	(616)	100.3%	186,995	216,249
Interest and rent on land	-	294	-	294	294	-	100.0%	-	399
Transfers and subsidies	10,809	(8,815)	-	1,994	1,994	-	100.0%	10,650	1,101
Provinces and municipalities	9,639	(9,612)	-	27	27	-	100.0%	9,541	34
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	1,170	797	-	1,967	1,967	-	100.0%	1,109	1,067
Payments for capital assets	910	-	-	910	294	616	32.3	1,274	1,221
Buildings and other fixed structures	-	-	-	-	-	-	-	411	705
Machinery and equipment	910	-	-	910	294	616	32.3	863	516
Intangible assets	-	-	-	-	-	-	-	-	-
TOTAL	557,856	15,245	-	573,101	573,101	-	100.0%	534,678	533,072

AFS 1.4.4 Appropriation Statement for Programme 2 – District Health Services: Sub-Programme 2.3 Community Health Centres

Table 161 Appropriation Statement: Programme 2 – District Health Services: Sub-Programme 2.3 – Community Health Centres

P2.3 Community Health Centres	2021/22							2020/21	
	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	371,130	58,977	-	430,107	432,113	(2,006)	100.5%	360,445	393,217
Compensation of employees	259,829	38,254	-	298,083	298,083	-	100.0%	236,463	260,346
Goods and services	111,301	20,618	-	131,919	133,925	(2,006)	101.5%	123,982	132,544
Interest and rent on land	-	105	-	105	105	-	100.0%	-	327
Transfers and subsidies	2,527	(753)	-	1,774	1,774	-	100.0%	2,396	2,105
Provinces and municipalities	102	(24)	-	78	78	-	100.0%	97	137
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	2,425	(729)	-	1,696	1,696	-	100.0%	2,299	1,968
Payments for capital assets	3,629	-	-	3,629	1,623	2,006	44.7%	1,440	650
Buildings and other fixed structures	-	-	-	-	-	-	-	-	(323)
Machinery and equipment	3,629	-	-	3,629	1,623	2,006	44.7%	1,440	973
Intangible assets	-	-	-	-	-	-	-	-	-
TOTAL	377,286	58,224	-	435,510	435,510	-	100.0%	364,281	395,972

AFS 1.4.5 Appropriation Statement for Programme 2 – District Health Services: Sub-Programme 2.4 – Other Community Services

Table 162 Appropriation Statement: Programme 2 – District Health Services: Sub-Programme 2.4 – Other Community Services

P2.5 Other Community Services	2021/22							2020/21	
	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	66,878	(14,874)	-	52,004	53,354	(1,350)	102.6%		
Compensation of employees	47,808	(15,728)	-	32,080	32,080	-	100.0%	56,156	39,501
Goods and services	19,070	854	-	19,924	21,274	(1,350)	106.8%	31,912	28,285
Interest and rent on land	-	-	-	-	-	-	-	24,244	11,208
Transfers and subsidies	-	29	-	29	29	-	100.0%		
Provinces and municipalities	-	-	-	-	-	-	-	12	12
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	29	-	29	29	-	100.0%	-	-
Payments for capital assets	1,539	-	-	1,539	189	1,350	12.3%		
Buildings and other fixed structures	-	-	-	-	-	-	-	1,459	441
Machinery and equipment	1,539	-	-	1,539	189	1,350	12.3%	-	-
Intangible assets	-	-	-	-	-	-	-	1,459	441
TOTAL	68,417	(14,845)	-	53,572	53,572	-	100.0%	57,627	39,954

AFS 1.4.6 Appropriation Statement for Programme 2 – District Health Services: Sub-Programme 2.5 HIV/Aids

Table 163 Appropriation Statement: Programme 2 – District Health Services: Sub-Programme 2.5 – HIV/Aids

P2.5 HIV/Aids	2021/22							2020/21	
	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	814,978	(201,458)	-	613,520	661,084	(47,564)	107.8%	700,834	584,583
Compensation of employees	386,650	(119,093)	-	267,557	267,557	-	100.0%	315,896	259,055
Goods and services	428,328	(85,076)	-	343,252	390,816	(47,564)	113.9%	384,938	323,678
Interest and rent on land	-	2,711	-	2,711	2,711	-	100.0%	-	1,850
Transfers and subsidies	2,958	(2,250)	-	708	708	-	100.0%	2,804	2,059
Provinces and municipalities	2,958	(2,872)	-	86	86	-	100.0%	2,804	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	622	-	622	622	-	100.0%	-	2 2,059
Payments for capital assets	64,569	-	-	64,569	7,442	57,127	11.5%	5,139	2,111
Buildings and other fixed structures	-	598	-	598	598	-	100.0%	-	-
Machinery and equipment	64,569	(598)	-	63,971	6,844	57,127	10.7%	5,139	2,111
Intangible assets	-	-	-	-	-	-	-	-	-
TOTAL	882,505	(203,708)	-	678,797	669,234	9,563	98.6%	708,777	588,753

AFS 1.4.7 Appropriation Statement for Programme 2 – District Health Services: Sub-Programme 2.6 - Nutrition

Table 164 Appropriation Statement: Programme 2 – District Health Services: Sub-Programme 2.6 – Nutrition

P2.6 Nutrition	2021/22							2020/21	
	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	5,874	(2,511)	-	3,363	3,439	(76)	102.3%	5,479	3,994
Compensation of employees	2,626	(488)	-	2,138	2,138	-	100.0%	2,401	2,026
Goods and services	3,248	(2,023)	-	1,225	1,301	(76)	106.2%	3,078	1,968
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	-	20	-	20	20	-	100.0%	-	-
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	20	-	20	20	-	100.0%	-	-
Payments for capital assets	100	-	-	100	24	76	24.0%	95	-
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	100	-	-	100	24	76	24.0%	95	-
Intangible assets	-	-	-	-	-	-	-	-	-
TOTAL	5,974	(2,491)	-	3,483	3,483	-	100.0%	5,574	3,994

AFS 1.4.8 Appropriation Statement for Programme 2 – District Health Services: Sub-Programme 2.7 – District Hospitals

Table 165 Appropriation Statement: Programme 2 – District Health Services: Sub-Programme 2.7 – District Hospitals

P2.7 District Hospitals	2021/22							2020/21	
	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	720,598	(984)	-	719,614	725,209	(5,595)	100.8%	640,873	708,026
Compensation of employees	526,312	(3,029)	-	523,283	523,283	-	100.0%	437,182	526,315
Goods and services	194,286	1,560	-	195,846	201,441	(5,595)	102.9%	203,691	181,243
Interest and rent on land	-	485	-	485	485	-	100.0%	-	468
Transfers and subsidies	2,770	1,823	-	4,593	4,593	-	100.0%	2,652	3,037
Provinces and municipalities	-	14	-	14	14	-	100.0%	-	12
Public corporations and private enterprises	-	33	-	33	33	-	100.0%	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	2,770	1,776	-	4,546	4,546	-	100.0%	2,652	3,025
Payments for capital assets	11,718	-	-	11,718	6,123	5,595	52.3%	5,826	5,972
Buildings and other fixed structures	-	-	-	-	751	(751)	-	-	29
Machinery and equipment	11,718	-	-	11,718	5,372	6,346	45.8%	5,826	5,943
Intangible assets	-	-	-	-	-	-	-	-	-
TOTAL	735,086	839	-	735,925	735,925	-	100.0%	649,351	717,035

AFS 1.5 Appropriation Statement for Programme 3 – Emergency Medical Services

Table 166 Appropriation Statement: Programme 3 – Emergency Medical Services

APPROPRIATION STATEMENT FOR PROGRAMME 3 - EMS	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
Sub programme	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Emergency Transport	407,145	(3,169)	-	403,976	401,684	2,292	99.4%	421,968	405,091
Planned Patient Transport	3,458	3,169	-	6,627	5,750	877	86.8%	3,278	390
TOTAL FOR SUB PROGRAMMES	410,603	-	-	410,603	407,434	3,169	99.2%	425,246	405,481

AFS 1.5.1 Appropriation Statement for Programme 3 – Emergency Medical Services Per Economic Classification

Table 167 Appropriation Statement: Programme 3 – Emergency Medical Services Per Economic Classification

P3.1 per Economic Classification	2021/22							2020/21	
	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	380,773	(328)	-	380,445	392,352	(11,907)	103.1%	358,790	372,343
Compensation of employees	246,054	7,171	-	253,225	253,225	-	100.0%	232,523	244,808
Salaries and wages	214,966	867	-	215,833	215,833	-	100.0%	203,057	208,053
Social contributions	31,088	6,304	-	37,392	37,392	-	100.0%	29,466	36,755
Goods and services	134,719	(14,589)	-	120,130	132,037	(11,907)	109.9%	126,267	127,181
Administrative fees	-	10	-	10	10	-	-	-	3
Advertising	146	(146)	-	-	-	-	-	138	-
Minor assets	5,966	(5,966)	-	-	-	-	-	5,655	341
Audit costs: External	-	-	-	-	-	-	-	-	-
Bursaries: Employees	-	-	-	-	-	-	-	-	-
Catering: Departmental activities	102	(64)	-	38	38	-	100.0%	97	21
Communication (G&S)	1,037	(1,030)	-	7	7	-	100.0%	983	17
Computer services	331	32,689	-	33,020	33,020	-	100.0%	314	-
Consultants: Business and advisory services	-	-	-	-	-	-	-	-	-
Infrastructure and planning services	-	-	-	-	-	-	-	-	-
Laboratory services	-	-	-	-	-	-	-	-	-
Scientific and technological services	-	-	-	-	-	-	-	-	-
Legal services	-	-	-	-	-	-	-	-	-
Contractors	2,765	2,141	-	4,906	4,906	-	100.0%	2,621	9
Agency and support / outsourced services	25	86	-	111	111	-	100.0%	24	160
Entertainment	-	-	-	-	-	-	-	-	-
Fleet services (including government motor transport)	94,863	(58,983)	-	35,880	47,787	(11,907)	133.2%	93,229	92,283
Housing	-	-	-	-	-	-	-	-	-
Inventory: Clothing material and accessories	2,011	(2,011)	-	-	-	-	-	1,906	8
Inventory: Farming supplies	-	-	-	-	-	-	-	-	-
Inventory: Food and food supplies	-	-	-	-	-	-	-	-	-
Inventory: Fuel, oil and gas	2,105	(2,105)	-	-	-	-	-	1,995	-

P3.1 per Economic Classification	2021/22							2020/21	
	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
Inventory: Learner and teacher support material	134	(134)	-	-	-	-	-	127	-
Inventory: Materials and supplies	452	(452)	-	-	-	-	-	428	30
Inventory: Medical supplies	1,497	(851)	-	646	646	-	100.0%	1,419	1,033
Inventory: Medicine	1,019	(861)	-	158	158	-	100.0%	966	73
Medsas inventory interface	-	-	-	-	-	-	-	-	-
Inventory: Other supplies	-	11	-	11	11	-	100.0%	-	135
Consumable supplies	912	(662)	-	250	250	-	100.0%	864	1,461
Consumable: Stationery, printing and office supplies	1,094	(225)	-	869	869	-	100.0%	1,037	1,011
Operating leases	11,463	(9,092)	-	2,371	2,371	-	100.0%	10,865	4,996
Property payments	1,268	1,205	-	2,473	2,473	-	100.0%	1,202	2,083
Transport provided: Departmental activity	5,000	33,175	-	38,175	38,175	-	100.0%	-	22,308
Travel and subsistence	2,341	(1,225)	-	1,116	1,116	-	100.0%	2,219	1,119
Training and development	-	-	-	-	-	-	-	-	-
Operating payments	188	(154)	-	34	34	-	100.0%	178	81
Venues and facilities	-	4	-	4	4	-	100.0%	-	-
Rental and hiring	-	51	-	51	51	-	100.0%	-	9
Interest and rent on land	-	7,090	-	7,090	7,090	-	100.0%	-	354
Interest	-	7,090	-	7,090	7,090	-	100.0%	-	354
Rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	503	328	-	831	831	-	100.0%	477	306
Provinces and municipalities	503	(295)	-	208	208	-	100.0%	171	-
Provinces	-	208	-	208	208	-	100.0%	-	-
Provincial Revenue Funds	-	-	-	-	-	-	-	-	-
Provincial agencies and funds	-	208	-	208	208	-	100.0%	-	-
Municipalities	503	(503)	-	-	-	-	-	171	-
Municipal bank accounts	503	(503)	-	-	-	-	-	171	-
Municipal agencies and funds	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	623	-	623	623	-	100.0%	306	306
Social benefits	-	623	-	623	623	-	100.0%	306	306
Other transfers to households	-	-	-	-	-	-	-	-	-
Payments for capital assets	29,327	-	-	29,327	14,251	15,076	48.6%	65,979	32,832
Buildings and other fixed structures	-	415	-	415	415	-	100.0%	-	-
Buildings	-	415	-	415	415	-	100.0%	-	-
Other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	29,327	(415)	-	28,912	13,836	15,076	47.9%	65,979	32,832
Transport equipment	-	13,836	-	13,836	13,836	-	100.0%	65,272	32,664
Other machinery and equipment	29,327	(14,251)	-	15,076	-	15,076	-	707	168
Software and other intangible assets	-	-	-	-	-	-	-	-	-
TOTAL	410,603	-	-	410,603	407,434	3,169	99.2%	425,246	405,481

AFS 1.5.2 Appropriation Statement for Programme 3 – Emergency Medical Services: Sub-Programme 3.1 – Emergency Transport

Table 168 Appropriation Statement: Programme 3 – Emergency Medical Services: Sub-Programme 3.1 – Emergency Transport

P3.1 Emergency Transport	2021/22							2020/21	
	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	377,315	(3,497)	-	373,818	386,602	(12,784)	103.4%	355,512	371,953
Compensation of employees	243,978	3,501	-	247,479	247,479	-	100.0%	230,555	244,420
Goods and services	133,337	(14,088)	-	119,249	132,033	(12,784)	110.7%	124,957	127,179
Interest and rent on land	-	7,090	-	7,090	7,090	-	100.0%	-	354
Transfers and subsidies	503	328	-	831	831	-	100.0%	477	306
Provinces and municipalities	503	(295)	-	208	208	-	100.0%	171	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	623	-	623	623	-	100.0%	306	306
Payments for capital assets	29,327	-	-	29,327	14,251	15,076	48.6%	65,979	32,832
Buildings and other fixed structures	-	415	-	415	415	-	100.0%	-	-
Machinery and equipment	29,327	(415)	-	28,912	13,836	15,076	47.9%	65,979	32,832
Intangible assets	-	-	-	-	-	-	-	-	-
TOTAL	407,145	(3,169)	-	403,976	401,684	2,292	99.4%	421,968	405,091

AFS 1.5.3 Appropriation Statement for Programme 3 – Emergency Medical Services: Sub-Programme 3.2 – Planned Patient Transport

Table 169 Appropriation Statement: Programme 3 – Emergency Medical Services: Sub-Programme 3.2 – Planned Patient Transport

P3.2 Planned Patient Transport	2021/22							2020/21	
	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	3,458	3,169	-	6,627	5,750	877	86.8%	3,278	390
Compensation of employees	2,076	3,670	-	5,746	5,746	-	100.0%	1,968	388
Goods and services	1,382	(501)	-	881	4	877	0.5%	1,310	2
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	-	-	-	-	-	-	-	-	-
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	-	-	-	-	-	-	-
Payments for capital assets	-	-	-	-	-	-	-	-	-
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	-	-	-	-	-	-	-	-	-
Intangible assets	-	-	-	-	-	-	-	-	-
TOTAL	3,458	3,169	-	6,627	5,750	877	86.8%	3,278	390

AFS 1.6 Appropriation Statement for Programme 4 – Provincial Hospital Services

Table 170 Appropriation Statement: Programme 4 – Provincial Hospital Services

APPROPRIATION STATEMENT FOR PROGRAMME 4 – PROVINCIAL HOSPITAL SERVICES	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
Sub programme	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
General (Regional) Hospitals	340,900	(12,856)	-	328,044	328,044	-	100.0%	301,807	343,684
Tuberculosis Hospitals	21,783	(2,666)	-	19,117	18,935	182	99.0%	23,745	17,856
Psychiatric/Mental Hospitals	107,732	15,522	-	123,254	123,254	-	100.0%	84,216	119,510
TOTAL FOR SUB PROGRAMMES	470,415	-	-	470,415	470,233	182	100.0%	409,768	481,050

AFS 1.6.1 Appropriation Statement for Programme 4 – Provincial Hospital Services Per Economic Classification

Table 171 Appropriation Statement: Programme 4 – Provincial Hospital Services Per Economic Classification

P4 per Economic Classification	2021/22							2020/21	
	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	448 774	(7 598)	-	441 176	461 103	(19 927)	104,5%	404 618	474 558
Compensation of employees	330 436	2 361	-	332 797	332 797	-	100,0%	315 213	305 970
Salaries and wages	304 108	(11 793)	-	292 315	292 315	-	100,0%	290 317	267 058
Social contributions	26 328	14 154	-	40 482	40 482	-	100,0%	24 896	38 912
Goods and services	118 338	(15 624)	-	102 714	122 641	(19 927)	119,4%	89 405	168 451
Social contributions	26 328	14 154	-	40 482	40 482	-	100,0%	24 896	38 912
Goods and services	118 338	(15 624)	-	102 714	122 641	(19 927)	119,4%	89 405	168 451
Administrative fees	126	(110)	-	16	16	-	100,0%	119	65
Advertising	254	(254)	-	-	-	-	-	241	61
Minor assets	952	(934)	-	18	7	11	38,9%	902	141
Audit costs: External	-	-	-	-	-	-	-	-	-
Bursaries: Employees	8	(8)	-	-	-	-	-	8	-
Catering: Departmental activities	102	61	-	163	190	(27)	116,6%	97	211
Communication (G&S)	762	(452)	-	310	310	-	100,0%	723	143
Computer services	2 398	(1 622)	-	776	776	-	100,0%	2 273	6 812
Consultants: Business and advisory services	3	(3)	-	-	-	-	-	3	-
Infrastructure and planning services	4	(4)	-	-	-	-	-	4	-
Laboratory services	5 647	(5 647)	-	-	-	-	-	5 352	1 470
Scientific and technological services	-	-	-	-	-	-	-	-	-
Legal services	17	(17)	-	-	-	-	-	16	-
Contractors	2 900	3 079	-	5 979	12 834	(6 855)	214,7%	2 749	10 120
Agency and support / outsourced services	19 916	(3 685)	-	16 231	16 218	13	99,9%	12 881	20 977
Entertainment	-	-	-	-	-	-	-	-	-
Fleet services (including government motor transport)	38	-	-	38	1 598	(1 560)	4205,3%	36	1 275
Housing	-	-	-	-	-	-	-	-	-

