

MPUMALANGA PROVINCIAL GOVERNMENT

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DEPARTMENT OF HEALTH AND SOCIAL  
SERVICES

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ANNUAL REPORT 2004 / 2005  
*HEALTH COMPONENT*



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### 1. VISION AND MISSION

The Department of Health and Social Services adopted the following Vision and Mission to provide a strategic direction for its employees as well as all stakeholders in the provision of health and social services in the Province:

#### 1.1 Vision of the Mpumalanga Department of Health and Social Services

A developed society in which all people have equitable access to quality, humane and integrated health and social services.

#### 1.2 Mission

To provide and promote integrated quality health and social services in partnership with all stakeholders to ensure healthy lifestyles and reduce poverty in all communities of Mpumalanga.

#### 1.3 Core Values

The following were as adopted as its core values:

- Equity
- Human Rights
- Honesty
- Dignity
- Integrity
- Accessibility
- Transparency
- Collective Accountability
- Information
- Value for money
- Efficiency and Effectiveness

## 1.4 List of Acronyms

AIDS	-	Acquired Immune Deficiency Syndrome
ALS	-	Advanced Life Support
ATLS	-	Advanced Trauma Life Support
ART	-	Antiretroviral Therapy
ARV	-	Antiretroviral
ALOS	-	Average length of stay
BLS	-	Basic Life Support
BOR	-	Bed Occupancy Rate
CBR	-	Community Based Rehabilitation
CDC	-	Centres for Disease Control and prevention
CHC	-	Community Health Centre
CHW	-	Community Health Worker
CTScan	-	Computed Tomography
DHS	-	District Health System
DoH	-	Department of Health
EMS	-	Emergency Medical Services
FCS	-	Forensic Clinical Services
FHS	-	Forensic Health Services
FPS	-	Forensic Pathology Services
HIV	-	Human Immunodeficiency Virus
HPCSA	-	Health Professions Council of South Africa
HTM	-	Health Technology Management
ILS	-	Intermediate Life Support
INP	-	Integrated Nutrition Programme
IPD	-	In Patient Days
M&M	-	Morbidity and Mortality
MDR	-	Multi Drug Resistant TB
MTCT	-	Mother-to-child Transmission (of HIV)

MTEF	-	Medium Term Expenditure Framework
MRI	-	Magnetic Resonance Imaging
NGO	-	Non Government Organisation
NHIS/SA		National Health Information Systems of South Africa
NTCP	-	National TB Control Programme
OHC	-	Oral Healthcare Services
OHS	-	Occupational Health Services
OPD	-	Out Patient Department
PDE	-	Patient Day Equivalent
PHC	-	Primary Health Care
PMTCT	-	Prevention of Mother-to-Child Transmission (of HIV)
PTB	-	Pulmonary TB
SANTA	-	South African National Tuberculosis Association
STD	-	Sexually Transmitted Disease
STI	-	Sexually Transmitted Infection
TB	-	Tuberculosis
TOP	-	Termination of Pregnancy
VCT	-	Voluntary Counselling and Testing

## 2. REPORT OF THE EXECUTIVE AUTHORITY

The Freedom Charter as a document upon which the will of the people of this country is based declared that "South Africa belongs to all who live in it, Black and White." This declaration certainly puts on us as a department the responsibility to ensure that the South Africa that belongs to all who live in it is indeed a livable, homely and a very secured place. A place that produces sustainable livelihoods and a place without poverty.

This compelling need to create a country whose populace can truly claim as theirs, puts an equally compelling reason over us to accelerate service delivery at an unparalleled and unprecedented record.

The International Communities committed themselves to a deliberate and conscious effort to the eradication of poverty and hunger. This commitment places on us enormous challenges and we can not fail.

The report that is presented herewith is not only a reflection of the achievements of the past financial year but also a reflection on the challenges that lie ahead and the speed at which we should travel towards achieving some of the Millennium Goals such as:

- Reducing poverty and hunger,
- the improvement of Maternal Health,
- the combating of HIV and Aids,
- the promotion of Gender Equality and empowerment of women and
- the development of Partnerships for development.

The dynamism of society and the ever-changing socio-economic condition also compels us as a department to continuously evolve and grow in order to meet the basic needs of the people of this province.

Whilst we can give ourselves as a department a pat on the shoulder because of the achievements we have made, we are constantly reminded of the acute need to remain vigilant and ensure that, what has been achieved is sustained and indeed makes an indelible mark and impact in the lives of our people.

We have made progress filling of various posts within the department. This will to some extent alleviate the crises faced by our facilities.

The selflessness, commitment and dedication of the departmental personnel is highly appreciated. Let us continue to redouble our efforts and without fear or favour accelerate the speed towards a better South Africa and therefore a better Mpumalanga.

### 3. REPORT OF THE HEAD OF DEPARTMENT

The dawn of the new decade of democracy brought with it serious far-reaching challenges for the Department of Health and Social Services in the Province. These challenges were largely about whether we could safely say that we are on track in terms of providing and promoting integrated quality health care services in partnership with all stakeholders to ensure healthy lifestyles and fight the HIV and AIDS pandemic.

It is therefore an honour for me to account to the citizens of the Province of Mpumalanga on the provision of health care services as such services are a right and therefore enshrined in both the Constitution and the Bill of Rights.

This annual report attempts to reflect on the budgetary constraints and the countless challenges facing this department. However, it is by no means an attempt to lament about the challenges and constraints but to highlight on the strides made in relation to service delivery in the face of the daunting capacity challenges.

The priorities of the department are aligned to the National priorities and the strategic objectives of the National department. They are focussed on accelerating the urgent and critical provision of services to the majority of people in the province.

While the department experienced challenges in relation to the efficient and effective implementation of the comprehensive HIV and AIDS plan, it has ARV sites in the three districts of the Province. The identification of coordinators in all districts has been able to support 75 NGO's, and 1500 Care givers with stipends as a way of reaching out to the citizens of the Province.

On the other hand the Department has successfully developed an integrated plan for malnutrition in all facilities. Six hospitals obtained the Baby Friendly status and have made a great impact in terms of contribution to the Kangaroo Mother Care programme. Vitamin A has successfully been provided on a routine basis to post partum mothers. A total of 100 000 people were reached.

The department also hosted the SADC Malaria awareness day on the 12<sup>th</sup> of November 2004 in Thaba Chweu. One hundred temporary spray operators were trained. A total of 2 919 Malaria notifications were received. An integrated Malaria Information System piloted.

In terms of the National priorities, the department has distributed all policy guidelines in all districts regarding chronic illnesses. Mass screening campaigns were also conducted. A total of 189 professional nurses were trained with regards to the management of Chronic and geriatric illnesses.

In line with the requirement to strengthen Primary Health Care Services, the department has been able to develop a Clinic Supervision Policy as a tool to ensure the effective management of Primary Health Care facilities. 150 Health care officials were trained on the Principles of Quality Assurance, Batho Pele principles and the Public Service Code of Conduct.

The completion of the new Piet Retief hospital marks an end to the space problems experienced by the communities and staff in the Mkhondo municipality and surrounding areas. The new hospital will enable the department to provide quality health services to the community.

Financial delegations were finalised, which serves as a tool to promote greater efficiency in financial management. The bid committee was established to perform functions related to the procurement of certain goods and services. The internal Audit unit was strengthened to prevent fraud and corruption and a fraud and corruption hotline was launched.

On Emergency Medical Services the Department managed to purchase new ambulances and fleet response vehicles. The purchase of the additional ambulances was an attempt to improve the access to Emergency Medical Services in the Province and also to improve the response times. Equipment for the EMS stations were purchased and new managers were appointed at these stations.

Direct pharmaceutical delivery to facilities was instituted which assists in ensuring that medicines are delivered timeously and enable facility managers to fully take charge of their stock right on site.

People with disabilities and or impairment totalling to 33 878 have accessed one or more of the rehabilitation services. The Disabled People of South Africa, as an organisation was brought on board in the implementation of community based disability support programme. The department distributed the following assistive devices: 4 381 wheelchairs, 962 hearing aids and 3 249 pairs of crutches were distributed. The rehabilitative services are provided for in 24 of the 27 hospitals.

I would like to take this opportunity to thank the Honourable MEC for his stewardship of the Department as well as the senior management for their contribution, commitment and dedication in ensuring that the department's goals and objectives become a reality. I must further thank all staff members for selflessly and relentlessly giving their all in order to make the lives of our people better.

**Table 1: Budget allocation and expenditure incurred in 2004/05**

<b>Budget allocation</b>	<b>2004/05 R' 000</b>
Original budget	2,308,584
Rollovers	76,338
Additional adjustments	
<b>Final budget appropriated (adjustments budget)</b>	<b>2,384,922</b>
<b>Total expenditure</b>	<b>2,241,961</b>
(Over)/under expenditure	142,961
(Over)/under-expenditure (%)	6%



## 4. SITUATION ANALYSIS

### Background

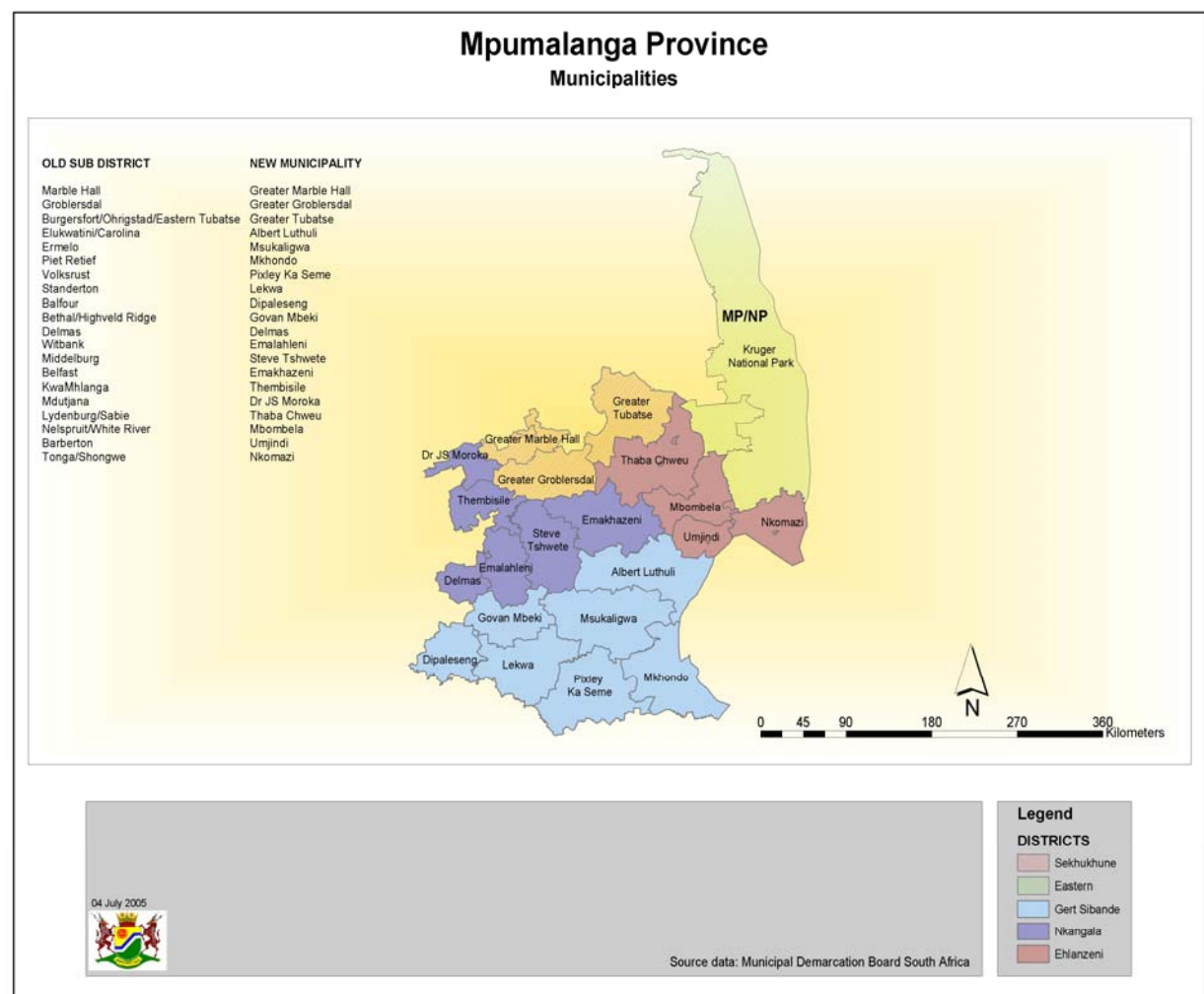
Mpumalanga Province is situated on the eastern-most part of South Africa with a terrain which renders it one of the most difficult areas in South Africa to access and thus to deliver essential health services. The Province is bordered by 4 of the 9 Provinces, namely Gauteng, Free State, KwaZulu-Natal and Limpopo Province, as well as Mozambique and Swaziland.

Due to its location, the Province faces an influx of patients from both the neighbouring Provinces as well as the two neighbouring countries, Mozambique and Swaziland. Mpumalanga Province consists of 3 Health Districts, called: Ehlanzeni, Nkangala and Gert Sibande.

According to Statistics South Africa 2004 mid-year estimates Mpumalanga province has the third smallest share of the South African population. The province has 7% of the total South African population.

The following table below presents some of the key demographic indicators for the province, compared to our neighbouring provinces as taken from the South African Health Review 2003/04 and the Population mid-year estimates 2004.

### Mpumalanga Provincial Map



## Demographic Profile

### Mpumalanga Compared to neighbouring provinces

Indicator	Province			
	Mpumalanga	Limpopo	Kwa Zulu Natal	Gauteng
Area (Km <sup>2</sup> ) <sup>1</sup>	79 490	123 910	92 100	17 010
% Area of total area of South Africa <sup>1</sup>	6.5	10.2	7.6	1.4
Population <sup>2</sup>	3 244 306	5 511 962	9 665 875	8 847 740
Population Composition <sup>2</sup>	1 600 686 (M)	2 684 919 (M)	4 667 203 (M)	4 542 859 (M)
	1 643 620 (F)	2 827 044 (F)	4 998 672 (F)	4 304 881 (F)
Population Density (per Km <sup>2</sup> ) <sup>3</sup>	40.8	43.7	106.0	553.5
Public Sector Dependent population <sup>4</sup>	2 891 917	5 237 827	8 756 207	7 095 743
Rural % population <sup>5</sup>	60.9	89.0	56.9	3.0
Urban % population <sup>5</sup>	39.1	11.0	43.1	97.0

These demographic indicators have an important role in ensuring that our health services are in line with the district health system. One of the principles of the District Health system is equity, which we can only ensure with a good understanding of where the province stands in terms of these demographic indicators.

<sup>1</sup> 2001 indicator

<sup>2</sup> 2004 midyear estimates

<sup>3</sup> 2003 indicator

<sup>4</sup> 2001 indicator

<sup>5</sup> 1996 indicator

## Epidemiological Profile

**Table 2: Mortality trends**

	2000 <sup>6</sup>	2002 <sup>7</sup>	2004 <sup>8</sup>
Infant mortality (<1yr) /1000 births	58.9	59	-
Child mortality (<5yrs) /1000 births	99.8	106	-
Maternal mortality (raw data)	No data available	126	78

**Table 3: Top 10 causes of death per 100 000**

	2004/05 <sup>9</sup>
Diabetes Mellitus	42
Hypertension	77
Cancer	95
Meningitis	171
Congestive Cardiac Failure	204
Stillborn	296
Gastro / Diarrhoea	373
Immuno-sepression	508
Pneumonia / Broncho pneumonia	760
PTB	842

**Table 4: Notifiable conditions<sup>10</sup>**

		2001/02	2002/03	2003/04	2004/05
Acute Flaccid Paralysis	No	0	14	16	14
Cholera	No	0	124	1658	87
Malaria	No	11 450	5 347	4 843	2587
Measles	No	0	0	45	18
Meningococcal infection	No	0	8	8	16
Poisoning agricultural stock remedies	No	0	0	15	0
Tuberculosis (all types)	No	3279	2932	4306	6630 <sup>11</sup>
Typhoid	No	1	18	4	5
Viral hepatitis (total)	No	1	15	5	43

<sup>6</sup> MRC Burden of Disease Study 2000

<sup>7</sup> South African Health Review 2002

<sup>8</sup> MRC Burden of disease study 2000 (N=40008)

<sup>9</sup> Facility based data 2004/05 from 40% of Health Facilities

<sup>10</sup> Provincial CDC Database

<sup>11</sup> Fourth Quarter data not included

## PART B

**Table 5: Evolution of expenditure by budget sub-programme**

Programme	2002/03	2003/04	2004/05	2004/05	Variance -% under/ (over- expenditure)
	Exp	Exp	Exp	Budget	
	R'000	R'000	R'000	R'000	%
Programme 1: Administration	121 032	153 390	194 273	198 741	2
Programme 2: District Health Services	1 247 955	1 354 737	1 439 061	1 457 949	1
Malaria Control			13 376	16 523	19
Integrated Nutrition	40 955	60,848	13 495	15 053	10
Hospital Management service			22 748	28 990	22
Flood Relief			6 534	6 677	2
District management	117 425	51 342	42 698	43 071	1
Clinics	138 175	160 323	170 554	169 217	(1)
Community health centers	60 594	104 282	136 580	134 509	(2)
District hospitals	864 383	936 849	976 543	978 248	0
Other community services	14 638	18 367			
HIV/AIDS	11 784	22 731	56 421	65 661	14
Programme 3: Emergency Medical Services	N/A	46 729	68 738	90 625	34
Emergency Medical Services	N/A	46 729	68 738	90 625	34
Planned patient transport					
Programme 4: Provincial Hospital Services			378 462	386 448	2
National Treasure			46 526	48 527	2
General hospitals (regional)			271 851	274 478	1
TB hospitals			6 867	7 440	(3)
Mental Hospital			11 007	9 434	(17)
Health Professional Training and Development			42 083	42 083	0
Dental training hospitals				4 486	100
Specialized Hospital			128		(100)
Programme 5: Central Hospital Services					
Central hospitals					
Provincial tertiary hospitals					
Programme 6: Health Sciences and Training			58 918	58 919	0
Nurse training colleges	26 974	28 785	30 111	30 619	2
EMS training colleges	304	390	581	629	8
Bursaries	10 212	11 277	22 095	22 420	1
PHC training			2 004	1 012	(98)
Other training	1 838	4 708	2 540	532	(377)
ABET			1 587	3 707	57
Programme 7: Health Care Support Services			23299	23 765	2
Laundries	N/A	9 782	13 240	12 108	(9)
Engineering					
Pharmaceutical Services			3 104	3 237	4
Orthotic and prosthetic services	0	3 193	5 955	7 420	20
Medicines trading account	24 696	2 452			
Coroner Service			1 000	1 000	0
Programme 8: Health Facilities Management			104 142	168 475	62
New Facility Replacement			26 256	39 499	34
Provincial Hospital Service			25 522	40 553	34
Hospital Rehabilitation			52 361	88 423	41
<b>Total: Programmes</b>	<b>1 433 011</b>	<b>1 615 443</b>	<b>2 266 893</b>	<b>2 384 922</b>	<b>5</b>

**Table 6: Evolution of expenditure by budget per capita sub-programme (constant 04/05 prices)**

	2002/03	2003/04	2004/05
Population	3,106,735	3,175,084	3,244,306
% insured	10	10	11
Uninsured population	2,796,061	2,857,575	2,877,935
Conversion to constant 2003/04 prices	1.05	1.00	1.00
	Exp per capita Uninsured	Exp per capita Uninsured	Exp per capita Uninsured
Programme	R'000	R'000	R'000
Programme 1: Administration	0.105	0.05	0.07
Programme 2: District Health Services	0.47	0.47	0.51
Programme 3: Emergency Medical Services	N/A	0.02	0.03
Programme 4: Provincial Hospital Services	0.07	0.11	0.13
Programme 5: Central Hospital Services	N/A	N/A	N/A
Programme 6: Health Sciences and Training	0.01	0.02	0.02
Programme 7: Health Care Support Services	0.01	0.01	0.01
Programme 8: Health Facilities Management	0.03	0.03	0.06
<b>Total: Programmes</b>	<b>0.63</b>	<b>0.69</b>	<b>0.83</b>

**Table 7: Expenditure on conditional grants**

	2002/03	2003/04	2004/05
	R'000	R'000	R'000
National Tertiary Services	37 535	34 675	46 526
HIV and AIDS	11 171	22 731	56 421
Hospital Revitalisation	47 722	45 802	52 359
Integrated Nutrition Programme	40 956	60 843	13 498
Hospital Management and Quality Improvement	1 397	4191	22 748
Health Professions Training and Development	21 095	46 300	42 083
Health Financial Management	1 156	836	2 008
Provincial Infrastructure	16 716	24 278	25 418
Flood Relief	984	4 339	6 534
Coroner Services			1 000
<b>Total: Conditional Grants expenditure</b>	<b>178 732</b>	<b>243 995</b>	<b>268 595</b>

## **5. PROGRAMME PERFORMANCE**

### **5.1 Programme 1 – Administration**

#### **5.1.1 Aims**

To ensure policy implementation, monitoring and evaluation.

#### **5.1.2 Analytic Review of Programme Performance**

Outreach to health facilities by senior management to get first hand information and to give administrative support and assistance.

### **HUMAN RESOURCE MANAGEMENT**

The following policies were developed to guide management decisions and to minimise labour disputes:

- Overtime
- Sexual harassment
- Workplace HIV and AIDS
- Recruitment and Selection
- Leave
- Resettlement
- Incentive
- Employee assistance strategy

### **INTERNAL AUDIT**

Audits were conducted in the following areas:

- EMS
- Procurement
- Human Resources
- Asset management
- Overtime for hospitals

Forensic and special investigations focussed on:

- Social assistance grants
- HIV and AIDS
- Social Welfare

Established Fraud Prevention Committee and Risk Management Unit.

Launched an independently managed Hotline to report fraud and corruption.

## **LEGAL SERVICES**

Entered into SLA's with the following:

- Amalgamated Health
- NHLS (National Health Laboratory Services)
- Public Health and Welfare Sector Training Authority
- Health Systems Trust on HIV and AIDS
- Public Works Department
- Disabled People South Africa
- Provincial Council for the Blind

## **FINANCE**

Financial delegations given to programmes and facilities.

Bid committee appointed and started functioning in October.

Developed provincial revenue implementation plan to improve revenue collection in the department.

Eight financial policies finalised and adopted by the department viz:

- Book keeping
- Asset management
- Debt write-off
- Fleet management
- Guidelines on travel and subsistence allowance
- Revenue cycle
- Expenditure procurement and provisioning
- Salary administration and human resource

## **STRATEGIC PLANNING**

A number of departmental planning sessions were held to ensure alignment of plans to the following policy mandates and directives:

- State of the Nation and Province addresses
- Provincial Growth and Development Strategy
- National policies and legislation
- Municipal Integrated Development Plans

In compliance with the National and Provincial calls to monitor performance on an ongoing basis, the monitoring and evaluation function was initiated and will be strengthened in the next financial year.

## **COMMUNICATION**

Made strides in improving relations with the media through constant interactions and marketing of departmental services and the slogan "SIYANAKEKELA".

Commenced with the branding of the department though the bulk of this is dependant on the finalisation of the tender process.

### 5.1.3 Tabular Reporting on Performance against Provincial 2004/2007 Strategic Plan

**Table 8: Performance Against Targets From 2004/05 Strategic Plan For The Administration Programme**

Sub-programme	Objectives (Outputs)	Indicator	2002/03 Actual	2003/04 Actual	2004/05 Actual	2004/05 Strat Plan target
Office of the CFO	To ensure effective financial management through sound budgeting and budgetary control practices, the operation of internal controls and timely production of financial reports.	Financial management services provided, sound budget Monthly and quarterly reports.	Monthly reports provided	Monthly reports provided	Monthly reports provided	Monthly reports provided
	To monitor expenditure, manage the assets of the department and formulate and implement effective and efficient internal financial controls and policies.	Monthly and quarterly expenditure reports and an updated asset register.	Monthly and quarterly reports provided, and updated asset register	Monthly and quarterly reports provided, and updated asset register	12 Monthly and 4 quarterly expenditure reports provided, and updated asset register	12 Monthly and 4 quarterly expenditure reports, and updated asset register
		Number of normal closures	11 normal monthly closures and one year normal year-end closure	12 normal monthly closures and one normal year-end closure	12 normal monthly closures and one normal year-end closure	12 normal monthly closures and one normal year-end closure



Sub-programme	Objectives (Outputs)	Indicator	2002/03 Actual	2003/04 Actual	2004/05 Actual	2004/05 Strat Plan target
	To ensure sound financial planning, resource allocation, cash flow planning, revenue management and adhere to financial regulations.	Number of finalised of finance internal control policies	None	None	8 finalised and approved finance internal control policies	7 finalised and approved finance internal control policies
		Adherence to treasury Guidelines and Treasury Regulations regarding budget estimates submission for the MTEF period	Documented budget statement	Documented budget statement	Final Budget Estimates for the MTEF period submitted	Finalised Budget Estimates for the MTEF period
	To ensure effective, efficient and economic procurement, provisioning and fleet management systems and control measures are implemented and sustained	36 advertised and awarded tenders  Verified fleet management monthly reports	None  12 verified fleet management monthly reports	None  12 verified fleet management monthly reports	25 tenders were advertised  11 tenders were awarded  14 were withdrawn  12 verified fleet management monthly reports	None
	To Develop policies on PPP's and manage PPP contracts.	Finalised and approved PPP policy and number PPP contracts managed	None	None	PPP policy in draft form and no contracts have been signed yet	None

## 5.2 Programme 2 – District Health Services

### 5.2.1 Aims

To provide a comprehensive level 1 service to the community through the District Health System (DHS) which includes district hospitals, community health centres, clinics and mobile units up to household level.

### 5.2.2 Analytic Review of Programme Performance

#### DISTRICT HEALTH SERVICES

A total of 4 New Community Health centres (CHC's) were commissioned during the financial year with 2 Eight-hour clinics upgraded to 24-hour services.

The challenges facing this programme is the filling of posts according to an approved organogram, the appointment of a full time District Health Systems Director for the province, the improvement of the referral system and the provision of administrative support for CHC's and clinics.

#### HIV AND AIDS

The directorate is responsible for the HAST programme which has 10 sub-programmes namely HBC, ARV, STI, TB, PEP, SDCVCT, PMTCT, NGO funding and condom Logistics. The directorate also supports the Districts and sub-districts in implementing national and provincial policies.

It has managed to facilitate the identification of District and sub district HAST Co-ordinators in all three districts and sub-districts. The directorate also supported 75 NGO's and 1500 Care Givers with stipends. A total of 6600 HBC kits and 565 food parcels were distributed to 1859 beneficiaries. Five hundred and sixty (560) Care Givers were also trained.

Health workers have been trained on VCT, PMTCT, Condom logistics and management of STI's although training remains a challenge due to shortage of staff.

ARV treatment was purchased for all ARV service points.

The province identified 12 ARV service points for accreditation though only 11 were accredited. Tonga hospital could not meet the requirements for accreditation.

Lay Councillors were also trained on VCT and counselling in the province.

The directorate experienced a challenge of inadequate capacity which hampered efficient and effective implementation of the HIV and AIDS comprehensive plan.

#### INTEGRATED NUTRITION PROGRAMME:

An integrated plan was developed for the management of malnutrition in all facilities with reference to specialized supplementation of all patients that are nutritionally at risk. Where staff was trained and facilities with anthropometric equipment growth monitoring and promotion was implemented. Dietetic services were also rolled out to all ARV sites.

Two successful campaigns were held and Routine Vitamin A was provided to babies who are between 6 months and 2 years at 300 clinics and 27 hospitals. Post partum mothers also routinely received Vitamin A to ensure that babies receive Vitamin A through breast-feeding within the first 6

months. A total of 100 000 people were reached at 3 Provincial and 10 municipal food fortification launches as an awareness on the legislation on fortification of starch foods.

A total of six hospitals were assessed and awarded the Baby Friendly status including Bethal and Barberton hospitals that were re-assessed while 9 community support groups for Breast feeding were established. Kangaroo Mother Care site training was conducted and is being implemented in 9 hospitals and the Piet Retief dietician was even selected to present a paper on " Kangaroo Mother Care intervention in Mpumalanga" at a Congress held in Rio de Janeiro.

The department had a very successful promotional input at National Nutrition Congress and published 3 articles in the congress magazine on developments in province.

The province started with an advocacy plan for food service managers to ensure that food administration services receive more attention and acknowledgement in the province. A total of 12 Food service managers were trained as assessors and trainers of trainers and Food service facilities were equipped with necessary food preparation equipment to provide food of a high quality to all clients in health facilities.

## **MALARIA**

The department Conducted 2 malaria update and training sessions for health professionals in November 2004 and February 2005 that covered the management of uncomplicated and complicated malaria and extended some training to even medical students.

A total of 100 newly temporary spray operators and 66 permanent spray operators were successfully trained in September 2004. The programme also contributed in the international arena by training 3 International spray supervisors from Ghana.

A total of 30 668-bed nets were issued in the Nkomazi high-risk area and Insecticides and equipment to the amount of R1 200 054-00 were procured for spraying operations.

The programme is also developing early warning systems for malaria outbreaks with the Involvement of 15 facilities in high-risk areas to pilot new threshold systems.

A bed net study (ITN) was done in December 2004 in the Tonga area and the Environmental Health Officers in the high risk area targeted 2 schools per month for malaria health education.

Spray operators were also involved in health education during spraying operations while Cluster meetings were conducted on monthly basis to improve collaboration and integrated approach.

Radio campaigns from November 2004 to until March 2005 were held with 8 radio talk shows and malaria adverts running during this period. The radio campaign was on Radio Lekgwagwala and Ikwekwezi

A total of 2919 malaria notifications were received and the programme has piloted the Integrated Malaria Information System.

The programme however faces a number of challenges ranging from; the maintenance and improvement of vector and parasite control, the improvement of spray coverage and field supervision, the maintenance of early detection, diagnosis and treatment of malaria and the improvement of staff's personal safety standards.

## **CHRONIC AND GERIATRIC CARE UNIT**

This programme distributed policy guidelines according to the National priority in all the districts and also provided training on these guidelines. One hundred and eighty nine (189) professional nurses were trained on the policy guidelines and management of these diseases.

Mass screening campaigns were conducted to older persons and the other age groups in Ehlanzeni district as well as Nkangala and about 1000 people were screened in both events. This was coupled with the radio talk shows on chronic conditions to bring awareness of these diseases.

Screening for eye problems, that benefited more than 1000 older persons was also conducted.

## **QUALITY ASSURANCE**

Quality Assurance has the responsibility of ensuring and supporting Districts with consistent compliance in the implementation of PHC and hospital packages according to the set norms and standards.

During 2004/05 Districts were supported with conducting the PHC audit that was aimed at identifying gaps in service delivery so as to plan for implementation of improvement interventions.

Strengthening professionalism in the workplace is another priority area for the department. To ensure this, a total number of 150 health care officials were trained on Principles of Quality Assurance, Batho Pele Principles and the Code of Conduct for the Public Service.

A Clinic Supervision Policy was developed to guide supervisors on how to support Primary Health Care facilities in order to improve the quality of service delivery.

The current structure of the Sub-directorate needs to be reviewed as it poses a great challenge in terms of providing sufficient support to the District and addressing critical focus areas.

## **COMMUNICABLE DISEASE CONTROL**

This programme aims to prevent exposure to and risk from endemic and epidemic communicable diseases and to reduce the morbidity and mortality caused by these in Mpumalanga.

The programme aims to achieve 90% coverage of routine immunisation of children before the age of 2 years; reduction in the malaria and cholera mortality rate; early diagnosis and treatment of all communicable diseases at primary level; to provide immediate and effective response to infectious diseases within 48 hours and to increase district/subdistrict expertise in communicable disease control by conducting training seminars to health care workers in the province.

To date communicable disease control had contained the second largest cholera outbreak in South Africa. There had been no cholera cases in Mpumalanga since May 2004. All health facilities report on communicable diseases on a weekly basis and response outbreak teams investigate disease outbreaks immediately.

Research on Malaria and Bilharzia commenced in 2004 and is ongoing. The programme has also developed a long distance based training programme in partnership with the National Institute of Communicable Diseases. The training programme is aimed at all health care workers in the Province and consists of 14 modules on various infectious diseases.

## **HEALTH PROMOTION**

Health promotion as the process of enabling people to increase control over, and improve their health has been instrumental in improving the health literacy of communities of Mpumalanga. This was achieved through the sustainment of the household community component of Integrated Management of Childhood Illnesses in Mbombela, Lekwa/Dipaliseng, Emalahleni, and Greater Groblersdal/Marblehall. These target sites have an impact on child survival, growth and development. In addition to the aforementioned 11 Health Promoting Schools were launched in the province.

Health Promotion Practitioners employed by the Department, have been afforded the opportunity to study part-time for the Diploma in Health Promotion at the University of Limpopo. Mpumalanga is the only province that is providing this opportunity for health promotion practitioners. 80% of the practitioners are utilising this opportunity to obtain a formal qualification in Health Promotion and are at various stages of completion of their studies.

Mpumalanga was selected as one of two provinces in South Africa to participate in a joint project supported by the World Health Organisation (WHO) and the Flemish Government to boost capacity for health promotion. The initiative is taking place in the rural area of Matibidi, the semi-rural area of Graskop and the urban area of Lekwa/Dipaliseng and will work towards reducing the incidence of non-communicable diseases such as stroke and heart disease. The WHO agency has acknowledged that the project is most likely to succeed in Mpumalanga because of the leadership and support for health promotion in the province.

Extensive health promotion and community mobilisation was provided in addressing HIV and AIDS / STI's, TB, diseases of lifestyle, sanitation, teenage pregnancy, Patients' Rights, substance abuse, Life Skills Programme in the schools and awareness was created on Vitamin A, breastfeeding, cervical cancer, parasite infestation, etc. The printed and electronic media was effectively utilised to improve the health of the communities.

## **REHABILITATION**

The rehabilitation programme continues to implement basic rehabilitation services at hospitals and at community levels. Rehabilitation services are being rendered at 24 of the 27 Provincial hospitals. An average of 33 879 people with disabilities and or impairment have accessed one or more of the rehabilitation services. The department renewed two service level agreements for the implementation of community based rehabilitation, one with Disabled People South Africa for the implementation of a community based disability support program and one with the Mpumalanga Provincial Council for the Blind for the implementation of a community based mobility orientation and independence training programme.

