DEPARTMENT OF HEALTH

Annual Report 2004 / 2005

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ABET	: Adult Basic Education & Training
AEA	: Ambulance Emergency Assistant
AD	: Assistant Director
AIDS	: Acquired Immune Deficiency Syndrome
ALOS	: Average Length of Stay
ARV	: Anti RetroViral
BCG	: Bacilli Cumen Guerette
BFHI	: Baby Friendly Hospital Initiative
BLS	: Basic Life Support
BOR	: Bed Occupancy rate
CCTV	: Close Circuit Television
CD	: Chief Directorate
CHC	: Community Health Centre
CHS	: Community Health Services
COHSASA	: Council of Health Services Accreditation of South Africa
C/I	: Confidence Interval
CTOP	: Choice on Termination Of Pregnancy
CQI	: Continuous Quality Improvement
DDG	: Deputy Director General
DEC	: Departmental Executive Committee
DHS	: District Health System
DMC	: Departmental Management Committee
DISCA	: District STI quality of Care Assessment
DORA	: Division of Revenue Act
DOTS	: Directly Observed Treatment Strategy
DSPN	: Designated Service Provider Network
DTP	: Diphtheria Tetanus Polio
EDL	: Essential Drug List
EHTP	: Essential Health Technology Policy
EMS	: Emergency Medical Services
EPI	: Expanded Programme on Immunisation
EPWP	: Expanded Public Works Programme
EWS	: Early Warning System
HBC	: Home Based Care
HEP A/B	: Hepatitis A/B
HIV	: Human Immuno Deficiency Syndrome
HMIS	: Hospital Information Management System
HPCSA	: Health Professional Council of South Africa
HTA	: High Transmission Area

ICT : Information Communication Technology
IDT : Integrated Development Trust
IHCMIS : Integrated Health Care Management Information System
IHPF : Integrated Hospital Plan Framework
ILS : Intermediate Life Support
IMCI : Integrated Management of Childhood Illnesses
IPFA : Institute of Public Finance Association
KPA : Key Performance Area
KPI : Key Performance Indicator
KTPW : Klerksdorp /Tshepong / Potchefstroom / Witrand
MDR : Multi Drug Resistance
MISS : Minimum Information Security System
MOU : Memorandum Of Understanding
MPH : Mafikeng Provincial Hospital
MRC : Medical Research Council
MTEF : Medium Term Expenditure Framework
MVA : Manual Vacuum Aspiration
NAFCI : National Adolescent Friendly Clinic Initiative
NdoH : National Department of Health
NGO : Non- Governmental Organisation
NQF : National Qualification Framework
NWDoH : North West Department of Health
NTSG : National Tertiary Service Grant
OPV : Oral Prevalent-Polio Vaccine
PAAB : Patient Administration And Billing
PSCBC : Public Service Commission Bargaining Council
PDE : Patient Day Equivalent
PDI : Previously Disadvantaged Group
PEMS : Protein Energy Malnutrition Scheme
PHWSBC : Public Health and Welfare Sectoral Bargaining Council
PLWHA : People Living with HIV and AIDS
PMA : Performance Management Agreement
PMDS : Performance Management Development System
PMF : Performance Management Framework
PMTCT : Prevention of Mother to Child Transmission
PPP : Private Public Partnership
RFI : Request for Information
RFP : Request for Proposal
RHRU : Reproductive Health Research Unit
RPL : Recognition of Prior Learning
RtHC : Road to Health Chart

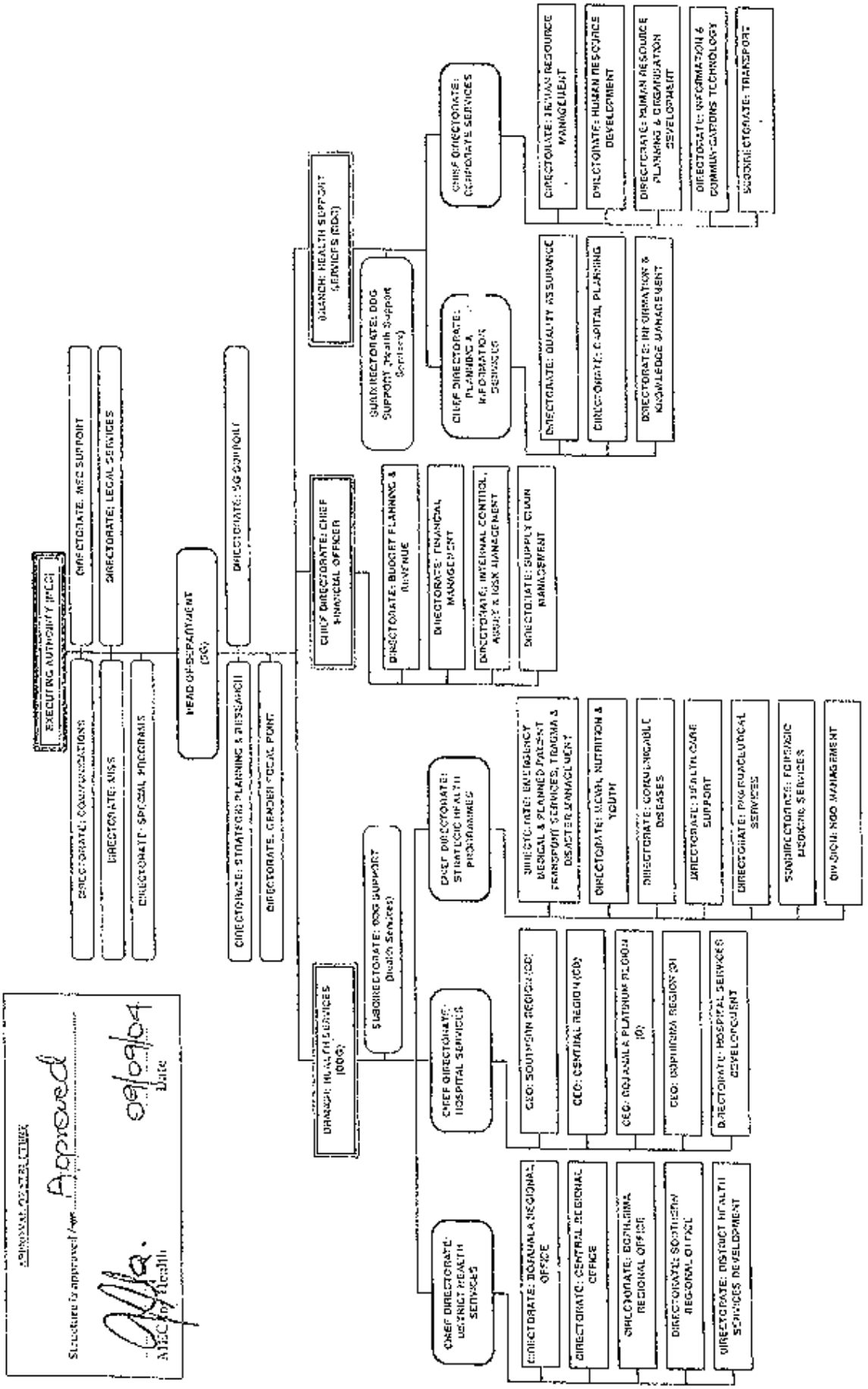
SALGA : South African Local Government Association
SAPS : South African Police Service
SAMAG : South African Men's Action Group
SAMDI : South African Management Development Institute
SANDF : South African National Defence Force
SCM : Supply Chain Management
SADHS : South African District Health Services
SDIA : Service Delivery Improvement Agreement
SLA : Service Level Agreement
SMME : Small Medium Micro Enterprise
SOPS : Standard Operating Procedures
STATSSA : Statistics South Africa
TB : Tuberculosis
UBUR : Usable Bed Utilization rate
UNIWEST : University of North West
UPFS : Uniform Patient Fee Schedule
VCT : Voluntary Counselling and Testing
WITS : Work Improvement Team Strategy
WHO : World Health Organization

OFFICE OF THE HEAD OF DEPARTMENT

The Hon. E.M. Mayisela,
Honourable MEC
Department of Health

I am pleased to present the 2004/05 Annual Report of the Department of Health

M.O. Mongale,
Head of Department
Department of Health.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Approved
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Date
EXECUTING AUTHORITY (MEC)
DIRECTORATE: COMMUNICATIONS
DIRECTORATE: MEC SUPPORT
DIRECTORATE: AIDS
DIRECTORATE: LEGAL SERVICES
DIRECTORATE: SPECIAL PROGRAMS
HEAD OF DEPARTMENT (HOD)
DIRECTORATE: STRATEGIC PLANNING & RESEARCH
DIRECTORATE: GENDER FOCAL POINT
DIRECTORATE: HOD SECRETARY
BRANCH: HEALTH SERVICES (DDG)
SUBDIRECTORATE: DDG SUPPORT (Health Services)
CHIEF DIRECTORATE: STRATEGIC HEALTH PROGRAMMES
DIRECTORATE: EMERGENCY MEDICAL & PLANNED PATIENT TRANSPORT SERVICES, TRAUMA & DISASTER MANAGEMENT
DIRECTORATE: MCWH, NUTRITION & YOUTH
DIRECTORATE: COMMUNICABLE DISEASES
DIRECTORATE: PALLIATIVE CARE SUPPORT
DIRECTORATE: PHARMACEUTICAL SERVICES
SUBDIRECTORATE: FORENSIC MEDICINE SERVICES
DIV SNOM: NGO MANAGEMENT
CHIEF DIRECTORATE: DISTRICT HEALTH SERVICES
DIRECTORATE: BOJANALA REGIONAL OFFICE
DIRECTORATE: CENTRAL REGIONAL OFFICE
DIRECTORATE: BOPHIRIMA REGIONAL OFFICE
DIRECTORATE: SOUTHERN REGIONAL OFFICE
DIRECTORATE: DISTRICT HEALTH SERVICES DEVELOPMENT
CEO: SOUTHERN REGION (DD)
CEO: CENTRAL REGION (DD)
CEO: BOJANALA PLATINUM REGION (D)
CEO: BOPHIRIMA REGION (D)
DIRECTORATE: HOSPITAL SERVICES DEVELOPMENT
CHIEF DIRECTORATE: HOSPITAL SERVICES
CHIEF DIRECTORATE: FINANCIAL & SUPPLY CHAIN MANAGEMENT
DIRECTORATE: BUDGET PLANNING & REVENUE
DIRECTORATE: FINANCIAL MANAGEMENT
DIRECTORATE: INTERNAL CONTROL, ASSET & RISK MANAGEMENT
CHIEF DIRECTORATE: FINANCIAL & SUPPLY CHAIN MANAGEMENT
BRANCH: HEALTH SUPPORT SERVICES (DDG)
SUBDIRECTORATE: DDG SUPPORT (Health Support Services)
CHIEF DIRECTORATE: PLANNING & INFORMATION SERVICES
CHIEF DIRECTORATE: CORPORATE SERVICES
DIRECTORATE: QUALITY ASSURANCE
DIRECTORATE: CAPITAL PLANNING
DIRECTORATE: INFORMATION & KNOWLEDGE MANAGEMENT
DIRECTORATE: HUMAN RESOURCE MANAGEMENT
DIRECTORATE: HUMAN RESOURCE DEVELOPMENT
DIRECTORATE: HUMAN RESOURCE PLANNING & ORGANISATION DEVELOPMENT
DIRECTORATE: INFORMATION & COMMUNICATIONS TECHNOLOGY
SUBDIRECTORATE: TRANSPORT

DEPARTMENTAL MANAGEMENT COMMITTEE (DMC)

Mr Kgotso Rabanye
Director: Office of the HOD

Mr Obakeng Mongale
Head of Department

Ms Madipuo Tlogane
Director: Office of the MEC

Chief Directors

Dr E.C.T. Moloko
Chief Director: Health Service Delivery

Dr Mmipe Saasa Modise
Chief Director: Strategic Health Programmes

Mr Vuyo Mbulawa
Chief Director: Corporate Services

Ms Tiny Chababa
Chief Financial Officer

Directors

Dr Andrew Lekalakala
Director: Capital Planning

Dr Arie Verburgh
Director: Information and Communications Technology

Dr. Babu Mothusi
Director: Health Programmes

Mr Aubrey Sennel
CEO KTPW Hospital Complex

Mr Barba Gaoganediwe
Director: Communications

Mr G. Henning
Director: Central District

Mr H. Metsileng
Acting Director: Knowledge Management

Mr K.K. Motlhabane
Director Bophirima District

Mr M. van Zyl
Director: Internal Control, Asset and Risk Management

Mr Molefi Mosenogi
Director: Policy and Planning

Mr Monwabisi Ruiters
Director: Supply Chain Management

Mr Patric Ramorei
Director: Legal Services

Mr Ramphelane Morewan
Director: Bojanala District

Mr Redelinghuis
Emergency Medical Services

Mr Sam Lenong
Director: Human Resource Services

Ms Mampeta Bolokwe
CEO Rustenburg Provincial Hospital

Ms Nela Mojanaga
Director: Southern District

Ms Poppy Moremi
Director: Budget Planning and Revenue

Pamela Ntutela
Director: Financial Management

Prof. Sello Leuw
Director: Pharmaceutical Services

PART 1: GENERAL INFORMATION

1. VISION AND MISSION

The vision, mission, values and strategic goals of the North West Department are as follows:

1.1. VISION

Optimum health for all individuals and communities in the North West Province.

1.2. MISSION

To ensure access to affordable, equitable, quality, caring health services for all in the North West Province through:

- Community involvement and partnerships;
- Batho Pele Principles and the Patients' Rights Charter;
- Innovation driven performance; and
- By valuing our people and their diversity.

1.3 VALUES

The Department is customer driven (Batho Pele Standards). We work towards understanding our customer's needs, to continuously deliver beyond their expectations, and provide comprehensive quality health care services. We are performance driven. The Department strives to improve and excel. We have set aggressive service delivery targets through our Integrated Implementation Programme. We value people and their diversity. The Department values fairness in all its dealings with people.

1.4 LEGISLATIVE MANDATE

The Department is tasked with the direct or indirect administration of numerous legislations. These legislations give the basis and authority to the Department for its activities. The National Parliament has passed these statutory obligations while others have been passed by the Provincial Legislature. Some of the legislations apply across all the Chief Directorates while others are specific to or administered by specific units within the Department. These, among others, include legislation in relation to the following areas:

- General-Legislations that are general application across all units within the Department.
- Finance Legislation
- Human resources
- Information security

- Procurement
- Health service delivery

1.4.1 Public Service Act 103 of 1994 & Regulations

This Act provides for the organization and administration of the public service of the Republic, the regulation of the conditions of employment, terms of office, discipline, retirement and discharge of public service.

1.4.2 Health Act 63 of 2003

This Act provides a framework for a structured uniform health system within the Republic, taking into account the obligations imposed by the Constitution and other laws on the national, Provincial and local governments with regard to health services.

1.4.3 Occupational Health and Safety Act 85 of 1993

Provide for:

- The health and safety of workers
- The protection of persons in connection with the use of plant and machinery, and
- The protection of persons other than persons at work against hazards to health and safety arising out of or in connection with the activities at work.

The Act further establishes an advisory council for occupational health and safety.

1.4.4 Pharmacy Amendment Act (88 of 1997)

Provides for regulation of pharmacy practice

1.4.5 Mental Health Act 17 of 2002

This provide for care, treatment and rehabilitation of persons who are mentally ill. It further set out different procedures to be followed in the admission of such persons, establishes review Boards in respect of every health establishment, determines their powers and functions

1.4.6 North West Health, Developmental Social Welfare & Hospital Governance Act 2 of 1997

This Act establishes governance structures for Health Institutions in the Province, their powers and functions. It is a piece of legislation that has governed community participation in the provision of health services since 1997.

1.4.7 Public Finance Management Act & Regulations 1 of 1999 (as amended)

This Act regulates financial management in the national government and Provincial governments. It ensures that all revenue, expenditure, assets and liabilities of those governments are managed efficiently and effectively and it provides for the responsibilities of persons entrusted with financial management in those governments.

1.4.8 Exhumation Act 18 of 1985

This Act deal with the procedure for the exhumation and reburial of mortal remains, and is applicable only in the former Bop areas.

1.5 STRATEGIC GOALS AND RELATED OBJECTIVES

Table 1: Strategic goals and related objectives

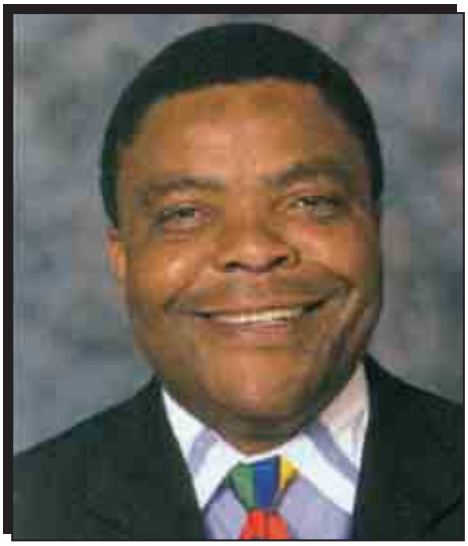
STRATEGIC GOAL	STRATEGIC OBJECTIVES
1. Providing Quality Health Care	1. To roll out the COHSASA accreditation programme 2. To continue with the development of clinical audit mechanisms 3. To implement the work improvement team strategy 4. To promote a caring service culture 5. To set up and maintain strategies that will safeguard against clinical risk 6. To develop a clinic monitoring and supervision plan
2. Providing Accessible, Equitable and Affordable Comprehensive Primary Health Care Services	1. To ensure equity of access to primary health care services 2. To develop and implement a comprehensive package of services 3. To develop a focused plan to facilitate easy access for people with disabilities 4. To erect two-roomed clinic structures 5. Develop and implement a community health worker programme 6. To ensure integrated service delivery 7. Strengthening partnerships with alternative community based health providers. 8. Develop a framework for an equitable allocation of resources.
3. Well-Functioning and Competitive Hospitals.	1. To develop an appropriate configuration of Hospital Services 2. To develop efficient business management of hospitals

	3. To accelerate delivery on the hospital revitalization programme. 4. To roll out the designated service provider network 5. To improve the efficiency of health services through public/ private partnerships and alternative service delivery and partnerships 6. To roll out and market high quality specialist services comparable to private health services
4. Improving the Health Status of Communities Through Implementation of Integrated Health Programmes	1. To implement the comprehensive plan for HIV and AIDS, including the provision of ARVs and the strengthening of home-based care programmes 2. To develop and implement a comprehensive disabled people's health support system 3. To strengthen immunisation programmes 4. Implement the relevant prescripts of the Pharmacy Act 5. To improve the TB cure rate 6. To develop and implement a plan to reduce maternal and under-five mortality 7. To improve Emergency Medical Services 8. To improve the management of malnutrition 9. To strengthen medico-legal services such that mortuary services and services to victims of violence are improved 10. To develop a comprehensive youth and adolescence health strategy 11. To develop a framework for the management of non-communicable diseases
5. Well-Managed and Effective District Health System (DHS)	1. To strengthen functional integration 2. To develop and implement a multi-phase plan of devolving clinics and community health centres to local municipalities 3. To promote community participation in health 4. Effective management of District Health System
6. Competent, Empowered and Performance Focused Staff	1. To attain a working environment with appropriate roles and delegations at all levels 2. To promote a performance-oriented organisational culture 3. To develop and implement a recruitment and retention strategy for key personnel. 4. To develop and implement a comprehensive skills development plan.

7. Integrated and effective Organisational System	1. To develop facilities and equipment management capacity 2. To develop and maintain an integrated and effective management information system 3. To develop and maintain an effective Health Information System 4. To develop and manage Minimum Information Security Systems (MISS) 5. To review and align Departmental procurement and acquisition systems in terms of Supply Chain Management regulations 6. Ensure participation in the Extended Public Works Programme (EPWP)
8. Effective Management of Department's Finance and Assets	1. Ensure budgetary control and monitoring 2. Develop computerised system for asset management 3. To enhance revenue collection mechanisms and increase recovery levels 4. To strengthen financial management capacity. 5. To develop and finance a comprehensive, proactive and continuous maintenance programme for all health facilities, including a finance plan to reduce maintenance backlogs. 6. To coordinate the implementation of an appropriate risk management strategy.
9. Effective communication, marketing and stakeholder relations management	1. Development of a uniform corporate image that will include branding and marketing 2. Development of an effective internal communication system 3. Development of a media relations management strategy 4. Design and implementation of a public interaction and mobilisation plan incorporating information to and feedback from.

PART 2: REPORT OF THE EXECUTIVE AUTHORITY

FOREWORD BY THE EXECUTING AUTHORITY



Hon. Mandlenkosi Eliot Mayisela
MEC for Health

Consistent with our commitment to the principles of Batho-Pele of accountability and transparency as well as our delivery mandate of providing equitable, accessible and quality health care services, I feel proud in presenting before the North West Legislature the North West Department of Health Annual Report for the financial year 2004/05.

This Annual Report is a reflection of the outcome of commitments we set ourselves as a Department and the genuine concerns and advices from the masses of our people. The financial year under review saw us move with speed to accelerate the establishment of governance structures, open the much-awaited Swartruggens Hospital and continued distributing mobile ambulances in remote areas of our province. All these we did with full support of our communities whom have made it their business to join our call for a people's contract aimed at building a healthy nation that truly belongs to all.

We remain steadfast in ensuring that our relationships with various key stakeholders are sustained. I this regard we will continue like we did in the year under review to visit our health workers, district officials and stakeholders with the sole purpose of furthering consultation in a true tradition of our peoples government. The defining feature of these engagements will continue to be feedback, setting targets and understanding were gaps are and act on them.

This report is a prudent account of our own work as a Department, the successes and challenges we faced. We are therefore not in any way averse to presenting it to the entire North West community as we are sure to defend it.

Hon. Mandlenkosi Eliot Mayisela
Member of Executive Council responsible for Health

PART 3: REPORT OF THE HEAD OF DEPARTMENT

INTRODUCTION

Mr Obakeng Mongale
Head of Department

This report aims to account in writing how the Department spent its allocated budget for the financial year 2004/05 and to what extent the Department has achieved the objectives set for this period. The report briefly describes our achievements in terms of the Department's nine strategic goals for the period covered by this report. Our achievements are described against the background of our external environment and the main public health conditions that we face.

3.1 EXTERNAL ENVIRONMENT IN WHICH THE NWDoH FUNCTIONS

The following is a brief description of the external environment in which the Department functions.