P4 per Economic Classification	2021/22							2020/21	
	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
Inventory: Clothing material and accessories	291	672	-	963	963	-	100,0%	276	418
Inventory: Farming supplies	-	-	-	-	-	-	-	-	35
Inventory: Food and food supplies	4 742	1 634	-	6 376	7 331	(955)	115,0%	4 495	6 060
Inventory: Fuel, oil and gas	6 672	(990)	-	5 682	8 554	(2 872)	150,5%	6 324	4 594
Inventory: Learner and teacher support material	-	-	-	-	-	-	-	-	-
Inventory: Materials and supplies	692	(136)	-	556	558	(2)	100,4%	656	976
Inventory: Medical supplies	21 690	(3 895)	-	17 795	22 492	(4 697)	126,4%	17 229	33 884
Inventory: Medicine	15 952	(5 187)	-	10 765	12 294	(1 529)	114,2%	10 121	10 875
Medsas inventory interface	-	-	-	-	-	-	-	-	-
Inventory: Other supplies	-	1 411	-	1 411	1 772	(361)	125,6%	-	4 714
Consumable supplies	5 574	(143)	-	5 431	5 927	(496)	109,1%	5 284	6 290
Consumable: Stationery, printing and office supplies	820	1 208	-	2 028	2 088	(60)	103,0%	778	2 433
Operating leases	5 137	(4 293)	-	844	817	27	96,8%	4 869	364
Property payments	20,760	8,566	-	29,326	29,326	(16)	100,1%	11,239	50,885
Transport provided: Departmental activity	1 486	(1 460)	-	26	26	-	100,0%	1 409	-
Travel and subsistence	418	791	-	1 209	1 725	(516)	142,7%	396	5 435
Training and development	215	(215)	-	-	-	-	-	203	-
Operating payments	762	(580)	-	182	214	(32)	117,6%	722	196
Venues and facilities	-	-	-	-	-	-	-	-	17
Rental and hiring	-	-	-	-	-	-	-	-	-
Interest and rent on land	-	2,254	-	2,254	2,254	-	100,0%	-	137
Interest (Incl. interest on unitary payments (PPP))	-	2,254	-	2,254	2,254	-	100,0%	-	137
Rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	1 412	7 598	-	9 010	9 010	-	100,0%	1 338	310
Provinces and municipalities	-	8 391	-	8 391	8 391	-	100,0%	1 028	-
Provinces	-	-	-	-	-	-	-	-	-
Provincial Revenue Funds	-	-	-	-	-	-	-	-	-
Provincial agencies and funds	-	-	-	-	-	-	-	-	-
Municipalities	-	8 391	-	8 391	8 391	-	100,0%	1 028	-
Municipal bank accounts	-	8 391	-	8 391	8 391	-	100,0%	1 028	-
Municipal agencies and funds	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	1 412	(793)	-	619	619	-	100,0%	310	310
Social benefits	1 412	(793)	-	619	619	-	100,0%	310	310
Other transfers to households	-	-	-	-	-	-	-	-	-
Payments for capital assets	20 229	-	-	20 229	120	20 109	0,6%	3 812	6 182
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Buildings	-	-	-	-	-	-	-	-	-
Other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	20 229	-	-	20 229	120	20 109	0,6%	3 812	6 182
Transport equipment	-	-	-	-	-	-	-	-	-
Other machinery and equipment	20 229	-	-	20 229	120	20 109	0,6%	3 812	6 182
Software and other intangible assets	-	-	-	-	-	-	-	-	-
Payment for financial assets	-	-	-	-	-	-	-	-	-
TOTAL	470 415	-	-	470 415	470 233	182	100,0%	409 768	481 050

AFS 1.6.2 Appropriation Statement for Programme 4 – Provincial Hospital Services: Sub-Programme 4.1 – General (Regional) Hospital

Table 172 Appropriation Statement: Programme 4 – Provincial Hospital Services: Sub-Programme 4.1 – General (Regional) Hospital

P4.1 General (Regional) Hospital	2021/22							2020/21	
	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	320,225	(21,047)	-	299,178	319,085	(19,907)	106.7%	297,232	340,137
Compensation of employees	228,121	(4,993)	-	223,128	223,128	-	100.0%	211,442	211,442
Goods and services	92,104	(18,308)	-	73,796	93,703	(19,907)	128.3%	85,790	128,603
Interest and rent on land	-	2,254	-	2,254	2,254	-	100.0%	-	92
Transfers and subsidies	675	8,191	-	8,866	8,866	-	100.0%	1,273	245
Provinces and municipalities	-	8,391	-	8,391	8,391	-	100.0%	1,028	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	675	(200)	-	475	475	-	100.0%	245	245
Payments for capital assets	20,000	-	-	20,000	93	19,907	0.5%	3,302	3,302
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	20,000	-	-	20,000	93	19,907	0.5%	3,302	3,302
Intangible assets	-	-	-	-	-	-	-	-	-
TOTAL	340,900	(12,856)	-	328,044	328,044	-	100.0%	301,807	343,684

AFS 1.6.3 Appropriation Statement for Programme 4 – Provincial Hospital Services: Sub-Programme 4.2 – Tuberculosis Hospital

Table 173 Appropriation Statement: Programme 4 – Provincial Hospital Services: Sub-Programme 4.2 – Tuberculosis Hospital

P4.2 TB Hospital	2021/22							2020/21	
	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	21,256	(2,368)	-	18,888	18,935	(47)	100.2%	23,528	17,678
Compensation of employees	13,067	5,116	-	18,183	18,183	-	100.0%	16,893	16,893
Goods and services	8,189	(7,484)	-	705	752	(47)	106.7%	6,635	785
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	298	(298)	-	-	-	-	-	-	-
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	298	(298)	-	-	-	-	-	-	-
Payments for capital assets	229	-	-	229	-	229	-	217	178
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	229	-	-	229	-	229	-	217	178
Intangible assets	-	-	-	-	-	-	-	-	-
TOTAL	21,783	(2,666)	-	19,117	18,935	182	99.0%	23,745	17,856

AFS 1.6.4 Appropriation Statement for Programme 4 – Provincial Hospital Services: Sub-Programme 4.3 – Psychiatric / Mental Hospital

Table 174 Appropriation Statement: Programme 4 – Provincial Hospital Services: Sub-Programme 4.3 – Psychiatric / Mental Hospital

P4.3 Psychiatric / Mental Hospital	2021/22							2020/21	
	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	107,293	15,817	-	123,110	123,083	27	100.0%	83,858	119,113
Compensation of employees	89,248	2,238	-	91,486	91,486	-	100.0%	86,878	77,635
Goods and services	18,045	13,576	-	31,624	31,597	27	99.9%	(3,020)	39 063
Interest and rent on land	-	-	-	-	-	-	-	-	45
Transfers and subsidies	439	(295)	-	144	144	-	100.0%	65	65
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	439	(295)	-	144	144	-	100.0%	65	65
Payments for capital assets	-	-	-	-	27	(27)	-	293	2 702
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	-	-	-	-	27	(27)	-	293	2 702
Intangible assets	-	-	-	-	-	-	-	-	-
TOTAL	107,732	15,522	-	123,254	123,254	-	100.0%	84,216	119,510

AFS 1.7 Appropriation Statement for Programme 5 – Central Hospital Services

Table 175 Appropriation Statement: Programme 5 – Central Hospital Services

APPROPRIATION STATEMENT FOR PROGRAMME 5 – CENTRAL HOSPITAL SERVICES	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
Sub programme	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Provincial Tertiary Hospital Services	1,212,972	-	-	1,212,972	1,211,672	1,300	99.9%	1,152,590	1,116,510
TOTAL FOR SUB PROGRAMMES	1,212,972	-	-	1,212,972	1,211,672	1,300	99.9%	1,152,590	1,116,510

AFS 1.7.1 Appropriation Statement for Programme 5 – Central Hospital Services Per Economic Classification

Table 176 Appropriation Statement for Programme 5 – Central Hospital Services Per Economic Classification

APPROPRIATION STATEMENT FOR PROGRAMME 5 – CENTRAL HOSPITAL SERVICES	2021/22							2020/21	
	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	1,171,231	(4,563)	-	1,166,668	1,184,024	(17,356)	101.5%	1,106,876	1,091,604
Compensation of employees	871,099	(75,884)	-	795,215	795,215	-	100.0%	792,113	781,055
Salaries and wages	798,936	(82,585)	-	716,351	716,351	-	100.0%	723,712	704,149
Social contributions	72,163	6,701	-	78,864	78,864	-	100.0%	68,401	76,906
Goods and services	300,132	71,320	-	371,452	388,808	(17,356)	104.7%	314,763	310,549
Administrative fees	315	(239)	-	76	76	-	100.0%	299	8
Advertising	420	(420)	-	-	-	-	-	398	-
Minor assets	1,584	134	-	1,718	1,361	357	79.2%	1,501	1,867
Audit costs: External	-	-	-	-	-	-	-	-	-
Bursaries: Employees	59	5	-	64	64	-	100.0%	56	76
Catering: Departmental activities	215	724	-	939	939	-	100.0%	204	22
Communication (G&S)	227	(175)	-	52	52	-	100.0%	215	79
Computer services	2,264	-	-	2,264	2,056	208	90.8%	2,146	10,648
Consultants: Business and advisory services	414	(414)	-	-	-	-	-	392	-
Infrastructure and planning services	-	-	-	-	-	-	-	-	-
Laboratory services	46,112	(22,772)	-	23,340	23,340	-	100.0%	43,708	15,447
Scientific and technological services	-	-	-	-	-	-	-	-	-
Legal services	-	-	-	-	-	-	-	-	-
Contractors	29,443	46,392	-	75,835	75,835	-	100.0%	27,908	26,309
Agency and support / outsourced services	40,081	(3,418)	-	36,663	48,960	(12,297)	133.5%	43,679	32,926
Entertainment	-	-	-	-	-	-	-	-	-
Fleet services (including government motor transport)	131	437	-	568	568	-	100.0%	124	266
Housing	-	-	-	-	-	-	-	-	-
Inventory: Clothing material and accessories	705	(332)	-	373	373	-	100.0%	668	477
Inventory: Farming supplies	-	-	-	-	-	-	-	-	-
Inventory: Food and food supplies	3,994	(1,572)	-	2,422	2,422	-	100.0%	3,786	1,517
Inventory: Fuel, oil and gas	8,738	(8,171)	-	567	567	-	100.0%	14,009	3
Inventory: Learner and teacher support material	-	-	-	-	-	-	-	-	-
Inventory: Materials and supplies	2,075	(1,666)	-	409	409	-	100.0%	1,967	1,490
Inventory: Medical supplies	63,015	64,882	-	127,897	127,897	-	100.0%	57,687	108,939
Inventory: Medicine	60,912	(14,051)	-	46,861	46,861	-	100.0%	79,643	45,729
Medsas inventory interface	-	-	-	-	-	-	-	-	-
Inventory: Other supplies	-	6,890	-	6,890	6,890	-	100.0%	-	3,948
Consumable supplies	8,365	(3,986)	-	4,379	4,379	-	100.0%	7,929	4,746
Consumable: Stationery, printing and office supplies	3,360	5,152	-	8,512	8,512	-	100.0%	3,185	3,245
Operating leases	6,170	(5,611)	-	559	559	-	100.0%	5,848	525
Property payments	18,826	10,753	-	29,579	36,089	(6,510)	122.0%	17,845	51,328
Transport provided: Departmental activity	-	-	-	-	-	-	-	-	-
Travel and subsistence	1,543	(424)	-	1,119	565	554	50.5%	463	463
Training and development	338	-	-	338	6	332	1.8%	320	47

APPROPRIATION STATEMENT FOR PROGRAMME 5 – CENTRAL HOSPITAL SERVICES	2021/22							2020/21	
	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
Operating payments	826	(798)	-	28	28	-	100.0%	783	444
Venues and facilities	-	-	-	-	-	-	-	-	-
Rental and hiring	-	-	-	-	-	-	-	-	-
Interest and rent on land	-	1	-	1	1	-	100.0%	-	-
Interest	-	1	-	1	1	-	100.0%	-	-
Rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	1,801	4,563	-	6,364	6,364	-	100.0%	1,707	2,620
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Provinces	-	-	-	-	-	-	-	-	-
Provincial Revenue Funds	-	-	-	-	-	-	-	-	-
Provincial agencies and funds	-	-	-	-	-	-	-	-	-
Municipalities	-	-	-	-	-	-	-	-	-
Municipal bank accounts	-	-	-	-	-	-	-	-	-
Municipal agencies and funds	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	1,801	4,563	-	6,364	6,364	-	100.0%	1,707	2,620
Social benefits	1,801	1,014	-	2,815	2,815	-	100.0%	1,707	2,620
Other transfers to households	-	3,549	-	3,549	3,549	-	100.0%	-	-
Payments for capital assets	39,940	-	-	39,940	21,284	18,656	53.3%	44,007	22,286
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Buildings	-	-	-	-	-	-	-	-	-
Other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	39,940	-	-	39,940	21,284	18,656	53.3%	44,007	22,116
Transport equipment	-	-	-	-	-	-	-	-	-
Other machinery and equipment	39,940	-	-	39,940	21,284	18,656	53.3%	44,007	22,116
Software and other intangible assets	-	-	-	-	-	-	-	-	170
TOTAL	1,212,972	-	-	1,212,972	1,211,672	1,300	99.9%	1,152,590	1,116,510

AFS 1.7.2 Appropriation Statement for Programme 5 – Central Hospital Services: Sub-Programme 5.1 – Provincial Tertiary Hospital Services

Table 177 Appropriation Statement: Programme 5 – Central Hospital Services: Sub-Programme 5.1 – Provincial Tertiary Hospital Services

P5.1 Provincial Tertiary Hospital Services	2021/22							2020/21	
	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	1,171,231	(4,563)	-	1,166,668	1,184,024	(17,356)	101.5%	1,106,876	1,091,604
Compensation of employees	871,099	(75,884)	-	795,215	795,215	-	100.0%	792,113	781,055
Goods and services	300,132	71,320	-	371,452	388,808	(17,356)	104.7%	314,763	310,549
Interest and rent on land	-	1	-	1	1	-	100.0%	-	-
Transfers and subsidies	1,801	4,563	-	6,364	6,364	-	100.0%	1,707	2,620
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	1,801	4,563	-	6,364	6,364	-	100.0%	1,707	2,620
Payments for capital assets	39,940	-	-	39,940	21,284	18,656	53.3%	44,007	22,286
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	39,940	-	-	39,940	21,284	18,656	53.3%	44,007	22,116
Intangible assets	-	-	-	-	-	-	-	-	170
TOTAL	1,212,972	-	-	1,212,972	1,211,672	1,300	99.9%	1,152,590	1,116,510

AFS 1.8 Appropriation Statement: Programme 6 – Health Sciences and Training

Table 178 Appropriation Statement: Programme 6 – Health Sciences and Training

APPROPRIATION STATEMENT FOR PROGRAMME 6 – HEALTH SCIENCES AND TRAINING	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Sub programme	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Nurse Training College	78 529	40 416	-	118 945	118 945	-	100,0%	74 563	94 167
EMS Training College	4 397	(4 105)	-	292	292	-	100,0%	2 259	795
Bursaries	45 604	(14 248)	-	31 356	29 984	1 372	95,6%	27 312	31 349
Primary Health Care Training	1 967	-	-	1 967	-	1 967	-	-	-
Training Other	25 745	(22 063)	-	3 682	1 311	2 371	35,6%	31 208	14 384
TOTAL	156 242	-	-	156 242	150 532	5 710	96,3%	135 342	140 695

AFS 1.8.1 Appropriation Statement: Programme 6 – Health Sciences and Training Per Economic Classification

Table 179 Appropriation Statement: Programme 6 – Health Sciences and Training Per Economic Classification

P6 per Economic Classification	2021/22							2020/21	
	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	138 024	14 516	-	152 540	148 934	3 606	97,6%	118 148	110 008
Compensation of employees	50 110	18 390	-	68 500	68 500	-	100,0%	29 002	61 304
Salaries and wages	46 617	18 180	-	64 797	64 797	-	100,0%	25 691	57 542
Social contributions	3 493	210	-	3 703	3 703	-	100,0%	3 311	3 762
Goods and services	87 914	(3 875)	-	84 039	80 433	3 606	95,7%	89 146	48 704
Administrative fees	3 847	(3 025)	-	822	62	760	7,5%	2 926	408
Advertising	125	(116)	-	9	9	-	100,0%	118	95
Minor assets	958	(958)	-	-	-	-	-	908	-
Audit costs: External	-	-	-	-	-	-	-	-	-
Bursaries: Employees	2 308	25 999	-	28 307	27 646	661	97,7%	2 188	202
Catering: Departmental activities	429	1 357	-	1 786	1 786	-	100,0%	407	1 855
Communication (G&S)	271	(271)	-	-	-	-	-	257	-
Computer services	464	(161)	-	303	303	-	100,0%	440	173
Consultants: Business and advisory services	654	(654)	-	-	-	-	-	620	-
Infrastructure and planning services	-	-	-	-	-	-	-	-	-
Laboratory services	-	-	-	-	-	-	-	-	-
Scientific and technological services	-	-	-	-	-	-	-	-	-
Legal services	-	-	-	-	-	-	-	-	-
Contractors	390	(379)	-	11	11	-	100,0%	370	-
Agency and support / outsourced services	713	(713)	-	-	-	-	-	676	-
Entertainment	-	-	-	-	-	-	-	-	-
Fleet services (including government motor transport)	-	-	-	-	-	-	-	-	-
Housing	-	-	-	-	-	-	-	-	-
Inventory: Clothing material and accessories	-	-	-	-	-	-	-	-	-
Inventory: Farming supplies	-	-	-	-	-	-	-	-	-
Inventory: Food and food supplies	-	-	-	-	-	-	-	-	-
Inventory: Fuel, oil and gas	523	-	-	523	-	523	-	-	-
Inventory: Learner and teacher support material	-	-	-	-	-	-	-	-	-
Inventory: Materials and supplies	-	-	-	-	-	-	-	-	11
Inventory: Medical supplies	-	181	-	181	181	-	100,0%	-	38
Inventory: Medicine	-	-	-	-	-	-	-	-	-
Medsas inventory interface	-	-	-	-	-	-	-	-	-
Inventory: Other supplies	-	-	-	-	-	-	-	-	1
Consumable supplies	1 244	(933)	-	311	311	-	100,0%	440	826
Consumable: Stationery, printing and office supplies	2 405	(2 294)	-	111	95	16	85,6%	3 018	388
Operating leases	19 554	10 086	-	29 640	31 049	(1 409)	104,8%	19 409	25 710
Property payments	3 396	(2 038)	-	1 358	1 358	-	100,0%	3 219	2 061
Transport provided: Departmental activity	-	-	-	-	-	-	-	-	-