During the reporting period, 4381 wheelchairs, 962 Hearing Aids, 3249 pair of crutches were distributed to people with disabilities living in the Province.

The policy objective for free health services to people with disabilities was rolled out throughout the Province as from April 2004.

The programme will continue to further facilitate the implementation of the National Rehabilitation Policy and Assistive Devices Guideline Policy. It is envisaged that the Province would be in a position to cover the existing backlog for wheelchairs by 95%.

## **ENVIRONMENTAL HEALTH**

During the reporting period the Environmental Health established Port Health at the new Mpumalanga International Airport and Lebombo boarder gate.

Improved access to transport has impacted positively on improving Environmental Health Services especially in rural areas.

The M JOC's [Medical Joint Committees] comprises of Health Promotion Practitioners, Environmental Health Officers and CDC co-ordinations have effectively combated Cholera Bruselloses and diarrhoeal outbreaks in the Province.

A lot of time and effort was given to facilitate the devolution of Environmental Health services to local government. A plan was developed with inputs from relevant stakeholders and it is hoped that implementation will start soon. The unavailability of an approved Health Care Waste policy has been identified as a high priority.

## Plan

**Table 9: Performance Against Targets From 2004/05 Strategic Plan For The District Health Systems Programme**

Sub-programme	Objectives (Outputs)	Indicator	Performance			
			2002/03 Actual	2003/04 Actual	2004/05 Actual	2004/05 Strat. plan target
District management	Monitor and evaluate the implementation of the PHC package and Hospital's norms and standards	The percentage of facilities implementing packages	40%	50%	60%	60%
		Hospital's implementing district hospitals norms/standards	70%	85%	25%	25%
	Improve, monitor and evaluate the workplace conditions of service as prescribed by National and Provincial authorities on a continuous basis	Percentage of reduction in attrition rate (staff turn over decrease)	14%	-	-	15%
	Monitor and evaluate the implementation of revitalization programme by CEO's and PHC managers on a continuous basis	% of targeted facilities revitalized	15%	50%	60%	60%
	To strengthen implementation of PFMA and financial regulations in all district hospitals.	% of expenditure reviews conducted per annum	100%	100%	100%	100%
Clinics and Community Health Centres	To reduce the vacancy rate by 5% annually	Vacancy rate	25%	-	-	15%

Sub-programme	Objectives (Outputs)	Indicator	Performance			
			2002/03 Actual	2003/04 Actual	2004/05 Actual	2004/05 Strat. plan target
	Attain 85% of compliance rate with the PHC package by 2006	Proportion of clinics that comply with set norms and standards.	40%	50%	57%	60%
	Revitalisation of PHC facilities	Percentage of facilities revitalised	0%	-	-	15%
District hospitals	Implementation of performance agreement for all personnel in the hospitals in line with the appropriate appraisal technique	% Staff with performance agreements	0%	-	92%	90%
	To improve the quality of care in 80% of District Hospitals by 2006	% of hospitals with quality assurance team in place	40%	100%	60%	60%
		% of hospitals that conducted patients satisfaction surveys	40%	50%	60%	60%
	Establish and sustain step down beds in facilities in all districts	Percentage of step down beds in facilities established	0%	0%	12%	90%
HIV and AIDS	Promote effective management of Sexually Transmitted Diseases					



Sub-programme	Objectives (Outputs)	Indicator	Performance			
			2002/03 Actual	2003/04 Actual	2004/05 Actual	2004/05 Strat. plan target
	Increase partner notification to 100%	Partner notification rate	90%	95%	100%	100%
	Increase partner tracing to 40%	Partner tracing rate	30%	35%	35%	40%
	Manage and treat new STI episode to 6%		4%	4.5%	5%	5.9%
	Distribute 7,5 condoms per year per male 15 years and over	Number of condoms distributed	6,2	7	3	7,5
	Organise awareness campaigns	Number of awareness campaigns organised	1	1	1	1
	<b>Uninterrupted condom supply in the province</b>					
	Roll out condom distribution to the identified secondary sites	Number of primary sites identified	314	407	498	500
	Increase the distribution of condoms in the identified primary condom distribution sites	Number of secondary sites identified	21	23	27	31
	Capacity building to condom distributors in the province	Number of training conducted	31	34	35	38
	Organise annual awareness campaigns in each municipality	Number of awareness campaigns organised	7	11	15	22
<b>HIV and AIDS</b>	<b>Promote the Prevention of Transmission from Mother to Child (PMTCT)</b>					

Sub-programme	Objectives (Outputs)	Indicator	Performance			
			2002/03 Actual	2003/04 Actual	2004/05 Actual	2004/05 Strat. plan target
	Ensure PMTCT services to all public facilities	Number of facilities providing PMTCT services	8	150	217	225
	Increase PMTCT uptake rate among women in the child bearing age at all health facilities	Number of women participating in the programme	-	40%	29%	50%
	Increase the testing rate among women in the child bearing age at all health facilities	Number of women tested	-	40%	29%	50%
	Reduce HIV transmission rate to infants born from positive mothers in the programme	Infection rate amongst infants	80%	15%	50%	90%
	Establish 2 PMTCT peer education projects per district each year	Number of peer education projects	-	-	2	6
	<b>Promote Access To Voluntary Testing And Counselling (VCT)</b>					
	Provide access to VCT services in all health facilities	Number of health facilities providing VCT services	99	154	264	230
	Provide access to VCT services in the identified non medical sites	Number of non-medical sites providing VCT services	-	4	5	10
	Increase VCT uptake rate in all facilities providing VCT services	Number of beneficiaries	-	15 133	42 357	36 234
<b>HIV and AIDS</b>	<b>Provide care and treatment and support to people infected and affected by HIV and AIDS</b>					

Sub-programme	Objectives (Outputs)	Indicator	Performance			
			2002/03 Actual	2003/04 Actual	2004/05 Actual	2004/05 Strat. plan target
	Strengthen and support the identified home based care organisations in the province	Number of organisations supported	-	120	93	85
	Provide nutritional support to people living with HIV and AIDS and TB	Number of beneficiaries	-	-	3 622	2 800
	Establish and strengthen step-down facilities	Number of facilities established and strengthened	-	-	0	6
	Organise awareness campaigns on home based-care	Number of awareness campaigns	-	-	1	7
	<b>To manage and control Tuberculosis in the province</b>					
	To increase TB cure rate in the Province	Cure rate increased by 70%	40%	50%	65%	70%
	To improve the sputum results turn around time	Turn around time improved by 72 hours	72 Hours	72 Hours	48 hours	72 hours
	To organize annual TB awareness Campaign	Awareness campaigns organised	-	N/A	1 Awareness campaign conducted	4 Awareness campaigns conducted
	<b>To improve stakeholder involvement through partnerships in the province</b>					
	Strengthen external partnerships in the province	Number of external partnerships strengthened	-	-	8	8
	Strengthen internal partnerships with stakeholder in the province	Number of internal partnerships strengthened	-	-	21	21
	Strengthen life-skill centres to promote prevention	Number of life-skill centres strengthened	-	-	0	6
<b>HIV and AIDS</b>	<b>Enhance personnel training on HIV, AIDS, STI and TB in the province</b>					

Sub-programme	Objectives (Outputs)	Indicator	Performance			
			2002/03 Actual	2003/04 Actual	2004/05 Actual	2004/05 Strat. plan target
	Establish a training centre in the province	Training centre established	-	-	A site has been identified and is being renovated	1
	Measure the extent of the epidemic and the quality of the services provided					
	Commission research on the accessibility and the quality of HIV and AIDS services	Research document	-	-	0	1
	Commission a study on the effectiveness of NGO / CBO interventions in the province	Research document	-	-	0	1
	Annual mapping of HIV / TB and AIDS services in the provinces		-	-	0	1
Integrated Nutrition Programme	To prevent and manage malnutrition					
	To implement a human resource plan	Percentage of nutrition posts filled at all levels against nutrition staff and establishments	50%	55%	70%	80%
	To manage adherence to the PFMA	Percentage of all INP programme managers adhering to PFMA	100%	100%	91%	100%
	To promote growth monitoring	Percentage of new born babies given road to health chart	80%	85%	92%	85%
	To increase the number of baby friendly facilities	Percentage of baby friendly facilities	25%	37%	45%	45%

Sub-programme	Objectives (Outputs)	Indicator	Performance			
			2002/03 Actual	2003/04 Actual	2004/05 Actual	2004/05 Strat. plan target
Integrated Nutrition Programme	To address the reduction of the prevalence of severe malnutrition among children under the age of 60 months	Percentage of stunted children under 5 years	No surveillance	Base line from DHIS	No surveillance (refer to programme review)	25%
		Percentage of underweight children under five years	No surveillance	Base line from DHIS	1,06%	5%
		Percentage of wasted children under 5 years	No surveillance	Base line from DHIS	No surveillance	2%
		Percentage of severely underweight children under 5 years	No surveillance	Base line from DHIS	0,2%	2%
	To reduce sub-clinical vitamin A deficiency in children under 5 years and pregnant and lactating women	Percentage of vitamin A deficient children under 5 years	33%	No survey done	No survey done	10%
			Coverage Children under 12 months 41%	Coverage Children under 12 months 53%	Coverage Children under 12 months 94%	Coverage Children under 12 months: 80%
			Coverage children 13mnths – 59mnths: 25% Reflected by poor reporting to HIS	Coverage children 13mnths – 59mnths: 15% Reflected by poor reporting to HIS	Coverage children 13mnths – 59mnths: 68%	Coverage children 13-59 months: 65-80%
	To reduce iron deficiency to 3% by 2006	Percentage of iron deficient for children under 5 years	33%	No survey	No survey	10%
	To reduce iodine deficiency disease by 2004	Percentage of iodine deficient children under 5 years	No survey	No survey	No survey	30%
	To implement exclusive breastfeeding	Percentage of infants exclusively breast fed at six months	No survey	No survey	No survey	Survey to be conducted for baseline

Sub-programme	Objectives (Outputs)	Indicator	Performance			
			2002/03 Actual	2003/04 Actual	2004/05 Actual	2004/05 Strat. plan target
Malaria Control Programme	To strengthen malaria management in health facilities	% of health facilities in high risk areas with effective disease management systems in place	95%	95%	95%	95%
	To reduce malaria transmission through vector control intervention	% of spray coverage of targeted structures in highest malaria risk areas	88%	89%	78%	90%
	To provide effective information, education and communication	Number of health providers and community members trained on malaria management	500	500	821	500
	To manage disease surveillance in all health facilities	% of health facilities in risk areas notifying malaria cases in terms of legislation	95%	98%	90%	98%
	To strengthen malaria control in the Southern African region	% of collaborative meetings attended	90%	80%	100%	100%

**Table 10: Performance Against Targets From 2004/05 Strategic Plan For Other Strategic Health Programmes Within The District Health Systems Programme**

Sub-programme	Objectives (Outputs)	Indicator	Performance			
			2002/03 Actual	2003/04 Actual	2004/05 Actual	2004/05 Strat. plan target
Maternal Child and Women's Health	To reduce morbidity and mortality in the under five years  To implement the school health service package.	%of fixed facilities implementing IMCI	59%	79%	81%	79%
		Incidence of diarrhoea with dehydration <5	-	9%	7%	<3%
		% of schools at which phase 1 health services are being rendered	0%	0%	26 %	10%
	To reduce health risk behavior among youth.	Number of health facilities with Youth Friendly Services	3	14	28	18%
		% of institutional delivery rate for women under 18yrs	21.01%	18.3%	12.2%	17%
	To improve the delivery of women's health services	% of cervical cancer screening coverage	-	-	1%	2%
		% of hospitals offering TOP services	57.1%	21.5%	19%	25%
	To improve maternal health services	Number of Maternal deaths	-	55	78	-
		% Antenatal coverage [First attendance]	99%	70%	75%	70%

Sub-programme	Objectives (Outputs)	Indicator	Performance			
			2002/03 Actual	2003/04 Actual	2004/05 Actual	2004/05 Strat. plan target
Communicable Disease Control	Maintain National targets for treatment, outbreak response time, EPI and surveillance of communicable diseases in Mpumalanga.	Outbreak Response Time < 48 hrs (2 Days)	4days	2days	2days	2days
		Cholera Case Fatality Rate <1%	-	1,5%	3.4%	<1%
		Malaria Case Fatality Rate < 0.5%	0.4%	0.6%	0.5%	< 0.5%
		AFP Stool adequacy rate > 80%	91%	87%	93%	>80%
		AFP detection rate 1:100 000	1.3	1.5	1.2	1
		Measles coverage under 1 year > 90%	84%	82.1%	81.4%	80%
		(Full) Immunization coverage under 1 year > 90%	83.24%	85.34%	83.27%	80%
Health Promotion	To establish an integrated Health Promotion service to empower communities to increase control over and improve their health	Ratio of Health Promotion Practitioners per 100,000 population	4:100 000	4:100 000	4:100 000	5:100 000 (Nat Norm)
		Number of community driven healthy lifestyle interventions	2	2	3	3
		Number of IMCI Household community components established in the province	3	4	4	5
		Number of Functional Health Promoting Schools	54	66	77	50



Sub-programme	Objectives (Outputs)	Indicator	Performance			
			2002/03 Actual	2003/04 Actual	2004/05 Actual	2004/05 Strat. plan target
Environmental Health	To render effective Port Health Services in the Province	% of Consignments released	-	-	70	-
		% of cleared international flights	-	-	30	-
	To reduce environmental pollution through the control of Hazardous substances	% of audits carried out to monitor water , sanitation and food within the ports of entry	-	-	40	-
		% of compliance to the Hazardous Substance Control Act.	-	-	50	-
		% of notified poison cases investigated	-	-	80	-
	To facilitate and support compliance to the National Health Act.	% of water samples in complying	-	-	70	-
Mental Health	To provide accessible to mental health services at all levels of care in the province	Percentage of clinics and CHC providing minimum mental health care package	60%	60%	65%	65%
		Percentage of district hospitals that provide minimum mental care package	60%	70%	75%	75%
		Number of Mental Health Awareness Campaigns	1	1	3	2
		Number of psycho social community based organizations established	-	-	1	2

Sub-programme	Objectives (Outputs)	Indicator	Performance			
			2002/03 Actual	2003/04 Actual	2004/05 Actual	2004/05 Strat. plan target
Mental Health	Reduce the effect of alcohol and drug abuse on individuals	% of hospitals implementing treatment protocols for alcohol and drugs abuse	10%	15%	20%	20%
	Reduce the psychological impact of violence on individuals	% of facilities with established Victim Empowerment Services	06	14	14	18
Quality Assurance	To ensure the provisioning of quality health services that are accessible and tailored to meet the expectations of the inhabitants of Mpumalanga Province	Percentage of PHC and hospital facilities implementing services according to set norms and standards	-	-	50%	65%
		Percentage of clinics visited by a supervisor at least once per month	-	-	0	50%
		Number of hospitals with Patients' Satisfaction Survey conducted	-	-	0	6
		Percentage of hospitals supported with the COHSASA facilitated accreditation programme	-	-	50%	100%
		Percentage of Patients Complaints resolved within 60 days	-	-	50%	60%

Sub-programme	Objectives (Outputs)	Indicator	Performance			
			2002/03 Actual	2003/04 Actual	2004/05 Actual	2004/05 Strat. plan target
Rehabilitation	To facilitate the provision and promotion of transparent, equitable accessible and sustainable basic and specialised rehabilitation and disability services	% of Hospitals implementing the policy on Free Health Service to people with disabilities	-	-	93%	100%
		Number of professionals trained in functional sign language.	-	2	3	5
		The waiting time for assistive devices.	-	Wheelchair = 12 weeks Hearing Aids 12 Weeks	Wheelchair = 6 weeks Hearing 6 Weeks	Wheelchair = 6 Weeks Hearing aids = 6 Weeks
		% of clinics and CHC with monthly rehabilitation outreach service package	-	No Baseline info	53%	50%
		% of hospitals implementing basic rehabilitation package	-	78%	88 %	92%
Epidemiology	To estimate provincial epidemiological health trends.	Published public health bulletin	-	-	1	-
		% sites with complete data base for annual HIV sentinel survey	-	-	100%	-
	To maintain a functional disease notification system Acquire information on best practices in epidemiology to augment provincial efforts	% sub-districts notifying weekly	-	-	<50%	-
		Number of Public Health journals maintained	-	-	-	-

Sub-programme	Objectives (Outputs)	Indicator	Performance			
			2002/03 Actual	2003/04 Actual	2004/05 Actual	2004/05 Strat. plan target
Eye care Services	To train eye care nurses to do refraction	Trained nurses	0	10	10	10
	To perform cataract surgery	Operations	1961	2150	2200	2198

**Table 11: District Health System**

Indicator	Type	2002/03 Actual	2003/04 Actual	2004/05 Actual	2004/05 Strat. plan target
<b>Input</b>					
Uninsured population served per fixed public PHC facility	No	N/A	12,000	12,904	<12,000
Provincial PHC expenditure per uninsured person	R	N/A	98.00	42	-
LG PHC expenditure per uninsured person	R	N/A	16.00	17	-
PHC expenditure (provincial plus local government) per uninsured person	R	N/A	114.00	59	R 227
Professional nurses in fixed public PHC facilities per 1,000 uninsured people	No	N/A	48	61	107
Sub-districts offering full package of PHC services	%	N/A	67	60%	60%
EHS expenditure (provincial plus local government) per uninsured person	R	N/A	-	36,682,064	40,350,270
<b>Process</b>					
Health districts with appointed manager	%	N/A	33	100%	92%
Health districts with plan as per DHP guidelines	%	N/A	100	100%	48%
Fixed public PHC facilities with functioning community participation structure	%	N/A	42	0%	69%
Facility data timeliness rate	%	N/A	87	90%	80%
<b>Output</b>					
PHC headcount	No	N/A	5,953,138	6,503,955	-
Utilisation rate – PHC	No	N/A	1.9	1.8	2.3
Utilisation rate - PHC under 5 years	No	N/A	3	3.1	3.8
<b>Quality</b>					
Supervision rate	%	N/A	0	40%	78%
Fixed PHC facilities supported by a doctor at least once a week	%	N/A	7	77%	-
<b>Efficiency</b>					
Provincial expenditure per visit (headcount) at provincial PHC facilities	R	N/A	R48	R87	R99
Expenditure (provincial plus local government) per visit (headcount) at public PHC facilities	R	N/A	R55	R96	R99
<b>Outcome</b>					
Districts with a single health provider	%	N/A	0	0	-
<b>Service volumes</b>					
Clinic headcounts		N/A	3,924,142	4,322,134	-
CHC headcounts		N/A	1,551,940	1,669,891	-
Mobile headcounts		N/A	477,056	511,930	-

**Table 12: District Hospitals**

Indicator	Type	2002/03 Actual	2003/04 Actual	2004/05 Actual	2004/05 Strat. plan target
Expenditure on hospital staff as percentage of total hospital expenditure	%	N/A	67%	68%	-
Expenditure on drugs for hospital use as percentage of total hospital expenditure	%	N/A	9%	13%	11%
Hospital expenditure per uninsured person	R	N/A	R319	R 316	-
<b>Process</b>					
Hospitals with operational hospital board	%	N/A	0	0%	76%
Hospitals with appointed (not acting) CEO in place	%	N/A	87%	78%	69%
Facility data timeliness rate	%	N/A	68%	89%	34%
<b>Output</b>					
Caesarean section rate	%	N/A	14	14%	<20%
<b>Quality</b>					
Hospitals with a published nationally mandated patient satisfaction survey in last 12 months	%	N/A	0%	0%	10%
Hospitals with clinical audit (M&M) meetings at least once a month	%	N/A	80%	76%	36%
<b>Efficiency</b>					
Average length of stay	Days	N/A	3.3 days	3.4 days	4.2%
Bed utilisation rate (based on useable beds)	%	N/A	58%	62%	68%
Expenditure per patient day equivalent	R	N/A	R1,768	R1,672	R814
<b>Outcome</b>					
Case fatality rate for surgery separations	%	N/A	3%	4.1%	3.9%
<b>Service volumes</b>					
Separations		N/A	80,592	242,741	-
OPD headcounts		N/A	175,789	503,869	-
Day cases (=1 separation = 1/2 IPD)		N/A	2,761	12,460	-
Casualty headcount		N/A	83,481	201,381	-
PDEs		N/A	60,029	613,491	-

**Table 13: HIV and AIDS / STI's and TB**

Indicator	Type	2002/03 Actual	2003/04 Actual	2004/05 Actual	2004/05 Strat. plan target
<b>Input</b>					
Fixed PHC facilities offering PMTCT	%	1	53.5%	62%	30%
Fixed PHC facilities offering VCT	%	37	69	92%	70%
Hospitals offering PEP for occupational HIV exposure	%	75	100	100	97%
Hospitals offering PEP for sexual abuse	%	75	100	100	97%
<b>Process</b>					
TB cases with a DOT supporter	%	66	90	95	60%
Male condom distribution rate from public sector health facilities	Per k male $\geq 15$ years	7	7	3	7,5%
Male condom distribution rate from primary distribution sites	Per k male $\geq 15$ years	N/A	N/A	N/A	N/A
Nevirapine stock out	%	N/A	N/A	N/A	0%
<b>Output</b>					
STI partner treatment rate	%	25.9	28	33%	48%
Nevirapine uptake rate among babies born to women with HIV	%	N/A	N/A	N/A	N/A
VCT client pre-test counseling rate	%	N/A	N/A	92%	80%
TB treatment interruption rate	%	10.75%	7.5%	12.2%	7%
<b>Quality</b>					
TB sputa specimens with turnaround time > 48 hours	%	N/A	56%	50%	30%
<b>Efficiency</b>					
Dedicated HIV AND AIDS budget spent	%	57%	65%	86%	100%
<b>Outcome</b>					
New smear positive PTB cases cured at first attempt	%	45.75	48.63	43.97%	50%
New MDR TB cases reported - annual % change	%	N/A	1%	1%	1%
<b>Service volumes</b>					
STI case - new episode		N/A	N/A	6%	5%
Patients registered for ART		N/A	N/A	30%	30%

**Table 14: Maternal Child And Women's Health Including Nutrition**

Indicator	Type	2002/03 Actual	2003/04 Actual	2004/05 Actual <sup>12</sup>	2004/05 strat. plan target
<b>Input</b>					
Hospitals offering TOP services	%	57.1%	21.5%	19%	25%
CHCs offering TOP services	%	0	0	0	0
<b>Process</b>					
DTP-Hib vaccines out of stock	%	Information not collected	Information not collected	Information not collected	None
AFP detection rate	1/100 000	1.3	1.5	1.2	1.0
AFP stool adequacy rate	%	91%	87%	93%	80%
<b>Output</b>					
Schools at which phase 1 health services are being rendered	%	0	0	26%	-
(Full) Immunisation coverage under 1 year	%	83.24%	85.34%	83.27%	80%
Antenatal coverage	%		99 %	98%	70%
Vitamin A coverage under 1 year	%	42%	53%	94%	80%
Measles coverage under 1 year	%	84%	82.1%	81.4%	80%
Cervical cancer screening coverage	%	-	-	1%	2%
<b>Quality</b>					
Facilities certified as baby friendly	%	25%	37%	45%	45%
Facilities certified as youth friendly	%	5.8 %	6.6 %	12%	18 %
PHC facilities implementing IMCI	%	59%	79%	81%	79%
<b>Outcome</b>					
Institutional delivery rate for women under 18 yrs	%	21.8 %	18.33%	12.2%	17%
Not gaining weight under 5 years	%	No Surveillance	Base Line from Provincial Information System	2.5%	5%

<sup>12</sup> Data obtained from DHIS



**Table 15: Disease prevention and control programme**

Indicator	Type	2002/03 Actual	2003/04 Actual	2004/05 Actual	2004/05 strat. plan target
<b>Input</b>					
Trauma centres for victims of violence (sexual assault, family violence)	No	10	12	12	16
<b>Process</b>					
CHCs with fast queues for elder persons	%	0%	0%	0%	-
<b>Output</b>					
Districts with health care waste management plan implemented	No	None	None	None	Draft Policy
Hospitals providing occupational health programmes	%	20%	80%	95%	100%
Schools implementing Health Promoting Schools Programme (HPSP)	%	2,91	3,56	4,16	2,70
Integrated epidemic preparedness and response plans implemented	Y/N	No	Yes	Yes	Yes
Integrated communicable disease control plans implemented	Y/N	No	Yes	Yes	Yes
<b>Quality</b>					
Schools complying with quality index requirements for Health Promoting Schools Programme	%	2,91	3,56	4,16	2,70
Outbreak response time	Days	2 Days	2 Days	2 Days	2 Days
Waiting time for a wheelchair	Weeks	12 weeks	6 weeks	6 weeks	6 weeks
Waiting time for a hearing aid	Weeks	12 weeks	6 weeks	6 weeks	6 weeks
<b>Efficiency</b>					
Waiting time for cataract surgery	Months	9	6	6	6
<b>Outcome</b>					
Dental extraction to restoration rate	%	-	0	0	0
Malaria fatality rate	%	0.37	0.63	0.50	0.50
Cholera fatality rate	%	-	-	3.44%	< 1.0%
Cataract surgery rate	No	875	960	981	990

## **5.3 Programme 3 – Emergency Medical Services**

### **5.3.1 Aims**

To render emergency medical services to the community and to reduce physical and emotional trauma.

### **5.3.2 Analytic Review of Programme Performance**

During the EMS Indaba of November 2004 the following were identified as the reasons for inefficient service delivery by the EMS of Mpumalanga: the shortage of ambulances, staff, equipment and the inefficient management of EMS stations.

Discussions and recommendations by the Indaba brought a number of interesting achievements ranging from the purchase of 84 ambulances, 23 response vehicles and the appointment of 55 EMS staff members.

Over and above these R4 Million worth of equipment was ordered and delivered and an amount R1.6 million spent on purchasing uniforms for all the EMS staff.

For the effective and efficient management of EMS station 21 new station officers were appointed and Quality control programmes were implemented. All Station managers were trained. An In-service training programme was implemented to increase the standard of care amongst the EMS staff.

### 5.3.3 Tabular Reporting on Performance against Provincial 2004/2007 Strategic Plan

**Table 16: Performance Against Targets From 2004/05 Strategic Plan For The EMS Programme**

Sub-programme	Objectives (Outputs)	Indicator	Performance			
			2002/03 Actual	2003/04 Actual	2004/05 Actual	2004/05 Strat. plan target
Emergency Medical Services programme (EMS)	To achieve a disciplined, effective and efficient emergency medical services (EMS)	A widely consulted Standard Operating procedure (SOP) document	No approved document	No approved document	Draft SOP developed	Implementation of SOP (signing of document and monitoring progress)
	To establish a fully operational intermediate and advanced life support for EMS	A structured ambulance training college with intensive training programme for Basic Life Support (BLS), Intermediate Life Support (ILS), and Advanced Life Support (ALS) and Rescue Courses	BLS and ILS	ILS training has been established and is operational. ALS personnel have been employed. In process of employing more ALS	No application forwarded to HPCSA for ALS and basic rescue  Trained ILS = 45 BLS = 0	Seek HPCSA approval to introduce ALS and Basic Rescue
	To establish a well managed economically, effective, efficient Planned Patient transport service (PPTS)	A fully operational approved organogram	Misconception in the delivery of PPTS and EMS services which disallow effective service	Need to negotiate the take over of PPTS with mandated funds	No approved organogram and budget for PPTS	Fully operational PPTS service
	To fill all management posts	% management posts filled	0%	Posts advertised and short listed candidates interviewed	80%	30%
	To develop and maintain a fully integrated operational information system for EMS and PPTS to enhance and facilitate quality service delivery	A fully operational integrated information system	0%	Planning in process	75% Development of information system completed. To be piloted in 2004/2005.	30%

**Table 17: Emergency Medical Services And Planned Patient Transport**

Indicator	Type	2002/03 Actual	2003/04 Actual	2004/05 Actual	2004/05 Strat. plan target
<b>Input</b>					
Ambulances per 1000 people	No	0.017	0.014	1.04	1.04
Hospitals with patient transporters <sup>13</sup>	%	100%	100%	100%	100%
<b>Process</b>					
Kilometres travelled per ambulance (per annum)	Kms	106,000	108,000	53,522	110,000
Locally based staff with training in BLS	%	N/A	78%	73.77%	73%
Locally based staff with training in ILS	%	N/A	21%	25.62%	35%
Locally based staff with training in ALS	%	N/A	1%	0.62%	5%
<b>Quality</b>					
Response times within national urban target (15 mins)	%	N/A	10%	N/A	20%
Response times within national rural target (40 mins)	%	N/A	10%	N/A	20%
Call outs serviced by a single person crew	%	0%	0%	0%	0%
<b>Efficiency</b>					
Ambulance journeys used for hospital transfers	%	N/A	5.5%	3.67%	Target situation based
Green code patients transported as % of total	%	Unknown	Unknown	65.72%	Target situation based
Cost per patient transported	R	N/A	537	620.47	847
Ambulances with less than 500,000 kms on the clock	%	N/A	98%	100%	100%
<b>Output</b>					
Patients transported per 1000 separations	No	N/A	0.04	N/A	-
<b>Volume indicator</b>					
Number of emergency call-outs	No	N/A	135,216	134,837	140,000
Patients transported (routine patient transport)	No	N/A	N/A	N/A	N/A

<sup>13</sup> Patient transporters does not refer to Planned Patient Transport (PPTS), but refers to hospital based vehicles utilised as patient transporters.

## **5.4 Programme 4 – Provincial Hospital Services and Specialised Services**

### **5.4.1 Provincial Hospital Services**

#### **5.4.1.1 Aims**

To provide Level 2 and 3 referral services for district hospitals and primary health care facilities.

#### **5.4.1.2 Analytic Review of Programme Performance**

Up to and including the year in question, provincial hospitals were defined as the two hospitals which provided tertiary services in the province, namely Witbank and Rob Ferreira Hospitals. These hospitals are supported by the National Tertiary Services Grant and Health Professions Training and Development Grant.

These hospitals provide level 2 and 3 referral services as well as outreach services to satellite hospitals. They also provide in-service training to professionals who rotate through the facilities. In addition, the facilities are used as community based training platforms for health sciences students.

In terms of key objectives in this programme, 5 fulltime specialists were appointed at the two hospitals. Two sessional specialists commenced duties at Rob Ferreira one of whom was a radiologist. This enabled the newly commissioned CT Scan to become fully operational.

Specialist services were supported by additional appointments in allied health (5 senior personnel) and interns. Nine of these interns were part of the first group on the 2 year internship programme.

Specialist outreach services were expanded to Shongwe hospital for Obstetrics and Gynaecology and Internal medicine. Specialised ophthalmology equipment and specialised orthopaedic beds were procured at Rob Ferreira hospital. Spinal surgery equipment was procured at Witbank.

A 36 bedded acute psychiatric ward and psychiatric OPD were completed at Rob Ferreira hospital. These facilities are currently being commissioned.

Philadelphia hospital which is situated in the Greater Sekhukhune rural development node was supported by outreach services in orthopaedics from Witbank Hospital.

Renal dialysis services are still being provided by Pretoria Academic Hospital on behalf the province. Consumables for this service are however purchased by the department through the NTS Grant. Plans to develop services within the province will be realised during the forth-coming financial year.

#### **Hospital Revitalisation Grant**

Physical construction was completed at Piet Retief hospital and commissioning is at an advanced stage. Construction at Rob Ferreira, Themba and Ermelo is continuing although spending on this grant was not satisfactory.

The COHSASA quality improvement programme commenced at all revitalisation sites in May 2004. Functional cost centre accounting systems have also been established at all the revitalisation hospitals.

## **Hospital Management Quality and Improvement Grant**

This grant received a large roll over from the previous financial year exceeding the actual allocation for the year under review. Despite this, 85% of the total amount was spent in line with the approved business plan i.e. cost centre, transversal system, IT and quality improvement objectives.

### **5.4.2 Specialised Services**

#### **5.4.2.1 Aims**

To support the rendering of specialised services as defined within the context of hospital services. Services supported by the unit include but not limited to:

- Imaging health care services
- Forensic health services (FHS) which include of both the forensic pathology services (FPS) and the forensic clinical services (FCS).
- Specialised Hospitals
- Health technology management(HTM)
- Trauma management
- Occupational health services (OHS)
- Oral healthcare services (OHC)
- Eye care services
- E- health care
- Partnership related services

#### **5.4.2.2 Analytic Review of Programme Performance**

A Provincial unit came into existence during January 2004. Programmes supported by the unit have been delineated(line functions) and some gains have been made in appointing staff for key programmes. Also , a successful conclusion of a services Level agreement (SLA) with National Health Laboratory Services (NHLS) has been signed.

A defined structure for rendering FPS in the province has been identified and is in operation. It is both equitable and accessible to the community.

Progress has been made in reviving existing e-health units and the Magnetic Resonance Imaging (MRI) has been outsourced.

Advanced Trauma Life support (ATLS) training to sixty (60) health Professionals equitably identified from all the hospitals in the province.

The MRC AIR Laboratory is aimed at providing cutting edge research on MDR-TB.

Even though the unit has achieved a lot during this reporting period, it is still faced with many challenges, such as the management of health technology, the management of the SANTA hospitals which are soon to be Provincial Specialised TB hospitals and the flexibility in the recruitment process.

Also, the lack of dedicated budget for key programmes such Forensic Health Services has a negative impact on the overall operation of the specialised services unit. The weakness in administrative support to both the unit and the programmes further affects the functioning of the programme negatively.

**Coroner's Conditional grant**

The coroners conditional grant was used in line with the intended purpose which was "to prepare the Province for the take over and transformation of the FPS from the SAPS". Office furniture and equipment to support both the administrative and professional functions were purchased.