3.1.1. GEOGRAPHICAL SETTING

North West is the fifth largest Province, occupying 9,5% (116320 km_) of the total land area of South Africa. It is situated centrally and to the North of South Africa, as shown in the map below. Its neighbouring Province to the north is the Limpopo, Gauteng to the east, the Free State to the south-east, and Northern Cape to the southwest and it shares it's boarders with Botswana to the west and

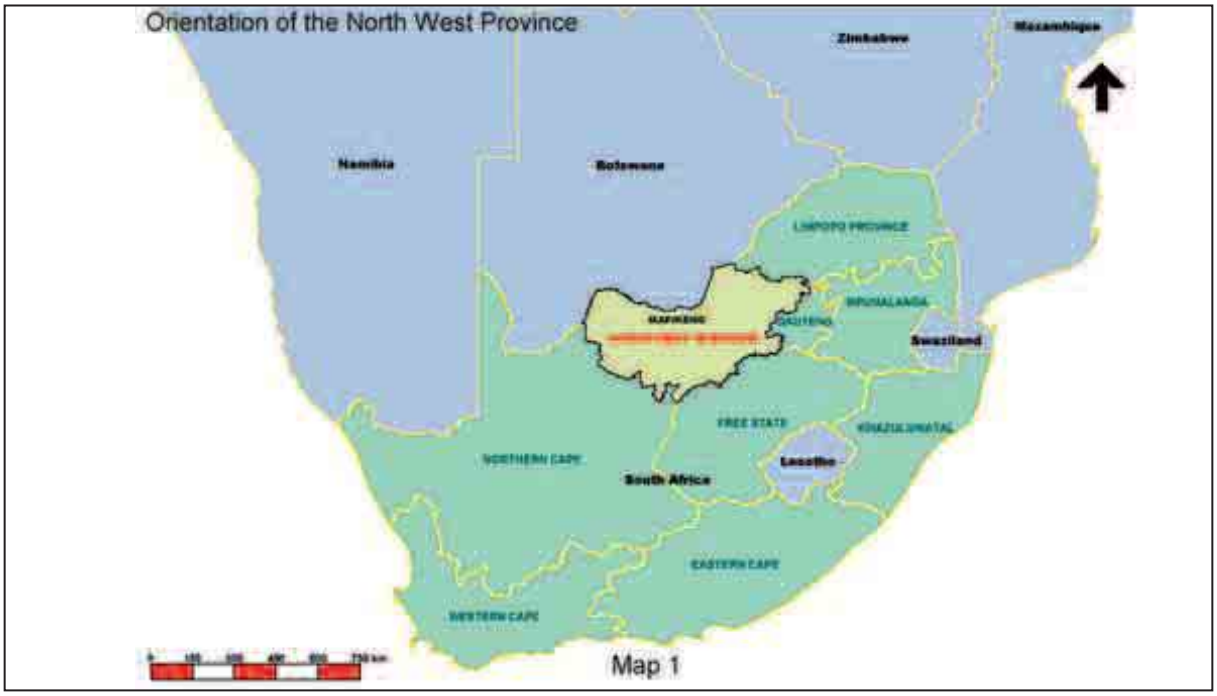


Figure 1: Map of the North West Province

north. Altitude ranges from one to two thousand meters above sea level. See Figure 1.
The Province is demarcated into the four district councils of Bophirima, Southern, Central and Bojanala District councils. There is also 1 cross border district council and 3 cross border municipalities. For the purpose of this report, the cross border municipalities have been incorporated into the main district councils. Figure 2 shows the map of the Province with district and local municipalities. The capital city, Mafikeng, is also where the Provincial Legislature is situated.

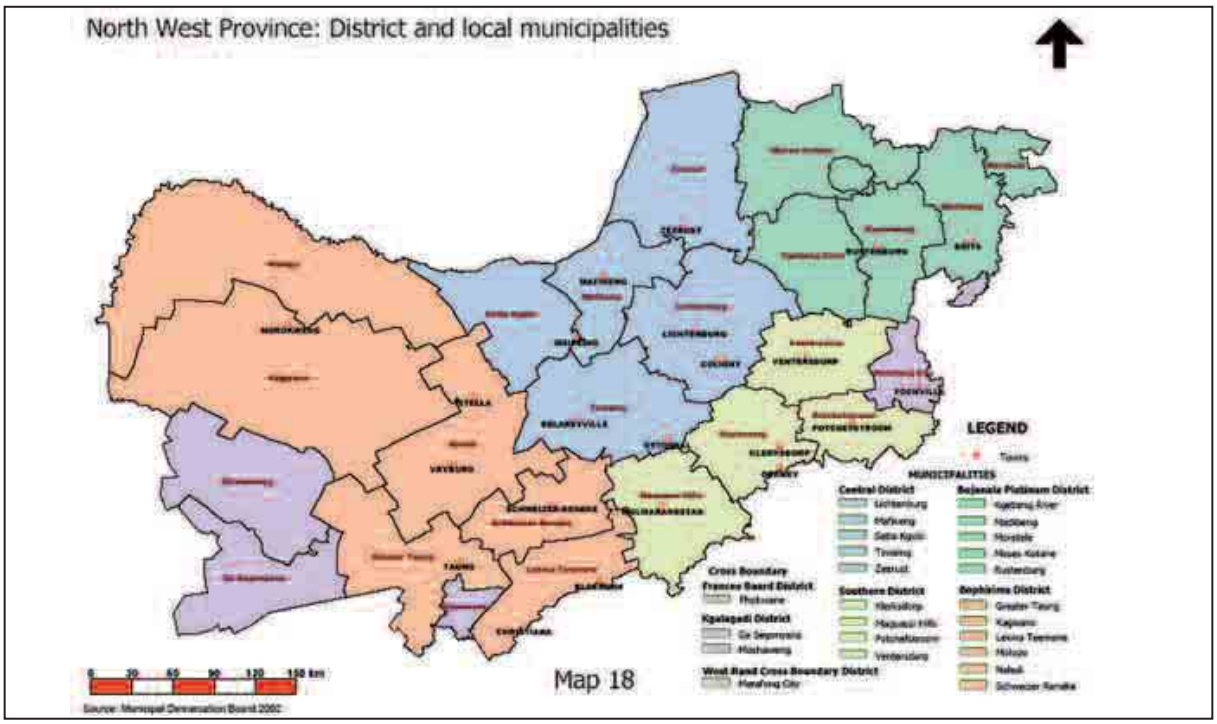


Figure 2: Map Depicting District and Local Municipalities of the North West Province

In the North West part (Bophirima District) there is Vryburg the beef producing capital of the Province. Bophirima is also the most rural and under served of our districts. In the northern part (Bojanala District), the city of Rustenburg represents the major industrial and residential centre, boasting well-developed industrial and mining infrastructures as well as excellent tourism facilities and sites. In the densely populated far-eastern area of Bojanala, Mabopane, Brits, Ga-Rankuwa and Temba are residential, agricultural and industrial centres, and the economy of this area is linked to that of neighbouring Gauteng Province. In the Southern District Potchefstroom and Klerksdorp are the two important economic centres.

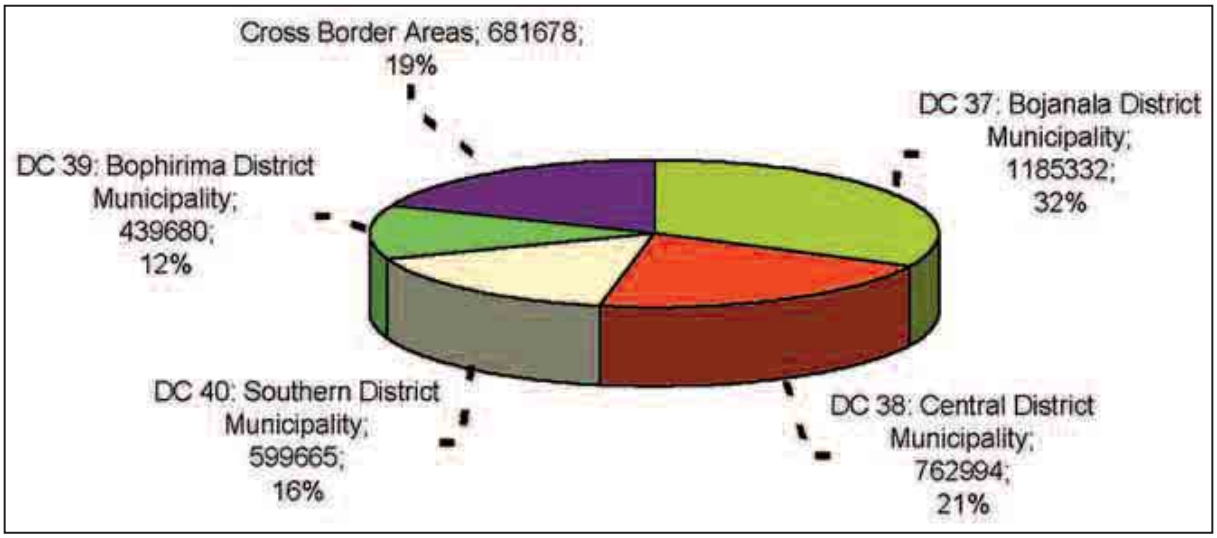
3.1.2. POPULATION CHARACTERISTICS AND SOCIAL CONDITIONS

According to Census 2001 the population of the Province accounted for about 8% of the total South African population. The Black African population was in the majority, constituting about 91% of the total Provincial population. The population of North West resembled that of a developing country with a relatively large percentage of people being under the age of 15 years.

According to Census 2001, the majority of the residents in the Province were found in Bojanala District Council with the population of 1185332 (32% of the Provincial population). Cross boarder areas

account for 19% of the population of the Province (681678 people). Figure 3 below shows how the population is distributed amongst the districts of the Province.

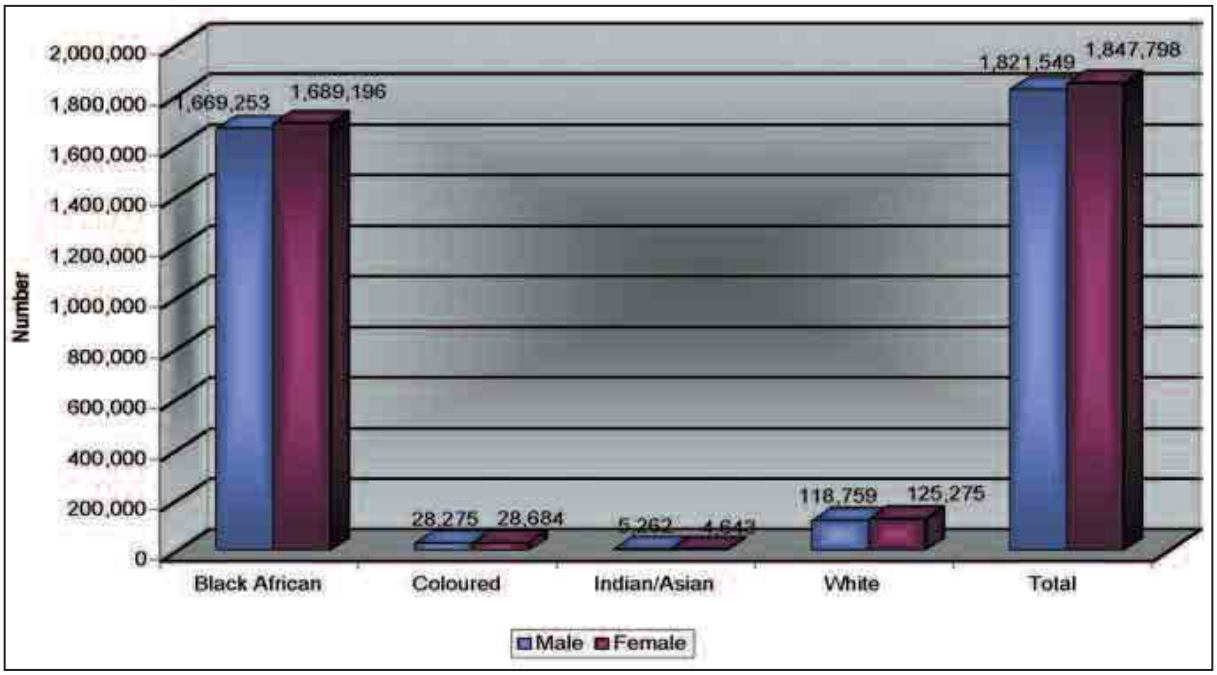
Figure 3: Graphical presentation of population distribution among the districts of North West Province



Population distribution by Race and gender

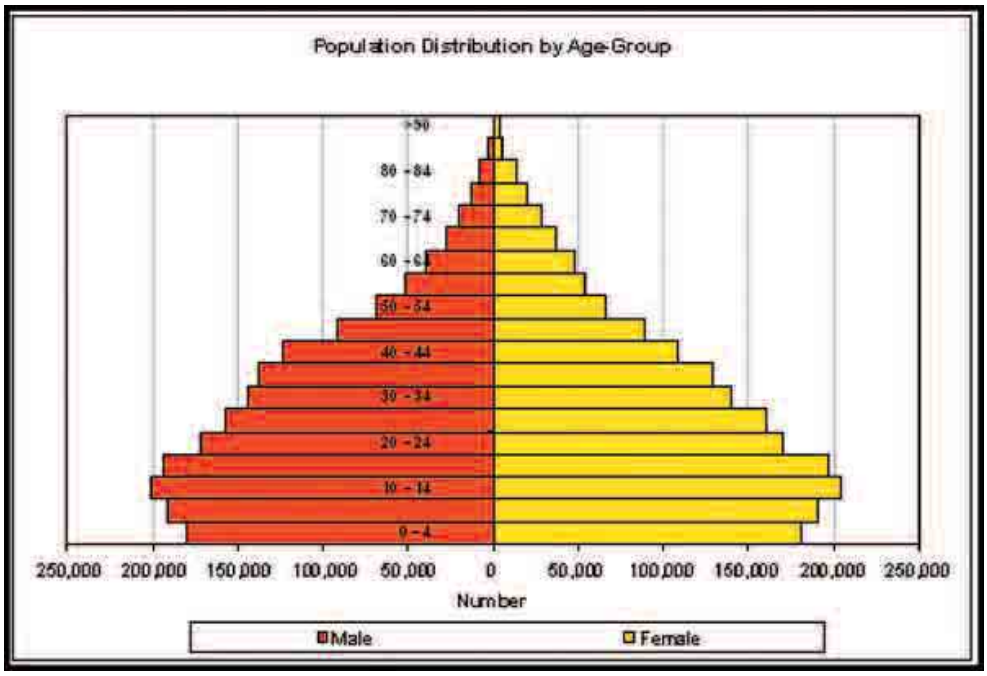
Distributed according to gender, the figure 4 reveal, as shown below, that there are more females (1847798;50.4%) than males (182 1549;49.6%) in the North West. This is as per result of Census 2001. The Asian race was the only race that had more males compared to females. The following graph shows the gender and race distribution in the North West Province.

Figure 4: Population distribution by gender and race in the North West Province



According to the findings of the 2001 census, the results reveal, as shown below, that the majority of the population is young- with the majority of youth falling in the 10-14-age range.

Figure 5: Age distribution of the population of the North West Province



Urban and Rural Distribution.

According to the North West Economic Development and Industrialisation Strategy document, the North West Province has the second highest proportion of people living in the rural areas in South Africa. This indicates that the North West, 64.4% of the population live in the rural areas whilst 35.6% live in the urban areas. The population density is 31 people per square kilometre. This is slightly less than national average of 36 people per square kilometre and considerably less than Gauteng's +- 468 people per square kilometre.

Household sources of water.

According to the 2001 census results, figures show that 86.2% of households have piped water in the North West, while 7% are without piped water.

Table 2: Description of Sources of Water

Water Source	Total households	%
Piped Water	800426	86.2
Non-piped water	128 580	7.7
Total	929 006	100

Households with toilet facilities

According to the 2001 census results, as table 3 below shows, there are 50% of households using pit latrines in the North West.

Table 3: Type of Toilet facilities

Number	Type of Toilet	Total	Percentage (%)
1	Flush toilet (connected to sewerage system)	307790	33.1
2	Flush toilet	17773	1.9
3	Chemical toilet	8947	0.96
4	Pit latrine with ventilation	101927	11
5	Pit latrine without ventilation	362080	39
6	Bucket latrine	41494	4.47
7	None	88990	9.58
	Total	9290001	100

Household sources of Energy

According to the census 2001, as Table 4 below indicates, about half of households in the North West Province utilize non electric sources for cooking (50.2%). Electricity is the main source of energy for lighting. These non-electric sources are paraffin and wood. This poses special environmental health risk, especially for children, e.g. burns, respiratory problems and chemical poisoning.

Table 4: Sources of Energy

NUMBER	HEATING (%)	COOKING (%)	LIGHTING (%)
1	Electricity (44.7)	Electricity (44.6)	Electricity (70.5)
2	Wood (26.5)	Paraffin (31.9)	Candles (26)
3	Paraffin (17)	Wood (18.3)	Solar (0.2)

Literacy rate

Table. 5: Literacy rate in the Province

Category	Number	%
No Schooling	423 787	19.88
Some Primary	426 025	19.98
Complete Primary	144 181	6.76
Some Secondary	619 263	29.05
Std 10/Grade 12	393 809	18.47
Higher	124 850	5.86
TOTAL	2 131 935	100.00

According to Census 2001, nearly 20% of the population in the North West Province falls in the no schooling category. 18.5% has gone up to grade 10 or 12. Only 5.9% have completed their higher education.

Unemployment rate

According to the Labour Force Survey done by Stats SA in September 2001 the North West Province has an unemployment rate of 29.9% (official definition) and 41 % (extended definition).

Table 6: Annual Income per household

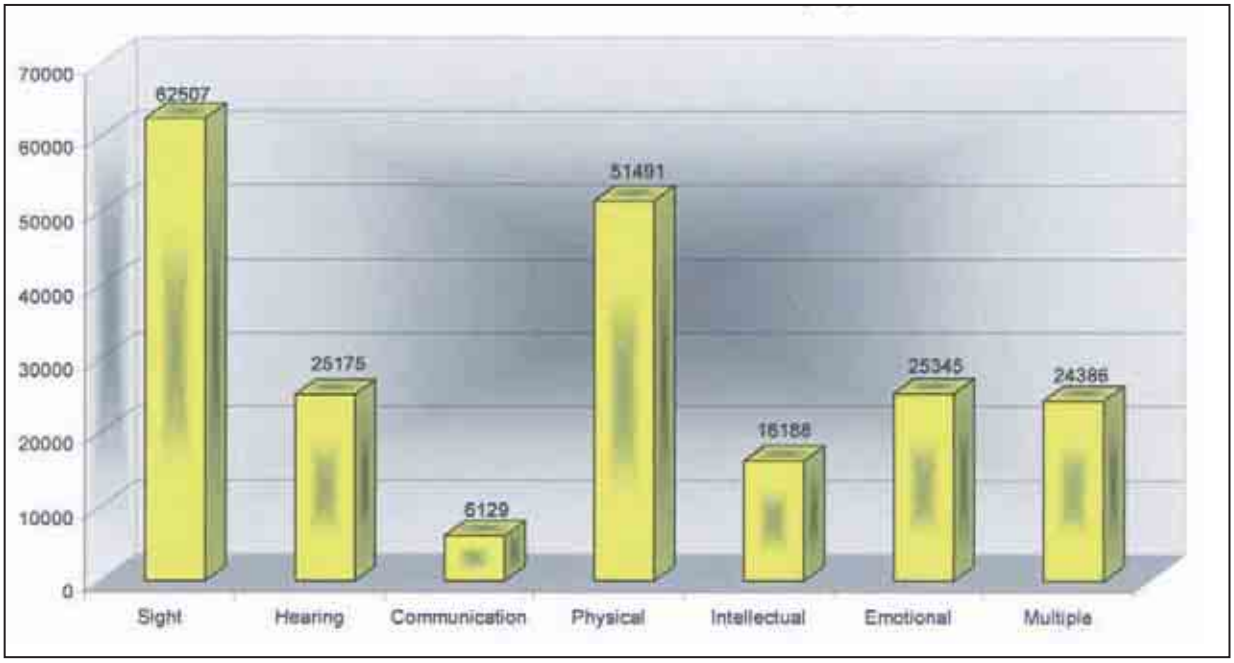
Annual Income	No of Households	%
No Income	237 573	24.27
1- 4 800	89 130	9.11
4 801- 9 600	190 021	19.41
9 601- 19 200	178 041	18.19
19 201- 38 400	143 741	14.68
38 401- 76 800	75 218	7.68
76 801- 153 600	40 151	4.10
153 601- 307 200	16 249	1.66
307 201- 614 400	4 223	0.43
614 401- 1 228 800	1 323	0.14
1 228 801- 2 457 600	1 722	0.18
2 457 601and more	559	0.06
Not applicable (institutions)	941	0.10
TOTAL	**978 892**	**100.00**

According to the above table (Census 2001), 24% of households in the North West Province do not have a fixed income. Less than 1% of households have an income of more than R300 000 per annum.

Disability

According to census 2001, the total disabled people is 211 221 which makes up 6% of the Province's total population. The following graph shows the distribution of disabilities by category.

Figure 6: Disability in the North West Province



3.2 MAIN PUBLIC HEALTH CONCERNS

Table 7 shows the comparison of the findings of the 1998 South African Demographic and Health Survey (SADHS) and the preliminary report of the 2003-2004 South African Demographic and Health Survey. According to the Preliminary Report of the South African Demographic and Health Survey 2003-2004, the infant mortality rate for the North West Province was found to be 62 per 1,000 live births as against 58 per 1,000 live births for South Africa. It has increased for both North West Province and South Africa when comparing the 1998 survey report and 2003-2004 survey report. In 1998, the North West Province was estimated at 42.0 per 1,000 live births and South Africa at 45.0 per 1,000 live births. Finally the under 5-mortality rate (SADHS of 2003-2004) for the North West was found to be at 76.0 per 1,000 live births as against 57.0 per 1,000 live births in the whole South Africa. These rates reflect the relatively poor socio economic conditions prevalent in the Province. Table 7 shows the findings of the 1998 SADHS and 2003-2004 SADHS.

Table 7: Findings of the 1998 SADHS and 2003-2004 SADHS surveys on early childhood mortality rates for North West and South Africa

	North West Province		South Africa	
Indicator	1998	2003-2004	1998	2003-2004
Neonatal mortality	20.0	26.9	19.2	15.0
Postnatal mortality	16.8	35.0	23.0	27.5
Infant mortality	36.8 (42.0)1	61.9	42.2 (56.0)1	42.5
Child mortality	8.8	15.3	15.4	15.8
Under-five mortality	45.3	76.3	56.9	57.6
1 The figures in brackets are the adjusted figures, see SADHS 1998				

Communicable Diseases.

The North West Province had one cholera outbreak which was at Klerksdorp in the Southern district. 152 patients were treated at Klerksdorp/Tshepong hospital, 39 were confirmed cholera cases and 4 deaths were confirmed cholera deaths. No malaria cases were report for both 2003 and 2004. The reported cases of measles dropped from 365 in 2003 to 229 in 2004, however, the number of confirmed measles cases increased from 4 in 2003 to 10 in 2004. According to the annual antenatal sero prevalence survey for 2003 and 2004, syphilis prevalence is stabilising and HIV prevalence among pregnant women dropped from 29.9% in 2003 to 26.7% in 2004.