P6 per Economic Classification	2021/22							2020/21	
	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
Travel and subsistence	13 053	(4 837)	-	8 216	7 532	684	91,7%	16 463	4 450
Training and development	22 857	(19 493)	-	3 364	1 474	1 890	43,8%	23 732	12 264
Operating payments	58	14	-	72	72	-	100,0%	55	70
Venues and facilities	612	(105)	-	507	26	481	5,1%	580	106
Rental and hiring	14 053	(5 535)	-	8 518	8 518	-	100,0%	13 320	46
Interest and rent on land	-	1	-	1	1	-	100,0%	-	-
Interest (Incl. interest on unitary payments (PPP))	-	1	-	1	1	-	100,0%	-	-
Rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	16 114	(14 516)	-	1 598	1 598	-	100,0%	15 199	30 687
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Provinces	-	-	-	-	-	-	-	-	-
Provincial Revenue Funds	-	-	-	-	-	-	-	-	-
Provincial agencies and funds	-	-	-	-	-	-	-	-	-
Municipalities	-	-	-	-	-	-	-	-	-
Municipal bank accounts	-	-	-	-	-	-	-	-	-
Municipal agencies and funds	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	16 114	(14 516)	-	1 598	1 598	-	100,0%	15 199	30 687
Social benefits	110	(22)	-	88	88	-	100,0%	104	299
Other transfers to households	16 004	(14 494)	-	1 510	1 510	-	100,0%	15 095	30 388
Payments for capital assets	2 104	-	-	2 104	-	2 104	-	1 995	-
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Buildings	-	-	-	-	-	-	-	-	-
Other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	2 104	-	-	2 104	-	2 104	-	1 995	-
Transport equipment	1 370	-	-	1 370	-	1 370	-	-	-
Other machinery and equipment	734	-	-	734	-	734	-	1 995	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-
Payment for financial assets	-	-	-	-	-	-	-	-	-
Total	156 242	-	-	156 242	150 532	5 710	96,3%	135 342	140 695

AFS 1.8.2 Appropriation Statement: Programme 6 – Health Sciences and Training: Sub-Programme 6.1 – Nurse Training College

Table 180 Appropriation Statement: Programme 6 – Health Sciences and Training: Sub-Programme 6.1 – Nurse Training College

P6.1 Nurse Training College	2021/22							2020/21	
	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	77 049	40 438	-	117 487	118 857	(1 370)	101,2%	73 160	93 868
Compensation of employees	30 351	38 253	-	68 604	67 870	734	98,9%	28 022	60 175
Goods and services	46 698	2 184	-	48 882	50 986	(2 104)	104,3%	45 138	33 693
Interest and rent on land	-	1	-	1	1	-	100,0%	-	-
Transfers and subsidies	110	(22)	-	88	88	-	100,0%	104	299
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	110	(22)	-	88	88	-	100,0%	104	299
Payments for capital assets	1,370	-	-	1,370	-	1,370	-	1,299	-
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	1,370	-	-	1,370	-	1,370	-	1,299	-
Intangible assets	-	-	-	-	-	-	-	-	-
TOTAL	78,529	40,416	-	118,945	118,945	-	100%	74,563	94,167

AFS 1.8.3 Appropriation Statement: Programme 6 – Health Sciences and Training: Sub-Programme 6.2 – EMS Training College

Table 181 Appropriation Statement: Programme 6 – Health Sciences and Training: Sub-Programme 6.2 - EMS Training College

P6.2 EMS Training College	2021/22							2020/21	
	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	3 663	(4 105)	-	(442)	292	(734)	(66,1%)	1 563	795
Compensation of employees	2 014	(2 456)	-	(442)	292	(734)	(66,1%)	-	-
Goods and services	1 649	(1 649)	-	-	-	-	-	1 563	795
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	-	-	-	-	-	-	-	-	-
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	-	-	-	-	-	-	-
Payments for capital assets	734	-	-	734	-	734	-	696	-
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	734	-	-	734	-	734	-	696	-
Intangible assets	-	-	-	-	-	-	-	-	-
TOTAL	4 397	(4 105)	-	292	292	-	100,0%	2 259	795

AFS 1.8.4 Appropriation Statement: Programme 6 – Health Sciences and Training: Sub-Programme 6.3 – Bursaries

Table 182 Appropriation Statement: Programme 6 – Health Sciences and Training: Sub-Programme 6.3 – Bursaries

P6.3 Bursaries	2021/22							2020/21	
	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	29,600	246	-	29,846	28,474	1,372	95.4%	12,217	961
Compensation of employees	17,180	(16,966)	-	214	214	-	100.0%	444	27
Goods and services	12,420	17,212	-	29,632	28,260	1,372	95.4%	11,773	934
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	16,004	(14,494)	-	1,510	1,510	-	100.0%	15,095	30,388
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	16,004	(14,494)	-	1,510	1,510	-	100.0%	15,095	30,388
Payments for capital assets	-	-	-	-	-	-	-	-	-
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	-	-	-	-	-	-	-	-	-
Intangible assets	-	-	-	-	-	-	-	-	-
TOTAL	45,604	(14,248)	-	31,356	29,984	1,372	95.6%	27,312	31,349

AFS 1.8.5 Appropriation Statement: Programme 6 – Health Sciences and Training: Sub-Programme 6.4 - Primary Health Care Training

Table 183 Appropriation Statement: Programme 6 – Health Sciences and Training: Sub-Programme 6.4 – Primary Health Care Training

P6.4 Primary Health Care Training	2021/22							2020/21	
	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	1,967	-	-	1,967	-	1,967	-	-	-
Compensation of employees	-	-	-	-	-	-	-	-	-
Goods and services	1,967	-	-	1,967	-	1,967	-	-	-
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	-	-	-	-	-	-	-	-	-
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	-	-	-	-	-	-	-
Payments for capital assets	-	-	-	-	-	-	-	-	-
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	-	-	-	-	-	-	-	-	-
Intangible assets	-	-	-	-	-	-	-	-	-
TOTAL	1,967	-	-	1,967	-	1,967	-	-	-

AFS 1.8.6 Appropriation Statement: Programme 6 – Health Sciences and Training: Sub-Programme 6.5 – Training Other

Table 184 Appropriation Statement: Programme 6 – Health Sciences and Training: Sub-Programme 6.5 – Training Other

P6.5 Training Other	2021/22							2020/21	
	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	25 745	(22 063)	-	3 682	1 311	2 371	35,6%	31 208	14 384
Compensation of employees	565	(441)	-	124	124	-	100,0%	536	1 102
Goods and services	25 180	(21 622)	-	3 558	1 187	2 371	33,4%	30 672	13 282
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	-	-	-	-	-	-	-	-	-
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	-	-	-	-	-	-	-
Payments for capital assets	-	-	-	-	-	-	-	-	-
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	-	-	-	-	-	-	-	-	-
Intangible assets	-	-	-	-	-	-	-	-	-
TOTAL	25 745	(22 063)	-	3 682	1 311	2 371	35,6%	31 208	14 384

AFS 1.9 Appropriation Statement: Programme 7 – Healthcare Support Services

Table 185 Appropriation Statement: Programme 7 – Healthcare Support Services

APPROPRIATION STATEMENT FOR PROGRAMME 7 – HEALTHCARE SUPPORT SERVICES	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
Sub programme	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Laundry Services	7,876	11,265	-	19,141	19,141	-	100.0%	8,940	20,789
Engineering	22,700	(10,713)	-	11,987	9,623	2,364	80.3%	17,556	15,768
Forensic Services	45,398	(2,829)	-	42,569	35,598	6,971	83.6%	44,480	45,125
Orthotic and Prosthetic Services	12,368	(8,548)	-	3,820	3,248	572	85.0%	10,206	4,818
Medicine Trading Account	97,053	10,825	-	107,878	107,878	-	100.0%	325,506	150,309
TOTAL FOR SUB PROGRAMMES	185,395	-	-	185,395	175,488	9,907	94.7%	406,688	236,809

AFS 1.9.1 Appropriation Statement: Programme 7 – Healthcare Support Services Per Economic Classification

Table 186 Appropriation Statement: Programme 7 – Healthcare Support Services Per Economic Classification

P7 per Economic Classification	2021/22	2020/21							
	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	181 094	(670)	-	180 424	171 532	8 892	95,1%	289 434	202 411
Compensation of employees	85,036	(8,572)	-	76,464	76,464	-	100.0%	97,755	77,755
Salaries and wages	71,143	(6,029)	-	65,114	65,114	-	100.0%	84,587	66,608
Social contributions	13,893	(2,543)	-	11,350	11,350	-	100.0%	13,168	11,147
Goods and services	96 058	7 896	-	103 954	95 062	8 892	91,4%	191 679	124 641
Administrative fees	-	-	-	-	-	-	-	-	25
Advertising	-	-	-	-	-	-	-	-	-
Minor assets	910	(101)	-	809	113	696	14.0%	862	58
Audit costs: External	-	-	-	-	-	-	-	-	-
Bursaries: Employees	-	-	-	-	-	-	-	-	-
Catering: Departmental activities	-	31	-	31	31	-	100.0%	-	1
Communication (G&S)	428	(142)	-	286	3	283	1.0%	405	71
Computer services	146	47	-	193	193	-	100.0%	138	456
Consultants: Business and advisory services	-	-	-	-	-	-	-	-	-
Infrastructure and planning services	-	-	-	-	-	-	-	-	-
Laboratory services	-	112	-	112	112	-	100.0%	-	4
Scientific and technological services	-	-	-	-	-	-	-	-	-
Legal services	-	-	-	-	-	-	-	-	-
Contractors	10,445	(5,626)	-	4,819	1,672	3,147	34.7%	8,476	7,213
Agency and support / outsourced services	1,455	2,122	-	3,577	2,448	1,129	68.4%	2,379	9,511
Entertainment	-	-	-	-	-	-	-	-	-
Fleet services (including government motor transport)	7,364	(5,055)	-	2,309	988	1,321	42.8%	6,028	4,916
Housing	-	-	-	-	-	-	-	-	-
Inventory: Clothing material and accessories	131	1,250	-	1,381	1,381	-	100.0%	124	441
Inventory: Farming supplies	30	(30)	-	-	-	-	-	28	-
Inventory: Food and food supplies	512	(490)	-	22	4	18	18.2%	3,450	2
Inventory: Fuel, oil and gas	-	-	-	-	-	-	-	17,000	19
Inventory: Learner and teacher support material	-	-	-	-	-	-	-	-	-
Inventory: Materials and supplies	75	1	-	76	76	-	100.0%	71	87
Inventory: Medical supplies	58,521	(49,792)	-	8,729	8,327	402	95.4%	138,270	28,557
Inventory: Medicine	5,302	56,195	-	61,497	61,497	-	100.0%	286	46,301
Medsas inventory interface	-	-	-	-	-	-	-	-	-
Inventory: Other supplies	-	1,951	-	1,951	1,951	-	100.0%	-	2,332
Consumable supplies	2,582	7,199	-	9,781	9,342	439	95.5%	3,447	14,111
Consumable: Stationery, printing and office supplies	555	642	-	1,197	1,174	23	98.1%	527	357
Operating leases	822	(228)	-	594	-	594	-	779	-
Property payments	5,526	126	-	5,652	4,886	766	86.4%	5,238	9,704
Transport provided: Departmental activity	-	51	-	51	51	-	100.0%	-	-
Travel and subsistence	1,045	(320)	-	725	725	-	100.0%	990	411
Training and development	167	(91)	-	76	2	74	2.6%	159	-

P7 per Economic Classification	2021/22	2020/21							
	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
Operating payments	42	12	-	54	54	-	100.0%	2,040	46
Venues and facilities	-	6	-	6	6	-	100.0%	-	-
Rental and hiring	-	26	-	26	26	-	100.0%	982	9
Interest and rent on land	-	6	-	6	6	-	100.0%	-	15
Interest	-	6	-	6	6	-	100.0%	-	15
Rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	-	670	-	670	670	-	100.0%	-	510
Provinces and municipalities	-	-	-	-	-	-	-	-	174
Provinces	-	-	-	-	-	-	-	-	174
Provincial Revenue Funds	-	-	-	-	-	-	-	-	174
Provincial agencies and funds	-	-	-	-	-	-	-	-	-
Municipalities	-	-	-	-	-	-	-	-	-
Municipal bank accounts	-	-	-	-	-	-	-	-	-
Municipal agencies and funds	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	670	-	670	670	-	100.0%	-	336
Social benefits	-	670	-	670	670	-	100.0%	-	336
Other transfers to households	-	-	-	-	-	-	-	-	-
Payments for capital assets	4 301	0	-	4 301	3 286	1 015	76,4%	117 254	33 888
Buildings and other fixed structures	-	73	-	73	73	-	100.0%	515	515
Buildings	-	73	-	73	73	-	100.0%	515	515
Other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	4 301	(73)	-	4 228	3 213	1 015	76,0%	116 739	33 373
Transport equipment	-	739	-	739	739	-	100.0%	-	24,240
Other machinery and equipment	4 301	(812)	-	3 489	2 474	1 015	70,9%	116 739	9 133
Software and other intangible assets	-	-	-	-	-	-	-	-	-
TOTAL	185,395	-	-	185,395	175,488	9,907	94.7%	406,688	236,809

AFS 1.9.2 Appropriation Statement: Programme 7 – Healthcare Support Services: Sub-Programme 7.1 – Laundry Services

Table 187 Appropriation Statement: Programme 7 – Healthcare Support Services: Sub-Programme 7.1 – Laundry Services

P7.1 Laundry Services	2020/21							2019/20	
	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	7,876	11,245	-	19,121	18,682	439	97.7%	8,940	20,789
Compensation of employees	7,203	(137)	-	7,066	7,066	-	100.0%	8,302	6,981
Goods and services	673	11,382	-	12,055	11,616	439	96.4%	638	13,808
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	-	20	-	20	20	-	100.0%	-	-
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	20	-	20	20	-	100.0%	-	-
Payments for capital assets	-	-	-	-	439	(439)	-	-	-
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	-	-	-	-	439	(439)	-	-	-
Intangible assets	-	-	-	-	-	-	-	-	-
TOTAL	7,876	11,265	-	19,141	19,141	-	100.0%	8,940	20,789

AFS 1.9.3 Appropriation Statement: Programme 7 – Healthcare Support Services: Sub-Programme 7.2 - Engineering

Table 188 Appropriation Statement: Programme 7 – Healthcare Support Services: Sub-Programme 7.2 – Engineering

P7.2 Engineering	2020/21							2019/20	
	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	22,700	(10,842)	-	11,858	9,494	2,364	80.1%	17,058	15,238
Compensation of employees	13,358	(3,864)	-	9,494	9,494	-	100.0%	9,628	9,628
Goods and services	9,342	(6,978)	-	2,364	-	2,364	-	7,430	5,610
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	-	129	-	129	129	-	100.0%	-	32
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	129	-	129	129	-	100.0%	-	32
Payments for capital assets	-	-	-	-	-	-	-	498	498
Buildings and other fixed structures	-	-	-	-	-	-	-	498	498
Machinery and equipment	-	-	-	-	-	-	-	-	-
Intangible assets	-	-	-	-	-	-	-	-	-
TOTAL	22,700	(10,713)	-	11,987	9,623	2,364	80.3%	17,556	15,768

AFS 1.9.4 Appropriation Statement: Programme 7 – Healthcare Support Services: Sub-Programme 7.3 – Forensic Services

Table 189 Appropriation Statement: Programme 7 – Healthcare Support Services: Sub-Programme 7.3 – Forensic Services

P7.3 Forensic Services	2021/22							2020/21	
	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	44,227	(3,124)	-	41,103	34,946	6,157	85.0%	43,370	41,906
Compensation of employees	32,295	(1,321)	-	30,974	30,974	-	100.0%	33,473	34,745
Goods and services	11,932	(1,805)	-	10,127	3,970	6,157	39.2%	9,897	7,159
Interest and rent on land	-	2	-	2	2	-	100.0%	-	2
Transfers and subsidies	-	295	-	295	295	-	100.0%	-	59
Provinces and municipalities	-	-	-	-	-	-	-	-	5
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	295	-	295	295	-	100.0%	-	54
Payments for capital assets	1,171	-	-	1,171	357	814	30.5%	1,110	3,160
Buildings and other fixed structures	-	10	-	10	10	-	100.0%	-	-
Machinery and equipment	1,171	(10)	-	1,161	347	814	29.9%	1,110	3,160
Intangible assets	-	-	-	-	-	-	-	-	-
TOTAL	45,398	(2,829)	-	42,569	35,598	6,971	83.6%	44,480	45,125

AFS 1.9.5 Appropriation Statement: Programme 7 – Healthcare Support Services: Sub-Programme 7.4 - Orthotic and Prosthetic Services

Table 190 Appropriation Statement: Programme 7 – Healthcare Support Services: Sub-Programme 7.4 – Orthotic and Prosthetic Services

7.4 Orthotic and Prosthetic Services	2021/22							2020/21	
	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	11,913	(8,774)	-	3,139	2,973	166	94.7%	10,206	4,632
Compensation of employees	3,845	(1,465)	-	2,380	2,380	-	100.0%	3,559	3,293
Goods and services	8,068	(7,309)	-	759	593	166	78.1%	6,647	1,339
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	-	226	-	226	226	-	100.0%	-	186
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	226	-	226	226	-	100.0%	-	186
Payments for capital assets	455	-	-	455	49	406	10.8%	-	-
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	455	-	-	455	49	406	10.8%	-	-
Intangible assets	-	-	-	-	-	-	-	-	-
TOTAL	12,368	(8,548)	-	3,820	3,248	572	85.0%	10,206	4,818

AFS 1.9.6 Appropriation Statement: Programme 7 – Healthcare Support Services: Sub-Programme 7.5 - Medicine Trading Account

Table 191 Appropriation Statement: Programme 7 – Healthcare Support Services: Sub-Programme 7.5 – Medicine Trading Account

7.5 Medicine Trading Account	2020/21							2019/20	
	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	94 378	10 825	-	105 203	105 437	(234)	100,2%	209 860	119 846
Compensation of employees	28,335	(1,785)	-	26,550	26,550	-	100,0%	42,793	23,108
Goods and services	66 043	12 606	-	78 649	78 883	(234)	100,3%	167 067	96 725
Interest and rent on land	-	4	-	4	4	-	100,0%	-	13
Transfers and subsidies	-	-	-	-	-	-	-	-	233
Provinces and municipalities	-	-	-	-	-	-	-	-	169
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	-	-	-	-	-	-	64
Payments for capital assets	2,675	-	-	2,675	2,441	234	91,3%	115,646	30,239
Buildings and other fixed structures	-	63	-	63	63	-	100,0%	17	17
Machinery and equipment	2 675	(63)	-	2 612	2 378	234	91,0%	115 629	30 213
Intangible assets	-	-	-	-	-	-	-	-	-
TOTAL	97,053	10,825	-	107,878	107,878	-	100,0%	325,506	150,309

AFS 1.10 Appropriation Statement: Programme 8 – Health Facilities Management

Table 192 Appropriation Statement: Programme 8 – Health Facilities Management

APPROPRIATION STATEMENT: PROGRAMME 8 – HEALTH FACILITIES MANAGEMENT	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
Sub programme	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
District Hospital Services	337,930	(267,252)	-	70,678	70,678	-	100,0%	304,241	110,083
Provincial Hospital Services	42,053	267,252	-	309,305	309,235	70	100,0%	59,568	275,988
TOTAL FOR SUB PROGRAMMES	379,983	-	-	379,983	379,913	70	100,0%	363,809	386,071

