LIMPOPO PROVINCIAL GOVERNMENT

DEPARTMENT OF HEALTH AND SOCIAL DEVELOPMENT

ANNUAL REPORT 2004-05

HEALTH VOTE 7

FOREWORD BY THE MEC

Progress made in the past decade is characterised by landmarks that include transformation and rationalisation of health services from fragmented institution – based to universal and comprehensive services accessed by the entire population in the province. The overwhelming election results we received from the citizens of Limpopo are a vote of confidence in our government and a renewed mandate to offer services of high quality.

We are now beginning to see and feel the impact of our interventions as in reduction in malnutrition, morbidity and mortality rates. The Department successfully managed to implement policies and programmes that were focused on increasing access to Primary Health Care, Devolution of District Health Services to Municipalities, Hospital Revatilisation, Organisational Development and Resource Management and consequently succeeding in offering our communities greater access to and better quality of services. Key areas of success include integrated nutrition programme, 24 hour clinic services, quality improvement programmes, Voluntary Counselling and Testing, Prevention of Mother to Child Transmission of HIV and ADS and Community Home Based care. District and Hospital Management have improved significantly while the HIV & AIDS Prevalence is stabalising gradually.

The implementation of the job evaluation and performance management system intended to improve performance efficiency, is in motion. The introduction of a Risk Management Unit and the implementation of a Fraud Prevention and Risk Management plan saw us making significant improvement in financial management to achieve overall value for money. All the afore going successes resulted in a positive impact on the lives of all citizens of Limpopo. Without the active participation of our communities, the successful implementation of these programmes would not have been realized.

Much as we are registering significant success in contributing to the improvement of the quality of life for our citizens, we still face challenges related to limited resources, inadequate human resource capacity and inefficient management of available resources. We will continue to strive towards reducing morbidity and mortality arising from communicable diseases, immunisable childhood diseases (EPI), diseases of life style, HIV & AIDS and TB, trauma and violence against women and children so that we are able to successfully push back the frontiers of ill-health and poverty. Organisational and Leadership Development, Revitalisation of Health Facilities and District Health Development will serve as key strategies for Quality service Improvement Plans and good governance.

The creation of the South African Social Security Agency (SASSA) as a public entity and the reconfiguration of the Department as Health and Social Development will naturally bring about opportunities, challenges and implications that will need to be managed effectively and efficiently. Inevitably, Social Development will need to redefine its roles and priorities in the light of the social security policy shift. As we continuously explore new methods and tools to match these challenges, we are confident that we will ultimately manage to bridge the gap between available resources and the needs of communities in our Province.

It is therefore my pleasure to present to our stakeholders, this Annual Report which serves as an elaborate account of our achievements and challenges we had to tackle in fulfilling a Social Contract between my Department and the people it serves.

……..
Mr S.C Sekwati
HONOURABLE MEC FOR HEALTH & SOCIAL DEVELOPMENT

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PART A

1. GENERAL INFORMATION

1.1 Submission of the annual report to the Executive Authority by the Accounting Officer [The HOD]

I, DR H N Manzini, in my capacity as the Head of Department for Health & Social Development, hereby present to Mr S C Sekwati, the MEC for Health & Social Development, the Health Annual Report for the 2004/05 financial year. This report gives the department an opportunity to share with stakeholders, our achievements and challenges as set out in the Strategic Plan for 2004/05 financial year.

1.2 Introduction by the Head of the Department

It is an honour for me, Dr H N Manzini, Accounting Officer of the Department of Health & Social Development, to submit the Annual Report of Vote 7 (Health) for the financial year that ended on 31st March 2005, in terms of the requirements of Section 133 (b) of the Constitution of the Republic of South Africa, Chapter 1 Part (j) of the Public Service Regulations of 1999 and Section 40 (e) of the Public Finance Management Act (Act 1 of 1999).

In pursuit of our constitutional and legislative obligations, the Department has delivered programmes intended to address problems of morbidity, mortality and poverty for a 5.2 million population that is predominantly rural. We recorded significant success in the following programme areas:

Limpopo is served by 43 hospitals and 22 health centres. Fixed clinics and visiting points have increased from 302 in 1994/95 to 479 in 2004/05. 127 new clinics were built while 63 existing clinics were up-grated. The increase in the number of PHC facilities is an attempt to demonstrate our commitment to the Primary Health Care approach aimed at increasing access to Health Care. This is evidenced by increase in utilisation and coverage rates. Antenatal Care coverage stands at 93% while Immunisation coverage is 82%. This means that more pregnant women, mothers and children are now utilising our PHC services than a decade ago. Our Comprehensive HIV & AIDS Care, Management, Treatment & Support Response has seen HIV & AIDS prevalence rate stabilise with an average annual increase of 1.1% leading to an insignificant increase of the prevalence rate of 14.5% in 2002 to 17.5% in 2003. Along with our focus in Primary Health Care, we have put special programmes in place which are aimed at improving the quality of services.

Progress includes the hospital revitalization, development of hospitals as centres of excellence and modernisation of tertiary services.

Organisational Development and general management of resources have improved. The implementation of the job evaluation and performance management system assists us to improve performance efficiency and accountability across the organisation. The introduction of a Risk Management Unit and the implementation of a Fraud Prevention and Risk Management plan help us to make inroads in financial management to achieve the desired management outcome i.e. value for money. Chief Executive Officers have been appointed for well over 90% of our Hospitals. A policy to outsource non – core functions such as Laundry and Linen services, Staff accommodation, etc. is being implemented to strengthen our PPP Initiatives.
Much as we have made significant progress in improving access to and quality of health services there are still greater challenges facing us.

- In response to the pressing needs of our communities we found ourselves extending free health care to the disabled with no additional resources.
- While we spend 53% of our total budget on District Health Services the major portion of this goes to district hospitals, leaving Primary Health Care with only 14% of the total budget. Additional funds are expended on Primary Health Care in the form of Capital Upgrading and Pharmaceuticals.
- While we have a vacancy rate at 36 %, the personnel expenditure is increasing and non-personnel expenditure declining. We will be moving at greater speed to finalise and implement our Human Resource Plan to ensure that we are able recruit, retain and develop an efficient and effective cadre of personnel.

The department has, for the third consecutive financial year, obtained an un-qualified Audit Report from the Auditor General . There are however areas of concern as contained in the Emphasis of Matter raised.

These issued are viewed in a serious light and all efforts will be put in place to correct the areas where concerns were raised that matters were not being performed as required. Officials will be engaged to understand the shortcomings as well as in hoe to correct the situation. Written policies and procedures will be drafted and enforced to ensure compliance

I would like to take this opportunity to heartily thank management and staff of the department for a worthy performance that enabled us to register the above mentioned achievements despites continuous imbalances between pressing community needs and resource constraints. I sincerely thank our Stakeholders and Suppliers who continue to partner with us for purposes of improving the quality of life for our communities.

For the people of Limpopo, 'Your Wellness is our Business'.

……
Dr H N Manzini
(Head of Department – Health & Social Development)

1.3 Information on the Department

Core Functions:

- To provide Regional and specialized Hospital services as well as academic Health services, where relevant;
- To render and co-ordinate Medical Emergency services (including ambulance services);
- To render Medico-legal services;
- To render health services to those detained, arrested or charged;

- To screen applications for licensing and inspection of Private Hospital facilities.
- Quality control of all health services and facilities.
- Formulate and implement Provincial Health policies, norms, standards and Legislation.
- Inter-Provincial and Inter-Sectoral co-ordination and collaboration.
- Co-ordinate the funding and financial management (budgetary process) of the District Health services.
- Provide technical and logistical support to Health Districts.
- Render specific Provincial services programmes, e.g., TB programme.
- Provide non-personal Health services.
- Provide and maintain equipment, vehicles and health care services.
- Effective consultation on health matters at the local level.
- Provide occupational health services.
- Research on, and planning, co-ordination, monitoring and evaluation of health services rendered in the Province.
- Ensure that functions delegated by the National level are carried out, including providing primary health care services (until they are devolved) and district hospital services.

Key Priorities:

- HIV and AIDS,TB,STI & other communicable diseases
- Districts Health services and Primary Health Care services
- Emergency Medical services
- Logistical support services (including pharmaceuticals)
- Infrastructure development (including hospital revitalization, clinic upgrading and maintenance)
- Human Resources management issues
- Human Resource development
- Communication, collaboration and participation
- Tertiary service development (Medical School)
- Revenue generation

1.4 Vision and Mission statement

Vision:

'A caring and developmental Health and Welfare system which promote well-being, self-reliance and a humane society in which all people in Limpopo have access to affordable and good quality service'

Mission:

'The Department is committed to providing comprehensive, integrated and equitable Health and Welfare services which are sustainable, cost effective and focus on the development of human potential in partnership with relevant stakeholders'.

1.5 Legislative mandate

The relevant legislation that must be taken into account by the Department is listed below:

1. National Health Act, Act 61 of 2003

2. National Health Laboratory Services Act, Act 37 of 2000
3. Foodstuffs, Cosmetics and Disinfectants Act, Act 54 of 1972
4. Pharmacy Act, Act 53 of 1974 as amended by no 1 of 2000
5. Hazardous Substances Act, Act 15 of 1973
6. Medicines and Related Substances Control Act, Act 90 of 1997 amended
7. SA Medicines & Medical Devices Act, Act 101 of 1965
8. Compensation for Occupational Injuries and Diseases Act, Act 130 of 1993.
9. Tobacco Products control Act, Act 12 of 1999
10. Allied Health Professions Act, Act 63 of 1982
11. Dental Technicians Act, Act 43 of 1997

Health Professionals Act, Act 25 of 2002

12. Nursing Act, Act 5 of 1995
13. S.A. Medical Research Council Act, Act 58 of 1991

Choice on Termination of Pregnancy Act, Act 92 of 1996

14. Mental Health Act, Act 17 of 2002
15. Northern Province Health Services Act, Act 6 of 1998
16. Northern Province College of Nursing Act, Act 3 of 1996
17. The Constitution of RSA, Act 108 of 1996
18. P.F.M.A., Act 1 of 1999 as amended by act 29 of 1999;
19. Public Service Act Proclamation 103 of 1994
20. Treasury regulations 2002
21. Public Service Act Proclamation 103 of 1994
22. Public Service Regulations, 2001
23. Labour Relation Act, Act 12 of 2002
24. Skills Levy Act, Act 9 of 1999
25. Employment Equity Act, Act 55 of 1998
26. Skills Development Act, Act 97 of 1998
27. Basic Conditions of Employment Act, Act 75 of 1997
28. SAQA' Act 4 October 1995
29. Human Sciences Research Act, Act 23 of 1968
30. White paper on Transformation of the Public Service

PART B

1. PROGRAMME PERFORMANCE

1.1 Voted funds

Appropriation	Main Appropriation	Adjusted Appropriation	Actual Amount Spent	Over/under Expenditure
Responsible MEC	MEC of Social Development: Mr. S.C Sekoati			
Name of Department	Department of Health & Social Development			
Accounting Officer	Head of Department for Social Development: Dr H N Manzini			

1.2 Aim of the vote

The appropriated funds were disbursed for the management and delivery of health services in Limpopo.

1.3 Overview of the service delivery environment for 2004/05

Health service challenges:

Imbalances in service structure:

In line with national policy, province is putting more resources to primary health care. The devolution of municipal health services to local government will be a challenge for the next few years. Developing the tertiary services is in process. A lot has been achieved but significantly more is required before the Province is self sufficient.

Staff mix and provision of care:
Despite the introduction of the rural service incentives, it is still difficult to attract professionals needed. Strengthening of physical security measures at all clinics remains a significant problem impacting on the ability to provide full 24 hour services.

The Burden of Disease
The single biggest challenge of all remains the management of HIV and AIDS, TB and STI.

Problems in referral chain:
The provision of emergency medical services and other patient transport still remains a challenge at all levels. Due to the phased development of regional hospitals all the necessary services can not be provided at the nearest point, therefore requiring additional transport. Some services are not yet provided in the province.

Infrastructure development

(a) Hospital revitalisation:
The major problem is that due to under funding there is not enough finances to deal with the backlog of R1, 334 billion rand (with 5 % escalation) needed for facility development. The under funding also affects the ability to address maintenance back lock. Appropriate health technology is affected by this as well.

(b) Clinic Upgrading
The program is ongoing with large backlogs mostly in the rural areas.

Management capacity
The level of capacity in administrative areas is also a problem. With the implementation of the PFMA it has become apparent that a lot of capacity development in terms of financing and human resource management and planning needs to take place.

Quality of care improvements:
The Batho Pele initiatives have improved the quality of care. However, there is still room for improvement especially with regards to health workers attitude and implementation of Patients' Rights Charter.

Public Private Interactions:
A lot of NGO's work with government in delivering services to the public, especially in the areas of home based care for HIV and AIDS patients. Some of these need to be capacitated.

Information Technology and Management
This is still a huge challenge within the Department, particularly the Hospital Information System. In addition the wide area network infrastructure still needs to be developed and improved in some institutions.

Public Private Partnerships (PPP's):
The capacity to manage the PPP Plan aimed at outsourcing the Non – core functions such as Laundry, etc. still remains a challenge.

Implementing the Department's fraud prevention plan

The implementation of this plan is underway but full compliance with the PFMA remains a challenge.

SECTORAL SITUATION ANALYSIS

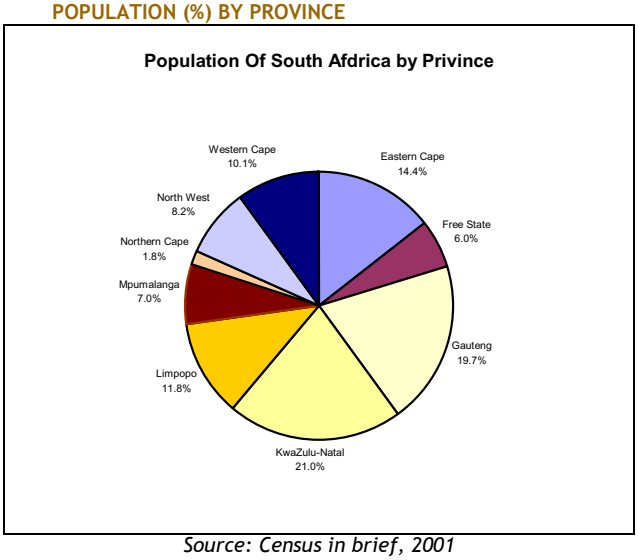
1.1 Demography

1.1.1 Background

On the basis of the 2001 population census estimates, Statistics South Africa has estimated the size of the population in Limpopo to be 5 273 642 (5.2 million), which is 11.8% that of the total population of the country. According to the 2001 census, the population of Limpopo has increased from 4.9 in 1996 to 5.2 million in 2001, a 7% growth. Females account 54,6% of Limpopo, a 0.3% increase to that of the 1996 census.

Limpopo remains the 4th highest populated province in South Africa as per both the 1996 and 2001 census. See Diagram 1.

DIAGRAM 1: POPULATION (%) BY PROVINCE



Source: Census in brief, 2001

However, according to the year 2000 survey done by the Department of Water Affairs and Forestry, the population was estimated to be approximately 5.8 million, with a growth rate of 4%, which is higher than the average growth rate for South Africa. Limpopo has 5 177 669 dependent population (including people with AIDS). *See table 1 & table 2*

In 1991 the fertility rate was estimated at 5.8% and decreased to 3.9% in 1998. It is estimated that in 2011 the fertility rate will decrease to 3.0 (high estimate) or 2.6 (low estimate).

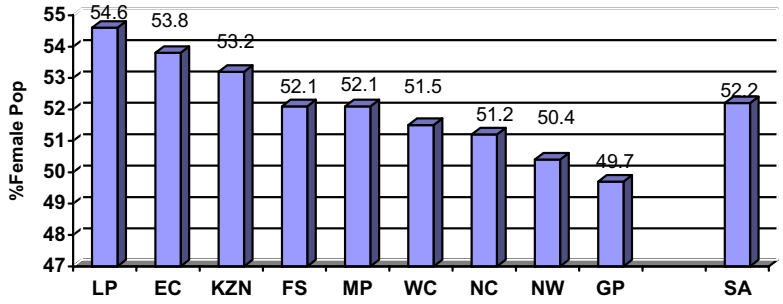
The average household in Limpopo in 1996 was estimated at 4.9 and decreased to 4.3 in 2001. This is higher than the national average of 3.8 in 2001.

Table 1: Land area distribution by Province in SA

Province	EC	FS	GP	KZN	MP	NC	LP	NW	WC	SA
KM^2	169580	129480	17010	92100	79490	361830	123910	116320	129370	1 219 090
%	13.9	10.6	1.4	7.6	6.5	29.7	10.2	9.5	10.6	100

Source: Department of Land Affairs (Census in brief, 2001)

DIAGRAM 2: Percentage of Female Population by Province in 2001



Source: Pop census 2001

Limpopo has the highest female population in the country. (54.6%) Females tend to account for a larger proportion of the population than males in all provinces except for Gauteng with a female population of 49.7%.

1.1.2 Racial distribution

Compared to the rest of South Africa, the majority of the citizens in Limpopo are Black African (97.2%) followed by whites (2.4%), Coloureds at 0.2% and Indians/Asians at 0.2%. (NW=91.5%, MP=92.4%%, EC=87.5%, FS=88%) Most Coloureds, Indians and Whites live in urban areas with better provision of services and infrastructure.
NB. The racial classification is retained here to enable us to monitor changes in the life circumstances of those who were disadvantaged during the apartheid era. *October 1995 household survey-living in the NP.*

Table 2: Percentage Population Distribution by Racial Groups in Limpopo

Racial group	1996	2001
Africans	96.7	97.2
Whites	2.4	2.4
Coloured	0.2	0.2
Indians/Asians	0.1	0.2
Unspecified/Other	0.6	0
TOTAL	100%	100%

Source: Pop census 1996 and Census in brief 2001

1.1.3 Urban /Rural distribution

Table 3: % Urban/Non-urban population distribution by province (1996 census)

Province	EC	FS	GP	KZN	MP	NC	LP	NW	WC	SA
Urban	36.6	68.8	97	43.1	39.1	70.1	11	34.9	88.9	53.7
Non-urban	63.4	31.4	3	56.9	60.9	29.9	89	65.1	11.1	46.3

Source: Pop census 1996

There is a great discrepancy between rural and urban population distribution. Five of the nine provinces contain a greater % of rural to urban dwellers. (EC, LP, MP, NW, KZN) (*Dept of health, Final Strat Plan, Jul 01*). 89% of people in Limpopo live in rural areas vs. 11.1% that live in rural areas in Western Cape. High densities live in former homelands where services and infrastructure and employment are the lowest.

1.1.4 Population distribution by Age and Gender

The age distribution of the population in Limpopo resembles the typical broad base pyramid of developing countries, with a large portion in the younger age groups and a steadily decreasing proportion in the older age groups. This distribution shows that Limpopo population is somewhat younger than the African population in the whole country. Whites in Limpopo exhibit a very different age pattern, typical of industrialized societies – proportionally fewer children and more elderly people. A younger population requires more educational, recreational and health facilities.

Children between 0-4 years : 11.4%

Children between 5-9 years : 13.8%

Children between 10-14 years : 14.4%

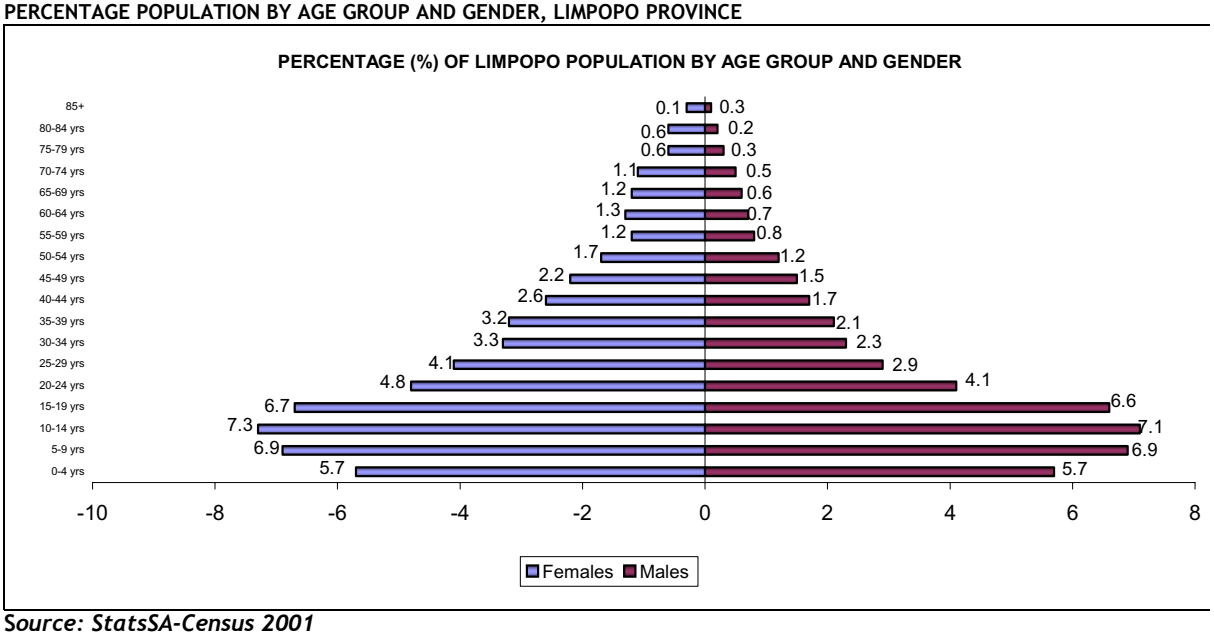
Female Population 15-19 years : 6.7%

Females 15-44 years : 24.7% an increase of 1.01% from 23.69% of the 1996 census

Persons 65 years and older : 5.5% an increase of 1.21% from 4.29% of the 1996 census

Limpopo has the highest female population in the country 54.6% compared to the national average of 52.2%. Females tend to account for a larger proportion of the population than males in all provinces except for Gauteng. (F=49.7% vs. M=50.3%)There is a fast decline in proportion of males between the age groups 15-19 and 25-29 compared to that of females in the same age groups

DIAGRAM 3:
PERCENTAGE POPULATION BY AGE GROUP AND GENDER, LIMPOPO PROVINCE



Source: StatsSA-Census 2001

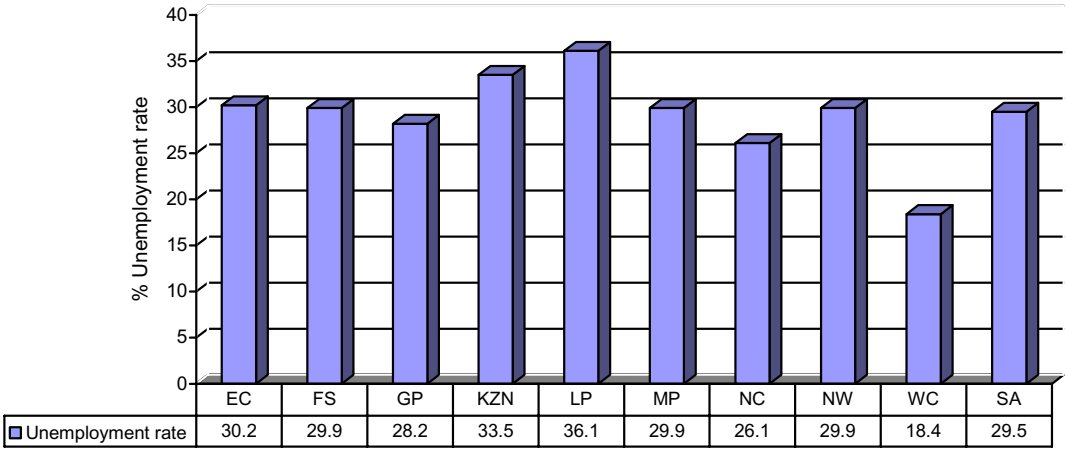
Females tend to account for a larger proportion of the population than males.
Females 54.6% an increase of 0.3% from 54.3% of the 1996 census
Males 45.4% an increase of 0.1% from the 45.3 of the 1996 census

1.1.5 Socio-economic profile

According to LFS, September 2001 estimates, the Limpopo Province's labour market status showed that 27.4% were employed, 15.5% were in strict definition unemployed and 57.1% were not economically active.

DIAGRAM 4

UNEMPLOYMENT RATE BY PROVINCE 2001



Source: Labour Force Survey 2001

The unemployment rate (official or strict definition) in Limpopo Province was 36.1% compared to 29.5% for the rest of South Africa (Labour Force Survey, September 2001 and Census 2001 compared). Unemployment rate is higher amongst Black African as compared to Whites in Limpopo, and highest in Black African women vs. Black African males. In Limpopo unemployment rate is higher in rural areas 45% than in urban areas 24% (OHS1995). The urban rural unemployment rate pattern is the same in the SA. 41% of the unemployed males are aged between 25 to 34 years of age, whilst 29% are younger than 25yrs of age. *(OHS1995).*

Unemployment rate is highest among those who had no education at all (51%). Those who have some education including standard 10 experience slightly lower levels of unemployment (40-47%). A much lower unemployment rate (12%) is experienced by those with post school qualification.