Table 8: Selected Communicable Diseases

Infectious disease Indicators	2003	2004
Reported cases of cholera	0.03 per 100 000	1 per 100 000 152 cases reported, 39 confirmed case, 4 confirmed cholera deaths
Reported cases of measles	365 cases reported, 4 cases confirmed, 361 suspected cases.	229 cases reported, 10 cases confirmed, 219 suspected cases.
Reported cases of viral hepatitis (total per 100 000)	Hep.A 0.08% Hep.B 0.41	Hep.A 0.22 Hep.B 0.14
Syphilis prevalence rate (% ante-natal clients)	2%	2.1%
HIV and AIDS prevalence rate (% antenatal clients)	29,9%	26.7%

Figure 7: Comparison of HIV prevalence rates among antenatal clinic attendants between North West Province and South Africa, 1990 - 2004

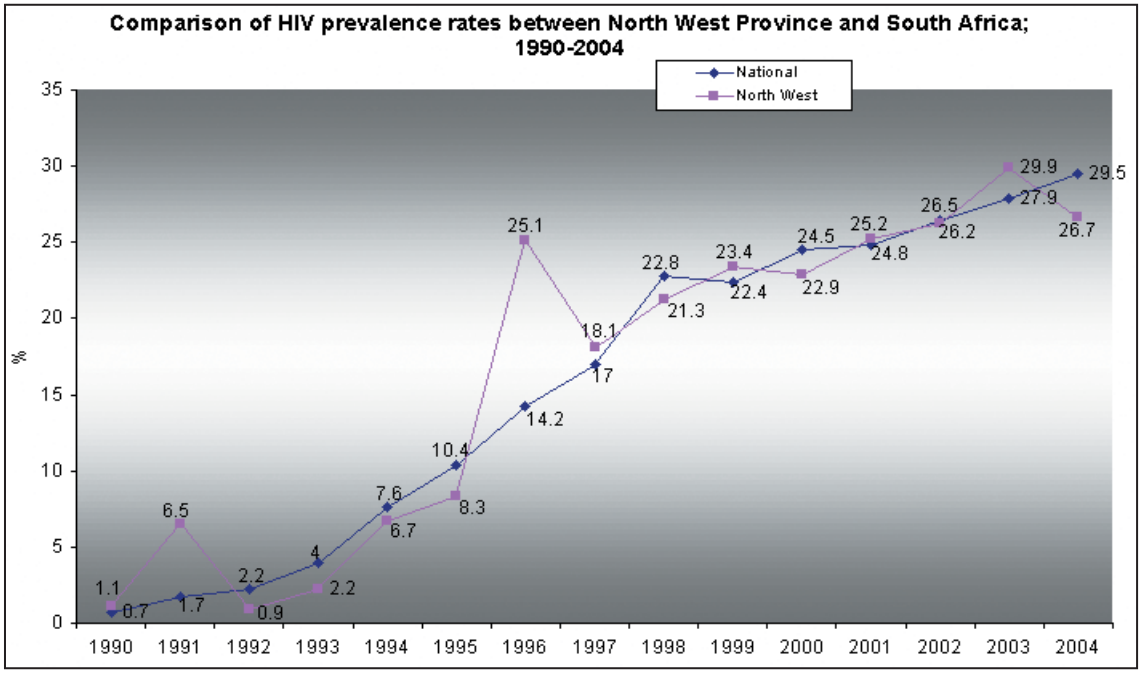


Figure 7 shows that, prevalence of HIV infection among first antenatal clinic attendants in the North West Province has dropped from 29.9% (confidence interval (CI) 26.8 – 33.1) in 2003 to 26.7% (95% confidence interval (CI) 23.9 – 29.6) in 2004. This is according to the 2004 antenatal survey. The estimated prevalence of 26.7% in the North West Province is lower than the national (South Africa) estimate of 29.5% (confidence interval (CI) 28.5 – 30.5). The graph further shows the comparison between North West Province and South Africa. The graph shows that the prevalence of HIV in the Province is stabilising. Table 9 below shows the HIV and Syphilis prevalence with their associated confidence intervals.

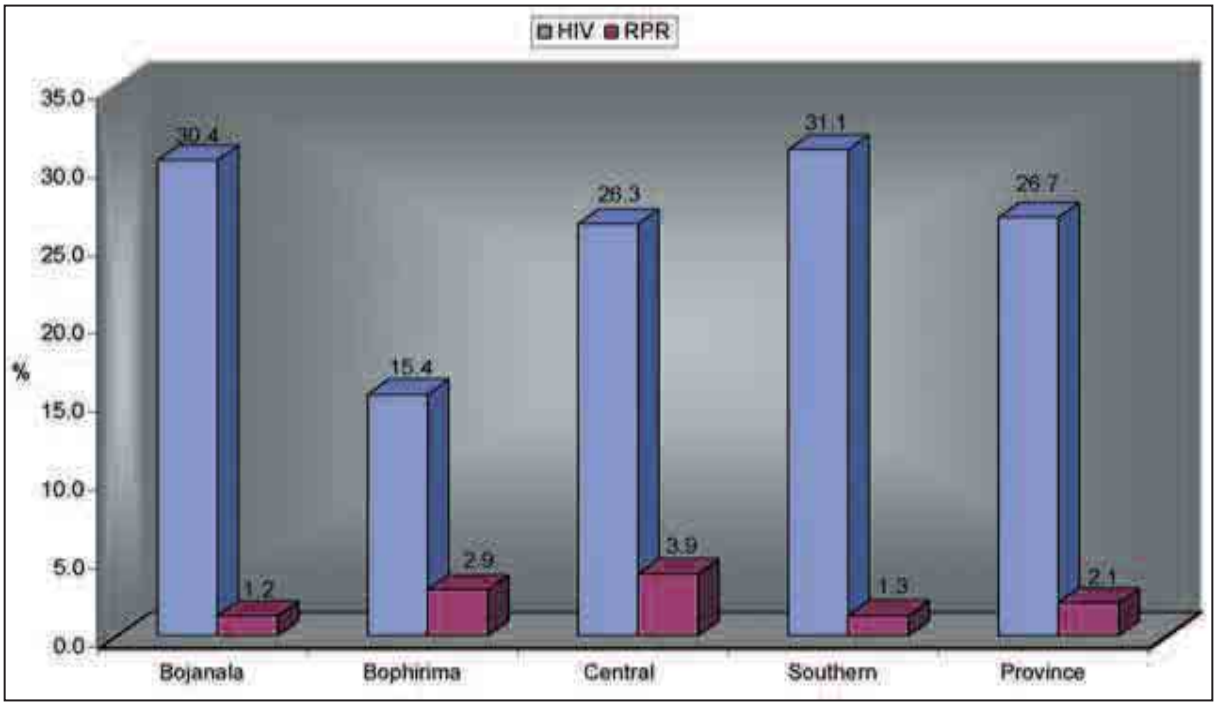
Table 9: HIV and Syphilis prevalences with their associated confidence intervals per districts of the North West Province

District	HIV Prevalence	HIV 95% CI	Syphilis Prevalence	Syphilis 95% CI
Bojanala	30.4%	26.4% - 34.7	1.2%	0.5% - 2.8%
Bophirima	15.4%	11.1% - 20.6%	2.9%	1.2% - 5.9%
Central	26.3%	20.7% - 32.5%	3.9%	1.8% - 7.4%
Southern	31.1%	25.2% - 37.4%	1.3%	0.3% - 3.7%
North West	26.7%	23.9% - 29.6%	2.1%	1.1% - 3.1%

Figure 8 below presents the comparison between HIV ad Syphilis prevalence in the districts of the North Wets Province in 2004. The Southern district continues to record the highest estimated HIV prevalence of HIV at 31.1% (95% CI 25.2% - 37.4%) and Bophirima district recorded the lowest HIV

prevalence of 15.4% (95% CI 11.1% - 20.6%). The Province has been doing well in the management of Syphilis. The estimated prevalence of Syphilis for the North West Province is 2.1% (95% CI 1.1% - 3.1%) according to the 2004 antenatal survey. Central district recorded the highest Syphilis prevalence of 3.9% (95% CI 1.8% - 7.4%) and Bojanala district recorded the lowest Syphilis prevalence of 1.2% (95% CI 0.5% - 2.8%). Even though Bophirima district recorded the lowest HIV prevalence when compared to other districts, it recorded the second highest Syphilis prevalence 2.9% (95% CI 1.2% - 5.9%) which is more than the Provincial prevalence of 2.1%.

Figure 8: Comparison between HIV and Syphilis prevalence in the districts of the North West Province, 2004



Sexually Transmitted Infections (STIs) and High transmission Areas

The Sexually Transmitted Infections program registered a marked improvement in the partner notification rate as well as the partner treatment rate. Partner notification rate increased from 60% to 70%, whereas partner treatment rate increased from 33% to 45%, North West Province was the only Province above the National target of 40%. Syhillis rate dropped from 4% to 2%.

Activities were held across the Province during The STI week in February and the main 'state of the art' event was held at Winterveldt next to Kgabo Clinic in Odi sub-district, based on the sub-districts' best practices. Kgabo Men's Clinic was highly publicised for men to utilise its services.

151 professional nurses were trained on the STI Sentinel Site Surveillance system and 38 sites are still functional. 295 professional nurses were trained on Syndromic Management of STI's by master trainers across the Province. 80 professional nurses were trained on the DISCA tool. 21 Master

trainers were trained on STI training methodologies by RHRU. The STI workgroup was established to address all STI issues around the Province, constituting STI/HIV AIDS coordinators, AD CHS, and SANDF.

Partnership was established with the Department of Transport and Roads and the Road Freight Association for the High Transmission Area (HTA) project. A situational analysis was done by both Departments to identify 'hot spots' across the Province. Role players include Aurum health, Lonmin Platinum mine, Impala mine and SAMAG (South African Men's Action Group).

Non-communicable diseases

The challenge of communicable diseases is not the only one that we continue to content with. Non-communicable diseases and diseases of lifestyle are a silent killer which requires an equally considered response. This includes diabetes, hypertension, cardiovascular conditions, all of which are part of the top ten causes of death. The national and provincial healthy lifestyle campaign is part of dealing with these conditions (healthy lifestyle in terms of healthy diet, physical exercise, responsible use of alcohol, etc). Health education and various messages of prevention can therefore not be emphasised enough.

Table 10: Maternal Care Indicators (According to Financial year)

Maternal Care Indicators	2002/03	2003/04	2004/05
Antenatal visits per client	4.1	3.9	4.71
Caesarean Section rate	14.3%	18.4%	15.4%
Delivery to women under 18 years	9%	10%	10%
Maternal mortality ratio (DHIS 1998)	150/100 000	208/100 000	338/100 000

Table 10 shows that antenatal care visits per client has increased from 3.9 in 2003 to 4.71 for 2004. This is more than the required national norm of 3 visits per pregnancy. Caesarean section rate has decreased from 18.4% in 2003 to 15.4% in 2004. Delivery rate to women under 18 years is still at 10% for 2004.

Table 11: CTOP Status in the Province, 2001 – 2004

Functional Sites out of designated sites	Number of CTOPs Done	Year
9 out of 17	2050	2001
14 out of 17	3363	2002
13 out of 17	5120	2003
13 out of 15	6351	2004

There are 17 designated hospitals to perform CTOP service in the Province and only 15 hospitals were functional for 2004. The other two hospitals were not functional either because they did not have proper infrastructure or there was staff shortage. There has been a steady improvement in the accessibility of CTOP services in the Province. Number of terminations performed for 2004 is (6351) compared to 5120 in 2003. This increase can also be attributed to improved reporting and submission of CTOP data. Other factors that could contribute to improved access is the change in attitudes of nurses and doctors towards the service and women being aware of their reproductive health rights. Some problems were experienced at facility level related to personal values of employees regarding the CTOP service. Management issues were more related to personal issues, which impacted on the overall implementation of the programme. These constraints were addressed through Values-Clarification workshops, which had a positive impact at most health facilities as data seems to suggest.

Table 12 below outlines the current nutrition situation in the Province compared to the national picture of key nutrition indicators.

Table 12: Nutrition Indicators

Indicator	Provincial Status	National Status
Low birth weight	9.3%	8%
Stunting (1 to 9 year children)	24.9%	21.6%
Wasting (1 to 9 year children)	5.7%	3.7%
Underweight (1 to 9 years)		
Moderate	15.3%	10.3%
Severe	1.3%	1.4%
Vitamin A deficiency (Children 0-60 months)	32%	33%
Obesity Adults (>15 years)		
Female	18.9%	30.1%
Male	5.5%	9. 3 %
Household food insecurity	59 – 81%	75% of households
RtHC coverage (12 to 23 months of age)	66.5%	75%

The nutrition situation elucidated above reflects the magnitude of the problems of diarrhoeal, respiratory infections, malnutrition and HIV/AIDS, level of health in mothers, their ante- and post-natal care and that of their infants as shown by the infant mortality rates, probability of dying before the first birth day(Refer to table 7, for child mortality indicators).

Child mortality, probability of dying before the fifth birthday, is a good indicator of malnutrition, associated with poor hygiene and infections, birth weight less than 2.5kg and inadequate nutrition and poor health in mother.

Stunting, which refers to low height for age reflects cumulative effects of under-nutrition & infection since birth or even before birth. A high % is an indication of bad environmental conditions & under-nutrition. Under weight, which refers to low weight for age, reflects exclusively current under-nutrition & disease

Table 13: Child Health Indicators

Child Health Indicators	2002/03	2003/04	2004/05
Diarrhoea incidence < 5 per 1000	14/1000	14/1000	9/1000
Immunisation coverage of children < 1 year	72%	75%	105.%
Measles coverage < 1 year	77.3%	78.6%	80.5%
Vitamin A coverage <1 year	-	-	82.3%
Not gaining weight < 5 years	-	-	2.6%

Incidence of diarrhoea remained unchanged at 14 per 1000 under 5 population for 2002 and 2003 then dropped to 9 per 1000 under 5 years population in 2004/05. The indicators, Vitamin A coverage for children under 1 year and children under 5 years not gaining weights are new indicators which we started collecting in the 2004/05 reporting year. Immunisation coverage is at 104.8%. Investigations are ongoing to determine the causes of high immunisation coverage for children under 1 year. A probable explanation is that the denominator data is incorrect as a result of undercounting of children under 5 years during the 2001 census. Figure 9 shows immunisation coverage by district municipality including the cross border district municipalities. The graph shows that all the cross border municipalities and Southern district had the high immunisation coverage for 2004/05.

Figure 9: Immunisation coverage by district municipality including the cross border district municipalities

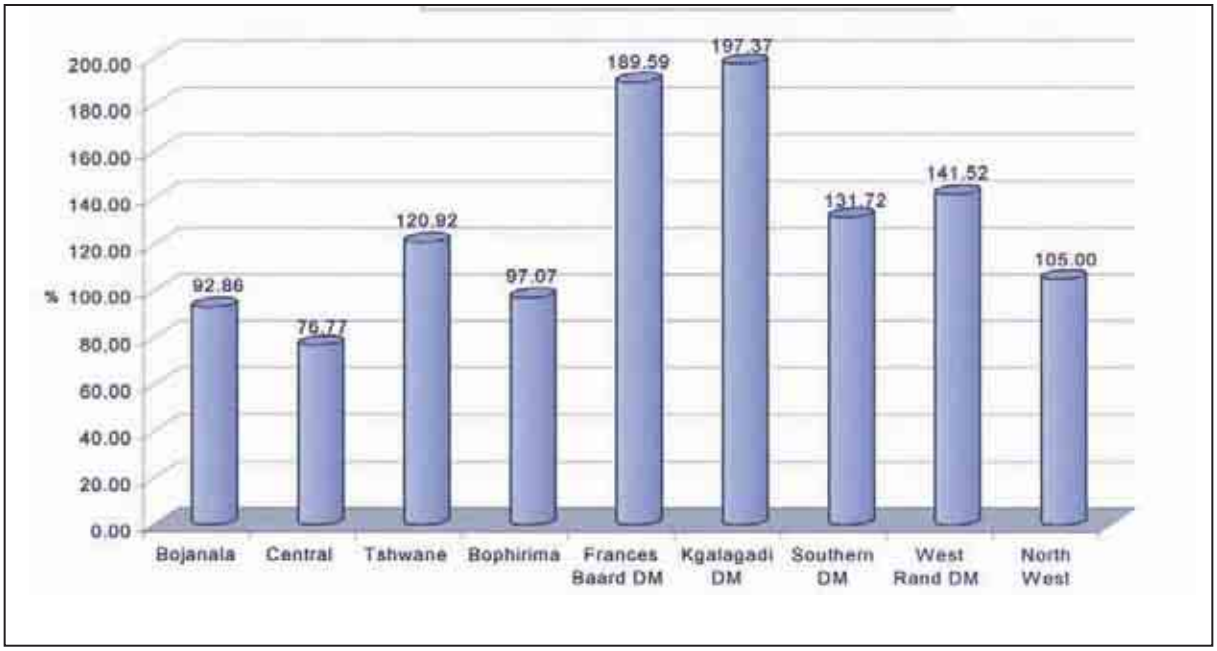


Table 14: Top 10 causes of death per 100 000 in the North West Province

	1997	1999	2001
1.	Other forms of heart disease	Tuberculosis	Tuberculosis
2.	Tuberculosis	Influenza and pneumonia	Influenza and pneumonia
3.	Cerebrovascular disease	Other forms of heart disease	Other forms of heart disease
4.	Influenza and pneumonia	Cerebrovascular disease	Cerebrovascular disease
5.	Hypertensive diseases	Certain disorders involving the immune mechanism	Intestinal infectious disease
6.	Chronic lower respiratory disease	Intestinal infectious disease	Certain disorders involving the immune mechanism
7.	Resp. and cardiovase .disorders– perinatal period	Hypertensive diseases	Resp. and cardiovase. disorders – peri natal period
8.	Malignant neoplasms of digestive organs	Chronic lower respiratory disease	Hypertensive diseases
9.	Diabetes mellitus	Resp. and cardiovase. disorders – perinatal period	Chronic lower respiratory disease
10.	Human immunodeficiency virus [HIV] diseases	Ischaemic heart disease	Diabetes mellitus

According to the mortality and causes of death in South Africa, 1997 – 2003 report, TB and Influenza and Pneumonia are the top two causes of death in the North West. The causes of deaths were only reported up to 2001. The trend shows that the diseases that are regarded as opportunistic infections of HIV have moved up when comparing 1997 to 1999 and 2001.

Environmental Health

The Department has outsourced removal and treatment of health care waste from 12 major health care facilities. These are listed in the table below:

Table 15: Facilities with outsourced health care waste management

DISTRICT	HOSPITAL
Bophirima	Taung, Vryburg
Central	Gelukspan, Mafikeng-Bophelong
Bojanala	Rustenburg, George Stegman, Odi, Jubilee
Southern	Klerksdorp-Tshepong, Potchefstroom, Witrand

Food Control Committees are functional in all four districts to ensure that food offered for sale conforms to food hygiene and safety standards. 90% of dwellings in villages and farms along the Molopo River in the Mafikeng and Vryburg sub-districts have been sprayed with indoor residual effect insecticides to reduce the mosquito population in an effort to maintain and improve on the low incidence of Malaria in our Province.

3.3 ACHIEVEMENT AGAINST NWDoH STRATEGIC GOALS

For the period under review, and for the past four years, NWDoH had set itself nine strategic goals. These strategic goals have been presented together with their related strategic objectives in Table 1. The ninth strategic goal is a new goal that was added for the period under review.

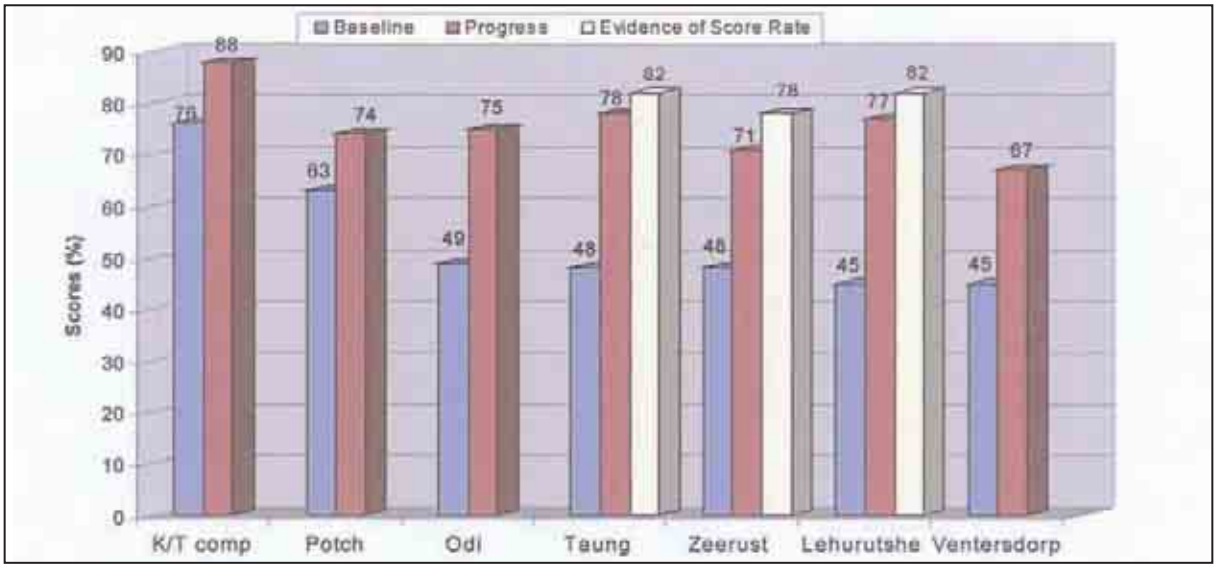
3.3.1 PROVIDING QUALITY HEALTH CARE

3.3.1.1 To roll out the COHSASA accreditation programme

The Council for Health Service Accreditation of Southern Africa (COHSASA) facilitates the hospital accreditation program, as part of an overall quality improvement programme. This programme has been introduced to improve quality of care in our hospitals. Hospitals that attain more than 93% in all 37-service standards, and without any compromise critical criteria, are given full accreditation with COHSASA. Those that do not receive full accreditation, but demonstrate significant improvement are, through COHSASA's graded qualification system, recognised by being awarded entry level or intermediate level accreditation by COHSASA. 6 Hospitals are at a preliminary accreditation stage. The Province continues to work in collaboration with COHSASA to deal with areas of weakness.

Figure 10 shows the progress that was made by hospitals during the COHSASA accreditation programme. It shows that all hospitals had shown improvement when comparing overall baseline and progress that was made during the accreditation process.

Figure 10: Progress made by hospitals during the COHSASA accreditation programme



3.3.1.2 To continue with the development of clinical guidelines and improvement of clinical audit mechanisms.

Clinical investigating committees have been established. The districts are participating in the maternal and perinatal Mortality and Morbidity meetings at a compliance rate of between 70% - 100%.

A clinic supervision manual has been compiled and implemented in all our clinics and Community Health Centres. Clinic supervisors and managers of clinics and Community Health Centres have been trained in the use of this manual.