### 5.4.3 Tabular Reporting on Performance against Provincial 2004/2007 Strategic Plan

**Table 18: Performance Against Targets From 2004/05 Strategic Plan For The Provincial Hospital Services Programme**

Sub-programme	Objectives (Outputs)	Indicator	Performance			
			2002/03 Actual	2003/04 Actual	2004/05 Actual	2004/05 Strat. plan target
Provincial Hospital Services Programme	To develop emergency unit for Rob Ferreira Hospital and maintain the Trauma unit at Witbank	Full level 2 Package available at both hospitals	25% of full level 2 package available at both hospitals	50% of full level 2 package available at both hospitals	75% of full level 2 package available at both hospitals	50% of full level 2 package available at both hospitals
	Develop 2 acute renal units	Operational emergency units	Operational emergency unit at Witbank	Operational emergency unit at Witbank	One Operational emergency unit at Witbank Planning of first phase commenced at Rob Ferreira	Operational emergency unit at Witbank and planning and first phase at Rob Ferreira Hospital
	Further develop and improve radiological and CT scan services	2 functional acute renal units	None	None	1 Operational unit at Witbank  1 Operational unit at Rob Ferreira	1 Operational unit at Witbank  1 Operational unit at Rob Ferreira
	To develop emergency unit for Rob Ferreira Hospital and maintain the Trauma unit at Witbank	2 operational CT scanning services	1 operational unit at Witbank	1 operational unit at Witbank	Operational emergency unit at Witbank  Planning and first phase at Rob Ferreira Hospital	Operational emergency unit at Witbank  Planning and first phase at Rob Ferreira Hospital
	Improve neonatal and adult ICU facilities	23 Adult Neonatal ICU beds 21 ICU Beds	Rob Ferreira: 1 Neo-natal ICU beds 4 Adult ICU beds	Rob Ferreira: 1 Neo-natal ICU beds 4 Adult ICU beds	Rob Ferreira: An additional Neo-natal ICU bed available	Rob Ferreira: Open 1 additional Neo-natal ICU bed



Sub-programme	Objectives (Outputs)	Indicator	Performance			
			2002/03 Actual	2003/04 Actual	2004/05 Actual	2004/05 Strat. plan target
Provincial Hospital Services Programme			Witbank: 3 Neo-natal ICU beds 10 adult ICU beds	Witbank: 3 Neo-natal ICU beds 10 adult ICU beds	Witbank: 2 Additional Adult ICU beds available	Witbank: 2 ICU Adult beds
	Establish a spinal unit	1 spinal unit	None	None	Spinal unit at Witbank hospital functional	Planning of spinal unit and implementation of first phase
	Establish a burns unit	1 burns unit	None	None	Burns beds available at Witbank hospital	Planning of burns unit and implementation of first phase
	Establish Neuro/stroke - unit	1 operational Neuro / stroke unit	None	None	N/a	None
	Specialized rehabilitation centre	1 Specialized Rehabilitation centre	None	None	None	Planning of and implementation of first phase
	Acute Psychiatric Ward	60 beds	10 beds	10 beds	36 Beds are available at Rob Ferreira Hospital (commissioned )  24 Beds available at Witbank Hospital	35 beds
	Chronic Psychiatric Care	250 beds	0 beds	0 beds	0 beds	250 beds
	Establish and improve Tele-Radiology	2 Tele-radiology service units	Limited service available at Witbank	Limited service available at Witbank	2 Tele-radiology services established at Rob Ferreira and Witbank Hospital	2 Tele-radiology services
	Build and staff phase 11 of MDR unit at Witbank SANTA	72 MDR beds	36 Beds	36 Beds	36 Beds	36 Beds implement first phase

Sub-programme	Objectives (Outputs)	Indicator	Performance			
			2002/03 Actual	2003/04 Actual	2004/05 Actual	2004/05 Strat. plan target
General (Regional) Hospitals	During reporting period this was not a stand alone programme					
Tuberculosis hospitals	To render support to TB hospitals	Inpatient care at Bongani Hospital	Bed capacity 60 Bed occupancy 50 with Average length of stay 75 days	-Bed capacity 60 -Bed occupancy 50 with Average length of stay 75 days	-Bed capacity 60 -Bed occupancy 50 with Average length of stay(AVLOS) 75 days -319 new admission	Bed capacity 60 Bed occupancy 50 with Average length of stay(AVLOS) 75 days.
		Inpatient care at Sesifuba TB LG Hospital	-Bed capacity 50. -Av. Bed occupancy 45 -ALOS 70 days	Bed capacity 60 Bed occupancy 50 with Average length of stay(AVLOS) 75 days	Bed capacity 60 Bed occupancy 50 with Average length of stay(AVLOS) 75 days	Bed capacity 60 Bed occupancy 50 with Average length of stay(AVLOS) 75 days
		Inpatient care at 3XSANTA Hospitals	Total bed capacity 576. ALOS 72 days	Total bed capacity 576. ALOS 72 days	Total bed capacity 576. ALOS 72 days Total annual admissions 2366. MDR-TB beds provided in Witbank(36)	Total bed capacity 576. ALOS 72 days Total annual admissions 2366. MDR- TB beds provided in Witbank(36)
Specialised Services Improve TB Management	Expand MDR-TB unit at Witbank	A unit with additional 36 beds	None	None	Land ceded to DHSS for the building by Emalahleni Municipality	Construction to have begun for the 36 bed unit in 2004/05
	Improve Management of MDR-TB patients	Research that informs MDR-TB phenomenon	None	None	Airborne(MRC) infection Research Unit was officially launched by the Premier of Mpumalanga	MDR-TB better care

**Table 19.1: Regional hospitals**

Indicator	Type	2002/03 Actual	2003/04 Actual	2004/05 Actual	2004/05 Strat. plan target
<b>Input</b>					
Expenditure on hospital staff as percentage of total hospital expenditure	%	60	70	77	70
Expenditure on drugs for hospital use as percentage of total hospital expenditure	%	17	20	19	18
Hospital expenditure per uninsured person	R	68	68	94	70
Useable beds	beds	628	628	628	632
<b>Process</b>					
Hospitals with operational hospital board	%	0	0	0	100
Hospitals with appointed (not acting) CEO in place	%	0	100	100	100
Facility data timeliness rate	%	80	80	100	100
<b>Output</b>					
Caesarean section rate	%	31	24	23	25
<b>Quality</b>					
Hospitals with a published nationally mandated patient satisfaction survey in last 12 months	%	100	100	100	100
Hospitals with clinical audit (M&M) meetings at least once a month	%	100	100	100	100

**Table 19.2: Specialised TB Hospitals**

Indicator	Type	2002/03 Actual	2003/04 Actual	2004/05 Actual	2004/05 Strat. plan target
<b>Input</b>					
Expenditure on hospital staff as percentage of total hospital expenditure	%	N/A	Bongani 69%	Bongani 54%	Bongani 69.28%
Expenditure on drugs for hospital use as percentage of total hospital expenditure	%	N/A	Bongani 1% SANTA 5%	Bongani 1% SANTA 5%	Bongani 1% SANTA 5%
Hospital expenditure per uninsured person	R	N/A	R14.87	R9.34	R14.12
Useable beds	No	Bongani 50	Bongani 50	Bongani 50	Bongani 50
<b>Process</b>					
Hospitals with operational hospital board	%	0	0	0	0
Hospitals with appointed (not acting) CEO in place	%	0%	20%	20%	20%
Facility data timeliness rate	%	-	-	45%	N.a
<b>Output</b>					
Caesarean section rate	%	N.a	N.a	N.a	N.a
<b>Quality</b>					
Hospitals with a published nationally mandated patient satisfaction survey in last 12 months	%	0	0	0	0
Hospitals with clinical audit (M&M) meetings at least once a month	%	0	0	0	0

## **5.5 Programme 6 – Health Sciences and Training**

### **5.5.1 Aims**

The aim of the health sciences and training programme is to present training programmes that will ensure that members of staff have the necessary competencies that will enable them to meet the service delivery needs of the communities served. It is also the aim of this section to ensure that the Department has a steady supply of skills by providing bursaries for pre-service employees.

### **5.5.2 Analytic Review of Programme Performance**

The programme managed to achieve the objectives and targets as planned. There is positive attitude, commitment and dedication within the HRD unit which made it possible to implement different programmes like Bursaries, Learnerships, Training and development for staff without additional personnel and with limited resources.

Challenges experienced include: Impact assessment difficult to measure in terms of value for money, time for training is limited due to staff shortages, difficulty to secure appointments with Health Professionals to market for scarce resources e.g. Pharmacists, Radiographers etc., no facility for Psychiatric training and the unavailability of a University in the Province as an Academic assistant.

### 5.5.3 Tabular Reporting on Performance against Provincial 2004/2007 Strategic Plan

**Table 20: Specification Of Measurable Objectives And Performance Indicators Of The Health Sciences And Training Programme**

Sub-programme	Objectives (Outputs)	Indicator	Performance			
			2002/03 Actual	2003/04 Actual	2004/05 Actual	2004/05 Strat. plan target
<b>Professional training</b>	To coordinate the provision of PHC training at institutions	Number of health officials training in PHC	3 608	800	6 647	830
<b>ABET</b>	To register ABET learners	No of learners trained on ABET	562	588	588	600
<b>EMS</b>	To plan and conduct Ambulance Emergency Assistance training	Number of learners on emergency training course	90	45	45	45
<b>Generic training</b>	To fill knowledge gaps of all employees	Number of employees trained per category in terms of the EEA	9 316	5 000	4 247	5 500
<b>Bursaries</b>	To process payments of bursaries to Tertiary Education Institutions	Number of students offered bursaries	259	300	548	300
<b>Nursing</b>	To register students in various courses	Number of nursing students on training	448	450	403	400

**Table 21: Health, Professionals Training and Development Grant**

Indicator	Type	2002/03 Actual	2003/04 Actual	2004/05 Actual	2004/05 Strat. plan target
Intake of medical students	No	143	182	33	171
Intake of nurse students	No	99	86	100	100
Students with bursaries from the province	No	283	281	548	333
<b>Process</b>					
Attrition rates in first year of medical school	%	1	2	0.1	3
Attrition rates in first year of nursing school	%	1.4	9.0	1	2.1
<b>Output</b>					
Basic medical students graduating	No	25	21	48	24
Basic nurse students graduating	No	71	108	74	100
Medical registrars graduating	No	2	3	2	-
Advanced nurse students graduating	No	0	0	0	0
<b>Efficiency</b>					
Average training cost per nursing graduate	R	71377	79308	87239	87238
Development component of HPT & D grant spent	%	1.1	0.6	100	65%

**Table 22: Human resources management**

Indicator	Type	2002/03 Actual	2003/04 Actual	2004/05 Actual	2004/05 Strat. plan target
<b>Input</b>					
Medical officers per 1000 people	No	533	612	449	-
Medical officers per 1000 people in rural districts <sup>2</sup>	No	36	46	250	-
Nurses per 1000 people	No	5327	5401	3756	-
Nurses per 1000 people in rural districts <sup>2</sup>	No	364	399	2060	-
Pharmacists per 1000 people	No	80	71	17	-
Pharmacists per 1000 people in rural districts <sup>2</sup>	No	3	2	110	-
<b>Process</b>					
Vacancy rate for nurses	%	22	25.9	24.1	-
Attrition rate for doctors	%	8	8	0	-
Attrition rate for nurses	%	10.7	4.4	3.9	-
Absenteeism for nurses	%	N/A	N/A	N/A	-
<b>Output</b>					
Doctors recruited against target	%	N/A	N/A	N/A	-
Pharmacists recruited against target	%	N/A	N/A	N/A	-
Nurses recruited against target	%	N/A	N/A	N/A	-
Community service doctors retained	%	22	37	120	-
<b>Quality</b>					
Facilities with employee satisfaction survey	%	N/A	N/A	N/A	-
<b>Efficiency</b>					
Nurse clinical workload (PHC)	Ratio	1:49	1:49	1:37	-
Doctor clinical workload (PHC)	Ratio	1:26	1:28	1:31	-
<b>Outcome</b>					
Surplus staff as a percentage of establishment	%	0	0	0	-

## **5.6 Programme 7 – Health Care Support Services**

### **5.6.1 Pharmaceuticals**

#### **5.6.1.1 Aims**

To select, procure and distribute pharmaceuticals and medical class II equitably in all institutions in Mpumalanga province.

#### **5.6.1.2 Analytic Review of Programme Performance**

The programme is responsible for the operations of the pharmaceutical depot and also ensuring the professional standard of the pharmacists. The section has achieved some of the set objectives. The section was able to set up Mpumalanga Provincial PTC. This has opened a line of communication with all the institutions, in connection with the monitoring of the availability of drugs.

The implementation of the Pharmacy Act from July 01, 2005 will pose a challenge as the state infrastructure is not up to standard as prescribed by the Pharmacy Act and Good Pharmacy Practise Guideline. The other challenge is the availability of professional pharmacy personnel. The department is faced with the challenge of training the pharmacists' assistants and also dispensing nurses. Security of pharmaceuticals also poses a big challenge.

### **5.6.2 Laundries**

#### **5.6.2.1 Analytic Review of Programme Performance**

##### **Middelburg**

The Middleburg Laundry has installed a new ironing machine with a folder and the laundry building was partially renovated. Sufficient linen for Middelburg hospital was purchased.

##### **Bethal**

Linen has been purchased for 6 hospitals served by the Bethal laundry. Extensive maintenance has been done to the old ironing machine and tumble driers. A Laundry manager was appointed and leaking steam pipes were replaced.



### 5.6.3 Tabular Reporting on Performance against Provincial 2004/2007 Strategic Plan

**Table 23: Performance against targets from the 2004/05 strategic plan for the Health Care Support Services Programme**

Sub-programme	Objectives (Outputs)	Indicator	Performance			
			2002/03 Actual	2003/04 Actual	2004/05 Actual	2004/05 Strat. plan target
Laundries	Laundry services: Bethal and Middelburg laundry	Number of articles washed	2 768 887	2 851 072	2 767 393	Bethal 99 000 pm Middelburg 135 000 pm
		Number of personnel producing number of articles	Bethal 14 per person Middelburg 137,81 per person	Bethal 14 per person Middelburg 138,19 per person	Bethal 16,58 per person Middelburg 133,7 per person	-
Orthotic and prosthetic services	Objective1 Deliver orthotic prosthetic services to 5000 people with disabilities living in the province	-	3732	3518	2189 clients	5000
	Objective To purchase appropriate equipment for two centres	-	-	-	Two centres equipped with essential equipment	-
Medicines trading account (Pharmaceuticals)	To improve the management of pharmaceuticals, by ensuring proper selection, procurement and distribution of drugs	% Availability of Essential Drugs	90%	92%	93%	95%
		Number of institutions with PTC's	-	-	15 hospitals	21 hospitals
		% Of Institutions procuring within their budget	-	-	62%	51%

## 5.7 Programme 8 – Health Facilities Management Programme

### 5.7.1 Aims

### 5.7.2 Analytic Review of Programme Performance

The construction of Buffelspruit, Iswepe, Amsterdam and Silindile Clinics were all completed in 2004/5 financial year. Construction of Moutse East clinic will be completed in 2005/2006. A new contractor for the completion of the Moutse West clinic will be appointed since the first contractor abandoned the site. Construction work commenced in 2004/2005 for the construction of seven additional clinics namely: Kangema, Warberton, Badplaas, Langverwagt, Entombe, Mananga and Dark city. Construction will be completed in 2005/6. Construction of accommodation units commenced in the following institutions: Amsterdam, Sabie hospital, KwaMhlanga Hospital, Mmametlhake Hospital, Shongwe Hospital, Perdekop clinic, Amajuba hospital, Verena clinic, Moloto clinic, Nokaneng clinic and Themba hospital.

The new Piet Retief Hospital was completed in 2004/2005 and commissioning and the purchasing of equipment commenced.

Embhuleni Hospital upgrade was completed in December 2004.

Construction work for further upgrades of Ermelo, Groblersdal, Delmas, Evander, Witbank, Mmametlhake, Rob Ferreira, Themba, and KwaMhlanga hospitals commenced in 2004/2005. Most of these projects will be completed in the 2005/2006 financial year.

### 5.7.3 Tabular Reporting on Performance against Provincial 2004/2007 Strategic Plan

**Table 24: Specification of measurable objectives and performance indicators of the Health Facilities Management Programme**

Sub-programme	Objectives (Outputs)	Indicator	Performance			
			2002/03 Actual	2003/04 Actual	2004/05 Actual	2004/05 Strat. plan target
Community health facilities	To ensure adequate accessibility of health facilities	Clinics and Community Health Centres	Moloto Clinic	Bhuga Clinic	Kangema CHC 12% complete	Kangema CHC
			Nokaneng Clinic	Amsterdam CHC	Warberton CHC 3% complete	Warberton CHC
			Perdekop Clinic	Moutse West Clinic	Badplaas CHC 20% complete	Badplaas CHC
			Seabe Clinic	Buffelspruit Clinic	Langverwagt CHC 5% complete	Langverwagt CHC
			Mmamethak e Clinic	Moutse East Clinic	Entombe Clinic 28% complete	Entombe Clinic
			-	-	Mananga Clinic 3% complete	Mananga Clinic
			-	-	Dark City Clinic Contractor appointed but not started	Dark City Clinic
			-	-	Silindile Clinic 98% complete	-
			-	-	Iswepe Clinic 100% complete	-
			-	-	Moutse West Clinic Re-tendered	-

Sub-programme	Objectives (Outputs)	Indicator	Performance			
			2002/03 Actual	2003/04 Actual	2004/05 Actual	2004/05 Strat. plan target
			-	-	Buffelspruit Clinic 98% complete	-
			-	-	Moutse East Clinic 69% complete	-
District hospitals	To ensure adequate accessibility of health facilities	New Hospital and Upgrading of Hospitals	Piet Retief Hospital (New hospital)	Piet Retief Hospital (New hospital)	Piet Retief Hospital (New hospital) 100% complete	Piet Retief Hospital (New hospital)
			Philadelphia Hospital	Middelburg Hospital	Themba Hospital (OPD, Casualty and Pharmacy) 20% complete	Themba Hospital (Start construction of OPD, Casualty and Pharmacy)
			Themba Hospital (Administrati on Block)	Themba Hospital (Administrati on Block)	Themba Hospital (Administrati on Block) 100% complete	-
			Rob Ferreira Hospital (Psychiatric Ward)	Rob Ferreira Hospital (Psychiatric Ward)	Rob Ferreira Hospital (Psychiatric Ward) 100% complete	Rob Ferreira Hospital (Complete Psychiatric Ward)
			-	-	Rob Ferreira Hospital (OPD, Casualty and pharmacy) 7% complete	Rob Ferreira Hospital (Start construction of OPD, Casualty and pharmacy)
			-	-	Rob Ferreira Hospital (Maternity Ward) Re-rendered 0% complete.	Rob Ferreira Hospital (Start construction of Maternity Ward)

Sub-programme	Objectives (Outputs)	Indicator	Performance			
			2002/03 Actual	2003/04 Actual	2004/05 Actual	2004/05 Strat. plan target
			-	-	Delmas Hospital (OPD, Casualty and pharmacy) 2% complete	Delmas Hospital (Start construction of OPD, Casualty and pharmacy)
			-	Embhuleni Hospital (2 new wards)	Embhuleni Hospital (2 new wards) 100% complete	Embhuleni Hospital (Complete 2 new wards)
			-	-	Ermelo Hospital (Pharmacy block) 30% complete	Ermelo Hospital (Start construction of Pharmacy block)
			-	-	Groblersdal Hospital (OPD, Casualty, Pharmacy, EMS and X-ray) 20% complete	Groblersdal Hospital (Start construction of OPD, Casualty, Pharmacy, EMS and X-ray)
			KwaMhlanga Hospital (2 new wards)	KwaMhlanga Hospital (2 new wards)	KwaMhlanga Hospital (2 new wards) 100% complete	KwaMhlanga Hospital (Complete 2 new wards)
			-	-	KwaMhlanga Hospital (Admin block) 30% complete	KwaMhlanga Hospital (Start construction of admin block)
			Mmamethlake Hospital (Admin block)	Mmamethlake Hospital (Admin block)	Mmamethlake Hospital (Admin block) 100% complete	Mmamethlake Hospital (Complete admin block)
			-	-	Mmamethlake Hospital (OPD, Casualty and Pharmacy) 35% complete	Mmamethlake Hospital (Start construction of OPD, Casualty and Pharmacy)

Sub-programme	Objectives (Outputs)	Indicator	Performance			
			2002/03 Actual	2003/04 Actual	2004/05 Actual	2004/05 Strat. plan target
			-	-	Sabie Hospital (Maternity ward) Contractor appointed 0% complete	Sabie Hospital (Construction of Maternity ward)
			-	-	Evander Hospital (OPD and Pharmacy) 5% complete	Evander Hospital (Start construction of OPD and Pharmacy)
			-	-	Witbank Hospital (Theatres and Short Stay) 17% complete	Witbank Hospital (Start construction of Theatres and Short Stay)
Other Facilities	To construct accommodation for health professionals	New accommodation units	-	-	Themba Hospital Accommodation. 80% complete	Themba Hospital Accommodation
			-	-	Mmamethlake Hospital Accommodation. 65% complete.	Mmamethlake Hospital Accommodation
			-	-	Shongwe Hospital Accommodation. 50% complete.	Shongwe Hospital Accommodation
			-	-	KwaMhlanga Accommodation. 50% complete.	KwaMhlanga Accommodation
			-	-	Amajuba Hospital Accommodation. 10% complete.	Amajuba Hospital Accommodation

Sub-programme	Objectives (Outputs)	Indicator	Performance			
			2002/03 Actual	2003/04 Actual	2004/05 Actual	2004/05 Strat. plan target
			-	-	Sabie Hospital Accommodation. 70% complete.	Sabie Hospital Accommodation
			-	-	Verena Clinic Accommodation. 90% complete.	Verena Clinic Accommodation
			-	-	Lefiso Clinic Accommodation. 30% complete.	Lefiso Clinic Accommodation
			-	-	Nokaneng Clinic Accommodation. 99% complete.	Nokaneng Clinic Accommodation
			-	-	Amsterdam Clinic Accommodation. 65% complete.	Amsterdam Clinic Accommodation
			-	-	Moloto Clinic Accommodation. 58% complete.	Moloto Clinic Accommodation
			-	-	Perdekop Clinic Accommodation. 99% complete.	Perdekop Clinic Accommodation

**Table 25: Performance indicators for health facilities management**

Indicator	Type	2003/04	2004/05	2005/06	2006/07	2007/08	National Target 2007/08
<b>Input</b>							
1. Equitable Share capital programme as percentage of total health expenditure	%	0.52	1.71	2.80	2.60	2.60	2.5%
2. Hospitals funded on revitalisation programme	%	11	22	30	37	44	25%
3. Expenditure on facility maintenance as percentage of total health expenditure <sup>2</sup>	%	4.04	6.20	7.15	9.88	9.88	4%
4. Expenditure on equipment maintenance as percentage of total health expenditure <sup>2</sup>	%	0.23	5.37	6.99	11.77	11.77	4%
<b>Process</b>							
5. Hospitals with up to date asset register	%	47	100	100	100	100	100%
6. Districts with up to date PHC asset register (excluding hospitals)	Y/N	47	100	100	100	100	100%
<b>Quality</b>							
7. PHC facilities with access to basic infrastructural services:							
Piped water <sup>14</sup>	%	70	75	80	85	90	100%
Mains electricity	%	80	80	85	90	95	100%
Fixed line telephone	%	73	75	80	85	90	100%
8. Average backlog of service platform by programme: <sup>15</sup>							
a. PHC facilities	%	N/A	N/A	N/A	N/A	N/A	15%
b. District hospitals	%	N/A	N/A	N/A	N/A	N/A	15%
c. Regional hospitals	%	40	35	30	25	20	15%
d. Psych/TB Chronic and specialised hospitals <sup>16</sup>	%	N/A	N/A	N/A	N/A	N/A	15%
9. Provincial tertiary and national tertiary hospitals <sup>1</sup>	%	0	0	5	10	15	15%
10. Provincially aided hospitals	%	N/A	N/A	N/A	N/A	N/A	15%
<b>Efficiency</b>							
11. Projects completed on time	%	0	0	0	0	0	
12. Project over budget	%	+20	+20	+20	+20	+20	
<b>Outcome</b>							
13. Level 1 beds per 1000 uninsured population <sup>2</sup>	Value	1.70	1.70	1.70	1.60	1.60	0.9
14. Level 2 beds per 1000 uninsured population <sup>2</sup>	Value	0.36	0.37	0.37	0.36	0.39	0.9
15. Population within 5km of fixed PHC facility <sup>2</sup>	%	N/A	N/A	N/A	N/A	N/A	95%

<sup>14</sup> Although the health facilities are equipped with water pipes, the water is not sustainable and many clinics are without water during daytime.

<sup>15</sup> Summarised from provincial Integrated Health Planning Framework (IHPF) model

<sup>16</sup> By province only



## PART C

### HUMAN RESOURCES OVERSIGHT REPORT

#### 2. EXPENDITURE

**TABLE 2.1 - Personnel costs by Programme**

Programme	Total Voted Expenditure (R'000)	Compensation of Employees (R'000)	Training Expenditure (R'000)	Professional and Special Services (R'000)	Compensation of Employees as percent of Total Expenditure	Average Compensation of Employees Cost per Employee (R'000)	Employment
Pr1: Administration	12,796	5,143	0	0	40.2	0	12848
Pr2: District health services	82,108	66,167	0	0	80.6	5	12848
Pr3: Emergency medical services	4,427	4,274	0	0	96.5	0	12848
Pr4: Provincial hospital services	26,743	18,146	0	0	67.9	1	12848
Pr5: Central hospitals	16,719	14,922	0	0	89.3	1	12848
Pr6: Health sciences & training	3,665	3,134	0	0	85.5	0	12848
Pr7: Health care support services	1,016	770	0	0	75.8	0	12848
Pr8: Health facility management	159	0	0	0	0	0	12848
Theft and losses	24	0	0	0	0	0	12848
Z=Total as on Financial Systems (BAS)	154,902	120,926	0	0	78.1	9	12848

**TABLE 2.2 - Personnel costs by Salary band**

Salary Bands	Compensation of Employees (R'000)	Percentage of Total Personnel Cost	Average Compensation Cost per Employee (R)	Total Personnel Cost (R'000)	Number of Employees
Lower skilled (Levels 1-2)	13,961	11.3	4,443	72,257	3176
Skilled (Levels 3-5)	30,164	24.5	6,058	239,733	4800
Highly skilled production (Levels 6-8)	55,307	44.9	11,793	415,664	4266
Highly skilled supervision (Levels 9-12)	20,071	16.3	25,342	116,187	583
Senior management (Levels 13-16)	1,440	1.2	43,636	7,708	23
<b>TOTAL</b>	<b>120,943</b>	<b>98.3</b>	<b>8,869</b>	<b>851,548</b>	<b>12,848</b>

**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)	Medical Ass. as % of Personnel Cost	Total Personnel Cost (R'000)
Pr1: Administration	3268	58.8	505	9.1	374	0.01	2,299	0.05	45,984
Pr2: District health services	46471	69.2	3319	4.9	5,228	0.01	51,489	0.05	956,714
Pr3: Emergency medical services	2438	56.8	966	22.5	317	0.01	2,907	0.06	45,991
Pr4: Provincial hospital services	12382	67.3	1221	6.6	1,517	0.01	8,708	0.05	174,240
Pr5: central hospitals	9713	64.8	1947	13	0	0.01	0	0	0
Pr6: Health sciences & training	2315	72.8	54	1.7	56	0.00	2,180	0.08	28,535
Pr7: Health care support services	543	68.4	8	1	113	0.01	745	0.08	9,082
Pr8: Health Facilities	0	0	0	0	0	0.01	0	0	0
<b>TOTAL</b>	<b>83325</b>	<b>67.7</b>	<b>8049</b>	<b>6.5</b>	<b>7,605</b>	<b>0.01</b>	<b>68,328</b>	<b>0.05</b>	<b>1,260,546</b>

**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)	Medical Ass. as % of Personnel Cost	Total Personnel Cost (R'000)
Lower skilled (Levels 1-2)	72,257	0.06	7,811	0.01	47	0.04	5,798	0.00	106,962
Skilled (Levels 3-5)	239,733	0.19	25,916	0.02	801	0.02	19,236	0.02	354,876
Highly skilled production (Levels 6-8)	415,664	0.33	44,934	0.04	5,201	0.85	33,353	0.03	615,307
Highly skilled supervision (Levels 9-12)	116,187	0.09	12,560	0.01	1,463	0.84	9,323	0.01	171,991
Senior management (Levels 13-16)	7,708	0.01	833	0.00	93	0.82	618	0.00	11,410
<b>TOTAL</b>	<b>851,548</b>	<b>0.11</b>	<b>92,054</b>	<b>6.5</b>	<b>7,605</b>	<b>0.60</b>	<b>68,328</b>	<b>0.01</b>	<b>1,260,546</b>

### 3. EMPLOYMENT

**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: Administration, Permanent	591	305	52	0
Pr2: District health services, Permanent	14618	7842	54	0
Pr2: District health services, Temporary	57	76	0	19
Pr3: Emergency medical services, Permanent	557	439	21	0
Pr4: Provincial hospital services, Permanent	3249	1996	38	0
Pr4: Provincial hospital services, Temporary	22	78	0	56
Pr5: Central hospitals, Permanent	2630	1442	45	0
Pr5: Central hospitals, Temporary	20	25	0	5
Pr6: Health sciences & training, Permanent	730	528	27	0
Pr7: Health care support services, Permanent	264	117	55.7	0
<b>TOTAL</b>	<b>22738</b>	<b>12848</b>	<b>43.5</b>	<b>80</b>

**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)	9505	3176	66.6	1
Skilled (Levels 3-5)	4982	4800	3.6	3
Highly skilled production (Levels 6-8), Permanent	6411	4161	35	2
Highly skilled production (Levels 6-8), Temporary	15	95	0	74
Highly skilled supervision (Levels 9-12), Permanent	1461	556	62	0
Highly skilled supervision (Levels 9-12), Temporary	101	32	67	0
Senior management (Levels 13-16), Permanent	66	28	57	0
<b>TOTAL</b>	<b>22738</b>	<b>12848</b>	<b>43.5</b>	<b>80</b>

**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
Ambulance and related workers, Permanent	534	459	14	0
Cleaners in offices workshops hospitals etc., Permanent	2154	1655	23	0
Computer programmers., Permanent	3	3	0	0
Computer system designers and analysts., Permanent	13	9	30.8	0
Dental practitioners, Permanent	98	50	49	0
Dental practitioners, Temporary	2	2	0	0
Dental therapy, Permanent	39	22	43.6	0
Dieticians and nutritionists, Permanent	72	45	37.5	0
Dieticians and nutritionists, Temporary	1	1	0	0
Emergency services related, Permanent	2	2	0	0
General legal administration & rel. professionals, Permanent	1	0	100	0
Head of department/chief executive officer, Permanent	1	1	0	0
Health sciences related, Permanent	175	73	58.3	0
Health sciences related, Temporary	2	2	0	0
Household and laundry workers, Permanent	608	286	53	0
Information technology related, Permanent	5	3	40	0
Legal related, Permanent	6	2	66.7	0
Medical practitioners, Permanent	819	447	45.4	0
Medical practitioners, Temporary	90	180	200	90
Medical research and related professionals, Permanent	1	0	100	0
Medical specialists, Permanent	89	25	71.9	0
Medical specialists, Temporary	6	9	150	3
Medical technicians/technologists, Permanent	65	16	75.4	0
Nursing assistants, Permanent	3497	1890	46	0
Occupational therapy, Permanent	106	57	46.2	0
Optometrists and opticians, Permanent	1	1	0	1
Oral hygiene, Permanent	26	17	34.6	0
Oral hygiene, Temporary	1	1	0	0
Pharmacists, Permanent	168	109	35.1	1
Pharmacists, Temporary	3	3	0	0
Physiotherapy, Permanent	128	53	58.6	0
Physiotherapy, Temporary	4	4	0	0
Professional nurse, Permanent	4444	2657	40.2	0
Professional nurse, Temporary	6	6	0	0
Psychologists and vocational counsellors, Permanent	17	13	23.5	0
Radiography, Permanent	219	106	51.6	0
Radiography, Temporary	1	1	0	0
Risk management and security services, Permanent	1	1	0	0
Senior managers, Permanent	64	31	51.6	0
Social work and related professionals, Permanent	46	24	48	0
Speech therapy and audiology, Permanent	51	25	51	0
Staff nurses and pupil nurses, Permanent	2765	1249	54.8	0
Statisticians and related professionals, Permanent	1	1	0	0
Supplementary diagnostic radiographers, Permanent	25	10	60	0
<b>TOTAL</b>	<b>16360</b>	<b>9551</b>	<b>41.6</b>	<b>6</b>

#### 4. EVALUATION

**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 Posts Downgraded	% of Downgraded Posts Evaluated
Lower skilled (Levels 1-2)	9505	0	0	0	0	0	0
Skilled (Levels 3-5)	4982	0	0	0	0	0	0
Highly skilled production (Levels 6-8)	6411	0	0	0	0	0	0
Highly skilled supervision (Levels 9-12)	15	0	0	0	0	0	0
Senior Management Service Band A	1461	0	0	0	0	0	0
Senior Management Service Band B	101	0	0	0	0	0	0
Senior Management Service Band C	66	0	0	0	0	0	0
<b>TOTAL</b>	<b>22738</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**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
	0	0	0	0	0
	0	0	0	0	0
Total	0	0	0	0	0
Percentage of Total Employment	0	0	0	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

## 5. EMPLOYMENT CHANGES

**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	2648	576	88	3.3
Lower skilled (Levels 1-2), Temporary	43	34	37	86
Skilled (Levels 3-5), Permanent	4257	620	116	2.7
Skilled (Levels 3-5), Temporary	39	40	40	102.6
Highly skilled production (Levels 6-8), Permanent	4180	414	433	10.4
Highly skilled production (Levels 6-8), Temporary	87	95	87	94
Highly skilled supervision (Levels 9-12), Permanent	636	98	178	28
Highly skilled supervision (Levels 9-12), Temporary	20	12	8	35
Senior Management Service Band A, Permanent	29	0	1	0.9
Senior Management Service Band B, Permanent	5	0	0	0
Senior Management Service Band C, Permanent	2	0	0	0
<b>TOTAL</b>	<b>11946</b>	<b>1890</b>	<b>988</b>	<b>8.3</b>