The type of work done by the employed people in Limpopo varies by race and gender. 28% of Black African males and 48% of Black African females work in elementary occupations such as cleaning, garbage collecting and agricultural labour. Operator and assembler type of work occupies 14% of African males, whilst 15% are involved in crafts and related trades. 1 in 5 African females are in semi-professional occupations such as nursing assistants. 5% of African males and 2% of African females are in managerial posts. This pattern is seen throughout the country. *(OHS 1995).*

A different picture is seen when looking at occupations by whites in Limpopo. They tend to be in occupations requiring higher levels of competence. A third of them (36%) work as artisans and craft workers, 14% are technicians and associate semi-professionals. White males are slightly more likely to be in managerial positions (12%) that the white females (8%). Nationally, a larger proportion of white males are in management positions.

Both nationally and in the province, 33% and 31% respectively are earning on average R999 or less per month. Among females, however a large proportion (41%) are earning on average R999 or les per month compared to the national figure (31%). *(OHS1995).*

The province has the highest age-dependency ratio of 91.7% vs.64.6% nationally. Medical Aid covers 7.6% of Limpopo population vs. 16.4% nationally.

Amongst the primary environmental health concerns occurring in the province are lack of access to sufficient quantities of safe water supply, good sanitation facilities, waste services, unsafe food preparation facilities and the prevalence of diseases vectors such as rodents and insects. (SARH 2000). Table 5 depicts the access to basic services in Limpopo compared to both the Eastern Cape Province and that of South Africa as a whole.

Table 5: ACCESS TO BASIC SERVICES LIMPOPO VS SA

	Limpopo	Eastern Cape	SA
% Households used solid fuel (wood, coal and animal dung) for cooking	62.0	38.5	23.5

% Households had access to piped water	78.0	62.4	84.5
% Households with no toilet facilities	23.3	30.8	13.6
% Households with refuse removal at least once a week	14.2	36.3	55.4
Average household size (No. of persons per household	4.3	4.1	3.8

Source: StatsSA-Census 2001

1.2 Epidemiological profile

1.2.1 Health Status and determinants

The health status of the South African population is poor due to the multiple burden of diseases from a combination of poverty related diseases, emerging and re-emerging diseases and injuries. The HIV/AIDS epidemic has exacerbated this in recent years resulting in increased mortality rates and reduced life expectancy (SAHR 2000)

Table A-4: Selected mortality rates

Mortality Rates	Limpopo	Eastern Cape	SA
Infant Mortality Rate/1000 live births	37.2	61.2	45.5
U5 mortality Rate/1000 live births	52.3	80.5	59.4

Understanding the causes of death is important in order to reduce the child mortality. Age-specific variations in the causes of death illustrate the following pattern:

- Under 5's die from diarrhoeal diseases, nutritional deficiencies and respiratory infections
- 5-14 yrs of age die from trauma (both road traffic as well as domestic)
- Young adults die from trauma, Tuberculosis, lower respiratory infections
- Over 45 yrs of age die from Tuberculosis, trauma, stroke

Table A-5*: MAJOR CAUSES OF DEATH*

CAUSES OF DEATH	FREQUENCY %
Ill-defined (All natural)	23.5
Undetermined injuries	9.1
Cardiovascular disease	7.4
Stroke	5.9
Tuberculosis	5.6
Lower Respiratory Infections	4.8
Diarrhoeal Disease	3.9
Diabetic Mellitus	3.1
Ischaemic Heart Disease	3
Road accidents	1.8

(Source= StatsSA)

Table A-6: MAJOR HEALTH SERVICE PROVISION

MATERNAL AND CHILD HEALTH	
Antenatal care coverage	77.5%
Antenatal visit per antenatal client	3.7visits/client
Termination of Pregnancy - No. of institutions - Total no. performed	 28 4447
Immunization Coverage *** Routine** - Fully immunized under 1 year	 65.7%
NUTRITIONAL STATUS	
Stunting	23.1%
Wasting	7.5%
Underweight	15.0%

(Sources: DHIS 2001, SA Health Review 2000)

1.2.2 Extent of private health care activity

The Limpopo province has nine private facilities that are licensed for health care. These facilities provide a total of 458 hospital beds. The facilities are located in Thabazimbi, Bela Bela, Lephalala, Phalaborwa and Polokwane. These facilities serve about 7.6% (1999 figures) of the population(those that have medical aids.)

1.3 Overview of the organizational environment for 2004/05

Key issues impacting on Health services

There are key issues which impact on the capacity of the Department of Health to deliver quality services and improve health outcomes of the population of this province. These are:

During the decade, Health in Limpopo used to be the least funded and the most disadvantaged province in terms of funding for health. The per capita funding of the Limpopo was 25% less than the equitable share of the national budget. This did not take into account the tertiary service conditional grant which favours the better resourced provinces. The net effect was that this had a most fundamental impact on the capacity of the DoHSD to deliver on its priorities and meet health needs. However, Treasury is now attending to this budgetary anomaly which should see the provincial resource budget improving.

Due to historical lack of development of services, the population of the province is under serviced with one of the lowest admission rates in the country (65/1000 for non-Aids acute admissions).
Access to health facilities remains a challenge to utilisation of health services. Unsuitability and poor condition of physical facilities impact negatively on the quality of care.

The study of Burden of Disease will assist in proper Public Health Planning, monitoring, evaluation and accurate reporting.

The re-configuration of the Department as Health and Social Development brings with it opportunities and challenges that need to be managed efficiently and effectively. The establishment of the South African Social Security Agency (SASSA) would naturally necessitate the re-organisation of our Provincial Organogram and Health and Social Development Services in order to carryout the new mandates for the next five year strategic period.

1.4 Departmental Receipts

Table : Revenue Collected

Departmental Revenue	Actual Collection 2003/04	Budgeted Collection 2004/05	Actual Collection 2004/05	% / Reasons devia from target
Current revenue	228	185	187	101.08 %
Departmental revenue	250	28	928	Stale Cheques
Total	478	213	1 115	Over collection

Departmental payments

The amount appropriated together with the adjustment estimates is contained in the Appropriation Statement that forms part of the Annual Financial Statements of this report. The report clearly indicates the expenditure against budget for each programme as well as per economic classification according to the Standard Charts of Accounts (SCOA) that was introduced in April 2004.

1.5 PROGRAMME PERFORMANCE AND SERVICE DELIVERY ACHIEVEMENTS

1.5.1 Programme 1: Health Administration

Programme: 1		Strategic goal: Sound Financial Management			
Strategic Objective	**Performance measure**	**Actual Outputs 2003/04**	**Target outputs 2004/05**	**Actual Achievements 2004/05**	**R fr**
1.To provide an effective Revenue Management System	Implementation UPFS	40 hospitals electronically	43 hospitals using UPFS and being electronically	All 41 revenue collecting hospitals are using UPFS and 37 electronically 4 MANUAL	N c i n E T
	% of revenue target collected	98%	100%	138%	P a
2.To provide and maintain an effective and economical financial management and procurement systems.	100% Normal financial monthly closure of books	92%. Eleven months of the Financial Year were closed.	100%	92%. Eleven months closed successfully	
	Reduction of audit queries by 50%	20%	26%= 7 less in 03/04	15%	
	Annual Financial Statements completed	100%	100%	100%	
	In Year Monitoring done	100%	100%	100%	
	Payment of creditors within 30 days	100%	100%	80%	

Programme: 1		Strategic goal: Sound Financial Management			
Strategic Objective	**Performance measure**	**Actual Outputs 2003/04**	**Target outputs 2004/05**	**Actual Achievements 2004/05**	**Rea fro**

3.To provide effective, efficient, economical and transparent provisioning and contract management system	Tenders (Health & Welfare core function NTP's & HEDP's) advertised four months before expiry.	85% of the tenders were advertised in time before expiry.	100% of the tenders will be advertised in time.	82% of the tenders were advertised four months before expiry.	
	Tenders (Health & Welfare core function NTP's & HEDP's) awarded within 90 days after closing date.	85% of the tenders were advertised in time before expiry.	100% of the tenders will be awarded in time.	84% of tenders were awarded within 90 day	Ben bid the Una Bid
	SLA's signed within 45 days upon contract award.	90% of SLA's for period contracts have been signed.	100% of SLA's compliance	67% of the SLA compliance	

Programme: 1		**Strategic goal: Efficient and effective implementation of the Procurement pol**			
STRATEGIC OBJECTIVE	**PERFORMANCE MEASURE**	**ACTUAL OUTPUT 2003/04**	**TARGET OUTPUT 2004/05**	**ACTUAL ACHIEVEMENTS 2004/05**	**R fr**
	The number of tenders awarded to HDI' owned companies	90% awarded	95% of tenders to be awarded	•86% of tenders awarded to 100% HDI companies	L H a te
4.To coordinate the development and management of Public Private Partnerships (PPP) Projects	Management and Monitoring of Implementation of PPP Projects for: a. Hospital Concession b. Renal Dialysis		Treasury approval 1	Treasury approval (TA) 1 obtained. TA IIA obtained advertising Requests for qualification-closed end of January 2005. The technical and project evaluation took place between February and march 2005.	T g P p c
	c. Laundry		Treasury Approval 1	Treasury approval (TA) 1 obtained. TA IIA Obtained. Advertising request for qualification closed mid March 2005.	T 1 T A q M

	d. Staff Accommodation		Treasury Approval 1	Draft Feasibility completed for March 2005	

Programme: 1		**Strategic goal: Provision of Transformation and Transversal services**			
Objective	**Performance measure**	**Actual Outputs 200304**	**Target output 2004/05**	**Actual Achievements 2004/05**	**Rea fro**
5.To develop Norms and Standards	Plan to review Norms and standards developed	Norms and standards have been developed	Developed domain specific standards available for 2004/05 for various units.	Domain specific standards were reviewed, improved and finalised. The same were printed, distributed to all institutions and presented by the MEC to the Public During Batho Pele day in Vhembe District.	Nor
			Citizen's report for 2004/05 available	The Departmental consolidated Citizens' Report was compiled, finalised and distributed to all the institutions. It was also distributed to the members of the Public on the Batho Pele day	Nor

Programme: 1		**Strategic goal: Provision of Transformation and Transversal services**			
Objective	**Performance measure**	**Actual Outputs 200304**	**Target output 2004/05**	**Actual Achievements 2004/05**	**Rea fro**

			▫Six Batho Pele health and welfare summits with the stake holders organized one per district by 31/03/2005	▫One Batho Pele summit was held per District with the stakeholders. ▫In addition, service delivery improvement plan for the whole Department was compiled, consolidated and finalised and presented to the members ▫of the public on the Batho Pele day held in June 2004.	Nor
6.To formulate and manage departmental policies	▫Number of enabling Policies developed and approved.	▫Nine policies were developed	▫A total of two policies developed, namely: ▫Policy on employee assistance to be developed ▫▫Policy on harassment in the workplace to be developed	▫The Policies on Employee Assistance and Harassment have been developed, finalised and approved. and the same were distributed at Provincial Office, District Offices and Institutions for implementation	Nor
Programme: 1		**Strategic goal: Human Resource Management**			
Strategic Objective	**Performance measure**	**Actual Outputs 2003/04**	**Target output 2004/05**	**Actual Achievements 2004/05**	**Rea fro**
7.To manage performance management and development system	Percentage of workplans, standard framework and performance agreements signed by managers/supervisors and subordinates	76% employees workplans, standard framework and performance agreements signed by managers/supervisors and subordinates	100% completed and signed Performance Instruments/Performance Agreement	▫ **(I) SNR. Management Service** ▫ A total of **59** out of **62** SMS have signed the Performance Agreement (95%) ▫ A total **34** SMS members were evaluated for pay progression and performance bonus ▫ A total of 30 SMS members qualified for Performance bonus, **4** did not qualify for the bonus and **10** SMS members qualified for Pay progression	Lac em dev per inst sup Pro way wo sup em dist inst

				(ii) Employees on salary level 1-12 A total of 20 **329 of** out of **23 225** employees have signed the performance instruments which is **87%.** ▫ A total of 5 **224** employees qualified for pay progression ▫ A total of 18 **867** employees qualified for performance Bonus	

Programme 01:	**Strategic goal: Human Resource Development**			
Performance measure	**Actual Outputs 2003/04**	**Target output 2004/05**	**Actual Achievements 2004/05**	**Reasons fo from targe**
		Number of PMS workshops conducted to support management and employees	A total number of six workshops conducted	
8. A Provincial HR Plan developed	☐No-staffing norms available for the Dept. ☐Burden of disease statistics not available	☐Staffing Norms For the following Professionals developed and finalized: Medical, Nursing and allied health professionals.	National draft framework for the development of integrated HR Plan has been developed ☐A provincial draft document on staffing norms for medical personnel, allied health professionals and models for nursing personnel has been developed, looking at both demand and supply for service delivery as part of the integrated HR plan	☐Lack of a data remair ☐Lack of H HR planning Department
9. Governance structures established	None	Strengthening the councils, hospitals boards and clinic committees	☐A total of 6 District Health councils have been established and launched in all the Districts	Non finalisa status of so institutions

Programme 01:		Strategic goal: Human Resource Development			
Strategic Objective	**Performance measure**	**Actual Outputs 2003/04**	**Target output 2004/05**	**Actual Achievements 2004/05**	**Reasons fo target**
10.To provide communication services, and promote community participation and partnership	Governance structures established	None	Number of PMS workshops conducted to support management and employees	A total number of six workshops conducted	
			Strengthening the councils, hospitals boards and clinic committees	▫A total of 6 District Health councils have been established and launched in all the Districts	Non finalisa status of sc institutions
				A total of 4 Regional Hospital Boards and 28 District Hospital Boards have been established including one Provincial Health Council and one Tertiary hospital Board.	

Programme 01:		Strategic goal: Human Resource Development		
Strategic Objective	**Performance measure**	**Actual Outputs 2003/04**	**Target output 2004/05**	**Actual Achievements 2004/0**
	% of workplace Skills plan developed	Workplace skills plan and submitted to HWSETA and PSETA	▫Skills audit conducted and analyzed for newly appointed, redeployed, females from level 8 to 12 and disabled. Work place ▫skills plan developed targeting the abovementioned categories.	▫Skills audit conducted and analyzed for newly appointed redeployed, females from lev to 12, CEOs District Managers SMS and disabled. Work place skills plan developed targetin the abovementioned categori

11.To strengthen, facilitate and address employment equity in line with national policy and Employment Equity Act and Departmental guidelines.	Employment equity target reached	Baseline data on equity is available	LEVELS TARGETS 13-16 65:30:5 11-12 40:40:20 9-10 40:45:15 4-8 30:60:10 1-3 40:45:15 Target for disabled	LEVELS TARGETS 13-16 64:34:2 11-12 54:31:15 9-10 42:49:9 4-8 23:76:1 1-3 41:66:1 Progress against target for disabled=1%

Programme 1:		**Strategic goal: Provision of transport Management**		
Strategic Objective	**Performance measure**	**Actual Outputs 2003/04**	**Target output 2004/05**	**Actual Achievements 2004**
12. Provision of transport Management	Key transport performance indicator on Availability: 80 – 95%	80% achieved	Key transport performance indicator on Availability: 80 – 95%	85% achieved
	Key transport performance indicator for utilization is 60 – 80%	60% achieved	Key transport performance indicator for utilization is 60 – 80%	•75% achieved
	Full maintenance lease project finalised for implementation in 2005/06 financial year.	Dept. Of Transport appointed transactional advisor		Feasibility study has been conducted for EMS and patie transport through the Dept. National Transport.
	100% conversion of 104 mobile clinic vehicles.	None	100% conversion of 104 mobile clinic vehicles.	58% of mobile vehicles conv and delivered.
	A total of 302 new and replacement Vehicles acquired	A total of 328 new vehicles were acquired	A total of 431 new and replacement Vehicles acquired	A total of 624 new vehicles were acquired

Sub – programme: Strategic management services		Strategic Goal: Provision of Leadership and Oversight			
Strategic Objective	**Performance measure**	**Actual outputs 2003**	**Target Output 2004/5**	**Actual achievement 2004/5**	**R f**
13. To coordinate policy development in the Department	Availability of policy formulation and review guidelines by end of 2004/05	No baseline	Draft policy framework available	Draft policy framework available	T
	Number of New Policies Developed	10 policies developed	6 policies Developed & approved	2 Policies finalised & approved & 4 are in draft form	I P M
	Availability of policy Data base	No data base available	Audit 100 % of existing policies	20 % of policies audited & put on data base	I (N U
14.To consolidate departmental quarterly, Mid Term EXCO and Annual reports	Availability of consolidated quarterly & Annual Reports approved & sent to Treasury, Office of Premier & National Departments by prescribed Treasury timelines.	2004/05 Quarterly reports available & sent to Treasury, Office of Premier & National Departments	Consolidated & Approved Annual Report submitted to Treasury, Office of Premier & National Departments by prescribed Treasury timelines.	4th Quarter reports are being consolidated into Departmental Annual Report	E
15.To coordinate strategic planning and review processes	Availability of approved 2005/6 – 2007/08 Health Strategic plans	Draft Health 2004/05 Strategic Plan available	Approved 2005/6 – 2007/08 by March 2005.	2005/6 – 2007/08 Health plans Approved & Tabled to Legislature & submitted to Treasury & DoH	T

Sub – programme: Strategic Management Services		Strategic Goal: Provision of Leadership and Oversight			
Strategic Objective	**Performance measure**	**Actual outputs 2003 /04**	**Target Output 2004/5**	**Actual achievements 2004/5**	**R f**
16.To Consolidate departmental quarterly, Mid Term EXCO and Annual Reports	% Of Districts & Institutions Reporting aligned to Departmental Strategic Plans & Municipal IDPs	No Baseline	80 % of Districts & Institutions Reporting aligned to Departmental Strategic Plans & Municipal IDPs	70 % of Districts & Institutions Reporting has been aligned to Departmental Strategic Plans & Municipal IDPs	L P a P n
17.To draft legislation	Legislation which is consistent with legal mandates and the constitution34	Editing of Provincial Health Bill	Certified Provincial Health Bill	Provincial Health Bill is in the process of being certified by the Provincial Sate Law Advisors	T r A
18.To draft Service Level Agreements	Agreements prepared according to specifications Agreements which comply with Treasury Regulations and Departmental Policies	126 Agreements were dealt with	To finalise an SLA within 10 days of receipt	Received 121 requests of which 93 are finalised	S v c c t L (
19.To manage lawsuits by and against the department	Reduced number of lawsuits	Received cases = 112 Finalised cases = 11 Outstanding cases = 101	Received cases = 127 Finalised = 15 Outstanding = 112	The total amount of claims settled/paid (R116 385.00) fairly indicates that claims are properly and cost-effectively managed.	F c f n c
20.To provide Legal opinions	Sound Legal opinions		To finalise a request for opinion within 10 days of receipt	41 requests for legal opinions were received. 17 have been finalised	C a c

Programme/Sub programme: e.g. Programme 1 Health Administration		Strategic Goal: To develop Information Management and Technology strategy			
Strategic Objective	**Performance Measure**	**Actual Outputs (2003/04 Baseline)**	**Target Output (2004/05)**	**Actual Achievements(2004/05)**	**R f o**
1. To provide a stable and reliable information technology environment and information systems in line with legislation	Ensure availability of IT services to all users	No baseline	80% of IT services is available	WAN availability is at 97.5 on average	P a
	Performance and capacity of IT infrastructure is measured by end of FY 04/05	No baseline	Measure the performance of IT	Tested the Nagios Software as advised by the National DoH. Added Netwizard support to SITA application	A t
	Have a workable business continuity plans(B CP) and disaster recovery plans(DRP)	No DRP and BCP available	Ensure business continuity plans and disaster recovery plans are in place and rehearsed by end of January 05	The development of the disaster recovery plan and business continuity plan outsourced to SITA	I c
2. Manage IT Security	Have IT security policy	Piecemeal policy statements	IT security policy in place by end of October 2004	Draft security policies were drafted and circulated	
	Network downtime due to viruses eliminated end of August	Network was going down numerous times due to viruses	Eliminate network downtime due to viruses	No downtime experienced for the FY due to viruses	B a u
	Establish IT security committee	No security policy in place	IT security committee in place by end of August 2004	Research on IT Security management has been done and committee members were selected.	L R c
	Integrate departmental IT services with those of SITA	Department is not integrated	It services in the Department integrated with SITA by end of FY	Incorporating agreement signed	
3. Manage and report on IT related risks	Have IT risk and IT risk management plan	Do not have IT risk and IT risk management plan	Availability of IT risk register and IT Risk Management plan are in place by end of October 2004	Risk plan has been implemented	

Programme/Sub programme: e.g. Programme 1 Health Administration		Strategic Goal: To develop Information Management and Technology strategy			
Strategic Objective	**Performance Measure**	**Actual Outputs (2003/04 Baseline)**	**Target Output (2004/05)**	**Actual Achievements(2004/05)**	**R f o**
	Have ICT procurement policy	No policy in place	Draft ICT procurement policy is in place by end July 2004	The policy has been drafted and presented to executive management and awaits inputs	
4. Manage IT & IS projects	Project plan in place before project commences	Some project had no documented plans	Have a project plan	All project are running in accordance with the plan	
5. Facilitate liaison with Health and Welfare Department stakeholders	Effectively disseminate information to all stakeholders. Use available and relevant media for communication with the stakeholders	No measure	Use different media for communication	46 Radio presentations on Health and Social Development topics were conducted on the three SABC stations. Arranged and conducted interviews for the MEC	P i
	Distribution of both internal and external newsletters according to schedule	No measure	4 internal and external newsletters be available	4 internal and external news letters were developed and printed	
6. To effectively communicate health and welfare department programmes	Health and Welfare promotion in line with department communication strategy and plan	Draft communication strategy in place	Implement department communication strategy and plan	Implemented	
	A communication plan developed and implemented in line with the welfare and Health Calendars	Implemented	Implement the communication plan	Developed and implemented Health and Welfare Calendars	
7. To provide integrated effective communication systems	Coordinate communication activities within the Department	Successfully coordinated	Coordinate communication activities	Successfully coordinated	

Programme/Sub programme: e.g. Programme 1 Health Administration		Strategic Goal: To develop Information Management and Technology strategy			
Strategic Objective	**Performance Measure**	**Actual Outputs (2003/04 Baseline)**	**Target Output (2004/05)**	**Actual Achievements(2004/05)**	**R f o**
	Support the communication plans of the provincial government , the National Department of Health and the National Department of Social Development	Supported	Support the communication plan of Health Department	Coordinated National Launch of South African Social Security Agency in the Province	
8. To implement telemedicine / Telehealth at all levels of care by 2010	Proportion of health care facilities using telemedicine /Telehealth system	Tertiary hospitals plus infrastructure in place for the regional hospitals	6 regional hospitals and George Masebe and Rebone clinic	Telemedicine equipment were installed at different hospitals, but they are not functioning.	T o
9. To strengthen the vital registration of births and deaths	Implement an information management plan	No plan	An information management plan is in place by end of 2004	No plan in place	L
	An information audit completed by August 2004	No audit done	Have information audit report	Draft audit report is available	L
	Collect and disseminate appropriate Health and Welfare Information	No measure	Collect and disseminate information	Disseminated information as requested.	I s
	Baseline information about the department is available by September 2004	No baseline	Baseline information about the department is available by September 2004	Baseline information is partly available	L o n
	Provide and implement the records storage system at Head Office, Health and Welfare Districts and institutions	20 institutions have cabinet installed	Provide and implement the records storage system	Records storage not installed	P

Programme/Sub programme: e.g. Programme 1 Health Administration		Strategic Goal: To develop Information Management and Technology strategy			
Strategic Objective	**Performance Measure**	**Actual Outputs (2003/04 Baseline)**	**Target Output (2004/05)**	**Actual Achievements(2004/05)**	**R f c**
10. To provide and maintain reliable accurate information	Implement records management awareness and support programmes	No measure	Records management awareness and support programmes in place by end of September 2004.	An element of awareness was built into the Records Audit that was undertaken. Five institutions were visited in order to monitor the filling system	L
	District and institutional registries are inspected and supported in line with a plan by end January 2005	Not measured	District and institutions registers are inspected and supported in line with a plan	Institutions were given a human resources support by means of 141 CDW's allocated by the Office of the premier	
	Record management policies, standards, procedures and guidelines are developed by end of March 2005	No records management policy	Have record management policies, standards, procedures and guidelines	The draft policy is available but need to be reviewed	
	Manage records and archives for head office			All archival records were transferred from Moolman to the Archives in the building. Newly acquired archival records are still to be arranged, described and filed	
	All paper and electronic records are managed in line with the National Archives guidelines by end of March 2005	No audit	All paper and electronic records are managed in line with the National Archives guidelines	A proposal for the centralization of records was approved but is yet to be undertaken	L