AFS 1.10.1 Appropriation Statement: Programme 8 – Health Facilities Management Per Economic Classification

Table 193 Appropriation Statement: Programme 8 – Health Facilities Management Per Economic Classification

P8 per Economic Classification	2021/22							2020/21	
	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	173,233	(89)	-	173,144	210,831	(37,687)	121.8%	212,513	245,581
Compensation of employees	31,596	(19,259)	-	12,337	12,337	-	100.0%	9,921	11,174
Salaries and wages	30,220	(19,050)	-	11,170	11,170	-	100.0%	8,617	10,139
Social contributions	1,376	(209)	-	1,167	1,167	-	100.0%	1,304	1,035
Goods and services	141,637	19,170	-	160,807	198,494	(37,687)	123.4%	202,592	233,294
Administrative fees	116	(96)	-	20	20	-	100.0%	110	2
Advertising	695	(695)	-	-	-	-	-	659	-
Minor assets	8,780	(8,780)	-	-	-	-	-	8,323	-
Audit costs: External	-	-	-	-	-	-	-	-	-
Bursaries: Employees	53	(53)	-	-	-	-	-	50	-
Catering: Departmental activities	109	(102)	-	7	7	-	100.0%	103	8
Communication (G&S)	151	(151)	-	-	-	-	-	143	-
Computer services	124	(124)	-	-	-	-	-	118	-
Consultants: Business and advisory services	506	(506)	-	-	-	-	-	480	-
Infrastructure and planning services	-	-	-	-	-	-	-	-	-
Laboratory services	-	-	-	-	-	-	-	-	-
Scientific and technological services	-	-	-	-	-	-	-	-	-
Legal services	-	-	-	-	-	-	-	-	-
Contractors	124,156	34,485	-	158,641	196,328	(37,687)	123.8%	186,020	228,584
Agency and support / outsourced services	155	(155)	-	-	-	-	-	147	-
Entertainment	-	-	-	-	-	-	-	-	-
Fleet services (including government motor transport)	8	(8)	-	-	-	-	-	8	-
Housing	-	-	-	-	-	-	-	-	-
Inventory: Clothing material and accessories	-	-	-	-	-	-	-	-	59
Inventory: Farming supplies	-	-	-	-	-	-	-	-	-
Inventory: Food and food supplies	-	-	-	-	-	-	-	-	-
Inventory: Fuel, oil and gas	-	-	-	-	-	-	-	-	-
Inventory: Learner and teacher support material	-	-	-	-	-	-	-	-	-
Inventory: Materials and supplies	261	(261)	-	-	-	-	-	247	-
Inventory: Medical supplies	276	259	-	535	535	-	100.0%	262	910
Inventory: Medicine	-	-	-	-	-	-	-	-	-
Medsas inventory interface	-	-	-	-	-	-	-	-	-
Inventory: Other supplies	-	7	-	7	7	-	100.0%	-	134
Consumable supplies	160	(88)	-	72	72	-	100.0%	152	-
Consumable: Stationery, printing and office supplies	289	(248)	-	41	41	-	100.0%	274	172
Operating leases	25	398	-	423	423	-	100.0%	24	2,312
Property payments	2,764	(2,701)	-	63	63	-	100.0%	2,620	-
Transport provided: Departmental activity	-	-	-	-	-	-	-	-	-
Travel and subsistence	1,856	(858)	-	998	998	-	100.0%	1,759	1,012
Training and development	15	(15)	-	-	-	-	-	14	-
Operating payments	161	(161)	-	-	-	-	-	153	101

P8 per Economic Classification	2021/22							2020/21	
	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
Venues and facilities	977	(977)	-	-	-	-	-	926	-
Rental and hiring	-	-	-	-	-	-	-	-	-
Interest and rent on land	-	-	-	-	-	-	-	-	1,113
Interest	-	-	-	-	-	-	-	-	1,113
Rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	-	89	-	89	89	-	100.0%	-	23,322
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Provinces	-	-	-	-	-	-	-	-	-
Provincial Revenue Funds	-	-	-	-	-	-	-	-	-
Provincial agencies and funds	-	-	-	-	-	-	-	-	-
Municipalities	-	-	-	-	-	-	-	-	-
Municipal bank accounts	-	-	-	-	-	-	-	-	-
Municipal agencies and funds	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	89	-	89	89	-	100.0%	-	23,322
Social benefits	-	89	-	89	89	-	100.0%	-	88
Other transfers to households	-	-	-	-	-	-	-	-	23,234
Payments for capital assets	206,750	-	-	206,750	168,993	37,757	81.7%	151,296	117,168
Buildings and other fixed structures	135,210	70,644	-	205,854	168,097	37,757	81.7%	117,008	112,402
Buildings	135,210	70,644	-	205,854	168,097	37,757	81.7%	117,008	112,402
Other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	71,540	(70,644)	-	896	896	-	100.0%	34,288	4,766
Transport equipment	-	-	-	-	-	-	-	-	-
Other machinery and equipment	71,540	(70,644)	-	896	896	-	100.0%	34,288	4,766
Software and other intangible assets	-	-	-	-	-	-	-	-	-
TOTAL	379,983	-	-	379,983	379,913	70	100.0%	363,809	386,071

AFS 1.10.2 Appropriation Statement: Programme 8 – Health Facilities Management: Sub-Programme 8.1– District Hospital Services

Table 194 Appropriation Statement: Programme 8 – Health Facilities Management: Sub-Programme 8.1– District Hospital Services

P8.1 District Hospital Services	2021/22							2020/21	
	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	131,180	(122,734)	-	8,446	8,446	-	100.0%	190,961	29,818
Compensation of employees	3,265	(3,265)	-	-	-	-	-	-	-
Goods and services	127,915	(119,469)	-	8,446	8,446	-	100.0%	190,961	29,818
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	-	-	-	-	-	-	-	-	-
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	-	-	-	-	-	-	-
Payments for capital assets	206,750	(144,518)	-	62,232	62,232	-	100.0%	113,280	80,265
Buildings and other fixed structures	135,210	(73,599)	-	61,611	61,611	-	100.0%	83,486	79,993
Machinery and equipment	71,540	(70,919)	-	621	621	-	100.0%	113,280	80,265
Intangible assets	-	-	-	-	-	-	-	-	-
TOTAL	337,930	(267,252)	-	70,678	70,678	-	100.0%	304,241	110,083

AFS 1.10.3 Appropriation Statement: Programme 8 – Health Facilities Management: Sub-Programme 8.2 – Provincial Hospital Services

Table 195 Appropriation Statement: Programme 8 – Health Facilities Management: Sub-Programme 8.2 – Provincial Hospital Services

P8.2 Provincial Hospital Services	2021/22							2020/21	
	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	42,053	122,645	-	164,698	202,385	(37,687)	122.9%	21,552	215,763
Compensation of employees	28,331	(15,994)	-	12,337	12,337	-	100.0%	9,921	11,174
Goods and services	13,722	138,639	-	152,361	190,048	(37,687)	124.7%	11,631	203,476
Interest and rent on land	-	-	-	-	-	-	-	-	1,113
Transfers and subsidies	-	89	-	89	89	-	100.0%	-	23,322
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	89	-	89	89	-	100.0%	-	23,322
Payments for capital assets	-	144,518	-	144,518	106,761	37,757	73.9%	38,016	36,903
Buildings and other fixed structures	-	144,243	-	144,243	106,486	37,757	73.9%	33,522	32,409
Machinery and equipment	-	275	-	275	275	-	100.0%	4,494	4,494
Intangible assets	-	-	-	-	-	-	-	-	-
TOTAL	42,053	267,252	-	309,305	309,235	70	100.0%	59,568	275,988

AFS 2. Notes to the Appropriation Statements

AFS 2.1 Detail of transfers and subsidies as per Appropriation Act (after Virement):

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

AFS 2.2 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.

AFS 2.3 Detail on payments for financial assets

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

AFS 2.4 Explanations of Material Variances from Amounts Voted (after Virement)

Table 196 Explanations of material variances from Amounts Voted (after Virement) per Programme

Per programme	Final Appropriation	Actual Expenditure	Variance R'000	Variance as a % of Final Appropriation
Administration	262,073	260,115	1,958	0.7%
District Health Services	2,837,568	2,828,005	9,563	0.3%
Emergency Medical Services	410,603	407,434	3,169	0.8%
Provincial Hospital Services	470,415	470,233	182	0.0%
Central Hospital Services	1,212,972	1,211,672	1,300	0.1%
Health Science and Training	156,242	150,532	5,710	3.7%
Health Care Support Service	185,395	175,488	9,907	5.3%
Health Facilities Management	379,983	379,913	70	0.0%

HEALTH SCIENCES AND TRAINING:

The unspent funds relate to Payments of capital assets were funds were set aside for the implementation of the student management information system. A portion of the funds is committed but not spent and a request for funds to be rolled-over has been instigated.

HEALTHCARE SUPPORT SERVICES:

The unspent funds relate to Payments of capital assets were funds were set aside for the procurement emergency/ mortuary vehicles and the equipping of these vehicles. A portion of the funds is committed but not spent and a request for funds to be rolled-over has been instigated.

Table 197 Explanations of material variances from Amounts Voted (after Virement) per Economic Classification

Per Economic Classification	Final Appropriation	Actual Expenditure	Variance	Variance as a % of Final Appropriation
	R'000	R'000	R'000	R'000
Current payments				
Compensation of employees	3,352,535	3,352,535	-	0.0%
Goods and services	2,108,665	2,230,244	(121,579)	(5.8%)
Interest and rent on land	16,748	16,748	-	0.0%
Transfers and subsidies				
Provinces and municipalities	9,004	9,004	-	0.0%
Departmental agencies and accounts	-	-	-	-
Higher education institutions	-	-	-	-
Public corporations and private enterprises	33	33	-	0.0%
Foreign governments and international organisations	-	-	-	-
Non-profit institutions	-	-	-	-
Households	40,035	40,035	-	0.0%
Payments for capital assets				
Buildings and other fixed structures	206,940	169,934	37,006	18%
Machinery and equipment	181,291	64,859	116,432	64%
Heritage assets	-	-	-	-
Specialised military assets	-	-	-	-
Biological assets	-	-	-	-
Land and subsoil assets	-	-	-	-
Intangible assets	-	-	-	-
PAYMENTS FOR FINANCIAL ASSETS				

The unspent funds relate to Payments of capital assets were funds were set aside for the procurement of emergency/ mortuary vehicles and the equipping of these vehicles. A portion of the funds is committed but not spent and a request for funds to be rolled-over has been instigated.

Table 198 Explanations of material variances from Amounts Voted (after Virement) per Conditional Grant

Per Conditional Grant	Final Appropriation	Actual Expenditure	Variance	Variance as a % of Final Appropriation
	R'000	R'000	R'000	R'000
HIV, TB, Malaria and Community Outreach Grant (Health)	734,736	731,062	3,675	0.5%
Health Facility Revitalisation Grant	379,637	379,637	-	0.0%
Statutory Human Resources, Training and Dev Grant	130,873	130,873	-	0.0%
National Health Insurance	19,233	18,872	361	1.9%
National Tertiary Services Grant	397,756	397,758	(2)	0.0%
Social EPWP Incentive Grant	6,183	5,865	318	5.1%

The unspent Grant Funds is related to the delay in the procurement of goods and services.

AFS 3. Statements of Financial Performance

Table 199 Statement of Financial Performance for the year ended 31st March 2022

REVENUE	Note	2021/22	2020/21
		R'000	R'000
Annual appropriation	1	5 915 251	5 616 038
Departmental revenue	2	-	-
NRF Receipts		-	-
Aid assistance	3	4 491	207
TOTAL REVENUE		5 919 742	5 616 245
EXPENDITURE			
Current expenditure			
Compensation of employees	4	3 352 535	3 199 506
Goods and services	5	2 163 102	2 024 151
Interest and rent on land	6	13 338	5 128
Aid assistance	3	2 267	35
Total current expenditure		5 531 242	5 228 820
Transfers and subsidies			
Transfers and subsidies	7	49 071	76 994
Aid assistance	3	695	-
Total transfers and subsidies		49 766	76 994
Expenditure for capital assets			
Tangible assets	8	305 346	231 423
Intangible assets	8	-	420
Total expenditure for capital assets		305 346	231 843
Unauthorised expenditure approved without funding	9	-	-
TOTAL EXPENDITURE		5 886 354	5 537 657
SURPLUS/(DEFICIT) FOR THE YEAR		33 388	78 588
Reconciliation of Net Surplus/(Deficit) for the year			
Voted funds		31 859	78 416
Annual appropriation		27 509	71 005
Statutory appropriation		-	-
Conditional grants		4 350	7 411
Departmental revenue and NRF Receipts	13	-	-
Aid assistance	3	1 529	172
SURPLUS/(DEFICIT) FOR THE YEAR		33 388	78 588

AFS 4. Statements of Financial Position

Table 200 Statement of Financial Position for the year ended 31st March 2022

ASSETS	Note	2021/22	2020/21
		R'000	R'000
Current assets		415 816	424 390
Unauthorised expenditure	9	406 926	406 926
Cash and cash equivalents	10	1	-
Receivables	11	8 889	17 464
Non-current assets		24 563	20 631
Receivables	11	24 563	20 631
TOTAL ASSETS		440 379	445 021
LIABILITIES			
Current liabilities		440 379	445 021
Voted funds to be surrendered to the Revenue Fund	12	31 856	332 211
Departmental revenue and NRF Receipts to be surrendered to the Revenue Fund	13	4 892	4 237
Bank overdraft	14	393 936	100 455
Payables	15	4 198	4 150
Aid assistance repayable	3	-	-
Aid assistance unutilised	3	5 497	3 968
Non-current liabilities			
Payables	15	-	-
TOTAL LIABILITIES		440 379	445 021
NET ASSETS			
Represented by:		-	-
Capitalisation reserve		-	-
Recoverable revenue		-	-
Retained funds		-	-
Revaluation reserves		-	-
TOTAL NET ASSETS		-	-

AFS 5. Statements of Changes in Net Assets

Table 201 Statement of Changes in Net Assets for the year ended 31st March 2022

CHANGES IN NET ASSETS	Note	2021/22	2020/21
		R'000	R'000
Capitalisation Reserves			
Opening balance		-	-
Transfers:		-	-
Movement in Equity		-	-
Movement in Operational Funds		-	-
Other movements		-	-
Closing balance		-	-
Recoverable revenue			
Opening balance		-	-
Transfers:		-	-
Irrecoverable amounts written off	8.3	-	-
Debts revised		-	-
Debts recovered (included in departmental receipts)		-	-
Debts raised		-	-
Closing balance		-	-
Retained funds			
Opening balance		-	-
Transfer from voted funds to be surrendered (Parliament/Legislatures ONLY)		-	-
Utilised during the year		-	-
Other transfers		-	-
Closing balance		-	-
Revaluation Reserve			
Opening balance		-	-
Revaluation adjustment (Housing departments)		-	-
Transfers		-	-
Other		-	-
Closing balance		-	-
TOTAL		-	-

AFS 6. Cash Flow Statement

Table 202 Statement of Cash Flow Statement for the year ended 31st March 2022

	Note	2021/22	2020/21
		R'000	R'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts		5 946 076	5 639 523
Annual appropriated funds received	1.1	5 915 251	5 616 038
Departmental revenue received	2	26 322	23 263
Interest received	2.2	12	15
NRF Receipts		-	-
Aid assistance received	3	4 491	207
Net (increase)/decrease in working capital		8 623	72 044
Surrendered to Revenue Fund		(363 432)	(68 514)
Surrendered to RDP Fund/Donor		-	-
Current payments		(5 517 904)	(4 970 042)
Interest paid	6	(13 338)	(6 425)
Payments for financial assets		-	-
Transfers and subsidies paid	7	(49 766)	(76 811)
Net cash flow available from operating activities	16	10 259	591 032
CASH FLOWS FROM INVESTING ACTIVITIES			
Distribution/dividend received		-	-
Payments for capital assets	8	(305 346)	(231 843)
Proceeds from sale of capital assets	2.3	5 539	98
(Increase)/decrease in loans		-	-
(Increase)/decrease in investments		-	-
(Increase)/decrease in other financial assets		-	-
(Increase)/decrease in non-current receivables	11	(3 932)	(1 116)
Net cash flows from investing activities		(303 739)	(232 861)
CASH FLOWS FROM FINANCING ACTIVITIES			
Increase/(decrease) in net assets		-	-
Increase/(decrease) in non-current payables		-	-
Net cash flows from financing activities		-	-
Net increase/(decrease) in cash and cash equivalents		(293 480)	358 171
Cash and cash equivalents at beginning of period		(100 455)	(458 626)
Unrealised gains and losses within cash and cash equivalents		-	-
Cash and cash equivalents at end of period	17	(393 935)	(100 455)

AFS 7. Notes on the Annual Financial Statements (including Accounting Policies)

AFS 7.1 Summary of Significant Accounting Policies

The financial statements have been prepared in accordance with the following policies, which have been applied consistently in all material aspects, unless otherwise indicated. Management has concluded that the financial statements present fairly the department's primary and secondary information.

The historical cost convention has been used, except where otherwise indicated. Management has used assessments and estimates in preparing the annual financial statements. These are based on the best information available at the time of preparation.

Where appropriate and meaningful, additional information has been disclosed to enhance the usefulness of the financial statements and to comply with the statutory requirements of the Public Finance Management Act (PFMA), Act 1 of 1999 (as amended by Act 29 of 1999), and the Treasury Regulations issued in terms of the PFMA and the annual Division of Revenue Act.

1 Basis of preparation

The financial statements have been prepared in accordance with the Modified Cash Standard.

2 Going concern

The financial statements have been prepared on a going concern basis.

3 Presentation currency

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

4 Rounding

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

5 Foreign currency translation

Cash flows arising from foreign currency transactions are translated into South African Rands using the spot exchange rates prevailing at the date of payment/receipt.

6 Comparative information

6.1 Prior period comparative information

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

6.2 Current year comparison with budget

A comparison between the approved, final budget and actual amounts for each programme and economic classification is included in the appropriation statement.

7 Revenue

7.1 Appropriated funds

Appropriated funds comprise of departmental allocations as well as direct charges against the revenue fund (i.e. statutory appropriation).

Appropriated funds are recognised in the statement of financial performance on the date the appropriation becomes effective. Adjustments made in terms of the adjustments budget process are recognised in the statement of financial performance on the date the adjustments become effective.

The net amount of any appropriated funds due to/from the relevant revenue fund at the reporting date is recognised as a payable/receivable in the statement of financial position.

7.2 Departmental revenue

Departmental revenue is recognised in the statement of financial performance when received and is subsequently paid into the relevant revenue fund, unless stated otherwise.

Any amount owing to the relevant revenue fund at the reporting date is recognised as a payable in the statement of financial position.

7.3 Accrued departmental revenue

Accruals in respect of departmental revenue (excluding tax revenue) are recorded in the notes to the financial statements when:

- it is probable that the economic benefits or service potential associated with the transaction will flow to the department; and
- the amount of revenue can be measured reliably.