3.3.1.3 To implement the Work Improvement Team Strategy (WITS)

A number of WITS team are in place and functional in our districts, e.g. 7 functioning WITs teams in Bophirima, 4 in Southern, 3 in Central as well as Bojanala District. Managers are being encouraged to maintain these structures as they provide a very unique self-introspection effort by staff members. The outcome of this strategy has resulted in ownership and sustainable programme by members.

3.3.1.4 To promote a caring service culture

In order to maintain the momentum of the Batho-Pele culture, Indabas were held successfully in Bojanala and Bophirima districts. Patient satisfaction surveys were just completed in all regional hospitals. Results will be made known during the 2005/06 financial year.

3.3.1.5 To set up and maintain strategies that will safeguard against clinical risk

Based on the risk management strategy all institutions are submitting monthly reports on risk areas. This has afforded the Chief Directorate Health Service Delivery the opportunity to plan ahead on intervention measures. These reports have also been used as supporting evidence in cases where managers have to account to Clinical Investigation Committee.

3.3.1.6 To develop a clinic monitoring and supervision plan

Over 80% of regular support visits to sub districts and quarterly clinic supervision reviews were conducted. Although health area managers were enthusiastic about the use of clinic supervision manual, the general implementation of it remains a problem due to lack of adequate transport, staff turnover, equipment challenges and staff shortages; this area also needs to be strengthened to improve on PHC service delivery.

3.3.1.7 Establishment and revival of Governance Structures

Governance structures have been dissolved as their term of office had lapsed. The nomination process for new governance structures was only concluded in the fourth quarter of 2004/05. It is planned that these be re-launched in the first quarter of the new financial year

3.3.1.8 Establishment of a uniform Complaints Mechanism in all fixed facilities

A draft Provincial and uniform complaints mechanism has been completed and is in place. It is being implemented. Suggestion boxes have been installed in all fixed facilities. The adverse event monitoring system is also implemented, though not standardised.

3.3.2 PROVIDING ACCESSIBLE, EQUITABLE AND AFFORDABLE COMPREHENSIVE PRIMARY HEALTH CARE (PHC) SERVICES

3.3.2.1 To ensure equity of access to primary health care services

One way in which the Department attempts to increase communities' access to PHC services is through extended hours of operation at community health centres (CHCs). Table 16 shows how the PHC facilities are distributed amongst the districts of the North West Province. Satellite clinics are included in the clinics category.

There is a decline in the percentage of Community Health Centres rendering 24 hours service for Bophirima district; this is attributed to the shortage of health professionals, particularly nurses. The Department faces the challenge of attracting health professionals to do community services and their substantive appointment in rural areas. However, we believe that the introduction of scarce skills and rural allowance as part of the NWDoH's retention strategy, would result with greater retention of these health professionals.

Table 16 below, shows the number of PHC facilities and the percentage of CHC's rendering 24 hours PHC services in the Province for 2004/05.

Table 16: Distribution of PHC facilities in the North West

District	CHC	Clinics	Mobile	Total PHC facilities	% CHCs rendering 24 PHCservices
Bojanala	18	120	21	159	100%
Bophirima	12	72	20	104	50%
Central	16	70	25	111	100%
Southern	6	40	18	64	70%
Province	**52**	**302**	**84**	**438**	**80% (average of districts)**

The capital projects programme also has an impact on the access to PHC services. A detailed report on this is available under programme 8 in PART 4.

The under 5 year utilization rate measures the extent to which children under 5 years are using the facilities in the Province. From the graph it shows that there has been a remarkable improvement in the utilisation rate across all the districts for the financial year 2004/05 as opposed to 2003/04. The Provincial picture has also increased from 5.50 2003/04 to 6.11 for 2004/05.

Figure 11: PHC Utilisation rate for under 5 years, North West Province, 2004/05

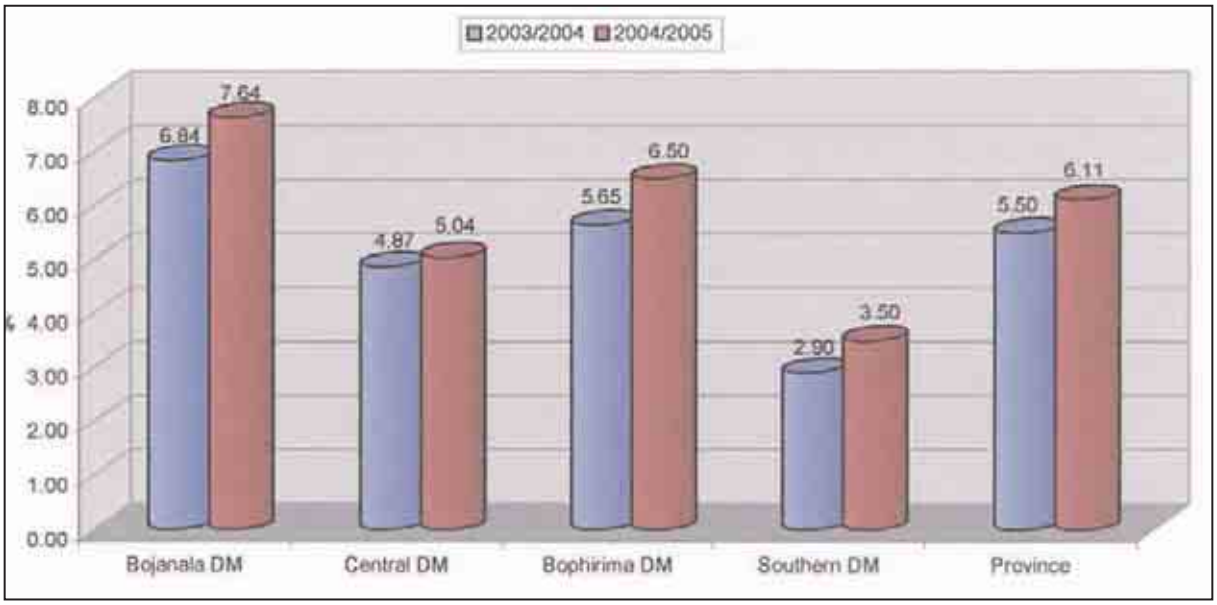


Figure 12 below depicts the facility utilisation rate across all four districts; Bojanala remained at 1.77% for both financial years 2003/04 and 2004/05. However, other districts show a remarkable improvement in the facility utilisation rate.

Figure 12: PHC utilisation rate for 5 years and older, North West Province, 2004/05

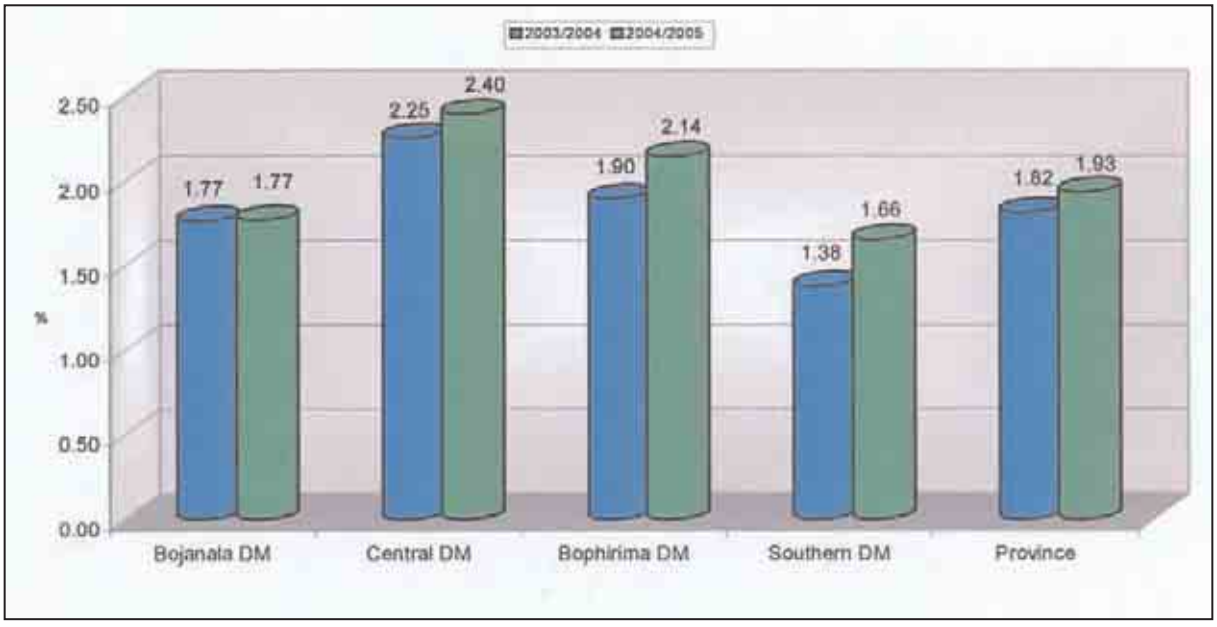


Table 17: PHC headcount per districts of the North West Province, 2004/05

District	PHC headcount 5 years and older	PHC headcount under 5 years	PHC total headcount
Bojanala	2,990,412	1,119,069	4,109,481
Bophirima	1,217,540	380,453	1,597,993
Central	1,852,399	408,280	2,260,679
Southern	1,357,564	213,760	1,571,324
Province	7,417,915	2,121,562	9,539,477

PHC headcount for the year under review is 9,539,477 for the Province. Bojanala district had the most headcount followed by Central and last was Bophirima and Southern who had around 1,500,000 head-counts. Table 17 shows the headcounts per districts of the North West Province

Community service programme remains one of the important vehicles to ensure that communities especially in the underserved areas access the services of health professionals. However, the Department has difficulties in recruiting community service personnel to remote areas, particularly the Bophiriama district.

Table 18: Community services health professionals allocated to the Department for 2004

Category	Frequency
Medical officers	105
Environmental health officers	28
Occupational therapists	19
Physiotherapists	20
Speech therapists	16
Clinical psychologists	15
Dieticians	14
Radiographers	11
Pharmacists	27
Dentists	33

Access to services is also improved through the provision of care via mobile clinics. These mobile units visit health service points in rural and farming areas at least one a month. The percentage of mobile points receiving 1 or more visits per month is 100% in Bophirima, Central and Southern. Bojanala has 70% of its service points being visited once a month, mainly due to a shortage of mobile units. The Department is, in collaboration with local government, busy with the construction of two-roomed clinics

to improve access to health services. The shortage of nurses remains a limiting factor to the delivery of services.

3.3.2.2 To develop and implement a comprehensive package of PHC services

The district development team has done preparatory work for an audit to determine to what extent the comprehensive package of PHC services are implemented in the Province. There is also a need to determine the percentage of facilities with appropriate package of services available. Despite the shortage of health care professionals, districts have reported a compliance rate of between 93-100% as compared with the target of 60% set for the financial year under review.

3.3.2.3 To develop a focused plan to facilitate easy access for people with disabilities

As part of this unfolding plan, the following issues have been attended to:

- An Assistant Director was appointed in the Transformation unit, who has a key focus area relating to monitoring and ensuring that disabled individuals are taken into employment as part of the Equity Plan processes as part of the Previously Disadvantaged Group(PDI's)
- In all public health facilities, disabled patients are treated freely as guided by national policy.
- All new health facilities are disability friendly.

3.3.2.4 To erect two-roomed clinic structures

The two- roomed clinics was a new initiative to build small structures for basic health services where national norms did not cater for fully fledged clinics. To facilitate the building of these structures funds were transferred to district municipalities after a signed MOU's to assist as partners to build the structures. In 2004/05 8 of the clinics were actually built.

3.3.2.5 Develop and implement a community health worker programme(duplicate of 3.3.2.2

An audit of Community Health Workers in the Province was done. The purpose of the audit was to among others determine how many care givers existed in the Province, how many have been trained on what field or course, and which NGO's or organisations are they attached to. It was found that the care givers were trained on different aspects and training was conducted by service providers that were not accredited. 3490 were then trained on 59 days comprehensive home based care by accredited service provider.

A once off stipend of R 1,500-00 (per person) was paid to 4999 care givers.

3.3.2.6 To ensure integrated service delivery

- Full participation of the SCM on the Provincial Steering Committee on Expanded Public Works Program
  with (Department of Public Works being the coordinator).
- A facility maintenance Service Level Agreement has been developed between the Departments of Public Works and Health for the 2005/06 MTEF cycle.
- In consultation with South African Local Government Association (SALGA), Water Board and Eskom we have managed to facilitate the settlement of Utility accounts for Water and Electricity.
- The Department of Home Affairs, in collaboration with the NWDoH, launched and progressed with the online registration of births project our hospitals.
- The CDHSD has worked together with the Department of Correctional Services to improve cooperation in health service delivery for prisoners. A project to improve the security and conditions of facilities in Mafikeng Provincial Hospital is progressing well. This will be completed in 2005/6.
- The Department of Education, in collaboration with the Central District of the NWDoH, has a project in the Onkgopotse Tiro School.

3.3.2.7 Strengthening partnerships with alternative community based health providers

The various units have developed partnerships with alternative agencies i.e. The Policy and Planning Unit, has an established partnership with IDT in regards to some major CHC's projects to alleviate workload on the Department of Public Works. The first phase of the MOU's with IDT resulted in completion of the following projects i.e. Phedisong in Garankuwa due for completion in 2005/06; Atamelang CHC, completed; Dinokana CHC, due for completion in 2005/06. The phase 2 project involves revitalisation projects i.e. Pella, Mabeskraal, and Mogwase CHC's. The projects are continuing into 2005/06.

A partnership with Ratlou Local Municipality resulted in completed clinic project in Kraaipan Village.

3.3.2.8 Develop a framework for an equitable allocation of resources

The DMC has established a team to investigate the matter of equity and also to develop a framework for the equitable allocation of resources. This work is to continue into the 2005/6 financial year.

The population proportions per district in the Province has been utilised to allocate resources for districts under the District Health Services programme for the year under review. The process is ongoing and will be improved yearly towards equity.

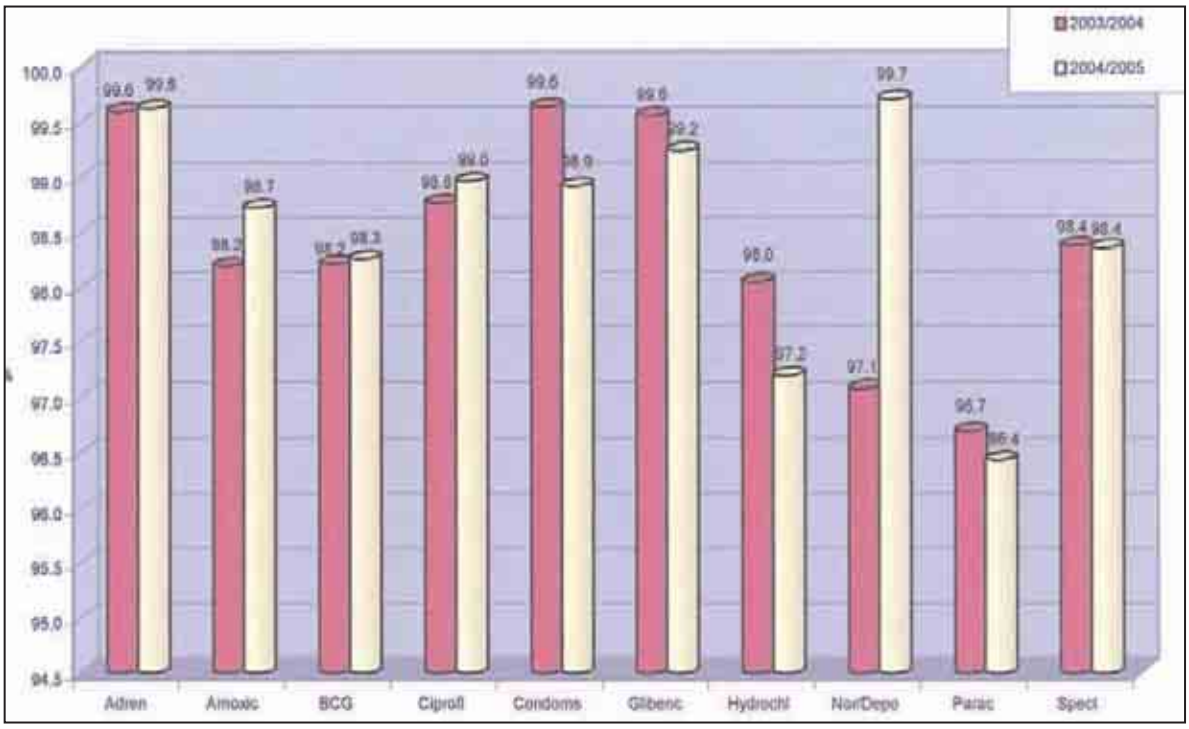
3.3.2.9 To provide essential drugs to all clinics and CHC's

There are two methods used to calculate availability of drugs. The first method is the DHIS method which involves counting the days in a month any of the 10 priority drugs are not available. Availability using this method is 98% for 2004/05 compared to 98,1% 0f 2003/04. In the 2004/05 financial year, Nor/Depo (see full name in the table below), was available most of the time compared to other EDL drugs at 99.7% and Paracetamol was the least available at 96.4%.

Shortage of delivery vehicles hampers drug distribution to health facilities. Availability is also compromised by shortage of drugs at the Central Stores/Depot. The availability of drugs is calculated by determining the percentage availability out of a fixed number of indicator drugs - 226 for regional hospitals, 126 for district hospitals and 96 for clinics.

The following graph shows percentage availability of 10 priority drugs at PHC facilities.

Figure 13: Percentage EDL Availability (Days) 10 Essential items, 2004/05



The following table gives the complete description for medications abbreviated in Figure 13 above.

Table 19: Complete description for ten priority drugs abbreviated in figure 13

Abbreviated name of medication	Complete name of medication
Adrenaline	Adrenaline 1/1000 (1ml) vial
Amoxic 125mg	Amoxicillin 125mg/5ml suspension (75ml)
BCG	Bacilli Calmette Guerine
Ciprofl 500mg	Ciprofloxacin 500mg
Condoms	Condoms out of stock
Glibenclamide	Glibenclamide 5mg
Hydrochl 25mg	Hydrochlorothiazide 25mg
Nor/Depo	Norethisterone Enanthate or Medroxyprogesterone injection
Paracetamol	Paracetamol 500mg
Spect Inj	Spectinomycin injection

3.3.3 WELL-FUNCTIONING AND COMPETITIVE HOSPITALS

3.3.3.1 Appropriate configuration of Hospital Services

The Department has finalised the blue sky option appraisal option process. This was a process aimed at developing various options for facility planning in the Province, a process which began during the 2003/04 financial year. Our challenge, going forward, would be the implementation of this strategy document in the face of resource constraints, and some of the implications involved such as the possible downgrading of facilities.

The National Department of Health provided a new planning model for configuration of hospitals called Integrated Planning Framework (IHPF), which is to be used in the years ahead as an additional planning tool.

3.3.3.2 To develop efficient business management of hospitals

All districts have, for the first time, prepared and submitted their Performance Management Frameworks (PMF's). A need was identified that these PMF's had to be standardised. Training will also be provided to hospital managers for the compilation of the said PMF's. The project will be concluded in the 2005/6 financial year.

Workshops were conducted to strengthen management capacity of Hospital General Managers, Sub-districts and HR managers in our institutions. Training was conducted on the following: Hospital supervision manual, Pharmacy Amendment Act (88 of 1997), handling of media reports, Complaints procedures, Service delivery improvement planning, Step Down care management, ART expansion

and Infection Control. Management visits were conducted and districts assisted with compilation of overtime Year Plans. The draft hospital supervision manual was produced.

3.3.3.3 To accelerate delivery on the hospital revitalization project

The revitalisation projects are continuing on the basis of approved business cases. The Swartruggens District Hospital is completed, while the other two projects i.e. Vryburg Regional and Moses Kotane District Hospitals are continuing, with projected completion dates of the 2006/2007 financial year. Two other business cases were developed and submitted for funding i.e. Tshwaragano and Jubilee Hospitals.

One of our challenges has been under expenditure of the conditional grant occasioned by a combination capacity issues internally, within our implementing agents and challenges of managing appointed contractors.

3.3.3.4 To roll out the designated service provider network

All Provincial or regional hospitals as well as 8 district hospitals (i.e. 2 per district) have been upgraded through the hotel services project. This is to enable the public sector to provide services comparable to those delivered in private health sector. Meetings have been held with Medical Aid Schemes to formalise service level agreement wherein their members will be encouraged to utilise public health facilities. Failure to make progress in discussions with Medical Aid Administrators has led to the failure of this project to start in this financial year.

3.3.3.5 To improve the efficiency of health services through PPP and alternative service delivery and partnership

A PPP project involving Victoria Hospital was registered with the National Treasury. This project has been delayed, as a result of legal challenges against the NW Department of Health. However, a Program Manager: Partnerships has been appointed to identify and facilitate Public Private Initiatives and Partnerships in the Chief Directorate: Health Service Delivery.

3.3.3.6. To rollout and market high quality specialists services comparable to private health services

The Department of Health has entered into partnership agreement with Universities to provide specialist services in our districts. We have been able to have joint appointments of Family Physicians in Bophirima, Bojanala Platinum and Southern Districts. Regular discussion has also been held to improve the utilisation of the National Tertiary Services Grant (NTSG), as a way of improving access to high quality specialist services. The appointment of these specialists and improved utilisation of the NTSG have resulted in the improvement in health service delivery, and this is expected to improve as we strengthen those partnerships further.

3.3.4 IMPROVING THE HEALTH STATUS OF COMMUNITIES THROUGH IMPLEMENTATION OF INTEGRATED HEALTH PROGRAMMES

3.3.4.1 To implement the comprehensive plan for HIV and AIDS, including the provision of ARVs and the strengthening of Home-based care

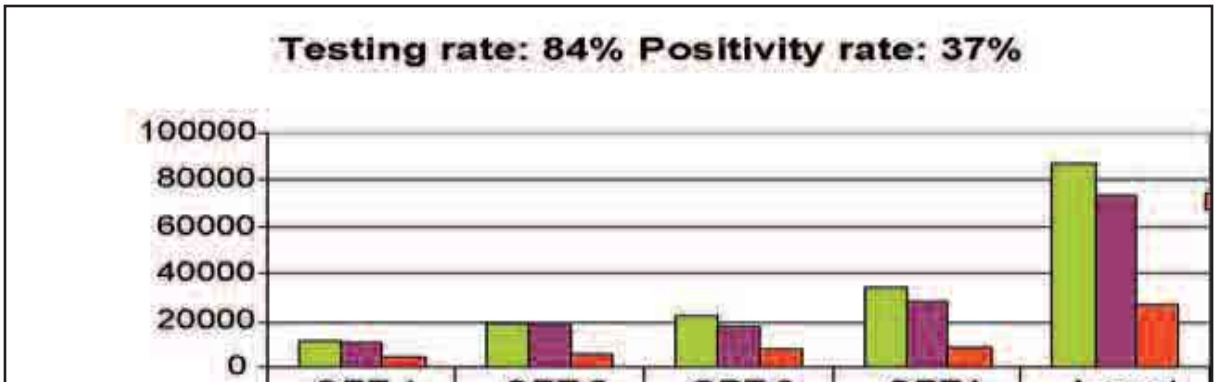
Comprehensive plan (including ARV) sites

As at the end of the financial year there were 4 functional sites that provide ART in the Province. The total number of patients on treatment is 3673. What is also more critical for the Department is the number of health professionals appointed and trained since the launch of the comprehensive plan. Over and above working on the implementation of the plan, these professionals are key in the general strengthening of our services.