Programme/Sub programme: e.g. Programme 1 Health Administration		Strategic Goal: To develop Information Management and Technology strategy			
Strategic Objective	**Performance Measure**	**Actual Outputs (2003/04 Baseline)**	**Target Output (2004/05)**	**Actual Achievements(2004/05)**	**R f o**
	Archive for Head Office is functional by end of March 2005	No archive	Archive for Head Office be functional	Additional Nutrition programme files and procurement files have been taken into archival custody but needs to be arranged and classified	S
11. To provide departmental wide risk management services	Security inspections at institutions/districts undertaken by end of September 2004.		Security inspections at institutional/districts undertaken	28 inspections were conducted at various Health and Social Development institutions.	L
	Tender specification for clinics, clinics, health centers and all hospitals submit by end of May 2004.	Tender in place	Tender specification for clinics, health centers and all hospital be available	Awarded tenders for clinics and other health centers. Tender evaluation for clinics and remaining health centers is in place.	
	Improved Audit report by NIA and other agencies	An audit undertaken in 2003	Have improved audit report by security agencies	No audit undertaken	
	Have information security policy	No policy in place	Information security policy in place by January 2005	Policy not available	L
	Security risk assessment completed Vet all staff that need to be vetted	1 security risk assessment at Head Office done	Security Working Procedures are in place by September 2004. Security risk assessment completed by September 2004	Up to date vetting register is available. 491 applications were received and 6 clearances were issued by NIA, 41 are in process.	D a f
	A departmental risk strategy, plan and methodology are in place by end of January 2005.	No risk strategy in place	A departmental risk strategy , plan and methodology are in place	Not available	L c
	Operational risk assessment in place.	No institution with operation risk	Implementation plan for operational risk	Operational risk assessment within branch	L c

Programme/Sub programme: e.g. Programme 1 Health Administration		Strategic Goal: To develop Information Management and Technology strategy			
Strategic Objective	**Performance Measure**	**Actual Outputs (2003/04 Baseline)**	**Target Output (2004/05)**	**Actual Achievements(2004/05)**	**R f o**
		assessment	assessment in place by end of September 2004.	done. Committee for operation risk ahs been established and capacitated on the process of conducting risk assessment.	f
12. To manage the departmental antifraud and corruption programmes	Undertake other corruption awareness activities as per programme	6 activities done	Undertake corruption awareness activities	14 Awareness were held.	L
	Establish a whistle blowing mechanism	No formal whistle blowing mechanism	Establish a whistle blowing mechanism and a fully functional fraud and corruption reporting centre by end of September 2004	The reporting center is now operating with the toll free number and fax line working	W s
	Undertake corruption and investigations with departmental policies and procedures		Investigations and inspections undertook and completed in line with departmental policies and procedures by end of September 2004	The total reported cases are 284 of these 144 has been completed and 104 in process of finalization	
	Reduce the backlog of incidents to be investigated by end of September 2004 and maintain unresolved cases for less than 2 months for the rest of the financial year		Reduce the backlog of incidents reported	Backlog on reported cases was cleared	L
	Draft and implement an inspection plan by the end of December 2004		Implement an inspection plan	Draft plan is available	F r

1.5.2 Programme 2: District Health Services

DISTRICT HEALTH SYSTEM AND INTEGRATED PRIMARY HEALTH CARE

Strategic objective	Performance Measure/target	Actual 2003/2004	Target Output 2004/2005	Actual Achievements	Reason
STRATEGIC GOAL: PROVISION OF A COMPREHENSIVE PACKAGE PRIMARY HEALTH SERVICES					
1.To develop DHS devolution strategy	Approved strategy	Approved strategy	Implement strategy	Strategy developed and implemented	None
	No. Of Districts Health plans developed and aligned with the Integrated development Plans	Approved Integrated Plans	6 districts with Integrated development Plans	All Districts Health plans are aligned with the integrated development Plans	None
	% of Environmental Health Services (MHS) transfer agreements signed with municipalities	0	100%	MOU for transfer of MHS signed by both MECS (DOH&SOC. DEV) and DOL&H on 1st July 2004 National Single Public Service task Team established Personnel and assets audits completed Consultations with all stakeholders re-transfer of Service ongoing	Dispari service
	No. Of District Health and Advisory Committees established	4 District Health Councils	6 District Health Councils	All 6 District and provincial Health Council established according to the New Health Act No.61 of 2003 as required and officially launched	None

PROGRAMME 2: DISTRICT HEALTH SYSTEM AND INTEGRATED PRIMARY HEALTH CARE

Strategic objective	Performance Measure/target	Actual 2003/2004	Target Output 2004/2005	Actual Achievements	Reason
STRATEGIC GOAL: PROVISION OF A COMPREHENSIVE PACKAGE PRIMARY HEALTH CARE SERVICES					
2. Strengthen district Health through PHC partnerships between government and Non Profit Organizations (NPO's)	Availability of Database of NPO's providing PHC and HIV/AIDS services and Governance Structures	Not available	Database of NPO's and governance structures available	Database of clinic committee members, Hospital Boards, NPO's and Governance Structures established and utilized Database for Pension committees almost 70% complete	None
	Availability of Career development framework including Personal development plans for NPO's	None	Identify capacity needs and development programme	Career development framework and programme is established. 102 NPO's work shopped on PHC Package, Bathopele, Funding tool, Proposal writing 75 careers trained Home based care. 20 contracted site identified for the implementation of the national youth service programme	Service commu done a process March

PROGRAMME 2: DISTRICT HEALTH SYSTEM AND INTEGRATED PRIMARY HEALTH CARE

Strategic objective	Performance Measure/target	Actual 2003/2004	Target Output 2004/2005	Actual Achievements	Reason
PROVISION OF A COMPREHENSIVE PHC PACKAGE OF SERVICES					
3. To provide a comprehensive PHC package	% of PHC facilities implementing the package	85%	90%	70% PHC facilities implement the PHC package	
	Increase PHC utilization rate from 1.9 in 2001 to 3 visits by 2005	2.2 visit per client	3 visits per client	Overall Utilization rate increased from 2.4 visit per client in 2003/4 to 2.5 visit per client Utilization rate for children under 5yrs of age improved from 5 to 5.6 visits per child	
4. Improve access to PHC services	% of PHC facilities that have 24hrs service	68.5%	85%	PHC facilities offering 24hrs service including call system improved from 68.5% in 2003/4 to 70%	Clinics Staff sh
MATERNAL AND WOMEN'S HEALTH					
Strategic	Performance Measure/target	Actual	Target Output	Actual Achievements	Reason

objective		2003/2004	2004/2005		
STRATEGIC GOAL: IMPROVE WOMEN'S HEALTH AND REDUCE OF MORTALITY AND MORBIDITY					
5. To reduce maternal mortality by 50% without AIDS	Reduce maternal death due to anesthesia from 9% to 7%	7.5%	5%	Maternal mortality rate due to anesthesia is 7.5%	Lack of special
	Increase antenatal coverage from 63% to 95% by 2005	93%	95%	Antenatal coverage is 97.7% Antenatal visits per client is 4.09	
	Increase early ante-natal care attendance (less than 20 weeks) from 30% to 32%	32.2%	33%	Antenatal attendance for pregnant women less than 32 weeks of pregnancy is 31.9%	Health commu
	95% of designated facilities to provide Choice on Termination of Pregnancy (CTOP) by 2004	80%	100%	80% (33/41) of designated hospital performed hospital performed TOP	
	Provide cervical cancer screening to 15% of women in the target age group 30 and above	0%	15%	1.7% (4580) women aged above 30 years screened for cervical cancer during the awareness campaign	Insuffic

INFANT AND CHILD HEALTH

Strategic objective	Performance Measure/target	Actual 2003/2004	Target Output 2004/2005	Actual Achievements	Reason
STRATEGIC GOAL: REDUCTION OF INFANT AND CHILD MORTALITY AND MORBIDITY					
6. Reduce infant and child morbidity and mortality	Reduce Perinatal mortality rate	Establish baseline	31 per 1000 births	Perinatal mortality is 29/1000 births	
	No. of hospitals implementing PPIP	38%	100%	PPIP implemented in all hospitals (except specialized institutions)	
	% of districts implementing birth defects Policy (target-30% of districts)	0%	30%	Birth defects and Genetic policy implemented in 30% of districts	
7. Correct feeding practices	No. of baby friendly hospital initiative	21	27	30 facilities are accredited as Baby Friendly	
	Reduce the incidents of severe malnutrition in children less than 5 years by 20% by 2005	0.8%	20% reduction	0.43% children less than 5 years had severe malnutrition and 0.94% failed to gain weight Draft food supplementation policy 30 Health care providers trained on lactation management	

				Vitamin A supplementation of parturient mothers and children continuing. Greenery projects established in all districts. Translation of food based dietary guidelines on local languages	

INFANT AND CHILD HEALTH

Strategic objective	Performance Measure/target	Actual 2003/2004	Target Output 2004/2005	Actual Achievements
REDUCTION OF MORTALITY AND MORBIDITY				
8. Reduce the incidence of diarrheal diseases in children	20% reduction of incidence of diarrhea diseases in children less than 5 yrs by 2005	9.1 per 1000 children	20% reduction	The incidence of diarrhea with dehydration in children less than 5 y 1.68/1000. The incidence of diarrhea without dehydration in children less than 5 y is 0.46 per 1000
9. Reduce the incidence of low birth weight	16% to 10% reduction of the prevalence of low birth by 2005	12%	12.5%	% of live births children with low birt weight is 11.28% Awareness campaigns on importance taking adequate nutrition and prevention of Hypertension conducte
10 To improve school health service	Implement school health policy in 30% of schools per district.	30%	40%	All districts implement school health policies
11. Implementation IMCI strategy	No. of facilities implementing IMCI strategy			71% of facilities implement the IMCI strategy

YOUTH AND ADOLESCENT HEALTH

Strategic objective	Performance Measure/target	Actual 2003/2004	Target Output 2004/2005	Actual Achievements
STRATEGIC GOAL: IMPROVE ADOLESCENT AND YOUTH HEALTH				
12. Reduction of births among girls below 19yrs	Reduces proportion of births among girls aged <18 from 19.5% to 18%	12.4%	18% reduction	Delivery rate of girls aged less than 1 years is 9.37%
13. Increase accessibility of youth friendly services (YSF)	Increase the number of youth friendly clinics from 0% to 20%			7.3% facilities provide youth friendly services Youth awareness campaigns, summit

	by 2005			seminars held in various districts

COMMUNICABLE DISEASE CONTROL

Strategic objective	Performance Measure/target	Actual 2003/2004	Target Output 2004/2005	Actual Achievements
IMPROVE THE RESPONSE TO OUTBREAKS OF COMMUNICABLE DISEASES				
14. Improve the investigation and response to outbreaks	No. of district with established outbreak response teams	6 districts	6 districts	All 6 districts (26 municipalities have established outbreak response teams Response rate to outbreaks in 2 hour 6514 Notifiable Medical (Excluding Malaria & outbreaks) notified with TI accounting for 94.4% of cases.
	Case fatality rate of cholera	0	>1%	No outbreak
	Case fatality rate of typhoid fever	0	>1%	An outbreak of typhoid fever reporte (126 cases) at HC Boschoff Hospital v an attack rate of 17.2% with no fatal Over 50% of people affected were hospital personnel
	Case fatality rate of Meningcoccal Men		>1%	No outbreak reported
	Case fatality rate of Haemorrhagic dis.	0	>1%	No outbreak reported
	Case fatality rate of Food-borne diseases	0	>1%	Food poisoning (2outbreaks) 67 school children admitted with food/chemical poisoning. The attac rate of 76% with no fatalities. 17 patients admitted at Blouberg Hospital with food poisoning, treate with no fatalities

EXPANDED PROGRAMME ON IMMUNIZATION (EPI)

Strategic objective	Performance Measure/target	Actual 2003/2004	Target Output 2004/2005	Actual Achievements	Reas
STRATEGIC GOAL: EFFECTIVE AND EFFICIENT MANAGEMENT OF EPI					

15. Increase Immunization coverage of children under 1 year of age	% of fully immunized children under 1 yr of age	82%	83%	Children fully immunized under on year of age declined to 81.4%
	% of measles 1st dose coverage of children under 1yr ≥90% Measles campaign coverage in all municipalities	84%	85%	Measles 1st dose coverage declined from 84% to 81% 114 suspected measles cases detected and investigated, Only 4.4% (5) tested measles positive and 95.6% tested rubella positive Measles coverage = 99%
16. Eradicate Polio	No. of AFP cases detected and investigated per 100000 children under 15yrs of age(2,203,326) ≥90% OPV campaign coverage in all municipalities	65 cases>15yrs	25 case>15yrs	52 suspected AFP cases detected (2. detection rate with a stool adequacy rate of 98%). Routine Polio coverage for children under one year of age improved from 73% in 2002/3 to 96.9% in 2004/5 Polio campaign conducted with Polio first round coverage =99% Polio 2nd round =84%

EXPANDED PROGRAMME ON IMMUNIZATION (EPI)

Strategic objective	Performance Measure/target	Actual 2003/2004	Target Output 2004/2005	Actual Achievements
STRATEGIC GOAL: EFFECTIVE AND EFFICIENT MANAGEMENT OF EPI				
17. Reduce neonatal tetanus to fewer than one case per 1 000 live births by 2005	Neonatal tetanus cases/1000 live births	3 Cases	>1/1000 live births	1 Case (o.008/1000 live births) of neonatal tetanus detected in Mopani treated and survived. Response campaign conducted Tetanus Toxoid coverage for women attending Ante-natal clinic (ANC) is 66.3% DPT-Hib3 coverage improved from 71.5% in 2002/3 to 95.7% in 2004/5

18. Improve quality of immunization practices and increase public acceptance of immunization	AEFI RATE BY ANTIGEN %	3 AEFI	>1 per 1000 live births	One child had and adverse events following (AEFI) DPT-Hib3 and successfully treated.

MALARIA

Strategic objective	Performance Measure/target	Actual 2003/2004	Target Output 2004/2005	Actual Achievements
19. Reduce Malaria Case Fatality	Reduce from 1.6% to -.8% by 2005	1.15%	0.9%	Case fatality rate is 1,1% (5616 cases and 61 deaths)
20. Reduce Malaria incidence by 10% per year	Indoor residual spraying of 900,000 structures	810	900 000 structures	1.051/313 structures sprayed during year, exceeding target by 151,313

HIV/AIDS/STI'S AND TB

Strategic objective	Performance Measure/target	Actual 2003/2004	Target Output 2004/2005	Actual Achievements
STRATEGIC GOAL: DECREASING THE MORBIDITY AND MORTALITY OF HIV/AIDS/STI's/ AND TB				
21. Reduce HIV prevalence	Incidence of male urethral discharge	7.7/1000 males >15yrs	42/1000 males >15yrs	Incidence of STIs is 6.8 per 1000 population above 15yrs of age STI slips issued rate = 83.7% Contact tracing rate = 30.73% STI partner treatment rate = 23.64% 9.4 condoms per distributed per male =>15yrs per year
22. Limit the rate of increase in HIV prevalence among women attending ante-natal care	HIV prevalence by <20yrs, 20-24 yrs, 25-29yrs, 30-34yrs, 34-39yrs, 40-44yrs and above	 8.8% 17.7% 19.4% 20.9% 9% 16.7%	20% reduction	HIV prevalence by age group in women attending antenatal clinic are as follows: <20yrs reduced to 6.6% 20-24yrs increased to 20.7% 25-29yrs increased to 23.9% 30-34yrs increased to 21.8% remained the same in women aged 35-39yrs =98% In women aged 40+ reduced to 10.2%

23. Increase access to voluntary testing and counseling	No. of facilities offering HIV testing and counselling	414	100%	All facilities offer Voluntary Counseling and testing VCT testing rate increased from 54.1% to 62.3% 403 counselors trained Counselor mentors trained increased from 30 in 2003/4 to 96 in 2004/5 18 Adherence counselors trained

HIV/AIDS, STI AND TB

Strategic objective	Performance Measure/target	Actual 2003/2004	Target Output 2004/2005	Actual Achievements	Reason
DECREASING THE INCIDENCE OF HIV/AIDS, STI AND TB CONT.					
24. Increase access to the comprehensive treatment, care and HIV/AIDS management of	1 ARV site per district by end of 2004/05	0%	1 per district	8 hospital accredited for the implementation of the comprehensive plan. Of the 3762 patient assessed, 34.4% adults and 4.3% children are on treatment and 1.7% died whilst on treatment. 317 Health professional trained on ART	
25. Reduce incidence of HIV in infants	Reduce the proportion of infected infants born to HIV infected mothers by 20% in by 2005	53%	20% reduction	Neverapine uptake rate (NVP) 93.2% of babies born to HIV positive women who received NVP dose	
26. Increase access of care and support for those infected by HIV/AIDS	No. of Community Home based Care established	324 CHBC		324 CHBC teams with 3734 members established 2610 support visits conducted by teams. 209 010 clients accessed the CHBC Services	
27. Reduce mortality and morbidity due to	% of patients cured	68.3%		Cure rate decreased from 68.3% in 2002/3 to 53.9%	

TB		89.9%	5% reduction	Interruption rate reduced from 8.9% in 2002/3 to 7.4% Death rate due to TB decreased from 8.8% in 2002/3 to 7.4%

DISTRICT HOSPITALS

Strategic objective	Performance Measure/target	Actual 2003/2004	Target Output 2004/2005	Actual Achievements
STRATEGIC GOAL: IMPROVE EFFICIENCIES IN HEALTH FACILITIES				
28. Improve quality of care	Average Length of stay is 5 days	5.5 days	5 days	5.22 days
	Usable bed Utilization rate is 70%	63.3%	68.6%	69.9%
	Patient waiting time	No baseline	Establish baseline	4.13
	No. of hospitals with sub-acute beds = 10	2	10	5
	No. of hospitals with private beds/wards = 15	8	15	12

DISTRICT HOSPITALS

Strategic objective	Performance Measure/target	Actual 2003/2004	Target Output 2004/2005	Actual Achievements
STRATEGIC GOAL: DECENTRALIZATION OF HOSPITAL SERVICES				
29. Improve quality of care	% of facilities with effective hospital boards	0	100%	93%
	% of hospitals with PMS in place for all employees	0	100%	26% of hospitals have PMS in place for all employees
	No. of CEO's with full complement of CEO support staff appointed at all hospitals	2	30	8
	No. of hospitals with functional boards	0	100%	93%

	No. of hospitals displaying patient's right Charter	100%	100%	100%
	No. of hospital that have conducted Patient satisfaction survey	100%	100%	81.63%

1.5.3 Programme 3: Emergency Medical Services

Strategic objective	Performance Measure/target	Actual 2003/2004	Target Output 2004/2005	Actual Achievements	Reasons for
3. Provide quality Emergency Medical Services (EMS)	% of Ambulances equipped to National Standards	60%	100%	70%	Inadequate
	100% of EMS fleet in commission	79%	100%	85%	Poor mainta
	Appropriate communications network; 24 repeaters in commission	18	24	22	Insufficient procedure.
	% of population accessing EMS	No baseline	60%	50%	Shortage of communicat
	No. of patients transported per 1,000 population per year = 14	-	14 per 1000 population	13 per 1000 population	Shortage of communicat
	50% of response times within national target	Urban 45 min Rural 70 min	50%	40%	
	Less than 3% calls answered by ambulance crew	5	0	1%	Some statio requirement
	No. of EMS station established	16	18	22	No funds for

1.5.4 Programme 4: Provincial Hospital Services

Strategic objective	Performance Measure/target	Actual 2003/2004	Target Output 2004/2005	Actual Achievements	Reasons f
1. Develop a capital strategy for health facilities	Proportion of hospitals with completed new projects	66% of the hospitals completed new projects. 16% completed new projects	100%	100%	Slow Pac revitaliza
	Proportion of hospitals implementing the maintenance plan	80%	100%	100% of hospitals are implementing the maintenance plan	Lack of a
	Proportion of hospitals with problems in maintenance of capital equipment	100%	0%	100% Laundry and catering equipment still in poor state of repair in all hospital boilers	Inadequa replace c
			PROVINCIAL HOSPITALS		
Strategic objective	Performance	Actual 2003/2004	Target Output	Actual Achievements	Reasons f

	Measure/target		2004/2005		
STRATEGIC GOAL: DECENTRALIZATION OF HOSPITAL SERVICES					
2. Improve quality of care	% of facilities with effective hospital boards	100%	100%	100%	Warmbat confirme
	% of hospitals with PMS in place for all employees	50%	100%	100%	
	No. of CEO's with full complement of CEO support staff appointed at all hospitals	100%	100%	100%	
	No. of hospitals displaying patient's Right Charter	100%	100%	100%	
	No. of hospital that have conducted Patient satisfaction survey	100%	100%	100%	

PROVINCIAL (REGIONAL) HOSPITALS

Strategic objective	Performance Measure/target	Actual 2003/2004	Target Output 2004/2005	Actual Achievements	Reasons for
3. Improve effectiveness of the Health Technology	Proportion of hospitals with Health Technology in line with level of service	No baseline	100%	SL for the audit projects signed for the implementation in June 2005	Lack of stan Expiry of RT
	Proportion of hospitals with functional asset register	100% manual	100% computerized system	62% manual. One hospital developed own computerized system	Lack of softv Staff not tra

PROVINCIAL (REGIONAL) HOSPITALS

Strategic objective	Performance Measure/target	Actual 2003/2004	Target Output 2004/2005	Actual Achievements	Reas
4. To develop ICU Services	Reduction of tertiary referrals to PMHC by	No baseline still to be determined	Establish baseline	Equipment available Patient transferred	Lack appr

	10% annually			Out = 55 Patients transferred in = 4 Staffing levels = 24 Prof/Nurses	Lack nurse
5. To develop anesthetic services	Reduction of tertiary referrals to PMHC by 10% annually	No baseline still to be determined	Establish baseline	Equipment adequate One outreach programme Transferred out = 21 Transferred in = 16	
6. To Develop Paediatric Services	To develop secondary hospital services package. Reduction of tertiary referrals to Gauteng by 10% annually	0	No baseline still to be determined	Patients transferred out = 127 Patients managed Availability of specialists – Mokopane has SA Specialists	Lack Lack Lack Nurse Lack suppo
7. To develop family medicine services	Number of visits to PHC Centers per month		No baseline still to be determined	Family medicine services Outreach Programme: very active	Lack Fami

PROVINCIAL (REGIONAL) HOSPITALS

Strategic objective	**Performance Measure/target**	**Actual 2003/2004**	**Target Output 2004/2005**	**Actual Achievements**	**Reas**
8. To Develop Pediatrics Services	To develop secondary hospital services package. Reduction of tertiary referrals to Gauteng by 10% annually	0	No baseline still to be confirmed	Patients transferred out = 127 Patients managed Availability of specialists = Mokopane has SA Specialists	Lack Lack Nurse Lack suppo Offic
9. To develop family medicine services	Number of visits to PHC Centers per month	0	No baseline still to be confirmed	Family medicine services. Outreach Programme very active	Lack Fami

AVERAGE LENGTH OF STAY BY PROVINCIAL HOSPITALS

HOSPITAL NAME	LETABA	MAPULANENG	MOKOPANE	ST RITAS	TSHILIDZINI	WARMBA
2003/04	4.5	6.5	5.6	6.6	4.6	4

SPECIALIZED HOSPITALS

Strategic objective	Performance Measure/target	Actual 2003/2004	Target Output 2004/2005	Actual Achievements	Rea
10. Develop a capital strategy for health facilities	Proportion of hospitals rehabilitated (backlog reduced)	50%	100%	1%	Rev con per
	Proportion of hospitals with maintenance plan	100%	100%	100%	Imp to
11. Develop a capital strategy for health facilities	% of transport needs met due to availability vehicles	65%	100%	85%	Old veh
12 Improve effectiveness of Health Technology	% hospitals with Health Technology in line with level of service	-	100%	100%	Buc rep
	% hospitals with functional asset register	100% manual	100%	100% manual	Del Hea Pro

NURSING SERVICES

Strategic objective	Performance Measure/target	Actual 2003/2004	Target Output 2004/2005	Actual Achievements	Rea
13. To improve quality of nursing services	Availability of nursing services package	Roll out to all institutions	Implemented in 14 hospitals	Implemented in 14 hospitals	Buy
To execute transformation in nursing	Conceptual framework document, finalized adopted and implemented in pilot sites	Finalized and approved and be implemented in all hospitals	Document finalized	Document finalized	Buc
14. To market nursing services	Marketing strategies developed	12 hospitals	4	4	Buc

HEALTH CARE SUPPORT

Strategic objective	Performance Measure/target	Actual 2003/2004	Target Output 2004/2005	Actual Achievements	Rea
15. Improve access to	Number of clients	-	Norm still to be	508,204	Sho

clinical support services	accessing clinical support services:		determined		
	To increase the number of facilities with full compliment of services by 2 each year: Baseline 11	-	Norm still to be determined	Target of 13 was reached	Sho har rol
	Number of assistive devices provided to clients: Target 20,253	-	Norm still to be determined	20,245	Del fro