**TABLE 5.2 - Annual Turnover Rates by Critical Occupation**

Occupation	Employment at Beginning of Period	Appointments	Terminations	Turnover Rate
Ambulance and related workers, Permanent	436	25	7	1.6
Communication and information related, Permanent	3	0	0	0
Computer programmers, Permanent	3	0	0	0
Computer system designers and analysts, Permanent	2	1	0	0
Dental practitioners, Permanent	44	22	21	49.10
Dental practitioners, Temporary	5	0	3	60
Dental specialists, Permanent	2	0	0	0
Dental therapy, Permanent	8	6	0	0
Dental therapy, Temporary	1	0	0	0
Dieticians and nutritionists, Permanent	53	24	26	49.1
Dieticians and nutritionists, Temporary	1	0	0	0
Emergency services related, Permanent	3	13	0	0
Environmental health, Permanent	113	54	44	38.9
Finance and economics related, Permanent	2	0	0	0
Financial and related professionals, Permanent	19	5	0	0
General legal administration & rel. professionals, Permanent	1	0	0	0
Health sciences related, Permanent	42	4	4	9.5
Health sciences related, Temporary	3	0	0	0
Household and laundry workers, Permanent	331	6	11	0
Information technology related, Permanent	3	0	0	0
Legal related, Permanent	2	0	0	0
Medical practitioners, Permanent	388	124	197	50.8
Medical practitioners, Temporary	161	167	154	95.7
Medical specialists, Permanent	10	2	1	7.1
Medical specialists, Temporary	11	3	5	45.3
Medical technicians/technologists, Permanent	10	6	1	10
Nursing assistants, Permanent	1204	26	40	0
Occupational therapy, Permanent	53	37	32	60.4
Occupational therapy, Temporary	0	2	1	50
Optometrists and opticians, Permanent	1	0	0	0
Oral hygiene, Permanent	5	0	0	0
Other information technology personnel., Permanent	7	0	0	0
Pharmaceutical assistants, Permanent	5	0	1	0
Pharmacists, Permanent	74	59	26	35.1
Pharmacists, Temporary	3	2	3	100
Pharmacologists pathologists & related professional, Permanent	0	1	0	0
Physicists, Temporary	0	1	0	0
Physiotherapy, Permanent	53	40	44	83
Physiotherapy, Temporary	2	2	1	50
Professional nurse, Permanent	2510	63	130	5.2
Professional nurse, Temporary	4	0	0	0
Psychologists and vocational counsellors,	12	2	0	0

Occupation	Employment at Beginning of Period	Appointments	Terminations	Turnover Rate
Permanent				
Radiography, Permanent	53	32	27	50.9
Radiography, Temporary	0	0	0	0
Risk management & Security services, Permanent	0	0	0	0
Senior managers, Permanent	23	0	1	1.6
Social work and related professionals, Permanent	15	2	0	0
Speech therapy and audiology, Permanent	25	20	19	76
Staff nurses and pupil nurses, Permanent	1198	48	24	2
Statisticians and related professionals, Permanent	1	0	0	0
Student nurse, Permanent	480	129	0	0
Supplementary diagnostic radiographers, Permanent	7	0	0	0
<b>TOTAL</b>	<b>7392</b>	<b>992</b>	<b>822</b>	<b>27</b>

**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	99	10	0.8	988	11946
Resignation, Permanent	266	26	2.2	988	11946
Expiry of contract, Permanent	388	39	3.2	988	11946
Discharged due to ill health, Permanent	111	11.2	0.9	988	11946
Dismissal – operational changes	3	0.3	0.1	988	11946
Dismissal – misconduct	4	0.4	0.1	988	11946
Dismissal – inefficiency	2	0.2	0	988	11946
Retirement, Permanent	83	8.4	0.7	988	11946
Other, Permanent	32	3.2	0.2	988	11946
<b>TOTAL</b>	<b>988</b>	<b>100</b>	<b>8.3</b>	<b>988</b>	<b>11946</b>

Resignations as % of Employment
2.23

**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
Ambulance and related workers, Permanent	437	7	1.6	99	72.8
Cleaners in offices workshops hospitals etc., Permanent	1472	0	0	1128	88.7
Communication and information related, Permanent	3	0	0	1	33.3
Computer programmers, Permanent	3	0	0	0	0
Computer system designers and analysts, Permanent	2	0	0	1	100
Dental practitioners, Permanent	48	2	4.1	13	26.5
Dental practitioners, Temporary	5	0	0	0	0
Dental specialists, Permanent	2	0	0	2	100
Dental therapy, Permanent	8	0	0	4	44.4
Dental therapy, Temporary	1	0	0	0	0
Dieticians and nutritionists, Permanent	53	2	3.7	14	25.9
Dieticians and nutritionists, Temporary	1	0	0	0	0
Emergency services related, Permanent	3	3	100	2	66.7
Environmental health, Permanent	126	0	0	48	42.5
Finance and economics related, Permanent	3	0	0	0	0
Financial and related professionals, Permanent	25	1	5.3	10	44.6
General legal administration & rel. professionals	1	0	0	0	0
Health sciences related	57	8	14	33	59
Household and laundry workers	318	1	0.3	289	87.3
Information technology related	3	0	0	0	0
Legal related	2	0	0	0	0
Medical practitioners	632	25	4.6	60	10.9
Medical specialists	25	0	0	2	
Medical technicians/technologists,	14	0	0	10	
Nursing assistants, Permanent	1704	0	0	586	34.2
Occupational therapy, Permanent	63	2	3.8	14	26.4
Optometrists and opticians, Permanent	1	0	0	0	0
Oral hygiene, Permanent	7	0	0	2	28.6
Other information technology personnel., Permanent	7	2	28.6	3	42.9
Pharmaceutical assistants, Permanent	5	0	0	1	20
Pharmacists, Permanent	74	8	10.8	16	20.4
Pharmacists, Temporary	3	0	0	0	0
Pharmacologists pathologists & related professional, Permanent	0	0	0	0	0
Physiotherapy, Permanent	55	0	0	0	0
Physiotherapy, Temporary	2	0	0	0	0
Professional nurse, Permanent	2510	14	0.6	2222	88.4
Professional nurse, Temporary	5	0	0	0	0
Psychologists and vocational counsellors	15	0	0	1	8.3
Radiography, Permanent	53	4	7.5	26	49.1
Radiography, Temporary	2	0	0	0	0
Senior managers	23	0	0	0	0
Social work and related professionals	15	3	20	5	33

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
Speech therapy and audiology	26	0	0	3	12
Staff nurses and pupil nurses	1194	2	0.2	959	80.1
Statisticians and related professionals	1	0	0	0	0
Student nurse	407	0	0	251	58.9
Supplementary diagnostic radiographers	8	0	0	5	71.4
<b>TOTAL</b>	<b>9424</b>	<b>84</b>	<b>0.9</b>	<b>5810</b>	<b>62</b>

**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	2648	1	0	2384	90
Lower skilled (Levels 1-2), Temporary	43	0	0	0	0
Skilled (Levels 3-5), Permanent	4257	7	0.2	3020	70.9
Skilled (Levels 3-5), Temporary	39	0	0	0	0
Highly skilled production (Levels 6-8), Permanent	4180	113	2.7	3099	74.1
Highly skilled production (Levels 6-8), Temporary	87	0	0	0	0
Highly skilled supervision (Levels 9-12), Permanent	636	58	9.1	225	35.4
Highly skilled supervision (Levels 9-12), Temporary	20	0	0	0	0
Senior management (Levels 13-16), Permanent	36	0	0	0	0
<b>TOTAL</b>	<b>11946</b>	<b>179</b>	<b>1.5</b>	<b>8728</b>	<b>73.1</b>

## 6. EMPLOYMENT EQUITY

**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	Female, White	Total
Legislators, senior officials and managers, Permanent	8	0	2	10	1	11	0	0	11	1	23
Professionals, Permanent	1051	6	19	1076	143	3536	52	39	3627	426	5695
Professionals, Temporary	59	0	15	74	75	8	1	1	10	25	209
Clerks, Permanent	412	3	1	416	18	481	7	4	492	151	1124
Service and sales workers, Permanent	576	5	0	581	51	2417	33	3	2453	162	3503
Plant and machine operators and assemblers, Permanent	116	0	0	116	6	5	0	0	5	0	133
Elementary occupations, Permanent	752	4	0	756	4	2040	21	0	2061	58	2907
Other, Permanent	20	0	0	20	0	17	0	0	17	2	32
<b>TOTAL</b>	<b>2994</b>	<b>18</b>	<b>35</b>	<b>3049</b>	<b>298</b>	<b>8515</b>	<b>114</b>	<b>47</b>	<b>8676</b>	<b>825</b>	<b>12848</b>

	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	1	0	0	1	1	3	0	0	3	0	5

**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	Female, White	Total
Top Management, Permanent	0	0	1	1	0	0	0	0	0	0	1
Senior Management, Permanent	8	0	2	10	1	11	0	0	11	0	22
Professionally qualified and experienced specialists and mid-management, Permanent	349	5	18	372	102	808	12	16	836	210	1520
Professionally qualified and experienced specialists and mid-management, Temporary	6	0	3	9	12	4	1	1	6	4	31
Skilled technical and academically qualified workers, junior management, supervisors, foremen, Permanent	551	3	3	557	49	2457	38	24	2519	381	3506
Skilled technical and academically qualified workers, junior management, supervisors, foremen, Temporary	43	0	9	52	42	7	0	0	7	16	117
Semi-skilled and discretionary decision making, Permanent	1535	9	1	1545	63	4132	55	6	4178	204	5990
Semi-skilled and discretionary decision making, Temporary	10	0	0	10	12	3	0	0	3	2	27
Unskilled and defined decision making, Permanent	485	1	0	486	2	1093	8	0	1101	8	1597
Unskilled and defined decision making, Temporary	7	0	0	7	15	0	0	0	15	0	22
<b>TOTAL</b>	<b>2994</b>	<b>18</b>	<b>37</b>	<b>3049</b>	<b>298</b>	<b>8515</b>	<b>114</b>	<b>47</b>	<b>8676</b>	<b>825</b>	<b>12848</b>

**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	Female, White	Total
Professionally qualified and experienced specialists and mid-management, Permanent	52	0	1	53	17	15	0	4	19	0	89
Professionally qualified and experienced specialists and mid-management, Temporary	1	0	4	5	6	0	0	0	0	0	11
Skilled technical and academically qualified workers, junior management, supervisors, foremen, Permanent	165	0	3	168	21	179	5	8	192	2	383
Skilled technical and academically qualified workers, junior management, supervisors, foremen, Temporary	37	0	7	44	38	9	1	0	10	0	92
Semi-skilled and discretionary decision making, Permanent	122	1	2	125	2	542	3	1	546	1	674
Semi-skilled and discretionary decision making, Temporary	15	0	0	15	18	2	0	0	2	2	37
Unskilled and defined decision making, Permanent	169	0	0	169	2	414	4	1	419	0	590
Unskilled and defined decision making, Temporary	12	0	0	12	1	0	0	0	0	1	14
<b>TOTAL</b>	<b>573</b>	<b>1</b>	<b>17</b>	<b>591</b>	<b>105</b>	<b>1161</b>	<b>13</b>	<b>14</b>	<b>1188</b>	<b>6</b>	<b>1890</b>



**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
Professionally qualified and experienced specialists and mid-management, Permanent	4	0	0	4	0	4	0	0	4	0	8
Skilled technical and academically qualified workers, junior management, supervisors, foremen, Permanent	25	0	0	25	0	41	1	0	42	3	70
Semi-skilled and discretionary decision making, Permanent	36	0	0	36	0	63	0	0	63	0	99
Unskilled and defined decision making, Permanent	2	0	0	2	0	0	0	0	0	0	2
<b>TOTAL</b>	<b>67</b>	<b>0</b>	<b>0</b>	<b>67</b>	<b>0</b>	<b>108</b>	<b>1</b>	<b>0</b>	<b>109</b>	<b>3</b>	<b>179</b>

**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	1	0	0	1	0	0	0	0	0	0	1
Professionally qualified and experienced specialists and mid-management, Permanent	45	0	7	52	41	20	1	6	27	58	178
Professionally qualified and experienced specialists and mid-management, Temporary	3	0	3	6	2	0	0	0	0	0	8
Skilled technical and academically qualified workers, junior management, supervisors, foremen, Permanent	95	0	2	97	19	197	3	4	204	113	433
Skilled technical and academically qualified workers, junior management, supervisors, foremen, Temporary	27	0	3	30	18	33	0	0	33	6	87
Semi-skilled and discretionary decision making, Permanent	32	0	0	32	0	59	0	0	59	25	116
Semi-skilled and discretionary decision making, Temporary	17	0	1	18	7	11	0	2	13	2	40
Unskilled and defined decision making, Permanent	36	0	0	36	0	50	0	0	50	2	88
Unskilled and defined decision making, Temporary	18	0	0	18	8	7	0	0	7	4	37
<b>TOTAL</b>	<b>274</b>	<b>0</b>	<b>16</b>	<b>290</b>	<b>95</b>	<b>377</b>	<b>4</b>	<b>12</b>	<b>393</b>	<b>210</b>	<b>988</b>

**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	Not Available
<b>TOTAL</b>	<b>10</b>	<b>1</b>	<b>0</b>	<b>11</b>	<b>0</b>	<b>6</b>	<b>0</b>	<b>0</b>	<b>6</b>	<b>0</b>	<b>17</b>	<b>0</b>

## 7. PERFORMANCE

**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	8953	0	0	0
African, Male	0	3130	0	0	0
Asian, Female	0	50	0	0	0
Asian, Male	0	41	0	0	0
Coloured, Female	0	136	0	0	0
Coloured, Male	0	21	0	0	0
Total Blacks, Female	0	9139	0	0	0
Total Blacks, Male	0	3192	0	0	0
White, Female	0	944	0	0	0
White, Male	0	356	0	0	0
Employees with a disability	0	5	0	0	0
<b>TOTAL</b>	<b>0</b>	<b>13636</b>	<b>0</b>	<b>0</b>	<b>0</b>

**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 (R)
Lower skilled (Levels 1-2)	0	0	0	0	0
Skilled (Levels 3-5)	0	0	0	0	0
Highly skilled production (Levels 6-8)	0	0	0	0	0
Highly skilled supervision (Levels 9-12)	0	0	0	0	0
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**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)
Administrative related	0	150	0	0	0
Agriculture related	0	5	0	0	0
Ambulance and related workers	0	483	0	0	0
Artisan project and related superintendents	0	1	0	0	0
Auxiliary and related workers	0	602	0	0	0
Building and other property caretakers	0	209	0	0	0
Bus and heavy vehicle drivers	0	16	0	0	0
Cleaners in offices workshops hospitals etc.	0	1497	0	0	0
Client inform clerks(switchb recept inform clerks)	0	74	0	0	0
Communication and information related	0	2	0	0	0
Community development workers	0	66	0	0	0
Computer programmers	0	3	0	0	0
Computer system designers and analysts.	0	2	0	0	0
Conservation labourers	0	1	0	0	0
Dental practitioners	0	53	0	0	0
Dental specialists	0	2	0	0	0
Dental therapy	0	14	0	0	0
Dieticians and nutritionists	0	46	0	0	0
Earth moving and related plant operators	0	2	0	0	0
Emergency services related	0	21	0	0	0
Environmental health	0	131	0	0	0
Farm hands and labourers	0	62	0	0	0
Finance and economics related	0	3	0	0	0
Financial and related professionals	0	24	0	0	0
Financial clerks and credit controllers	0	91	0	0	0
Food services aids and waiters	0	337	0	0	0
Food services workers	0	10	0	0	0
Forestry labourers	0	1	0	0	0
General legal administration & rel. professionals	0	1	0	0	0
Head of department/chief executive officer	0	1	0	0	0
Health sciences related	0	59	0	0	0

Critical Occupations	Number of Beneficiaries	Total Employment	Percentage of Total Employment	Cost (R'000)	Average Cost per Beneficiary (R)
Household and laundry workers	0	318	0	0	0
Housekeepers laundry and related workers	0	3	0	0	0
Human resources & organisat developm & relate prof	0	13	0	0	0
Human resources clerks	0	72	0	0	0
Human resources related	0	3	0	0	0
Information technology related	0	3	0	0	0
Language practitioners interpreters & other commun	0	2	0	0	0
Legal related	0	1	0	0	0
Librarians and related professionals	0	1	0	0	0
Library mail and related clerks	0	16	0	0	0
Light vehicle drivers	0	90	0	0	0
Logistical support personnel	0	2	0	0	0
Material-recording and transport clerks	0	29	0	0	0
Medical practitioners	0	643	0	0	0
Medical specialists	0	19	0	0	0
Medical technicians/technologists	0	14	0	0	0
Messengers porters and deliverers	0	417	0	0	0
Motor vehicle drivers	0	19	0	0	0
Motorised farm and forestry plant operators	0	6	0	0	0
Nature conservation and oceanographical rel.techni	0	1	0	0	0
Nursing assistants	0	1760	0	0	0
Occupational therapy	0	63	0	0	0
Optometrists and opticians	0	1	0	0	0
Oral hygiene	0	7	0	0	0
Other administrat & related clerks and organisers	0	777	0	0	0
Other administrative policy and related officers	0	115	0	0	0
Other information technology personnel.	0	7	0	0	0
Other occupations	0	57	0	0	0
Pharmaceutical assistants	0	3	0	0	0
Pharmacists	0	124	0	0	0
Pharmacologists pathologists & related professiona	0	1	0	0	0
Physicists	0	1	0	0	0
Physiotherapy	0	57	0	0	0

Critical Occupations	Number of Beneficiaries	Total Employment	Percentage of Total Employment	Cost (R'000)	Average Cost per Beneficiary (R)
Professional nurse	0	2720	0	0	0
Psychologists and vocational counsellors	0	16	0	0	0
Radiography	0	80	0	0	0
Rank: Unknown	0	32	0	0	0
Road workers	0	7	0	0	0
Secretaries & other keyboard operating clerks	0	65	0	0	0
Security guards	0	43	0	0	0
Security officers	0	1	0	0	0
Senior managers	0	30	0	0	0
Social sciences related	0	15	0	0	0
Social sciences supplementary workers	0	39	0	0	0
Social work and related professionals	0	220	0	0	0
Speech therapy and audiology	0	26	0	0	0
Staff nurses and pupil nurses	0	1182	0	0	0
Student nurse	0	535	0	0	0
Supplementary diagnostic radiographers	0	8	0	0	0
Trade labourers	0	3	0	0	0
<b>TOTAL</b>	<b>0</b>	<b>12848</b>	<b>0</b>	<b>0</b>	<b>0</b>

**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	19	0	0	0	0	0
Band B	0	3	0	0	0	0	0
Band C	0	1	0	0	0	0	0
<b>TOTAL</b>	<b>0</b>	<b>23</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

## 8. FOREIGN WORKERS

**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 Employment at End of Period	Total Change in Employment
Lower skilled (Levels 1-2)	3	1.8	3	1.8	0	0	166	166	0
Skilled (Levels 3-5)	6	3.6	6	3.6	0	0	166	166	0
Highly skilled production (Levels 6-8)	63	38	63	38	0	0	166	166	0
Highly skilled supervision (Levels 9-12)	94	56.6	94	56.6	0	0	166	166	0
<b>TOTAL</b>	<b>166</b>	<b>100</b>	<b>166</b>	<b>100</b>	<b>0</b>	<b>0</b>	<b>166</b>	<b>166</b>	<b>0</b>

**TABLE 8.2 - Foreign Workers by Major Occupation**

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 Employment at End of Period	Total Change in Employment
Elementary occupations	1	0.6	1	0.6	0	0	166	166	0
Professionals and managers	162	97.6	162	97.6	0	0	166	166	0
Social natural technical and medical sciences+supp	2	1.2	2	1.2	0	0	166	166	0
Technicians and associated professionals	1	0.6	1	0.6	0	0	166	166	0
<b>TOTAL</b>	<b>166</b>	<b>100</b>	<b>166</b>	<b>100</b>	<b>0</b>	<b>0</b>	<b>166</b>	<b>166</b>	<b>0</b>

## 9. LEAVE

**TABLE 9.1 - Sick Leave for Jan 2005 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	Total number of days with medical certification
Lower skilled (Levels 1-2)	1668	97.2	396	20.3	4	243	1953	1621
Skilled (Levels 3-5)	3002	95.7	756	38.7	4	597	1953	2874
Highly skilled production (Levels 6-8)	2870.5	92.1	702	35.9	4	1,046	1953	2644
Highly skilled supervision (Levels 9-12)	354	83.9	81	4.1	4	217	1953	297
Senior management (Levels 13-16)	7	100	1	0.1	7	12	1953	7
Not Available	102	95.1	17	0.9	6	28	1953	97
<b>TOTAL</b>	<b>8003.5</b>	<b>94.2</b>	<b>1953</b>	<b>100</b>	<b>4</b>	<b>2143</b>	<b>1953</b>	<b>7540</b>

**TABLE 9.2 - Disability Leave (Temporary and Permanent) for Jan 2005 to Dec 2005**

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	Total number of Employees using Disability Leave
Lower skilled (Levels 1-2)	60	100	5	23.8	12	9	60	21
Skilled (Levels 3-5)	67	100	9	42.9	7	13	67	21
Highly skilled production (Levels 6-8)	46	100	7	33.3	7	18	46	21
<b>TOTAL</b>	<b>173</b>	<b>100</b>	<b>21</b>	<b>100</b>	<b>8</b>	<b>40</b>	<b>173</b>	<b>21</b>

**TABLE 9.3 - Annual Leave for Jan 2005 to Dec 2005**

Salary Band	Total Days Taken	Average per Employee	Employment
Lower skilled (Levels 1-2)	12304.4	11	1140
Skilled (Levels 3-5)	25547.08	11	2247
Highly skilled production (Levels 6-8)	28666.84	11	2602
Highly skilled supervision (Levels 9-12)	3422	8	421



**TABLE 9.4 - Capped Leave for Jan 2005 to Dec 2005**

	Total days of capped leave taken	Average number of days taken per employee	Average capped leave per employee as at 31 December 2005	Number of Employees	Total number of capped leave available at 31 December 2005	Number of Employees as at 31 December 2005
Lower skilled (Levels 1-2)	28	5	37	6	91000	2436
Skilled (Levels 3-5)	18	5	37	4	100601	2716
Highly skilled production (Levels 6-8)	52	6	65	9	224244	3468
<b>TOTAL</b>	<b>98</b>	<b>5</b>	<b>48</b>	<b>19</b>	<b>415845</b>	<b>8620</b>

**TABLE 9.5 - Leave Payouts**

Reason	Total Amount (R'000)	Number of Employees	Average Payment per Employee (R)
Capped leave payouts on termination of service for 2005/06	22	6	3667
Current leave payout on termination of service for 2005/06	0	6	0
<b>TOTAL</b>	<b>22</b>	<b>12</b>	<b>1833</b>

## 10. HIV AND AIDS

**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
Doctors, nurses, emergency care workers and other categories and cleaners	Precautionary measures are displayed in all facilities

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

Question	Yes	No	Details, if yes
1. Has the department designated a member of the SMS to implement the provisions contained in Part VI E of Chapter 1 of the Public Service Regulations, 2001? If so, provide her/his name and position.		X	
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.		X	
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.		X	
4. Has the department established (a) committee(s) as contemplated in Part VI E.5 (e) of Chapter 1 of the Public Service Regulations, 2001? If so, please provide the names of the members of the committee and the stakeholder(s) that they represent.		X	
5. Has the department reviewed 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.		X	
6. Has the department introduced measures to protect HIV-positive employees or those perceived to be HIV-positive from discrimination? If so, list the key elements of these measures.		X	
7. Does the department encourage its employees to undergo Voluntary Counselling and Testing? If so, list the results that you have achieved.	X	The test results are confidential. The good thing is that if people know their status, they will live positively.	
8. Has the department developed measures/indicators to monitor & evaluate the impact of your health promotion programme? If so, list these measures/indicators.		X	

## 11. LABOUR RELATIONS

**TABLE 11.1 - Collective Agreements**

Subject Matter	Date
HIV and Aids at Workplace	20/07/2004
Overtime Policy	20/07/2004

**TABLE 11.2 – Misconduct and Discipline Hearings Finalised**

Outcomes of disciplinary hearings	Number	Percentage of Total
Collective counselling	14	15.91%
Verbal warning	5	5.68%
Written warning	33	37.50%
Final written warning	6	6.82%
Suspended without pay	7	7.95%
Demotion	0	
Dismissal	4	4.55%
Not guilty	8	9.10%
Case withdrawn	6	6.82%
<b>TOTAL</b>	<b>88</b>	<b>0</b>

**TABLE 11.3 - Types of Misconduct Addressed and Disciplinary Hearings**

Type of misconduct	Number	% of total
Insubordination	4	4.92%
Corruption	3	3.70%
Absenteeism	7	8.64%
Theft	0	
Unauthorised processing of Grants	3	3.70%
Misuse of MG vehicles	13	16.05%
Rape	1	1.23%
Assult	2	2.47%
Misrepresentation / Fraud	6	7.41%
Negligence	5	6.17%
Drinking on duty	3	3.70%
Mismanagement of funds	1	1.23%
Prohibited strike	23	28.40%
Abscondment	5	6.17%
Unprofessional conduct	5	6.17%
<b>Total</b>	<b>81</b>	<b>100%</b>

**TABLE 11.4 – Grievances Lodged**

Number of grievances addressed	Number	% of total
Resolved	23	40.4
Not resolved	34	59.6
<b>Total</b>	<b>57</b>	<b>100</b>

**TABLE 11.5 - Disputes Lodged**

Number of disputes addressed	Number	% of total
Upheld	4	30.8
Dismissed	9	69.2
<b>Total</b>	<b>13</b>	<b>100</b>

**TABLE 11.6 – Strike Actions**

Strike Actions	–
Total number of person working days lost	14128
Total cost(R'000) of working days lost	R214 258.90
Amount (R'000) recovered as a result of no work no pay	R214 258.90

**TABLE 11.7 - Precautionary Suspensions**

Precautionary Suspensions	–
Number of people suspended	11
Number of people whose suspension exceeded 30 days	11
Average number of days suspended	245
Cost (R'000) of suspensions	R546 258

## 12. SKILLS DEVELOPMENT

**TABLE 12.1 - Training Needs identified**

Occupational Categories	Gender	Employment	Learnerships	Skills Programmes & other short courses	Other forms of training	Total
Legislators, senior officials and managers	Female	11	0	25	0	25
	Male	12	0	16	0	16
Professionals	Female	1056	0	50	200	250
	Male	495	0	25	140	165
Technicians and associate professionals	Female	2923	0	0	0	0
	Male	700	0	0	0	0
Clerks	Female	5496	2	120	0	122
	Male	2118	2	60	0	62
Service and sales workers	Female	0	0	0	0	0
	Male	0	0	0	0	0
Skilled agriculture and fishery workers	Female	0	0	0	0	0
	Male	0	0	0	0	0
Craft and related trades workers	Female	0	0	0	0	0
	Male	0	0	0	0	0
Plant and machine operators and assemblers	Female	0	0	0	0	0
	Male	7	0	0	0	0
Elementary occupations	Female	15	0	25	0	25
	Male	0	0	2	0	2
Gender sub totals	Female	0	2	220	200	422
	Male	0	2	103	140	245
<b>Total</b>		<b>12848</b>	<b>4</b>	<b>323</b>	<b>340</b>	<b>667</b>

**TABLE 12.2 - Training Provided**

Occupational Categories	Gender	Employment	Learnerships	Skills Programmes & other short courses	Other forms of training	Total
Legislators, senior officials and managers	Female	11	0	57	0	57
	Male	12	0	26	0	26
Professionals	Female	1056	0	160	149	309
	Male	495	0	44	48	92
Technicians and associate professionals	Female	2923	0	0	0	0
	Male	700	0	56	0	56
Clerks	Female	5496	0	31	0	31
	Male	2118	0	0	0	0
Service and sales workers	Female	0	0	0	0	0
	Male	0	0	0	0	0
Skilled agriculture and fishery workers	Female	0	0	0	0	0
	Male	0	0	0	0	0
Craft and related trades workers	Female	0	0	0	0	0
	Male	0	0	0	0	0
Plant and machine operators and assemblers	Female	0	0	0	0	0
	Male	7	0	0	0	0
Elementary occupations	Female	15	0	25	0	25
	Male	0	0	2	0	2
Gender sub totals	Female	0	0	273	149	431
	Male	0	0	128	48	181
<b>Total</b>		<b>12848</b>	<b>0</b>	<b>401</b>	<b>197</b>	<b>612</b>

### 13. INJURIES

TABLE 13.1 - Injury on Duty

Nature of injury on duty	Number	% of total
Required basic medical attention only	531	53
Temporary Total Disablement	302	30
Permanent Disablement	99	10
Fatal	70	7
<b>Total</b>	<b>1002</b>	<b>100</b>

## 14. CONSULTANTS

**TABLE 14.1 - Report on consultant appointments using appropriated funds**

Project Title	Total number of consultants that worked on the project	Duration: Work days	Paid in Rand 2004/2005
Forensic Investigations – Allegations of fraud and corruption	Special Investigations Unit	Apr 04 - Mar 05	21,151.98
Piet Retief Hospital New Hospital (Phase 1)	Malcolm Willis Architects QS Consult Kyd Civil Engineers Izazi Consulting Engineers	Jul 02 - Mar 05	1,601,956.08
Piet Retief Hospital Nurses Home & School, Creche (Phase 2)	Malcolm Willis Architects Qs Consult Kyd Civil Engineers Izazi Consulting Engineers	Feb 03 - Mar 05	618,683.51
Themba Hospital New Administration Block (Phase 1)	Phiri Group Baloyi Quantity Surveyors Madisha & Ass Risimati Engineers	Feb 03 - Mar 05	302,429.18
Themba Hospital Opd, Casualty & Pharmacy (Phase 2)	Phiri Group Baloyi Quantity Surveyors Madisha & Ass Risimati Engineers	Sep 04 - Mar 05	471,098.06
Rob Ferreira Hospital New Psychiatric Wards (Phase 1)	Mashilo & Lambrecht Architects Siyathuthukisana Consultants Natho Mbenyane Engineers Karabo Engineers	Mar 03 - Mar 05	968,842.80
Rob Ferreira Hospital OPD, Casualty & Pharmacy (Phase 2)	BBC Projects Mashilo & Lambrecht Architects Siyathuthukisana Consultants Mbenyane Engineers Karabo Engineers	1Nov 04 - Mar 05	248,427.84



Project Title	Total number of consultants that worked on the project	Duration: Work days	Paid in Rand 2004/2005
Rob Ferreira Hospital Obstetrics Ward, Site Works (Phase 3)	Mashilo & Lambrecht Architects Siyathuthukisana Consultants Mbenyane Engineers Karabo Engineers	Jul 05 - Mar 05	1,725,934.44
Ermelo Hospital New Pharmacy (Phase 1)	Plan Architects R S Baloyi Quantity Surveyors Kobal Robotho Engineers Lamns & Ass	Aug 04 - Mar 05	2,025,519.76
Head Office Assistance	Siyathuthukisana Consultants	Sep 03 - Mar 05	992,626.45
Kwa-Mhlanga Hospital New Administration (Phase 2)	Motse, LMI, Ungerer Architects Mahlati, Ntene, Libertrau P D Naido & Ass Motla Engineers	Nov 04 - Dec 05	103,854.15
Mmamethlake Hospital, OPD, Casualty, Pharmacy (Phase 2) and Administration	Mashilo & Lambrecht Architects Chauke Quantity Surveyors Motla Engineers	Sep 04 - Jun 05	545,473.35
Embhuleni Hospital New Medical Wards	Shabangu Architects Dan Nyatikazi QS Tumber Fourie & Ass Tusanang Engineers	Jan 03 - Mar 05	-
Witbank Hospital General Theatre & Short Stay	Selby Sheba Architects Hardstone & Mthethwa QS Semenya Furumela Engineers Risimati Engineers	Oct 04 - Oct 05	46,924.98
Sabie Hospital New Maternity Wards (Phase 1)	Phiri Group Quantimet QS Siyathuthukisana Consultants Tusanang Engineers	Apr 04 - Apr 06	477,253.47

Project Title	Total number of consultants that worked on the project	Duration: Work days	Paid in Rand 2004/2005
Groblersdal Hospital OPD, Casualty, Pharmacy, Wards	T J Architects Siyaka QS Copad Engineers Lamns & Ass	Sep 04 - Jan 06	373,158.75
Evander Hospital OPD, Casualty & Pharmacy	Motse, Lmi, Ungerer Architects Hardstone & Mthethwa S Mbenyane Engineers Izazi Engineers	19 Nov 04 - 11 Oct 06	819,943.99
Delmas Hospital OPD, Casualty, Pharmacy, Archives	Dumani Architects Gosiame & Malan QS Mbenyane Engineers Izazi Consulting Engineers	Jan 05 - Apr 06	386,251.26
Amsterdam CHC & Nurses Home	Shabangu Architects Dan Nyatikazi QS Tumber Fourie Engineers Thusanang Engineers	Sep 02 - Mar 05	227,689.19
Moutse West CHC & Nurses Home	Molekwa Mali Mathiba Seome QS Phenyo Engineers Rismati Engineers	Sep 02 - Mar 05	-
Silindile Clinic	Shabangu Architects Dan Nyatikazi QS Tumber Fourie & Ass GMH/ Tswelelo Engineers	15 Jan 03 - Apr 04	28,611.31
Bhuga Clinic	Archa Architects R S Baloyi QS Lamns & Ass	15 Jan 03 - Mar 04	-
Moutse East Clinic	Osc Morei Matjie & Ass	Feb 04 - Mar 05	167,352.12
Buffelspruit Clinic	Hem Architects Dan Nyatikazi QS Mbenyane Engineers Thusanag Engineers	15 Nov 03 - Dec 04	76,880.08

Project Title	Total number of consultants that worked on the project	Duration: Work days	Paid in Rand 2004/2005
Iswepe Clinic	Prism Architects Chauke QS Thusanang Engineers	15 Feb 04 - Mar 05	521,709.57
Kangema Clinic	Selby Sheba Architect Ym Cassim And Associates Fastrack Consulting Morepo Cc	Oct 04 - Dec 05	138,217.25
Warberton CHC	MF Consultants	1 Nov 04 - 1 Dec 05	-
Badplaas CHC	Vela Vke	1 Nov 04 - 1 Dec 05	203,509.24
Langverwagt CHC	SQL Civil Consulting Engineers	1 Nov 04 - 1 Dec 05	159,804.42
Entombe Clinic	Lidwala Civil	19 Oct 04 - 1 Dec 05	-
Mananga Clinic	Chauke QS	1 Nov 04 - 1 Dec 05	-
Dark City Clinic	Paul & Partners Engineers	1 Mar 05 - 1 Mar 06	-
Moloto Clinic	Chauke Quantity Surveyors	April 2001 – Mar 2004	51,454.91
Nokaneng Clinic	Chauke Quantity Surveyors	April 2001 – Mar 2004	36,988.84
Seabe Clinic	Chauke Quantity Surveyors	April 2001 – Mar 2004	41,977.29
Department Health and Social Services Strategic Planning Document 05/10	Floyd Tau	8 days	73,290
High Level Technical support on Systems Architecture	Exponent	2004/2005	460,000
Implementation and Support of PAAB	Sita/Faranani	2004/2005	1,907,000

Total number of projects	Total individual consultants	Total duration: Work days	Total contract value in Rand
38	105	2004/2005	15,824,048.27

## **7. REPORT OF THE AUDIT COMMITTEE**

### **AUDIT COMMITTEE REPORT FOR THE YEAR ENDED 31<sup>ST</sup> MARCH 2005**

We are pleased to present our report for the financial year ended 31 March 2005.