Voluntary Counselling and Testing (VCT)

A total of 621 facilities offering VCT of which 420 are public facilities and 201 are private and non medical facilities. A total of 3592 personnel of different occupational categories have been trained to render the service. Number of clients who were tested from the VCT programme is 73634. All facilities in the Province have trained counsellors. The VCT uptake for this financial year is at 84% as opposed to the target of 63%, the programme has exceeded the set target. There are 560 active community counsellors receiving stipend as compared with the 502 that we aimed at.

Figure 14: VCT workload in quarters for North West Province, 2004/05



	QRT 1	QRT 2	QRT 3	QRT4	Annual
Pre.Counselled	11278	19028	22356	34493	87155
Tested	10172	17930	17319	28113	73634
positive	4583	6143	7529	8666	26921

Prevention of Mother -to - Child Transmission (PMTCT)

640 personnel of different categories in the Province have been trained since the inception of the programme in 2001. Currently there are 341 facilities offering PMTCT services as opposed to the 120 that was targeted.

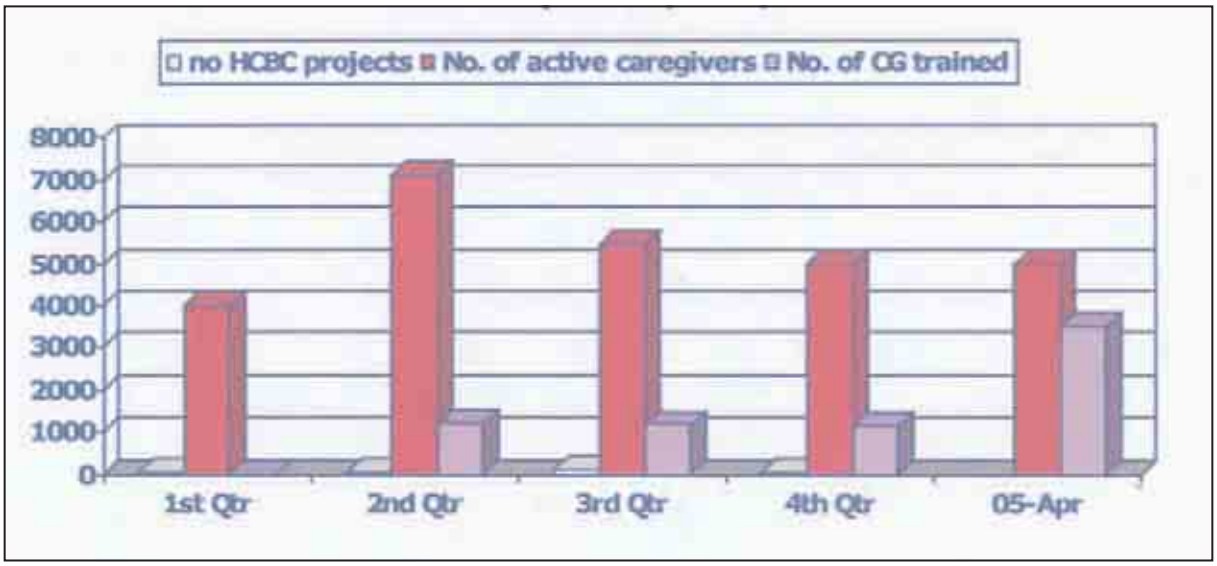
The tracing of babies in PMTCT has improved and new strategies to have access to all babies enrolled on the programme followed up are intensified and this will be strengthened further in the next financial year.

Mothers on the programme experience a number of difficulties among which are stigma related ones. This causes them to mix feed and this defeat the purpose and effects of nevirapine. This may be a contributory factor to some children testing HIV positive at the age of 12 months. Lack of effective follow up of mothers on the programme due to shortage of personnel remains a challenge.

Home Based Care

Total number of home visits for the year under review is 31077, and 16 481 people were reached during this visits. Number of HBC teams in operation is 316. Home based Care has become a very popular program in the community and this graph depicts the performance of the program for the year,

Figure 15: Accessibility and availability of Home Based Care services in the North West Province, 2004/05



An audit of the existing caregivers was done to have a Provincial baseline data to assist in planning for the payment of stipend and also to look at the distribution of carers per district. The total number is 7 000 carers. There are carers that constitute the target for “graduation” into community health work.

Sub-Acute or Step Down Care

The number of sub-acute or step down facilities has doubled to eight. The commitment of the Department was to increase this number from 4 in 2003/04 to 8 in 2004/05 and this has been achieved. The plan is to roll this programme until all hospitals in the Province are covered.

NGO Funding

The number of NGOs supported through funding is 82 versus the target of 40. This was supported mainly through the conditional grants. The larger numbers of NGOs that were funded are providing HBC services. The main challenge for the program is limited resources to fund the NGOs. Monitoring and evaluation of NGOs in the face of human constraints also remains a challenge.

3.3.4.2 To develop and implement a comprehensive disabled people's health support system.

The table below gives an indication of achievement in this area. Although assistive devices were issued, the Department still had a backlog on the following areas to address; 53 prosthesis whereby 19 waited longer than three months, 145 orthosis of which 15 waited for longer than three months.

Table 20: Assistive devices issued

DEVICE	2003/04	2004/05
• Wheelchairs	1786	1023
• Hearing Aids	739	1234
• Walking Aids for the Blind	202	209

1023 disabled clients received wheel chairs as opposed to 1786 in 2003/04. 1234 disabled clients received hearing aids.209 disabled clients white canes. Total of 2466 clients received assistive devices.

3.3.4.3 To strengthen immunisation programme

Table 21: Immunisation indicators, 2002/03 to 2004/05

Immunisation Indicators	2002/2003	2003/2004	2004/2005
BCG coverage (annualised)	71.62%	49.34%	47.19%
DTP-Hib 3 coverage (annualised)	96.24%	96.33%	105.99%
HepB 1 coverage (annualised)	92.82%	98.00%	105.86%
HepB 3 coverage (annualised)	91.02%	93.16%	100.62%
Immunisation coverage under 1 year (monthly)	5.84%	6.80%	8.75%
Immunisation drop out rate (DTP1-3)	2.76%	6.02%	6.25%
Immunisation drop out rate (DTP3-measles1)	14.56%	12.40%	17.53%
Immunisation drop out rate (Measles1-2)	17.72%	14.58%	15.16%
Measles 1st dose coverage (annualised)	77.29%	78.60%	80.67%
OPV 1 coverage (annualised)	97.40%	101.48%	112.76%
OPV 3 coverage (annualised)	93.66%	93.26%	105.97%
Vitamin A coverage infants 6-11 months (annualised)	-	-	82.61%
Vitamin A coverage children 12-60 months (annualised)	-	-	35.43%
Measles 2nd dose coverage (annualised)	72.47%	77.89%	80.84%

EPI is a program that has been doing well in the Province in terms of coverage, with the exception of the cross border areas were coverage is above 100%. This is attributed to the census in those areas where there was under counting of the children under five years. This provides statistics that do not tally with the census numbers.

The other challenge with the EPI program is the low immunisation coverage for Polio and BCG at hospitals where this is mostly not given immediately after birth or even when children are admitted to hospitals. This increases the lost opportunities for immunisation of children.

3.3.4.4 To implement the relevant prescripts of the Pharmacy Legislation

The Province has completed a compliance audit of all our pharmacies. Interaction with the results of the audit is taking place during 2005/06 financial year.

Availability of drugs at the medical stores is at 89.5%. Two districts ie Bophirima, and Bojanala, are distributing drugs using SMME's. There is an uninterrupted ARV supply for the comprehesive programme sites of HIV and AIDS.

3.3.4.5 To Improve the TB cure rate

The TB cure rate remains a challenge to the Department. However these figures should not be interpreted in isolation. Another factor contributing to the low cure rate is a lack of bacteriological proof for a significant proportion of patient who completed treatment. The TB cure rate for the Province is currently 57%.

Table 22: Key TB indicators for North West Province, 2000 – 2003

Indicator	2000	2001	2002	2003
Cure rate	52	47	52	57
Rx interruption rate	11	12	11	8.2
MDR rate	0.5	0.5	0.6	0.3

The above table illustrates the progress regarding the key TB indicators, TB cure rate is steadily improving, it was 47% in 2001, 52% and it's now at 57% in 2003. The interruption rate has gone down from 11% in 2002 to 8.2% and the Multi Drug resistance rate from 0.6 to 0.3.

Tuberculosis Control remains a challenge in the advent of HIV & AIDS. Cure rates remained low but case finding has improved and this assist in managing the disease. This is attributed to the active Directly Observed Treatment Strategy [DOTS] programme that is advocated by the World Health Organization. Aventis, a pharmaceutical company providing TB treatment is engaged in training of the DOT supporters to increase their knowledge level and their skills level. An area that needs attention is transport to do patient follow ups. The TB & HIV Site at Potchefstroom is functional and more clients enrol for VCT at that site.

3.3.4.6 To develop and implement a plan to reduce maternal and under-five mortality

During the year under review, 402 nurses and nurse educators and 14 Doctors were trained on Integrated Management of Childhood Illnesses (IMCI), and malaria case management. 109 Community member and 70 traditional healers were reached.

3.3.4.7 To Improve Emergency Medical Services

In order to improve emergency medical services (EMS) in the Province four regional control centres were established. In 2004 the number of ambulances has increased from 140 per 1000 people in 2003 to 167, despite the use of the services of private EMS providers in districts where the need prevailed to ensure that a service to community is maintained. In the beginning of January 63 new vehicles were delivered and the Department will now scale down the use of private services.

Crews consisting of at least two persons respond to all call outs. Average response time for urban calls is 23.6 minutes and for rural areas is 31.6 minutes. Regarding training of staff, our locally based staff training in BLS remains at 98% for both 2003 and 2004 whilst staff trained in ILS has steadily increased from 17 to 30. Challenges in this area are, the insufficient fleet numbers, low percentage of staff trained on intermediate and advanced courses and the lack of discipline pertaining to use of vehicles.

Table 23: Emergency medical services and planned patient transport

		02/03 actual	03/04 actual	04/05 actual
Ambulances per 1000 people	No	127	140	167
Kilometres travelled per ambulance (per annum)	Km	266316	304576	400776
Locally based staff with training in BLS	%	72.2	98	98
Locally based staff with training in ILS	%	8.8	17	30
Response times within national urban target (15 mins)	%	24.6	20.7	23.6
Response times within national rural target (40 mins)	%	37.4	30.7	31.2
Call outs serviced by a single person crew	%	0	0	0
Green code patients transported as % of total	%	14	19	22
Cost per patient transported	R	200	200	300
Ambulances with less than 500,000 kms on the clock	No	127	140	167
Number of emergency call-outs	No	190000	23000	26000
Patients transported (routine patient transport)	No	19000	23000	26000

3.3.4.8 To improve the management of malnutrition

An audit has been conducted to determine the current practices regarding the management of malnutrition in hospitals. The results will inform the development of practical and appropriate practice-oriented training to be implemented in the next financial year. This has been identified as a priority for the 2005/06 financial year.

Micronutrient Malnutrition control focus area – the focus was on Vitamin A supplementation with high dose Vitamin A capsules to reduce Vitamin A deficiency from the current levels of 32% to 20% in children 0-60 months old by 2007.

Protection, support and promotion of breastfeeding – the focus is on Baby Friendly Hospital Initiative (BFHI) which is aimed at improving infant feeding practices by transforming hospital practices to create a supportive and caring environment for the mother to develop proper infant practices. The hospitals that are declared baby friendly are Gelukspan, Thusong, Koster and De La Rey. Twelve more hospitals have started with the process towards baby-friendliness.

3.3.4.9 To strengthen medico-legal services such that mortuary services and services to victims of violence are improved

In monitoring the establishment of integrated crisis centre, the Department has set a target of four crisis centres for the year under review, however, ten crisis centres are established and fully functional. There was an agreement reached that 14 medico-legal mortuaries be transferred from SAPS to NWDoH, to that effect 14 vehicles were purchased to strengthen the performance around this area. Capacity development was also strengthened particularly on clinical and forensic pathology where 620 officials were trained.

3.3.4.10 To develop a comprehensive youth and adolescent health strategy

Toward the aim of coordinating the implementation of adolescent and youth-friendly health project, National Adolescent Friendly Clinic Initiative is supporting the seventeen facilities that implement the project. Tigani in the Southern district has been accorded with a certificate of compliance by NAFCI accreditation team.

Table 24: Number of youth and adolescent friendly facilities

DISTRICT	NUMBER OF FACILITIES
Bojanala	10
Bophirima	6
Central	0
Southern	1

3.3.4.11 To develop a framework for the management of non-communicable diseases

There is an improvement in reporting of maternal deaths. Antenatal care policy has been developed. Auditing of maternity records to evaluated quality of maternity services have been completed. Preventable maternal death has been reduced by 48%. The Department has emphasized training as one of key to improve women's health. 35 Nurses were trained in implementation of the WHO contraception Decision Marking Tools. 25 Midwives trained in MVA and 75 trained on taking Pap smears.

3.3.5. WELL-MANAGED AND EFFECTIVE DISTRICT HEALTH SYSTEM (DHS)

3.3.5.1. To strengthen functional integration

National Department of Health developed guidelines on functional integration. The key objective of the Department was to ensure that both Provincial and municipal authorities co-operate on health service delivery. There is strong working and governance relationship in the Bophirima Health District and

Madibeng sub district in Bojanala Platinum District. This has resulted in the formation of joint structures on planning and management of health services.

Other districts are being encouraged to follow the experience of both Bophirima and Madibeng.

3.3.5.2. To develop and implement a multi-phase plan of devolving clinics and CHCs to municipalities.

During 2003/04 financial year the Department piloted devolution of PHC services in the Bophirima district. The plan was to roll out the Bophirima experience on decentralisation of Primary Health Care services to other municipalities. This plan was not realised, as there are policy decisions that need to be taken at both National and Provincial level on this matter.

3.3.5.3. To promote community participation in health service delivery

The role of governance structures in the Department remained a central feature in the delivery of health services. However, after careful consideration of their role, the Department relaunched them to add more vigour to their function. District health forums and hospitals boards are key part of our community participation model.

3.3.5.4. To ensure effective management of District Health System

Following challenges identified in the previous Annual Report (2003/4), the process of devolving Municipal Health Services to District Municipalities was intensified with the establishment of Provincial Project Team. This project team is expected to complete its work during 2005/06.

In improving equity in resource allocation and financial management, the Department continued to conduct training on District Health Expenditure Review. A total of 49 state accountants and health information officers from both hospitals and sub districts were trained.

3.3.6. COMPETENT, EMPOWERED AND PERFORMANCE FOCUSED STAFF

3.3.6.1. To attain a working environment with appropriate roles and delegations at all levels

The Department engaged the expertise of private consultants to cover the KPA/KPI project scope. Standard job descriptions for employees at all levels were developed and the implementation thereof was to be facilitated by the respective managers. The remaining challenge is to customise someof these generic job descriptions where this is required.

3.3.6.2. To promote a performance-oriented organisational culture

The Department has introduced a performance management and development system (PMDS) for all levels. Although the PMAs are developed, however the Department is not in a position to can provide percentage success in this regard. Work plans are also developed in line with Departmental PMDS and a system that would be used to provide this type of data is being investigated. In terms of staff assessment and evaluation, assessment committees for all levels have been appointed and half yearly reviews have been conducted.

3.3.6.3. To develop and implement a recruitment and retention strategy for the key personnel

The Human Resource Plan task team was established to facilitate development of HR plan, the development of the HR plan was outsourced and approval for advertisement of tender with clearly defined specifications was granted by Departmental Procurement Committee. This is in addition to implementation of the scarce skills and rural allowances regime across the province. We have also continued to upgrade our infrastructure to improve working conditions as a particular retention issue.

3.3.6.4. To develop and implement a comprehensive skills development plan

A Work place skills plan based on needs analysis has been developed, the long term comprehensive skills plan will be aligned with the development of integrated HR plan. However institutions also developed business plans that were funded through skills fund.

Table 25: Training conducted in the Department during the year under review

Occupational Categories	1.Gender	Number of employees as at 1.04.2003	2. Training provided within the reporting period			
			Learnerships	Skills Programmes & other short	Other forms of training	Total
Legislators, senior officials & Managers	Female	13	0	7	0	7
	Male	29	0	20	0	20
Professionals	Female	512	0	63	0	63
	Male	402	0	55	0	55
Technicians and associate professionals	Female	4057	0	1837	0	1837
	Male	982	0	104	0	104
Clerks	Female	996	0	168	0	168
	Male	496	0	118	0	118
Service and sales workers	Female	3736	0	118	0	118
	Male	1042	0	53	0	53
Skilled agriculture & fishery workers	Female	0	0	0	0	0
	Male	0	0	0	0	0

Occupational Categories	1.Gender	Number of employees as at 1.04.2003	2. Training provided within the reporting period			
			Learnerships	Skills Programmes & other short	Other forms of training	Total
Craft and related trades workers	Female	1	0	41	0	41
	Male	41	0	33	0	33
Plant and machine operators and assemblers	Female	8	0	103	0	103
	Male	259	0	60	0	60
Non-Permanent Workers	Female	284	0	0	0	0
	Male	356	0	0	0	0
Elementary occupations	Female	2935	0	32	0	32
	Male	1059	0	11	0	11
Sub Total	Female	12542	0	2369	0	2369
	Male	4666	0	454	0	454
Total		17208	0	2823	0	2823

3.3.7. INTEGRATED AND EFFECTIVE ORGANISATIONAL SYSTEMS

3.3.7.1 To develop facilities and equipment management capacity

- An audit was done by MRC on equipment management capacity, and thus presentation made to DMC and work continues on the report presented during the 2004/5.
- A tender to in source technical assistance on the development of a preventative maintenance plan of all immovable property has been advertised and evaluated.
- A day to day maintenance program for all facilities was developed with some facilities reporting Expenditure of 100%.
- A Facility Maintenance Business Plan for 2005/06 has been developed and presented to the Department of Public Works.
- All facilities have been allocated maintenance budget to attend to urgent maintenance cases.

3.3.7.2 To develop and maintain an integrated and effective management information system

The development of an Integrated Health Care management has been hampered by resource constraints. This forms part of Cost Centre Accounting pilot project at K/T/P/W Complex which is not achieved as yet, but virtually all preparatory steps have been completed for link up to Great Plains Reporting System by 30 September 2005.

3.3.7.3. To develop and maintain effective Health Information System

The development of an integrated Health Care Management Information System is being hampered by resource constraints. First phase of document analysis has been completed. Second and third phase

sessions still to be held with short-listed companies. This project will also await the national process in relation to request for information (RFI), request for proposal (RFP) and ultimately award of contract.

3.3.7.4. To develop and manage Minimum Information Security System

In order for the Department to have a MISS policy in place, the security policy was developed and approved by DEC. Staff in the MISS Directorates, MEC Support as well as Secretariat Section have submitted their vetting forms. 55% of Head Office Staff complied with 'Confidentiality Agreement' requirements, whilst only 20% of decentralised institutions are complying. Staff (handling records) has been trained at 90% of institutions on proper records management.

Awareness sessions have been conducted at 60% of our institutions. File-Plan for the Department has been revised and approved by National Archives for use. Sensitive offices/areas have been identified and security locks installed. CCTV monitors have been installed at strategic points in the building. Receptionists have been employed and the area refurbished to improve monitoring of movement and improve security. Firearms safes have been installed at both entrances in line with the Act.

Appraisals have been done and necessary recommendations are being implemented. Monthly meetings held with Private Companies and performance standards have been set. Reduction of crime at high risks institutions. Loss incurred by the Department has been effectively transferred as liability clause is enforced

3.3.7.5. To review and align Departmental procurement and acquisition systems in terms of Supply Chain Management regulations.

Technical Assistance was sourced to review and develop Supply Chain Management systems and procedures. To build the capacity of SCM staff the following training has been conducted:

- Training on the new Supply Chain Management regulation has been attended and conducted for a total of 8 managers and practitioners.
- In collaboration with the North West Tender Board , SAMDI and IPFA training for a total of 10 Departmental Procurement Committee members has been conducted

3.3.7.6. Ensure participation in the Extended Public Works Programme(EPWP)

A Memorandum of Agreement has been signed with IDT and an amount of R6.9m transferred to IDT for the implementation of EPWP. 52 facilities have been designated with Expanded Public Works Projects.

3.3.8. EFFECTIVE MANAGEMENT OF THE DEPARTMENT'S FINANCE AND ASSETS

3.3.8.1. Ensure budgetary control and monitoring

The purpose of this was to ensure that a system of budgetary control and monitoring is in place. Detailed information on the utilisation of funds is under Part 8 of the annual financial statements and the audit report.

3.3.8.2. Develop computerised monitoring system for asset management

The Department has successfully implemented functional computerised asset management system whereby 100% of institutions are implementing the system. Training on the system was provided to 34 officials Department wide. All related activities around Asset Management, including Loss Control have been identified within a specified period. However, limitations have been identified as per the audit report.

3.3.8.3. To enhance revenue collection mechanisms and increase recovery level

Pertaining to revenue collection and generation by hospitals the Department has under collected. The reasons for under collection include lack of capacity to implement PAAB system at hospital level as well as in following up outstanding debt. This area needs urgent attention, the creation of revenue structures at hospitals should be facilitated. The issue of prioritising the appointment of revenue clerks in all hospitals in the face of shortage of health professionals is being grappled.

3.3.8.4. To strengthen financial management capacity

The Department conducted an employee profile on overall financial capacity, consolidation is in progress and plans are in place to address skills gaps. However, there seems to be an improvement in this area, as reflected in the Audit Report.

3.3.8.5. Develop and finance a comprehensive, proactive and continuous maintenance programme for all health facilities, including a finance plan to reduce maintenance backlogs.

The Department has issued a tender to in source technical assistance on the development of a preventative maintenance plan of all immovable property and this has been advertised and evaluated. A day-to-day maintenance programme for all facilities was developed with some facilities reporting expenditure of 100%. Although the expenditure patterns have improved the backlog is still huge.

3.3.8.6. To coordinate the implementation of an appropriate risk management strategy.

The strategy is intended to assist the Department in assessing the rate and quality of compliance with Management policy and Anti-Corruption policy. An annual external risk review has been conducted. Risk Management workshops

have been conducted with nine Directorates, 2 hospital complexes and four institutions creating their own risk profiles. The Fraud prevention policy is currently being reviewed to include Anti-Corruption.