HEALTH TECHNOLOGY & LABORATORY SERVICES

Strategic objective	Performance Measure/target	Actual 2003/2004	Target Output 2004/2005	Actual Achievements	Rea
16. To ensure the provision & monitoring of Laboratory services	Service Level Agreement finalized and signed	Draft Service Level Agreement available	Signed SLA	Service Level Agreement signed	Nor
17. Establish a Health technology workshop (facility) in the Province	Establish 6 Health Technology workshops (facility) in the Province	None established	6 functional workshops	1 re-established	Sho Lac

1.5.5 PROGRAMME 5: PROVINCIAL TERTIARY SERVICES

Strategic objective	Performance Measure/target	Actual 2003/2004	Target Output 2004/2005	Actual Achievements	Reas
1. To provide efficient, effective and quality Hospital services	Average Length of stay (ALOS)	ALOS 6.5	ALOS – 5.3 days	ALOS 5.8 Mankweng – 6.13 Polokwane – 5.52	Probl patie leave
	Usable Bed Utilization rate	UBUR 80.5% Polokwane 89% Mankweng 72%	UBUR 75%	UBUR – 81% Polokwane – 82.9% Mankweng – 78.9%	Bette speci
	% of hospitals with operational Hospital Board	Board Abolished	Functioning Hospital Board for Complex	No. of hospital board: Members officially appointed in March 2005	Boar train

PROVINCIAL TERTIARY SERVICES

Strategic objective	Performance Measure/target	Actual 2003/2004	Target Output 2004/2005	Actual Achievements	Reas
2. To improve management capacity	Appointment of line managers and logistical support staff	75% of critical management posts filled	Fill all critical management posts	Most critical posts filled for managers and their support staff	Clini and in ap fille
3. To improve	Proportion of	Many items of	Purchase equipment	Health Technology plan	Dela

effectiveness of the Health Technology	revitalized hospitals with Health Technology Plan and equipment	equipment purchased from the normal budget and the National Tertiary Services Grant. Plan available	to provide secondary and tertiary services. Update plan	updated. Linear accelerator, brachy-therapy, and all support oncology radiation equipment in use. Anesthetic machines and other theatre equipment purchased.	the t equip items in th
PROVINCIAL TERTIARY SERVICES					
Strategic objective	Performance Measure/target	Actual 2003/2004	Target Output 2004/2005	Actual Achievements	Reas
4. To coordinate and improve the quality of service	Ensure the Quality Improvement Committees are effective on both Campuses	Quality structures in place but not fully effective. No Quality Manager appointed for the Complex	Appoint Manager. Improve functioning of committees	Committees are in place, meeting and active. Manager: Quality appointed. Patient satisfaction surveys conducted.	
	Enter into twinning agreements to benchmark against international best practices	Twinning agreement signed with the Valenciennes Hospital in France, and with the Polish academy of Sciences	Conclude agreements and implement provisions	Visits took place between staff of Valenciennes Hospital in France and the Complex. Agreements between MEDUNSA and the Polish Academy of Sciences resulted in the appointment of a number of specialists from Poland, Ukraine and Russia. Early contacts have taken place between Leicester Medical School and the complex.	
PROVINCIAL TERTIARY SERVICES					
Strategic objective	Performance Measure/target	Actual 2003/2004	Target Output 2004/2005	Actual Achievements	Reas
5. Implementation of	Employee of the	Programme planned	Programme	Proceeding well	Achie

Quality Improvement Programmes	month programmes implemented		implemented		
6. Organizational Development. To develop strategies	Advertise and fill posts for health professionals and critical management posts	On-going efforts to recruit and retain professionals	Fill key posts	In association with the then MEDUNSA a number of senior posts for professionals were advertised and some were filled. 24 Polish specialists appointed on three-year contracts. Critical management posts were filled in most cases	Diffic South speci impr to sp other

PROVINCIAL TERTIARY SERVICES

Strategic objective	Performance Measure/target	Actual 2003/2004	Target Output 2004/2005	Actual Achievements	Reas
7. Acquire equipment to develop tertiary services	Purchase and commission equipment	Radiation oncology equipment installed and staff trained. *Anaesthetic machines and other theatre equipment procured. *ICU beds and equipment procured and new ICU opened at Polokwane Campus	Get radiation oncology unit fully functional. *Get New Eye Unit at Mankweng fully functional	Linear accelerator, brachy-therapy and all support oncology radiation equipment fully functional. *Equipment purchased for new Eye unit at Mankweng	
8. Emergency medicine certificate programmes	Train medical, EMS and nursing personnel in these training programmes	BLS 300 NR 64 ATLS 80 ACLS 64 APLS 64	Train in Basic Life Support (BLS), neonatal resuscitation (NR), acute Trauma Life Support (ATLS), Cardiac Life support	BLS 261 NR 70 ATLS 100 ACLS 100 APLS 140	

			(ACLS), Paediatric Life Support (APLS)		
9. Accreditation for post graduate medical education	Full accreditation of all academic departments by 2006/07	0	Seek partial of full accreditation or full accreditation for all main departments. Establish support departments in pathology disciplines etc.	Community health and Family Medicine fully accredited, ENT, Anesthesiology, Psychiatry, Internal Medicine, Paediatrics, O & G, and Ophthalmology partially accredited	Short regis serio Estab disci Healt

Development of Medical School and Tertiary Services in the Pietersburg/Mankweng Hospital Complex

- The DoHSD's original Plan and Timelines for developing a Medical School and tertiary services have been overtaken by the Gaz UNIN and MEDUNSA on the 01st January 2005. This has created a "Burning Management Platform" which calls for the fast trac organizational development of the school and Tertiary Services as one inter-woven dynamic process.

- The Interim University of Limpopo Council has a Strategic Plan intended to address, amongst others, issues of Common Human Financial Management Systems Database.
- The DoHSD, with its Service Delivery bias, has been invited by the Interim University Council to play an active role in the deve Tertiary Disciplines and the fast tracking of recruitment of diverse Specialists expertise both in the RSA and overseas markets number of Academic Tertiary services Disciplines that are able to obtain accreditation status.

CHALLENGES

The DoHSD and the University of Limpopo face the following challenges:

- Rapidly increase fully – accredited Tertiary Services Disciplines from 3 to over 25 at P/M Complex.

- Resistance to change by other HODs from MEDUNSA;

- Scares Specialist expertise in RSA

1.5.6 Programme 6: Health Sciences and Training

Strategic objective	Performance Measure/indicator	Actual 2003/2004	Target Output 2004/2005	Actual Achievements	Rea
1. To provide Nursing education	% Student intake for basic nursing programmes	169 student intake	Intake equal vacated student posts	579 students trained	Der rur Tra Ina acc Pro Ma
	% Student intake for post basic nursing programs	52	200 enrolled nursing	161 enrolled nursing	Pro lea
2. To provide Enrolled nursing	200 per year	330	200 enrolled nursing	161 enrolled nursing	Pro lea Als ava Sho
3. To provide Enrolled Nursing Auxiliary	300 per year	185	300	514	Acc
4. Improve intake of students from rural & nodal Communities	70% students recruited from rural & nodal areas	0	70% of students	80% Students intake recruited from rural areas	

1.5.7 Programme 7: Health Care Support Services

PHARMACEUTICAL SERVICES

Strategic objective	Performance Measure/target	Actual 2003/2004	Target Output 2004/2005	Actual Achievements	Rea
1. Increased availability of drugs at our facilities	Increased drug availability at the depot to 95%	95%	95%	90%	Sho rep Lat nev Fai sup
	Increased drug availability at the clinic	75%	80%	75%	Fai sup Fai sup Ou list Del
	Increased drug availability at the hospital 90%	85%	88%	85%	Fai sup Fai sup Del

1.5.8 Programme 8: Health Facilities Management

Strategic objective	Performance Measure/target	Actual 2003/2004	Target Output 2004/2005	Actual Achievements	Reasons for
STRATEGIC GOAL: TO RENDER HEALTH FACILITY PLANNING & DEVELOPMENT					
1. To render capital planning and infrastructure development to acceptable health facilities	100% completion of four revitalization projects in terms of phases under construction. (Lebowakgomo, Jane Furse, Dilokong and Nkhensani Hospitals)	Achived 57.1% progress in three hospitals (Jane Furse, Lebowakgomo and Dilokong)	100% Completion for four re revitalization projects in terms of phases under construction. (Lebowakgomo, Jane Furse, Dilokong and Nkhensani Hospitals	Lebowakgomo (Phase 4) 100% Phase 5 - 25% Jane Furse Phase 3 – 100% Phase 4 – 37% Dilokong Phase 3 – 100% New Nkhensani Phase 2 – 100%	Slo imp Adv hav imp
2. To render capital planning and infrastructure development to acceptable health facilities.	100% of Districts hospitals, health centers and clinics upgraded to Provincial health requirements and standards	60% of hospital building upgraded to reach maintainable condition. 40% of clinics to reach maintainable condition	100% of District hospitals upgraded to National and Provincial health requirements and standards (Blouberg, Malamulele and Thohoyandou Hospitals)	Blouberg = 100% Dr M.M. Mphahlele = 100% decommissioned Malamulele = 100% Thohoyandou = 100% of Phase 2	Slo imp Buc Hea bac Cli stil Cor dev in t wa rev

Strategic objective	Performance Measure/target	Actual 2003/2004	Target Output 2004/2005	Actual Achievements	Rea
STRATEGIC GOAL: TO RENDER HEALTH FACILITY PLANNING & DEVELOPMENT					
3. To render capital planning and infrastructure	15 clinics upgraded to National and Provincial Health	Ten (10) clinics in Bohlabela and Sekhukhune (rural	10 clinics (in all Districts) upgraded to National and	10 clinics in Bohlabela and Sekhukhune (rural nodal points) at 85% construction	Slo imp

development to acceptable health facilities	requirements and standards	nodal points) approved for construction.	Provincial health requirements and standards.	progress	Ins of
4. To provide reliable electricity supply in all clinics	100% of clinics supplied with reliable electricity	92% of clinics with electricity	100% of clinics with reliable electricity supply	An audit report detailing categories of electricity backlogs and prioritization completed and available. 21 Clinics with no electricity at all identified for Phase One. 15 sites out of 21 handed to contractors. 6 still in tender stage	Bu Del con imp qua to Ele Bas

Strategic objective	Performance Measure/target	Actual 2003/2004	Target Output 2004/2005	Actual Achievements	Reasons for
STRATEGIC GOAL: TO RENDER HEALTH FACILITY PLANNING & DEVELOPMENT					
5. To provide a reliable source of water at all clinics	112 clinics provided with a reliable source of water by 2004/05	Of the 112 clinics prioritized, 50% of the bore holes were drilled, 50% tested and 20% equipped.	112 clinics provided with a reliable source of water by 2004/05	100% of boreholes drilled 100% boreholes tested and equipped. **NO WATER FOUND AT 6 CLINICS (5.4%)**	Del imp Mir con wa des poi
6. To provide sanitation to clinics	100% of clinics equipped with pit latrines (sanitation services) that are pollution free.	Sanitation Report completed by DWAF and handed over to DoHSD. Prioritization completed. 76 clinics handed over to DWAF to be equipped with pit latrines (sanitation services) that are pollution free as Phase One	76 clinics equipped with pollution free sanitation services (100% completion of Phase 1)	76 clinics equipped with pollution free sanitation services (100% completed, Phase 1 Achieved) Phase Two funding commitment of R11, 2 Million communicated in March 2005	Imp tra DW imp & M

Capital investments, maintenance and asset management plan

Since 1996, the Department developed a policy to maintain its assets. Funds have been set aside in the various Districts, specifica
Budget allocations have increased steadily over the last few years.

Each facility has maintenance staff employed by Health and Social Development.

Public Works staff assists on request and where they are unable to provide direct service, external service providers / contractors
continue to Public Works offer technical advice.

PART C

1. REPORT OF THE AUDIT COMMITTEE

2. ANNUAL FINANCIAL STATEMENTS

2.1 Management Report for the year ended 31 March 2005

Report by the Accounting Officer to the Executive Authority and Legislative Assembly of the Limpopo Provincial Government

General review of the state of financial affairs

The actual financial position of Vote 7 – Health of the Department is fully disclosed in the attached detailed financial stateme consideration.

In our attempt to maintain and improve on health care services to our citizens, with the limited resources at our disposal the to focus on the following strategic issues:

- Management of HIV&AIDS and the impact on those infected and affected
- Access to primary health care services
- Devolution of the district health services
- Improvement of the physical health care facilities
- The retention and recruitment of health professionals

The Oncology unit at the Pietersburg / Mankweng Complex was built to house two units. The first unit became operati financial year was already being used to capacity by April 2004. The department thus ordered a second unit that is currentl is expected to be fully operational by July 2005.

The upgrading of clinics was continued with together with the hospital revitalization programme, with both initiatives conditional grants that remain to be the backbone of capital infrastructure expenditure within the department. The use of eq capital infrastructure is restricted due to the demand for services delivery at our facilities, where the budget has remained al past three financial years.

The outstanding 2nd and 3rd Notches due to staff has now been settled lifting the heavy burden and enabling the departm filling of critical vacant posts that exist at both service delivery as well as support levels. To this end additional funds have b MTEF period to cover this priority that includes the retention of health professionals.

The next year will see the introduction of revised clothing allowances for nurses, adjustments to the entry levels of amongs medical physicists and clinical psychologists.

Historical revenue trends and tariff policy

The revenue target was adjusted downwards from R 61.3 m to R 60 million while the actual revenue exceeded this target b mainly due to once off revenue items such as debtor's collections, sale of tender documents and refund of prior year expe Integrated Nutritional Programme. Excluding the once offs mentioned above the department collected an amount of R 4.5 mi

The table below in R 'millions indicates the past revenue trends and growth above the previous years actual.

Year	Target	Revenue	(Over)/under	% Collected	% Growth
2000 /01	50	37	(13)	73.0 %	3.3 %
2001/02	57	49	(8)	85.1 %	33.3 %
2002/03		59	2	103.5 %	21.2 %
2003/04	60	58	-2	96.3 %	(1.3) %
2004/05	60	83	23	138.7 %	42.9 %

Patient fees are agreed upon at a Uniform Patient Fees Steering Committee and are the same at all hospitals in the countr increase patient fees by approximately 10 % with effect from 1 April 2005 after not having adjusted these fees during the yea revenue items will also be adjusted upwards as from 1 April 2005 onwards.

Historical Budget allocation and expenditure trends

In our commitment towards achieving service delivery by utilizing the budget the department once again managed to spend allocated as illustrated in the table below.

The amounts are in R millions and the expenditure growth is based on the additional spending above the previous year.

Year	Adj. Budget	Expenditure	(Over)/under	% Spent	% Growth
2000 /01	2 550	2 524	26	98.9 %	13.6 %
2001/02	2 719	2 664	55	97.9 %	5.5 %
2002/03	3 146	3 167	(21)	100.7 %	18.9 %

2003/04	3 597	3 744	(147)	104.0 %	18.2 %
2004/05	4 239	4 169	71	98.3 %	11.4 %

The under expenditure is split between equitable share = R 36.664 million (0.94%) and Conditional Grants = R 34,345 millio
service delivery the personnel costs increased by 20 %, goods and services by 12.3 %, capital infrastructure by 277 % and
23.6 % above the previous years expenditure.

Adjustment estimates

The Provincial Treasury allocated an additional once off R 263 million in the adjustment estimates that was R1
requested, This resolved the issue of under funding for the financial year under review but did not address the u
MTEF period. This was once again highlighted in the departmental budget speech for the 2005/06 financial year.
measured against the Equitable Share Formula that is used to allocate funds to the provinces.

A part of the additional funds that were made available was used towards the purchase of much needed vehicles to a
as replacing existing vehicles that were no longer economically viable to maintain.

Conditional grants

The under spending of R 59.9 million (13.2 %) on Conditional Grants was not rolled over due to the over expend
Share in the 2003/04 financial year. The expenditure on conditional grants for 2004/05 reached 89.4 % with an u
34.3 million for which an application for roll over will be requested.

Under / (Over) expenditure

The trend where the department over spent against the budget for the past two financial years was halted and exper
not result in any un-authorized expenditure against the vote or main divisions of the vote. The additional funds did
the year under review and the MTEF period has not been funded accordingly.

Services rendered by the department

Departmental focus

The services rendered by the department remain dedicated towards delivering quality health services to the citizen
fully disclosed in the annual programme performance report. The emphasis remains focused on Primary Health Care

Free services

All services that are rendered by the Clinics and Health Centers are a free service.

The following categories of patients also receive free medical treatment and care at hospital level:

- All social pensioners
- The unemployed and those not having any income
- Pregnant woman who are not on medical aid
- Children under the age of six years
- Victims of rape, assault, and those who falls within the criminal Procedure Act
- Termination of Pregnancy
- All communicable disease patients
- HIV & AIDS testing and counseling
- All disabled persons

Capacity constraints

Funding

Conditional grants continued to be the lifeline for capital expenditure where the department is not able to provide
funds towards infrastructure development.

Staff vacancy

The personnel vacancy rate remains disturbing and is seriously impacting on the provision of services in a sector th
The vacancy of health professionals as well as administrative staff remains a concern. Additional funds have been pr
to recruit new officials and to retain existing personnel.

Provincial financial system

The problems of the availability of the provincial financial reporting system, the Basic Accounting System (BAS) is dis
saw the system not being available from day one due to conversion to the Standard Chart of Accounts (SCOA) tha
April 2004. BAS is a national system being used by most provinces and being on-line results in long processing ti
reports requested to be finalized over-night. This issue has been raised at provincial and national level and will
promptly to ensure that disruption towards achieving sound financial management remains limited.

Utilization of donor funds

Three sources of donor funding are available and is being utilized by the department together with one project that will delive

- JICA – Japanese Grant Aid in kind
- Flemish Government
- European Union
- Belgium

JICA

The Japanese Government has approved a project for the provision of health facilities and equipment in the Greater Tza
20 million. The tenders were awarded in March 2005 and construction of three clinics, five pay point shelters and equipm
and 20 clinics will be completed by March 2006.

Flemish

The balance of R 239 000 of a R 1 million Flemish Government donation for the establishment and initial operation cost
Shiluvani Health Centre has been fully utilized for operating expenditure during the year under review.

European Union

Some R 9.7 million has already been received from the European Union out of a total estimated at R 63 million over th
will be ending in June 2008. The amount available is expressed in Euros and the total is dependant on the ranc
programme only became operational in March 2004 after the National Project Management Unit was staffed and is ai
care including HIV & AIDS. An amount of R 7.4 million has been spent by March 2005, while the Provincial Project Mana
fully staffed since April 2004.

Belgium

The Belgium funding for HIV & AIDS projects amounting to R 289 000 has been received with some R 106 000 already b

Public Private Partnerships (PPP)

The management of Shiluvani and Matikwana are still being undertaken by Life Care Health, while the contract for Evuxak
December 2004 and was not extended. The department then took over the management and now runs the institution.

The PPP projects have progressed well with the Laundry project obtaining Treasury Approval number 1 (TA 1) status in Requests for Qualification closed in March 2005.

The concession of hospitals and renal dialysis projects has completed the pre qualification stage in terms of evaluati for Proposals are being finalized.

The feasibility report has been completed on Staff Accommodation and Full Maintenance Lease of the EMS fleet and the determine if the affordability, cost benefit and risk transfer is acceptable before TA 1 is requested.

Corporate Governance arrangements

All SMS members are required to declare their financial interests and to complete an Annual Performance Agreements on a officials are required to have an Annual Work Plan against which performance is measured.

Hospital Boards and Clinic Committees have been appointed and will be capacitated on various areas of management.

The Executive Management continues to take responsibility for risk management, with the assistance of the Departmen Committee who has developed a Risk plan, risk policy and risk strategy for the management of risks. All managers take resp risk with in their sphere of management.

The Province has a centralized Internal Audit function that is coordinated from the Office of the Premier. The Depart Centralised Audit Committee established and operation for the past three years

The departmental Fraud Prevention Plan remains to be implemented at all levels.

Progress wit improvement in financial management

C E O‘s appointed

The Chief Executive Officers at all hospitals are now settled and have already begun with training aimed at buildi areas of management. Delegations have been issued to them to enable them to manage risks, approve financial staff and ensure procurement is carried out as required.

Asset register

The department has not yet been able to provide a departmental Asset Register that will contain details of all the dep FINEST Asset Register still posed numerous challenges arising from the initial input stage that starts with the

continues to the payment of the related invoices. The Provincial Treasury did assist in capturing all existing assets on for interface into the FINEST register. This process did not capture all assets in the Capricorn district that was left to The Bar Coding of all assets has been concluded and registers of all assets bought in the year under review are bein

Supply Chain Management

In September 2004 the department received full decentralized powers for procurement with only period and remaining with the Treasury.

Delegations

Delegations have been issued to all responsibility managers to enable them to manage risks, approve financial trans and ensure procurement is carried out as required.

Internal control

The reduction in Management letters received from the Auditor General is an indication of improvement in the int wish to continue to improve in this regard.

Performance information

Quarterly reporting

The department has implemented a quarterly reporting system (Departmental Finance Forum - DFF) that has been c three years, where all responsibility managers report on their actual performance against the strategic plan as well as with projections of expenditure to year end. This assists in obtaining an early warning for areas where the budge where under performance is identified and enables the department to manage the performance by identifying area and to seek additional funding as the case may be. The actual performance is also addressed and plans formulated where required.

The DFF reports will link into the quarterly performance reporting system that will be introduced by Treasury in the n would be to have performance against the strategic plan completed by the 15th of the month following the end of such reports are completed 30 days after the end of the quarter and then submitted to the Executive by the end o second month after completing a quarter.

Monthly reporting

The In Year Monitoring (IYM) reporting processes on financial expenditure against the budget and projections to yea implemented and adhered to.

Annual reporting

The Annual Report for 2003/04 and Strategic Plan for 2005/06 was completed and tabled in the Provincial Legislatu
the prescripts of the PFMA.

Approval

I, the Accounting Officer and Head of the Department of Health and Social Development hereby approves the annual financ
hereto for Vote 7 – Health.

_____
Dr. HN Manzini
Head of the Department

REPORT OF THE AUDITOR – GENERAL

**REPORT OF THE AUDITOR-GENERAL TO THE LIMPOPO PROVINCIAL LEGISLATURE ON THE FINANCIAL STATEMENTS OF V
SOCIAL DEVELOPMENT FOR THE YEAR ENDED 31 MARCH 2005**

1. AUDIT ASSIGNMENT

The annual financial statements as set out on pages … to …, for the year ended 31 March 2005, have been audited in terms o Constitution of the Republic of South Africa, 1996 (Act No. 108 of 1996), read with sections 4 and 20 of the Public Audit Act, 2004 (Act No. 25 o of the Public Finance Management Act, 1999 (Act No. 1 of 1999). These annual financial statements, the maintenance of effective control meas relevant laws and regulations are the responsibility of the accounting officer. My responsibility is to express an opinion on these annual financial audit.

2. NATURE AND SCOPE

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

An audit includes:

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

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

The audit was completed in accordance with Auditor-General Directive No. 1 of 2005.

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

3. AUDIT OPINION

In my opinion, the financial statements fairly represent, in all material respects, the financial position of the Department of Health and Social D 31 March 2005 and the results of its operations and cash flows for the year then ended, in accordance with prescribed accounting practice and in t relevant act.

4. EMPHASIS OF MATTER

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

4.1 Employee cost

The auditing revealed the following discrepancies:

4.1.1 Overtime not regulated

Several employees at various hospitals worked excessive overtime while they are not entitled to work more than 10 hours as overtime in a one week p regulations of 2001. Cases were also found where the monthly overtime earned by officials exceeds 30% of their monthly basic salary.

4.2 Revenue matters

4.2.1 Lease agreements

At several of the institutions visited it was found that lease agreements were not entered into between the institution and the tenants occupying premis institution. It was also noted that a house register indicating all houses under the control of institutions as well as their occupants is not regularly updat

4.2.2 Debtors not followed-up regularly

Patient registers at some hospitals reflected large numbers of outstanding debts. It was found that follow-up letters have not been sent to recover these the audit that debtors are no longer repaying their debts. The debt inquiry revealed that the amount owed by debtors who are not paying their debt any Furthermore, it was noted that there is a substantial amount of debts outstanding for more than three years. According to the debt age analysis of th debts for a period of more than three years amount to R6 780 500.14.

4.2.3 Lack of credit control policy

The department does not have a credit control policy and it failed to take effective and appropriate steps to timeously collect all money due to the instit

4.2.4 Significant increase of patient debtors

There has been a significant increase of R47 809 000 in outstanding patient fees from the prior year figure of R146 080 000 to R193 889 000, an increa

4.3 Expenditure

4.3.1 Statements used to support payments

Expenditure vouchers were found where payments were supported by monthly statements and not invoices. It was also observed that copies of the wee and statements were used as supporting documents for payments and that these were not certified as true copies of originals.