#### **Audit Committee Members and attendance**

The audit committee consists of the members listed below. It is expected to meet three times per annum, as per its approved terms of reference. Seven meetings held during the year under review. Three additional meetings were held subsequent to year-end. During these meetings the audit committee charter, the financial statements and information as well as the audit report for the year ended 31 March 2005 were discussed.

<b>Name of Member</b>	<b>Number of Meetings Attended</b>
Mr FK Buthelezi	7
Mr C Bunting	4
Ms T. Chikane	1 (appointed 02/05)
Ms K Cloete	3

#### **Audit Committee responsibility**

The audit committee reports that it has complied with its responsibilities arising from section 38 (1) (a) of the PFMA and Treasury Regulation 3.1.13 The audit committee also reports that it has adopted appropriate formal terms of reference as its audit committee charter, has regulated its affairs in compliance with this charter, and has discharged all its responsibility as contained there in.

In the conduct of its duties, the Audit Committee has, inter-alia, reviewed the following :-

- The effectiveness of the internal control systems.
- The effectiveness of Internal Audit services.
- The risk areas of the entity's operations covered in the scope of internal and external audits.
- The adequacy, reliability and accuracy of financial information provided by management and other users of such information.
- Accounting and auditing concerns identified as a result of internal and external audits.
- The entity's compliance with legal and regulatory provisions.
- The activities of Internal Audit Services, including its annual work programme, co-ordination with the external auditors, the report of significant investigations and the responses of management to specific recommendations.
- The independence and objectivity of the external auditors.

The Audit Committee is of the opinion, based on the information and explanations given by management and Internal Services and discussions with the independent external auditors on the result of their audits, that the internal accounting controls are adequate to ensure that the financial records may be relied upon for preparing the annual financial statements, and accountability for assets and liabilities is maintained.

Nothing significant has come to the attention of the Audit Committee to indicate that any material breakdown in the functioning of these controls, procedures and systems has occurred during the year under review.

Notwithstanding the above, the following areas, in the opinion of the Audit Committee, require further attention :-

- Financial Management within hospitals
- Supply Chain Management
- Human Resource Management
- Internal Audit Function
- Asset Management

### **Evaluation of annual financial statements**

The audit committee has

- Reviewed and discussed with Auditor-General and the accounting officer the audited annual financial statements to be included in the annual report.
- Reviewed the Auditor-Generals management letter and management response; and
- Reviewed significant adjustments resulting from the audit.

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

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**Chairperson of the Audit Committee**  
**MR F.K. BUTHELEZI**

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**Date**

**DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
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**ANNUAL FINANCIAL STATEMENTS  
for the year ended 31 March 2005**

**6. FINANCIAL STATEMENTS**

Report of the Accounting Officer

Report of the Auditor-General

Accounting Policies

Appropriation Statement

Notes to the Appropriation Statement

Statement of Financial Performance

Statement of Financial Position

Statement of Changes in Net Assets

Cash Flow Statement

Notes to the Annual Financial Statements

Disclosures Notes to the Annual Financial Statements

Annexures

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**REPORT OF THE ACCOUNTING OFFICER  
for the year ended 31 March 2005**

**1. General review of the state of financial affairs**

**1.1 Important Policy decisions and strategic issues facing the Department**

- Implementation of the Pharmacy Act with regard to the dispensing of medicines
- Establishment of the Health Sciences Training College and increasing the number of students
- Take over of forensic services from the South African Police Services
- Establishment of a facility for chronic mental health patients
- Take over of the SANTA institutions
- Take over of municipal clinics
- Strengthening of emergency medical services
- Roll out of the ARV programme
- The implementation of the findings of the primary health care audit
- Extended Public Works Programme
- Learnership programmes
- Decentralisation of delegations for finance and human resource management
- Implications of the research findings on services for older persons
- Transfer of the management of social assistance grants to the South African Social Security Agency
- Implications of the Financial Awards Policy
- Review of the organisational structure

**1.2 Significant events conducted by the Department**

<b>Name of Event</b>	<b>Date</b>	<b>Venue</b>
Candlelight Memorial	16 May 2004	Standerton
Internal Children's Day	3 June 2004	Nelspruit
International Day Against Drug Abuse and Illicit Trafficking	26 June 2004	Moutse East
World Population Day	11 July 2004	Pienaar
Mental Health Day	13 July 2004	Kanyamazane
Traditional Healer's Day	28 September 2004	Nelspruit
International Day for Older Person	01 October 2004	Ermelo
World Sight Day	12 October 2004	Tonga
International Day of Poverty Eradication	17 October 2004	Mpheleng
16 Days of Activism	26 November 2004	Tonga
	29 November 2004	Daggakraal
	09 December 2004	KwaMhlanga
Launch of AIDS Council	30 November 2004	Nelspruit
World AIDS Day	04 December 2004	Waterval Boven
STI	12 February 2005	KaMlushwa
TB Day	17 March 2005	Komatipoort

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**1.3 Major Projects started or completed by the Department**

A number of major capital projects were completed during the year as listed on the table below:

<b>Name of project</b>	<b>Date of completion</b>	<b>Project Value R'000</b>
Piet Retief Hospital	July 2004	61,125
Nurses Home, Nursing School and Crèche Piet Retief Hospital.	September 2004	7,749
Psychiatric Ward-Phase 1. Rob Ferreira Administration Block.	March 2004	6,006
New Administration Block – Phase 1 Themba Hospital.	July 2004	1,999
Medical Ward & Fire Damage Embhuleni Hospital.	March 2004	6,794
Silindile Clinic	April 2004	2,198
Buffelspruit Clinic	December 2004	3,055
<b>TOTAL</b>		<b>88,926</b>

The following major capital projects were started during the year as follows:

<b>Name of project</b>	<b>Date of commencement</b>	<b>Project Value</b>
OPD, Casualty and Pharmacy – Phase 2 at Themba Hospital	September 2004	9,345
OPD, Casualty and Pharmacy – Phase 2 at Rob Ferreira Hospital	November 2004	18,778
New Pharmacy – Phase 1 at Ermelo Hospital	August 2004	3,161
New Administration Block at KwaMhlanga Hospital	November 2004	6,962
OPD, Casualty and Pharmacy – Phase at Mmamethlake Hospital	September 2004	4,162
Upgrade Theatres and Short Stay – Phase 2B at Witbank Hospital	October 2004	6,996
OPD, Casualty, Wards and Administration – Phase1 at Groblersdal Hospital	September 2004	9,100
OPD, Casualty and Pharmacy – Phase 1 at Delmas Hospital	January 2005	9,876
OPD, Casualty and Pharmacy – Phase 1 at Evander Hospital	November 2004	28,094
Kangema CHC	October 2004	4,495
Warburton CHC	October 2004	5,038
Langverwaght CHC	October 2004	4,860
Badplaas CHC	October 2004	4,052
Entombe CHC	October 2004	4,859
Mananga Clinic	November 2004	5,261
Dark City Clinic	March 2005	4,844
Shongwe Hospital, Staff Accommodation	October 2004	489
KwaMhlanga Hospital, Staff Accommodation	October 2004	708
Amajuba Hospital, Staff Accommodation	October 2004	707
Themba Hospital, Staff Accommodation	October 2004	1,017
Sabie Hospital, Staff Accommodation	October 2004	910
Mmamethlake Hospital, Staff Accommodation	October 2004	904



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<b>Name of project</b>	<b>Date of commencement</b>	<b>Project Value</b>
Verena Clinic, Staff Accommodation	November 2004	236
Lefiso Clinic Staff Accommodation	October 2004	486
Nokaneng Clinic, Staff Accommodation	October 2004	234
Amsterdam Clinic, Staff Accommodation	October 2004	500
Moloto Clinic, Staff Accommodation	November 2004	486
Perdekop, Staff Accommodation	October 2004	231
<b>TOTAL</b>		<b>136,791</b>

#### **1.4 Spending Trends**

The Department had a total budget allocation of R5,762,813,000, R2,384,922,000 for the Health Business Unit and R3,377,891,000 for the Social Services Business Unit.

The Department spent R5, 620,424,000, which is 97.5% with a variance of R142,389,000 of the total budget.

The under expenditure was incurred mainly because of the following reasons:

- The late appointment of service providers for capital projects.
- Although the department has implemented the “scarce skills” and “rural allowance” in compliance with the national directive to attract and retain scarce skills, the department is intensifying its attempts in filling professional positions. These professionals are in demand in all other Provinces.
- The irregular up time of the transversal systems, delayed the processing of payments and orders to service providers.
- These challenges impacted on service delivery programmes and support functions and also led to the under expenditure.

## **2. Services rendered by the department**

### **2.1 Services rendered**

The Department renders the following services:

- Improve access to HIV and AIDS treatment services
- Managed trauma and violence
- Improved chronic and Geriatric care
- Improved Primary Health Care
- Improved hospital services
- Improved pharmaceutical management
- Quality framework developed
- Maintained health facilities
- Enhanced communication
- Social grant administration
- Social welfare services
- Assistance to people affected and infected by HIV and AIDS
- Sustainable livelihoods
- Administration of financial transfers to social welfare organisations
- Administration of food emergency scheme
- Collection and analysis of social welfare and health information

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- Improved adolescent health
- Improved women's health
- Managed rehabilitation services
- Improved mental health
- Reduced infection and parasitic disease

## **2.2 Tariff policy**

Hospital patients: Non-private

Hospital patients are assessed according to family income (means test) and placed into three distinct groups based on proven income.

Dependents are not to be taken into account for establishing the groupings and persons are only to be grouped in terms of family units.

Family units include a married couple, single parent or a single person with a dependent as defined in the Income Tax Act.

The financial cut-off points for hospital patients are as follows:

**H2 and H3 PATIENTS**

Patients qualifying for PARTIAL subsidization: H2 and H3

<b>Category</b>	<b>Means Test</b>	<b>Subsidization (pay as % of UPFS tariffs)</b>
H0	Individual: Income equal or less than R36, 000  Household: Income equal or less than R40,000.	Exempted from paying all fees
H1	Individual: Income between R36 001 and R50,000 per annum  Household: Income between R40 001 and R80,000 per annum	Consultations: 40% Inpatients: 2% Patient and Emergency Transport: 7% Assertive devices: 25% All other services: Free Calculated amounts should be rounded to the nearest R5 to facilitate cash accounting.
H2	Individual: Income between R50 001 and R80 000 per annum  Household: Income between R80 001 and R100 000	Consultations: 70% Inpatients: 6% Patient and Emergency Transport: 15% Assertive devices: 50% All other services: Free Calculated amounts should be rounded to the nearest R5 to facilitate cash accounting.
H3	Individual: Income greater or equal to R80,001 per annum  Household: Income greater or equal to R100,001 per annum	All services listed in the UPFS at 80%.

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**2.3 Free services**

All Primary Health Care Services at all departmental PHC institutions are free in accordance with the National Health Policy.

- I. "Free patient" means a hospital patient who proves he/she receives a social grant or is unemployed.
- II. Free examination, and free medical, hospital and related treatment (including transport related to the treatment) may be given to a person as defined in I above.
- III. Free medical examination, free treatment and free services may only be given to:
  - 
  - (a) Any boarder, excluding a boarder of a private patient;
  - (b) Any boarder baby, excluding a boarder baby of a private patient;
  - (c) A relative, as per definition for diagnostic purposes;
  - (d) Any person suffering from a suspected or confirmed communicable, formidable or notifiable disease as follows:
    - (i) Venereal diseases (excluding complications) only on an outpatient basis and including: syphilis, gonorrhoea, chancroid, LGV (lymphogranuloma venereum), non-specific urethritis, venereal warts, granuloma inguinale, ulcus molle and herpes genitalis;
    - (ii) Pulmonary tuberculosis;
    - (iii) Leprosy;
    - (iv) Cholera;
    - (v) Diphtheria;
    - (vi) Plague;
    - (vii) Typhoid and paratyphoid;
    - (viii) Hemorrhagic fevers;
    - (ix) Meningococcal meningitis;
    - (x) AIDS – only the initial diagnostic procedures and attendant laboratory services are free if patients specifically request for the HIV test to be done. Patients requiring treatment are assessed at the prescribed tariffs for any hospitalisation and accompanying services.
    - (xi) Malaria.

Note: when a patient is admitted to hospital for any other reason/illness and it is established that he/she also suffers from any of the above-mentioned illnesses, the patient is assessed according to the prescribed tariffs.

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- (e) A person to whom services are rendered in terms of section 37 of the criminal procedure act, act no. 51 of 1997 as well as the following services at the request of the responsible authority
  - (i) **Assault:** the examination of the alleged victim, the taking of specimens and the completion of the necessary documentation;
  - (ii) **Rape:** the examination of the alleged victim, the taking of specimens and the completion of the necessary documentation, including prophylactic treatment for sexually transmitted infection and prevention of pregnancy, according to the recommended national guidelines;
  - (iii) **Persons with mental disorders:** the examination of prisoners and detainees for medico-legal purposes in terms of the Mental Health Act, Act no. 18 of 1973;
  - (iv) **Post-mortem examinations:** the carrying out of autopsies and attendance at exhumations.
- (f) Any officer of the Department who, in the performance of his/her official duties, handles or comes into contact with any drug, poison, gas, radio-active substances, radio-therapeutic or diagnostic equipment or other electronic equipment and is for this reason required to undergo medical examination and treatment;
- (g) The following persons who are treated for family planning purposes: -
  - (i) An outpatient treated at a family planning clinic;
  - (ii) An inpatient in a family programme for the purpose of a sterilisation operation;
  - (iii) A male or female patient after a failed family planning programme sterilisation procedure in a state hospital;
  - (iv) A patient who visits a clinic or hospital on recommendation of family planning staff, including free transport to such a clinic or hospital, for the specific purpose of being sterilised, notwithstanding the fact that such procedures are performed by a private doctor, however excluding sterilisation for clinical reasons; and
  - (v) Post vasectomy persons for scheduled sperm counts
- (h) Personnel in the employ of the Department who are injured on duty, and for whom the Department accepts liability;
- (i) Persons to whom general health advisory services (including oral health and visits to ante-natal clinics) are provided;
- (j) Persons who present themselves for immunizations and other measures to combat notifiable infectious diseases;
- (k) School children, excluding those children whose medical and/or dental health care might be covered by a medical aid or insurance, for all treatment arising from such letter of authority;
- (l) Committed children, who in terms of section 15 of the Child Care Act, Act No. 74 of 1993 are committed to the care of a children's home or foster parents;
- (m) Any person suffering from any of the following diseases:
  - (i) Kwashiorkor;
  - (ii) Pellagra;
  - (iii) Mentally disturbed patients admitted to psychiatric hospitals in terms of section 9 of the Mental Health Act, 1973.

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- (n) Pregnant women who are treated by medical personnel, employed by the Department, for the period commencing from the time the pregnancy is diagnosed to forty-two days after the pregnancy has terminated. If a complication has developed as a result of the pregnancy and until the patient has been cured or the conditions as a result of the complication have stabilized.

CTOP (Act No. 92 of 1996) may be applied on the following conditions:

- (1) Upon request of a woman during the first 12 weeks of the pregnancy;
  - (2) From the 13th to the 20th week of pregnancy if a medical practitioner, after consultation with the woman, is of the opinion that; -
    - (a) Continued pregnancy poses a risk to the woman's physical or mental health
    - (b) A substantial risk exists that the foetus will suffer from a severe physical or mental abnormality
    - (c) The pregnancy resulted from rape or incest
    - (d) The continued pregnancy will significantly affect the social or economic circumstances of the woman.
  - (3) After the 20th week of the pregnancy if a medical practitioner, after consultation with another medical practitioner or midwife, is of the opinion that continued pregnancy would
    - (a) Endanger the woman's life
    - (b) Result in severe malformation of the foetus
    - (c) Would pose risk of injury to the foetus.
- (o) Pregnant women and children under the age of 6 years. Notice 657 of 1994, dated 1 July 1994. As from 1 June 1994, free health services must be provided to:
- (i) Children under the age of 6 years;
  - (ii) Non-citizens of South Africa who are in groups mentioned in (I) and (II), and who incidentally develop a health problem whilst in South Africa.

Free health services include the rendering of all available health services to the persons mentioned above, including the rendering of free health services to pregnant women for conditions not related to the pregnancy.

- (a) Persons and their dependents who are members of a medical scheme;
- (b) Non-citizens of South Africa who visit South Africa specifically for the purpose of obtaining health Care

IV. Free health services for disabled people

- (i) People with permanent, moderate or severe disability. This includes among others people who move with difficulty and cannot continuously walk between 10 to 200 meters on their own, those who cannot take care of themselves like being able to dress or eat on their own and those with communication problems, vision and hearing difficulties.
- (ii) People that have been diagnosed with chronic irreversible psychiatric disability. These patients will qualify irrespective of the fluctuations in their mental status.
- (iii) Frail older people and long term institutionalised state subsidized patients.

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**2.4 Inventories**

The value of inventory on hand as at 31st March 2005 is R203, 035, 466

<b>Item</b>	<b>Value</b>
Medicine	R24, 195,000
Stationery and other consumables	R178, 840,466
<b>Total</b>	<b>R203, 035, 466</b>

The value for medicine includes year-end balances for the depot at Middelburg and at Ekandustria and the value for stationery and other consumables is for all the institutions including the provincial office.

**3. Capacity constraints**

**3.1 Challenges**

The department faced capacity constraints as follows:

- Lack of professional staff at institutions to deliver primary health care and hospital services.
- Poor service delivery standards at health care institutions.
- Growing number of beneficiaries.
- Insufficient funds to fund new social welfare organisations.

**3.2 Interventions**

The following interventions were undertaken to address the challenges:

- The nursing college offered training to 403 students.
- A total of 6 647 officials have undergone training on Primary Health Care.
- A budget amount of over R2,200,000 was set aside to pay for 588 ABET learners.
- To date 548 bursary holders are on study to address the scarce skills in the department.
- Management training short courses have been conducted where a total of 4 247 officials attended.

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**4. Organizations to whom transfer payments have been made**

The department made transfer payments to the value of R3,155,486,000.

Transfers per category

<b>Transferees per category</b>	<b>Purpose</b>	<b>Amount transferred R'000</b>	<b>Accounting Arrangements</b>
Municipal districts and clinics.	For district council levies and to render municipal primary health care services.	25,759	Monthly reports.
Departmental agencies and accounts	To facilitate the payment of social assistance grants	2,979,687	Monthly reconciliation.
Mental health care organisations	For mental health care services.	11,013	Payments made on cost recovery basis.
Home based non-profit organisations and care giving individuals.	To provide poverty alleviation to rural communities. To render health and social home based care for people infected with HIV and AIDS within the communities.	73,335	Contracts entered into with transferees and monthly reports are submitted where applicable
Social welfare organisations.	To render social welfare services.	62,601	Contracts entered into with transferees.
Leave gratuity.	To compensate departmental officials for leave credits accumulated upon termination of service.	3,101	Payment is determined as per the value of the credits and is unrequited.

The details of the transfer payments per transferee are stated in the Annexures to the Annual Financial Statements as follows:

- Transfers to municipal clinics and district councils can be viewed in Annexure 1B in the Statement of Transfers Paid to Municipalities.
- Transfers made to departmental agencies and accounts can be viewed in Annexure 1C in the Statement of Transfers to Departmental Agencies and Accounts.
- Transfers made to mental health care centres can be viewed in Annexure 1D in the Statement for Transfers to Public Corporations and Private Enterprises.
- Transfers made to social welfare institutions can be viewed in 1F in the Statement of Transfers to Non-Profit Organisations.

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- Transfers to home based care centers and care-givers can also be viewed in Annexure 1F, in the Statement of Transfers to Non-Profit Organisations.
- Transfers for leave gratuity can be viewed in Annexure 1G in the Statement of Transfers to Households.

**5. Corporate governance arrangements**

The department conducted a risk identification exercise. Risk based Internal Audit assignments have been conducted as per the approved Internal Audit operational plan.

The Accounting Officer approved a fraud prevention policy.

Internal audit functions were performed in terms of a co-sourcing arrangement with Price Waterhouse Coopers, which will run until March 2005.

The audit committee was in place in the year under review. The committee met three times.

The following documents were submitted to the audit committee for review:

- Internal audit reports
- Annual Financial Statements
- Internal Audit Charter
- Audit Committee Charter
- Auditor General's Planning Memorandum
- One-year internal audit operational plan and the three-year strategic plan.

Senior managers were required to declare interest in other income bearing activities in which they participate. The members of the Bid Adjudication Committee were required to declare interest in any of the bidding companies wherein they participated in the bid adjudication process.

**6. Events after the reporting period**

The department is in the process of restructuring. This process requires the Department to establish separate management information data bases for the Social Assistance Grants in preparation for the hand over to the South African Social Security Agency and secondly to separate the Department to two votes, namely for the Health Services Business Unit and the Social Services Business Unit.

Processes are underway to take over the SANTA hospitals by the end of July 2005.

The Department is required to take over the municipal clinics and forensic services over the MTEF cycle.

A mental health care facility has been established to provide services for mental health patients who were previously transferred to the Gauteng Province for treatment.



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**7. Performance information**

The Department successfully completed and approved 8 financial policies on the following:

- Debt Management
- Travel and Subsistence
- Salary and Human Resources
- Fleet Management
- Bookkeeping
- Asset Management
- Provisioning and Procurement
- Revenue Management

Financial information on expenditure and revenue was submitted on a monthly basis to the provincial treasury and the relevant national departments as per the In Year Monitoring System (IYM) reporting format. This reporting format facilitated the monitoring of projected cash flows versus actual expenditure, projected revenue collection versus actual revenue collection and the reasons for deviations from the planned outcomes as well as the proposed corrective measures to address the deviations. Other financial management reports utilised by the department to monitor performance are as follows:

- Paymaster General Account Reconciliation
- Revenue trend
- Cash Flow Projection
- Ledger Reconciliation
- Consolidated financial and non-financial information
- Annual Financial Statements

The books of account were successfully closed on a monthly basis and at year-end and cost centre accounting system was introduced at 8 hospitals, namely:

- Barberton Hospital
- Mmamethlake Hospital
- KwaMhlanga Hospital
- Themba Hospital
- Lydenburg Hospital
- Philadelphia Hospital
- Standerton Hospital
- Evander Hospital

The number of hospitals on the cost centre accounting system was thus increased from 5 hospitals to 13 hospitals as at the end of the financial year under review.

To improve the management of revenue at institutions the following interventions were made:

- A revenue forum was established,
- A revenue action plan was implemented,
- 88 computer equipment and 23 computer printers were purchased to be utilised for the Patient Administration and Billing System.

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The procurement processes were improved by the establishment of the Bid Adjudication Committee and the appointment of three officials within the Department to serve in the Joint Bid Adjudication Committee at the Department of Public Works.

Strategic planning sessions were conducted followed by a half-year review of performance and a third-quarter review of performance to facilitate the adjustment budget process.

Monthly, quarterly and half year performance reports were prepared to monitor non-financial performance as indicated on the departmental implementation plan and year plan.

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**8. SCOPA report**

The information refers to the audit findings and SCOPA recommendations for the 2001/2002 financial year and the 2002/2003 financial year.

**8.1 Annual Reports for the Department of Health**

<b>Reference to previous audit report and SCOPA resolutions</b>	<b>Subject</b>	<b>Findings on progress</b>
<b>Utilization of donor funds (2001/2002 audit report)</b>	No donation should be surrendered .  All donations should be disclosed in the Annual Financial Statements.	Donations are managed according to the PFMA.  All donations received will be disclosed.
<b>Audit Committee and Systems of Internal Audit (2001/2002 audit report)</b>	The Accounting Officer must ensure that the Internal Audit Unit is fully functional and that the Audit Committee is operational	The Internal audit Unit is functioning and a Director as been appointed.  The Audit Committee has been appointed and meets as prescribed.
<b>Internal control weaknesses (2001/2002 audit report)</b>	All stock and/or medication entering or exiting any hospital or departmental stores or dispensary should be recorded and accounted for.	Registers are in place to record the movement of stock.
	Purchase of medication should be properly supervised and managed by senior officials.	The pharmaceutical stock management system is in place for the management of pharmaceutical items. A Director for pharmaceutical services and pharmacists have been appointed to manage and supervise the purchase of medication.

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<b>Reference to previous audit report and SCOPA resolutions</b>	<b>Subject</b>	<b>Findings on progress</b>
<b>Late submission of audit information (vouchers) (2002/2003)</b>	Information required for audits should be submitted on time.	All information required for audit purposes is now submitted timeously.  Additional staff has been appointed and systems are put in place to ensure adherence.
<b>Fruitless and wasteful expenditure, R6,394,239.67</b>		
<b>R304,315.29, reinstatement of an official</b>	The department should fastrack the labour dispute processes.	The Department has improved the handling of disciplinary matters, which vary from one to the other thus the resultant outcomes vary depending on appeals and labour court settlements. All disciplinary matters are handled to promote sound and accountable administrative functioning of the Department.
<b>R28,202.81, penalty interest</b>	The Committee Condonates the expenditure. Officials who incur interest that could have been avoided must be charged.	Additional staff has been appointed and systems put in place to deal with occurrences. Officials have been alerted that such negligence will result in disciplinary steps being taken against them.

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<b>Reference to previous audit report and SCOPA resolutions</b>	<b>Subject</b>	<b>Findings on progress</b>
<b>R4,254,427.00 payments made on basis of quotations</b>	The Department must investigate and provide information on whether the department received value for money on each payment as well as the assurance that no official benefited from the process.	The Department did get value for money for each payment that was made and measures have been put in place to ensure optimal value or money to the Department and not a self enrichment process for officials within the Department. The shortcomings with regard to the use of quotations has been addressed through the establishment of financial committees as per the Supply Chain Policy Guidelines.
<b>R112,979.29 purchasing of service uniform</b>	The Committee condones the expenditure In future due processes must be followed to award tenders.	A tender was advertised for the purchase of uniforms and suppliers duly awarded contracts. The following measures are in now in place. <ul style="list-style-type: none"> <li>○ Bid Adjudication Committee in place</li> <li>○ All the requirements of the procurements of procurement in terms of Supply Chain Management Guidelines adhered to.</li> </ul>

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Reference to previous audit report and SCOPA resolutions	Subject	Findings on progress
<b>R1,638,935.28 paid on expired tender for which extension was not granted</b>	The Committee condones the expenditure with the understanding that in future any official who causes irregular expenditure will be charged with misconduct.	The introduction of and implementation of the Supply Chain Management Policy Guidelines regarding the acquisition and procurement of goods and services in the public sector has been introduced as a mechanism to address the concerns raised by the Committee. The Department has also appointed committees as per the Supply Chain Management Policy Guidelines to enhance and improve the procurement process with regard to quotations and tender contracts. Any official who causes irregular expenditure will be charged with misconduct and this point has been stressed at management meetings with staff and other directives issued from time to time, emphasising the need to adhere to all prescripts.

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<b>Reference to previous audit report and SCOPA resolutions</b>	<b>Subject</b>	<b>Findings on progress</b>
<b>Documentation of business processes and procedures</b>	The Department must finalize all policies as a matter of urgency.	All the financial policies were finalized. The following finance policies were approved: <ul style="list-style-type: none"> <li>○ Debt Management Policy</li> <li>○ Travel and Subsistence</li> <li>○ Bookkeeping</li> <li>○ Fleet Management</li> <li>○ Provisioning and Procurement</li> <li>○ Asset Management</li> <li>○ Revenue Management</li> </ul>
<b>Vehicle fleet management</b>	Vehicle management must be elevated and accorded its rightful status within the functions of the Provincial Administration. All reports generated by the fleet management system must be utilised to enhance efficiency.	An Assistant Director has been appointed at the Provincial Office solely for First Auto Wesbank Reports fleet Transport officers have been appointed in 26 hospitals and they are also responsible for analysing reports.
<b>Asset Management</b>	The Provincial Treasury is to assume a leading role in the co-ordination of improvements.	Two training sessions on asset management were conducted for 32 officials from the Department in the financial year 2004/2005. Four (4) officials from head office also attended the training organised the Provincial Treasury. Two (2) officials attended a LOGIS training on asset management in the past financial year.

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**REPORT OF THE ACCOUNTING OFFICER  
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**13.2 Annual Reports for Social Services, Population and Development**

<b>Reference to previous audit report and SCOPA resolutions</b>	<b>Subject</b>	<b>Findings on progress</b>
<b>Overpayment/misuse of social grants</b>	The Department is encouraged to liaise with the Auditor General in procuring data from the relevant stakeholders.	The Department has liaised with the Office of the Auditor General and awaits a response.
<b>Delays in the tabling of the 2003/04 Annual Reports</b>	The department must comply to the time frames for submission.	The Department has taken note of the recommendation and in future will comply.
<b>Vehicle fleet management (2001/2002 audit report)</b>	Vehicle management must be elevated and accorded its rightful status within the functions of the Provincial Administration. All reports generated by the fleet management system must be utilised to enhance efficiency.	A tender for a fleet management system has been advertised. All fleet management reports are utilised by the Department.
<b>Asset management</b>	The Provincial Treasury is to assume a leading role in the co-ordination of improvements.	Departmental officials attended training conducted by the Office of the Accountant General.
<b>Staff debtors</b>	The Accounting Officer must provide detailed information regarding staff debt.	Of the R21,000 owed to the department an amount of R18,980,35 has been recovered from the Receiver of Revenue. A balance of R2,019.65 was staff debt which has been fully recovered.



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**14      Other**

An amount of R5,000,000, was allocated for the Malaria and Cholera Prevention Conditional Grant. The budget and the expenditure on this conditional grant does not form part of the amount stated in the Annual Financial Statements. This is because the amount was not voted as part of the Provincial Budgets and was thus allocated as an agency fee. An amount of R4,902,000 was spent on this grant with a variance of R98,000, and a percentage expenditure of 98%.

Approval

The annual financial statements set out on pages.... to ... have been approved by the Accounting Officer.

.....  
**MR HUSSAIN ESSOP VERACHIA**  
**ACCOUNTING OFFICER**  
**29 JULY 2005**

**REPORT OF THE AUDITOR-GENERAL TO THE MPUMALANGA  
PROVINCIAL LEGISLATURE ON THE FINANCIAL STATEMENTS OF VOTE  
10 – DEPARTMENT OF HEALTH AND SOCIAL SERVICES FOR THE YEAR  
ENDED 31 MARCH 2005**

**1. AUDIT ASSIGNMENT**

The financial statements as set out on pages ... to ..., for the year ended 31 March 2005, have been audited in terms of section 188 of the 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 of 2004). These financial statements, the maintenance of effective control measures and compliance with relevant laws and regulations are the responsibility of the accounting officer. My responsibility is to express an opinion on these financial statements, based on the 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 audit to obtain reasonable assurance that the financial statements are free of material misstatement.

An audit includes:

- examining, on a test basis, evidence supporting the amounts and disclosures in the 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 relevant laws and regulations 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 present, in all material respects, the financial position of the Department of Health and Social Services at 31 March 2005 and the results of its operations and cash flows for the year then ended, in accordance with prescribed accounting practice.

### **4. EMPHASIS OF MATTER**

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

#### **4.1 Inventories**

Due to the unavailability of final inventory listings as at 31 March 2005, I was unable to confirm the completeness and accuracy of inventories as disclosed in the report of the accounting officer.

## **4.2 Asset management**

The safeguarding of the department's physical assets, as contemplated in section 38(1)(d) of the Public Finance Management Act, 1999 (Act No. 1 of 1999) (PFMA) read with Treasury Regulation 10.1.1, was not adequate, as the regular updating of a fixed asset register and the unique numbering and location of all assets for identification purposes were not ensured.

## **4.3 Internal audit**

Internal audit reports and working papers supporting the reports were only submitted for audit purposes during July 2005 after the audit planning had already been finalised. Due to the late submission of internal audit reports and internal audit working papers supporting the audit reports, I did not rely on the work executed by internal audit.

## **4.4 Payment for goods and services – overpayment**

A total amount of R8 591 458 was overpaid to various security service providers. The reason for this was that the tariff approved by the Mpumalanga Tender Board was VAT inclusive, whereas the agreements between the Department of Safety and Security and the various security service providers were VAT exclusive. The department paid in terms of the agreements.

## **4.5 Performance information**

### **4.5.1 Evaluation of tenders**

The department did not make use of the preferential point system in respect of tenders/procurement, as required by the Preferential Procurement Regulations, 2001.

#### **4.5.2 Human resource demand and supply**

The contents of the human resource plan, which should assess the human resources necessary to perform the department's functions, did not meet the minimum requirement as per part III, D.1(a)(b) of the Public Service Regulations. Furthermore, the human resource plan did not indicate the need and supply of human resources, resulting in the gap between the need and supply not being identified. Strategies and plans to address the gaps could therefore not have been documented.

#### **4.5.3 Comprehensive care, management and treatment of HIV and Aids patients**

The following areas of concern were noted with regard to HIV and Aids comprehensive care, management and treatment at various clinics:

- Promotional material at some clinics in the rural areas was only available in English.
- Although computer equipment was available for the purpose of monitoring and recording data for PMTCT, VCT and STDs, this was done manually since clinic staff had not been adequately trained in this field.
- No rapid test kits were available at two of the four clinics visited.
- No basis, method or system was used for calculating re-ordering levels of stock, such as condoms and rapid test kits.