The accrued revenue is measured at the fair value of the consideration receivable.

Accrued tax revenue (and related interest and / penalties) is measured at amounts receivable from collecting agents.

Write-offs are made according to the department's debt write-off policy.

8 Expenditure

8.1 Compensation of employees

8.1.1 Salaries and wages

Salaries and wages are recognised in the statement of financial performance on the date of payment.

8.1.2 Social contributions

Social contributions made by the department in respect of current employees are recognised in the statement of financial performance on the date of payment.

Social contributions made by the department in respect of ex-employees are classified as transfers to households in the statement of financial performance on the date of payment.

8.2 Other expenditure

Other expenditure (such as goods and services, transfers and subsidies and payments for capital assets) is recognised in the statement of financial performance on the date of payment. The expense is classified as a capital expense if the total consideration paid is more than the capitalisation threshold.

8.3 Accruals and payables not recognised

Accruals and payables not recognised are recorded in the notes to the financial statements at cost at the reporting date.

8.4 Leases

8.4.1 Operating leases

Operating lease payments made during the reporting period are recognised as current expenditure in the statement of financial performance on the date of payment. Operating lease payments received are recognised as departmental revenue.

The operating lease commitments are recorded in the notes to the financial statements.

8.4.2 Finance leases

Finance lease payments made during the reporting period are recognised as capital expenditure in the statement of financial performance on the date of payment. Finance lease payments received are recognised as departmental revenue.

The finance lease commitments are recorded in the notes to the financial statements and are not apportioned between the capital and interest portions.

Finance lease assets acquired at the end of the lease term are recorded and measured at the lower of:

- cost, being the fair value of the asset; or
- the sum of the minimum lease payments made, including any payments made to acquire ownership at the end of the lease term, excluding interest.

9 Aid Assistance

9.1 Aid assistance received

Aid assistance received in cash is recognised in the statement of financial performance when received. In-kind aid assistance is recorded in the notes to the financial statements on the date of receipt and is measured at fair value.

Aid assistance not spent for the intended purpose and any unutilised funds from aid assistance that are required to be refunded to the donor are recognised as a payable in the statement of financial position.

9.2 Aid assistance paid

Aid assistance paid is recognised in the statement of financial performance on the date of payment. Aid assistance payments made prior to the receipt of funds are recognised as a receivable in the statement of financial position.

10 Cash and cash equivalents

Cash and cash equivalents are stated at cost in the statement of financial position.

Bank overdrafts are shown separately on the face of the statement of financial position as a current liability.

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

11 Prepayments and advances

Prepayments and advances are recognised in the statement of financial position when the department receives or disburses the cash.

Prepayments and advances are initially and subsequently measured at cost.

12 Loans and receivables

Loans and receivables are recognised in the statement of financial position at cost plus accrued interest, where interest is charged, less amounts already settled or written-off. Write-offs are made according to the department's write-off policy.

13 Investments

Investments are recognised in the statement of financial position at cost.

14 Financial assets

14.1 Financial assets (not covered elsewhere)

A financial asset is recognised initially at its cost plus transaction costs that are directly attributable to the acquisition or issue of the financial asset.

At the reporting date, a department shall measure its financial assets at cost, less amounts already settled or written-off, except for recognised loans and receivables, which are measured at cost plus accrued interest, where interest is charged, less amounts already settled or written-off.

14.2 Impairment of financial assets

Where there is an indication of impairment of a financial asset, an estimation of the reduction in the recorded carrying value, to reflect the best estimate of the amount of the future economic benefits expected to be received from that asset, is recorded in the notes to the financial statements.

15 Payables

Payables recognised in the statement of financial position are recognised at cost.

16 Capital Assets

16.1 Immovable capital assets

Immovable assets reflected in the asset register of the department are recorded in the notes to the financial statements at cost or fair value where the cost cannot be determined reliably. Immovable assets acquired in a non-exchange transaction are recorded at fair value at the date of acquisition. Immovable assets are subsequently carried in the asset register at cost and are not currently subject to depreciation or impairment.

Subsequent expenditure of a capital nature forms part of the cost of the existing asset when ready for use.

Additional information on immovable assets not reflected in the assets register is provided in the notes to financial statements.

16.2 Movable capital assets

Movable capital assets are initially recorded in the notes to the financial statements at cost. Movable capital assets acquired through a non-exchange transaction is measured at fair value as at the date of acquisition.

Where the cost of movable capital assets cannot be determined reliably, the movable capital assets are measured at fair value and where fair value cannot be determined; the movable assets are measured at R1.

All assets acquired prior to 1 April 2002 (or a later date as approved by the OAG) may be recorded at R1.

Movable capital assets are subsequently carried at cost and are not subject to depreciation or impairment.

Biological assets are subsequently carried at fair value.

Subsequent expenditure that is of a capital nature forms part of the cost of the existing asset when ready for use.

16.3 Intangible assets

Intangible assets are initially recorded in the notes to the financial statements at cost. Intangible assets acquired through a non-exchange transaction are measured at fair value as at the date of acquisition.

Internally generated intangible assets are recorded in the notes to the financial statements when the department commences the development phase of the project.

Where the cost of intangible assets cannot be determined reliably, the intangible capital assets are measured at fair value and where fair value cannot be determined; the intangible assets are measured at R1.

All assets acquired prior to 1 April 2002 (or a later date as approved by the OAG) may be recorded at R1.

Intangible assets are subsequently carried at cost and are not subject to depreciation or impairment.

Subsequent expenditure of a capital nature forms part of the cost of the existing asset when ready for use.

16.4 Project Costs: Work-in-progress

Expenditure of a capital nature is initially recognised in the statement of financial performance at cost when paid.

Amounts paid towards capital projects are separated from the amounts recognised and accumulated in work-in-progress until the underlying asset is ready for use. Once ready for use, the total accumulated payments are recorded in an asset register. Subsequent payments to complete the project are added to the capital asset in the asset register.

Where the department is not the custodian of the completed project asset, the asset is transferred to the custodian subsequent to completion.

17 Provisions and Contingents

17.1 Provisions

Provisions are recorded in the notes to the financial statements when there is a present legal or constructive obligation to forfeit economic benefits as a result of events in the past and it is probable that an outflow of resources embodying economic benefits or service potential will be required to settle the obligation and a reliable estimate of the obligation can be made. The provision is measured as the best estimate of the funds required to settle the present obligation at the reporting date.

17.2 Contingent liabilities

Contingent liabilities are recorded in the notes to the financial statements when there is a possible obligation that arises from past events, and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not within the control of the department or when there is a present obligation that is not recognised because it is not probable that an outflow of resources will be required to settle the obligation or the amount of the obligation cannot be measured reliably.

17.3 Contingent assets

Contingent assets are recorded in the notes to the financial statements when a possible asset arises from past events, and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not within the control of the department.

17.4 Capital commitments

Capital commitments are recorded at cost in the notes to the financial statements.

18 Unauthorised expenditure

Unauthorised expenditure is recognised in the statement of financial position until such time as the expenditure is either:

- approved by Parliament or the Provincial Legislature with funding and the related funds are received; or
- approved by Parliament or the Provincial Legislature without funding and is written off against the appropriation in the statement of financial performance; or
- transferred to receivables for recovery.

Unauthorised expenditure is measured at the amount of the confirmed unauthorised expenditure.

19 Fruitless and wasteful expenditure

Fruitless and wasteful expenditure is recorded in the notes to the financial statements when confirmed. The amount recorded is equal to the total value of the fruitless and or wasteful expenditure incurred.

Fruitless and wasteful expenditure is removed from the notes to the financial statements when it is resolved or transferred to receivables or written off.

Fruitless and wasteful expenditure receivables are measured at the amount that is expected to be recoverable and are de-recognised when settled or subsequently written-off as irrecoverable.

- 20 Irregular expenditure**
Irregular expenditure is recorded in the notes to the financial statements when confirmed after its assessment. The amount recorded is equal to the value of the irregular expenditure incurred unless it is impracticable to determine, in which case reasons therefor are provided in the note.
Irregular expenditure is reduced from the note when it is either condoned by the relevant authority, transferred to receivables for recovery, not condoned and removed or written-off.
Irregular expenditure receivables are measured at the amount that is expected to be recoverable and are de-recognised when settled or subsequently written-off as irrecoverable.
- 21 Changes in accounting estimates and errors**
Changes in accounting estimates are applied prospectively in accordance with MCS requirements.
Correction of errors is applied retrospectively in the period in which the error has occurred in accordance with MCS requirements, except to the extent that it is impracticable to determine the period-specific effects or the cumulative effect of the error. In such cases the department shall restate the opening balances of assets, liabilities and net assets for the earliest period for which retrospective restatement is practicable.
- 22 Events after the reporting date**
Events after the reporting date that are classified as adjusting events have been accounted for in the financial statements. The events after the reporting date that are classified as non-adjusting events after the reporting date have been disclosed in the notes to the financial statements.
- 23 Principal-Agent arrangements**
The department is party to a principal-agent arrangement for infrastructure services. In terms of the arrangement the department is the principal and is responsible for providing funds for these activities. All related revenues, expenditures, assets and liabilities have been recognised or recorded in terms of the relevant policies listed herein. Additional disclosures have been provided in the notes to the financial statements where appropriate.
- 24 Departures from the MCS requirements**
Management has concluded that the financial statements present fairly the department's primary and secondary information; that the department complied with the Standard.
- 25 Capitalisation reserve**
The capitalisation reserve comprises of financial assets and/or liabilities originating in a prior reporting period but which are recognised in the statement of financial position for the first time in the current reporting period. Amounts are recognised in the capitalisation reserves when identified in the current period and are transferred to the National/Provincial Revenue Fund when the underlying asset is disposed and the related funds are received.
- 26 Recoverable revenue**
Amounts are recognised as recoverable revenue when a payment made in a previous financial year becomes recoverable from a debtor in the current financial year. Amounts are either transferred to the National/Provincial Revenue Fund when recovered or are transferred to the statement of financial performance when written-off.
- 27 Related party transactions**
Related party transactions within the Minister/MEC's portfolio are recorded in the notes to the financial statements when the transaction is not at arm's length.
The number of individuals and the full compensation of key management personnel is recorded in the notes to the financial statements.
- 28 Inventories**
At the date of acquisition, inventories are recognised at cost in the statement of financial performance.
Where inventories are acquired as part of a non-exchange transaction, the inventories are measured at fair value as at the date of acquisition.
Inventories are subsequently measured at the lower of cost and net realisable value or where intended for distribution (or consumed in the production of goods for distribution) at no or a nominal charge, the lower of cost and current replacement value.
The cost of inventories is assigned by using the weighted average cost basis.
- 29 Public-Private Partnerships**
Public Private Partnerships are accounted for based on the nature and or the substance of the partnership. The transaction is accounted for in accordance with the relevant accounting policies.

A summary of the significant terms of the PPP agreement, the parties to the agreement, and the date of commencement thereof together with the description and nature of the concession fees received, the unitary fees paid, rights and obligations of the department are recorded in the notes to the financial statements.

30 Employee benefits

The value of each major class of employee benefit obligation (accruals, payables not recognised and provisions) is disclosed in the Employee benefits note.

AFS 7.2 Annual Appropriation

Included are funds appropriated in terms of the Appropriation Act (and the Adjustments Appropriation Act) for National Departments (Voted funds) and Provincial Departments:

AFS 7.2.1 Annual Appropriation

Table 203 Funds Appropriated i.t.o the Appropriation Act

ANNUAL APPROPRIATION	2021/22			2020/21	
	Final Appropriation	Actual Funds Received	Funds not requested/not received	Final Appropriation	Appropriation received
	R'000	R'000	R'000	R'000	R'000
Administration	262 073	262 073	-	228 215	228 215
District Health Services	2 837 568	2 837 568	-	2 458 013	2 458 013
Emergency Medical Services	410 603	410 603	-	425 246	245 246
Provincial Hospital Services	470 415	470 415	-	379 415	417,026
Central Hospital Services	1 212 972	1 212 972	-	1 177 107	1 177 107
Health Science and Training	156 242	156 242	-	147 111	147 111
Health Care Support Service	185 395	185 395	-	441 596	441 596
Health Facilities Management	379 983	379 983	-	359 335	359 335
TOTAL	5 915 251	5 915 251	-	5 616 038	5 616 038

AFS 7.2.2 Conditional Grants

Table 204 Conditional Grants

CONDITIONAL GRANTS	Note	2021/22	2020/21
		R'000	R'000
Total grants received	47	1 668 418	1 629 320
PROVINCIAL GRANTS INCLUDED IN TOTAL GRANTS RECEIVED			

AFS 7.2 Departmental Revenue

Table 205 Departmental Revenue

DEPARTMENTAL REVENUE	Note	2021/22	2020/21
		R'000	R'000
Tax revenue		-	-
Sales of goods and services other than capital assets	2.1	25 454	22 417
Interest, dividends and rent on land	2.2	12	15
Sales of capital assets	2.3	5 539	98
Transactions in financial assets and liabilities	2.4	868	846
Total revenue collected		31 873	23 376
Less: Own revenue included in appropriation	13	31 873	23 376
DEPARTMENTAL REVENUE COLLECTED		-	-

AFS 7.2.1 Sale of Goods and Services Other than Capital Assets

Table 206 Sale of Goods and Services Other than Capital Assets

SALE OF GOODS AND SERVICES OTHER THAN CAPITAL ASSETS	Note	2021/22	2020/21
	2	R'000	R'000
Sales of goods and services produced by the department		25 454	22 417
Sales by market establishment		1 688	1 546
Administrative fees		2 769	2 805
Other sales		20 997	18 066
Sales of scrap, waste and other used current goods		-	-
TOTAL		25 454	22 417

AFS 7.2.2 Interest, Dividends and Rent on Land

Table 207 Interest, Dividends and Rent on Land

INTEREST, DIVIDENDS AND RENT ON LAND	Note	2021/22	2020/21
	<u>2</u>	R'000	R'000
Interest		12	15
Dividends		-	-
Rent on land		-	-
TOTAL		12	15

AFS 7.2.3 Sale of Capital Assets

Table 208 Sale of Capital Assets

SALE OF CAPITAL ASSETS	Note	2021/22	2020/21
	<u>2</u>	R'000	R'000
Tangible assets		5 539	98
Machinery and equipment	39	5 539	98
TOTAL		5 539	98

AFS 7.2.4 Transactions in Financial Assets and Liabilities

Table 209 Transactions in Financial Assets and Liabilities

TRANSACTIONS IN FINANCIAL ASSETS AND LIABILITIES	Note	2021/22	2020/21
	<u>2</u>	R'000	R'000
Other Receipts including Recoverable Revenue		868	846
TOTAL		868	846

AFS 7.3 Aid Assistance

Table 210 Aid Assistance

AID ASSISTANCE	Note	2021/22	2020/21
	<u>3</u>	R'000	R'000
Opening Balance		3 968	3 796
Prior period error		-	-
As restated		3 968	3 796
Transferred from statement of financial performance		1 529	172
Transfers to or from retained funds		-	-
Paid during the year		-	-
CLOSING BALANCE		5 497	3 968

AFS 7.3.1 Analysis of Balance by Source

Table 211 Analysis of Balance by Source

ANALYSIS OF BALANCE BY SOURCE	Note	2021/22	2020/21
	<u>3</u>	R'000	R'000
Aid assistance from RDP		-	-
Aid assistance from other sources		5 497	3 968
CARA		-	-
CLOSING BALANCE	4	5 497	3 968

AFS 7.3.2 Analysis of Balance

Table 212 Analysis of Balance

ANALYSIS OF BALANCE	Note	2021/22	2020/21
	<u>3</u>	R'000	R'000
Aid assistance receivable		-	-
Aid assistance prepayments (not expensed)		-	-
Aid assistance unutilised		5 497	3 968
Aid assistance repayable		-	-
CLOSING BALANCE	4	5 497	3 968
Aid Assistance not requested / not received		-	-

AFS 7.3.3 Aid Assistance Expenditure Per Economic Classification

Table 213 Aid Assistance Expenditure Per Economic Classification

AID ASSISTANCE EXPENDITURE PER ECONOMIC CLASSIFICATION	Note	2021/22	2020/21
	3	R'000	R'000
Current		2 267	35
Capital	10	-	-
Transfers and subsidies		695	-
TOTAL		2 962	35

AFS 7.4 Compensation of Employees

AFS 7.4.1 Salaries and Wages

Table 214 Salaries and Wages

SALARIES AND WAGES	Note	2021/22	2020/21
		R'000	R'000
Basic salary		1 967 234	1 942 257
Performance award		3 219	46
Service Based		3 291	2 178
Compensative/circumstantial		450 942	462 118
Periodic payments		-	-
Other non-pensionable allowances		558 920	433 127
TOTAL		2 983 606	2 839 726

AFS 7.4.2 Social Contributions

Table 215 Social Contributions

SOCIAL CONTRIBUTIONS	Note	2021/22	2020/21
		R'000	R'000
Employer contributions		-	-
Pension		223 324	223 367
Medical		145 098	135 999
UIF		-	1
Bargaining council		507	513
Official unions and associations		-	-
Insurance		-	-
Total		368 929	359 780
TOTAL COMPENSATION OF EMPLOYEES		3 352 535	3 199 506
Average number of employees		6 557	9 514

AFS 7.5 Goods and Services

Table 216 Goods and Services

GOODS AND SERVICES	Note	2021/22	2020/21
		R'000	R'000
Administrative fees		573	816
Advertising		4 920	2 854
Minor assets	6.1	4 123	5 438
Bursaries (employees)		27 711	358
Catering		7 944	9 269
Communication		33 542	17 715
Computer services	6.2	49 903	38 286
Consultants: Business and advisory services	6.9	1 592	1 493
Infrastructure and planning services		-	-
Laboratory services		116 690	126 897
Scientific and technological services		-	-
Legal services		22 582	10 348
Contractors		257 761	293 334
Agency and support/outsourced services		228 417	145 709
Entertainment		-	-
Audit cost - external	6.3	12 017	15 667
Fleet services		88 744	110 487
Inventory	6.4	778 373	725 518
Consumables	6.5	88 141	118 983
Housing		-	-

GOODS AND SERVICES	Note	2021/22	2020/21
		R'000	R'000
Operating leases		54 024	43 538
Property payments	6.6	286 627	286 475
Rental and hiring		11 034	606
Transport provided as part of the departmental activities		45 807	22 309
Travel and subsistence	6.7	35 264	29 222
Venues and facilities		1 639	1 009
Training and development		2 333	13 042
Other operating expenditure	6.8	3 341	4 778
TOTAL		2 163 102	2 024 151

AFS 7.5.1 Minor Assets

Table 217 Minor Assets

MINOR ASSETS	Note	2021/22	2020/21
	6	R'000	R'000
Tangible assets		4 123	5 438
Buildings and other fixed structures		-	-
Biological assets		-	-
Heritage assets		-	-
Machinery and equipment		4 123	5 438
Transport assets		-	-
Specialised military assets		-	-
Intangible assets		-	-
Software		-	-
Mastheads and publishing titles		-	-
Patents, licences, copyright, brand names, trademarks		-	-
Recipes, formulae, prototypes, designs, models		-	-
Services and operating rights		-	-
TOTAL		4 123	5 438