4.3.2 Overpayments made to NHLS

It was noted from account statements that in some cases, overpayments had been made, but, due to the fact that no reconciliation was made by th detected. In many cases a credit were indicated on invoices and statements, but were not deducted and in some cases these credit amounts were added resulted in further overpayments.

4.4 Assets

4.4.1 Control over assets

It was noted during the audit that all assets were not recorded in the asset registers kept at the district offices and at head office. The department was asset register in respect of the assets under its control. Stocktaking has also not been performed at some institutions for periods of up to three financia control exercised by the department.

4.4.2 Assets are not used to their full potential

Assets and equipment were found lying in storerooms for extensive periods of time without being used at all. These include TV's, stoves, computers a case, TV's bought by the department were found in the storeroom of a hospital where they were kept because of the fact that there was no TV receptio

4.4.3 Obsolete and redundant items are not disposed of

Furniture and equipment which has been damaged or worn out were found at institutions under the control of the department, while there were no ste was noticed that unused and unserviceable equipment at hospitals had been withdrawn from service a long time ago and are not properly taken care of

During the audit at the Emergency Medical Services depot in Polokwane, the departmental storeroom at the premises was visited. Obsolete, redunda and equipment were found all over around the storeroom. Records of these items could not be submitted during the audit.

4.4.4 Lack of written stores policy

Several requests for submission of stores procedure manuals and policies were made without success. It appears that such policies do not exist in th uniformity in stores management within the department. Stores are accounted for and managed differently by institutions.

4.5 Transport matters

4.5.1 Control by transport officers

The control over transport and transport related matters in the department leave much to be desired. It was observed that the license discs of some department were not valid on the day of the audit. Registration numbers on license disks displayed on some of the vehicles did not agree with the r vehicles. Due to malfunctioning sensors which were not attended to it was found that odometer readings moved backwards and forward in-between ref from the transaction reports that there is no correlation between the quantity of fuel filled and kilometers travelled between refuelling interval department. It was also noted from the monthly transaction reports that vehicles were refuelled or repaired using petrol /diesel cards that were reporte mainly due to lack of proper checking and reviewing of transaction reports by the transport officers.

It was observed during the physical inspection that several vehicles found at institutions in the province, had been involved in accidents but no completed. In some cases it could be seen that the damage occurred long ago, but no effort had been made to repair the vehicles. No efforts had been officials whom had forfeited their cover.

Vehicles were found with the markings of ambulances and were also fitted with emergency equipment such as warning devices, lamps, flashing ligh inside the vehicles there were no apparatus which are supposed to be found in ambulances such as stretchers and medical equipment. It was further no discs that those vehicles were not registered as ambulances. These vehicles are used as patient transport and not as emergency vehicles.

4.5.2 Spares removed from converted vehicles

Roll bars and tailgates which were removed from light delivery vehicles bought in July and October 2003 respectively were found in the store at th Emergency Medical Services. These vehicles were bought with the intention of converting them in mobile clinics. Seeing that it was known beforeha and tailgates will not be needed it is not clear why the vehicles were not purchased without these parts and accessories. A truckload of seats remov which were converted into ambulances were also found in a truck belonging to the department. It is again not clear why the vehicles were not order first instance. The department has not yet indicated what it intend to do with these seats. None of these items are recorded in stores registers.

4.6 Business plan – Hospital Revitalisation Program

The copy of the business plans supplied to auditors do not show any evidence of having been approved by the Head of the Department. The business been submitted to the National Department of Health on 16 March 2004. It could therefore not be confirmed whether this business plans have been Department of Health before 30 May 2004 as required by the framework on conditions of allocations made to the provinces in terms of section 7 of Do

Physical inspections conducted at the project sites revealed that some of the infrastructures were not yet completed. The craftsmanship is of low quali reported at Nkhentsani whereas cracks on walls were found at Dilokong Hospital.

4.7 HIV /AIDS

The department did not appoint specific members to be involved in the quality control of utilization of the rapid test kits and the interpretation o Counselling and Testing (VCT) sites. Requisitions or orders for rapid test kits are not placed at VCT sites. Sites at hospitals are supplied by the pharm

or tally cards are not kept at VCT sites, only note books to record issues are kept. It was also found that kits that have expired had not been retur
disposed of.

4.8 Follow-up on the audit of the disposal of medical waste

A follow-up audit was carried out in October 2004 to see if there was any improvement in the management of the disposal of medical waste by the dep

Visits were undertaken to hospitals previously visited to see if there was any improvement in the situation. As can be seen from the attached photo
place since the previous audit:

Tshilidzini Hospital

It was found that medical waste was moved from one hospital to the other by means of an ambulance:
Maphuta Malatji Hospital

An old dilapidated and unserviceable incinerator was used to dispose of medical waste due to the fact that no diesel was available to operate the moder

Witpoort Hospital

Equipment bought to destroy medical waste, is not effective at all:

Mapela Clinic

Result after incineration

No attention had been given to training of the incinerator operators. Waste is loaded in incinerators disregarding the temperature requirements:

Tinstwalo Hospital

Ashes are scattered all over the area and are not in controlled areas:

Knobel Hospital

Tintswalo Hospital

Tshilidzini Hospital

Medical and household waste are not separated and separately disposed of:

Tshilidzini Hospital

Tintswalo Hospital

These matters were bought to the attention of the department who responded stating that the outsourcing of this service was well underway.

5. APPRECIATION

The assistance rendered by the staff of the department during the audit is appreciated.

A. N. DZUGUDA,
For Auditor-General
POLOKWANE
31 July 2005

AUDITOR-GENERAL

2.3 STATEMENT OF ACCOUNTING POLICIES AND RELATED MATTERS

STATEMENT OF ACCOUNTING POLICY AND RELATED MATTERS
FOR THE YEAR ENDED 31 MARCH 2005

The Annual Financial Statements have been prepared in accordance with the following policies, which have been applied consistently unless otherwise indicated. However, where appropriate and meaningful, additional information has been disclosed to enhance the u Financial Statements and to comply with the statutory requirements of the Public Finance Management Act, Act 1 of 1999 (as amended Treasury Regulations for Departments and Constitutional Institutions issued in terms of the Act and the Division of Revenue Act, Act issued, but not yet effective Standards of Generally Recognised Accounting Practice have not been fully complied with in the Annua GRAP 1, 2 and 3.

1. Basis of preparation

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

2. Revenue

Appropriated funds

Voted funds are the amounts appropriated to a department in accordance with the final budget known as the Adjusted Estimates of Unexpended voted funds are surrendered to the Provincial Revenue Fund, unless otherwise stated.

Departmental revenue

Tax revenue

A tax receipt is defined as compulsory, irrecoverable revenue collected by entities. Tax receipts are recognised as revenue in th performance on receipt of the funds.

Sale of goods and services other than capital assets

This comprises the proceeds from the sale of goods and/or services produced by the entity. Revenue is recognised in the statement of f receipt of the funds.

Fines, penalties and forfeits

Fines, penalties and forfeits are compulsory receipts imposed by court or quasi-judicial body. Revenue is recognised in the statement of f
receipt of the funds.

Interest, dividends and rent on land

Interest and dividends received are recognised upon receipt of the funds, and no provision is made for interest or dividends receivable f
to the end of the reporting period. They are recognised as revenue in the Statement of Financial Performance of the department and
Provincial Revenue Fund.

Revenue received from the rent of land is recognised in the statement of financial performance on receipt of the funds.

Sale of capital assets

The proceeds from the sale of capital assets are recognised as revenue in the statement of financial performance on receipt of the funds

Financial transactions in assets and liabilities

Repayments of loans and advances previously extended to employees and public corporations for policy purposes are recognised as r
of financial performance on receipt of the funds.

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

Local and foreign aid assistance

Local and foreign aid assistance is recognised in the statement of financial performance on receipt of funds. Where amounts are exp
received, a receivable is raised. Where amounts have been inappropriately expensed using Local and Foreign aid assistance, a p
situation where the department is allowed to retain surplus funds, these funds are shown as a reserve.

3. Expenditure

Compensation of employees

Salaries and wages comprise payments to employees. Salaries and wages are recognised as an expense in the statement of financia
final authorisation for payment is effected on the system. The expenditure is classified as capital where the employees were involved,
capital projects during the financial year. All other payments are classified as current expense.

Social contributions include the entities' contribution to social insurance schemes paid on behalf of the employee. Social contribution expense in the Statement of Financial Performance when the final authorisation for payment is effected on the system.

Short-term employee benefits

The cost of short-term employee benefits is expensed in the Statement of Financial Performance in the reporting period when the final a is effected on the system. Short-term employee benefits, that give rise to a present legal or constructive obligation are disclosed as Annual Financial Statements and are not recognised in the Statement of Financial Performance.

Long-term employee benefits and other post employment benefits

Termination benefits

Termination benefits are recognised and expensed only when the final authorisation for payment is effected on the system.

Medical benefits

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

Post employment retirement benefits

The department provides retirement benefits for certain of its employees through a defined benefit plan for government employees. Thes both employer and employee contributions. Employer contributions to the fund are expensed when the final authorisation for payment t the system. No provision is made for retirement benefits in the Annual Financial Statements of the department. Any potential liabilit Annual Financial Statements of the Provincial Revenue Fund and not in the Annual Financial Statements of the employer department.

Other employee benefits

Obligations arising from leave entitlement, thirteenth cheque and performance bonus that are reflected in the disclosure notes have n end.

Goods and services

Payments made for goods and/or services are recognised as an expense in the Statement of Financial Performance when the final aut effected on the system. The expense is classified as capital if the goods and services were used on a capital project.

Interest and rent on land

Interest and rental payments resulting from the use of land, are recognised as an expense in the Statement of Financial Perfo authorisation for payment is effected on the system. This item excludes rental on the use of buildings or other fixed structures.

Financial transactions in assets and liabilities

Financial transactions in assets and liabilities include bad debts written off. Debts are written off when identified as irrecoverable. Debts
the amount of savings and/or under spending available to the department. The write off occurs at year-end or when funds are available.
irrecoverable amounts.

Unauthorised expenditure

Unauthorised expenditure is defined as:

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

Such expenditure is treated as a current asset in the Statement of Financial Position until such expenditure is approved by the relevan
written off as irrecoverable.

Irregular expenditure

Irregular expenditure is defined as:
Expenditure, other than unauthorised expenditure, incurred in contravention or not in accordance with a requirement of any applicable leg

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

It is treated as expenditure in the Statement of Financial Performance. If such expenditure is not condoned and it is possibly recov
receivable in the Statement of Financial Position at year-end.

Fruitless and wasteful expenditure

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

- it must be recovered from a responsible official (a debtor account should be raised), or
- The vote. (If responsibility cannot be determined.)

Such expenditure is treated as a current asset in the Statement of Financial Position until such expenditure is recovered from the respons
as irrecoverable.

4. Transfers and subsidies

Transfers and subsidies include all irrecoverable payments made by the entity. Transfers and subsidies are recognised as an e
authorisation for payment is effected on the system.

5. Expenditure for capital assets

Capital assets are assets that can be used repeatedly and continuously in production for more than one year. Payments made for capit
as an expense in the Statement of Financial Performance when the final authorisation for payment is effected on the system.

6. Investments

Investments include; Investments in Associates; Joint ventures; Investments in controlled entities and other investments.

Investments are shown at cost. On disposal of an investment, the surplus/ (deficit) are recognised as revenue in the Statement of Financ

7. Receivables

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

Receivables for services delivered are not recognised in the Statement of Financial Position as a current asset or as income in the
Performance, as the Annual Financial Statements are prepared on a modified cash basis of accounting, but are disclosed separately
notes to enhance the usefulness of the Annual Financial Statements.

8. Cash and cash equivalents

Cash and cash equivalents consists of cash on hand and balances with banks, short term investments in money market instruments and
equivalents are short term highly liquid investments that are readily convertible to known amounts of cash and which are subject t
changes in value.

9. Payables

Payables are not normally recognised under the modified cash basis of accounting. However, payables included in the Statement of Fina
advances received that are due to the Provincial/National Revenue Fund or another party.

10. Lease commitments

Lease commitments for the period remaining from the reporting date until the end of the lease contract are disclosed as part of the disclo
Financial Statements. These commitments are not recognised in the Statement of Financial Position as a liability or as expenditure in th
Performance as the Annual Financial Statements are prepared on the cash basis of accounting.

Operating lease expenditure is expensed when the payment is made.

Finance lease expenditure is expensed when the payment is made, but results in the acquisition of the asset under the lease agreemer
allowed in terms of the Public Finance Management Act.

11. Accruals

This amount represents goods/services that have been received, but no invoice has been received from the supplier at the reporting d
been received but final authorisation for payment has not been effected on the system. These amounts are not recognised in the Statem
as a liability or as expenditure in the Statement of Financial Performance as the Annual Financial Statements are prepared on a
accounting, but are however disclosed as part of the disclosure notes.

Contingent liability

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

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

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

Contingent liabilities are not recognised in the Statement of Financial position, but the information is disclosed as part of the disclosure no

13. Commitments

This amount represents goods/services that have been approved and/or contracted, but no delivery has taken place at the reporting d
not recognised in the Statement of financial position as a liability or as expenditure in the Statement of Financial Performance a
Statements are prepared on a modified cash basis of accounting, but are however disclosed as part of the disclosure notes.

14. Capitalisation reserve

The capitalisation reserve represents an amount equal to the value of the investment and/or loans capitalised. On disposal, repay amounts are transferred to the Revenue Fund.

15. Recoverable revenue

Recoverable revenue represents payments made and recognised in the Statement of Financial Performance as an expense in prev performance in accordance with an agreement, which have now become recoverable from a debtor. Repayments are transferred to th when the repayment is received.

16. Comparative figures

Where necessary, comparative figures have been restated to conform to the changes in the presentation in the current year. The comp these Annual Financial Statements are limited to the figures shown in the previous year's audited Annual Financial Statements and figures that the department may reasonably have available for reporting. Reclassification of expenditure has occurred due to the implem Chart of Accounts. It is not practical to present comparative amounts in the Cash Flow Statements as this would involve reclassification to the 2002/03 year-end.

2.4 APPROPRIATION STATEMENTS

Appropriation Statement

for the year ended 31 March 2005

Appropriation per Programme									
		2004/05							
		Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expend. as % of final appropriation	Final Appropriation
		R'000	R'000	R'000	R'000	R'000	R'000	%	R'000
1.	**HEALTH ADMINISTRATION**								
	Current payment	282,065	8,316	30,839	242,910	238,427	4,483	**98.2%**	178,925
	Transfers and subsidies	4,588	388	5,340	9,540	7,783	1,757	**81.6%**	
	Expenditure for capital assets	16,453	8,704	26,820	51,977	51,443	534	**99.0%**	41,584
2.	**DISTRICT HEALTH SERVICES**								
	Current payment	2,068,956	7,118	28,047	2,033,791	2,019,581	14,210	**99.3%**	1,685,381
	Transfers and subsidies	43,248	1,380	5,340	39,288	37,188	2,100	**94.7%**	164,885
	Expenditure for capital assets	50,579	5,738	15,998	40,319	23,894	16,425	**59.3%**	16,769
3.	**EMERGENCY MEDICAL SERVICES**								
	Current payment	70,880	-	5,119	75,999	75,996	3	**100.0%**	62,411
	Transfers and subsidies	675	-	-	675	167	508	**24.7%**	
	Expenditure for capital assets	20,945	-	8,598	29,543	29,422	121	**99.6%**	31,815
4.	**PROVINCIAL HOSPITAL SERVICES**								
	Current payment	529,852	2,529	36,088	563,411	563,996	585	**100.1%**	422,435
	Transfers and subsidies	2,978	2,699	-	5,677	3,276	2,401	**57.7%**	
	Expenditure for capital assets	3,348	170	-	3,178	3,247	-69	**102.2%**	7,896
5.	**CENTRAL HOSPITAL SERVICES**								

	Current payment	357,036	-	9,862	366,898	371,612	4,714	**101.3%**	341,721
	Transfers and subsidies	1,274	-	-	1,274	1,822	548	**143.0%**	
	Expenditure for capital assets	50,337	-	10,000	40,337	29,398	10,939	**72.9%**	17,329
6.	**HEALTH SCIENCES AND TRAINING**								
	Current payment	88,005	603	5,297	93,905	92,800	1,105	**98.8%**	92,230
	Transfers and subsidies	30,716	1,173	-	29,543	33,945	4,402	**114.9%**	29,105
	Expenditure for capital assets	22,902	570	1,000	22,472	16,132	6,340	**71.8%**	7,867
7.	**HEALTH CARE SUPPORT SERVICES**								
	Current payment	283,005	7	4,600	278,398	275,842	2,556	**99.1%**	242,052
	Transfers and subsidies	10	7	-	17	13	4	**76.5%**	
	Expenditure for capital assets	10,425	-	4,600	5,825	5,791	34	**99.4%**	10,165
8.	**HEALTH FACILITIES MANAGEMENT**								
	Current payment	79,710	1,041	21,550	59,201	50,169	9,032	**84.7%**	32,345
	Transfers and subsidies	-	200	-	200	7	193	**3.5%**	
	Expenditure for capital assets	221,050	1,241	24,850	244,659	236,076	8,583	**96.5%**	211,227
	Subtotal	4,239,037	-	-	4,239,037	4,168,027	71,010	**98.3%**	3,596,142
	Statutory Appropriation								
	Current payments	585	-	-	585	585	-	**100.0%**	552
	Total	**4,239,622**	**-**	**-**	**4,239,622**	**4,168,612**	**71,010**	**98.3%**	**3,596,694**
Reconciliation with Statement of Financial Performance									
	Departmental receipts				83,247				58,267
	Local and foreign aid assistance				6,222				6,997
Actual amounts per Statement of Financial Performance (Total Revenue)					**4,329,091**				**3,661,958**

Local and foreign aid assistance	7,685
Actual amounts per Statement of Financial Performance Expenditure	**4,176,297**

APPROPRIATION STATEMENT

Appropriation per Economic Classification

	2004/05							
	Adjusted Appropriation	**Shifting of Funds**	**Virement**	**Final Appropriation**	**Actual Payment**	**Variance**	**Payment as % of final appropriation**	**Final Appropriation**
	R'000	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**%**	**R'000**
Current payments								
Compensation to employees	2,663,868	1,615	28,670	2,633,583	2,613,398	20,185	**99.2%**	2,218,498
Goods and services	1,095,641	14,711	-	1,080,930	1,075,027	5,903	**99.5%**	868,107
Interest and rent on land	-	-	-	-	-	-	**0.0%**	-
Transfers & subsidies								
Provinces & municipalities	12,294	2,260	-	10,034	7,630	2,404	**76.0%**	-
Departmental agencies & accounts	1,300	3,600	-	4,900	155	4,745	**3.2%**	-
Non-profit institutions	25,665	218	5,340	20,107	21,160	1,053	**105.2%**	164,885
Households	44,230	1,603	5,340	51,173	55,247	4,074	**108.0%**	-
Payment on capital assets								
Buildings & other fixed structures	224,279	2,190	24,850	246,939	237,955	8,984	**96.4%**	211,227
Machinery & equipment	171,422	15,766	3,820	191,008	157,072	33,936	**82.2%**	133,425
Software & other intangible assets	338	25	-	363	383	-20	**105.5%**	-
Total	**4,239,037**	**-**	**-**	**4,239,037**	**4,168,027**	**71,010**	**98.3%**	**3,596,142**

Statutory Appropriation								
Direct charge against Provincial Revenue Fund								
Member of Executive Committee	585		-	585	585	-	**100.0%**	552
Total	**585**	**-**	**-**	**585**	**585**	**-**	**100.0%**	**552**

Detail per programme 1 - Health Administration								
		2004/05						
	Programme per subprogramme	**Adjusted Appropriation**	**Shifting of Funds**	**Virement**	**Final Appropriation**	**Actual Payment**	**Variance**	**Payment as % of final appropriation**	**Final Appropriation**
		R'000	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**%**	**R'000**
1.1	**Management**								
	Current payment	282,065	-8,316	30,839	**242,910**	238,427	4,483	**98.2%**	178,925
	Transfers and subsidies	4,588	-388	5,340	**9,540**	7,783	1,757	**81.6%**	
	Expenditure for capital assets	16,453	8,704	26,820	**51,977**	51,443	534	**99.0%**	41,584
	Total	**303,106**	**-**	**1,321**	**304,427**	**297,653**	**6,774**	**97.8%**	**220,509**
	Economic classification								
	Current payments								
	Compensation to employees	125,979	2,000		**127,979**	126,546	1,433	**98.9%**	92,831
	Goods and services	156,086	10,316	30,839	**114,931**	111,881	3,050	**97.3%**	86,094
	Transfers & subsidies								
	Provinces & municipalities	939	12		**951**	339	612	**35.6%**	
	Departmental agencies & accounts	1,300	-		**1,300**	155	1,145	**11.9%**	
	Households	2,349	-400	5,340	**7,289**	7,289	-	**100.0%**	
	Payments for capital assets								
	Machinery & equipment	16,273	8,704	26,820	**51,797**	51,264	533	**99.0%**	41,584

	Software & other intangible assets	180	-		**180**	179	1	**99.4%**	
	Total	**303,106**	**-**	**1,321**	**304,427**	**297,653**	**6,774**	**97.8%**	**220,509**

Detail per programme 2 - District Health Services

	Programme per subprogramme	2004/05							
		Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Payment	Variance	Payment as % of final appropriation	Final Appropriation
		R'000	R'000	R'000	R'000	R'000	R'000	%	R'000
2.1	**District Management**								
	Current payment	65,808	-		**65,808**	56,357	9,451	**85.6%**	111,034
	Transfers and subsidies	5	-		**5**	1	4	**20.0%**	
	Expenditure for capital assets	24,690	-	15,998	**8,692**	163	8,529	**1.9%**	3,560
2.2	**Community Health Clinics**								
	Current payment	502,675	-	4,600	**507,275**	532,756	25,481	**105.0%**	436,510
	Transfers and subsidies	1,470	-		**1,470**	4,018	2,548	**273.3%**	
	Expenditure for capital assets	1,919	-		**1,919**	1,072	847	**55.9%**	2,615
2.3	**Community Health Centres**								
	Current payment	99,518	-		**99,518**	98,496	1,022	**99.0%**	85,451
	Transfers and subsidies	852	-		**852**	444	408	**52.1%**	
	Expenditure for capital assets	546	-		**546**	537	9	**98.4%**	547
2.4	**Community Based Services**								
	Current payment	89,065	-		**89,065**	87,152	1,913	**97.9%**	74,243
	Transfers and subsidies	1,484	-		**1,484**	1,246	238	**84.0%**	
	Expenditure for capital assets	3,400	-		**3,400**	1,669	1,731	**49.1%**	356
2.5	**Other Community Services**								
	Current payment	42,577	-	14,450	**28,127**	13,898	14,229	**49.4%**	-

	Transfers and subsidies	7,173	-	5,340	**1,833**	401	1,432	**21.9%**	
	Expenditure for capital assets	3,181	-		**3,181**	1,813	1,368	**57.0%**	-
2.6	**HIV/AIDS**								
	Current payment	63,282	-		**63,282**	56,347	6,935	**89.0%**	30,838
	Transfers and subsidies	18,952	-		**18,952**	17,859	1,093	**94.2%**	3,728
	Expenditure for capital assets	3,351	-		**3,351**	2,843	508	**84.8%**	2,670
2.7	**Nutrition**								
	Current payment	20,011	-		**20,011**	14,610	5,401	**73.0%**	
	Transfers and subsidies	6,747	-		**6,747**	3,317	3,430	**49.2%**	161,157
	Expenditure for capital assets	3,315	-		**3,315**	1,650	1,665	**49.8%**	17
2.8	**District Hospitals**								
	Current payment	1,185,507	7,118	18,197	**1,160,192**	1,159,911	281	**100.0%**	947,305
	Transfers and subsidies	6,565	1,380		**7,945**	9,902	1,957	**124.6%**	
	Expenditure for capital assets	9,809	5,738		**15,547**	14,060	1,487	**90.4%**	7,004
2.9	**Coroner Services**								
	Current payment	513	-		**513**	54	459	**10.5%**	-
	Expenditure for capital assets	368	-		**368**	87	281	**23.6%**	-
	Total	**2,162,783**	**-**	**49,385**	**2,113,398**	**2,080,663**	**32,735**	**98.5%**	**1,867,035**
	Economic classification								
		1,687,085	35	29,950	**1,657,170**	1,642,718	14,452	**99.1%**	1,442,100
	Goods and services	381,871	7,153	1,903	**376,621**	376,863	242	**100.1%**	243,281
	Transfers & subsidies								
	Provinces & municipalities	7,506	1,948		**5,558**	4,853	705	**87.3%**	
	Dept agencies & accounts		3,600		**3,600**	-	3,600	**0.0%**	
	Non-profit institutions	25,665	-218	5,340	**20,107**	21,160	1,053	**105.2%**	164,885
	Households	10,077	-54		**10,023**	11,175	1,152	**111.5%**	
	Capital								