3.3.9 EFFECTIVE COMMUNICATION, MARKETING AND STAKEHOLDER RELATIONS MANAGEMENT

3.3.9.1 Development of a uniform corporate image that will include branding and marketing

The Department has created a uniform identity in terms of defining logos, documents, stationery, and building décor among its constituent parts. Corporate image and identity elements have been incorporated into the overall Communication Policy of the Department. The promotional materials that are produced by various units are now in line with the uniform corporate image and identity guidelines we set. Despite serious financial problems with rolling out the marketing plans we have achieved 85% increase in proper usage of government logos by different programmes/Directorates.

3.3.9.2 Development of an effective internal communication system

There has been a remarkable and regular usage of electronic communication to keep staff members informed of Departmental events and notices. To further fulfill this objective the Department regularly publishes its newsletter (Boitekanelo) which also serves as an medium to communicate with our external clients.

3.3.9.3 Development of a media relations management strategy

There is an ongoing programme of regular interaction with journalists and media personalities aimed at developing a good working relationship with them while at the same time profiling the Department. Though there has been a resurgence of cases of patient neglect in some of our facilities that result in negative publicity for our Department, at least there has been 70% positive coverage of the Department by the media, 12% neutral coverage and 18% negative coverage.

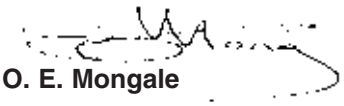
3.3.9.4 Design and implementation of a public interaction and mobilization plan incorporating information to and feedback from.

The Department participated in the Roving Exco and Imbizo focus week activities that were held in October 2004. The target was set for three events to be held for the year under review, however three events per district were organized and we further took the lead in the last quarter by organizing four MEC road shows as part of this broad objective.

3.4 Conclusion

In conclusion, I would like to thank all the employees of the Department who ensured that the delivery of our health services is in accordance with the Vision, Mission and Core Values of the Department. Their commitment to the principles of Batho Pele, the Patients' Rights Charter and everything that represents us, is what has made a difference to the health status of our people.

For this, I wish to extend herein my thanks to all staff. I also wish to extend my thanks to the colleagues at National Department of Health, the Standing Committee on Health in the province and Hon Member of the Executive Council for Health, for the guidance and leadership in the period under review.



Mr O. E. Mongale
Head of Department

PART 4: BUDGET PROGRAMME PERFORMANCE

4.1 PROGRAMME 1: ADMINISTRATION

Aim

To conduct the overall administration and strategic management of the Department with regard to District Health Services, Emergency Medical Services, Provincial Hospital Services, Health Sciences and Training, Health care Support Services and Facility management.

Office of the MEC

The office of the MEC provides for parliamentary and legislative activities. This office ensured the tabling of the strategic plan for the 2004/05 financial year and the Annual report for the Department for the year 2003/04 was presented to the Provincial legislature in 2004.

The MEC also ensured Policy formulation in consultation with management.

Management

- Ensured the implementation of the Department's strategy and policies
- Facilitated the monitoring and evaluation of performance of the Department
- Coordinated the delivery of accessible, equitable and affordable District Health Services and well functioning and competitive hospitals in the regions

To this end the manager for monitoring and evaluation was appointed in July 2004 to ensure the monitoring and evaluation of the Department's performance.

Use of appropriated funds

Table 26: Funds allocated to Administration Programme by sub-programme and actual expenditure (R' 000)

Programme	Voted for 2004/05	Roll-overs and adjustment	Virement	Total voted for programme	Actual Expenditure	% (over) /under spending
MEC	8,929			8,929	6,576	26.4
Provincial Management	114,821			114,821	117,158	(2.0)
Regional management						
Total	123,750			123,750	123,734	1.0

Table 27: Evolution of expenditure for the Administration programme by sub-programme (R'000)

Programme	Year –3 2001/02	Year –2 2002/03	Year –1 2003/04	Year 0 2004/05	Average annual growth nominal)
MEC	2,425	3,165	3,930	5,354	30.3
Provincial. Management	67,704	65,987	71,101	96,602	13.7
Regional management					
Total	70,129	69,152	75,031	101,956	14.3

Table 28: Past expenditure trends in Administration and reconciliation of MTEF Projections with the Strategic Plan

Expenditure	1999/00	2000/01	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07
Total (R'000)	38,330	70,179	69,152	75,031	101,956	123,734	126,361	134,037
Total per capita	10.67	19.44	18.58	19.79	26.40	31.47	31.64	33.01
Total per uninsured person	12.56	22.48	21.86	23.28	31.06	37.03	38.80	38.80

Programme Policy Developments

Policy Priorities

- Conduct risk assessment
- Implement fraud plans as required in terms of the PFMA, which must include, as a minimum, an anti-corruption policy and implementation plan
- Enable the process of conducting further investigation, detection and prosecution, in terms of prevailing legislation and procedures
- Promote professional ethics amongst employees

Strategic goals:

The programme impacts on all the nine strategic goals

Challenges and constraints that impacted on the performance of the programme

- Limited capacity with regard to skilled personnel and professional services
- Absence of network facilities at some institutions
- Absence of integrated information technology system
- Absence of effective debt collection system
- Service improvement coordination
- Lack of comprehensive HR plan
- High turn over rate as a result of the absence of retention strategy
- Lack of co-ordination in training
- Lack of funding for new policies
- The delay in implementation of new management structure at both leadership and operational level
- The office accommodation space resulting in different or fragmented location of head office clusters in areas around Mafikeng i.e. 4 locations
- The budgetary constraints resulting in minimal allocations for various programs affecting new projects.

Table 29 Specification of Measurable Objectives and Performance Indicators

OBJECTIVES	PERFORMANCE INDICATORS	TARGET 2004/05	2004/05 Achievements
Provide strategic direction of the Department and implement policies	Department-wide awareness of Departmental strategic plan and submission of quarterly reports on implementation thereof.	Submission on time Compliance by all	The draft strategic plan in place. We have printed 5yr strategic plan for 2004-2010 and Annual Performance Plan for 2005 to 2008.
To monitor and evaluate performance of the Department	Presence of a performance evaluation report with recommendations for improvement on a quarterly basis	Quarterly presentation at DMC with recommendations for way forward	• Quarterly evaluation reports for all quarters presented to DMC with recommendations for way forward. • Quarterly Provincial and district reviews held to monitor progress of the Department. The directors did the presentations. All the reviews were scheduled as part of the calender plan of the Department.
To ensure integrated service delivery	Number of joint projects with other Departments	Successful maintenance or completion of joint projects	The NWDoH had a number of successful joint projects with other Departments. The number of these projects cannot be quantified at this stage, however, section 3.3.2.6 mentions some of the projects completed and ongoing.
Develop and implement community health worker programme	Presence of a status report about numbers of care givers and their training requirements	4 000 active caregivers	There are 7 128 caregivers of which 4 999 are active caregivers based on recent data collected.
	Percentage of caregivers to be trained (first year)	50 % of 4 000 caregivers to be trained (first year)	3490 (87%) caregivers trained on NQF level 1
	A budget to cover honoraria	12 payments	Nil
To develop efficient business management of hospitals	All business processes and strategies introduced to and applied by hospital managements	70% of management trained	Training has taken place but has not been quantified
Strengthening partnerships with non governmental, parastatal and private organizations	Number of joint initiatives.	At least one joint initiative	21 Traditional leaders working with Dept on HIV & AIDS. 1 Joint initiative with UNIWEST capacitating Health Workers, PLWHA and Support groups. The NWDoH had established partnership with IDT in regard to building of CHC's i.e Dinokana, Phedisong and Atamelang (1st Phase), and the 2nd Phase, the revitalisation CHC's i.e Mogwase upgrading and renovation, the Mabeskraal and Pella CHC's building projects. A service level agreement was entered into, to implement the projects and funds transferred accordingly. A partnership with Ratlou Municipality resulted in building of Kraaipan Clinic which is due for completion in March 2005.

	INDICATORS	2004/05	
To roll out and market high quality specialist services comparable to private health services	Establishment of private suites in general wards of Provincial hospitals	Baseline to be determined	Baseline and target not determined. However, suites established in all three Provincial hospitals.
To develop and implement gender empowerment programmes at all functional levels of the Department	Percentage of programmes integrating gender into their plans and reports	40%	A workshop on Gender Mainstreaming was held for DMC members, then for Regional Management teams. An audit has not been done in terms of integration of gender programs in the Department.
To develop and implement disability empowerment programmes at all functional levels of the Department	All facilities being disabled friendly	Table status report with recommendations for future plans to DMC and DEC	A disability program manager has been appointed. He has still to complete an audit on disability programs and status in the Department.
	At least 2% of total employees being disabled	1%	An audit still to be conducted in the 2005/2006 year. All new health facilities are disability friendly and we have ensured that all new CHC have rehabilitation units.
To develop and implement youth empowerment programmes.	Establishment of additional youth friendly services	6 additional	9 new sites established in 2004/2005 and 5 officially launched
To develop and implement a multi-phase plan of devolving clinics and community health centres to local municipalities	Approved plan in place. Service level agreement signed. At least 4 sites operational.	Plan approved. 2 districts having at least 1 site	This awaits a policy decision. To be finalised during 2005/06.
To attain a working environment with appropriate roles and delegations at all levels	Percentage of standard job descriptions for jobs at all levels	60%	KPA/KPI project scope covered by consultants has been completed. The second phase of this project that entails cascading of KPA/KPI to lower job categories will be implemented by the respective line managers.
To promote a performance-oriented organisational culture	Regular organizational reviews held	4 reviews per year	All quarterly reviews held, both Provincial and district reviews according to schedule. The presentations are done per Directorate. They are crucial as part of the performance assessment of the Department, together with EWS and quarterly reports form part of performance appraisals by NDOH/Treasury and Budget Oversight Committee. They also are a nucleus of the reports to Legislature and Parliamentary Committees.
	Percentage of managers level 9 and higher with signed PMA	100%	There has been considerable progress in the development of PMAs as a result of increasing understanding of PMDS as well as continuing training on performance management. The figure, while not verified does not stand at 100%.

	INDICATORS	2004/05	
	Percentage employees level 1 to 8 with work-plans	100%	Workplan developed in line with Departmental PMDS. Project on development of KPA/KPI is also having a positive contribution in facilitating development of workplans
	Regular reviews of individual performance held	2 per year	Annual assessment reports submitted indicate that individual performance reviews are held at least twice a year in many instances. The growing understanding of PMDS by both supervisors and employees will gradually result to a stage where the necessity to hold regular review is understood and practiced by all.
To develop and implement a recruitment and retention strategy for key personnel.	Presence of comprehensive HR plan	Draft plan in place	Framework for HR plan has been developed. Processes to appoint a firm of consultant to drive the development of HR Plan were at an advanced stage at the end of the period under review. The project will commence during the next financial year
To develop and implement a comprehensive skills development plan.	Presence of a comprehensive skills development plan	Draft plan in place	Workplace skills plan based on needs analysis developed. Institutions developed business plans which were funded through skill fund. Project to develop and implement a comprehensive skills development plan will be aligned with the development of an integrated human resource plan
Develop and implement a comprehensive, preventative and financed maintenance programme for all health facilities, including a finance plan to reduce maintenance backlogs	Funded preventative maintenance plan in place and implemented	Condition assessment and implementation of preventative maintenance plan of 3 Provincial hospitals and Jubilee hospital done	• A tender to in source technical assistance on the development of a preventative maintenance plan of all immovable property has been advertised and evaluated. • A day to day maintenance program for all facilities was developed with some facilities reporting Expenditure of 100%. • A Facility Maintenance Business Plan for 2005/06 has been developed and presented to the Department of Public Works. • All facilities have been allocated maintenance budget to attend to urgent maintenance cases.
Ensure participation in the Extended Public Works Programme (EPWP)	Proportion of maintenance budget ring-fenced and applied to identified projects	At least one project in 25% of hospitals	• A Memorandum of Agreement has been signed with IDT. • R6.9m transferred to IDT for the implementation of the EPWP. • 52 facilities have been designated with Expanded Public Works Projects.

OBJECTIVES	PERFORMANCE INDICATORS	TARGET 2004/05	2004/05 Achievements
To integrate existing operational systems to establish an integrated management information tool	Relevant, timely integrated information easily accessible to managers	Basic MIS up and running (not real time)	Forms part of Cost Centre Accounting pilot project at K/T/P/W Complex - not achieved as yet, but virtually all preparatory steps completed for link up to Great Plains Reporting System by 30 September 2005.
To implement and maintain an effective Integrated Health care management Information System (IHCMIS)	Functional IHCMIS	Selection of service provider	Awaiting finalisation of the National process of request for information (RFI) and request for proposal (RFP).
To develop and manage Minimum Information Security Systems (MISS)	To have a MISS policy in place and complied with at all levels	Policy launched	The Departmental Executive Committee approved the security policy on the 17th March 2005 and is yet to be launched. Key Control Guidelines formulated and are being implemented. 75% of Senior Managers have completed and submitted vetting forms.
Increase Revenue generation and collection by hospitals	Revenue generated by all hospitals	100% of the targeted revenue collected	Target = R19 221 000.00 Actual =R19 032 755.13 99.02% achieved
To review and align Departmental procurement and acquisition systems in terms of Supply Chain Management regulations	All Directorates' procurement plans aligned to strategic plan and MTEF	40% Directorates' procurement plans aligned to strategic plan and MTEF	• Technical Assistance sourced to review and develop Supply Chain Management systems and procedures. • 60% of Departmental facilities develop and submit annual procurement plans thus the improvement on the rate of compliance and management of Irregular Expenditure. • To build the capacity of SCM staff the following training has been conducted: ✓ Training on the new Supply Chain Management regulation has been attended and conducted for a total of 8 managers and practitioners. ✓ In collaboration with the North West Tender Board , SAMDI and IPFA training for a total of 10 Departmental Procurement Committee members has been conducted
To strengthen financial management capacity	Increase in percentage of skilled financial management staff. Current baseline is 60% of staff in Chief Directorate are skilled	70%	Consolidation is in progress and remedial action will be taken to address skills gaps. Employee profiles done for CD to ascertain level of capacity.

OBJECTIVES	PERFORMANCE INDICATORS	TARGET 2004/05	2004/05 Achievements
To coordinate the implementation of appropriate risk management strategy	Presence of a comprehensive risk management strategy i.e clinical finance and asset management	Reduce rate of non compliance with regulations by 50% of all facilities with qualifications	An annual external risk review has been done. Risk W/Shops have been conducted with 9 Directorates, 2 Complexes and 4 Institutions creating their own risk profiles. The Fraud Prevention policy is currently being reviewed to include Anti-corruption
To coordinate the implementation of appropriate risk management strategy	Presence of a comprehensive risk management strategy i.e clinical finance and asset management	Reduce rate of non compliance with regulations by 50% of all facilities with qualifications	An annual external risk review was done. Risk workhops were conducted with 9 Directorates, 2 Complexes and 4 Institutions creating their own risk profiles.
Development of a uniform corporate image including branding and marketing	Uniform identity in terms of defining elements (logo, documents, stationery, building décor) among constituent units of the Department	30% of defining elements	A Communication Policy which incorporates, aspects of corporate identity was developed and approved. Promotional material has been used effectively. Over 85% increase in proper usage of government logo's by different programs
To develop an effective communication system that will ensure that internal and external stakeholders are informed of the	Staff and community members who are well informed on Department' policies and programmes	Improved awareness and use of communication system and strategy by mangers, staff and the public	Regular usage of electronic communication to keep staff members informed of events and notices. The Department has a published newsletter (Boitekanelo).
Development of mutual understanding between Department's communication Directorate and the media to ensure objective and balanced media coverage	Media understanding of Departmental mandate and programmes and balanced and/or positive media coverage	Minimized negative coverage	We have seen a resurgence of cases of patient neglect in some of our facilities which results in negative publicity for our dept 70% positive coverage of the dept by the media. 12% neutral and 18% negative coverage. (Source: daily media clippings n radio and TV news monitoring)
Design and implementation of a public interaction and mobilisation plan incorporating information to and feedback from the public.	Regular public meetings and/or road-shows and other forms of exchange to inform the public about developments in the sector	3 events per district per year	Held 3 interactions with stakeholders and staff sessions with the MEC. Participated in the Roving Exco and Imbizo focus week activities. 4 MEC road shows were held as part of this broad objective and further participated in the Roving Exco and Imbizo focus week activities
Ensure integration of operations of communication, ICT, and health promotion units.	Joint dissemination of material and running of information sessions on good health practices and the services of the Department	Joint material dissemination year-round and 4 information sessions per year	Worked together with Health Promotion in arranging and promoting certain events of the Department. Integrated planning is taking place especially with health promotion unit.

4.2 PROGRAMME 2: DISTRICT HEALTH SERVICES

Aim and Programme description

The aim of the District Health Programme is to provide accessible, affordable and comprehensive Primary Health Care and District Hospital Services through a well-managed and effective District Health System.

For the period under review, the DHS programme consisted of the following sub-programmes:

i) District Management
ii) Community health Clinics
iii) Community health centres
iv) Community based services
v) Other community Services
vi) HIV and AIDS
vii) Nutrition
viii) Coronary Services
ix) District Hospitals

For purposes of this report sub-programme (i) to (v) will be discussed as one, while sub-programmes (vi), (vii) and (ix) will be reflected on their own.

Sub-programme (viii) will not be discussed, as there are no corner services in the North West Department of Health (NWDoH).

Use of appropriated funds:

Table 30: Funds allocated to the DHS programme by sub-programmes and actual Expenditure (R' 000)

Programme	Voted for 2004/05	Roll-overs and adjustment	Virement	Total voted for programme	Actual Expenditure	% (over) /under spending
District management	114,915		1,648	116,563	122,538	(5.13)
Clinics	230,482		-293	230,189	234,422	(1.84)
Community health centres	313,245		5,650	318,895	342,966	(7.55)
District hospitals	632,345		-7,005	625,340	595,128	4.83
Comm. based services	5,750		-	5,750	5,314	7.58
Other community services	5,246		-	5,246	-	
Coroner services	-		-	-	-	
HIV and AIDS	72,929		-	72,929	64,618	11.40
Nutrition	18,253		-	18,253	10,991	39.79
Total	**1,393,165**		**0**	**1,393,165**	**1,375,977**	**1.23**

Table 31: Conditional grants	
Name of Grant	**Amount transferred**
National tertiary Services	42,105
Health professions training	46,351
Hospital Rehabilitation	92,845
HIV and AIDS	59,151
Hospital management and quality improvement	12,173
Integrated Nutrition programme	9,987
Infrastructure	30,358
Medico-Legal Services	
Drought relieve programme	
Total	**293,510**

Table 32: Evolution of expenditure of the DHS programme by sub-programme (R'000)					
Programme	**Year –3 2001/02**	**Year –2 2002/03**	**Year –1 2003/04**	**Year 0 2004/05**	**Average annual growth (nominal)**
District management	88,000	125,019	170,192	122,538	13.5
Clinics	153,142	193,978	188,524	234,422	16.0
Community health centres	141,846	154,822	274,736	342,966	25.9
District hospitals	526,894	558,681	511,790	595,128	4.4
Comm. based services		2,555	4,166	5,314	22.1
Other community services	11,050				0.0
Coroner services					0.0
Total	**920,932**	**1,035,055**	**1,149,408**	**1,300,368**	**11.8**

Table 33: Past expenditure trends in DHS and reconciliation of MTEF Projections with the Strategic Plan								
Expenditure	**1999/00**	**2000/01**	**2001/02**	**2002/03**	**2003/04**	**2004/05**	**2005/06**	**2006/07**
Total (R'000)	943,848	951,739	959,873	1,111,943	1,254,499	1,375,975	1,525,408	1,661,246
Total per capita	262.85	259.37	257.87	293.23	324.85	349.99	381.97	409.14
Total per uninsured person	309.23	305.14	303.38	344.98	382.18	411.76	449.37	481.34

4.2.1 DISTRICT MANAGEMENT, COMMUNITY HEALTH CLINICS AND COMMUNITY HEALTH CENTERS

Programme Policy Developments

- Phased implementation of the process of devolving clinics and community health centres to local municipalities.
- The construction and operationalization of two-roomed clinics in sparsely populated villages
- The development and utilization of new categories of community health workers
- Strengthening of management of HIV and AIDS
- Improving quality of service of service at facility level
- Improving the TB cure rate

- Management of malnutrition
- Providing free services to the disabled
- Implementing the relevant prescripts of the pharmacy act
- Implementation of rural incentives/allowances
- Public Private Partnerships

Strategic Goals

- Providing quality health care
- Providing accessible, equitable, and affordable comprehensive Primary Health Care Services
- Well managed and effective District Health System

Broad Objectives for this programme were

- Ensure effective management of the district' finances and assets
- Ensure the provision of quality health care services in districts
- Facilitate the process of continuous quality improvement (CQI)
- Facilitate the appropriate appointment and development of human resources to ensure competent and performance focused employees
- Ensure effective and appropriate organisational systems within districts
- Develop and maintain an appropriate referral system
- Establish and maintain appropriate governance structures at all health facilities
- Facilitate decentralized management of districts

Challenges and constraints that impacted on the performance of the DHS programme

- Service Delivery Agreements of 3 sub-districts still await signature.
- The disbandment of Governance structures hampered progress
- The re-establishment and training of Governance Structures
- Re-definition and subsequent reporting on hospital performance indicators.
- Compliance with the national norms and standards as it relates to package of services
- Extension of 24 hours services to all Community Health Centres and some clinics
- Development of standard format and the Signing of Performance Management Frameworks with the Provincial Office, particularly for District Hospitals
- Adequate implementation of the Comprehensive Plan on HIV and AIDS, particularly given scares health professionals.
- Slow pace of developing integrated of the management information system
- Reducing the Cost per PDE in hospitals
- Compliance with the Pharmacy Act
- The management and implementation of the Performance Management and Development System (PMDS), particularly in relation to awareness raising among lower level staff.
- Re-activation of the Telemedicine, Tele-radiology and Tele-education System.
- Appropriate implementation and use of UPFS and the reduction of outstanding fees. (debts owed to the Department)

- To develop protocols and standard operating procedures for all major health conditions.
- Attraction of scarce skills. Reduction of high staff turnover
- The development of an adequate facility maintenance plan.