AFS 7.5.2 Computer Services

Table 218 Computer Services

COMPUTER SERVICES	Note	2021/22	2020/21
	6	R'000	R'000
SITA computer services		9 005	12 324
External computer service providers		40 898	25 962
TOTAL		49 903	38 286

AFS 7.5.3 Audit Cost - External

Table 219 Audit Cost - External

AUDIT COST - EXTERNAL	Note	2021/22	2020/21
	6	R'000	R'000
Regularity audits		12 017	15 667
TOTAL		12 017	15 667

AFS 7.5.4 Inventory

Table 220 Inventory

INVENTORY	Note	2021/22	2020/21
	6	R'000	R'000
Clothing material and accessories		4 429	1 893
Farming supplies		-	-
Food and food supplies		28 851	29 934
Fuel, oil and gas		15 747	7 346
Materials and supplies		17 422	24 432
Medical supplies		276 300	253 524
Medicine		435 624	406 736
TOTAL		778 373	725 518

AFS 7.5.5 Consumables

Table 221 Consumables

CONSUMABLES	Note	2021/22	2020/21
	6	R'000	R'000
Consumable supplies		58 111	94 641
Uniform and clothing		-	-
Household supplies		57 498	93 721
Building material and supplies		-	-
Communication accessories		-	-
IT consumables		613	920
Other consumables		-	-
Stationery, printing and office supplies		30 030	24 342
TOTAL		88 141	118 983

AFS 7.5.6 Property Payments

Table 222 Property Payments

PROPERTY PAYMENTS	Note	2021/22	2020/21
	6	R'000	R'000
Municipal services		73 976	85 269
Property maintenance and repairs		16 881	32 779
Other		195 770	168 427
TOTAL		286 627	286 475

AFS 7.5.7 Travel and Subsistence

Table 223 Travel and Subsistence

TRAVEL AND SUBSISTENCE	Note	2021/22	2020/21
	6	R'000	R'000
Local		34 430	28 937
Foreign		834	285
TOTAL		35 264	29 222

AFS 7.5.8 Other Operating Expenditure

Table 224 Other Operating Expenditure

OTHER OPERATING EXPENDITURE	Note	2021/22	2020/21
	6	R'000	R'000
Professional bodies, membership and subscription fees		-	-
Resettlement costs		-	-
Other		3 341	4 778
TOTAL		3 341	4 778

AFS 7.6 Interest and Rent on Land

Table 225 Interest and Rent on Land

INTEREST AND RENT ON LAND	Note	2021/22	2020/21
		R'000	R'000
Interest paid		13 338	5 128
TOTAL		13 338	5 128

AFS 7.7 Transfers and Subsidies

Table 226 Transfers and Subsidies

TRANSFERS AND SUBSIDIES	Note	2021/22	2020/21
		R'000	R'000
Provinces and municipalities	48, 49	9 004	578
Public corporations and private enterprises	Ann 1D	33	-
Non-profit institutions	Ann 1F	-	-
Households	Ann 1G	40 034	76 416
TOTAL		49 071	76 994

AFS 7.8 Expenditure for Capital Assets

Table 227 Expenditure for Capital Assets

EXPENDITURE FOR CAPITAL ASSETS	Note	2021/22	2020/21
		R'000	R'000
Tangible assets		305 346	231 423
Buildings and other fixed structures	40	240 487	113 329
Machinery and equipment	39	64 859	118 094
Intangible assets		-	420
Software	40	-	420
TOTAL		305 346	231 843

AFS 7.8.1 Analysis of Funds Utilised to Acquire Capital Assets

Table 228 Analysis of Funds Utilised to Acquire Capital Assets

FUNDS UTILISED TO ACQUIRE CAPITAL ASSETS	2021/22			2020/21		
	Voted funds	Aid assistance	Total	Voted funds	Aid assistance	Total
	R'000	R'000	R'000	R'000	R'000	R'000
Tangible assets	-	-	-	231 423	-	231 423
Buildings and other fixed structures	240 487	-	240 487	113 329	-	113 329
Machinery and equipment	64 859	-	64 859	118 094	-	118 094
Intangible assets	-	-	-	-	-	-
Software	-	-	-	420	-	420
TOTAL	305 346	-	305 346	231 843	-	231 843

AFS 7.8.2 Finance Lease Expenditure Included in Expenditure for Capital Assets

Table 229 Finance Lease Expenditure Included in Expenditure for Capital Assets

FINANCE LEASE EXPENDITURE INCLUDED IN EXPENDITURE FOR CAPITAL ASSETS	Note	2021/22	2020/21
		R'000	R'000
Tangible assets		-	13 210
Buildings and other fixed structures		-	-
Machinery and equipment		-	13 210
TOTAL		-	13 210

AFS 7.9 Unauthorised Expenditure

AFS 7.9.1 Reconciliation of Unauthorised Expenditure

Table 230 Reconciliation of Unauthorised Expenditure

RECONCILIATION OF UNAUTHORISED EXPENDITURE	Note	2021/22	2020/21
		R'000	R'000
Opening balance		406 926	482 779
Prior period error		-	-
As restated		406 926	482 779
Unauthorised expenditure – discovered in current year (as restated)		-	253 793
Less: Amounts approved by Parliament/Legislature with funding		-	(329 646)
Less: Amounts approved by Parliament/Legislature without funding and derecognised		-	-
Capital		-	-
Current		-	-
Transfers and subsidies		-	-
Less: Amounts recoverable	15	-	-
Less: Amounts written off		-	-
Closing balance		406 926	406 926
Analysis of closing balance		-	-
Unauthorised expenditure awaiting authorisation	10	-	-
Unauthorised expenditure approved without funding and not derecognised	10	-	-
TOTAL		406 926	406 926

AFS 7.9.2 Analysis of Unauthorised Expenditure Awaiting Authorisation Per Economic Classification

Table 231 Analysis of Unauthorised Expenditure Awaiting Authorisation Per Economic Classification

ANALYSIS OF UNAUTHORISED EXPENDITURE AWAITING AUTHORISATION PER ECONOMIC CLASSIFICATION	Note	2021/22	2020/21
		R'000	R'000
Capital		-	-
Current		384 762	384 762
Transfers and subsidies		22 164	22 164
TOTAL		406 926	406 926

AFS 7.9.3 Analysis of Unauthorised Expenditure Awaiting Authorisation Per Type

Table 232 Analysis of Unauthorised Expenditure Awaiting Authorisation Per Type

ANALYSIS OF UNAUTHORISED EXPENDITURE AWAITING AUTHORISATION PER TYPE	Note	2021/22	2020/21
		R'000	R'000
Unauthorised expenditure relating to overspending of the vote or a main division within a vote		406 926	406 929
Unauthorised expenditure incurred not in accordance with the purpose of the vote or main division		-	-
TOTAL		406 926	406 926

AFS 7.9.4 Details of Unauthorised Expenditure – Current Year

Table 233 Details of Unauthorised Expenditure

DETAILS OF UNAUTHORISED EXPENDITURE		2021/22
Incident	Disciplinary steps taken/criminal proceedings	R'000
None identified	None identified during the year	-
TOTAL		-

AFS 7.10 Cash and Cash Equivalents

Table 234 Case and Cash Equivalents

CASH AND CASH EQUIVALENTS	Note	2021/22	2020/21
		R'000	R'000
Consolidated Paymaster General Account		1	-
Cash receipts		-	-
Disbursements		-	-
Cash on hand		-	-
Investments (Domestic)		-	-
Investments (Foreign)		-	-
TOTAL		1	-

AFS 7.11 Receivables

Table 235 Receivables

RECEIVABLES	Note	2021/22			2020/21		
		Current	Non-current	Total	Current	Non-current	Total
		R'000	R'000	R'000	R'000	R'000	R'000
Claims recoverable	15.1	-	-	-	-	-	-
Trade receivables	15.2	-	-	-	-	-	-
Recoverable expenditure	15.3	6 297	-	6 297	17 072	-	17 072
Staff debt	15.4	2 592	24 538	27 130	392	20 606	20 998
Fruitless and wasteful expenditure	15.6	-	25	25	-	25	25
Other receivables	15.5	-	-	-	-	-	-
TOTAL		8 889	24 563	33 452	17 464	20 631	38 095

AFS 7.11.1 Claims Recoverable

Table 236 Claims Recoverable

CLAIMS RECOVERABLE	Note	2021/22	2020/21
	15	R'000	R'000
Provincial departments		-	-
TOTAL		-	-

AFS 7.11.2 Recoverable Expenditure (Disallowance Accounts)

Table 237 Recoverable Expenditure (Disallowance Accounts)

RECOVERABLE EXPENDITURE (DISALLOWANCE ACCOUNTS)	Note	2021/22	2020/21
	15	R'000	R'000
Sal: UIF		-	-
Sal: Income tax		474	-
Sal: ACB Recalls		426	23
Sal: Tax debt		230	508
Sal: Deduction disallowance		41	65
Sal: Reversal Control		340	3 617
Sal: Recoverable		4 775	12 849
Sal: Medical Aid		6	10
Sal: Pension		5	-
Sal: Insurance Deduction		-	-
TOTAL		6 297	17 072

AFS 7.11.3 Staff Debt

Table 238 Staff Debt

STAFF DEBT	Note	2021/22	2020/21
	15	R'000	R'000
Debt		27 130	20 998
TOTAL		27 130	20 998

AFS 7.11.4 Fruitless and Wasteful Expenditure

Table 239 Fruitless and Wasteful Expenditure

FRUITLESS AND WASTEFUL EXPENDITURE	Note	2021/22	2020/21
	15	R'000	R'000
Opening balance		25	25
Less amounts recovered		-	-
Less amounts written off		-	-
Transfers from note 32 Fruitless and Wasteful Expenditure		-	-
Interest		-	-
TOTAL		25	25

AFS 7.11.5 Impairment of Receivables

Table 240 Impairment of Receivables

IMPAIRMENT OF RECEIVABLES	Note	2021/22	2020/21
		R'000	R'000
Estimate of impairment of receivables		6 213	5 611
TOTAL		6 213	5 611

AFS 7.12 Voted Funds to be Surrendered to the Revenue Fund

Table 241 Voted Funds to be Surrendered to the Revenue Fund

VOTED FUNDS TO BE SURRENDERED TO THE REVENUE FUND	Note	2021/22	2020/21
		R'000	R'000
Opening balance		332 211	46 738
Prior period error	18.2	-	-
As restated		332 211	46 738
Transfer from statement of financial performance (as restated)		31 859	78 416
Add: Unauthorised expenditure for current year	11	-	253 793
Voted funds not requested/not received	1.1	-	-
Transferred to retained revenue to defray excess expenditure (PARLIAMENT/LEGISLATURES ONLY)	18.1	-	-
Paid during the year		(332 856)	(46 736)
CLOSING BALANCE		31 856	332 211

AFS 7.13 Departmental Revenue and NRF Receipts to be Surrendered to the Revenue Fund

Table 242 Departmental Revenue and NRF Receipts to be Surrendered to the Revenue Fund

Departmental Revenue and NRF Receipts to be Surrendered to the Revenue Fund	Note	2021/22	2020/21
		R'000	R'000
Opening balance		4 237	2 639
Prior period error	19.1	-	-
As restated		4 237	2 639
Transfer from Statement of Financial Performance (as restated)		-	-
Own revenue included in appropriation		31 873	23 376
Transfer from aid assistance	4	-	-
Transfer to voted funds to defray expenditure (Parliament/Legislatures ONLY)	18.1	-	-
Paid during the year		(31 218)	(21 778)
CLOSING BALANCE		4 892	4 237

AFS 7.14 Bank Overdraft

Table 243 Bank Overdraft

BANK OVERDRAFT	Note	2021/22	2020/21
		R'000	R'000
Consolidated Paymaster General Account		393 936	100 455
Fund requisition account		-	-
Overdraft with commercial banks (Local)		-	-
Overdraft with commercial banks (Foreign)		-	-
TOTAL		393 936	100 455

AFS 7.15 Payables - Current

Table 244 Bank Payables - Current

PAYABLES - CURRENT	Note	2021/22	2020/21
		R'000	R'000
Amounts owing to other entities		-	-
Advances received	21.1	-	-
Clearing accounts	21.2	1 358	2 021
Other payables	21.3	2 840	2 129
TOTAL		4 198	4 150

AFS 7.15.1 Clearing Accounts

Table 245 Clearing Accounts

CLEARING ACCOUNTS	Note	2021/22	2020/21
	21	R'000	R'000
Sal: Disallowance Account		-	4
Sal: Pension		-	254
Sal: Bargaining Council		-	-
Sal: Finance Other Institutions		-	14
Sal: Reversal Control		-	-
Sal: Garnishee Order		216	186
Sal: Tax Debt		-	-
Sal: Subscription Professional Bodies		-	-
Sal: Income Tax		-	1 024
Sal: GEHS Refund Control		1 142	539
TOTAL		1 358	2 021

AFS 7.15.2 Other Payables

Table 246 Other Payables

OTHER PAYABLES	Note	2021/22	2020/21
	21	R'000	R'000
Debt receivable income		874	643
Debt receivable interest		1 966	1 486
TOTAL		2 840	2 129

AFS 7.16 Net Cash Flow Available from Operating Activities

Table 247 Net Cash Flow Available from Operating Activities

NET CASH FLOW AVAILABLE FROM OPERATING ACTIVITIES	Note	2021/22	2020/21
		R'000	R'000
Net surplus/(deficit) as per Statement of Financial Performance		33 388	78 588
Add back non cash/cash movements not deemed operating activities		(23 129)	512 444
(Increase)/decrease in receivables		8 575	(5 481)
(Increase)/decrease in prepayments and advances		-	-
(Increase)/decrease in other current assets		-	329 646
Increase/(decrease) in payables - current		48	1 672
Proceeds from sale of capital assets		(5 538)	(98)
Proceeds from sale of investments		-	-
(Increase)/decrease in other financial assets		-	-
Expenditure on capital assets		305 346	231 843
Surrenders to Revenue Fund		(363 432)	(68 514)
Surrenders to RDP Fund/Donor		-	-
Voted funds not requested/not received		-	-
Own revenue included in appropriation		31 873	23 376
Other non-cash items		-	-
NET CASH FLOW GENERATED BY OPERATING ACTIVITIES		10 259	591 032

AFS 7.17 Reconciliations of Cash and Cash Equivalents for Cash Flow Purposes

Table 248 Reconciliations of Cash and Cash Equivalents for Cash Flow Purposes

RECONCILIATIONS OF CASH AND CASH EQUIVALENTS FOR CASH FLOW PURPOSES	Note	2021/22	2020/21
		R'000	R'000
Consolidated Paymaster General account		(393 935)	(100 455)
TOTAL		(393 935)	(100 455)

AFS 7.18 Contingent Liabilities and Contingent Assets

AFS 7.18.1 Contingent Liabilities

Table 249 Contingent Liabilities

CONTINGENT LIABILITIES	Note	2021/22	2020/21
		R'000	R'000
Liable to Nature		-	-
Motor vehicle guarantees Employees	Annex 3A	-	-
Housing loan guarantees Employees	Annex 3A	1 172	1 172
Other guarantees	Annex 3A	-	-
Claims against the department	Annex 3B	1 803 995	1 961 881
Intergovernmental payables (unconfirmed balances)	Annex 5	19 098	7 786
Environmental rehabilitation liability	Annex 3B	-	-
Other	Annex 3B	-	-
TOTAL		1 824 265	1 970 839

AFS 7.18.2 Contingent Assets

Table 250 Contingent Assets

CONTINGENT ASSETS	Note	2021/22	2020/21
		R'000	R'000
Nature of contingent asset		-	-
Labour matters		1 487	1 487
Motor vehicle accidents		190	190
OSD Overpayments		1 958	1 958
Other		929	929
TOTAL		4 564	4 564

AFS 7.19 Capital Commitments

Table 251 Capital Commitments

CAPITAL COMMITMENTS	Note	2021/22	2020/21
		R'000	R'000
Approved and contracted		-	-
Infrastructure commitments		116 520	200 479
Machinery and equipment		4 507	47 657
Transport equipment		-	15 917
TOTAL		121 027	264 053

AFS 7.20 Accruals and Payables Not Recognised

AFS 7.20.1 Payables Not Recognised

Table 252 Accruals

ACCRUALS		Note	2021/22	2020/21
Listed by economic classification			30 Days	R'000
		30+ Days	Total	Total
Goods and services	63 052	18 829	81 881	290 580
Interest and rent on land	-	-	-	-
Transfers and subsidies	-	-	-	-
Capital assets	-	-	-	13 836
Other	-	-	-	-
TOTAL	63 052	18 829	81 881	304 416
Listed by programme level				
Administration			6 566	26 482
District Health Services			36 110	204 341
Emergency Medical Services			3 361	18 113
Provincial Hospital services			-	43 853
Central Hospital Services			13 843	8 661
Health Sciences and Training			-	2 922
Health Care Support Services			-	44
Health Facilities Management			22 001	-
TOTAL			81 881	304 416

AFS 7.20.2 Payables Not Recognised

Table 253 Payables Not Recognised

PAYABLES NOT RECOGNISED		Note	2021/22	2020/21
			R'000	R'000
Listed by economic classification	30 Days	30+ Days	Total	Total
Goods and services	173 176	142 177	315 353	258 282
Interest and rent on land	-	-	-	-
Transfers and subsidies	-	-	-	49
Capital assets	-	-	-	27 439
Other	-	-	-	-
TOTAL	173 176	142 177	315 353	285 770
Listed by programme level				
Administration			244 514	12 082
District Health Services			20 177	105 819
Emergency Medical Services			14 561	16 907
Provincial Hospital services			8 075	17 276
Central Hospital Services			14 175	28 657
Health Sciences and Training			-	7 637
Health Care Support Services			13 851	97 211
Health Facilities Management			-	181
TOTAL			315 353	285 770
Included in the above totals are the following:				
Confirmed balances with other departments		Annex 5	6 061	15 677
Confirmed balances with other government entities		Annex 5	-	-
TOTAL			6 061	15 677

AFS 7.21 Employee Benefits

Table 254 Employee Benefits

EMPLOYEE BENEFITS	Note	2021/22	2020/21
		R'000	R'000
Leave entitlement		139 675	159 179
Service bonus		72 881	73 174
Performance awards		50 784	50 613
Capped leave		23 810	28 321
Other		2 498	2 223
TOTAL		289 648	313 510

At this stage the department is not able to reliably measure the long term portion of the long service awards.