	Buildings & other fixed structures	3,150	1,120	-	**2,030**	1,984	46	**97.7%**	
	Machinery & equipment	47,271	6,833	15,998	**38,106**	21,714	16,392	**57.0%**	16,769
	Software & other intangible assets	158	25		**183**	196	-13	**107.1%**	
	Total	**2,162,783**	**-**	**49,385**	**2,113,398**	**2,080,663**	**32,735**	**98.5%**	**1,867,035**

Detail per programme 3 - Emergency Medical Services

		2004/05							
	Programme per subprogramme	**Adjusted Appropriation**	**Shifting of Funds**	**Virement**	**Final Appropriation**	**Actual Payment**	**Variance**	**Payment as % of final appropriation**	**Final Appropriation**
		R'000	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**%**	**R'000**
3.1	**Emergency Transport**								
	Current payment	70,880	-	5,119	**75,999**	75,543	456	**99.4%**	62,411
	Transfers and subsidies	675	-		**675**	166	509	**24.6%**	
	Expenditure for capital assets	20,945	-	8,598	**29,543**	29,422	121	**99.6%**	31,815
3.2	**Planned Patient Transport**								
	Current payment				**-**	453	453	**100.0%**	
	Transfers and subsidies				**-**	1	-1	**100.0%**	
	Total	**92,500**	**-**	**13,717**	**106,217**	**105,585**	**632**	**99.4%**	**94,226**
	Economic classification								
	Current								
	Compensation to employees	50,649	-	4,280	**54,929**	54,927	2	**100.0%**	45,903
	Goods and services	20,231	-	839	**21,070**	21,068	2	**100.0%**	16,508
	Transfers & subsidies								
	Provinces & municipalities	175	-		**175**	167	8	**95.4%**	
	Households	500	-		**500**	-	500	**0.0%**	
	Capital								
	Buildings & other fixed							**0.0%**	

	structures	120	-		**120**	-	120		
	Machinery & equipment	20,825	-	8,598	**29,423**	29,423	-	**100.0%**	31,815
	Total	**92,500**	**-**	**13,717**	**106,217**	**105,585**	**632**	**99.4%**	**94,226**

Detail per programme 4 - Provincial Hospital Services

	Programme per subprogramme	2004/05 Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Payment R'000	Variance R'000	Payment as % of final appropriation %	Final Appropriation R'000
4.1	**General (Regional) Hospitals**								
	Current payment	429,641	2,529	36,088	**463,200**	452,155	11,045	**97.6%**	348,888
	Transfers and subsidies	1,751	2,699		**4,450**	2,778	1,672	**62.4%**	
	Expenditure for capital assets	3,021	170		**2,851**	3,035	184	**106.5%**	6,936
4.2	**Psychiatric/Mental Hospitals**								
	Current payment	100,211			**100,211**	111,841	11,630	**111.6%**	73,547
	Transfers and subsidies	1,227			**1,227**	498	729	**40.6%**	
	Expenditure for capital assets	327			**327**	212	115	**64.8%**	960
	Total	**536,178**	**-**	**36,088**	**572,266**	**570,519**	**1,747**	**99.7%**	**430,331**
	Economic classification								
	Current								
	Compensation to employees	440,757	650	3,588	**443,695**	443,695	-	**100.0%**	344,728
	Goods and services	89,095	1,879	32,500	**119,716**	120,301	585	**100.5%**	77,707
	Transfers & subsidies								
	Provinces & municipalities	2,139	151		**1,988**	1,229	759	**61.8%**	
	Households	839	2,850		**3,689**	2,047	1,642	**55.5%**	
	Capital								
	Buildings & other fixed							**0.0%**	

	structures	200	-40		**160**	-	160		
	Machinery & equipment	3,148	130	-	**3,018**	3,239	221	- **107.3%**	7,896
	Total	**536,178**	**-**	**36,088**	**572,266**	**570,519**	**1,747**	**99.7%**	**430,331**

Detail per programme 5 – Central Hospital Services

	Programme per subprogramme	2004/05							
		Adjusted Appropriation	**Shifting of Funds**	**Virement**	**Final Appropriation**	**Actual Payment**	**Variance**	**Payment as % of final appropriation**	**Final Appropriation**
		R'000	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**%**	**R'000**
5.1	**Provincial Tertiary Services**								
	Current payment	357,036	-	9,862	**366,898**	371,612	-4,714	**101.3%**	341,721
	Transfers and subsidies	1,274	-		**1,274**	1,822	-548	**143.0%**	
	Expenditure for capital assets	50,337	-	10,000 -	**40,337**	29,398	10,939	**72.9%**	17,329
	Total	**408,647**	**-**	**138** -	**408,509**	**402,832**	**5,677**	**98.6%**	**359,050**
	Economic classification								
	Current								
	Compensation to employees	289,313	-	11,688 -	**277,625**	275,906	1,719	**99.4%**	235,575
	Goods and services	67,723	-	21,550	**89,273**	95,706	-6,433	**107.2%**	106,146
	Transfers & subsidies								
	Provinces & municipalities	924	-		**924**	872	52	**94.4%**	
	Households	350	-		**350**	950	-600	**271.4%**	
	Capital								
	Machinery & equipment	50,337	-	10,000 -	**40,337**	29,398	10,939	**72.9%**	17,329
	Total	**408,647**	**-**	**138** -	**408,509**	**402,832**	**5,677**	**98.6%**	**359,050**

Detail per programme 6 - Health Sciences and Training

	Programme per subprogramme	2004/05 Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Payment R'000	Variance R'000	Payment as % of final appropriation %	Final Appropriation R'000
6.1	**Nursing Training Colleges**								
	Current payment	51,996	603	5,297	**57,896**	54,377	3,519	**93.9%**	49,120
	Transfers and subsidies	595	173	-	**422**	178	244	**42.2%**	
	Expenditure for capital assets	1,252	570	1,000	**822**	703	119	**85.5%**	670
6.2	**EMS Training Colleges**								
	Current payment	1,392	-		**1,392**	863	529	**62.0%**	-
	Transfers and subsidies				**-**	2	-2	**100.0%**	-
6.3	**Bursaries**								
	Current payment				**-**	2,124	2,124	**100.0%**	-
	Transfers and subsidies	30,105	1,000	-	**29,105**	26,637	2,468	**91.5%**	29,105
6.4	**Primary Health Care Training**								
	Current payment	3,624	-		**3,624**	2,734	890	**75.4%**	5,151
	Transfers and subsidies	16	-		**16**	6	10	**37.5%**	-
6.5	**Other Training**								
	Current payment	30,993	-		**30,993**	32,702	1,709	**105.5%**	37,959
	Transfers and subsidies				**-**	7,122	7,122	**100.0%**	-
	Expenditure for capital assets	21,650	-		**21,650**	15,429	6,221	**71.3%**	7,197
	Total	**141,623**	**-**	**4,297**	**145,920**	**142,877**	**3,043**	**97.9%**	**129,202**
	Economic classification								
	Current								
	Compensation to employees	67,303	3,000	5,100	**69,403**	67,440	1,963	**97.2%**	53,425
	Goods and services	20,702	3,603	197	**24,502**	25,362	-860	**103.5%**	67,910

	Transfers & subsidies								
	Provinces & municipalities	601	173		**428**	164	264	**38.3%**	
	Households	30,115	1,000		**29,115**	33,779	4,664	**116.0%**	
	Capital								
	Machinery & equipment	22,902	570	1,000	**22,472**	16,132	6,340	**71.8%**	7,867
	Total	**141,623**	**-**	**4,297**	**145,920**	**142,877**	**3,043**	**426.8%**	**129,202**

Detail per programme 7 - Health Care Support Services

		2004/05							
	Programme per subprogramme	**Adjusted Appropriation**	**Shifting of Funds**	**Virement**	**Final Appropriation**	**Actual Payment**	**Variance**	**Payment as % of final appropriation**	**Final Appropriation**
		R'000	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**%**	**R'000**
7.1	**Medical Trading account**								
	Current payment	283,005	-7	4,600	**278,398**	275,842	2,556	**99.1%**	242,052
	Transfers and subsidies	10	7		**17**	13	4	**76.5%**	
	Expenditure for capital assets	10,425	-	4,600	**5,825**	5,791	34	**99.4%**	10,165
	Total	**293,440**	**-**	**9,200**	**284,240**	**281,646**	**2,594**	**99.1%**	**252,217**
	Economic classification								
	Current								
	Compensation to employees	2,782	-		**2,782**	2,166	616	**77.9%**	3,936
	Goods and services	280,223	-7	4,600	**275,616**	273,676	1,940	**99.3%**	238,116
	Transfers & subsidies								
	Provinces & municipalities	10	-		**10**	6	4	**60.0%**	
	Households		7		**7**	7	-	**100.0%**	
	Capital								
	Machinery & equipment	10,425	-	4,600	**5,825**	5,791	34	**99.4%**	10,165

	Total	**293,440**	**-**	**- 9,200**	**284,240**	**281,646**	**2,594**	**436.6%**	**252,217**

Detail per programme 8 - Health Facilities Management

		2004/05							
	Programme per subprogramme	**Adjusted Appropriation**	**Shifting of Funds**	**Virement**	**Final Appropriation**	**Actual Payment**	**Variance**	**Payment as % of final appropriation**	**Final Appropriation**
		R'000	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**%**	**R'000**
8.1	**Community Health Facilities**								
	Current payment	8,707	-		**8,707**	8,680	27	**99.7%**	5,697
	Expenditure for capital assets	84,337	1,241	10,000	**93,096**	93,278	-182	**100.2%**	15,000
8.2	**Emergency Medical Rescue Services**								
	Current payment				**-**	1	-1	**100.0%**	
8.3	**District Hospital Services**								
	Current payment	27,926	1,041	8,000	**20,967**	20,038	929	**95.6%**	14,810
	Transfers and subsidies		200		**200**		200	**0.0%**	
	Expenditure for capital assets	106,463	-		**106,463**	97,844	8,619	**91.9%**	196,227
8.4	**Provincial Hospital Services**								
	Current payment	10,878	-		**10,878**	8,529	2,349	**78.4%**	10,769
	Transfers and subsidies				**-**	7	-7	**100.0%**	
8.5	**Tertiary Hospital**								
	Current payment	18,351	-		**18,351**	12,901	5,450	**70.3%**	818
8.6	**Other Facilities**								
	Current payment	13,848	-	- 13,550	**298**	20	278	**6.7%**	251
	Expenditure for capital assets	30,250	-	14,850	**45,100**	44,954	146	**99.7%**	
	Total	**300,760**	**-**	**3,300**	**304,060**	**286,252**	**17,808**	**94.1%**	**243,572**

	Economic classification								

Current								
Goods and services	79,710	1,041	21,550	**59,201**	50,170	9,031	**84.7%**	32,345
Transfers & subsidies								
Households		200		**200**		200	**0.0%**	
Capital								
Buildings & other fixed structures	220,809	1,030	24,850	**244,629**	235,971	8,658	**96.5%**	211,227
Machinery & equipment	241	211		**30**	111	-81	**370.0%**	
Total	**300,760**	**-**	**3,300**	**304,060**	**286,252**	**17,808**	**551.2%**	**243,572**

Notes to the Appropriation Statement for the year ended 31 March 2005

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

Transfers and Subsidies	**2004/05**	**2003/04**
Conditional Grant Transfers (NGO)	25,665	157,203
Other Transfers(RSCL,H/H)	57,824	7,682
	83,489	**164,885**

Detail of these transactions can be viewed in note 11 (Transfers and subsidies) and Annexure 1 (A-K) to the annual financial statements.

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

HOSPITAL MANAGEMENT AND QUALITY IMPROVEMENT	**4,387**

The department did not finalised training as scheduled for the development of managers both Chief Executive Officers and support. Some training programs necessary for development of above-mentioned officials overlapped during the year under review.

INTERGRATED NUTRITION PROGRAMME **6,249**

The under spending was to due the delay in the arrangement of the National Tender which Provinces would participate. The provincial tender did not have all required foob supplements

HIV/AIDS **8,103**

The under spending were due to challenges on HR issues and Staff shortages at the comprehensive HIV & AIDS Care, Treatment Support Sites and Health promotion to encourage communities to live positive life styles.

NATIONAL TERTIARY SERVICES GRANT **4,222**

The under spending were due to the delayed process of completing the prioritisation of medical equipment. Delay by the units that render tertiary services outside Polokwane / Mankweng Complex in claiming their share of the grant.

HOSPITAL REVITALASATION GRANT **8,666**

The under spending was due to delay in procuring building contractors, poor management of building projects by implementing agents as well as training of emerging building contractors.

DROUGHT RELIEF (MALARIA AND CHOLERA) **2,718**

The total amount has been committed and the delay in procurement of services was due to misunderstanding between national department and programme managers as to what were the funds met for.

Notes to the Appropriation Statement

for the year ended 31 March 2005

Explanations of material variances from Amounts Voted (after virement):

Per programme:

	Voted Funds after virement	Actual Expenditure	R'000	%
HEALTH ADMINISTRATION				
Current payment	242,910	238,426	4,484	98.15%
Transfers and subsidies	9,540	7,783	1,757	81.58%
Expenditure for capital assets	51,977	51,442	535	98.97%
DISTRICT HEALTH SERVICES				
Current payment	2,033,791	2,019,581	14,210	99.30%
Transfers and subsidies	39,288	37,189	2,099	94.66%
Expenditure for capital assets	40,319	23,894	16,425	59.26%
EMERGENCY MEDICAL SERVICES				
Current payment	75,999	75,997	2	100.00%
Transfers and subsidies	675	167	508	24.74%
Expenditure for capital assets	29,543	29,422	121	99.59%
PROVINCIAL HOSPITAL SERVICES				
Current payment	563,411	563,996	-585	100.10%
Transfers and subsidies	5,677	3,276	2,401	57.71%
Expenditure for capital assets	3,178	3,247	-69	102.17%
CENTRAL HOSPITAL SERVICES				
Current payment	366,898	371,612	-4,714	101.28%
Transfers and subsidies	1,274	1,822	-548	143.01%
Expenditure for capital assets	40,337	29,398	10,939	72.88%
HEALTH SCIENCES AND TRAINING				
Current payment	93,905	92,801	1,104	98.82%
Transfers and subsidies	29,543	33,945	-4,402	114.90%

Expenditure for capital assets	22,472	16,132	6,340	71.79%
HEALTH CARE SUPPORT SERVICES				
Current payment	278,398	275,842	2,556	99.08%
Transfers and subsidies	17	13	4	76.47%
Expenditure for capital assets	5,825	5,791	34	99.42%
HEALTH FACILITIES MANAGEMENT				
Current payment	59,201	50,169	9,032	84.74%
Transfers and subsidies	200	7	193	3.50%
Expenditure for capital assets	244,659	236,076	8,583	96.49%

HEALTH ADMINISTRATION:

The under spending was due to savings on Hospital management and Quality Improvements conditional grant. The department did not finalised training as scheduled for the development of managers both Chief Executive Officers and support. Some training programs necessary for development of above-mentioned officials overlapped during the year under review.

Notes to the Appropriation Statement

for the year ended 31 March 2005

DISTRICT HEALTH SERVICES:

The under spending was due to mostly conditional grants savings on HIV/AIDS and Integrated nutrition programmes. On HIV/AIDS the challenges on HR issues and Staff shortages at the comprehensive HIV & AIDS Care, Treatment Support Sites and Health promotion to encourage communities to live positive life styles. On Integrated Nutrition programme the under spending was to due the delay in the arrangement of the National Tender which Provinces would participate. The provincial Tender did not have all required food supplements. The savings on non-compensation of employees was realised to cover anticipated over expenditure in programme 3 and 4

EMERGENCY MEDICAL SERVICES:

The programme has almost balanced off after virements

PROVINCIAL HOSPITAL SERVICES:

Claims for leave gratuity were not finalised in time.

CENTRAL HOSPITAL SERVICES:

The under spending was due to savings on the National Tertiary Services conditional grant. Delayed process of completing the prioritisation of medical equipment. Delay by the units that render tertiary services outside Polokwane / Mankweng Complex in claiming their share of the grant.

HEALTH SCIENCES TRAINING:

The clinical training was not completed as planned.

HEALTH CARE SUPPORT:

The saving is in respect of the computer software which was not purchased as planned.

HEALTH FACILITIES MANAGEMENT:

The under spending was due to savings on Hospital Revitalisation conditional grant. Delay in procuring building contractors, poor management of building projects by implementing agents as well as training of emerging building contractors.

Per economic classification:	**R'000**
Current expenditure	
Compensation of employees	48,856
Goods and services	5,901
Transfers and subsidies	
Provinces and municipalities	**2,404**
Departmental agencies and accounts	4,745
Non-profit institutions	4,287
Households	**-9,416**

Payments for capital assets	
Buildings and other fixed structures	-11,232
Machinery and equipment	25,484
Software and other intangible assets	-20

Statement of Financial Performance
for the year ended 31 March 2005

	Note	2004/05 R'000	2003/04 R'000
REVENUE			
Annual appropriation	1.	4,239,037	3,596,142
Statutory appropriation	2.	585	552
Departmental revenue	3.	83,247	58,267
Local and foreign aid assistance	4.	6,222	6,997
TOTAL REVENUE		4,329,091	3,661,958
EXPENDITURE			
Current expenditure			
Compensation of employees	5.	2,613,983	2,377,161
Goods and services	6.	1,075,027	905,771
Interest and rent on land	7.	-	8,219
Local and foreign aid assistance	4.	7,112	529
Total current expenditure		3,696,122	3,291,680
Transfers and subsidies	11.	84,192	133,428
Expenditure for capital assets			
Buildings and other fixed structures	12.	237,955	226,859
Machinery and Equipment	12.	157,072	92,360
Software and other intangible assets	12.	383	-
Local and foreign aid assistance	4.	573	252
Total expenditure for capital assets		395,983	319,471

TOTAL EXPENDITURE		4,176,297	3,744,579
NET SURPLUS/(DEFICIT)		152,794	-82,621
Add back unauthorised expenditure	*9.*	-	213,613
NET SURPLUS/(DEFICIT) FOR THE YEAR		152,794	130,992
Reconciliation of Net Surplus/(Deficit) for the year			
Voted Funds to be surrendered to the Revenue Fund	*18.*	71,010	66,509
Departmental revenue to be surrendered to revenue fund	*19.*	83,247	58,267
Local and foreign aid assistance	*4*	-1,463	6,216
NET SURPLUS/(DEFICIT) FOR THE YEAR		152,794	130,992

Statement of Financial Position
as at 31 March 2005

	Note	**2004/05 R'000**	**2003/04 R'000**
ASSETS			
Current assets		443,113	441,967
Unauthorised expenditure	*9.*	429,998	429,998
Receivables	*16.*	11,318	11,969
Local and foreign aid assistance receivable	*4.*	1,797	-
TOTAL ASSETS		443,113	441,967
LIABILITIES			
Current liabilities		443,113	441,967
Voted funds to be surrendered to the Revenue Fund	*18.*	55,636	66,509
Departmental revenue to be surrendered to the Revenue Fund	*19.*	-1,921	1,106
Bank overdraft	*20.*	253,756	315,794

Payables	21.	135,308	52,336
Local and foreign aid assistance unutilised	4.	334	6,222
TOTAL LIABILITIES		443,113	441,967
NET ASSETS		-	-

2.5 CASH FLOW STATEMENT

VOTE 7 - HEALTH

Cash Flow Statement
for the year ended 31 March 2005

	Note	2004/05 R'000
CASH FLOWS FROM OPERATING ACTIVITIES		
Receipts		4,329,742
Annual appropriated funds received		4,239,037
Statutory appropriated funds received		585
Departmental revenue received		83,247
Local and foreign aid assistance received	4.	6,222
Net (increase)/decrease in working capital		651
Surrendered to Revenue Fund		-152,783
Current payments		-3,634,746
Transfers and subsidies paid		-84,192
Net cash flow available from operating activities	23.	458,021
CASH FLOWS FROM INVESTING ACTIVITIES		
Payments for capital assets		-395,983
Net cash flows from investing activities		-395,983

Net increase/(decrease) in cash and cash equivalents	62,038
Cash and cash equivalents at beginning of period	-315,794
Cash and cash equivalents at end of period	-253,756

2.6 NOTES TO THE ANNUAL FINANCIAL STATEMENTS

Notes to the Annual Financial Statements for the year ended 31 March 2005

1. Annual Appropriation

1.1 Annual Appropriation

Included are funds appropriated in terms of the Appropriation Act for Provincial Departments

	Final Appropriation R'000	Actual Funds Received R'000	Variance over/(under) R'000	Total Appropriatio 2003/04 R'000
Health Administration	304,427	297,653	6,774	220,509
District Health Services	2,113,398	2,080,663	32,735	1,867,035
Emergency Medical Services	106,217	105,585	632	94,226
Provincial Hospital Services	572,266	570,519	1,747	430,331
Central Hospital Srvices	408,509	402,832	5,677	359,050
Health Science and Training	145,920	142,877	3,043	129,202
Health Care Support Services	284,240	281,646	2,594	252,217
Mealth Facilities Management	304,060	286,252		243,572

				17,808	
	Total	**4,239,037**	**4,168,027**	**71,010**	**3,596,142**

		Note	2004/05 R'000	2003/04 R'000
1.2	**Conditional grants**			
	Total grants received	*ANNEXURE 1A*	**392,076**	**452,849**
2.	**Statutory Appropriation**			
	Member of the Executive Committee		**585**	**552**
3.	**Departmental revenue to be surrendered to revenue fund**			
	Description			
	Sales of goods and services other than capital assets		83,247	58,267
	Departmental revenue collected		83,247	58,267

4. Local and foreign aid assistance

4.1 Assistance received in cash

Name of donor and purpose	Opening Balance	Revenue	Expenditure	Closing balance
Foreign				
Flemish Government for eye centre Shiluvana		239	88	151
Belgium Funds		289	106	183
EU PDPHC		5,694	7,491	-1,797
				-

	-	**6,222**	**7,685**	**-1,463**

Analysis of balance

Local and foreign aid receivable		1,797	
Local and foreign aid unutilised		334	6,222
Local foreign aid payable to RDP fund/donors			-
		-	
Closing balance		**1,463**	**6,222**

Notes to the Annual Financial Statements for the year ended 31 March 2005

4.2	**Assistance received in kind**	***Note***	**2004/05 R'000**	**2003/04 R'000**
	Name of donor and purpose			
	Local			
	Maruleng Municipality		139	
	Cornerstone Ministry		2	
	Dr ET Mokgokong		1	
	Palaborwa Mining		15	
	Kodumela ADP		48	
	Ms Lillian Managa		1	
			206	-
	Foreign			
	US Embassy		720	
	Total local and foreign aid assistance received in kind		**926**	**-**

5. Compensation of employees

5.1 Salaries and wages

Basic salary	1,813,334	1,720,252
Performance award	54,283	-
Service Based	2,839	-
Compensative/circumstantial	211,500	-
Other non-pensionable allowances	173,681	312,689
	2,255,637	**2,032,941**

5.2 Social contributions

5.2.1 Short term employee benefits

Pension	261,543	251,377
Medical	96,034	92,843
UIF	2	-
Bargain council	767	-
	358,346	**344,220**
Total compensation of employees	**2,613,983**	**2,377,161**
Average number of employees		

Notes to the Annual Financial Statements for the year ended 31 March 2005

6. Goods and services	***Note***	**2004/05**	**2003/04**

		R'000	R'000
Advertising		1,409	660
Attendance fees (including registration fees)		4,136	3,344
Bursaries (employees)		2,024	29,930
Communication		34,829	28,165
Computer services		96	1,903
Consultants, contractors and special services		248,048	285,751
Courier and delivery services		7	
Drivers licences and permits		4,596	
Entertainment		13,192	6,999
External audit fees - Other Fees		3	-
Equipment less than R5 000		26,057	8,098
Freight service		4	
Government motor transport		-	44,055
Honoraria (Voluntary workers)		1	11
Inventory	*6.1*	249,362	151,517
Legal fees		-	501
Licence agency fees		23	
Maintenance, repair and running costs		94,752	14,372
Medical services		289,196	264,263
Operating leases		11,986	
Personnel agency fees		-	6,892
Printing and publications		574	282
Professional bodies and membership fees		3,349	
Resettlement costs		3,970	1,098

Road worthy tests				9	
Subscriptions				5	
Owned and leasehold property expenditure			33,968		11,518
Transport provided as part of the departmental activities			2,062		
Travel and subsistence	*6.2*		43,696		19,999
Venues and facilities			2,701		
Protective, special clothing & uniforms			4,150		7,009
Training & staff development				822	
Previous years unallocated items					19,404
			1,075,027		**905,771**