Table 34: Specification of Measurable Objectives and Performance Indicators for District Management

Measurable Objective	Performance Indicator	2004/05 Target	2004/05 Actual
Strengthening Batho Pele	Number of Sub District with annually signed Service Delivery Improvement Agreements	21 sub districts with annually signed SDIA	17 sub-districts have signed SDIA. The Southern District is awaiting the signature of 3 SDIA's.
To roll out the COHSASA accreditation programme	Number of PHC facilities to which COHSASA monitoring and evaluation tool have been rolled out	4 Sub Districts rolling out the COHSASA monitoring and evaluation tool to clinics and CHC's	Report of the six hospitals on the pre-accreditation phase are part of this programme
Improve clinical management of PHC services	Percentage of clinics per district implementing clinic supervision manual	25% of clinics per district implementing clinic supervision manual	100% of clinics comply. Staff shortages compromise the quality of implementation.
	Percentage of clinics supported by a doctor once a week	50% of clinics supported by a doctor once a week	All districts report 75-100% compliance except for Bophirima, which is at 50% and Central at 59%.
Establish a uniform Complaints Mechanism in all fixed facilities	Percentage of facilities implementing a uniform complaints mechanism	25% of facilities implementing a uniform complaints mechanism	A draft Provincial complaints mechanism is in place, and 100% of facilities are implementing a uniform complaints mechanism
To set up and maintain strategies that will safeguard against clinical risk	Percentage of Sub Districts conducting Maternal and Perinatal Mortality and Morbidity Meetings	75% of sub-districts conducting Maternal and Perinatal Mortality and Morbidity Meetings	Between 70-100% of sub-districts compliance.
	Number of Sub districts implementing the adverse event monitoring system	4 sub-districts implementing the adverse event monitoring system	10 sub-districts in Bojanala and Southern Districts are compliant.
To implement the work improvement team strategy	Percentage of facilities implementing Patient Satisfaction survey	100% of facilities implementing Patient Satisfaction survey	All Provincial hospitals. All district hospitals have complaints procedures in place.
Strengthen community participation at all levels in order to promote a caring service culture	Percentage of Sub Districts with functioning Governance Structures (Meeting six times per year)	75% of Sub Districts with functioning Governance Structures (Meeting six times per year)	The nominations process is still underway, and the appointment is planned for the 2005/06 reporting year.
	Percentage of Governance Structures Trained	50% of Governance Structures Trained	No training conducted because there were no structures in place, this will be conducted in the 2005/06 reporting year
Appointment of DHC's (District Health Committee) (Dependant on promulgation of Provincial Health Act)	Number of DHC's appointed	2 DHA's appointed	Nil (0). To be re-established will be in the next financial year. The appointment of DHA's is dependant on promulgation of Provincial Health Act which has not been done.

Measurable Objective	Performance Indicator	2004/05 Target	2004/05 Actual
Increase # of CHC's rendering comprehensive 24hr PHC services	Percentage of CHC's rendering comprehensive 24hr PHC services	75 % of CHC's rendering comprehensive 24hr PHC services	Bojanala and Central have 100% of CHC's compliant. Bophirima and Southern are at 54% and 50% respectively.
Improve Health Services for Farm workers	Percentage of mobile points receiving a monthly service	50 % of mobile points receiving a monthly service	65 -100% of points are serviced in all districts.
Increase # of facilities with appropriate package of services	Percentage of facilities with appropriate package of services available	50 % of facilities with appropriate package of services available	All districts report 93-100% compliance, except Bojanala, which is at 70%.
Ensure that all clinics and CHC's have water, sanitation and telecommunication	Percentage of facilities with water, sanitation and telecommunication	80 % of facilities with water, sanitation and telecommunication	75-100% of facilities in all districts report 93-100% compliance, except Southern, which is at 75%.
Provide essential drugs to all clinics and CHC's	Percentage availability of tracer drugs	95% availability of tracer drugs	All districts report 89-97% availability.
Maintain and Improve drug management and control	Percentage of scripts with 3 or less items per	50% of prescriptions with 3 or less items	All districts report 78-100% compliance, except Bophirima, which is at 0%.
Compliance with EDL guidelines	Percentage of prescription according to EDL guidelines	55% of prescriptions according to EDL guidelines	All districts report compliance of 85-100%.
Ensure that all clinics and CHC's have regular doctor visits	Percentage of facilities with 4 or more doctors visits per month	80% of facilities with 4 or more doctors visits per month	All districts report 75-100% compliance, except Bophirima, which is at 50% and Central at 59%.
Ensure that all sub districts have community outreach programmes	Percentage of sub districts with community outreach programmes	35% of sub districts with community outreach programmes	100% of sub districts have community outreach programmes.
Devolution by delegation of PHC services	Number of sub districts where PHC services had been devolved	21 sub-districts where PHC services had been devolved	Awaiting a policy decision. To be taken forward during 2005/06.
Develop, implement and monitor SLA's with LA's	Percentage of municipalities with signed SLA's	100% of municipalities with signed SLA's	All districts are at 100%.
Roll out the district Health Info System	Number of Sub districts validating their data	4 Sub districts validating their data.	20 sub-districts validate their data, except Kgetleng.
Implement Pharmacy MIS	Number of Hospitals and clinics implementing the Pharmacy MIS	4 Hospitals and clinics implementing the Pharmacy MIS	13 hospitals comply: 11 in Bophirima and 2 in Southern.
To promote a performance-oriented organisational culture	Percentage of managers level 9 and higher with signed PMA	100% of managers level 9 and higher with signed PMA	69-89 % compliance.
	Percentage employees level 1 to 8 with work-plans	100% of employees level 1 to 8 with work-plans	100% of employees.

4.2.2 HIV AND AIDS, SEXUALLY TRANSMITTED INFECTIONS AND TUBERCULOSIS

POLICIES PRIORITIES AND STRATEGIC GOALS

The Province adopted the National HIV and AIDS strategic plan policies and guidelines for implementation. The National strategic plan was adapted to suite the needs and priorities. The nature of strategy is that it is implemented in phases. Each year new policies and guidelines are introduced to inform new programmes. As the epidemic progresses the priorities emerge which direct implementation focus.

The following are the broad priorities:-

- Implementation of the comprehensive plan including treatment.
- VCT
- PMTCT
- HBC
- Step Down Care
- Management of TB HIV and AIDS
- Regional training centre

The TB programme's management within the NWDoH is guided by the National TB Control Programme Policy Guideline and the National Programme Policy Guideline and the National TB Treatment Protocols. National guidelines on the management of co-infection HIV and AIDS and TB is also used in the Province. The programme priorities are proper management of TB and cure all identified TB cases.

Broad Strategic Goals

- To provide comprehensive HIV and AIDS, STI preventative services
- To provide treatment, care and support services
- To develop proper HIV and AIDS, STI surveillance
- To monitor and evaluate all aspect of HIV and AIDS, STI services
- To commission research
- To implement and evaluate a comprehensive prevention, care and support package for HIV and AIDS, STI, TB.

Strategic goals for TB programme are :

- To reduce morbidity and mortality due to TB
- To improve management of TB
- To improve case detection
- To achieve cure rate of at least 85%
- To reduce overall mortality rate due to TB
- To reduce multi-drug resistance (MDR) TB

Challenges and constraints that impacted on the performance of the HIV and AIDS, STI and TB programme

There were many challenges in the management of the programme and the Directorate, especially those relating to

- Lack of sufficient human resources when programs are increasing at an alarming rate.

- The introduction of the comprehensive plan in the country also posed a challenge with a large number of clients presenting for treatment when there was still a problem of accessing drugs from suppliers as the national tender for the supply of medicines was still negotiated.
- The increasing number of caregivers who needed training and stipend to provide the health services to clients (<7 000 during the last audit)
- The introduction of the new charts of accounts when business plans were already completed, resulting in funds channelled in wrong standard items and having to wait for the budget adjustment. This caused a delay in funds utilization resulting in under expenditure.

Table 35: Specificatin of Measurable Objectives and Performance Indicators for HIV,AIDS and TB

OBJECTIVE	INDICATOR	2004/05 Target	2004/05 Actual
Broad strategic goal: To provide Preventative Service for HIV and AIDS,STI			
To increase access to male and female condoms	Average of male condoms per male adult population 15-49 yrs distributed per month	5	5.87 condoms per male adult population
	Average of female condoms per female adult population 15-49 yrs distributed per month	4	2
To increase PMTCT access	Number of PMTCT sites operational	120	299 PMTCT sites operational
To improve PMTCT uptake	Percentage Of HIV positive pregnant women enrolled to the programme	65%	100% of clients pre-counselled and tested positive.
Broad strategic goal: To provide Preventative Service for HIV and AIDS,STI			
To reduce the incidence of Urethral Discharge	Percentage of male population 15-49 years presenting at the health facilities with urethral discharge	<3/1000	<3/1000
To reduce the incidence of syphilis	% of adult population 15-49 years with syphilis infection	3%	The 2004 antenatal sero prevalence survey shows that 2.1% of pregnant women had Syphilis.
To improve STI contact treatment	Percentage of STI contacts treated	70%	70 %
To expand VCT sites	Number of operational sites established	375	420
To improve VCT update	Number of clients tested		73 634
	Number of Health care workers trained	2600	• 400 trained on basic HIV and Counselling • 200 trained on rapid testing • 22 trained on mentorship • A total of 622 health care workers were trained
	Number of active Community Counsellors	502	560 active community counsellors and they are receiving stipend
	Percentage of VCT update	63%	84 %
	Percentage of facilities with counsellors	100%	100%
Broad strategic goal: To provide Appropriate Treatment, care and support			
To provide effective Home Based care programmes in the Province	Number of Home Based Care beneficiaries	8000	32568
	Number of NGO's supported	40	82
To roll out ARV treatment	Number of facilities implementing the ARV programme	4 sites	4 sites

OBJECTIVE	INDICATOR	2004/05 Target	2004/05 Actual
To provide capacity to all health professionals on clinical management of HIV and AIDS	Percentage health professional trained	75%	80%
Broad Strategic goal: To monitor and evaluate all aspect of HIV and AIDS, STI			
To participated in development of HIV and AIDS, STI surveillance	Functional STI surveillance system	38 functional STI surveillance sites	38 sites
To commission research	Number of research projects commissioned	1	1
To undertake review of HIV and AIDS	HIV and AIDS review document	1	1
Broad Goal:			
To improve the PTB cure rate	PTB Cure rate	>70%	54%
Broad Goal:			
To increase the number of patients on DOT	Percentage of patients on DOT	>100%	93%
To reduce treatment interruption rate	Percentage of treatment interruption	<5%	7%
To reduce the incidence of multi-drug resistant TB	Percentage of multi-drug resistance	<1%	(0.49)
To establish TB, HIV and AIDS sites	Number of sites established	6	1

4.2.3 INTEGRATED NUTRITION PROGRAMME

POLICIES AND PRIORITIES

The Integrated Nutrition Programme (INP) in the Province is based on the National INP framework and implemented within the Strategic Framework of the Provincial Department of Health to contribute towards the strategic goal of improving the health status of communities through implementation of integrated health programmes.

BROAD STRATEGIC GOALS

- To contribute to the reduction of malnutrition in children under 5 years of age
- To reduce micronutrient malnutrition deficiencies
- To render therapeutic/ clinical nutrition services as part of the treatment, care & support

Table 36: SPECIFICATION OF MEASURABLE OBJECTS AND PERFORMANCE INDICATORS FOR NUTRITION.

Measurable Objective	Indicators		2004/05 (Target)	2004/05 (Actual)
	Impact	Process		
1. To reduce severe underweight from the current rates of 1.3% to less than 1% in children <5 years of age	Reduction in the rates of severe underweight in children <5 years of age	Number of institutions implementing the WHO Ten Steps to management of severe malnutrition	50% of institutions implementing a model, WHO Ten Steps, to manage severe malnutrition	An audit conducted to determine the current practices regarding the management of malnutrition in hospitals. The results will inform the development of practical and appropriate practice-oriented training to be implemented in the next financial year.
2. To reduce stunting from the current rates of 24.9% to 20% in children <5 years of age	Reduction in the stunting rates	Number of health facilities accorded with the Baby Friendly Status Number of children admitted to the management of severe malnutrition programme (PEM Scheme) Percentage of children 0-60 months with Road to Health Charts	X6 Health Facilities achieving the BFHI Status	There are currently 4 hospitals accorded with the Baby Friendly Status and they are Gelukspan, Thusong, Gen De Larey and Koster hospitals.
3. To reduce wasting from 5.7%% to 2.7% among U<5 when measured in five years time by 2007	Reduction in wasting		100% of children identified with PEM admitted into the programme	37331 (100%)children on PEM scheme
4. To prevent growth faltering among children 0-5 years of age through growth monitoring & promotion	Reduction in growth faltering as shown by stunting, wasting & underweight			100 % of the new born babies on health facilities have been issued with road to health chart.

Measurable Objective	Indicators		2004/05 (Target)	2004/05 (Actual)
	Impact	Process		
5. To reduce vitamin A deficiency in children 0-6 years from the current rate of 32% to 20% by 2007	Reduction in the current Vitamin A deficiency rates	Number of institutions implementing the vitamin A Supplementation Programme	100% of institutions implementing the vitamin A Supplementation Programme	100% institutions implementing the Vitamin A Supplementation Programme
		Number of children 0-60 months receiving vitamin A capsules	75% of children attending public health institutions	39.4%. There is steady improvements in coverage rates for this age group from 28% in the first quarter to 39% in the fourth quarter
		Number of post-partum women receiving vitamin A capsules	100% of women delivering at public health institutions	Number of post- partum receiving vitamin A increased from 23 % to 40%
6. To sensitise the public about benefits of fortified foods		Availability of information on food fortification programme	Working on developing baseline data	Campaign held in all districts to sensitise the community on food fortification
7. To nutritionally treat, support clients needing nutritional support in all institutions		Number of institutions with nutrition services, including food service management, complying to the COHSASA standards	Target not set	Move from 62 % last financial year to 85 % in food service management and to 90% in Therapeutic Clinical nutrition services
		Number of clients given nutritional support as part of treatment plan	Target not set	37331 children on PEMS
8. To nutritionally supplement people living with TB, HIV and AIDS	Number of clients gaining weight or maintaining ideal body weight	Number of clients admitted into the supplementation programme	Target not set	36 714 TB patients given supplements. 98.8% patients on ART supplemented

4.2.4 POLICY PRIORITIES FOR DISTRICT HOSPITALS

- Improving quality of service at facility level
- Providing free service to the disabled
- Implementing the relevant prescripts of the pharmacy act
- Clinical risk management
- Public Private Partnership
- Health facility revitalization

Table 37: Specification of Measurable Objectives and Performance Indicators for District Hospitals

Strategic/ measurable objective	Performance indicator	2004/05 Target	2004/05 Actual
Strengthening Batho Pele	Percentage of hospitals with annually signed and published Service Delivery Improvement plans	100%	100% in all districts, except Bophirima, which reports 0%.
Establish and revive all Governance Structures	Percentage of hospitals with functioning Governance Structures (meeting six times per year)	100%	Nil (0). The process of re-establishment of governance structures is on going.
	Percentage of Governance Structures trained	50%	Nil (0). The process of re-establishment of governance structures is on going.
Implement and Monitor COHSASA accreditation programme	% of hospitals accredited by COHSASA	60%	6 on pre-accreditation stage
	Percentage of hospitals implementing the COHSASA monitoring and evaluation tool for Service Delivery Improvement plans	50%	100% of hospitals comply.
Establish a uniform complaints Mechanism in all fixed facilities	Percentage of facilities implementing a uniform Complaints Mechanism	55%	60-100% of facilities vary between districts, with Bojanala and Southern at 100% and Central at 67%.
Introduce Peer Review and Clinical Audit	Percentage of Hospitals implementing Maternal and Peri-natal Mortality and Morbidity Meetings	90%	90-100% of facilities in all districts.
Clinical Risk management	Adoption of Risk management strategy	To be adopted	The strategy has been adopted
	Percentage of Implementation on the adopted strategy	50%	100% implementation According to DDG the strategy cannot be quantified to 100%.
	Percentage of hospitals implementing the adverse event monitoring system	25%	100% implementation
Strengthen hospital management	Percentage of hospital management teams trained in Exec Dev programme	100%	33-100%, Bojanala: 55%, Bophirima: 0%, Central: 33%, Southern: 100%
	Percentage of hospitals with functional corporate services	60%	93-100% in all districts, except in Bophirima, which is at 54%. This is also linked to the attraction and retention of health professionals.

Strategic/ measurable objective	Performance indicator	2004/05 Target	2004/05 Actual
Improve hospital efficiency	Percentage of hospitals within Provincial target re Cost per PDE	60%	50%, with the Southern District having low compliance.
	Percentage of hospitals within Provincial target re BOR	70%	69-77% in Bophirima and Southern, respectively and Nil (0) in Bojanala and Central.
	Percentage of hospitals within the Provincial target re ALOS	90%	84% of hospitals within the Provincial target.
	Percentage of hospitals within national norms and standards re packages of service, equipment etc	70%	76% of hospital within the norms and standards.
	Percentage of hospitals with service level agreements with suppliers	25%	100% in all hospitals.
	Percentage of hospitals with signed performance manage framework agreements with the Provincial office	25%	50% in Central, but nil (0) in the other three districts.
Implementation of new ARV policy	Percentage of hospitals implementing the ARV policy	100%	100%, with Taung being the only District Hospital accredited for ARV roll out
Implementation of Pharmacy Act	Percentage of hospitals complying with the Pharmacy Act	50%	88% compliance
Pilot and roll out of the Hospital MIS	Number of functioning HMIS sites	2	5 sites.
Integrated the Mx Info System	Number of hospitals with integrated Finance, HR and Hospital Info System at Hospital and District Level	5	10 hospitals
Establishment of Telemedicine sites	Number of functioning Telemedicine sites	10	1 site in the Central district has been repaired.
Upgrade facilities to make pharmacies compliant with requirements of pharmacy council	Percentage of facilities with compliant pharmacies	80%	88% compliance
To promote a performance-oriented organisational culture	Percentage of managers level 9 and higher with signed PMA	100%	50-100% in Southern and Central, respectively.
	Percentage employees level 1 to 8 with work-plans	100%	100% in Central and Southern.
	Regular reviews of individual performance held	2 per yr	2 reviews per year.

4.3 PROGRAMME 3: EMERGENCY MEDICAL HEALTH SERVICES

Aim

The aim of the Emergency Medical Services (EMS) Programme is to establish and maintain well functioning emergency health services throughout the Province.

Programme Description

For the financial year 2003/04, the EMS programme consisted of 2 sub-programmes, emergency transport and planned patient transport.

Use of appropriated funds

Table 38: Funds allocated to sub-programmes of the EMS Programme during 2004/05 and actual expenditure (R' 000)

Programme (EMS)	Voted for 2004/05	Roll-overs and adjustment	Virement	Total voted for programme	Actual Expenditure	% (over) /under spending
Emergency Transport	90,273		-	90,273	77,948	13.65
Planned patient transport	4,778	-	-	4,778	4,626	3.18
Total	**95,051**			**95,051**	**82,574**	**13.13**

Table 39: Evolution of expenditure of the EMS programme by sub-programme (R'000)

Programme	Year –3 2001/02	Year –2 2002/03	Year –1 2003/04	Year 0 2004/05	Average annual growth (nominal)
Emergency Transport	32 350	38 554	81 144	77 948	41.9
Planned patient transport	1 548	3 853	4 060	4 626	56.1
Total	**33 898**	**42 407**	**85 204**	**82 574**	**41.0**

Table 40: Past expenditure trends in EMS and reconciliation of MTEF Projections with the Strategic Plan

Expenditure	1999/00	2000/01	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07
Total (R'000)	52,624	30,669	33,898	42,407	85,204	82,574	97,099	103,354
Total per person	14.65	8.36	9.11	11.18	22.06	21.00	24.31	25 46
Total per uninsured person	17.24	9.83	10.71	13.16	25.96	24.71	28.60	29 95

Policy priorities:

- Improve Provincial response times
- Improvement in management of EMS vehicles
- Improve the communication systems within the Province
- Human Resource capacity development

Strategic Objectives:

- To provide an effective medical treatment to all the pre-hospital emergencies in North West Province.
- To provide a prompt and appropriate response to all patients.
- To provide a high quality treatment of patients.
- To have an appropriate fleet of vehicles, with standardized serviceable equipment fully replaced every three years.
- To train and motivate staff.
- To have appropriately designed E.M.S. stations.
- To ensure that patients are delivered to an appropriate level of care.

Challenges and constraints that impacted on the performance of the EMS programme should be highlighted

- Salary disparity issues that were related to take over of EMS from the Local authorities created labour relation problems.
- The management skill level of station managers is still a concern
- The lack of communication at station and district level with unions
- Lack of adequate training of fleet officers in the vehicles management course and response driving

Table 41: Specification of Measurable Objectives and Performance Indicators

Strategic Goal	Measurable Objective	Indicator	2004/05 (target)	2004/05 Actual
To establish an effective communication that cover the entire Province	To fit a radio in each vehicle	Percentage of vehicles with radios	75%	90% of vehicles are fitted with radios
	To establish 4 District Control centers	Number of control centers operational	60%	Control centres established and 80% fully functional
	Increase access to toll free number	Percentage of communities in the Province with access to toll free number	90%	All four districts at a rate of 100% have access to toll free number.
Ensure EMS training	To increase the number of trained staff	Percentage of staff qualified with Basic Ambulance Certificate	100%	100%
	To establish a Health Professional Council accredited training institution in the Province	Presence of accredited college		One college established and accredited to present BAA and Basic Rescue courses
Improved Management of Vehicles	To ensure EMS college has capacity to train AEA courses	Percentage of persons trained	10%	32% of members sent to study AEA
	To implement a vehicle replacement policy	Percentage of stations following policy	85%	100% of stations are following the vehicle replacement policy
	To delegate to station managers authority to manage maintenance of vehicles	Percentage of station managers with delegated authority for maintenance	30%	75% of managers with delegated authority.

Strategic Goal	Measurable Objective	Indicator	2004/05 (target)	2004/05 Actual
Improve response times	To increase the number of available ambulances	Percentage of ambulances available to respond	75%	80% vehicle available as 29 ambulances purchased, delivered and distributed across the four districts
	To train staff in response driving	Percentage of staff trained in response driving	40%	22%

Figure 16: New Ambulances purchased by the Department

4.4 PROGRAMME 4: PROVINCIAL HOSPITAL SERVICES

Aim

To provide level 1 to level 3 of health care services through Provincial hospitals regarding both in and out patient care.

Programme Description

The Department has the following health facilities, in this program:

- Two (2) hospital Complexes, and one Provincial Hospital.
- The two hospital complexes have the following business units:
  1. The Klerksdorp Tshepong Potchefstroom Witrand Hospital Complex that composes of the Klerksdorp Tshepong Hospital Complex, Potchefstroom Hospital, and Witrand Hospital. Witrand Hospital offers both rehabilitative care and psychiatric care services.
  2. Mafikeng Bophelong Hospital Complex that is made up of Mafikeng Provincial Hospital and Bophelong Hospital. Bophelong offers only psychiatric services.
  3. Rustenburg Provincial Hospital is not linked to any facility to form a complex.