#### **4.6 Transfer payments**

##### **4.6.1 Possible social grant overpayments**

Computer assisted audit techniques (CAATs) were used as an audit tool to analyse and interrogate data extracted from databases for the period 1 April 2004 to 30 September 2004. The following exception reports on payments to beneficiaries who were possibly not entitled to social grants were extracted:

- Persons deceased according to the Department of Home Affairs receiving a social grant according to SOCPEN: a total of 178 beneficiaries, representing an overpayment to the value of R166 782.
- Persons receiving a salary according to PERSAL and a social grant according to SOCPEN: a total of 2 159 beneficiaries, representing a possible overpayment to the value of R844 739.
- Persons receiving a state pension from the Government Employee Pension Fund and a social grant according to SOCPEN: a total of 3 884 beneficiaries, representing a possible overpayment to the value of R2 464 484.
- Persons from various provinces who, according to SOCPEN, receive multiple grants paid into one bank account: a total of eight beneficiaries, representing a possible overpayment of R4 330.

#### **4.6.2 Transfer payments to municipalities**

Financial assistance to the value of R19 904 000 was rendered to 10 municipalities. However, sufficient measures, such as the submission of financial statements, were not established to ensure that transfer payments to entities were applied for their intended purposes, as required in terms of Treasury Regulation 8.4 read with section 38(1)(j) of the PFMA.

#### **4.6.3 Transfer payments to non-profit organisations (NPOs) and non-governmental organisations (NGOs)**

- Financial assistance was rendered to 62 NPOs to the value of R10 200 000 and to 14 NGOs to the value of R504 000. Written assurance from each organisation that effective, efficient and transparent financial management and internal control systems were in place was not obtained, as required in terms of section 38(1)(j) of the PFMA.

#### **4.7 Obsolete stock**

Obsolete stock to the value of R6 213 077 dating back to 1998 was still kept in the Middelburg pre-pack depot. Although staff from this warehouse tried to keep the obsolete stock separate from the other stock, it was not always possible because of the limited space available. Since this stock did not form part of any stock count during the year, it is possible that theft could have already occurred.

#### **4.8 Conditional grants**

The following deficiencies were noted with regard to the expenditure of funds received from the national department in terms of the Division of Revenue Act:

- The budgeted expenditure as per the HIV and Aids comprehensive business plan was R1 169 270 less than the R53 840 000 appropriated in the annual appropriation, which could have a negative impact on service delivery.
- The date of approval was not documented in respect of the HIV and Aids, hospital management and quality improvement, and provincial hospital service business plans.
- Of the 10 conditional grants received to the value of R366 656 640, R148 003 000 (40%) was received during the last month of the financial year.
- Three transfers in respect of the HIV and Aids conditional grant to the value of R13 461 000 were delayed due to projections of underexpenditure.
- The 2004-05 requests for the rollover of unspent conditional grants were only submitted to the provincial treasury on 30 May 2005. This was found to be in contradiction of Treasury Regulation 6.4.2, which requires the request for rollover to be submitted on the last working day of April.

#### **4.9 Information technology (IT)**

As reported in previous years, a lack of awareness of the importance to departmentally manage the IT issues of the department led to the department not having a business continuity plan or disaster recovery plan.

#### **4.10 Post statement of financial position event: split of the department**

In terms of resolution 33/2005 made on 2 March 2005, the executive council approved the split of the Department of Health and Social Services into two votes under the same executing authority with effect from 1 April 2005.

#### **4.11 Special audit**

A special audit was conducted at the Mpumalanga Provincial Administration on government employees who are directors or spouses of directors of private organisations. The outcome of this special audit will be reported on separately.

#### **4.12 Submission of audit report**

The annual financial statements were resubmitted on 29 July 2005. The completion of the audit process and the submission of the audit report to the department were therefore delayed beyond 31 July 2005.



## **5. APPRECIATION**

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

**ND Maphiri *for* Auditor-General**

**Nelspruit**

**12 September 2005**



**DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
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**ACCOUNTING POLICIES  
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 in all material aspects, unless otherwise indicated. However, where appropriate and meaningful, additional information has been disclosed to enhance the usefulness of the Annual Financial Statements and to comply with the statutory requirements of the Public Finance Management Act, Act 1 of 1999 (as amended by Act 29 of 1999), the Treasury Regulations for Departments and Constitutional Institutions issued in terms of the Act and the Division of Revenue Act, Act 5 of 2004. The following issued, but not yet effective Standards of Generally Recognised Accounting Practice have not been fully complied with in the Annual Financial Statements: 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. The modified cash basis constitutes the cash basis of accounting supplemented with additional disclosure items. Under the cash basis of accounting transactions and other events are recognised when cash is received or paid. Under the accrual basis of accounting transactions and other events are recognised when incurred and not when cash 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 National/Provincial Expenditure. Unexpended voted funds are surrendered to the National/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 the statement of financial 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 financial performance on 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 financial performance on 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 from the last receipt date to the end of the reporting period. They are recognised as revenue in the Statement of Financial Performance of the department and then transferred to the National/Provincial Revenue Fund. Revenue received from the rent of land is recognised in the statement of financial performance on receipt of the funds.

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VOTE 10**

**ACCOUNTING POLICIES  
for the year ended 31 March 2005**

***Sale of capital assets***

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

***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 expensed before funds are received, a receivable is raised. Where amounts have been inappropriately expensed using Local and Foreign aid assistance, a payable is raised. In the 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 financial performance when the final authorisation for payment is effected on the system. The expenditure is classified as capital where the employees were involved, on a full time basis, on 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 contributions are recognised as an 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 authorisation for payment is effected on the system. Short-term employee benefits, that give rise to a present legal or constructive obligation are disclosed as a disclosure note to the 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 incurred when the final authorisation for payment is effected on the system. No provision is made for medical benefits in the Annual Financial Statements of the department.

**DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
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**ACCOUNTING POLICIES  
for the year ended 31 March 2005**

*Post employment retirement benefits*

The department provides retirement benefits for certain of its employees through a defined benefit plan for government employees. These benefits are funded by both employer and employee contributions. Employer contributions to the fund are expensed when the final authorisation for payment to the fund is effected on the system. No provision is made for retirement benefits in the Annual Financial Statements of the department. Any potential liabilities are disclosed in the Annual Financial Statements of the National/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 not been paid for at year-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 authorisation for payment is effected on the system. The expense is classified as capital if the goods and services was used on a capital project.

**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 the purpose of the main division.

Such expenditure is treated as a current asset in the Statement of Financial Position until such expenditure is approved by the relevant authority, recovered or 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 legislation, including:

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

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

**DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
VOTE 10**

**ACCOUNTING POLICIES  
for the year ended 31 March 2005**

***Fruitless and wasteful expenditure***

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

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

Such expenditure is treated as a current asset in the Statement of Financial Position until such expenditure is recovered from the responsible official or written off as irrecoverable.

**4. Transfers and subsidies**

Transfers and subsidies include all irrecoverable payments made by the entity. Transfers and subsidies are recognised as an expense when the final 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 capital assets are recognised as an expense in the Statement of Financial Performance when the final authorisation for payment is effected on the system.

**6. Receivables**

Receivables are not normally recognised under the modified cash basis of accounting. However, receivables included in the Statement of Financial Position 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 Statement of Financial Performance, as the Annual Financial Statements are prepared on a modified cash basis of accounting, but are disclosed separately as part of the disclosure notes to enhance the usefulness of the Annual Financial Statements.

**7. 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 demand deposits. Cash equivalents are short term highly liquid investments that are readily convertible to known amounts of cash and which are subject to an insignificant risk of changes in value.

**8. Payables**

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

**DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
VOTE 10**

**ACCOUNTING POLICIES  
for the year ended 31 March 2005**

**9. 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 disclosure notes to the Annual Financial Statements. These commitments are not recognised in the Statement of Financial Position as a liability or as expenditure in the Statement of Financial 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 agreement. A finance lease is not allowed in terms of the Public Finance Management Act.

**10. Accruals**

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

**11. Contingent liability**

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

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

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

Contingent liabilities are not recognised in the Statement of Financial position, but the information is disclosed as part of the disclosure notes.

**12. Commitments**

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

**13. Recoverable revenue**

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

**DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
VOTE 10**

**ACCOUNTING POLICIES  
for the year ended 31 March 2005**

**14. Comparative figures**

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

**DEPARTMENT OF HEALTH AND SOCIAL SERVICES**  
**VOTE 10**

**APPROPRIATION STATEMENT**  
**for the year ended 31 March 2005**

Appropriation per programme									
			2004/05					2003/04	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Payment
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>1. Administration</b>									
Current payment	245,961		(20,000)	225,961	218,560	7,401	96.7%	200,945	175,569
Transfers and subsidies	7,467			7,467	6,783	682	90.9%	6,980	4,327
Payment for capital assets	12,873			12,873	16,572	(3,699)	128.7%	14,817	14,501
<b>2. District Health Service</b>									
Current payment	1,376,176		37,400	1,413,576	1,359,981	53,595	96.2%	1,321,880	1,302,033
Transfers and subsidies	2,066			2,066	54,271	(52,205)	2,626.9%	23,217	21,934
Payment for capital assets	42,307			42,307	24,809	17,498	58.6%	53,753	30,770
<b>3. Emergency Medical Service</b>									
Current payment	56,795		(1,100)	55,695	50,712	4,983	91.1%	56,366	46,619
Transfers and subsidies	178			178	173	5	97.2%	0	0
Payment for capital assets	33,652		1,100	34,752	17,853	16,899	51.4%	13,665	110
<b>4. Provincial Hospital</b>									
Current payment	310,059		(20,000)	290,059	320,587	(30,528)	110.5%	282,333	267,058
Transfers and subsidies	74,589			74,589	35,712	38,877	47.9%	32,000	34,510
Payment for capital assets	21,800			21,800	22,163	(363)	101.7%	3,084	8,234
<b>6. Health Science Training and Dev.</b>									
Current payment	58,836			58,836	58,597	239	99.6%	46,669	44,723
Transfers and subsidies	83			83	83	0	100.0%	65	0
Payment for capital assets	0			0	238	(238)	(100.0)	688	437
<b>7. Health Care Support Service</b>									
Current payment	18,793			18,793	20,676	(1,883)	110.0%	25,298	15,055
Transfers and subsidies	27			27	42	(15)	155.5%	0	0
Payment for capital assets	4,945			4,945	2,581	2,364	52.2%	2,495	372
<b>8. Health Facility Management</b>									
Current payment	35,724			35,724	3	(35,721)	0%	4,588	79,736
Transfers and subsidies	0			0	0	0	0%	0	0
Payment for capital assets	132,751			132,751	104,139	28,612	78.4%	113,148	1,412
<b>9. Social Assistance</b>									
Current payment	146,888			146,888	168,164	(21,276)	114.5%	180,805	180,256
Transfers and subsidies	3,000,274			3,000,274	2,976,391	23,883	99.2%	2,336,348	2,339,735
Payment for capital assets	899			899	2	897	0.2%	1,290	1,889
<b>10. Social Welfare Service</b>									
Current payment	62,835		1,000	63,835	48,372	15,463	75.8%	40,688	41,170
Transfers and subsidies	39,972			39,972	65,947	(25,975)	165.0%	56,144	45,497
Payment for capital assets	16,150			16,150	224	15,926	1.4%	800	332
<b>11. Development and Support Service</b>									
Current payment	45,025		1,600	46,625	26,799	19,826	57.5%	37,267	32,008
Transfers and subsidies	11,330			11,330	16,087	(4,757)	142.0%	11,432	10,335
Payment for capital assets	100			100	113	(13)	113.0%	365	269



**DEPARTMENT OF HEALTH AND SOCIAL SERVICES**  
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**APPROPRIATION STATEMENT**  
**for the year ended 31 March 2005**

12 Demo Trends and Analysis on Soc. Dev.									
Current payment	3,438			3,438	3,089	349	89.8%	2,799	1,253
Transfers and subsidies					8	(8)			
Payment for capital assets	70			70	25	45	35.7%	50	515
<b>Subtotal</b>	<b>5,762,063</b>			<b>5,762,063</b>	<b>5,619,756</b>	<b>142,307</b>	<b>97.5</b>	<b>4,789,633</b>	<b>4,696,332</b>
<b>Statutory Appropriation</b>									
Current payment	750			750	668	82	89.1%	1,224	1,224
Transfers and subsidies									
<b>TOTAL</b>	<b>5,762,813</b>			<b>5,762,813</b>			<b>97.5%</b>	<b>4,790,857</b>	
<b>Reconciliation with Statement of Financial Performance</b>									
Departmental revenue received				24,148				34,424	
<b>Actual amounts per Statements of Financial Performance (Total revenue)</b>				<b>5,786,961</b>				<b>4,825,281</b>	
<b>Actual amounts per Statements of Financial Performance (Total expenditure)</b>					<b>5,620,424</b>				<b>4,697,556</b>

Appropriation per economic classification									
	2004/05							2003/04	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Payment	Variance	Payment as % of final appropriation	Final Appropriation	Actual payment
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Current payment</b>									
Compensation of employees	1,306,395	0		1,306,395	1,337,929	(31,534)	102.4%	1,215,041	1,198,789
Goods and services	1,027,424	0	(1,100)	1,026,324	937,314	89,100	91.3%	902,885	914,338
Financial transactions in assets and liabilities									
<b>Transfers and subsidies to:</b>									
Provinces and municipalities	26,777	0	0	26,777	25,759	1,018	96.2%	62,247	21,903
Departmental agencies and accounts	2,998,081	0	0	2,998,081	2,979,687	18,394	99.4%	2,336,348	2,447,104
Foreign governments and international organisations	70	0	0	70	0	70			
Public corporations and private enterprises	11,092	0	0	11,092	11,013	79	99.3%	0	0
Non-profit institutions	132,678	0	0	132,678	135,936	3,258	102.5%	67,576	55,832
Households	28	0	0	28	3,101	(3,073)	11075%	0	0
<b>Payment for capital assets</b>									
Buildings and other fixed structures	39,541	0	0	39,541	95,655	(56,114)	241.9%	0	0
Machinery and equipment	219,790	0	1,100	220,890	93,166	127,724	44.0%	205,536	58,366
Software and other intangible assets	187	0	0	187	196	(9)	104.8%	0	0
<b>Total Assets</b>	<b>5,762,063</b>	<b>0</b>	<b>0</b>	<b>5,762,063</b>	<b>5,619,756</b>	<b>142,307</b>	<b>97.5%</b>	<b>4,789,633</b>	<b>4,696,332</b>

**DEPARTMENT OF HEALTH AND SOCIAL SERVICES**  
**VOTE 10**  
**APPROPRIATION STATEMENT**  
**for the year ended 31 March 2005**

Statutory Appropriation									
	2004/05							2003/04	
Details of direct changes against the Provincial Revenue Fund	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Payment	Variance	Payment as % of final appropriation	Final Appropriation	Actual payment
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Member of the executive committee	750	0	0	750	668	82	89.1%	1,224	1,224
<b>Total</b>	<b>750</b>	<b>0</b>	<b>0</b>	<b>750</b>	<b>668</b>	<b>82</b>	<b>89.1%</b>	<b>1,224</b>	<b>1,224</b>

**DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
VOTE 10**

**DETAIL PER PROGRAMME 1  
for the year ended 31 March 2005**

	2004/05							2003/04	
Programme per sub programme	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Payment	Variance	Payment as % of final appropriation	Final Appropriation	Actual Payment
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>1.1 Statutory</b>									
Current payment	0								
Transfers and subsidies	0								
Payment for capital assets	0								
<b>1.2 Management Service</b>									
Current payment	25,223		0	25,223	13,522	11,701	53.6%	38,596	30,001
Transfers and subsidies	18		0	18	22	(4)	122.2%	0	0
Payment for capital assets	777		0	777	1,903	(1,126)	244.9%	788	1,316
<b>1.3 Central Management</b>									
Current payment	210,118		(20,000)	190,118	192,437	(2,319)	101.2%	149,934	134,078
Transfers and subsidies	7,426		0	7,426	4,031	3,395	54.3%	0	0
Payment for capital assets	10,988		0	10,988	12,553	(1,565)	114.2%	9,567	9,178
<b>1.4 District/Regional Management</b>									
Current payment	10,620		0	10,620	12,601	(1,981)	118.7%	10,522	10,008
Transfers and subsidies	23		0	23	2,730	(2,730)	11869.6%	0	0
Payment for capital assets	1108		0	1,108	2,116	(1,008)	191.0%	18	22
<b>1.5 Decentralised Management</b>									
Current payment	0		0	0	0	0	0	352	336
Transfers and subsidies	0		0	0	0	0	0	0	0
Payment for capital assets	0		0	0	0	0	0	2,875	2,606
<b>1.5 Departmental Motor Transport</b>									
Current payment	0		0	0	0	0	0	1,541	1,146
Transfers and subsidies	0		0	0	0	0	0	0	0
Payment for capital assets	0		0	0	0	0	0	1,569	1,379
<b>TOTAL</b>	<b>266,301</b>		<b>(20,000)</b>	<b>246,301</b>	<b>241,915</b>	<b>4,386</b>	<b>98.2%</b>	<b>215,762</b>	<b>190,070</b>

**DEPARTMENT OF HEALTH AND SOCIAL SERVICES**  
**VOTE 10**

**DETAIL PER PROGRAMME 1**  
**for the year ended 31 March 2005**

	2004/05							2003/04	
Economic Classification	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Payment	Variance	Payment as % of final appropriation	Final Appropriation	Actual Payment
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Current payment</b>									
Compensation of employees	68,446		0	68,446	64,016	4,430	93.5%	62,703	51,250
Goods and services	168,219		(20,000)	148,219	154,548	(6,329)	104.3%	131,262	119,991
Financial transactions in assets and liabilities	0		0	0	0	0	0.0%	0	0
<b>Transfers and subsidies to:</b>									
Provinces and municipalities	16,703		0	16,703	2,912	13,791	17.4%	6,980	0
Departmental agencies and accounts	0		0	0	0	0	0.0%	0	4,327
Foreign governments and international organisations	70		0	70	0	70	0.0%	0	0
Public corporations and private enterprises			0	0	6	(6)	(100.0%)	0	0
Non-profit institutions			0	0	3,762	(3,762)	(100.0%)	0	0
Households			0	0	105	(105)	(100.0%)	0	0
<b>Payment for capital assets</b>									
Buildings and other fixed structures	2,997		0	2,997	101	2,896	3.4%	0	0
Machinery and equipment	9,866		0	9,866	16,397	(6,531)	166.2%	14,817	14,502
Software and other intangible assets	0		0	0	68	(68)	(100.0%)	0	0
Land and subsoil assets									
<b>Total</b>	<b>266,301</b>		<b>(20,000)</b>	<b>246,301</b>	<b>241,915</b>	<b>4,386</b>	<b>98.2%</b>	<b>215,762</b>	<b>190,070</b>

**DEPARTMENT OF HEALTH AND SOCIAL SERVICES**  
**VOTE 10**

**DETAIL PER PROGRAMME 2**  
**for the year ended 31 March 2005**

Programme per sub programme	2004/05							2003/04	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Payment	Variance	Payment as % of final appropriation	Final Appropriation	Actual Payment
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>2.1 Malaria Control</b>									
Current payment	16,409		0	16,409	13,160	3,249	80.2%	14,832	14,090
Transfers and subsidies	34		0	34	192	(158)	564.7%	0	0
Payment for capital assets	80		0	80	24	56	30%	481	91
<b>2.2 District Management</b>									
Current payment	23,444		3000	26,444	33,692	(7,248)	127.48%	35,698	39,686
Transfers and subsidies	648		0	648	6,022	(5,374)	929.3%	10,700	9,693
Payment for capital assets	10,279		0	10,279	2,984	7,295	29.0%	3,939	1,963
<b>2.3 District Hospital</b>									
Current payment	937,538		0	937,538	952,326	(14,788)	101.6%	847,904	905,709
Transfers and subsidies	636		0	636	10,884	(10,248)	1,711.3%	7,649	7,570
Payment for capital assets	20,074		0	20,074	13,333	6,741	66.4%	33,683	23,570
<b>2.4 Clinics</b>									
Current payment	153,923		34,400	188,323	162,928	(25,395)	86.5%	189,781	152,968
Transfers and subsidies	383		0	383	6,672	(6,289)	1,742.0%	4,471	4,471
Payment for capital assets	6,211		0	6,211	954	5,257	15.4%	9,718	2,884
<b>2.5 Community Health Centres</b>									
Current payment	130,641		0	130,641	135,113	(4,472)	103.4%	112,229	102,010
Transfers and subsidies	346		0	346	610	(264)	176.3%	397	200
Payment for capital assets	3,522		0	3,522	857	2,665	24.3%	5,362	2,072
<b>2.6 Comprehensive HIV and AIDS</b>									
Current payment	65,642		0	65,642	26,331	39,311	40.1%	34,550	22,671
Transfers and subsidies	19		0	19	29,884	(29,865)	157,284.0%	0	0
Payment for capital assets			0	0	206	(206)	(100)	0	60
<b>2.7 Integrated Nutrition Programme</b>									
Current payment	15,053		0	15,053	12,026	3,027	79.9%	67,183	60,843
Transfers and subsidies	0		0	0	0	0	0	0	0
Payment for capital assets	0		0	0	1,469	(1,469)	(100.0)	0	0
<b>2.8 Hosp Man &amp; Quality Improvement</b>									
Current payment	26,849		0	26,849	17,766	9,083	66.2%	19,703	4,056
Transfers and subsidies	0		0	0	0	0	0	0	0
Payment for capital assets	2,141		0	2,141	4,982	(2,841)	232.7%	570	130
<b>2.9 Flood relief</b>									
Current payment	6,677		0	6,677	6,527	150	97.8	0	0
Transfers and subsidies	0		0	0	7	(7)	0	0	0
Payment for capital assets	0		0	0	0	0	0	0	0
<b>2.10 Health Prof Training and Dev</b>									
Current payment					112	(121)	100%		
Transfers and subsidies									
Payment for capital assets									
<b>TOTAL</b>	<b>1,420,549</b>		<b>37,400</b>	<b>1,457,949</b>	<b>1,439,061</b>	<b>18,888</b>	<b>98.7%</b>	<b>1,398,850</b>	<b>1,354,737</b>

**DEPARTMENT OF HEALTH AND SOCIAL SERVICES**  
**VOTE 10**

**DETAIL PER PROGRAMME 2**  
**for the year ended 31 March 2005**

Economic Classification	2004/05							2003/04	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Payment	Variance	Payment as % of final appropriation	Final Appropriation	Actual Payment
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Current payment</b>									
Compensation of employees	908,112			908,112	956,714	(48,602)	105.4%	865,674	867,692
Goods and services	468,064		37,400	505,464	403,364	102,100	79.8%	456,206	434,341
Financial transactions in assets and liabilities	0		0	0	0	0	0.0%	0	0
<b>Transfers and subsidies to:</b>									
Provinces and municipalities	1,843		0	1,843	21,841	(19,998)	1,185.1%	23,217	21,903
Departmental agencies and accounts	173		0	173	117	56	67.6%	0	31
Foreign governments and international organisations	0		0	0	0	0	0.0%	0	0
Public corporations and private enterprises	0		0	0					
Non-profit institutions	50		0	50	29,920	(29,870)	59,840.0%	0	0
Households	0		0	0	2,392	(2,392)	(100.0%)	0	0
<b>Gifts and donations</b>									
<b>Payment for capital assets</b>									
Buildings and other fixed structures	137		0	137	68	69	49.6%	0	0
Machinery and equipment	41,982		0	41,983	24,607	17,376	58.6%	53,753	30,770
Software and other intangible assets	187		0	187	38	149	20.3%	0	0
<b>Total</b>	<b>1,420,549</b>		<b>37,400</b>	<b>1,457,949</b>	<b>1,439,061</b>	<b>18,888</b>	<b>98.7%</b>	<b>1,398,850</b>	<b>1,354,737</b>

**DEPARTMENT OF HEALTH AND SOCIAL SERVICES**  
**VOTE 10**

**DETAIL PER PROGRAMME 3**  
**for the year ended 31 March 2005**

	2004/05							2003/04	
Programme per sub programme	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Payment	Variance	Payment as % of final appropriation	Final Appropriation	Actual Payment
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>3.1 Emergency Medical Service</b>									
Current payment	56,795		(1,100)	55,695	50,712	4,983	91.1%	56,366	46,619
Transfers and subsidies	178		0	178	173	5	97.2%	0	0
Payment for capital assets	33,652		1,100	34,752	17,853	16,899	51.4%	13,665	110
<b>TOTAL</b>	<b>90,625</b>		<b>0</b>	<b>90,625</b>	<b>68,738</b>	<b>21,887</b>	<b>75.8%</b>	<b>70,031</b>	<b>46,729</b>

	2004/05							2003/04	
Economic Classification	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Payment	Variance	Payment as % of final appropriation	Final Appropriation	Actual Payment
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Current payment</b>									
Compensation of employees	45,641			45,641	45,991	(350)	100.8%	50,272	44,290
Goods and services	11,154		(1,100)	10,054	4,721	5,333	47.0%	6,094	2,329
Financial transactions in assets and liabilities	0			0	0	0	0.0%	0	0
<b>Transfers and subsidies to:</b>									
Provinces and municipalities	143			143	146	(3)	102.1%	0	0
Departmental agencies and accounts	7			7	10	(3)	142.9%	0	0
Foreign governments and international organisations	0								
Public corporations and private enterprises	0								
Non-profit institutions	28			28	17	11	60.7%	0	0
Households	0			0	0	0	0.0%	0	0
<b>Payment for capital assets</b>									
Buildings and other fixed structures	0		0	0	0	0	0.0%	0	0
Machinery and equipment	33,652		1,100	34,752	17,853	16,899	51.4%	13,665	110
<b>Total</b>	<b>90,625</b>		<b>0</b>	<b>90,625</b>	<b>68,738</b>	<b>21,887</b>	<b>75.8%</b>	<b>70,031</b>	<b>46,729</b>

**DEPARTMENT OF HEALTH AND SOCIAL SERVICES**  
**VOTE 10**

**DETAIL PER PROGRAMME 4**  
**for the year ended 31 March 2005**

Programme per sub programme	2004/05							2003/04	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Payment	Variance	Payment as % of final appropriation	Final Appropriation	Actual Payment
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>4.1 National Tertiary Services</b>									
Current payment	43,830			43,830	46,526	(2,696)	106.2%	40,192	27,646
Transfers and subsidies	0			0	0	0	0.0%	0	0
Payment for capital assets	4,697			4,697	0	4,697	2.1%	1,604	7,029
<b>4.2 General Hospital</b>			(20,000)						
Current payment	207,382			187,382	225,234	(37,852)	120.2%	185,337	185,766
Transfers and subsidies	50,080			50,080	24,680	25,400	49.3%	32,000	34,510
Payment for capital assets	17,016			17,016	21,937	(4,921)	128.9%	1,300	1,126
<b>4.3 Health Professional Training and Development</b>									
Current payment	42,083			42,083	42,083	(0)	100%	46,575	46,300
Transfers and subsidies	0			0	0	0	0	0	0
Payment for capital assets	0			0	0	0	0	0	0
<b>4.4 TB Hospital</b>									
Current payment	7,330			7,330	6,713	617	91.6%	10,229	7,346
Transfers and subsidies	23			23	25	(2)	108.7%		
Payment for capital assets	87			87	129	(42)	148.3%	180	79
<b>4.5 Mental Hospital</b>									
Current payment	9,434			9,434	0	9,434	100%	0	0
Transfers and subsidies	0			0	11,007	(11,007)	(100)%	0	0
Payment for capital assets	0			0	0	0	0.0%	0	0
<b>4.6 Specialised Hospital</b>									
Current payment	0			0	31	(31)	(100.0%)	0	0
Transfers and subsidies	0			0	0	0	0	0	0
Payment for capital assets	0			0	97	(97)	0	0	0
<b>4.6 Dental Training Hospital</b>									
Current payment	0							0	0
Transfers and subsidies	24,486			24,486	0	24,486	0.0%	0	0
Payment for capital assets	0			0	0	0	0	0	0
<b>TOTAL</b>	<b>406,448</b>		<b>(20,000)</b>	<b>386,448</b>	<b>378,462</b>	<b>7,986</b>	<b>97.9%</b>	<b>317,417</b>	<b>309,802</b>



**DEPARTMENT OF HEALTH AND SOCIAL SERVICES**  
**VOTE 10**

**DETAIL PER PROGRAMME 4**  
**for the year ended 31 March 2005**

	2004/05							2003/04	
Economic Classification	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Payment	Variance	Payment as % of final appropriation	Final Appropriation	Actual Payment
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Current payment</b>									
Compensation of employees	168,766		0	168,766	174,240	(5,474)	103.2%	149,356	147,826
Goods and services	137,293		(20,000)	117,293	146,347	(29,054)	124.8%	132,977	119,232
Financial transactions in assets and liabilities	0								
<b>Transfers and subsidies to:</b>									
Provinces and municipalities	538		0	538	562	(24)	104.5%	32,000	0
Departmental agencies and accounts	145		0	145	95	50	65.5%	0	34,510
Foreign governments and international organisations	0		0						
Public corporations and private enterprises	11,092		0	11,092	11,007	85	99.2%	0	0
Non-profit institutions	62,814		0	62,814	23,591	39,223	37.6%	0	0
Households	0				457	(457)	(100.0%)		
<b>Gifts and donations</b>									
<b>Payment for capital assets</b>									
Buildings and other fixed structures	261			261	138	123	52.9%	0	0
Machinery and equipment	25,539		0	25,539	21,935	3,604	85.9%	3,084	8,234
Software and other intangible assets	0			0	90	(90)	(100.0)	0	0
<b>Total</b>	<b>406,448</b>		<b>(20,000)</b>	<b>386,448</b>	<b>378,462</b>	<b>7,986</b>	<b>98.0%</b>	<b>317,417</b>	<b>309,802</b>

**DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
VOTE 10**

**DETAIL PER PROGRAMME 6  
for the year ended 31 March 2005**

	2004/05							2003/04	
Programme per sub programme	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Payment	Variance	Payment as % of final appropriation	Final Appropriation	Actual Payment
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>6.1 Nursing Training College</b>									
Current payment	30,536			30,536	29,790	746	97.6%	1,398	390
Transfers and subsidies	83			83	83	0	100%	15	0
Payment for capital assets	0			0	238	(238)	0.0%	0	0
<b>6.2 EMS Training College</b>									
Current payment	629			629	581	48	92.4%	18,811	15,809
Transfers and subsidies	0			0	0	0	0.0%	0	0
Payment for capital assets	0			0	0	0	0.0%	0	176
<b>6.3 Bursary</b>									
Current payment	22,420			22,420	22,095	325	98.6%	26,460	28,524
Transfers and subsidies	0			0	0	0	0.0%	50	0
Payment for capital assets	0			0	0	0	0.0%	688	261
<b>6.4 Primary Health Care Training</b>									
Current payment	1,012			1,012	2,004	(992)	198%	0	0
Transfers and subsidies	0			0	0	0	0.0%	0	0
Payment for capital assets	0			0	0	0	0.0%	0	0
<b>6.5 Training Other</b>									
Current payment	532			532	2,540	(2,008)	477.4%	0	0
Transfers and subsidies	0			0	0	0	0.0%	0	0
Payment for capital assets	0			0	0	0	0.0%	0	0
<b>6.6 ABET</b>									
Current payment	3,707			3,707	1,587	2,120	42.8%	0	0
Transfers and subsidies	0			0	0	0	0.0%	0	0
Payment for capital assets	0			0	0	0	0.0%	0	0
<b>TOTAL</b>	<b>58,919</b>			<b>58,919</b>	<b>58,918</b>	<b>1</b>	<b>100%</b>	<b>47,422</b>	<b>45,160</b>

**DEPARTMENT OF HEALTH AND SOCIAL SERVICES**  
**VOTE 10**

**DETAIL PER PROGRAMME 6**  
**for the year ended 31 March 2005**

	2004/05							2003/04	
Economic Classification	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Payment	Variance	Payment as % of final appropriation	Final Appropriation	Actual Payment
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Current payment</b>									
Compensation of employees	28,484			28,484	28,535	(51)	100.2%	24,206	26,532
Goods and services	30,347			30,347	30,060	287	99.1%	22,463	18,191
Financial transactions in assets and liabilities	0			0	0	0	0.0%	0	0
<b>Transfers and subsidies to:</b>									
Provinces and municipalities	83			83	83	0	100%	50	0
Departmental agencies and accounts	0								
Foreign governments and international organisations	0			0	0	0	0	0	0
Public corporations and private enterprises	0			0	0	0	0	0	0
Non-profit institutions	0			0	0	0	0	0	0
Households	0			0	0	0	0	0	0
<b>Payment for capital assets</b>					2	(2)	(100%)	0	0
Buildings and other fixed structures	0			0	0				
Machinery and equipment	5			5	238	(238)	4760%	703	437
Software and other intangible assets	0			0	0	0	0.0%	0	0
<b>Total</b>	<b>58,919</b>			<b>58,919</b>	<b>58,918</b>	<b>1</b>	<b>100%</b>	<b>47,422</b>	<b>45,160</b>

**DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
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**DETAIL PER PROGRAMME 7  
for the year ended 31 March 2005**

	2004/05							2003/04	
Programme per sub programme	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Payment	Variance	Payment as % of final appropriation	Final Appropriation	Actual Payment
	R'000	R'000	R'000	R'000	R'000	R'000	%		R'000
<b>7.1 Laundry Service</b>									
Current payment	7,932			7,932	11,734	(3,802)	147.9%	13,460	9,655
Transfers and subsidies	21			21	36	(15)	171.4%	0	0
Payment for capital assets	4,155			4,155	1,470	2,685	35.4%	2,282	127
<b>7.2 Orthotic and Prosthetics</b>									
Current payment	7,420			7,420	5,660	1,760	76.3%	8,000	2,955
Transfers and subsidies	0			0	0	0	0	0	0
Payment for capital assets	0			0	295	(295)	(100.0)	0	238
<b>7.3 Pharmaceuticals</b>									
Current payment	2,441			2,441	2,983	(542)	122.2%	3,838	2,445
Transfers and subsidies	6			6	6	0	100.0%	0	0
Payment for capital assets	790			790	115	675	14.6%	213	7
<b>7.4 Coroner Special Service</b>									
Current payment	1,000			1,000	299	701	29.9%	0	0
Transfers and subsidies	0			0	0	0	0.0%	0	0
Payment for capital assets	0			0	701	(701)	(100.0%)	0	0
<b>TOTAL</b>	<b>23,765</b>			<b>23,765</b>	<b>23,299</b>	<b>466</b>	<b>98.0%</b>	<b>27,793</b>	<b>15,427</b>