6.1 Inventory

Domestic Consumables			48,382		46,592
Agricultural			6,233		474
Learning and teaching support material				122	
Food and Food supplies			50,018		33,389
Fuel, oil and gas			1,474		13,307
Laboratory consumables			31,968		34,993
Other consumables			1,129		10
Parts and other maint mat			8,062		2,347
Sport and recreation				80	9
Stationery and Printing			31,359		16,376
Restoration and fittings				280	
Medical Supplies			70,255		4,020

Total Inventory		
	249,362	**151,517**

Notes to the Annual Financial Statements for the year ended 31 March 2005

		Note	2004/05 R'000	2003/04 R'000
6.2	**Travel and subsistence**			
	Local		43,585	19,525
	Foreign		111	474
	Total travel and subsistence		**43,696**	**19,999**
7.	**Interest and rent on land**			
	Rent on land		**-**	**8,219**
8.	**Unauthorised expenditure**			
	Reconciliation of unauthorised expenditure			
	Opening balance		429,998	216,385
	Unauthorised expenditure – current year		-	213,613
	Unauthorised expenditure awaiting authorisation		**429,998**	**429,998**
9.	**Transfers and subsidies**			
	Provinces and municipalities	*Annexure 1B & 1C*	7,630	
	Departmental agencies and accounts	*Annexure 1 D*	155	-

Non-profit institutions	*ANNEXURE 1H*	21,160	133,428
Households	*ANNEXURE 1I*	55,247	
Gifts and donations			
		84,192	**133,428**

10. Expenditure for capital assets

Buildings and other fixed structures	*ANNEXURE 4*	237,955	226,859
Machinery and equipment	*ANNEXURE 4*	157,072	92,360
Software and other intangible assets	*ANNEXURE 5*	383	-
Total		**395,410**	**319,219**

11. Receivables

		Less than one year	One to three years	Older than three years	Total	Total
Amounts owing by other entities	*ANNEXURE 6*				-	-
Staff debtors	*16.1*	4,799	5,663		10,462	11,561
Other debtors	*16.3*	347	509		856	408
		5,146	**6,172**	**-**	**11,318**	**11,969**

Amounts of R _____ (2004: R) included above may not be recoverable, but has not been written off in the Statement of financial performance

		Note	2004/05 R'000		2003/04 R'000
11.1	**Staff debtors**				
	Debt Account		1,315		1,348
	T & S Advance Foreign: CA			151	
	SAL: ACB Recalls: CA		3,176		
	SAL: Deduction disall Acc			157	74
	Salary deduction control Accounts		5,663		10,139
			10,462		**11,561**
11.2	**Other debtors**				
	Nature of advances				
	Disallowance Miscelleneous			509	248
	Disallowance Dishonoured cheques			303	160
	Unpaid/Recall BAS EBT Control Account			44	
				856	**408**
12.	**Voted Funds to be surrendered to the Revenue Fund**				
	Opening balance		66,509		25,518
	Transfer from Statement of Financial Performance		71,010		66,509
	Voted funds not requested/not received		15,374	-	
	Paid during the year		66,509	-	-25,518
	Closing balance		**55,636**		**66,509**

13. Departmental revenue to be surrendered to revenue fund

Opening balance	1,106	1,200
Transfer from Statement of Financial Performance	83,247	58,267
Transfer from local and foreign aid assistance**	-	
Paid during the year	86,274	-58,361
Closing balance	**1,921**	**1,106**

14. Bank overdraft

Paymaster General Account	**253,756**	**315,794**

15. Payables – current

		30+ Days		
Other payables	*21.3*	**135,308**	**135,308**	**52,336**

15.1 Other payables

Outstanding payments: DOM	124,103	40,044
EBT Rejection Account	1,093	45
Salary Advances	314	
Sal: Deductions to Third party	1,186	7,185
Sal: Regional services council:CL	7,127	
Salary Disallowance Acc:CA	1,485	5,062
	135,308	**52,336**

16. Reconciliation of net cash flow from operating activities to surplus/(deficit)	*Note*	2004/05 R'000	2003/04 R'000
Net surplus/(deficit) as per Statement of Financial Performance		152,794	
Non-cash movements			
(Increase)/decrease in receivables – current		651	
(Increase)/decrease in other current assets		- 1,797	
Increase/(decrease) in payables – current		82,972	
Surrenders		- 152,783	
Capital expenditure		395,983	
Voted funds not requested/not received		- 15,374	
Other non cash items		- 4,425	
Net cash flow generated by operating activities		**458,021**	

17. Appropriated funds and departmental revenue surrendered			
Appropriated funds surrendered		55,637	25,518
Departmental revenue surrendered		86,274	58,361
		141,911	**83,879**

Disclosure notes to the Annual Financial Statements for the year ended 31 March 2005

These amounts are not recognised in the financial statements and are disclosed to enhance the usefulness of the financial statements.

			Note	2004/05 R'000	2003 R'0
18.	**Contingent liabilities**				
	Liable to	Nature			
	Motor vehicle guarantees	Employees	*ANNEXURE 3*	196	590
	Housing loan guarantees	Employees	*ANNEXURE 3*	30,172	27,108
	Capped Leave Commitments			523,847	
				554,215	27,698
19.	**Commitments**				
	Current expenditure				
	Approved and contracted			-	14,478
	Capital expenditure				
	Approved and contracted			-	5,857
	Total Commitments			**-**	**20,335**
20.	**Accruals**				
	By economic classification		**30 Days**		

Goods and services	53,781	53,781	
Buildings and other fixed structures	23,724	23,724	
Machinery and Equipment	4,000	4,000	
		81,505	

Listed by programme level

Programme 1		11,997	
Programme 2		14,074	
Programme 3		3,631	
Programme 4		2,448	
Programme 5		5,549	
Programme 6		246	
Programme 7		19,836	
Programme 8		23,724	
		81,505	

20. Employee benefits

Leave entitlement		91,048	588,87
Thirteenth cheque		146,654	130,39
Performance awards		54,064	614

291,766	**719,88**

Disclosure notes to the Annual Financial Statements for the year ended 31 March 2005

21. Leases

21.1 Operating leases	**Buildings**	**Machinery and equipment**	**2004/05 R'000**	**2003 R'0**
Not later than 1 year	139		139	1,063
Later than 1 year and less than 3 years	901		901	2,236
Later than three years	6,913		6,913	5,131
Total present value of lease liabilities	**7,953**	**-**	**7,953**	**8,430**

22. Receivables for service delivered

Nature of service

Patient Fees Outstanding	156,000
Debts Written off during the year	
	156,000

An amount of R 0.00 has been written-off during the year.
Amounts
of R95,673 000.00 included above may not be recoverable

The information has been extracted from the Hospital Information system.

23. Irregular expenditure

23.1 Reconciliation of irregular expenditure

Opening Balance		-
Irregular expenditure – current year	925	15
		-
Transferred to Statement of Financial Performance - authorised losses (Condoned)	925	15
Irregular expenditure awaiting condonement		**-**

24. Senior management personnel

The aggregate compensation of the senior management of the department and the number of individuals determined on a full time equivalent basis receiving compensation within this category, showing separately major classes of key management personnel and including a description of each class for the current period and the comparative period. Detail on each type of compensation is disclosed.

The MEC and HOD	1,419	1,339
Senior General Managers	1,305	1,232
General Managers	6,939	7,998
Senior Managers	26,946	22,415
	36,609	**32,984**

ANNEXURE 1 A

STATEMENT OF CONDITIONAL GRANTS RECEIVED

NAME OF DEPARTMENT	GRANT ALLOCATION			SPENT			
	DORA R'000	Roll over / Adjustment R'000	Total Available R'000	Amount received R'000	Amount spent R'000	% of Available funds spent %	DOR R'00
National Dept. of Health			-			0.0%	
1.Hospital Quality and Improvement	15,388	-	15,388	11,541	11,001	71.5%	13,337
2. Intergrated Nutrition Programme	20,320	-	20,320	15,240	14,071	69.2%	158,155
3. HIV & AIDS	77,430	-	77,430	70,983	69,327	89.5%	28,962
4. National Tertiary Services	46,878	-	46,878	46,878	42,656	91.0%	54,287
5. Drought Relief (Malaria & Cholera)	6,100	-	6,100	6,100	3,382	55.4%	
6. Hospital Revitalisation Grant	106,463	-	106,463	106,463	97,797	91.9%	96,239
7. Health Professinal Training & Development	51,805	-	51,805	51,805	51,805	100.0%	41,981
8. Medico-legal			-			0.0%	1,000
			-				
Provincial Treasury			-				
1. Provincial Infrastructure	83,066	-	83,066	83,066	83,066	100.0%	58,888
	407,450	**-**	**407,450**	**392,076**	**373,105**	**91.6%**	**452,849**

ANNEXURE 1 B

STATEMENT OF TRANSFERS FOR LEVIES PAID TO MUNICIPALITIES

NAME OF MUNICIPALITY	GRANT ALLOCATION			TRANSFER		SPE	
	Division of Revenue Act R'000	Roll Over / Adjustments R'000	Total Available R'000	Actual Transfer R'000	% of Available Funds Transferred %	Amount received by municipality R'000	Amo sper munic R'0
Waterberg district municipality	704		704	704	100.0%	704	
Capricorn district municipality	3,218		3,218	3,218	100.0%	3,218	3,218
Bohlabela district municipality	512		512	512	100.0%	512	
Vhembe district municipality	1,799		1,799	1,799	100.0%	1,799	1,799
Sekhukhune district municipality	702		702	702	100.0%	702	
Mopani district municipality	695		695	695	100.0%	695	
	7,630	**-**	**7,630**	**7,630**		**7,630**	**7,630**

ANNEXURE 1 C

STATEMENT OF TRANSFERS TO DEPARTMENTAL AGENCIES AND ACCOUNTS

AGENCY/ACCOUNT	TRANSFER ALLOCATION				TRANSFER	
	Adjusted Appropriation Act R'000	Roll Overs R'000	Adjustments R'000	Total Available R'000	Actual Transfer R'000	% of Available Funds Transferred %
Claims against the State	155			155	155	100.0%

	155	**-**	**-**	**155**	**155**

ANNEXURE 1 D

STATEMENT OF TRANSFERS TO NON - PROFIT INSTITUTIONS

	TRANSFER ALLOCATION				EXPENDITURE		2003/0
NON PROFIT ORGANISATION	**Adjusted Appropriation Act R'000**	**Roll Overs R'000**	**Adjustments R'000**	**Total Available R'000**	**Actual Transfer R'000**	**% of Available Transferred %**	**Fina Appropri Act R'000**
Transfers							
HIV/AIDS NGO	25,447			25,447	21,160	83.2%	5
Intergated Nutrition				-		0.0%	127
	25,447	**-**	**-**	**25,447**	**21,160**		**133**

ANNEXURE 1 E

STATEMENT OF TRANSFERS TO HOUSEHOLDS

	TRANSFER ALLOCATION				EXPENDITURE		2003/0
NON PROFIT ORGANISATION	**Adjusted Appropriation Act R'000**	**Roll Overs R'000**	**Adjustments R'000**	**Total Available R'000**	**Actual Transfer R'000**	**% of Available Transferred %**	**Fina Appropri Act R'000**
Transfers							

H/H SOC BENEFIT CASH	45,833			45,833	55,247	120.5%
	45,833	-	-	45,833	55,247	

ANNEXURE 2

STATEMENT OF FINANCIAL GUARANTEES ISSUED AS AT 31 MARCH 2005 - LOCAL

Guarantor institution	Guarantee in respect of	Original Guaranteed capital amount R'000	Opening Balance 01/04/2004 R'000	Guarantees issued during the year R'000	Guarantees Released during the year R'000	Closing Balance 31/03/2005 R'000
	Motor Vehicles					
STANNIC	Motor Vehicles	1,431	590		394	196
		1,431	**590**	**-**	**394**	**196**
	Housing					
Standard Bank	Housing	6114	1,353	137	-	1,490
Nedbank Limited	Housing	7371	1,550	117	77	1,590
ABSA	Housing	73449	13,969	2,018	330	15,657
Firstrand Limited	Housing	4835	1,028	-	51	977
African Bank	Housing	2123	400	-	400	-
Old Mutual Bank	Housing	3258	4,297	262		4,559
Peoples Bank	Housing	4381	1,254	46		1,300

Boe Bank	Housing	2114		-	-	-
Saambou Bank	Housing	1983		345	-	345
Permanent Bank	Housing	12851		-	-	-
VBS Mutual	Housing	7696	1,607	164		1,771
NP Development Corporation	Housing	4458	1,472	379	-	1,851
Green Start H/L	Housing	114	23	-	-	23
Nedcor INV. LTD	Housing	773	155	-	-	155
Company Unique Finance Co.	Housing			454		454
		131,520	**27,108**	**3,922**	**858**	**30,172**

ANNEXURE 3

PHYSICAL ASSET MOVEMENT SCHEDULE AS AT 31 MARCH 2005

	Opening Balance	Additions	Disposals Transfers	Closing Balance
	R'000	R'000	R'000	R'000
BUILDINGS AND OTHER FIXED STRUCTURES	226,859	237,955	-	464,814
Other structures (Infrastructure assets)	226,859	237,955		464,814
MACHINERY AND EQUIPMENT	92,360	157,072	-	249,432
Other machinery and equipment	92,360	157,072		249,432
	319,219	**395,027**	**-**	**714,246**

PHYSICAL ASSET MOVEMENT SCHEDULE AS AT 31 MARCH 2004

	Opening Balance	Additions	Disposals Transfers	Closing Balance
	R'000	R'000	R'000	R'000
BUILDINGS AND OTHER FIXED STRUCTURES	-	226,859	-	226,859
Other structures (Infrastructure assets)		226,859		226,859
				-
MACHINERY AND EQUIPMENT	-	92,360	-	92,360
Other machinery and equipment		92,360		92,360
				-
	-	**319,219**	**-**	**319,219**

ANNEXURE 4

SOFTWARE ASSET MOVEMENT SCHEDULE AS AT 31 MARCH 2005

	Opening Balance	Additions	Disposals	Transfers In	Closing Balance
	R'000	R'000	R'000	R'000	R'000
Computer software	-	383			383

PART D

1. HUMAN RESOURCE MANAGEMENT

1.1 PUBLIC SERVICE REGULATIONS

The statistics information published in this part of the annual report are required in terms of Chapter 1, Part III J.3 o
Regulations, 2001 and have been prescribed by the Minister for the Public Service and Administration for all de
Public Service.

The statistical tables provide high-level information on key human resource issues. The information aims to empo
media, the public and other key stakeholders to monitor whether department;

- Are exercising the powers granted under Public Service and Public Finance legislation in a responsible mar
- Are achieving national transformation priorities establishment by the Cabinet, for example, affirmative actio

Annual reports are produced after the end of the financial year. This is aimed at strengthening the accountabil
key stakeholders.

1. Service delivery

All departments are required to develop a Service Delivery Improvement (SDI) Plan. The following tables reflec
the SDI plan as well as progress made in the implementation of the plans.

Table 1.1 – Main services provided

Main services
Provide Primary, District, Specialized and academic health services
Rendering of Medico Legal services
Health services to those detained, arrested or charged
Screen applications for licensing of private hospitals
Formulate and implement provincial health policies
Inter-provincial/sectoral co-ordination and collaboration
Financial management of provincial health services

Provision on non-personal health services
Effective consultation on health matters at community level

Table 1.2. Consultation arrangements with customers

Actual Customers	Consultation forum
Internal Departmental staff	Batho Pele Committee Gender Focal Point Committee MEC Head of the Department Executive Management of the department Other Provincial department Health and Welfare structures
External National Departments Departments from other Provinces HOD of other departments CFO's of other departments Medical Universities All other stakeholders The citizens of Limpopo The citizens of the RSA Foreigners and visitors from abroad	 Inter Provincial task teams, forums Inter departmental arrangements, HOD's meeting CFO's forum, Provincial Technical Com. On Finance Joint Management Forum Imbizos , MEC/HOD road shows Imbizos, MEC/HOD road shows Hospital Boards, Clinic committees Uniform Patient Fee Structure steering committee Border governance

Table 1.3. – Service information tool

Types of information tool
Stakeholders forums, MEC & HOD's road shows and imbizos
Departmental Annual reports
Public service week
HIV & AIDS awareness day
Annual departmental citizens report
Published service standards

Table 1.4. – Complaints mechanism

Complaints Mechanism

A complaints mechanism policy is been drafted
Grievance and complaints committees have been established
Quality assurance committees to redress complaints
Complaints register opened at all institutions
Provincial Toll Free numbers Hotline
Suggestion boxes in all institutions

HR OVERSIGHT STATISTICS FOR THE PERIOD APRIL 2004 TO MARCH 2005

TABLE 2.1 - Personnel costs by Programme

Programme	Total Expenditure (R'000)	Personnel Expenditure (R'000)	Training Expenditure (R'000)	Professional and Special Services (R'000)	Personnel cost as percent of Total Expenditure	Average Personnel Cost per Employee (R'000)	Employment
Z=Total as on Financial Systems (BAS)	**-261**	**2,392,199**	**0**	**521563**	**-9.15E+05**	**0**	**0**

TABLE 2.2 - Personnel costs by Salary band

Salary Bands	Personnel Expenditure (R'000)	Percentage of Total Personnel Cost	Average Personnel Cost per Employee (R)	Total Personnel Expenditure	Number of Employees
Lower skilled (Levels 1-2)	310,041	13.1	42699	2,375,749	7261
Skilled (Levels 3-5)	535,610	22.5	59912	2,375,749	8940
Highly skilled production (Levels 6-8)	1,275,010	53.7	141401	2,375,749	9017
Highly skilled supervision (Levels 9-12)	225,494	9.5	179391	2,375,749	1257
Senior management (Levels 13-16)	29,594	1.2	399919	2,375,749	74
TOTAL	**2375749**	**100**	**89485**	**2375749**	**26549**

TABLE 2.3 – Salaries, Overtime, Home Owners Allowance and Medical Aid by Programme

Programme	Salaries (R'000)	Salaries as % of Personnel Cost	Overtime (R'000)	Overtime as % of Personnel Cost	HOA (R'000)	HOA as % of Personnel Cost	Medical Ass. (R'000)
Pr1:health administration h	88240792	69.7	1349278	1.1	865883	0.7	4164634
Pr2:district health services h	1151295375	70.1	38850298	2.4	7359396	0.4	60911840

Pr3:emergency medical service h	26798744	48.8	17967578	32.7	236024	0.4	1981242
Pr4:provincial hospital service h	303567783	68.4	14593830	3.3	2044173	0.5	17745586
Pr5:central hospital service_h	179092615	64.9	17586100	6.4	1659146	0.6	28362153
Pr6:health sciences training h	56906807	84.4	133610	0.2	162256	0.2	1235567
Pr7:health care support services h	1574783	72.7	0	0	27105	1.3	68354
TOTAL	**1807476899**	**69.2**	**90480694**	**3.5**	**12353983**	**0.5**	**114469376**

TABLE 2.4 - Salaries, Overtime, Home Owners Allowance and Medical Aid by Salary Band

Salary bands	Salaries (R'000)	Salaries as % of Personnel Cost	Overtime (R'000)	Overtime as % of Personnel Cost	HOA (R'000)	HOA as % of Personnel Cost	Medical Ass. (R'000)
Lower skilled (Levels 1-2)	239288	77.2	855	0.3	1353	0.4	9155
Skilled (Levels 3-5)	401764	75	10806	2	3717	0.7	24050
Highly skilled production (Levels 6-8)	932081	73.1	16887	1.3	12914	1	54411
Highly skilled supervision (Levels 9-12)	135925	60.3	34019	15.1	1270	0.6	4604
Senior management (Levels 13-16)	15841	53.5	1769	6	137	0.5	645
TOTAL	**1724899**	**72.6**	**64336**	**2.7**	**19391**	**0.8**	**92865**

HR OVERSIGHT STATISTICS FOR THE PERIOD APRIL 2004 TO MARCH 2005

TABLE 3.1 - Employment and Vacancies by Programme at end of period

Programme	Number of Posts	Number of Posts Filled	Vacancy Rate	Number of Posts Filled Additional to the Establishment
Pr1:health administration h, Permanent	1871	1016	45.7	0
Pr2: district health, Permanent	22533	17482	22.4	0
Pr3:emergency medical service h, Permanent	648	400	38.3	0
Pr4:provincial hospital service h, Permanent	7503	3762	49.9	0
Pr5:central hospital service_h, Permanent	3596	2620	27.1	0
Pr6:health sciences training h, Permanent	2188	1246	43.1	0
Pr7:health care support services h, Permanent	93	23	75.3	0
TOTAL	**38432**	**26549**	**30.9**	**0**

TABLE 3.2 – Employment and Vacancies by Salary Band at end of period

Salary Band	Number of Posts	Number of Posts Filled	Vacancy Rate	Number of Posts Filled Additional to the Establishment
Lower skilled (Levels 1-2), Permanent	8298	7261	12.5	0
Skilled (Levels 3-5), Permanent	14742	8940	39.4	0
Highly skilled production (Levels 6-8), Permanent	12536	9017	28.1	0
Highly skilled supervision (Levels 9-12), Permanent	2735	1257	54	0
Senior management (Levels 13-16), Permanent	121	74	38.8	0
TOTAL	**38432**	**26549**	**30.9**	**0**

TABLE 3.3 - Employment and Vacancies by Critical Occupation at end of period

Critical Occupations	Number of Posts	Number of Posts Filled	Vacancy Rate	Number of Posts Filled Additional to the Establishment
Emegency Care Practitioners	648	401	38.1	0
Medical and Dental Practitioners	1483	574	61.3	0
Medical and Dental Specialists	466	63	86.5	0
Professional Nurses	6955	5423	22	0
Health Therapists	997	404	59.5	0
TOTAL	**10549**	**6865**	**34.9**	**0**

HR OVERSIGHT STATISTICS FOR THE PERIOD APRIL 2004 TO MARCH 2005

TABLE 4.1 - Job Evaluation

Salary Band	Number of Posts	Number of Jobs Evaluated	% of Posts Evaluated	Number of Posts Upgraded	% of Upgraded Posts Evaluated	Number of Downgra
Lower skilled (Levels 1-2)	8298	0	0	0	0	
Skilled (Levels 3-5)	14742	0	0	8	0	
Highly skilled production (Levels 6-8)	12536	262	2.1	0	0	
Highly skilled supervision (Levels 9-12)	2735	276	10.1	70	25.4	
Senior Management Service Band A	110	0	0	0	0	
Senior Management Service Band B	8	0	0	0	0	
Senior Management Service Band C	2	0	0	0	0	
Senior Management Service Band D	1	0	0	0	0	
TOTAL	**38432**	**538**	**1.4**	**78**	**14.5**	

TABLE 4.2 - Profile of employees whose positions were upgraded due to their posts being upgraded

Beneficiaries	African	Asian	Coloured	White	Total

Female	0	0	0	0	0
Male	0	0	0	0	0
Total	0	0	0	0	0
Employees with a Disability	0	0	0	0	0

TABLE 4.3 - Employees whose salary level exceed the grade determined by Job Evaluation [i.t..o PSR 1.V.C.3]

Occupation	Number of Employees	Job Evaluation Level	Remuneration Level	Reason for Deviation	No of Employees in Dept
xxx	0	xxx	xxx	xxx	
xxx	0	xxx	xxx	xxx	
Total	0				
Percentage of Total Employment	0				0

TABLE 4.4 - Profile of employees whose salary level exceeded the grade determined by job evaluation [i.t.o. PSR 1.V.C.3]

Beneficiaries	African	Asian	Coloured	White	Total
Female	0	0	0	0	0
Male	0	0	0	0	0
Total	0	0	0	0	0
Employees with a Disability	0	0	0	0	0

HR OVERSIGHT STATISTICS FOR THE PERIOD APRIL 2004 TO MARCH 2005

TABLE 5.1 - Annual Turnover Rates by Salary Band

Salary Band	Employment at Beginning of Period	Appointments	Terminations	Turnover Rate
Lower skilled (Levels 1-2), Permanent	2052	1635	415	20.2
Skilled (Levels 3-5), Permanent	16106	745	334	2.1
Highly skilled production (Levels 6-8), Permanent	5158	852	842	16.3
Highly skilled supervision (Levels 9-12), Permanent	1234	626	304	24.6
Senior Management Service (Levels 13-16)Perma	30	10	4	13.3
TOTAL	**24580**	**3868**	**1899**	7.7

TABLE 5.2 - Annual Turnover Rates by Critical Occupation

Occupation	Employment at Beginning of Period	Appointments	Terminations	Turnover Rate

Emergency Care Practitioners	402	2	3	0.7
Medical and Dental Practitioners	538	110	74	13.8
Specialists	42	18	7	16.7
Professional Nurses	5491	124	192	3.5
Health Therapists	295	145	36	12.2
TOTAL	**6768**	**399**	**312**	**4.6**