AFS 7.22 Lease Commitments

AFS 7.22.1 Operating Leases

Table 255 Operating Leases

2021/22	Specialised military equipment	Land	Buildings and other fixed structures	Machinery and equipment	Total
	R'000	R'000	R'000	R'000	R'000
Not later than 1 year	-	-	2 739	-	2 739
Later than 1 year and not later than 5 years	-	-	1 201	-	1 201
Later than five years	-	-	-	-	-
TOTAL LEASE COMMITMENTS			3 940		3 940
2020/21	Specialised military equipment	Land	Buildings and other fixed structures	Machinery and equipment	Total
	R'000	R'000	R'000	R'000	R'000
Not later than 1 year	-	-	2 491	-	2 491
Later than 1 year and not later than 5 years	-	-	3 940	-	3 940
Later than five years	-	-	-	-	-
TOTAL LEASE COMMITMENTS			6 431		6 431

AFS 7.22.2 Finance Leases

Table 256 Finance Leases

2021/22	Specialised military equipment	Land	Buildings and other fixed structures	Machinery and equipment	Total
	R'000	R'000	R'000	R'000	R'000
Not later than 1 year	-	-	-	6 465	6 465
Later than 1 year and not later than 5 years	-	-	-	-	-
Later than five years	-	-	-	-	-
TOTAL LEASE COMMITMENTS	-	-	-	6 465	6 465

2020/21	Specialised military equipment	Land	Buildings and other fixed structures	Machinery and equipment	Total
	R'000	R'000	R'000	R'000	R'000
Not later than 1 year	-	-	-	12 453	12 453
Later than 1 year and not later than 5 years	-	-	-	955	955
Later than five years	-	-	-	-	-
TOTAL LEASE COMMITMENTS	-	-	-	13 408	13 408

AFS 7.23 Accrued Departmental Revenue

Table 257 Accrued Departmental Revenue

ACCRUED DEPARTMENTAL REVENUE	Note	2021/22	2020/21
		R'000	R'000
Sales of goods and services other than capital assets		38 802	59 026
TOTAL		38 802	59 026

AFS 7.23.1 Analysis of Accrued Departmental Revenue

Table 258 Analysis of Accrued Departmental Revenue

ANALYSIS OF ACCRUED DEPARTMENTAL REVENUE	Note	2021/22	2020/21
		R'000	R'000
Opening balance		59 026	73 615
Less: amounts received		(19 445)	(16 035)
Add: amounts recorded		40 015	32 226
Less: amounts written-off/reversed as irrecoverable		(40 794)	(30 780)
CLOSING BALANCE		38 802	59 026

AFS 7.23.2 Accrued Departmental Revenue Written Off

Table 259 Accrued Departmental Revenue Written Off

ACCRUED DEPARTMENTAL REVENUE WRITTEN OFF	Note	2021/22	2020/21
		R'000	R'000
Nature of losses		40 794	30 780
TOTAL		40 794	30 780

AFS 7.23.3 Impairment of Accrued Departmental Revenue

Table 260 Impairment of Accrued Departmental Revenue

IMPAIRMENT OF ACCRUED DEPARTMENTAL REVENUE	Note	2021/22	2020/21
		R'000	R'000
Estimate of impairment of accrued departmental revenue		29 157	51 401
TOTAL		29 157	51 401

AFS 7.24 Irregular Expenditure

AFS 7.24.1 Reconciliation of Irregular Expenditure

Table 261 Reconciliation of Irregular Expenditure

RECONCILIATION OF IRREGULAR EXPENDITURE	Note	2021/22	2020/21
		R'000	R'000
Opening balance		8 664 163	7 411 246
Prior period error		-	-
As restated		8 664 163	7 411 246
Add: Irregular expenditure – relating to prior year		22 039	596 578
Add: Irregular expenditure – relating to current year		684 424	685 339
Closing balance		9 370 626	8 664 163
Analysis of closing balance		-	-
Current year		684 424	656 339
Prior years		8 686 202	8 007 824
TOTAL		9 370 626	8 664 163

AFS 7.24.2 Details of Current and Prior Year Irregular Expenditure – Added Current Year (Under Determination and Investigation)

Table 262 Details of Current and Prior Year Irregular Expenditure – Added Current Year (Under Determination and Investigation)

Incident	Disciplinary steps taken/criminal proceedings	2021/22
		R'000
Good and services procured irregularly through Supply Chain Management	-	323 803
Irregular expenditure through implementing agents	-	382 660
TOTAL		706 463

AFS 7.24.3 Prior Period Error

Table 263 Prior Period Error

PRIOR PERIOD ERROR	Note	2021/22
		R'000
Nature of prior period error		-
Relating to 2021/22 [affecting the opening balance]		-
Relating to 2020/21		-
TOTAL		-

AFS7.25 Fruitless and Wasteful Expenditure

AFS 7.25.1 Reconciliation of Fruitless and Wasteful Expenditure

Table 264 Reconciliation of Fruitless and Wasteful Expenditure

RECONCILIATION OF FRUITLESS AND WASTEFUL EXPENDITURE	Note	2021/22	2020/21
		R'000	R'000
Opening balance		79 908	74 780
Prior period error		-	-
As restated		79 908	74 780
Fruitless and wasteful expenditure – relating to current year		13 338	5 128
Less: Amounts recoverable	15.6	-	-
CLOSING BALANCE		93 246	79 908

AFS 7.25.2 Details of Current and Prior Year Fruitless and Wasteful Expenditure – Added Current Year (Under Determination and Investigation)

Table 265 Details of Current and Prior Year Fruitless and Wasteful Expenditure – Added Current Year (Under Determination and Investigation)

Incident	Disciplinary steps taken/criminal proceedings	2021/22
		R'000
Interest paid: local government on water and electricity	None	6 487
Interest paid: overdue accounts	None	6 851
TOTAL		13 338

AFS 7.26 Related Party Transactions

Table 266 Related Party Transactions

PAYMENTS MADE	Note	2021/22	2020/21
		R'000	R'000
Compensation of employees		-	1 044
Goods and services		-	-
Interest and rent on land		-	-
Expenditure for capital assets		-	-
Payments for financial assets		-	-
Transfers and subsidies		-	-
TOTAL		-	1 044
Receivables from related parties		-	1 044
Payables to related parties		-	-
TOTAL		-	1 044

AFS 7.27 Key Management Personnel

Table 267 Key Management Personnel

KEY MANAGEMENT PERSONNEL	No. of Individuals	2021/22	2020/21
		R'000	R'000
Political office bearers (provide detail below)	1 (2)	1 978	2 135
Officials:	-	-	-
Level 15 to 16	1 (2)	1 892	2 034
Level 14	10 (12)	11 872	1 2281
Family members of key management personnel	4 (4)	1 620	2 182
TOTAL		17 362	18 632

AFS 7.28 Non-Adjusting Events After Reporting Date

Table 268 Non-Adjusting Events After Reporting Date

NON-ADJUSTING EVENTS AFTER REPORTING DATE	2021/22
Nature of event	R'000
Include an estimate of the financial effect of the subsequent non-adjusting events or a statement that such an estimate cannot be made.	-
TOTAL	-

AFS 7.29 Movable Tangible Capital Assets

AFS 7.29.1 Movement for 2021/2022

Table 269 Movement in Movable Tangible Capital Assets Per Asset Register for the Year Ended 31 March 2022

MOVEMENT IN MOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER	Opening balance	Value adjustments	Additions	Disposals	Closing Balance
	R'000	R'000	R'000	R'000	R'000
HERITAGE ASSETS	-	-	-	-	-
Heritage assets	-	-	-	-	-
MACHINERY AND EQUIPMENT	1 314 600	-	53 475	5 440	1 362 635
Transport assets	251 971	-	14 575	5 440	261 106
Computer equipment	70 538	-	6 781	-	77 319
Furniture and office equipment	50 616	-	2 252	-	52 868
Other machinery and equipment	941 475	-	29 867	-	971 342
SPECIALISED MILITARY ASSETS	-	-	-	-	-
Specialised military assets	-	-	-	-	-
BIOLOGICAL ASSETS	-	-	-	-	-
Biological assets	-	-	-	-	-
TOTAL MOVABLE TANGIBLE CAPITAL ASSETS	1 314 60	-	53 475	5 440	1 362 635

Table 270 Movable Tangible Capital Assets under investigation

MOVABLE TANGIBLE 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:	-	-
Heritage assets	-	-
Machinery and equipment	112	14 025
Specialised military assets	-	-
Biological assets	-	-

The investigation represents those assets where records are yet to be reviewed.

AFS 7.29.2 Movement for 2020/21

Table 271 Movement in Movable Tangible Capital Assets Per Asset Register for the Year Ended 31 March 2021

MOVEMENT 2020/21	Opening balance	Prior period error	Additions	Disposals	Closing Balance
	R'000	R'000	R'000	R'000	R'000
HERITAGE ASSETS	-	-	-	-	-
Heritage assets	-	-	-	-	-
MACHINERY AND EQUIPMENT	1 207 753	-	106 945	(98)	1 314 600
Transport assets	191 982	-	59 989	-	251 971
Computer equipment	69 176	-	1 362	-	70 538
Furniture and office equipment	44 279	-	6 337	-	50 616
Other machinery and equipment	902 316	-	39 257	(98)	941 475
SPECIALISED MILITARY ASSETS	-	-	-	-	-
Specialised military assets	-	-	-	-	-
BIOLOGICAL ASSETS	-	-	-	-	-
Biological assets	-	-	-	-	-
TOTAL MOVABLE TANGIBLE CAPITAL ASSETS	1 207 753	-	106 945	(98)	1 314 600

AFS 7.29.3 Prior Period Error: Movable Tangible Capital Assets

Table 272 Prior Period Error: Movable Tangible Capital Assets

PRIOR PERIOD ERROR: MOVABLE TANGIBLE CAPITAL ASSETS	Note	2020/21	
			R'000
Nature of prior period error		-	-
Major assets		-	-
Relating to 2020/21		-	-
TOTAL PRIOR PERIOD ERRORS		-	-

AFS 7.30 Minor Assets

AFS 7.30.1 Movement in Minor Assets Per Asset Register for the Year Ended 31 March 2022

Table 273 Movement in Minor Assets Per Asset Register for the Year Ended 31 March 2022

MOVEMENT IN MINOR ASSETS 2021/22	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	-	15 98	-	195 237	-	196 835
Value adjustments	-	-	-	-	-	-
Additions	-	40	-	4,371	-	4,410
Disposals	-	-	-	-	-	-
TOTAL MINOR ASSETS	-	1 638	-	199 608	-	201 246
	Specialised military assets	Intangible assets	Heritage assets	Machinery and equipment	Biological assets	Total
Number of R1 minor assets	-	6 100	-	41 916	-	48 016
Number of minor assets at cost	-	1 845	-	24 926	-	26 771
TOTAL NUMBER OF MINOR ASSETS	-	7 945	-	66 842	-	74 787

Management has applied the prudence principal to disclose the write-offs by reflecting the figures under the disposal provision.

Table 274 Minor Capital Assets under Investigation

MINOR CAPITAL ASSETS UNDER INVESTIGATION	Number	Value
		R'000
Included in the above total of the minor capital assets per the asset register are assets that are under investigation:	-	-
Specialised military assets	-	-
Intangible assets	-	-
Heritage assets	-	-
Machinery and equipment	59 388	415
Biological assets	-	-

These assets represent those which records are yet to be reviewed. Management is currently sourcing documents. The investigation also relates to the assets where the valuation is yet to be conducted.

AFS 7.30.2 Movement in Minor Assets Per Asset Register for the Year Ended 31 March 2021

Table 275 Movement in Minor Assets Per Asset Register for the Year Ended 31 March 2021

MOVEMENT IN MINOR ASSETS 2020/21	Specialised military assets	Intangible assets	Heritage assets	Machinery and equipment	Biological assets	Total
	R'000	R'000	R'000	R'000	R'000	R'000
Opening balance	-	1,598	-	190,715	-	192,313
Prior period error	-	-	-	-	-	-
Additions	-	-	-	4,522	-	4,522
Disposals	-	-	-	-	-	-
TOTAL MINOR ASSETS	-	1,598	-	195,237	-	196,835
	Specialised military assets	Intangible assets	Heritage assets	Machinery and equipment	Biological assets	Total
Number of R1 minor assets	-	6,100	-	41,916	-	48,016
Number of minor assets at cost	-	1,845	-	24,926	-	26,771
TOTAL NUMBER OF MINOR ASSETS	-	7,945	-	66,842	-	74,787

AFS 7.30.3 Prior Period Error: Minor Assets

Table 276 Prior Period Error: Minor Assets

PRIOR PERIOD ERROR: MINOR ASSETS	Note	2020/21	
			R'000
Nature of prior period error		-	-
Relating to 2021/22 [affecting the opening balance]		-	-
Relating to 2020/21		-	-
TOTAL		-	-

AFS 7.31 Movable Assets Written Off

AFS 7.31.1 Movable Assets Written Off for the Year Ended 31 March 2022

Table 277 Movable Assets Written Off for the Year Ended 31 March 2022

MOVABLE ASSETS WRITTEN OFF 2021/22	Specialised military assets	Intangible assets	Heritage assets	Machinery and equipment	Biological assets	Total
	R'000	R'000	R'000	R'000	R'000	R'000
Assets written off	-	-	-	-	-	-
TOTAL	-	-	-	-	-	-

AFS7.31.2 Movable Assets Written Off for the Year Ended 31 March 2021

Table 278 Movable Assets Written Off for the Year Ended 31 March 2021

MOVABLE ASSETS WRITTEN OFF 2020/21	Specialised military assets	Intangible assets	Heritage assets	Machinery and equipment	Biological assets	Total
	R'000	R'000	R'000	R'000	R'000	R'000
Assets written off	-	-	-	-	-	-
TOTAL	-	-	-	-	-	-

The minor assets deemed to be Goods & Services has been written off and will be managed as inventory. The write off also includes assets amounts which could not be substantiated.

AFS 7.32 Intangible Capital Assets

Table 279 Intangible Capital Assets

INTANGIBLE CAPITAL ASSETS	Opening balance	Additions	Disposals	Closing Balance
	R'000	R'000	R'000	R'000
Software	3 813	-	-	3 813
	-	-	-	-
Mastheads And Publishing Titles	-	-	-	-
	-	-	-	-
Patents, Licences, Copyright, Brand Names, Trademarks	-	-	-	-
	-	-	-	-
Recipes, Formulae, Prototypes, Designs, Models	-	-	-	-
	-	-	-	-
Services And Operating Rights	-	-	-	-
	-	-	-	-
TOTAL	3 813	-	-	3 813

Table 280 Intangible Capital Assets Under Investigation

INTANGIBLE CAPITAL ASSETS UNDER INVESTIGATION	Number	Value
		R'000
Included in the above total of the intangible capital assets per the asset register are assets that are under investigation:	-	-
Software	-	-
Mastheads and publishing titles	-	-
Patents, licences, copyright, brand names, trademarks	-	-
Recipes, formulae, prototypes, designs, models	-	-
Services and operating rights	-	-

AFS 7.32.1 Movement in Intangible Capital Assets Per the Asset Register for the Year Ended 31 March 2022

Table 281 Movement in Intangible Capital Assets Per the Asset Register for the Year Ended 31 March 2022

MOVEMENT IN INTANGIBLE CAPITAL ASSETS 2021/22	Opening balance	Prior period error	Additions	Disposals	Closing Balance
	R'000	R'000	R'000	R'000	R'000
Software	3 393	-	420	-	3 813
	-	-	-	-	-
Mastheads And Publishing Titles	-	-	-	-	-
	-	-	-	-	-
Patents, Licences, Copyright, Brand Names, Trademarks	-	-	-	-	-
	-	-	-	-	-
Recipes, Formulae, Prototypes, Designs, Models	-	-	-	-	-
	-	-	-	-	-
Services And Operating Rights	-	-	-	-	-
	-	-	-	-	-
TOTAL	3 393	-	420	-	3 813

AFS 7.32.2 Prior Period Error: Intangible Capital Assets

Table 282 Prior Period Error: Intangible Capital Assets

PRIOR ERROR: INTANGIBLE CAPITAL ASSETS	Note		2020/21
			R'000
Nature of prior period error			-
Relating to 2021/22 [affecting the opening balance]			-
Relating to 2020/21			-
TOTAL			-

AFS 7.33 Immovable Tangible Capital Assets

Table 283 Immovable Tangible Capital Assets

IMMOVABLE TANGIBLE CAPITAL ASSETS	Opening balance 1 April 2021	Additions	Disposals	Closing Balance 31 March 2022
	R'000	R'000	R'000	R'000
BUILDINGS AND OTHER FIXED STRUCTURES	2 638 466	322 876	-	2 961 342
Dwellings	-	-	-	-
Non-residential buildings	2 606 352	322 876	-	2 929 228
Other fixed structures	32 114	-	-	32 114
HERITAGE ASSETS	-	-	-	-
Heritage assets	-	-	-	-
LAND AND SUBSOIL ASSETS	-	-	-	-
Land	-	-	-	-
Mineral and similar non-regenerative resources	-	-	-	-
TOTAL	2 638 466	322 876	-	2 961 342

Table 284 Immovable Tangible Capital Assets Under Investigation

IMMOVABLE TANGIBLE CAPITAL ASSETS UNDER INVESTIGATION	Number	Value
		R'000
Included in the above total of the immovable tangible capital assets per the asset register are assets that are under investigation:	-	-
Buildings and other fixed structures	3	5 186
Heritage assets	-	-
Land and subsoil assets	-	-

Investigation relates to a prior year negative capitalization. Management is currently reviewing prior year working papers.