	2004/05							2003/04	
Economic Classification	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Payment	Variance	Payment as % of final appropriation	Final Appropriation	Actual Payment
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Current payment</b>									
Compensation of employees	8,757			8,757	9,082	(325)	103.7%	7,958	9,005
Goods and services	10,036			10,036	11,194	(1,158)	111.5%	17,340	6,050
Financial transactions in assets and liabilities	0			0	0	0	0.0%	0	0
<b>Transfers and subsidies to:</b>									
Provinces and municipalities	27			27	27	0	100.0%	0	0
Departmental agencies and accounts	0			0	0	0	0	0	0
Foreign governments and international organisations	0			0	0	0	0	0	0
Public corporations and private enterprises	0			0	0	0	0	0	0
Non-profit institutions	0			0	0	0	0	0	0
Households	0			0	0	0	0	0	0
<b>Payment for capital assets</b>									
Buildings and other fixed structures	0			0	0	0	0	0	0
Machinery and equipment	4,945			4,945	228	(228)	55.7%	2,495	372
Software and other intangible assets	0			0	2,753	2,192	0.0%	0	0
<b>Total</b>	<b>23,765</b>			<b>23,765</b>	<b>23,299</b>	<b>466</b>	<b>98.0</b>	<b>27,793</b>	<b>15,427</b>

**DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
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**DETAIL PER PROGRAMME 8  
for the year ended 31 March 2005**

	2004/05							2003/04	
Programme per subprogramme	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Payment	Variance	Payment as % of final appropriation	Final Appropriation	Actual Payment
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>8.1 New facility Replacement</b>									
Current payment	29,136			29,136			29,136	4,588	79,736
Transfers and subsidies	0			0	0	0	0.0%	0	0
Payment for capital assets	10,363			10,363	26,256	(15,893)	253.4%	113,148	1,412
<b>8.2 Provincial Hospital Service</b>									
Current payment	0			0	0	0	0	0	0
Transfers and subsidies	0			0	0	0	0	0	0
Payment for capital assets	40,553			40,553	25,522	15,031	62.9%	0	0
<b>8.3 Hospital Rehabilitation</b>									
Current payment	6,588			6,588	3	6,585	100%	0	0
Transfers and subsidies	0			0	0	0	0.0%	0	0
Payment for capital assets	81,835			81,835	52,361	29,474	64.0%	0	0
<b>TOTAL</b>	<b>168,475</b>	<b>-</b>	<b>-</b>	<b>168,475</b>	<b>104,142</b>	<b>64,333</b>	<b>61.8%</b>	<b>117,736</b>	<b>81,148</b>

	2004/05							2003/04	
Economic Classification	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Payment	Variance	Payment as % of final appropriation	Final Appropriation	Actual Payment
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Current payment</b>									
Compensation of employees	0			0	0	0	0	0	0
Goods and services	35,724			35,724	3	35,721	261.1%	4,588	79,736
Financial transactions in assets and liabilities	0			0	0	0	0	0	0
<b>Transfers and subsidies to:</b>									
Provinces and municipalities	0			0	0	0	0	0	0
Departmental agencies and accounts	0			0	0	0	0	0	0
Foreign governments and international organisations	0			0	0	0	0	0	0
Public corporations and private enterprises	0			0	0	0	0	0	0
Non-profit institutions	0			0	0	0	0.0%	0	0
Households	0			0	0	0	0.0%	0	0
<b>Payment for capital assets</b>	<b>36,146</b>								
Buildings and other fixed structures				36,146	95,120	(58,974)	263.2%	0	0
Machinery and equipment	96,605			96,605	9,019	87,586	9.3%	113,148	1,412
<b>TOTAL</b>	<b>168,475</b>			<b>168,475</b>	<b>104,142</b>	<b>64,333</b>	<b>61.8%</b>	<b>117,736</b>	<b>81,148</b>

**DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
VOTE 10**

**DETAIL PER PROGRAMME 9  
for the year ended 31 March 2005**

Programme per subprogramme	2004/05							2003/04	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Payment	Variance	Payment as % of final appropriation	Final Appropriation	Actual Payment
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>9.1 Administration Support</b>									
Current payment	123,104			123,104	163,517	(40,413)	132.8%	24,871	98,967
Transfers and subsidies	14,086			14,086	149	13,937	1.1%	19,917	0
Payment for capital assets	699			699	0	699	0.0%	2,656	1,550
<b>9.2 Old Age</b>									
Current payment	0			0	0	0	0.0%	0	0
Transfers and subsidies	1,477,225			1,477,225	1,328,073	149,152	89.9%	1,226,534	1,217,065
Payment for capital assets	0			0	0	0	0.0%	0	0
<b>9.3 War veteran</b>									
Current payment	0			0	0	0	0.0%	0	0
Transfers and subsidies	1,124			1,124	1,079	45	96.0%	1,227	1,153
Payment for capital assets	0			0	0	0	0.0%	0	0
<b>9.4 Disability grand</b>									
Current payment	0			0	47	(47)	0.0%	0	0
Transfers and subsidies	563,616			563,616	638,240	(74,624)	113.2%	480,023	510,807
Payment for capital assets	0			0	0	0	0.0%	0	0
<b>9.5 Grant-in-aids</b>									
Current payment	0			0	0	0	0.0%	0	0
Transfers and subsidies	0			0	4	(4)	(100%)	686	0
Payment for capital assets	0			0	0	0	0.0%	0	0
<b>9.6 Foster care</b>									
Current payment	0			0	0	0	0.0%	0	0
Transfers and subsidies	48,140			48,140	66,878	(18,738)	139%	31,199	36,069
Payment for capital assets	0			0	0	0	0.0%	0	0
<b>9.7 Care Dependency</b>									
Current payment	0			0	0	0	0.0%	0	0
Transfers and subsidies	32,509			32,509	39,748	(7,239)	122%	32,106	31,603
Payment for capital assets	0			0	0	0	0.0%	0	0
<b>9.8 Child Support</b>									
Current payment	0			0	0	0	0.0%	0	0
Transfers and subsidies	627,545			627,545	642,738	(15,193)	102%	536,819	530,250
Payment for capital assets	0			0	0	0	0.0%	0	0
<b>9.9 Extension of Child Support Grant</b>									
Current payment	23,784			23,784	4,600	19,184	19.3%	81,202	81,289
Transfers and subsidies	236,029			236,029	259,482	(23,453)	109.9%	7,837	12,788
Payment for capital assets	200			200	2	198	1%	0	339
<b>TOTAL</b>	<b>3,148,061</b>			<b>3,148,061</b>	<b>3,144,557</b>	<b>3,504</b>	<b>99.9%</b>	<b>2,445,077</b>	<b>2,521,880</b>

**DEPARTMENT OF HEALTH AND SOCIAL SERVICES**  
**VOTE 10**

**DETAIL PER PROGRAMME 9**  
**for the year ended 31 March 2005**

	2004/05							2003/04	
Economic Classification	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Payment	Variance	Payment as % of final appropriation	Final Appropriation	Actual Payment
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Current payment</b>									
Compensation of employees	38,686			38,686	17,879	20,807	46.2%	18,152	18,827
Goods and services	108,202			108,202	150,285	(42,083)	138.9%	87,921	92,928
Financial transactions in assets and liabilities	0			0	0	0	0.0%	0	0
<b>Transfers and subsidies to:</b>									
Provinces and municipalities	0			0	0	0	0.0%	0	0
Departmental agencies and accounts	4,305			4,305	61	4,244	1.4%	0	0
Foreign governments and international organisations	2,995,969			2,995,969	2,976,239	19,730	99.3%	2,336,348	2,408,236
Public corporations and private enterprises	0			0	0	0	0.0%	0	0
Non-profit institutions	0			0	0	0	0.0%	0	0
Households	0			0	0	0	0.0%	0	0
<b>Payment for capital assets</b>					91	(91)	(100.0%)	0	0
Buildings and other fixed structures	0			0	0	0	0.0%	0	0
Machinery and equipment	899			899	2	897	0.2%	2,656	1,889
<b>Total</b>	<b>3,148,061</b>			<b>3,148,061</b>	<b>3,144,557</b>	<b>3,504</b>	<b>99.9%</b>	<b>2,445,077</b>	<b>2,521,880</b>

**DEPARTMENT OF HEALTH AND SOCIAL SERVICES**  
**VOTE 10**

**DETAIL PER PROGRAMME 10**  
**for the year ended 31 March 2005**

	2004/05							2003/04	
Programme per subprogramme	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Payment	Variance	Payment as % of final appropriation	Final Appropriation	Actual Payment
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>10.1 Administration and Support</b>									
Current payment	39,758		1,000	40,758	39,944	814	98.0%	34,397	33,919
Transfers and subsidies	1,774			1,774	3,319	(1,545)	187.1%	0	0
Payment for capital assets	1,767			1,767	204	1,563	11.5%	672	318
<b>10.2 Treatment and Prevention of Substance abuse</b>									
Current payment	3,938			3,938	2,640	1,298	67.0%	2,583	2,850
Transfers and subsidies	685			685	1,932	(1,247)	282.0%	1,914	905
Payment for capital assets	12			12	20	(8)	166.7%	25	7
<b>10.3 Care of the Older persons</b>									
Current payment	351			351	146	205	41.6%	0	0
Transfers and subsidies	4,080		-	4,080	17,530	(13,450)	429.7%	17,387	12,410
Payment for capital assets	14,111			14,111	0	14,111	0.0%	0	0
<b>10.4 Crime Prevention, Rehabilitation and Victim</b>									
Current payment	4,817			4,817	5,327	(510)	110.6%	3,708	4,401
Transfers and subsidies	2,039			2,039	971	1,068	47.6%	510	1,468
Payment for capital assets	240			240	0	240	0.0%	103	7
<b>10.5 Service to the disabled</b>									
Current payment	13,410			13,410	26	13,384	0.2%	0	0
Transfers and subsidies	0			0	12,616	(12,616)	0.0%	7,690	8,791
Payment for capital assets	0			0	0	0	0.0%	0	0
<b>10.6 Child and Youth Care Protection</b>									
Current payment	561			561	289	272	51.5	0	0
Transfers and subsidies	31,394			31,394	29,579	1,815	94.2%	28,643	21,923
Payment for capital assets	20			20	0	20	0.0%	00	
<b>TOTAL</b>	<b>118,957</b>		<b>1,000</b>	<b>119,957</b>	<b>114,543</b>	<b>5,414</b>	<b>95.5%</b>	<b>97,632</b>	<b>86,999</b>



**DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
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**DETAIL PER PROGRAMME 10  
for the year ended 31 March 2005**

	2004/05							2003/04	
Economic Classification	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Payment	Variance	Payment as % of final appropriation	Final Appropriation	Actual Payment
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Current payment</b>									
Compensation of employees	33,932		0	33,932	34,307	(375)	101.1%	30,910	28,389
Goods and services	15,493		1,000	16,493	14,065	2,428	85.3%	9,778	12,781
<b>Transfers and subsidies to:</b>									
Provinces and municipalities	3,135		0						
Departmental agencies and accounts	1,787		0	3,135	106	3,029	3.4%	0	0
Foreign governments and international organisations	0		0	1,787	3,226	(1,439)	180.5%	0	0
Public corporations and private enterprises	0		0						
Non-profit institutions	58,484		0	58,484	62,593	(4,109)	107.0%	56,144	45,497
Households	0		0		22	(22)	(100.0)	0	0
<b>Payment for capital assets</b>	0		0	0	0	0	0.0%	0	0
Buildings and other fixed structures	0		0	0	0	0	0.0%	0	0
Machinery and equipment	6,126		0	6,126	224	5,902	3.7%	800	332
<b>Total</b>	<b>118,957</b>		<b>1,000</b>	<b>119,957</b>	<b>114,543</b>	<b>5,414</b>	<b>95.5%</b>	<b>97,632</b>	<b>86,999</b>

**DEPARTMENT OF HEALTH AND SOCIAL SERVICES**  
**VOTE 10**

**DETAIL PER PROGRAMME 11**  
**for the year ended 31 March 2005**

	2004/05							2003/04	
Programme per subprogramme	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Payment	Variance	Payment as % of final appropriation	Final Appropriation	Actual Payment
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>11.1 Administration Support</b>									
Current payment	7,043		(400)	6,643	5,268	1,475	77.8%	5,909	5,170
Transfers and subsidies	10			10	933	(923)	9,330.0%	0	0
Payment for capital assets	100			100	59	41	59.0%	200	215
<b>11.2 Poverty Alleviation</b>									
Current payment	1,264		2000	3,264	1,384	(1,880)	42.4%	20,637	17,799
Transfers and subsidies	3,887			3,887	4,237	(350)	109.0%	11,432	10,335
Payment for capital assets	0			0	0	0	0.0%	65	54
<b>11.3 HIV and AIDS (Community based care)</b>									
Current payment	6,957			6,957	1,783	5,174	25.6%	10,721	9,039
Transfers and subsidies	5,281			5,281	8,762	(3,481)	165.9%	0	0
Payment for capital assets	0			0	54	(54)	(100.0%)	100	0
<b>11.4 Food Security</b>									
Current payment	29,761			29,761	18,464	11,297	62.0%	0	0
Transfers and subsidies	2,152			2,152	2,155	(3)	100.1%	0	0
Payment for capital assets	0			0	0	0	0.0%	0	0
<b>TOTAL</b>	<b>56,455</b>		<b>1,600</b>	<b>58,055</b>	<b>42,999</b>	<b>15,056</b>	<b>74.1%</b>	<b>49,064</b>	<b>42,612</b>

	2004/05							2003/04	
Economic Classification	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Payment	Variance	Payment as % of final appropriation	Final Appropriation	Actual Payment
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Current payment</b>									
Compensation of employees	3,658			3,658	5,415	(1,757)	148.0%	4,439	3,957
Goods and services	41,367		(1,600)	42,967	21,384	21,583	49.8%	32,828	28,051
<b>Transfers and subsidies to:</b>									
Provinces and municipalities	0		0	0	17	(17)	(100.0%)	0	0
Non-profit institutions	11,330		0	11,330	16,070	(4,740)	141.8%	11,432	10,335
<b>Payment for capital assets</b>									
Buildings and other fixed structures	0		0	0	0	0	0.0%	0	0
Machinery and equipment	100		0	100	113	(13)	113%	365	269
<b>Total</b>	<b>56,455</b>		<b>1,600</b>	<b>58,055</b>	<b>42,999</b>	<b>15,056</b>	<b>74.1%</b>	<b>49,064</b>	<b>42,612</b>

**DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
VOTE 10**

**DETAIL PER PROGRAMME 12  
for the year ended 31 March 2005**

	2004/05							2003/04	
Programme per subprogramme	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Payment	Variance	Payment as % of final appropriation	Final Appropriation	Actual Payment
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>12.1 Administration Support</b>									
Current payment	2,527			2,527	2,085	442	82.5%	2,799	1,799
Transfers and subsidies	0			0	0	(8)	(100.0%)	0	0
Payment for capital assets	70			70	25	45	35.1%	50	50
<b>12.2 Population Research and Demographics</b>									
Current payment	0			0	0	0	0	0	0
Transfers and subsidies	853			853	759	94	89%	0	0
Payment for capital assets	0			0	0	0	0	0	0
<b>12.3 Capacity Building</b>									
Current payment	58			58	245	(187)	422.4%	0	0
Transfers and subsidies	0			0	0	0	0.0%	0	0
Payment for capital assets	0			0	0	0	0	0	0
<b>TOTAL</b>	<b>3,508</b>			<b>3,508</b>	<b>3,122</b>	<b>386</b>	<b>89.0%</b>	<b>2,849</b>	<b>1,799</b>

	2004/05							2003/04	
Economic Classification	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Payment	Variance	Payment as % of final appropriation	Final Appropriation	Actual Payment
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Current payment</b>									
Compensation of employees	1,913			1,913	1,750	163	91.5%	1,371	1,371
Goods and services	1,525			1,525	1,343	182	88.1%	1,428	1,428
<b>Transfers and subsidies to:</b>									
Provinces and municipalities	0			0	4	(4)	(100.0%)	0	0
<b>Payment for capital assets</b>									
Buildings and other fixed structures	0			0	0	0	0.0%	0	0
Machinery and equipment	70			70	25	45	35.7%	50	50
<b>Total</b>	<b>3,508</b>			<b>3,508</b>	<b>3,122</b>	<b>386</b>	<b>89.0%</b>	<b>2,849</b>	<b>1,799</b>

**DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
VOTE 10**

**NOTES TO THE APPROPRIATION STATEMENT  
for the year ended 31 March 2005**

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

Detail of these transactions can be viewed in note 8 (Transfers and subsidies) and Annexure 1(A to G) to the Annual Financial Statements

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

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

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

<b>3.1 Per Programme</b>	<b>Voted Funds after virement</b>	<b>Actual Expenditure</b>	<b>R'000</b>	<b>%</b>
Programme 1	247,051	242,583	4,468	1,8%
Programme 2	1,457,949	1,439,061	18,888	1,3%
Programme 3	90,625	68,738	21,887	24,2%
Programme 4	386,448	378,462	7,986	2,1%
Programme 6	58,919	58,918	1	0,0%
Programme 7	23,765	23,299	466	2,0%
Programme 8	168,475	104,142	64,333	38,2%
Programme 9	3,148,061	3,144,557	3,504	0,1%
Programme 10	119,957	114,543	5,414	4,5%
Programme 11	58,055	42,999	15,056	25,9%
Programme 12	3,508	3,122	386	11, 0%

**Programme 1**

The variance is as a result of a saving on the budget for transfer payments.

**Programme 2**

The variance is as a result of under spending as follows:

**Integrated Nutrition Conditional Grant, R1,558,000 unspent**

Services could not be delivered within the financial year. The funds will be requested for roll over to the next financial year.

**Comprehensive HIV and AIDS, R9,240,000 unspent**

An amount of R2,500,000 for a regional training centre could not be spent within the financial year because of delays in the appointment of service providers.

An amount of R1,242,000 for a step down facility was not spent because of delays in the appointment of service providers to renovate the identified sites.

An amount of R5,000,000 for transfer to the Health Systems Trust was withheld because the contract could not be concluded timeously.

An amount of R500,000 for uniform for lay counsellors was not spent. The Department had to identify the lay counsellors who are located mainly in the rural areas where after a screening and training process were conducted before entering into contractual agreements.

The unspent funds on this grant will be requested for roll over to the next financial year.

**DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
VOTE 10**

**NOTES TO THE APPROPRIATION STATEMENT  
for the year ended 31 March 2005**

**Hospital Management and Quality Improvement, R6,242,000 unspent**

An amount of R2,500,000 committed for a disaster recovery system was not spent because of the lack of capacity within the Department to manage the system. This function was then outsourced to SITA.

An amount of R1,242,000 for wireless LAN connectivity will be outsourced during the current financial year to SITA.

An amount of R2,500,000 allocated for telemedicine equipment was not spent because of a lack of specifications. The Department then engaged the National Department of Health for assistance in this regard as this required expertise which the Department does not possess and to ensure that the specifications conform with other systems used in the country.

The unspent funds will be requested for roll over to the next financial year.

**Equitable Share, R1,848,000**

Invoices received in the last quarter of the financial year could not be processed within the reporting period. This amount will be requested for roll over.

**Programme 3**

The variance is an underspending for orders placed and awaiting delivery of emergency vehicles and equipment for R16,868,000 and R5,019,000 respectively. The amount of R21,887,000 will be requested for roll over to the next financial year.

**Programme 4**

The variance is an underspending on the conditional grant for National Tertiary Services and equitable share for R2,001,000 and R5,985,000 respectively.

The conditional grant amount of R2,001,000 was not spent because invoices for an amount of R1,501,000 were received after financial year end and an amount of R500,000 allocated for screws and plates as delivery had not yet been made.

The unspent funds on equitable share is for outstanding payments for mental health care services amounted to R3,961,000 for invoices where received after year end.

The amount of R5,962,000 will be requested for roll over to the next financial year, of which R2,001,000 is for the conditional grant and R3,961,000 is for equitable share.

**Programme 6**

The expenditure on this programme is at 100% with a saving of R1,000 which, is not material and will be surrendered to the Provincial Treasury.

**Programme 7**

The expenditure on this programme is at 98% with a variance of R466,000 which, will be surrendered to the Provincial Treasury.

**Programme 8**

The variance is an underspending on funds allocated for capital work in progress as follows:

**Equitable Share**

An amount of R13,239,000 for the provision of clinics, community health care centres and accommodation.

**Provincial Infrastructure Conditional Grant**

An amount of R15,030,000 for the provision of district hospitals facilities.

**Hospital Revitalisation Conditional Grant**

An amount of R36,064,000 for provincial hospital facilities.

**DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
VOTE 10**

**NOTES TO THE APPROPRIATION STATEMENT  
for the year ended 31 March 2005**

The underspending in this programme is mainly because of the late appointment of contractors, failure by contractors to get financial guarantees for the projects to commence and in other cases failure on the part of contractors to perform in accordance with set standards. The unspent funds will be requested for roll over to the next financial year.

**Programme 9**

The variance is a saving as a result of the awareness and verification campaigns.

**Programme 10**

The variance is an underspending due to outstanding claims to social welfare organisations which had not yet been received at year-end.

The funds will be requested for roll over to the next financial year.

**Programme 11**

The variance is as follows:

R11,304,000 is unspent on the Food Emergency Conditional Grant. The underspending is incurred because service providers for the delivery of food parcels were appointed in the last quarter of the financial year.

R793,000 on the HIV and AIDS (Community Based Care) Conditional Grant is unspent. The reason for this is that contract workers for the projects could not be appointed within the financial year, operational costs related to these programmes could thus not be spent.

The amount of R12,097,000 for the above mentioned conditional grants is thus an underspending and will be requested for roll over to the next financial year, the remaining amount of R2,959,000 is a saving and will be surrendered to the Provincial Treasury.

**Programme 12**

The variance is not material and will be surrendered to the Provincial Treasury.

**3.2 Per economic classification**

	<b>Voted Funds after virement</b>	<b>Actual Expenditure</b>	<b>R'000</b>	<b>%</b>
<b>Current payment:</b>				
Compensation of employees	1,307,145	1,338,597	(31,452)	2.4%
Goods and services	1,026,324	937,314	89,010	8.2%
<b>Transfers and subsidies:</b>				
Provinces and municipalities	26,777	25,759	1,018	3.8%
Departmental agencies and accounts	2,998,081	2,979,687	18,394	0.6%
Public corporations and private enterprises	11,092	11,013	79	0.7%
Foreign governments and international organisations	70	0	70	100.0%
Non-profit institutions	132,678	135,936	(3,258)	2.5%
Households	28	3,101	(3,073)	(10,975.0%)
<b>Payments for capital assets:</b>				
Buildings and other fixed structures	39,541	95,655	(56,114)	(141.9)%
Machinery and equipment	220,890	93,166	127,724	58.0%
Software and other intangible assets	187	196	(9)	(4.8)%

**Compensation of employees**

The saving is mainly in programme: 2

Critical posts had to be filled for the District Hospitals, Community health care and clinics to function optimally.

The over-expenditure is defrayed by the saving on goods and service under the same programme.

**DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
VOTE 10**

**NOTES TO THE APPROPRIATION STATEMENT  
for the year ended 31 March 2005**

**Goods and services**

See explanation above.

**Provinces and municipalities**

The department withheld transfers because performance reports had not been received.

**Departmental agencies and accounts**

The variance is incurred mainly in the transfers for social assistance grants. National and provincial awareness campaigns and verification conducted by the department ensured that the Department remains within the budgeted allocation.

**Public corporations and private enterprises**

The variance is mainly because funds allocated in this expenditure item are for transfer to private institutions for mental health patients which expenditure depends on the number of patients referred these institutions.

**Foreign governments and international organisations**

The variance is a result of funds set aside for contingencies within this allocation which could have arisen.

**Non-profit institutions**

The over expenditure is as a result of transfer made for which funds were allocated under goods and services.

**Households**

The variance is an over expenditure as a result of funds transferred to employees for leave gratuity accrued upon resignation for which expenditure varies as per the number and nature of the cases.

**Buildings and other fixed structures**

The variance is as a result of expenditure on ongoing capital projects.

**Machinery and equipment**

The variance is for the purchase of equipment for new health facilities that could not be made for facilities which were under construction as at year end.

**Software and other intangible assets**

The variance is for funds spent for software purchased.

**DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
VOTE 10**

**STATEMENT OF FINANCIAL PERFORMANCE  
for the year ended 31 March 2005**

	<i>Note</i>	<b>2004/05 R'000</b>	<b>2003/04 R'000</b>
<b>REVENUE</b>			
Annual appropriation	1	5,762,063	4,789,633
Statutory appropriation	2	750	1,224
Departmental revenue	3	24,148	34,424
<b>TOTAL REVENUE</b>		<b>5,786,961</b>	<b>4,825,281</b>
<b>EXPENDITURE</b>			
<b>Current expenditure</b>			
Compensation of employees	4	1,338,597	1,200,013
Goods and services	5	937,314	914,338
<b>Total current expenditure</b>		<u>2,275,911</u>	<u>2,114,351</u>
<b>Transfers and subsidies</b>	8	<b>3,155,496</b>	<b>2,524,839</b>
<b>Expenditure for capital assets</b>			
Buildings and other fixed structures	9	95,655	0
Machinery and Equipment	9	93,166	58,366
Software and other intangible assets	9	196	0
<b>Total expenditure for capital assets</b>		189,017	58,366
<b>TOTAL EXPENDITURE</b>		<u><b>5,620,424</b></u>	<u><b>4,697,556</b></u>
<b>NET SURPLUS/(DEFICIT)</b>		166,537	127,725
Add back unauthorised expenditure	6	0	76,803
Add back fruitless and wasteful expenditure	7	143	0
<b>NET SURPLUS/(DEFICIT) FOR THE YEAR</b>		<u><b>166,680</b></u>	<u><b>204,528</b></u>
Reconciliation of Net Surplus for the year			
Voted Funds to be surrendered to the Revenue Fund/unutilised	13	142,532	170,104
Departmental receipts to be surrendered to the Revenue Fund	14	24,148	34,424
<b>NET SURPLUS/(DEFICIT) FOR THE YEAR</b>		<u><b>166,680</b></u>	<u><b>204,528</b></u>



**DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
VOTE 10**

**STATEMENT OF FINANCIAL POSITION  
for the year ended 31 March 2005**

	<i>Note</i>	<b>2004/05 R'000</b>	<b>2003/04 R'000</b>
<b>ASSETS</b>			
<b>Current assets</b>		<b>200,413</b>	<b>216,290</b>
Unauthorised expenditure	6	77,730	77,730
Fruitless and wasteful expenditure	7	545	402
Cash and cash equivalents	10	89,949	133,347
Prepayments and advances	11	35	0
Receivables	12	32,154	4,811
<b>TOTAL ASSETS</b>		<b>200,413</b>	<b>216,290</b>
<b>LIABILITIES</b>			
<b>Current liabilities</b>		<b>199,991</b>	<b>215,860</b>
Voted funds to be surrendered to the Revenue Fund	13	142,494	158,089
Departmental revenue to be surrendered to the Revenue Fund	14	1,328	2,061
Bank overdraft	15	0	1,663
Payables	16	56,170	54,048
<b>TOTAL LIABILITIES</b>		<b>199,991</b>	<b>215,861</b>
<b>NET ASSETS</b>		<b>421</b>	<b>430</b>
<b>Represented by:</b>			
Recoverable revenue		421	430
<b>TOTAL</b>		<b>421</b>	<b>430</b>

**DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
VOTE 10**

**STATEMENT OF CHANGES IN NET ASSETS  
for the year ended 31 March 2005**

	<i>Note</i>	<b>2004/05 R'000</b>	<b>2003/04 R'000</b>
<b>Recoverable revenue</b>			
Opening balance		430	446
Debts recovered (included in departmental revenue)	3	(430)	(446)
Debts raised		421	430
Closing balance		<u>421</u>	<u>430</u>
<b>TOTAL</b>		<u><b>421</b></u>	<u><b>430</b></u>

**DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
VOTE 10**

**CASH FLOW STATEMENT  
for the year ended 31 March 2005**

	<i>Note</i>	<b>2004/05 R'000</b>
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>		
Receipts		
Annual appropriated funds received		5,737,724
Statutory appropriated funds received		750
Departmental revenue received	3	23,634
Net (increase)/decrease in working capital		<u>(25,256)</u>
	17	<u>5,736,852</u>
Surrendered to Revenue Fund		(158,667)
Current payments		(2,275,911)
Transfers and subsidies paid		<u>(3,155,496)</u>
<b>Net cash flow available from operating activities</b>		<u><b>146,777</b></u>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>		
Payments for capital assets		(189,017)
Proceeds from sale of capital assets	3	514
<b>Net cash flows from investing activities</b>		<u><b>188,503</b></u>
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>		
Increase/(decrease) in loans received		<u>(9)</u>
<b>Net cash flows from financing activities</b>		<u><b>(9)</b></u>
Net increase/(decrease) in cash and cash equivalents		(41,735)
Cash and cash equivalents at the beginning of the period		<u>131,684</u>
<b>Cash and cash equivalents at end of period</b>	10	<u><b>89,949</b></u>

**DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
VOTE 10**

**NOTES TO THE ANNUAL FINANCIAL STATEMENTS  
for the year ended 31 March 2004**

**1. Annual Appropriation**

- 1.1** Included are funds appropriated in terms of the Appropriation Act for National Departments (Voted funds) and Provincial Departments (Equitable Share):\*\*

	<b>Final Appropriation R'000</b>	<b>Actual Funds Received R'000</b>	<b>Variance (under) R'000</b>	<b>Total Appropriation 2003/04 R'000</b>
Programme 1	246,301	246,301	0	215,762
Programme 2	1,457,949	1,437,062	(20,887)	1,398,850
Programme 3	90,625	90,625	0	70,031
Programme 4	386,448	382,996	(3,452)	317,417
Programme 6	58,919	58,919	0	47,422
Programme 7	23,765	23,765	0	27,793
Programme 8	168,475	168,475	0	117,736
Programme 9	3,148,061	3,148,061	0	2,445,077
Programme 10	119,957	119,957	0	97,632
Programme 11	58,055	58,055	0	49,064
Programme 12	3,508	3,508	0	2,849
<b>Total</b>	<b>5,762,063</b>	<b>5,737,724</b>	<b>(24,339)</b>	<b>4,789,633</b>

**Explanation of material variances**

**Programme 2**

The variance is for funds not received on the following conditional grants:  
Integrated Nutrition Programme R4,218,000, these funds were received after year end.  
National Tertiary Services R3,452,000, which was received after year end.  
Hospital Management and Quality Improvement R3,208,000, received after year end.  
Comprehensive HIV and AIDS R13,461,000 funds withheld by National Treasury.  
The funds in this programme will be requested for roll over to the next financial year.

**Programme 4**

The variance is for funds not received on the National Tertiary Services Conditional Grant for an amount of R3,452,000, but were received after year end. The funds will be requested for roll over to the next financial year.

**DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
VOTE 10**

**NOTES TO THE ANNUAL FINANCIAL STATEMENTS  
for the year ended 31 March 2004**

<b>1.2</b>	<b>Conditional grants</b>	<i>Note</i>	<b>2004/05</b>	<b>2003/04</b>
	Total grants received	<i>Annex 1A</i>	618,800	496,146

\*\* It should be noted that the Conditional grants are included in the amounts per the Total Appropriation in Note 1.1. \*\*

**2. Statutory Appropriation**

	<b>2004/05</b>	<b>2003/04</b>
	<b>R'000</b>	<b>R'000</b>
Member of the executive committee	750	1,224
	<b>750</b>	<b>1,224</b>

**3. Departmental revenue to be surrendered to revenue fund**

	<b>2004/05</b>	<b>2003/04</b>
	<b>R'000</b>	<b>R'000</b>
Sales of goods and services other than capital assets	18,488	22,363
Interest dividends and rent on land	5,147	12,061
Sales of capital assets	514	0
Total revenue collected	24,148	34,424
Less: Departmental revenue paid		
<b>Departmental revenue collected</b>	<b>24,148</b>	<b>34,424</b>

*Notes*

**DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
VOTE 10**

**NOTES TO THE ANNUAL FINANCIAL STATEMENTS  
for the year ended 31 March 2004**

**4 Compensation of employees**

**4.1 Salaries and Wages**

	<b>2004/05</b>	<b>2003/04</b>
	<b>R'000</b>	<b>R'000</b>
Basic salary	899,251	835,175
Performance award	151	0
Service Based	155	179,983
Compensative/circumstantial	143,331	0
Periodic payments	6,910	0
Other non-pensionable allowances	87,078	0
	<u><b>1,136,876</b></u>	<u><b>1,015,158</b></u>

**4.2 Social contributions**

**4.2.1 Short-term employee benefits**

Pension	129,171	118,424
Medical	72,164	66,431
UIF	3	0
Bargaining council	383	0
	<u><b>201,721</b></u>	<u><b>184,855</b></u>

**Total compensation of employees**

<u><b>1,338,597</b></u>	<u><b>1,200,013</b></u>
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Average number of employees

<u><b>13,802</b></u>	<u><b>12,053</b></u>
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**DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
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**NOTES TO THE ANNUAL FINANCIAL STATEMENTS  
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**5. Goods and services**

	<i>Note</i>	<b>2004/05 R'000</b>	<b>2003/04 R'000</b>
Advertising		10,174	902
Attendance fees (including registration fees)		917	0
Bank charges and card fees		1,196	861
Bursaries (employees)		21,064	17,988
Communication Services		32,423	26,719
Computer services		5,915	0
Consultants, contractors and special services		75,203	272,806
Courier and delivery services		84	0
Entertainment		654	11
External audit fees	5.1	2,085	3,506
Equipment less than R5000		25,684	137,646
Freight service		1	0
Government motor transport		34,127	0
Honoraria (Voluntarily workers)		1,689	0
Inventory	5.2	316,218	337,705
Legal fees		7,952	0
Maintenance, repairs and running cost		37,612	0
Medical services		89,477	0
Operating leases		6,577	8,504
Plant flowers and other decorations		58	0
Printing and publications		427	0
Professional bodies and membership fees		278	851
Resettlement cost		1,024	579
Subscriptions		108	0
System access fees		139,599	0
Owned leasehold property expenditure		71,055	0
Translations and transcriptions		1	0
Transport provided as part of the departmental activities		1,523	49,337
Travel and subsistence	5.3	35,663	9,239
Venues and facilities		2,628	1,538
Protective, special clothing & uniforms		1,593	0
Training & staff development		14,153	0
Water research/testing		152	20,474
Previous years unallocated funds		0	25,672
		<u>937,314</u>	<u>914,338</u>
		<b>2004/05 R'000</b>	<b>2003/04 R'000</b>
<b>5.1 External audit fees</b>			
Regularity audits		2,085	3,506
<b>Total external audit fees</b>		<u><b>2,085</b></u>	<u><b>3,506</b></u>

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	<b>2004/05 R'000</b>	<b>2003/04 R'000</b>
<b>5.2 Inventory (purchased during the year)</b>		
Construction work in progress	183	0
Domestic consumables	27,226	33,271
Food and Food supplies	57,135	0
Fuel, oil and gas	196	0
Laboratory consumables	77	0
Other consumables	3,241	247,499
Parts and other maintenance material	2,554	0
Stationery and printing	15,937	13,223
Restoration and fittings	7,643	0
Medical supplies	202,026	43,712
	<b><u>316,218</u></b>	<b><u>337,705</u></b>
	<b>2004/05 R'000</b>	<b>2003/04 R'000</b>
<b>5.3 Travel and subsistence</b>		
Local	35,418	9,070
Foreign	245	169
<b>Total travel and subsistence</b>	<b><u>35,663</u></b>	<b><u>9,239</u></b>



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	2004/05 R'000	2003/04 R'000
<b>6 Unauthorised expenditure</b>		
<b>6.1 Reconciliation of unauthorised expenditure</b>		
Opening balance	77,730	927
Unauthorised expenditure current year	0	76,803
Unauthorised expenditure awaiting authorisation	<u>77,730</u>	<u>77,730</u>
 <b>6.2 Unauthorised expenditure</b>		
<b>Incident</b>	<b>Disciplinary steps taken/criminal proceedings</b>	<b>Total</b>
Over expenditure on programme 10 on social welfare grants	Subsequently condoned	927
Over expenditure on programme 9 on social assistance grants	Subsequently condoned	76,803
		<u>77,730</u>
	2004/05 R'000	2003/04 R'000
<b>7 Fruitless and wasteful expenditure</b>		
<b>7.1 Reconciliation of fruitless and wasteful expenditure</b>		
Opening balance	402	402
Fruitless and wasteful expenditure current year	143	0
Fruitless and wasteful expenditure awaiting condonement	<u>545</u>	<u>402</u>
 <b>7.2 Fruitless and wasteful expenditure</b>		
<b>Incident</b>	<b>Disciplinary steps taken/criminal proceedings</b>	
Vehicle accidents	Subsequently condoned	70
Salary payment to official who was on suspension	Subsequently condoned	332
Interest paid	Awaiting to be condoned	143
		<u>545</u>

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**8. Transfers and subsidies**

		<b>2004/05 R'000</b>	<b>2003/04 R'000</b>
	<i>Notes</i>		
Provinces and municipalities	<i>Annex 1B</i>	25,759	21,903
Departmental agencies and accounts	<i>Annex 1C</i>	2,979,687	2,447,104
Foreign governments and international organisations	<i>Annex 1E</i>	0	0
Public corporations and private enterprises	<i>Annex 1D</i>	11,013	0
Non-profit institutions	<i>Annex 1F</i>	135,936	55,832
Households	<i>Annex 1G</i>	3,101	0
		<b><u>3,155,496</u></b>	<b><u>2,524,839</u></b>

**9. Expenditure for capital assets**

		<b>2004/05 R'000</b>	<b>2003/04 R'000</b>
Buildings and other fixed structures	<i>Annex 3</i>	95,655	81,148
Machinery and equipment	<i>Annex 3</i>	93,166	58,366
Software and other intangible assets	<i>Annex 4</i>	196	186
<b>Total</b>		<b><u>189,017</u></b>	<b><u>139,514</u></b>

**10. Cash and cash equivalents**

Consolidated Paymaster General Account	(60,628)	133,330
Cash on hand	49	17
Cash with commercial banks	150,528	0
	<b><u>89,949</u></b>	<b><u>133,347</u></b>

**11. Prepayments and advances**

<b>Description</b>		
Staff advances	23	0
Claims recoverable	12	0
	<b><u>35</u></b>	<b><u>0</u></b>

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<b>12. Receivables</b>				<b>2004/05 R'000</b>	<b>2003/04 R'000</b>
		<b>Less than one year</b>	<b>One to three years</b>	<b>Older than three years</b>	
				<b>Total</b>	<b>Total</b>
Staff debtors	13.1	867	0	0	4,239
Other debtors	13.3	13,429	13,113	4,745	518
		<b>14,296</b>	<b>13,113</b>	<b>4,745</b>	<b>4,811</b>

Amounts of R 1,658,000 (2004: R3,581,000) included above may not be recoverable, but have not been written off in the Statement of financial performance

<b>12.1 Staff debtors</b>		<b>2004/05 R'000</b>	<b>2003/04 R'000</b>
Salary overpayment		867	4,293
		<b>867</b>	<b>4,293</b>
<b>12.2 Other debtors</b>			
Advances		0	47
Pension Recoverable		0	3
Disallowance Miscellaneous		26,028	213
Disallowance Dishonoured cheques		11	0
Deduction allowance		24	66
Salary reversal		0	28
EBT recalls		0	14
Garnishee order deductions		0	2
Medical aids		4	9
Income tax		393	136
National Department of Health		545	0
Other		4,282	0
		<b>31,287</b>	<b>518</b>

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**NOTES TO THE ANNUAL FINANCIAL STATEMENTS  
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**13. Voted funds to be surrendered to the Revenue Fund.**

	<b>2004/05 R'000</b>	<b>2003/04 R'000</b>
Opening balance	158,088	111,576
Transfer from Statement of Financial Performance	142,532	170,104
Voted funds not requested/not received	(24,339)	(12,016)
Paid during the year	(133,787)	(111,576)
Closing balance	<u><b>142,494</b></u>	<u><b>158,089</b></u>

**14. Departmental receipts to be surrendered to the Revenue Fund**

	<b>2004/05 R'000</b>	<b>2003/04 R'000</b>
Opening balance	2,061	2,065
Transfer from Statement of Financial Performance	24,148	34,424
Paid during the year	(24,881)	(34,428)
Closing balance	<u><b>1,328</b></u>	<u><b>2,061</b></u>

**15. Bank overdraft**

	<b>2004/05 R'000</b>	<b>2003/04 R'000</b>
Paymaster General Account	0	1,663
	<u><b>0</b></u>	<u><b>1,663</b></u>

**16 Payables – current  
Description**

	<i>Notes</i>	<b>30 Days</b>	<b>30+ Days</b>	<b>2004/05 Total</b>	<b>2003/04 Total</b>
Other payables	17.1	2,735	53,435	56,170	54,048
		<u><b>2,735</b></u>	<u><b>53,435</b></u>	<u><b>56,170</b></u>	<u><b>54,048</b></u>

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**NOTES TO THE ANNUAL FINANCIAL STATEMENTS  
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	<b>2004/05 R'000</b>	<b>2003/04 R'000</b>
<b>16.1 Other payables</b>		
Cancelled cheques	0	176
Pension deductions	0	924
State guarantee	0	504
Persal/ACB recalls	1,575	435
Salary disallowance	1,828	138
Garnishee order	9	9
Housing deduction	3	2
Tax RSA	42	0
Housing guarantees	359	0
Advance from treasury	51,860	51,860
Leavership programme	494	0
	<b><u>56,170</u></b>	<b><u>54,048</u></b>
	<b>2004/05 R'000</b>	<b>2003/04 R'000</b>
<b>17. Reconciliation of net cash flow from operating activities to surplus/(deficit)</b>		
Net surplus/(deficit) as per Statement of Financial Performance	142,341	160,149
(Increase)/decrease in receivables – current	(27,343)	2,140
(Increase)/decrease in prepayments and advances	(35)	0
(Increase)/decrease in other current assets	(143)	0
(Increase)/decrease in other non-current assets	0	77,906
Increase/(decrease) in payables – current	2,122	51,554
Increase/(decrease) in current liabilities	0	109,868
Proceeds from sale of equipment	(514)	0
Surrenders	(158,668)	(146,004)
Capital expenditure	189,017	123,744
Voted funds not requested/not received		(12,016)
<b>Net cash flow generated by operating activities</b>	<b><u>146,777</u></b>	<b><u>367,341</u></b>
<b>18. Appropriated funds and departmental revenue surrendered</b>		
Appropriated funds surrendered	(133,787)	(111,576)
Departmental revenue surrendered	(24,881)	(34,428)
	<b><u>(158,668)</u></b>	<b><u>(146,004)</u></b>

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**DISCLOSURE NOTES TO THE ANNUAL FINANCIAL STATEMENTS  
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19.			Note	2004/05	2003/04
				R'000	R'000
	<b>Liable to</b>	<b>Nature</b>			
	Housing loan guarantees	Employees	Annex 3	11,920	12,295
	Claims			19,971	7,829
	Other departments (interdepartmental unconfirmed balances)		Annex 6	787	647
	Capped leave commitments			147,813	0
				<b>180,311</b>	<b>20,771</b>
				<b>2004/05</b>	<b>2003/04</b>
				<b>R'000</b>	<b>R'000</b>
20.	<b>Commitments per programme</b>				
	<b>Current expenditure</b>				
	Approved and contracted			27,173	3,654
	Approved but not yet contracted			27,173	3,654
	<b>Capital expenditure</b>				
	Approved and contracted			17,825	317
				17,825	317
	<b>Total Commitments</b>			<b>44,998</b>	<b>3,971</b>
21.	<b>Accruals</b>			<b>2004/05</b>	<b>2003/04</b>
	<b>Listed by economic classification</b>			<b>R'000</b>	<b>R'000</b>
				<b>Total</b>	<b>Total</b>
		<b>30 Days</b>	<b>30+ Days</b>		
	Compensation of employees	0	0	0	11
	Goods and services	11,783	6,466	18,249	24,180
	Transfers and subsidies	0	0	0	13,838
	Buildings and other fixed structures	0	0	0	121
	Machinery and equipment	377	0	377	14,593
		<b>12,160</b>	<b>6,446</b>	<b>18,626</b>	<b>52,743</b>

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**DISCLOSURE NOTES TO THE ANNUAL FINANCIAL STATEMENTS  
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**Listed by programme level**

	<b>2004/05 R'000</b>	<b>2003/04 R'000</b>
Programme 1	1,469	19,515
Programme 2	16,150	1,774
Programme 3	38	6,076
Programme 4	56	8,300
Programme 6	186	1,330
Programme 7	250	0
Programme 8	19	0
Programme 9	174	869
Programme 10	20	11,832
Programme11	195	3,014
Programme 12	69	33
	<b><u>18,626</u></b>	<b><u>52,743</u></b>

**Confirmed balances with other departments**

*Annex 6*

1,665	30
<b><u>1,665</u></b>	<b><u>30</u></b>

**22 Employee benefits**

	<b>2004/05 R'000</b>	<b>2003/04 R'000</b>
Leave entitlement	21,065	230,863
Thirteenth cheque	39,799	62,620
Performance bonus	151	131
	<b><u>61,015</u></b>	<b><u>293,614</u></b>

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**DISCLOSURE NOTES TO THE ANNUAL FINANCIAL STATEMENTS  
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<b>23. Lease Commitments</b>				
<b>23.1 Operating leases</b>	<b>Buildings and other fixed structures</b>	<b>Machinery and equipment</b>	<b>Total</b>	<b>Total</b>
Not later than 1 year	0	1,676	1,676	2,149
Later than 1 year and not later than 3 years	0	3,791	3,791	4,262
Later than three years	0	518	518	2,232
	<u>0</u>	<u>5,985</u>	<u>5,985</u>	<u>8,643</u>
Total present value of lease liabilities	<u><u>0</u></u>	<u><u>5,985</u></u>	<u><u>5,985</u></u>	<u><u>8,643</u></u>

		<b>R'000</b>	<b>R'000</b>
<b>24. Receivables for services delivered (off balance sheet)</b>			
<b>Nature of service</b>			
Patient fees		<u>44,351</u>	<u>38,657</u>
		<u><u>44,351</u></u>	<u><u>38,657</u></u>

An amount of R0,00 has been written-off during the year. Amount of R35, 315,684.85 is included above may not be recoverable and has not been written off.

**25 Irregular expenditure**

<b>25.1 Reconciliation of irregular expenditure</b>		
Opening balance	<u>4,341</u>	<u>4,341</u>
Irregular expenditure awaiting condonement	<u><u>4,341</u></u>	<u><u>4,341</u></u>

Prior years	<u>4,341</u>	<u>4,341</u>
	<u><u>4,341</u></u>	<u><u>4,341</u></u>

**25.2 Irregular expenditure**

<b>Incident</b>	<b>Disciplinary steps taken/criminal proceedings</b>	
Services procured in contravention of procurement regulations	Disciplinary steps concluded	4,341
		<u><u>4,341</u></u>



**DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
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**DISCLOSURE NOTES TO THE ANNUAL FINANCIAL STATEMENTS  
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**26 Senior management personnel**

Category	Salary level	2004/05		2003/04	
		Number of officials	R,000 Average Salary Amount	Number of officials	R,000 Average Salary Amount
Member of the Executive Committee	N/A	1	668	2	1,224
Deputy Director General	15	1	657	2	1,228
Chief Directors	14	4	2,135	6	3,021
Directors	13	26	12,663	26	11,114
		<b>32</b>	<b>16,123</b>	<b>36</b>	<b>16,587</b>

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**ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS  
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**ANNEXURE 1A  
STATEMENT OF CONDITIONAL GRANTS RECEIVED**

NAME OF DEPARTMENT	GRANT ALLOCATION				SPENT			2003/04	
	Division of Revenue Act	Roll Overs	DORA Adjustments	Total Available	Amount received by department	Amount spent by department	% of available funds spent by department	Division of Revenue Act	Amount spent by department
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Provincial Treasury: Health Financial Management	0	2,008	0	2,008	2,008	2,008	100.0%	2,844	836
National Department of Health: Integrated Nutrition Programme	8,713	6,340	0	15,053	12,796	13,498	89.7%	67,1836	60,843
National Department of Health: Comprehensive HIV and AIDS	53,840	11,821	0	65,661	52,200	56,421	85.9%	34,550	22,731
National Department of Health: National Tertiary Service	41,427	7,100	0	48,527	45,075	46,526	95.9%	41,796	34,675
National Department of Health: Health Professions Training and Development	41,808	275	0	42,083	42,083	42,083	100.0%	46,575	46,300
National Department of Health: Hospital Revitalisation	68,292	20,131	0	88,423	88,423	52,359	59.2%	65,944	45,802
National Treasury: Provincial Infrastructure	35,724	4,829	0	40,553	40,553	25,418	62.7%	29,171	24,278
National Department of Health: Flood Relief	0	6,677	0	6,677	6,677	6,534	97.9%	11,016	4,339
National Department of Health: Hospital Management and quality Improvement	12,833	16,157	0	28,990	25,782	22,748	78.5%	20,273	4,191
National Department of Health: Coroner Special Services	0	1,000	0	1,000	1,000	1,000	100.0%	1,000	0
National Department of Social of Social Development: Child Support Extension	260,013	0	0	260,013	260,013	260,013	100.0%	89,039	94,417
National Department of Social Development: Food Security	27,651	0	4,262	31,913	31,913	20,609	64.6%	27,651	23,389
National Department of Social Development: OPS Centre	0	0	0	0	0	0	0.0%	144	144
National Department of Social Development: Financial Management (Social Security)	0	0	0	0	0	0	0.0%	262	262
National Department of Social Development: Child Support	0	0	0	0	0	0	0.0%	109	109
National Department of Social Development: HIV and AIDS (Community Based Care)	10,456	0	1,782	12,238	12,238	11,445	93.5%	10,821	9,039
	<b>560,757</b>	<b>76,338</b>	<b>6,044</b>	<b>643,139</b>	<b>618,800</b>	<b>560,662</b>	<b>87,1%</b>	<b>496,146</b>	<b>378,584</b>

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**ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS  
for the year ended 31 March 2005**

**ANNEXURE 1A (CONTINUED)  
STATEMENT OF CONDITIONAL GRANTS RECEIVED**

**Reasons for material underspending:**

**Integrated Nutrition Programme**

Services could not be delivered within the financial year. Challenges with regard to procurement procedures and availability of financial systems delayed the procurement and payments processes. Thus services could not be ordered and delivered and paid for within the financial year.

On realisation that there was a risk of underspending on this grant during the course of the financial year, the Department reviewed the business plan, adjustments were made to for services which were deliverable and payable within the reporting period.

The unspent funds will be requested for roll over to the next financial year pay for the outstanding payments.

**Comprehensive HIV and AIDS**

The reasons for the underspending on this conditional grant are as follows:

- An amount of R2,500,000 for a regional training centre could not be spent within the financial year because of delays in the appointment of a contractor.
- An amount of R1,242,000 for a step down facility was not spent because of delays in the appointment of a contractor to renovate the identified sites.
- An amount of R5,000,000 for transfer to the Health Systems Trust was withheld because the contract could not be concluded timeously with the transferee. The Department has subsequently entered into a contract with the transferee.
- An amount of R500,000 for uniform for lay counsellors was not spent. The Department had to identify the lay counsellors who are located mainly in the rural areas where after screening and training of the counsellors had to be conducted before entering into contractual agreements.

The following corrective steps were taken:

- The corrective measures for the establishment of the regional training centre and the step down facility is as mentioned under corrective measures for programme 8 in 4.1 above.
- The Department signed a contractual agreement with the Health Systems Trust in the last quarter of the financial, but it would not have been appropriate for the Department to transfer the funds in the last quarter as there would not have been adequate time for the service provider to implement the plans before the end of the financial year.
- To expedite the procurement process of uniform for the lay counsellors, the Department opted to use an existing tender for uniform, however the order could only be issued in the last quarter of the financial year.

The unspent funds on this conditional grant will be requested for roll over to the next financial year.

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**ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS  
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**Hospital Revitalisation**

The underspending in this programme is mainly because of the following reasons:

- The dissolution of the Mpumalanga Provincial Tender Board at the beginning of the financial year as part of the Province's attempts to comply with the Supply Chain Management Guidelines led to the late appointment of service providers.
- As a result of this, the Department was challenged by the transition from utilising the Provincial Tender Board to the establishing Departmental Bid Adjudication Committees.
- The completion of projects was delayed in instances wherein after appointment of service providers, guarantees were not issued timeously for the contractors to begin the construction process.
- The appointment of service providers who did not meet the required standards delayed the progress of capital projects.

The following corrective steps were taken to address these challenges:

- The Department has signed a service level agreement with the Department of Public Works which has improved mutual relations.
- The Department will strengthen the management of capital projects by appointing a project manager and architect to focus on the capital revitalisation projects of the Department. Advertisements of the vacancies have been made to this regard.
- All capital projects were submitted timeously to the Department of Public Works to avoid the late appointment of contractors.
- The participation of Departmental officials in the Joint Bid Adjudication Committee on capital projects is an attempt to promote the interests of the Department in the appointment of contractors.

The unspent funds will be requested for roll over to the next financial year to continue with the projects.

**Provincial Infrastructure**

The reasons for the underspending in this conditional grant and the corrective steps taken are as stated under Hospital Revitalisation above. These funds will also be requested for roll over to the next financial year.

**Hospital Management and Quality Improvement**

The reasons for the underspending are as follows:

- The lack of capacity within the Department to manage a disaster recovery system which was to be procured for an amount of R2,500,000 and wireless LAN connectivity which was to be procured for R1,242,000 led to late implementation of the plans.
- An amount of R2,500,000 allocated for telemedicine equipment was not spent because of the lack of specifications.

**DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
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**ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS  
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The following corrective steps were taken:

- The management of the disaster recovery system and the establishment of the wireless LAN connectivity have been outsourced to SITA.
- The Department engaged the National Department of Health for assistance with the development of the specifications for telemedicine equipment for the technical expertise, which the Department does not possess and to ensure that the specifications conform with other systems used in the country.

The unspent funds on this conditional grant will be requested for roll over to the next financial year.

**Food Emergency Services**

The underspending is incurred because service providers for the delivery of food parcels were appointed in the last quarter of the financial year. Although the risk of underspending on this conditional grant was apparent as per the in year financial management reports, the Department had to wait for the appointment of service providers by the National Department of Social Development.

The funds will be requested for roll over to the next financial year for the delivery of the food parcels and related operational costs.

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**ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS  
for the year ended 31 March 2005**

**ANNEXURE 1B  
STATEMENT OF TRANSFERS PAID TO MUNICIPALITIES**

NAME OF MUNICIPALITY	GRANT ALLOCATION				TRANSFER		SPENT			2003/04
	Divisi on of Reven ue Ac	Roll Overs	DORA Adjustme nts	Total Availab le	Actual Transfe r	% of Availabl e funds Transfer red	Amoun t receiv ed by munici pality	Amoun t spent by munici pality	% of available funds spent by municipalit y	Divisi on of Reven ue Act
	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000	%	R'000
Albert Luthuli	475	0	0	475	0	0.0%	0	0	0.0%	448
Delmas	1,751	0	0	1,751	1,842	105.2%	1,842	1,842	105.2%	1,564
Ehlanzeni	0	0	0	0	50	(100.0%)	50	50	(100.0%)	3,500
Emalah EC136	3,920	0	0	3,920	4,844	123.6%	4,844	4,844	123.0%	
Govern Mbeki	1,612	0	0	1,612	1,849	114.8%	1,850	1,850	114.8%	1,521
Emakhazeni	0	0	0	0	188	(100.0%)	189	189	(100.0%)	184
Lekwa	1,152	0	0	1,152	1,344	116.8%	1,345	1,345	116.0%	1,087
Mbombela	1,293	0	0	1,293	1,155	89.4%	1,156	1,156	89.4%	1,175
Mkhonto	452	0	0	452	505	111.7%	505	505	111.7%	426
Msukalingwa	1,616	0	0	1,616	1,533	94.9%	1,534	1,534	94.9%	1,524
Nkomazi	1,601	0	0	1,601	1,178	73.6%	1,179	1,179	73.6%	1,456
Steve Tshwete	0	0	0	0	5,921	(100.0%)	5,921	5,921	(100.0%)	4,101
Thaba Chweu	768	0	0	768	566	73.7%	566	566	73.7%	698
Umjindini	628	0	0	628	513	81.7%	513	513	81.7%	571
Nkangala District DC	1,332	0	0	1,332	1,172	88.0%	1,172	1,172	88.0%	0
Ehlanzeni District DC	1,777	0	0	1,777	1,686	94.9%	1,687	1,687	94.9%	0
Gert Sibande District DC	1,309	0	0	1,309	1,089	82.6%	1,081	1,081	82.6%	0
Sekhukhuni cross border	0	0	0	0	317	(100.0%)	316	316	(100.0%)	0
Waterval Boven	221	0	0	221	0	0.0%	0	0	0.0%	197
Marble Hall	452	0	0	452	0	0.0%	0	0	0.0%	404
Groblersdal	540	0	0	540	0	0.0%	0	0	0.0%	482
Pixly Ka seme	0	0	0	0	0	0.0%	0	0	0.0%	48
Seme	51	0	0	51	0	0.0%	0	0	0.0%	0
Middelburg	4,593	0	0	4,593	0	0.0%	0	0	0.0%	0
Highlands	206	0	0	206	0	0.0%	0	0	0.0%	0
Unallocated	1,028	0	0	1,028	0.0%	0.0%	0	0	0.0%	970
<b>26,777</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>26,777</b>	<b>25,759</b>	<b>96.0%</b>	<b>25,750</b>	<b>25,750</b>	<b>100.0%</b>	<b>20,356</b>

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**ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS  
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**ANNEXURE 1B (CONTINUED)  
STATEMENT OF TRANSFERS PAID TO MUNICIPALITIES**

**Reasons for material underspending:**

The funds that have not been transferred amount to R1,027,000 which more or less equals the unallocated amount of R1,028,000 budgeted for contingencies.

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**ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS  
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**ANNEXURE 1C  
STATEMENT OF TRANSFERS TO DEPARTMENTAL AGENCIES AND ACCOUNTS**

AGENCY/ACCOUNTS	TRANSFER ALLOCATION				TRANSFER		2003/04
	Appropriati on Act	Roll Overs	Adjustment s	Total Available	Actual Transfer	% of Available funds Transferre d	Appropriat ion Act
	R'000	R'000	R'000	R'000	R'000	%	R'000
Empilweni Payout	1,646,471	0	0	1,646,471	1,635,628	99.3%	1,573,147
ACB	776,905	0	0	776,905	771,727	99.3%	481,813
South African Postal Services	564,090	0	0	564,090	560,374	99.3%	431,312
EBT	8,503	0	0	8,503	8,447	99.3%	2,444
Sesifuba	0	0	0	0	0	0.0%	2,519
Wenakker	0	0	0	0	0	0.0%	31
Medunsa and Uni. of Pretoria	0	0	0	0	0	0.0%	6,121
Compensation commissioner	325	0	0	325	233	71.7%	0
Other State Agencies	1,787	0	0	1,787	3,226	180.5%	0
	<b>2,998,081</b>	<b>0</b>	<b>0</b>	<b>2,998,081</b>	<b>2,979,625</b>	<b>99.3%</b>	<b>2,497,387</b>

**Reasons for material underspending:**

**Compensation commissioner**

The underspending on compensation commissioner because these are allocations for injury on duty and the expenditure varies depending on the number of cases to which the Department is liable to pay to the workmen's compensation.



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**ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS  
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**ANNEXURE 1D  
STATEMENT OF TRANSFERS SUBSIDIES TO PUBLIC CORPORATIONS AND PRIVATE ENTERPRISES**

NAME OF PUBLIC CORPORATION/PRIVATE ENTERPRISE	TRANSFER ALLOCATION				TRANSFER				2003/04
	Appropriation Act	Roll Overs	Adjustments	Total Available	Actual Transfer	% of Available funds Transferred	Capital	Current	Appropriation Act
	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000	R'000
<b>Transfers</b>									
<b>Private enterprises</b>									
Glendrind MIB- Motor insurance	0	0	0	0	6	(100,0%	0	6	0
Life care	0	0	11,092	11,092	11,007	99,0%	0	11,007	0
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>11,092</b>	<b>11,092</b>	<b>11,013</b>	<b>99,0%</b>	<b>0</b>	<b>11,013</b>	<b>0</b>

**Reasons for material underspending:**

**Life care**

The allocation to life care is for patients transferred to these institution for mental health care, payments are made on a cost recovery basis. Expenditure on this allocation thus varies depending on the number of referrals.

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**ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS  
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**ANNEXURE 1E  
STATEMENT OF TRANSFERS TO FOREIGN GOVERNMENT AND INTERNATIONAL ORGANISATIONS**

FOREIGN GOVERNMENT/ INTERNATIONAL ORGANISATION	TRANSFER ALLOCATION				TRANSFER		2003/04
	Appropriation Act	Roll overs	Adjustment s	Total Availab le	Actual Transfer	% of Available funds Transferre d	Appropriati on Act
	R'000	R'000	R'000	R'000	R'000	%	R'000
<b>Transfers</b>							
Unallocated	0	0	70	70	0	0.0%	0
	0	0	70	70	0	0.0%	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>70</b>	<b>70</b>	<b>0</b>	<b>0.0%</b>	<b>0</b>

**Reasons for material underspending:**

The funds were not allocated to a specific foreign government or international organisation but were for contingencies that could have arisen.

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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS  
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ANNEXURE 1F  
STATEMENT OF TRANSFERS TO NON-PROFIT ORGANISATIONS

	TRANSFER ALLOCATION				TRANSFER		2003/04
	Appropriation Act	Roll overs	Adjustments	Total Available	Actual Transfer	% of Available funds Transferred	Appropriation Act
	R'000	R'000	R'000	R'000	R'000	%	R'000
<b>NON-PROFIT ORGANISATIONS</b>							
<b>Transfers</b>							
Health and social welfare organisations	132,678	0	0	132,678	135,936	102.5%	67,576

**Reasons for under-spending**

The over expenditure is as a result of transfer made for which funds were allocated under goods and services.

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**ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS  
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**ANNEXURE 1G  
STATEMENT OF TRANSFERS TO HOUSEHOLDS**

HOUSEHOLDS	TRANSFER ALLOCATION				EXPENDITURE		2003/04
	Appropriation Act	Roll Overs	Adjustments	Total Available	Actual Transfer	% of Available funds Transferred	Appropriation Act
	R'000	R'000	R'000	R'000	R'000	%	R'000
<b>Transfers</b>							
Employee leave gratuity	0	0	28	28	3,101	11,079%	0
	<b>0</b>	<b>0</b>	<b>28</b>	<b>28</b>	<b>3,101</b>	<b>11,079%</b>	<b>0</b>
	<b>0</b>	<b>0</b>	<b>28</b>	<b>28</b>	<b>3,102</b>	<b>11,079%</b>	<b>0</b>

**Reasons for material underspending:**

The allocation is mainly for leave credits accrued to employees upon termination of service. The expenditure varies according to the number of cases.

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**ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS  
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**ANNEXURE 2  
STATEMENT OF FINANCIAL GUARANTEES ISSUED AS AT 31 MARCH 2005 – LOCAL**

Guarantor institution	Guarantee in respect of	Original guarantee d capital amount	Opening balance 1 April 2004	Guarantees issued during the year	Guarantee s released during the year	Guarantee d interest for year ended 31 March 2005	Closing balance 31 March 2005	Realised losses i.r.o. claims paid out
		R'000	R'000	R'000	R'000	R'000	R'000	R'000
Standard Bank	Housing	7,142	1,172	465	(74)	0	1,563	0
NetBank Limited	Housing	2,605	1,219	170	( 86)	0	1,303	0
First National Bank	Housing	7,104	1,280	112	(107)	0	1,285	0
ABSA Bank	Housing	15,354	2,966	382	(218)	0	3,130	0
Unique Finance	Housing	0	290	15	(32)		273	
People Bank	Housing	11,248	1,206	17	(54)	0	1,169	0
Old Mutual Bank	Housing	12,993	2,961	73	(147)	0	2,887	0
Hlano Financial Service	Housing	60	11	0	0	0	11	0
VBS Mutual bank	Housing	0	0	29	0	0	29	0
Mpumalanga housing	Housing	874	193	56	( 48)	0	201	0
MLS Bank Limited	Housing	83	17	0	0	0	17	0
SA Home loans	Housing	0	25	0	(25)	0	0	0
Green Start Home Loans	Housing	92	37	0	0	0	37	0
SouthNet Financial Service	Housing	74	15	0	0	0	15	0
Permanent Bank	Housing	175	0	0	0	0	0	0
<b>African Bank</b>	<b>Housing</b>	<b>1,715</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total</b>		<b>59,520</b>	<b>11,392</b>	<b>1,319</b>	<b>(791)</b>	<b>0</b>	<b>11, 920</b>	<b>0</b>

**Note**

The opening balances are not the same as those stated as closing balances on the audited annual financial statement. The reason for this is that the balances are affected by backdated transactions.

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**ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS  
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**ANNEXURE 3**

**PHYSICAL ASSET MOVEMENT SCHEDULE FOR THE YEAR ENDED 31 MARCH 2005**

	Opening Balance R'000	Additions R'000	Disposals R'000	Transfers in R'000	Transfers out R'000	Closing balance R'000
<b>BUILDINGS AND OTHER FIXED STRUCTURES</b>		<b>95,655</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Non-residential buildings		95,655	0	0	0	0
Other structures (Infrastructure assets)		0	0	0	0	0
Capital work in progress		0	0	0	0	0
<b>MACHINERY AND EQUIPMENT</b>		<b>93,166</b>	<b>514</b>	<b>0</b>	<b>88</b>	<b>0</b>
Computer equipment		15,432	0	0	67	0
Furniture and office equipment		2,666	0	0	21	0
Other machinery and equipment		44,103	11	0	0	0
Transport assets		30,965	503	0	0	0
		<b>188,821</b>	<b>514</b>	<b>0</b>	<b>88</b>	<b>0</b>

**PHYSICAL ASSET MOVEMENT SCHEDULE FOR THE YEAR ENDED 31 MARCH 2004**

	Opening Balance R'000	Additions R'000	Disposals R'000	Transfers in R'000	Transfers out R'000	Closing balance R'000
<b>BUILDINGS AND OTHER FIXED STRUCTURES</b>		<b>81,148</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Other structures (Infrastructure assets)		70,514	0	0	0	0
Capital work in progress		10,634	0	0	0	0
<b>MACHINERY AND EQUIPMENT</b>		<b>58,366</b>	<b>0</b>	<b>0</b>	<b>0</b>	
Computer equipment		8,993	0	0	0	0
Furniture and office equipment		7,452	0	0	0	0
Other machinery and equipment		33,224	0	0	0	0
Transport assets		8,697	0	0	0	0
		<b>139,514</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

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**ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS  
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**ANNEXURE 4**

**SOFTWARE AND OTHER INTANGIBLE ASSETS MOVEMENT SCHEDULE AS AT 31 March 2005**

	Opening Balance R'000	Additions	Disposals R'000	Transfers in R'000	Transfers out R'000	Closing balance R'000
Computer software	186	196	0	0	0	382
	<b>186</b>	<b>196</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>328</b>

**SOFTWARE AND OTHER INTANGIBLE ASSETS MOVEMENT SCHEDULE AS AT 31 March 2004**

	Opening Balance R'000	Additions	Disposals R'000	Transfers in R'000	Transfers out R'000	Closing balance R'000
Computer software	186	0	0	0	0	186
	<b>186</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>186</b>

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**ANNEXURE 5  
INTER-GOVERNMENT RECEIVABLES**

GOVERNMENT ENTITY	Confirmed balance outstanding		Unconfirmed balance outstanding	
	31/03/2005 R'000	31/03/2004 R'000	31/03/2005 R'000	31/03/2004 R'000
<b>Departments</b>				
Public Works Roads	0	43	0	0
	0	43	0	0
<b>TOTAL</b>	<b>0</b>	<b>43</b>	<b>0</b>	<b>43</b>



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**ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS  
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**ANNEXURE 6  
INTER-GOVERNMENT PAYABLES**

<b>GOVERNMENT ENTITY</b>	<b>Confirmed balance outstanding</b>		<b>Unconfirmed balance outstanding</b>	
	<b>31/03/2005 R'000</b>	<b>31/03/2004 R'000</b>	<b>31/03/2005 R'000</b>	<b>31/03/2004 R'000</b>
<b>Department</b>				
Amounts not included in Statement of financial position	0	29	0	0
Current	1,665	1	0	647
Non-current	0	0	787	0
<b>Total</b>	<b>1,665</b>	<b>30</b>	<b>787</b>	<b>647</b>