TABLE 5.3 - Reasons why staff are leaving the department

Termination Type	Number	Percentage of Total Resignations	Percentage of Total Employment	Total	Total Employment
Death, Permanent	172	9.6	0.6	1787	26549
Transfers	25	1.4	0.1	1787	26549
Resignation, Permanent	786	44	3	1787	26549
Expiry of contract, Permanent	518	29	2	1787	26549
Dismissal-operational changes, Permanent	32	1.8	0.1	1787	26549
Discharged due to ill health, Permanent	54	3	0.2	1787	26549
Dismissal-misconduct, Permanent	8	0.4	0	1787	26549
Dismissal-inefficiency, Permanent	3	0.2	0	1787	26549
Retirement, Permanent	301	16.8	1.1	1787	26549
TOTAL	**1899**	**106.3**	**7.2**	1787	26549

Resignations as % of Employment
7.2%

TABLE 5.4 - Promotions by Critical Occupation

Occupation	Employment at Beginning of Period	Promotions to another Salary Level	Salary Level Promotions as a % of Employment	Progressions to another Notch within Salary Level	Notch progressions as a % of Employment
Emergency Care Practitioners	402				promotions not yet done
Medical and Dental Practitioners	538				promotions not yet done
Specialists	42				promotions not yet done
Professional nurses	5491				promotions not yet done
Health Therapists	295				promotions not yet done
TOTAL	**6768**				

TABLE 5.5 - Promotions by Salary Band

Salary Band	Employment at Beginning of Period	Promotions to another Salary Level	Salary Level Promotions as a % of Employment	Progressions to another Notch within Salary Level	Notch progressions as a % of Employment
Lower skilled (Levels 1-2), Permanent	2052				promotions not yet done
Skilled (Levels 3-5), Permanent	16106				promotions not yet done
Highly skilled production (Levels 6-8), Permanent	5158				promotions not yet done
Highly skilled supervision (Levels 9-12), Permanent	1234				promotions not yet done
Senior management (Levels 13-16), Permanent	30				promotions not yet done
TOTAL	**24580**				

HR OVERSIGHT STATISTICS FOR THE PERIOD APRIL 2004 TO MARCH 2005

TABLE 6.1 - Total number of Employees (incl. Employees with disabilities) per Occupational Category (SASCO)

Occupational Categories	Male, African	Male, Coloured	Male, Indian	Male, Total Blacks	Male, White	Female, African	Female, Coloured	Female, Indian	Female, Total Blacks
Legislators, senior officials and managers, Permanent	324	1	0	325	11	264	0	1	265
Professionals, Permanent	2672	12	32	2516	140	11823	35	28	11686
Clerks, Permanent	2040	8	0	2048	25	1724	11	2	1737
Service and sales workers, Permanent	220	3	0	223	1	360	0	0	360
Craft and related trades workers, Permanent	534	0	3	537	4	90	0	1	91
Plant and machine operators and assemblers, Permanent	518	0	0	518	0	87	0	0	87

Elementary occupations, Permanent	1786	0	0	1786	7	3056	0	0	3056
Other, Permanent	215	0	0	215	0	100	0	0	100
TOTAL	**8309**	**24**	**35**	**8168**	**188**	**17504**	**46**	**32**	**17382**

	Male, African	Male, Coloured	Male, Indian	Male, Total Blacks	Male, White	Female, African	Female, Coloured	Female, Indian	Female Total Blacks
Employees with disabilities	114	0	0	114	2	60	0	0	6

TABLE 6.2 - Total number of Employees (incl. Employees with disabilities) per Occupational Bands

Occupational Bands	Male, African	Male, Coloured	Male, Indian	Male, Total Blacks	Male, White	Female, African	Female, Coloured	Female, Indian	Female Total Blacks
Top Management, Permanent	10	0	0	10	3	2	0	0	
Senior Management, Permanent	34	1	0	35	7	17	0	2	1
Professionally qualified and experienced specialists and mid-management, Permanent	2717	12	32	2761	141	11873	35	28	1193
Skilled technical and academically qualified workers, junior management, supervisors, foremen, Permanent	769	0	3	772	4	285	0	1	28
Semi-skilled and discretionary decision making, Permanent	2110	7	0	2117	26	1934	11	1	194
Unskilled and defined decision making, Permanent	2669	4	0	2673	7	3393	0	0	339
TOTAL	**8309**	**24**	**35**	**8368**	**188**	**17504**	**46**	**32**	**1758**

TABLE 6.3 -

Recruitment

Occupational Bands	Male, African	Male, Coloured	Male, Indian	Male, Total Blacks	Male, White	Female, African	Female, Coloured	Female, Indian	Female Total Blacks
Senior Management, Permanent	8	0	0	8	0	0	0	0	
Professionally qualified and experienced specialists and mid-management, Permanent	95	0	9	104	2	50	4	2	5
Skilled technical and academically qualified workers, junior management, supervisors, foremen, Permanent	239	6	11	256	37	256	3	5	26
Semi-skilled and discretionary decision making, Permanent	370	16	11	397	18	568	22	2	59
Unskilled and defined decision making, Permanent	822	2	0	824	3	1137	0	0	113
TOTAL	**1534**	**24**	**31**	**1589**	**60**	**2011**	**29**	**9**	**204**

	Male, African	Male, Coloured	Male, Indian	Male, Total Blacks	Male, White	Female, African	Female, Coloured	Female, Indian	Female Total Blacks
No data	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	

TABLE 6.4 -
Promotions

Occupational Bands	Male, African	Male, Coloured	Male, Indian	Male, Total Blacks	Male, White	Female, African	Female, Coloured	Female, Indian	Female, Total Blacks	Female, White	Total
Top Management, Permanent											
Senior Management, Permanent											
Professionally qualified and experienced specialists and mid-management, Permanent											
Skilled technical and academically qualified workers, junior management, supervisors, foremen, Permanent											
Semi-skilled and discretionary decision making, Permanent											
Unskilled and defined decision making, Permanent											
TOTAL											

	Male, African	Male, Coloured	Male, Indian	Male, Total Blacks	Male, White	Female, African	Female, Coloured	Female, Indian	Female, Total Blacks	Female, White	Total
Employees with disabilities	5	0	0	5	0	0	0	0	0	0	5

TABLE 6.5 - Terminations

Occupational Bands	Male, African	Male, Coloured	Male, Indian	Male, Total Blacks	Male, White	Female, African	Female, Coloured	Female, Indian	Female, Total Blacks	Female, White	Total
Senior Management, Permanent	4		0	2	0	0	0	0	0	0	4
Professionally qualified and	121	0	3	124	24	61	0	4	65	72	285

experienced specialists and mid-management, Permanent											
Skilled technical and academically qualified workers, junior management, supervisors, foremen, Permanent	229	0	4	228	45	332	4	8	680	38	660
Semi-skilled and discretionary decision making, Permanent	70	0	5	74	66	227	6	0	229	58	432
Unskilled and defined decision making, Permanent	127	2	17	117	1O2	220	5	2	194	43	416
TOTAL	**551**	**2**	**29**	**545**	**237**	**840**	**15**	**14**	**1168**	**211**	**1899**

TABLE 6.6 - Disciplinary Action

Disciplinary action	Male, African	Male, Coloured	Male, Indian	Male, Total Blacks	Male, White	Female, African	Female, Coloured	Female, Indian	Female, Total Blacks	Female, White
TOTAL	0	0	0	0	0	0	0	0	0	

TABLE 6.7 - Skills Development

Occupational Categories	Male, African	Male, Coloured	Male, Indian	Male, Total Blacks	Male, White	Female, African	Female, Coloured	Female, Indian	Female, Total Blacks	Female, White
Legislators, Senior Officials and Managers	56	25	13	94	25	102	34	11	147	
Professionals	132	38	19	189	48	356	47	24	427	
Technicians and Associate Professionals	55	15	8	78	22	87	26	6	119	
Clerks	44	17	6	67	19	67	29	11	148	

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	
TOTAL	287	95	46	428	114	612	136	52	841	15
Employees with disabilities	0	0	0	0	0	0	0	0	0	

HR OVERSIGHT STATISTICS FOR THE PERIOD APRIL 2004 TO MARCH 2005

TABLE 7.1 - Performance Rewards by Race, Gender and Disability

	Number of Beneficiaries	Total Employment	Percentage of Total Employment	Cost (R'000)	Average Cost per Beneficiary (R)	
African, Female	0	16461	0.0	222	18,530	No payments yet
African, Male	0	7380	0.0	430	33,073	No payments yet
Asian, Male	0	34	0.0	24	24,084	No payments yet
White, Female	0	465	0.0	40	39,763	No payments yet
White, Male	0	240	0.0	127	31,718	No payments yet
TOTAL	**0**	**24580**	**0.0**	**843**	**26.343**	

TABLE 7.2 – Performance Rewards by Salary Band for Personnel below Senior Management Service

Salary Band	Number of Beneficiaries	Total Employment	Percentage of Total Employment	Cost (R'000)	Average Cost per Beneficiary ®

Highly skilled production (Levels 6-8)	0	9036	0	29	0	No payments yet
Highly skilled supervision (Levels 9-12)	0	1077	0	13	0	No payments yet
TOTAL	**0**	**10113**	**0**	**42**	**0**	

TABLE 7.3 - Performance Rewards by Critical Occupation

Critical Occupations	Number of Beneficiaries	Total Employment	Percentage of Total Employment	Cost (R'000)	Average Cost per Beneficiary (R)	
Emergency Care Practioners	0	404	0	10	0	No payments yet
Medical and Dental Practitioners	0	612	0	3	0	No payments yet
Medical and Dental Specialists	0	55	0	154	0	No payments yet
Professional nurse	0	5583	0	5	0	No payments yet
Health Therapists	0	481	0	599	0	No payments yet
TOTAL	**0**	**7135**	**0**	**771**	**0**	

TABLE 7.4 - Performance Related Rewards (Cash Bonus) by Salary Band for Senior Management Service

SMS Band	Number of Beneficiaries	Total Employment	Percentage of Total Employment	Cost (R'000)	Average Cost per Beneficiary (R)	% of SMS Wage Bill	Personnel Cost SMS (R'000)	
Band A	0	53	0	503	0	2.2	22,361	No payı yet
Band B	0	8	0	201	0	3.9	5,099	No payı yet
Band C	0	2	0	54	0	4.3	1,255	No payı yet
Band D	0	1	0	44	0	5	879	No payı yet
TOTAL	**0**	**64**	**0**	**802**	**0**	**2.7**	**29594**	

HR OVERSIGHT STATISTICS FOR THE PERIOD APRIL 2003 TO MARCH 2004
TABLE 8.1 - Foreign Workers by Salary Band

Salary Band	Employment at Beginning Period	Percentage of Total	Employment at End of Period	Percentage of Total	Change in Employment	Percentage of Total	Total Employment at Beginning of Period	Total Employmen at End of Period
Lower skilled (Levels 1-2)	0	0	0	0	2	200	226	8
Skilled (Levels 3-5)	1	0.4	9	10.2	2	200	226	8
Highly skilled production (Levels 6-8)	120	53.1	7	8	6	600	226	8
Highly skilled supervision (Levels 9-12)	99	43.8	68	77.3	-16	-1600	226	8
Senior management (Levels 13-16)	6	2.7	4	4.5	7	700	226	8
TOTAL	**226**	**100**	**88**	**100**	**1**	**100**	**226**	**8**

TABLE 8.2 - Foreign Workers by Major Occupation

Major Occupation	Employment at Beginning Period	Percentage of Total	Employment at End of Period	Percentage of Total	Change in Employment	Percentage of Total	Total Employment at Beginning of Period	Total Employmen at End of Period
Elementary occupations	0	0	0	0	0	0	0	
Other occupations	1	0.4	9	900	0	0	226	8
Professionals and managers	120	53.1	7	5.8	1	1.1	226	8
Rank: medical sciences and support personnel	105	46.5	72	68.6	-4	-4.5	226	8
Service workers	0	0	0	0	1	0	0	
Social natural technical and medical sciences+supp	0	0	0	0	2	0	0	
Technicians and associated professionals	0	0	0	0	1	0	0	
TOTAL	**226**	**0**	**88**	**38.9**	**1**	**0**	**0**	

HR OVERSIGHT STATISTICS FOR THE PERIOD APRIL 2004 TO MARCH 2005

TABLE 9.1 - Sick Leave for Jan 2004 to Dec 2005

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)	Total number of Employees using Sick Leave
Lower skilled (Levels 1-2)	701	61.9	81	10.5	9	95	770
Skilled (Levels 3-5)	1252	76.5	149	19.4	8	229	770
Highly skilled production (Levels 6-8)	2238.5	74.9	283	36.8	8	746	770

Highly skilled supervision (Levels 9-12)	1370	68.4	209	27.1	7	821	770
Senior management (Levels 13-16)	155	83.2	26	3.4	6	265	770
TOTAL	**5716.5**	**72.3**	**748**	**97.1**	**8**	**2156**	**770**

TABLE 9.2 - Disability Leave (Temporary and Permanent) for Jan 2002 to Dec 2004

Salary Band	Total Days	% Days with Medical Certification	Number of Employees using Disability Leave	% of Total Employees using Disability Leave	Average Days per Employee	Estimated Cost (R'000)	Total number of days with medical certification
Lower skilled (Levels 1-2)	13	100	1	16.7	13	2	13
Skilled (Levels 3-5)	97	100	2	33.3	49	25	97
Highly skilled production (Levels 6-8)	69	100	2	33.3	35	23	69
Highly skilled supervision (Levels 9-12)	2	100	1	16.7	2	1	2
TOTAL	**181**	**100**	**6**	**100**	**30**	**51**	**181**

TABLE 9.3 - Annual Leave for Jan 2004 to Dec 2004

Salary Band	Total Days Taken	Average per Employee	Employment
Lower skilled (Levels 1-2)	2488	25	98
Skilled (Levels 3-5)	3700	19	196
Highly skilled production (Levels 6-8)	7654.04	22	354
Highly skilled supervision (Levels 9-12)	6459.84	19	333
Senior management (Levels 13-16)	1130	22	51
TOTAL	**59649**	**58**	**1032**

TABLE 9.4 - Capped Leave for Jan 2004 to Dec 2004

	Total days of capped leave taken	Average number of days taken per employee	Average capped leave per employee as at 31 December 2003	Number of Employees	Total number of capped leave available at 31 December 2003	Number of Employees as at 31 December 2004
Lower skilled (Levels 1-2)	69	5	55	14	5837	106

Skilled (Levels 3-5)	100	5	29	21	2743	95
Highly skilled production (Levels 6-8)	295	5	44	56	12220	275
Highly skilled supervision (Levels 9-12)	241	5	39	45	8831	224
Senior management (Levels 13-16)	55	5	58	11	2787	48
TOTAL	**760**	**5**	**43**	**11**	**32418**	**748**

TABLE 9.5 - Leave Payouts

Reason	Total Amount (R'000)	Number of Employees	Average Payment per Employee (R)
Leave payout for 2003/04 due to non-utilisation of leave for the previous cycle	16	2	8000
Capped leave payouts on termination of service for 2003/04	145	31	4677
Current leave payout on termination of service for 2003/04	11	13	846
TOTAL	**172**	**46**	**3739**

HR OVERSIGHT STATISTICS FOR THE PERIOD APRIL 2003 TO MARCH 2004

TABLE 10.1 - Steps taken to reduce the risk of occupational exposure

Units/categories of employees identified to be at high risk of contracting HIV & related diseases (if any)	Key steps taken to reduce the risk
Health Professionals that come in contact with Bodily Fluids (Casualty, OPD, Theatre, Surgical Wards, ICU, ect.)	Staff adhere to Universal Precautioner Measures & Wear Protective Clothing
Cleaners & Maintenance Personnel working in identified work stations	Staff Wear Protective Clothing

TABLE 10.2 - Details of Health Promotion and HIV/AIDS Programmes [tick Yes/No and provide required information]

Question	Yes	No	Deta y
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.	Mrs R Chuenyane; Senior Manager		At Le 13
2. Does the department have a dedicated unit or have you designated specific staff members to promote 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.	1 Manager- EH & Occ Health		
3. Has the department introduced an Employee Assistance or Health Promotion Programme for your employees? If so, indicate the key elements/services of the programme.	Yes, services cover Assessment, Counselling, Referrals, therapy, educa etc.		

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.	Committees exist at Institutions
5. Has the department reviewed the employment policies and practices of your department 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.	Draft Work Place Policy is in place
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. 7. Does the department encourage its employees to undergo Voluntary Counselling and Testing? If so, list the results that you have achieved.	Yes, referrals are made to health fac
8. Has the department developed measures/indicators to monitor & evaluate the impact of your health promotion programme? If so, list these measures/indicators.	Active Research on Baselines & Tren

HR OVERSIGHT STATISTICS FOR THE PERIOD APRIL 2003 TO MARCH 2004

TABLE 11.1 - Collective Agreements

Subject Matter	Date
xxx	xxx
xxx	xxx

TABLE 11.2 - Misconduct and Discipline Hearings Finalised

Outcomes of disciplinary hearings	Number	Percentage of Total	Total
Total Finalised	264	54.80%	264
Total Pending	218	45.20%	218

TABLE 11.3 - Types of Misconduct Addressed and Disciplinary Hearings

Type of misconduct	Number	% of total
Dismissals	41	15.5
Demotion	1	0.4
Verbal Warnings	43	16.3
Written Warnings	74	28.0
Final Written Warnings	63	23.9
Found Guilty	18	6.8
Withdrawn cases	13	4.9
Suspension Without Pay	11	4.9
Total	**264**	**100.0**

TABLE 11.4 - Grievances Lodged

Number of grievances addressed	Number	% of total
Resolved	64	47.4
Not resolved	71	52.6
Total	**135**	

TABLE 11.5 APPEAL LODGED

Number of disputes addressed	Number	% of total
Upheld	0	0
Dismissed	35	44.30%
Appeals Pending	44	55.70%
Total	**79**	

TABLE 11.6 – Strike Actions

Strike Actions	_
Total number of person working days lost	
Total cost(R'000) of working days lost	
Amount (R'000) recovered as a result of no work no pay	

TABLE 11.7 - Precautionary Suspensions

Precautionary Suspensions	_
Number of people suspended	
Number of people whose suspension exceeded 30 days	
Average number of days suspended	
Cost (R'000) of suspensions	

TABLE 11.8 - Disputes Lodged

Disputes Resolved	24	64.9
Disputes Unresolved	13	35.1
Total	**37**	

HR OVERSIGHT STATISTICS FOR THE PERIOD APRIL 2003 TO MARCH 2004

TABLE 12.1 - Training Needs identified

Occupational Categories	Gender	Employment	Learnerships	Skills Programmes & other short courses	Other forms of training
Legislators, senior officials and managers	Female	0	0	119	0
	Male	0	0	314	0
Professionals	Female	0	0	554	0
	Male	0	0	1111	0
Technicians and associate professionals	Female	0	0	100	0
	Male	0	0	152	0
Clerks	Female	0	0	86	0
	Male	0	0	182	0
Service and sales workers	Female	0	0	0	0
	Male	0	0	0	0
Skilled agriculture and fishery workers	Female	0	0	0	0
	Male	0	0	0	0
Craft and related trades workers	Female	0	0	0	0
	Male	0	0	0	0
Plant and machine operators and assemblers	Female	0	0	0	0
	Male	0	0	0	0
Elementary occupations	Female	0	0	0	0
	Male	0	0	0	0
Gender sub totals	Female	0	0	859	0
	Male	0	0	1759	0
Total		0	0	2618	0

TABLE 12.2 - Training Provided

Occupational Categories	Gender	Employment	Learnerships	Skills Programmes & other short courses	Other forms of training
Legislators, senior officials and managers	Female	0	0	443	202
	Male	0	0	307	207
Professionals	Female	0	0	1912	5574

	Male	0	0	54	1630
Technicians and associate professionals	Female	0	0	42	113
	Male	0	0	42	131
Clerks	Female	0	0	148	622
	Male	0	0	97	602
Service and sales workers	Female	0	0	21	57
	Male	0	0	9	29
Skilled agriculture and fishery workers	Female	0	0	0	0
	Male	0	0	0	0
Craft and related trades workers	Female	0	0	4	15
	Male	0	0	3	23
Plant and machine operators and assemblers	Female	0	0	0	6
	Male	0	0	7	20
Elementary occupations	Female	0	0	403	156
Learnerships/ Experiential Learners	Male /Female	0	340	0	0
Gender sub totals	Female	0			6745
	Male	0			2642
Total		**0**	**340**	**3492**	**9387**

HR OVERSIGHT STATISTICS FOR THE PERIOD APRIL 2003 TO MARCH 2004

TABLE 13.1 - Injury on Duty

Nature of injury on duty	Number	% of total
Required basic medical attention only	77	90.6
Temporary Total Disablement	4	4.7
Permanent Disablement	2	2.4
Fatal	2	2.4
Total	**85**	

3. SUMMARY OF HUMAN RESOURCE DEVELOPMENT PLAN

3.1 Objective 1: To ensure the availability of skills for effective service delivery

- Identifying training and development needs
- Personnel Audit
- Skills Audit
  - At individual level
  - At organizational level
- Performance Appraisal by line managers
- Recognition of prior learning
- Competency designing and work profiling
- Compiling the workplace skills plan
- Attendance of courses, seminars, conferences etc
- Full time and part-time studies
- Implementation of training and development programs

Impact Assessment

3.2 Objective 2: To improve literacy, numeracy and skill training

In order to be in line with the National Skills Development Strategy and the National HRD Strategy, the following programs will be introduced:

- ⇨ Adult Basic Education and Training (ABET) including Life Skills
  - o General Education and Training
  - o Further Education and training
- ⇨ Skills training for non skilled employees
- ⇨ Ensure all employees have skills required to do a job
- ⇨ Retraining of supernumerary employees to fill the skills gap

3.3 Objective 3: To address Employment Equity – the HRD strategy

The following programs will be implemented:

- ⇨ Identify/compile list of disabled employees that can be prepared for management position and provide management training.
- ⇨ Identify/compile pool of disabled employees and identify and implement relevant skills training programmes.
- ⇨ Compile a pool of female employees at level 8 – 12 and identify and implement training programmes to prepare them for management positions.
- ⇨ Give priority to previously disadvantaged individuals especially from the rural areas for bursaries.
- ⇨ Give priority and fast track training and development of the above-mentioned groups especially at districts i.e. clinics, health centres and institutions at the sub district level.

- A group of employees from designated groups at level 8 – 12 would be identified each year to undergo intensive management training overseas or in other African countries
- An ABET Programme would proposed to develop skills at level 1 – 7
- Employees at level 8 – 11 would be identified and sent for fellowships or twinning programmes in other countries. This will be in areas of Human Resources, Public Management and Hospital Management.
- Each EE Committee in its plan would identify employees from designated groups for development.

HRD HEALTH VOTE PRIORITIES

Priority Area	Target Group	Level
1. ABET	Employees without matric	1-5
2. HIV/AIDS Trai	All employees	All levels
3. Managing discipline	All unit supervisors at clinics and institutions and welfar districts	5-8
4. Supervision Pr	All unit supervisors at clinics and institutions and welfar districts	5-8
5. Financial Mana	All unit supervisors at clinics and institutions and welfar districts	5-8
6. Management	All unit supervisors at clinics and institutions and hospital mar	7-9
7. Advanced Midv	All clinic midwives	6-8
8. Medical Training	Medical doctors	-
9. Batho Pele	Clinic and hospital employees	1-8
10. Team Buildin	All nurse supervisors at clinics and hospitals	6-9
11. Work im teams	Unit supervisors at the districts	5-9
12. Legislative fra	Unit supervisors at the districts	5-9

To ensure management commitment towards career-pathing

To provide career-pathing opportunities for all employees and improve service delivery, the following will be implemented:

- ⇨ All supervisors / line managers to identify skills gaps during performance appraisal and provide information to HRD on a quarterly basis for training and development.
- ⇨ Part-time bursaries provided to employees – preference should be given to bursaries that are relevant to the work of the employees.
- ⇨ Part-time bursaries for multi-skilling or non-work related studies will get last preference if funds are available – This clause does not mean that employees will not be given an opportunity for multi-skilling where funds are available especially where such skills are required by the Department.
- ⇨ Full time bursaries and training and development for skills necessary for service delivery e.g. nurses, doctors, specialist, etc.
- ⇨ The performance management tool used by senior managers should have a key performance area that binds them to ensure career pathing and development of their employees.
- ⇨ The job description of each employee should show the inherent requirement of the job with regard the qualifications, competencies and other courses to be attended, versus those that the incumbent of the posts possess and the gap and when the manager/supervisor will ensure that the employee receives such training or development.
- ⇨ Managers/supervisors should advice and encourage their subordinates on possible career paths they can follow.

4. Additional information

- **Public consultation arrangements**: The Department has the following formal structures to ensure adequate consultation:
  - Provincial Health Council chaired by the MEC
  - Health Advisory Committee
  - District Health Councils
  - Hospital Boards
  - Clinic committees