AFS 7.33.1 Movement in Immovable Tangible Capital Assets Per the Asset Register for the Year Ended 31 March 2021

Table 285 Movement in Immovable Tangible Capital Assets Per the Asset Register for the Year Ended 31 March 2021

MOVEMENT IN IMMOVABLE CAPITAL ASSETS 2020/21	Opening balance	Prior period error	Additions	Disposals	Closing Balance
	R'000	R'000	R'000	R'000	R'000
BUILDINGS AND OTHER FIXED STRUCTURES	2 555 040	50 339	33 087	-	2 638 466
Dwellings	-	-	-	-	-
Non-residential buildings	2 538 917	34 348	33 087	-	2 606 352
Other fixed structures	16 123	15 991	-	-	32 114
HERITAGE ASSETS	-	-	-	-	-
Heritage assets	-	-	-	-	-
LAND AND SUBSOIL ASSETS	-	-	-	-	-
Land	-	-	-	-	-
Mineral and similar non-regenerative resources	-	-	-	-	-
TOTAL IMMOVABLE TANGIBLE CAPITAL ASSETS	2 555 040	50 339	33 087	-	2 638 466

AFS 7.33.2 Prior Period Error: Immovable Tangible Capital Assets

Table 286 Prior Period Error: Immovable Tangible Capital Assets

PRIOR PERIOD ERROR: IMMOVABLE TANGIBLE CAPITAL ASSETS	Note	2020/21	
			R'000
Nature of prior period error		-	-
Immovable assets prior year opening balances		-	-
		-	50 339
Relating to 2020/21		-	-
		-	-
TOTAL		-	50 339

AFS 7.34 Capital Work in Progress (WIP)

Table 287 Capital Work in Progress as at 31 March 2022

CAPITAL WORK-IN-PROGRESS AS AT 31 MARCH 2022	Note	Opening balance 1 April 2021	Current Year WIP	Ready for use (Assets to the AR) / Contracts terminated	Closing balance 31 March 2022
	Annexure 7	R'000	R'000	R'000	R'000
Heritage assets	-	-	-	-	-
Buildings and other fixed structures	-	424 161	151 517	(230 787)	344 891
Machinery and equipment	-	-	-	-	-
Specialised military assets	-	-	-	-	-
Intangible assets	-	-	-	-	-
TOTAL		424 161	151 517	(230 787)	344 891

AFS 7.34.1 Payables not recognised relating to Capital WIP

Table 288 Payables not recognised relating to Capital WIP

PAYABLES NOT RECOGNISED RELATING TO CAPITAL WIP	Note	2021/22	2020/21
		R'000	R'000
[Amounts relating to progress certificates received but not paid at year end and therefore not included in capital work-in-progress]	-	-	-
-	-	-	-
TOTAL	-	-	-

AFS 7.34.2 Capital Work in Progress as at 31 March 2021

Table 289 Capital Work in Progress as at 31 March 2021

CAPITAL WIP AS AT 31 MARCH 2021	Note	Opening balance 1 April 2020	Prior period error	Current Year WIP	Ready for use (Assets to the AR) / Contracts terminated	Closing balance 31 March 2021
	Annexure 7	R'000	R'000	R'000	R'000	R'000
Heritage assets		-	-	-	-	-
Buildings and other fixed structures		504 986	(160 578)	79 753	-	424 161
Machinery and equipment		-	-	-	-	-
Specialised military assets		-	-	-	-	-
Intangible assets		-	-	-	-	-
TOTAL		504 986	(160 578)	79 753	-	424 161

The Annual Financial Statements has been adjusted to better reflect the fair presentation of the Annual Financial Statements.

AFS 7.35 Principal-Agent Arrangement

AFS 7.35.1 Department Acting as the Principal

Table 290 Department Acting as the Principal

DEPARTMENT ACTING AS THE PRINCIPAL	2021/22	2020/21
	R'000	R'000
Independent Development Trust	1 604	3 506
Bigen Africa services Pty (Ltd)	42 221	25 131
TOTAL	43 825	28 637

AFS 7.36 Prior Period Errors

AFS 7.36.1 Prior Period Errors: Expenditure

Table 291 Prior Period Errors: Expenditure

PRIOR PERIOD ERRORS: EXPENDITURE	Note	Amount bef error correction	Prior period error	Restated Amount
		2020/21	2020/21	2021/22
		R'000	R'000	R'000
Immovable Assets (WIP)		504 986	(160 578)	344 408
Immovable Assets (opening balances)		2 555 040	50 339	2 605 379
NET EFFECT		3 060 026	(110 239)	2 949 787

AFS 7.37 Statement of Conditional Grants Received

Table 292 Statement of Conditional Grants Received

STATEMENT OF CONDITIONAL GRANTS RECEIVED	2021/22									2020/2021	
	GRANT ALLOCATION					SPENT				Division of Revenue Act	Amount spent by department
	Division of Revenue Act/ Provincial Grants	Roll Overs	DORA Adjustments	Other Adjustments	Total Available	Amount received by department	Amount spent by department	Under / (Overspendin g)	% of available funds spent by department		
Name of Grant	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
National Tertiary Services Grant	397 756	-	-	-	397 756	397 756	397 758	-2	100 %	402 404	402 399
HIV, TB, HPV, Malaria and Community Outreach Grant	734 088	-	-	649	734 737	734 736	731 062	3 675	99 %	718 230	711 211
National Health Insurance	19 233	-	-	-	19 233	19 233	18 872	361	98 %	13 400	13 399
Health Facility Revitalisation Grant	379 637	-	-	-	379 637	379 637	379 637		100 %	357 033	356 637
Social Sector EPWP Grant for Provinces	6 183	-	-	-	6 183	6 183	865	318	95 %	6 138	6 138
EPWP Incentive Grant for Provinces		-	-	-	-	-	-	-	-	2 302	2 302
Statutory Human Resource and Training and Development Grant	128 149	-	-	2 724	130 873	130 873	130 873	-	100 %	129 813	129 813
TOTAL	1 665 046			3 373	1 668 419	1 668 418	1 664 067	4 352	100 %	1 629 320	1 621 909

AFS 7.38 Statement of Conditional Grants and Other Transfers Paid to Municipalities

Table 293 Statement of Conditional Grants and Other Transfers Paid to Municipalities

NAME OF MUNICIPALITY	2021/22							2020/21	
	GRANT ALLOCATION				TRANSFER			Division of Revenue Act	Actual transfer
	DoRA and other transfers	Roll Overs	Adjustments	Total Available	Actual Transfer	Funds Withheld	Re-allocations by National Treasury or National Department		
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Hantam Municipality	-	-	-	-	-	-	-	-	1
Karoo Hoogland	-	-	-	-	-	-	-	-	25
Richtersveld Municipality	-	-	-	-	-	-	-	-	3
South African Post Office	-	-	-	-	-	-	-	225	225
Ga-Segonyana Municipality	-	-	-	-	-	-	-	-	12
Sol Plaatje Municipality	-	-	-	-	-	-	-	13 792	260
Ubuntu Municipality	-	-	-	-	-	-	-	-	2
Khara Hais Municipality	-	-	-	-	-	-	-	-	34
Other	-	-	-	-	-	-	-	16	16
TOTAL	-	-	-	-	-	-	-	14 033	578

AFS 7.39 Broad Based Black Economic Empowerment Performance

Information on compliance with the B-BBEE Act is included in the annual report under the section titled B-BBEE Compliance Performance Information.

AFS 7.40 Covid-19 Response Expenditure

Table 294 Covid-19 Response Expenditure

COVID-19 RESPONSE EXPENDITURE	Note	2021/22	2020/21
	Annexure 11	R'000	R'000
Compensation of employees		15,673	6,029
Goods and services		162,832	131,631
Transfers and subsidies		-	51
Expenditure for capital assets		6,195	30,136
Other		-	-
TOTAL		184 700	167 847

AFS 7.41 Going Concern Assessment

Table 295 Going Concern Assessment

GOING CONCERN ASSESSMENT	Note	2021/22
		R'000
Current Assets		415 816
Unauthorised expenditure		406 926
Cash and cash equivalents		1
Receivables		8 889
TOTAL		415 816
		440 379
Voted funds to be surrendered to the Revenue Fund		31 856
Departmental revenue and NRF Receipts to be surrendered to the Revenue Fund		4 892
Payables		4 198
Bank overdraft		393 936
Aid assistance unutilised		5 497
Add: Current Liabilities in Notes		686 882
Accruals and payables not realised		397 234
Employee benefits		289 648
Total Current Liabilities		1 127 261
NET CURRENT LIABILITIES		(711 445)

Annexures to the Annual Financial Statements

ANNEXURE 1A: STATEMENT OF TRANSFERS/SUBSIDIES TO PUBLIC CORPORATIONS AND PRIVATE ENTERPRISES

Table 296 Statement of Statement of Transfers / Subsidies to Public Corporations and Private Enterprises

NAME OF PUBLIC CORPORATION/PRIVATE ENTERPRISE	TRANSFER ALLOCATION				EXPENDITURE				2020/21
	Adjusted Appropriation Act	Roll Overs	Adjustments	Total Available	Actual Transfer	% of Available funds Transferred	Capital	Current	Final Appropriation
	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000	R'000
Public Corporations	-	-	-	-	-	-	-	-	-
Transfers	-	-	-	-	-	-	-	-	-
Subsidies	-	-	-	-	-	-	-	-	-
TOTAL	-	-	-	-	-	-	-	-	-
Private Enterprises	-	-	-	-	-	-	-	-	-
Transfers	-	-	33	-	33	100%	-	-	-
Subsidies	-	-	-	-	-	-	-	-	-
TOTAL	-	-	33	-	33	100%	-	-	-

ANNEXURE 1B: STATEMENT OF TRANSFERS TO HOUSEHOLDS

Table 297 Statement of Statement of Transfers to Households

HOUSEHOLDS	TRANSFER ALLOCATION				EXPENDITURE			2020/21
	Adjusted Appropriation Act	Roll Overs	Adjustments	Total Available	Actual Transfer	% of Available funds Transferred	Final Appropriation	
	R'000	R'000	R'000	R'000	R'000	%	R'000	
Transfers	-	-	-	-	-	-	-	
H/H EMPL S/BEN: INJURY ON DUTY	-	-	-	-	-	-	1	
H/H EMPL S/BEN: LEAVE GRATUITY	9 711	-	-	9 711	783	132%	356	
H/H CLAIMS AGAINST THE STATE (CASH)	-	-	-	-	23 447	-	327	
H/H: BURSARIES (NON-EMPLOYEE)	114	-	-	114	294	20%	388	
H/H: DONATIONS 7 GIFTS (CASH)	-	-	-	-	510	-	344	
TOTAL	25 825	-	-	25 825	40 034	-	76 416	
Subsidies	-	-	-	-	-	-	-	
	-	-	-	-	-	-	-	
	-	-	-	-	-	-	-	
TOTAL	-	-	-	-	-	-	-	

ANNEXURE 1C: STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED

Table 298 Statement of Statement of Gifts, Donations and Sponsorships Received

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2021/22	2020/21
		R'000	R'000
Received in cash			
De Beers Group	Upgrade of ward at Robert Mangaliso Sobukwe Hospital	-	207
Subtotal		-	207
Received in kind			
-	-	-	-
Subtotal		-	-
TOTAL		-	207

ANNEXURE 2A: STATEMENT OF FINANCIAL GUARANTEES ISSUED AS AT 31 MARCH 2022 - LOCAL

Table 299 Statement of Financial Guarantees Issued as at 31 March 2022 - Local

Guarantor institution	Guarantee in respect of	Original guaranteed capital amount	Opening balance 1 April 2021	Guarantees draw downs during the year	Guarantees repayments/ cancelled/ reduced during the year	Revaluation due to foreign currency movements	Closing balance 31 March 2022	Revaluations due to inflation rate movements	Accrued guaranteed interest for year ended 31 March 2022
		R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000
Motor vehicles									
		-	-	-	-	-	-	-	-
Subtotal		-	-	-	-	-	-	-	-
Housing									
		-	-	-	-	-	-	-	-
Subtotal		-	-	-	-	-	-	-	-
Other									
		-	-	-	-	-	-	-	-
Subtotal		-	-	-	-	-	-	-	-
TOTAL		-	-	-	-	-	-	-	-

ANNEXURE 2B: STATEMENT OF CONTINGENT LIABILITIES AS AT 31 MARCH 2022

Table 300 Statement of Contingent Liabilities as at 31 March 2022

Nature of Liability	Opening Balance	Liabilities incurred during the year	Liabilities paid/cancelled/reduced during the year	Liabilities recoverable (Provide details hereunder)	Closing Balance
	1 April 2021				31 March 2022
	R'000	R'000	R'000	R'000	R'000
Claims against the department					
Medico Legal cases	1 656 795	366 619	459 188	-	1 564 226
Breach of contract	285 715	-	73 863	-	211 852
Motor vehicle accidents	7 458	172	7 205	-	425
Labour matters	7 503	-	508	-	6 995
Others	4 410	16 986	899	-	20 497
TOTAL	1 961 881	383 777	541 663	-	1 803 995

ANNEXURE 3: CLAIMS RECOVERABLE

Table 301 Claims Recoverable

Government Entity	Confirmed balance outstanding		Unconfirmed balance outstanding		Total		Cash in transit at year end 2021/22 *	
	31/03/2022	31/03/2021	31/03/2022	31/03/2021	31/03/2022	31/03/2021	Receipt date up to six (6) working days after year end	Amount
	R'000	R'000	R'000	R'000	R'000	R'000		R'000
Department								
National Department of Justice	10	10	-	-	10	10		
National Department of Public Works	-	-	-	-	-	-		
National Department of Health	-	-	17 700	17 700	17 700	17 700		
Free State Department of Health	-	-	6 921	5 247	6 921	5 247		
Gauteng Department of Health	-	-	771	656	771	656		
Limpopo Department of Health	-	-	-	-	-	-		
Western Cape Department of Health	-	-	5 320	1 077	5 320	1 077		
Northern Cape Department of Environment	71	71	-	-	71	71		
Eastern Cape Department of Health	-	-	85	-	85	-		
Norther Cape Department of Economic Dev	-	-	-	-	-	-		
North West Department of Public Works	-	-	49	49	49	49		
Northern Cape Provincial Treasury	-	-	111	111	111	111		
NC Sports, Arts and Culture	-	-	-	-	-	-		
Northern Cape Department of Roads and Public Works	-	-	356	200	356	200		
KZN	-	-	177	203	177	203		
Northern Cape FET	-	-	124	124	124	124		
Western Cape Correctional Service	-	-	19	19	19	19		

Government Entity	Confirmed balance outstanding		Unconfirmed balance outstanding		Total		Cash in transit at year end 2021/22 *	
	31/03/2022	31/03/2021	31/03/2022	31/03/2021	31/03/2022	31/03/2021	Receipt date up to six (6) working days after year end	Amount
	R'000	R'000	R'000	R'000	R'000	R'000		R'000
Northern Cape Department of Social Development	-	-	602	602	602	602		
Northern Cape Department of Agriculture	-	-	180	-	180	-		
Mpumalanga Department of Health	-	-	94	-	94	-		
NC Office of the Premier	-	1 044	-	-	-	1 044		
TOTAL	81	1 125	32 509	25 988	32 590	27 113		

ANNEXURE 4: INTER-GOVERNMENTAL PAYABLES

Table 302 Inter-Governmental Payables

GOVERNMENT ENTITY	Confirmed balance outstanding		Unconfirmed balance outstanding		TOTAL		Cash in transit at year end 2021/22 *	
	31/03/2021	31/03/2022	31/03/2021	31/03/2022	31/03/2021	31/03/2022	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
Department								
Current								
National Department of Health	-	-	-	-	-	-		
National Department of Justice	952	-	2 519	3 435	3 471	3 435		
NC Public Works	-	-	15 063	-	15 063	-		
FS Health	4 788	4 788	-	-	4 788	4 788		
NW Health	-	-	8	53	8	53		
NC Office of the Premier	-	-	1 358	1 358	1 358	1 358		
WC Health	11	-	-	-	11	-		
EC Health	76	76	-	-	76	76		
Limpopo Health	-	-	150	150	150	150		
SAPS	-	61	-	-	-	61		
NC Sport, Arts, and Culture	37	-	-	-	37	-		
NC Social Development	197	197	-	-	197	197		
TOTAL INTERGOVERNMENTAL PAYABLES	6 061	5 122	19 098	4 996	25 159	10 118		

ANNEXURE 5A: INVENTORIES FOR THE YEAR ENDED 31 MARCH 2022

Table 303 Inventories for the year ended 31 March 2022

INVENTORIES FOR THE YEAR ENDED 31 MARCH 2022	Insert major category of inventory	Insert major category of inventory	Insert major category of inventory	Insert major category of inventory	TOTAL
	R'000	R'000	R'000	R'000	R'000
Opening balance	51 850				51 850
Add/(Less): Adjustments to prior year balances	-	-	-	-	-
Add: Additions/Purchases – Cash	352 207	-	-	-	352 207
Add: Additions - Non-cash	352	-	-	-	352
(Less): Disposals	-	-	-	-	-
(Less): Issues	(348 516)	-	-	-	(348 516)
Add/(Less): Received current, not paid (Paid current year, received prior year)	-	-	-	-	-
Add/(Less): Adjustments	(1 727)	-	-	-	(1 727)
CLOSING BALANCE	54 166	-	-	-	54 166

ANNEXURE 5B: INVENTORIES FOR THE YEAR ENDED 31 MARCH 2021

Table 304 Inventories for the Year ended 31 March 2021

INVENTORIES FOR THE YEAR ENDED 31 MARCH 2021	Insert major category of inventory	Insert major category of inventory	Insert major category of inventory	Insert major category of inventory	TOTAL
	R'000	R'000	R'000	R'000	R'000
Opening balance	58 948				58 948
Add/(Less): Adjustments to prior year balances	-	-	-	-	-
Add: Additions/Purchases – Cash	382 713	-	-	-	382 713
Add: Additions - Non-cash	4 934	-	-	-	4 934
(Less): Disposals	-	-	-	-	-
(Less): Issues	(387 462)	-	-	-	(387 462)
Add/(Less): Received current, not paid (Paid current year, received prior year)	-	-	-	-	-
Add/(Less): Adjustments	(7 283)	-	-	-	(7 283)
CLOSING BALANCE	51 850	-	-	-	51 850

ANNEXURE 6A: MOVEMENT IN CAPITAL WORK IN PROGRESS FOR THE YEAR ENDED 31 MARCH 2022

Table 305 Movement in Capital Work in Progress for the Year ended 31 March 2022

MOVEMENT IN CAPITAL WORK IN PROGRESS FOR THE YEAR ENDED 31 MARCH 2022	Opening balance	Current Year Capital WIP	Ready for use (Asset register) / Contract terminated	Closing balance
	R'000	R'000	R'000	R'000
BUILDINGS AND OTHER FIXED STRUCTURES				
Dwellings	-	-	-	-
Non-residential buildings	431 076	156 703	(247 634)	340 145
Other fixed structures	-	-	-	-
TOTAL	431 076	156 703	(247 634)	340 145

ANNEXURE 6B: MOVEMENT IN CAPITAL WORK IN PROGRESS FOR THE YEAR ENDED 31 MARCH 2021

Table 306 Movement in Capital Work in Progress for the Year ended 31 March 2021

MOVEMENT IN CAPITAL WORK IN PROGRESS FOR THE YEAR ENDED 31 MARCH 2021	Opening balance	Prior period error	Current Year Capital WIP	Ready for use (Asset register) / Contract terminated	Closing balance
	R'000	R'000	R'000	R'000	R'000
BUILDINGS AND OTHER FIXED STRUCTURES					
Dwellings	-	-	-	-	-
Non-residential buildings	504 986	-	81 484	(155 394)	431 076
Other fixed structures	-	-	-	-	-
TOTAL	504 986	-	81 484	(155 394)	431 076

ANNEXURE 7: COVID 19 RESPONSE EXPENDITURE (PER QUARTER AND IN TOTAL)

Table 307 Covid-19 Response Expenditure (per quarter in total)

EXPENDITURE PER ECONOMIC CLASSIFICATION	2021/22					2020/21
	Q1	Q2	Q3	Q4	Total	Total
	R'000	R'000	R'000	R'000	R'000	R'000
Compensation of employees	-	-	-	15 673	15 673	6 029
Goods and services	-	-	-	162 832	162 832	141 980
Transfers and subsidies	-	-	-	-	-	158
Expenditure for capital assets	-	-	-	6 195	6 195	30 136
Other expenditure not listed above	-	-	-	-	-	-
TOTAL	-	-	-	184 700	184 700	178 299

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PAHODHEALTH@ncpg.gov.za

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