Use of appropriated funds

Table 42: Funds allocated to sub-programmes of the Provincial Hospital Services Programme during 2004/05 and actual expenditure (R'000)

Programme	Voted for 2004/05	Roll-overs and adjustment	Virement	Total voted for programme	Actual Expenditure	% (over)/under spending
General (regional) hospitals	554,331		-	554,331	574,298	(3.60)
Tuberculosis hospitals	-		-	-	-	
Psychiatric hospitals	111,455		-	111,455	123,444	(10.76)
Sub-acute, step down and chronic medical hospitals						
Dental training hospitals						
Other specialised hospitals						
Total	**665,786**			**665,786**	**697,742**	**(4.80)**

Table 43: Evolution of expenditure of the Provincial Hospital Services Programme sub-programme (R'000)

Programme	Year –3 2001/02	Year –2 2002/03	Year –1 2003/04	Year – 0 2004/05	Average annual growth (nominal)
General (regional) hospitals	393 598	441 828	501 586	574 298	13.4
Tuberculosis hospitals					0.0
Psychiatric hospitals	86 210	90 244	104 882	123 444	12.9
Sub-acute, step down and chronic medical hospitals					
Dental training hospitals					
TOTAL	**479 798**	**532 072**	**606 468**	**697 742**	**13.3**

Table 44: Past expenditure trends in Provincial Hospital Services Programme and reconciliation of MTEF Projections with the Strategic Plan								
Expenditure	**1999/00**	**2000/01**	**2001/02**	**2002/03**	**2003/04**	**2004/05**	**2005/06**	**2006/07**
Total (R'000)	328,591	445,767	479,798	532,072	606,468	697,742	746,244	796,132
Total per person	91.51	121.48	128.90	140.31	157.05	177.48	186.86	196.08
Total per uninsured person	107.65	142.92	151.65	165.08	184.76	208.80	219.84	230.68

Policy priorities

- o Improve access to hospital services
- o Improve governance and management of the district health system
- o Contribute towards human dignity by improving quality of service and care at facility level
- o Strengthen support services
- o Establish Partnerships with other stakeholders
- o Health facility revitalization
- o Strengthen human resources planning and development
- o Ensure equity in the delivery of hospital services
- o Planning budgeting and monitoring and evaluation
- o Ensure management of communicable and non-communicable diseases

Strategic goals

- Providing Quality Health Care
- Well functioning and competitive hospitals.

Challenges that impacted on the performance of the programme 2004/5

- Challenges of COHSASA accreditation, for Mafikeng/Bophelong Hospital Complex and Rustenburg Provincial Hospital
- The re-establishment and training of Governance Structures
- Re-definition and subsequent reporting on hospital performance indicators, particularly PDE, cost per PDE, UBUR and ALOS.
- Compliance with the national norms and standards as it relates to package of services
- Signing of Performance Management Frameworks with the Provincial Office, particularly for MPH and Rustenburg Provincial Hospital
- Adequate implementation of the Comprehensive Plan on HIV and AIDS
- Compliance with the Pharmacy legislation.
- The management and implementation of the Performance Management and Development System
- Re-activation of the Telemedicine, Tele-radiology and Tele-education System.
- Appropriate implementation and use of UPFS and the reduction of outstanding fees.
- To develop protocols and standard operating procedures for all major conditions.
- Attraction of scarce skills. Reduction of high staff turnover

Table 45: Specification of Measurable Objectives and Performance Indicators

OBJECTIVES	PERFORMANCE INDICATORS	2004/05 Target	2004/05 Actual
Strengthening Batho Pele	Percentage of hospitals annually signed and published Service Delivery	100%	All hospitals, except Rustenburg and Mafikeng/Bophelong, have signed and published service delivery standards
Implement and monitor COHSASA accreditation programme	Percentage of hospitals accredited by COHSASA	60%	29% of hospitals, viz. Klerksdorp/Tshepong Complex has been accredited. Mafikeng Complex, Rustenburg, and Witrand are awaiting results.
Implementation of Patient Right's Charter	Percentage of hospitals implementing the COHSASA monitoring and evaluation tool	55%	100% of Provincial hospitals implementing the COHSASA M&E tool
Establish a uniform Complaints Mechanism in all fixed facilities	Percentage of facilities implementing a uniform Complaints Mechanism	55%	83% of facilities implementing the Draft Compliant Mechanism that is in place.
Introduce Peer Review and Clinical Audit	Percentage of Hospitals implementing Maternal and Perinatal Mortality and Morbidity Meetings	90%	100% of Hospitals have peer review and clinical audit meetings. Rustenburg Provincial Hospital has no mortality and morbidity meetings.
Establish and revive all Governance Structures	Percentage of Hospitals with functioning Governance Structures (Meeting six times per year)	100%	0% as Governance structures were disbanded. The process of reviving governance structures is on target. These will be launched during 2005/06.
	Percentage of Governance Structures Trained	50%	No training conducted. Structures are awaiting re-launch.
Clinical Risk management	Adoption of risk management strategy	To be adopted	Strategy adopted
	Percentage Implementation of the adopted strategy	50%	100% of hospitals are implementing the strategy. Mafikeng/ Bophelong needs assistance to improve implementation
	Percentage of Hospitals implementing the adverse event monitoring system	25%	100% of hospitals are implementing the system. Witrand Hospital is developing an appropriate tool based on UK Hospital Guidelines.
	Development of treatment guidelines	50%	100% of hospitals have developed Standard Operating Procedures (SOPs).
Support the DHS to deliver on their mandate	Number of outreach programs per month by each regional hospital	1	5 hospitals have numerous outreach programs. Mafikeng Bophelong has none. KT supports Bophirima Health District

OBJECTIVES	PERFORMANCE INDICATORS	2004/05 Target	2004/05 Actual
Revitalization program	Number of hospitals reconfigured	2	1 Mafikeng has been reconfigured.
Increase the number of private funded patients in Public Hospitals	Number of hospitals Implementing the DSPN	2	3 hospitals partially implementing the DSPN Program, as there are no agreements with service providers.
Strengthen hospital management	Percentage of hospital management teams trained in Exec Dev programme	100%	100% of hospitals comply, but not every manager has been trained.
	Percentage of hospitals with functional corporate services	100%	100% of hospitals with functional corporate services
Improve hospital efficiency	Percentage of hospitals within Provincial target re cost per PDE	75%	Indicator has been reported on wrongly.
	Percentage of hospitals within Provincial target re UBUR	100%	Indicator has been reported on wrongly.
	Percentage of hospitals within Provincial target re ALOS	100%	Indicator has been reported on wrongly.
	Percentage of hospitals within national norms and standards re packages of services, equipment etc	75%	50% of hospitals are compliant.
	Percentage of hospitals with service level agreements with suppliers	25%	83% of hospitals have SLA's with suppliers.
	Percentage of hospitals with signed performance manage framework agreements with the Provincial office	100%	71% of Provincial hospitals signed the PMF's.
Adequate implementation of new ARV policy as well as adequate implementation of policies on TB, hypertension and diabetes	Percentage of hospitals implementing the ARV policy adequately as well as adequate implementation of policies on TB, hypertension and diabetes	20-80%	100% of Provincial hospitals comply. However, there are areas that need strengthening, e.g. paediatric treatment.
Implementation of policy on free health care for people with disabilities	Percentage of hospitals implementing policy	100%	100% of hospitals implementing the policy.

OBJECTIVES	PERFORMANCE INDICATORS	2004/05 Target	2004/05 Actual
Implementation of Pharmacy Act	Percentage of hospitals complying with the Pharmacy act	100%	29% compliance. Other centres are working towards compliance.
To promote a performance-oriented organisational culture	Percentage of managers level 9 and higher with signed PMA	100%	65-100% compliance, with lower levels needing improvement.
	Percentage employees level 1 to 8 with work-plans	100%	100% compliance
	Regular reviews of individual performance held	2 per yr	2 per year
Pilot and roll out of the Hospital MIS	Number of functioning HMIS sites	1	One (1) at Mafikeng/Bophelong
Integrate the Mx Info System	Number of hospitals with Integrated Finance, HR and Hospital Info System at Hospital and District level	2	None, though the PAAB and Cost Centre Accounting Projects are in progress in Klerksdorp Tshepong.
Upgrade facilities to make pharmacies compliant with requirements of pharmacy council	Percentage of facilities with compliant pharmacies	80%	83%, Rustenburg needs intervention.
Establishment of Telemedicine sites	Number of functioning Telemedicine sites	5	0

4.5 PROGRAMME 5 : CENTRAL HOSPITAL SERVICES

These services have been aptly delivered through the NTSG in the three Provincial Hospitals and Provincial Hospital Complexes. Klerksdorp Tshepong Hospital Complex remains the main centre where these services have been delivered. The following table shows the number of Tertiary Services offered per hospital.

Table 46: Number of Tertiary services offered per hospital

Hospital	Klerksdorp /Tshepong	Potchefstroom	Rustenburg	Mafikeng	Witrand
Number of services	23	5	1	6	1

4.6 PROGRAMME 6 : HEALTH SCIENCES AND TRAINING

Aim and Programme Description

To provide education and training opportunities for health care personnel as well as bursaries for individuals with disadvantaged background.

Table 47: Funds allocated to sub-programmes of the Health Sciences and Training Programme during 2004/05 and actual expenditure (R' 000)

Programme (EMS)	Voted for 2003/04	Roll-overs and adjustment	Virement	Total voted for programme	Actual Expenditure	% (over)/ under spending
Nurse training colleges	55,921			55,921	53,544	4.25
EMS training colleges	1,900			1,900	1,505	20.79
Bursaries						
PHC training	7,711			7,711	8,357	(8.38)
Other training	28,418			28,418	26,830	5.59
Total	**93,950**			**93,950**	**90,236**	**3.95**

Table 48: Evolution of expenditure of the Health Sciences and Training Programme by sub-programme (R'000)

Programme	Year –3 2001/02	Year –2 2002/03	Year –1 2003/04	Year 0 2004/05	Average annual growth (nominal)
Nurses Training Colleges	26,922	40,377	45,193	53,544	26.8
EMS Training Colleges	1,353	1,146	2,369	1,505	18.3
Bursaries	1,132				
Primary Health Care Training	3,066	3,521	3,937	8,357	46.3
Training	3,146	1,721	7,638	26,830	183.3
Total	**35,619**	**46,765**	**59,137**	**90,236**	**36.8**

Table 49: Past expenditure trends in the Health Sciences and Training Programme and reconciliation of MTEF Projections with the Strategic Plan

Expenditure	1999/00	2000/01	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07
Total(R'000)	26,912	33,010	35,619	46,765	59,137	90,236	85,356	92,402
Total per person	7.49	9.00	9.57	12.33	15.31	22.95	21.37	22.76
Total per uninsured person	8.82	10.58	11.26	14.51	18.02	27.00	25.15	26.77

Policy Priorities

- Compliance with Skills Development Act and National HRD Strategy

- Increase access to learning opportunities
  - o Learnerships
  - o Internships
  - o ABET
  - o Bursaries
  - o Study leaves

- Capacity to recruit and retain staff and enhance performance

  - o Bursaries
  - o Funding for skills programmes
  - o Skills in performance management

- Development long term human resource plan that will inform capacity building efforts

Broad objectives

- To train nurses in basic and post basic programmes which incorporate community based education, problem based learning and recognition of prior learning approaches
- Provide relevant and targeted training programmes to enhance performance
- To provide learning opportunities through the following programmes: ABET; Learnerships and Internships
- Develop research capacity in the Province by providing grants
- Provide relevant education and training in respect of EMS

Challenges and constraints that impacted on the performance of the programme

- Limited infrastructure in colleges as well limited number of facilities accredited for placement of learners slowing down efforts to increase intake of students at nursing colleges
- Budget constraints limiting increase of students being awarded bursaries to study various health related fields
- Low numbers of trained mentors impacting initiatives to increase intakes for learnership and internship programmes

Table 50: Specification for Measurable Objectives and Performance Indicators for Health

Objective	Indicator	2004/5 (Target)	2004/05 (Actual)
Train nurses in basic programmes which incorporates CBE, PBL, & RPL approaches	Number of nurses	726	825
Provide relevant and targeted training programs to enhance performance.	Number of employees	10000	6213 received training at a cost of R9 059 509
To provide learning opportunities through the following programmes: ABET; Learnerships and Internships	Number of employees registered for ABET,	160	6 ABET educators appointed. 3 centers opened in Mafikeng (59 learners); Klerksdorp (105 learners) and Potchefstroom (110 learners). Plans are underway to open centers in the other districts. i.e. Bojanala and Bophirima
	Number of employees registered for Learnership	40	No learners had commenced with learnership programme during this reporting period owing to the delay in appointment of service provider.
	Number of students on internship programmes	128	29 interns had joined the Department at the end of the period under review. The huge amount of applications received for internship programme contributed to the delay in the selection process
Provide bursaries opportunities	Number of students offered bursaries	126	127 students are funded to study Medicine and medical technology in Cuba as well as Clinical Engineering at Tshwane University of Technology
Develop research capacity in the Province	Number of grants		1 grant offered. The grant was paid to the University of Pretoria for Phase 1 of the chronic diseases study. Phase 2 and last of the study is scheduled for 2005/06 financial year. 30 requests to conduct research were received, 22 were given approval, 6 were returned for improvement (the researchers never resubmitted) and 2 were under review as at the end of the financial year.

Table 51: Performance Indicators for Institutions of Health Science and Training

Indicator	**Province wide value**	**2004/5 Target**		**2004/05 Actual**	
		Nursing college x 2	Universit y x 2	Nursing college x 2	University x 2
1. number (and percentage change) in intake of students by main category (at least for medical courses, basic and post basic nursing courses and mid-level worker training					
1.1 Diploma in Nursing(general, psychiatric and community) & Midwifery	935	120		138	N/A
1.2 Diploma in Midwifery	177	60		88	N/A
1.4 Diploma in Psychiatric nursing	69	20	0	10	N/A
1.5 Diploma in Operating Nursing science	54	15	0	9	N/A
1.6 Diploma in Clinical Nursing Science	220	60	0	73	N/A
Input					
1.7 Diploma in Advanced Midwifery	60	0	0	0	N/A
1.8 Diploma in Critical care	30	0	0	0	N/A
1.9 Diploma in Paediatric nursing	30	0	0	0	N/A
1.10 B Cur-full time	254	0	50		21 Potchefstroom campus only
Process					
2. Improved representation of disadvantaged demographic groups and students of rural origin in nursing college intake.					
2.1 Number of males	340	30	10	42	4
2.2 Number of females	732	40	15	274	17
2.3 Number of Africans	990	46	16	309	16
Indicator	**Province wide value**	**2004/5 Target**		**2004/5 Actual**	
		Nursing college x 2	**Universi ty x 2**	**Nursing college x 2**	**University x 2**
2.4 Number of Asians	146	6	12	0	0
2.5 Number of Coloureds	119	8	12	4	0
2.6 Number of Whites	178	20	10	5	5
3. Proportion of mid-level training programmes			0		
4. Number (percentage change) of basic graduates by category					
4.1 Basic programmes	88	80%	0	92%	N/A
5. Number (percentage change) of post basic graduates by main category					
5.1 PHC	93	100%	0	100%	N/A
5.2 Midwifery	100	81%	0	70%	N/A
5.3 Community Nursing	70	0	0	0	N/A
5.4 Psychiatric Nursing	70	70%		52% MMACON only	N/A
5.5 Diploma in General Nursing (Bridging Programme)				91% Excelsius only	N/A
Quality					
6. Attrition rates per entrants who graduate from formal training courses by main category of course.		0	0		

Indicator	Province wide value	2004/5 Target		2004/05 Actual	
		Nursing college x 2	Universit y x 2	Nursing college x 2	University x 2
6.1 Diploma in Comprehensive Nursing (general, psychiatric and community) and Midwifery	4	0	0	0,03%	N/A
6.2 Diploma in Midwifery	5	0	0	0,01%	N/A
6.3 Diploma in General Nursing(bridging)	5	0	0	0 (Excelsius only)	N/A
6.4 Diploma in Psychiatric nursing	3	0	0	0,02% MMACON only	N/A
6.5 Diploma in Community nursing	0	0	0	0	N/A
6.6 Diploma in clinical nursing science Health Assessment treatment and care	0	0	0	0,04%	N/A
6.7 Diploma in Operating theatre Nursing				0 (Excelsius only)	N/A
7. Percentage of first year entrants who graduate training by main category of course	80	0	0		
Efficiency					
8. Average training cost per graduate by main category					
8.1 Basic programme (D4)	29484527			159 343,36	0
9. Percentage of graduating doctors in a public service post within three months after completion of community service	0	0	0		0
10. Percentage of graduating professional nurses placed in a public service post within three months after completion					
10.1 basic students	100%	100%	100%	70%	0

SUB PROGRAMME: EMS TRAINING

POLICY PRIORITIES AND STRATEGIES AND STRATEGIC GOALS

- Fill 85% of the vacant posts
- 50% of ambulances in the Province must be crewed by intermediate life support
- Establish a health professional council accredited training institution within the Province

Table 52: Specification of Measurable Objectives and Performance Indicators

Strategic goals	Measurable objective	Indicator	2004/05 TARGET	2004/05 (Actual)
Ensure EMS training	To increase the number of staff trained	Number of staff qualified with Basic Ambulance Certificate and Drivers License	100%	All operational staff are Basic Ambulance trained and have drivers licence.
	To establish a well functioning Provincial EMS College	Number of courses offered by training college	75%	The College is accredited to train Basic Ambulance Assistant and Basic Medical Rescue courses.
	To ensure EMS college to develop capacity and registration to provide AEA courses	Number of accreditation colleges	75%	The college has been inspected by the HPCSA and has been given provisional accreditation, upon appointment of a principal

4.7 PROGRAMME 7: HEALTH CARE SUPPORT SERVICES

Aim

The aim of the Health Care Support Service is provide essential support to service delivery areas.

Programme Description

For the financial year 2004/05, the Health Care Support Services programme consisted of 5 sub-programmes, laundry, engineering, transport, forensic, orthotic and prosthetic as well as pharmaceutical services.

Use of appropriated funds

Table 53: Funds allocated to sub-programmes of the Health Care Support Services Programme during 2004/05 and actual expenditure (R' 000)

Programme (EMS)	Voted for 204/05	Roll-overs and adjustment	Virement	Total voted for programme	Actual Expenditure	% (over)/under spending
Laundries	16,345			16,345	12,886	21.16
Engineering	12,292		-	12,292	6,353	48.32
Forensic Services	-		-	-	-	
Orthotic and prosthetic services	4,303			4,303	4,066	5.51
Medicines trading account	34,638		-	34,638	34,184	1.31
Total	**67,578**			**67,578**	**57,489**	**14.93**

Table 54: Evolution of expenditure by sub-programme (R'000) in Health Care Support Services Programme

Programme	Year –3 2001/02	Year –2 2002/03	Year –1 2003/04	Year 0 2004/05	Average annual growth (nominal)
Laundries	8 991	7 867	13 856	12 886	18.9
Engineering	17 156	8 605	11 332	6 353	(20.7)
Forensic Services			205		
Orthotic and prosthetic services	2 345	2 232	3 532	4 066	22.08
Medicines trading account	21 339	38 860	42 887	34 184	24.1
Total	**49 831**	**57 564**	**71 812**	**57 489**	**6.8**

Table 55: Past expenditure trends in Health Care Support Services Programme and reconciliation of MTEF Projections with the Strategic Plan

Expenditure	1999/00	2000/01	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07
Total(R'000)	42,566	34,590	49,831	57,564	71,812	57,489	95,225	113,084
Total per person	11.85	9.43	13.39	15.18	18.60	14.67	23.84	27.85
Total per uninsured person	13.95	11.09	15.75	17.86	21.88	17.20	28.05	32.77

Sub-programme 1: Laundry Services

Policy Priorities

- Providing quality health care
- Well functioning and competitive hospitals

Broad Strategic goals

- Integrated and effective organisational system
- Effective management of Department finances and assets

Challenges and constraints that impacted on the performance of the programme

- Old equipments in the Laundries, most on side laundry services have been closed ie seven
- Not enough managers manning laundries
- Acquisition of quality linen is poor due to some of the contracts that consider only price and not product

Key Achievement

- Reorganise the laundry services per district in order to alleviate the burden in the smaller hospitals where laundries are non functional

Table 56: Specification of Measurable Objectives and Performance Indicators for Laundry Services

Objectives	Indicator	2004/05 Target	2004/05 Actual
Ensure improvement of quality and efficiency of all laundries in the Provision of laundry services.	Availability of costed alternative options (Different scenarios for future possible solutions)	Costed scenarios presented to DMC	A long term intervention on Laundry systems analysis that would determine different scenarios for possible solution for the future is in progress.
	Percentage of persons trained on quality provision of laundry service	40%	Terms of reference for outsourcing a laundry training specialist is in the process of being developed

Sub-programme 2: Appropriate Health Technology

Policy Priorities

- Providing quality health care
- Well functioning and competitive hospitals

Broad Strategic goals

- Integrated and effective organisational system
- Effective management of Department finances and assets

Challenges and constraints that impacted on the performance of the programme

- Inadequate staff
- Budget allocation for institutions not properly consulted, between health technology and institutions
- Procurement plans not yet in place
- Not enough technicians – one workshop is a limitation in maintenance

Achievement

- Nine students trained on medical equipment maintenance
- Twenty students in Cuba for training as medical engineers
- Audit of health technology successfully completed project managed by Medical research Council
- Three institutions covered in the implementation of EHTP

Table 57: Specification of Measurable Objectives and Performance Indicators for Appropriate Health Technology

Objectives	Indicator	2004/05 Target	2004/05 Actual
Comprehensively Implement National HT Management policy	Percentage of facilities implement SOP's on HT management.	50%	The MRC managed HT audit determining the status as well as field-testing of the EHTP has been completed in all the 32 hospitals that were identified for this project. The implementation of the MRC audit recommendations is in progress.
Plan, facilitate, and manage procurement & disposal of Health Technology.	Percentage of facilities utilizing appropriate Procurement & disposal processes.	50%	The results of the medical equipment audit at all the 32 hospitals has been integrated into the EHTP planning to determine the medical equipment needs. The standard equipment procurement procedure is still in the development stage.
To develop effective Health Technology management capacity such that minimum human resources are deployed into each of the 4 districts	Number of electro medical engineers trained in Cuba	Maintain last year's number	Students undergoing a degree training programme have progressed to the second year of their 5 year duration.
	Number of technicians trained in-house	Completion of 9 technicians	Electro-medical trainees have completed the extended 3 months practical training and plans are in place to absorb them into the Departmental establishment.

Sub-programme : Transport

Policy Priorities

- Providing quality health care
- Providing accessible, equitable and affordable comprehensive primary health care services
- Well managed and effective district health system
- Integrated and effective organizational system

Broad Strategic goals

- Integrated and effective organisational system
- Effective management of Department finances and assets

Table 58: Specificationof Measurable Objectives and Performance Indicators for Transport

Measurable Objective	Indicator	2004/05 Target	2004/05 Actual
Develop an appropriate Provincial Transport management structure	Provincial Transport structure developed and approved.	Structure developed	The transport management service structure not approved as yet. 20% posts filled and most officers are acting in this capacity without any formal appointment
Develop an electronic transport management information system	Percentage of institutions reporting transport data through this system	Planning with Provincial IT completed	The project will be rolled out to other districts by April 2005 after being piloted in the Southern district.
Integrate transport planning, procedures, operations, disposal and replacement functions.	Integrated management of all transport resources i.e. mobiles, Patient Transport's and pool vehicles	Develop guide lines	Only 50% integration has been achieved.
	Integrated transport planning and management at all institutions	40%	50% achieved

Sub-programme 4: Forensic, Orthotic and Prosthetic Services

Challenges and constraints that impacted on the performance of the programme

- Staff shortages at all levels as well as the delay in approval of a dedicated forensics structure.
- Trained staff at the district and sub district level are incorrectly placed due to staff shortages at hospital and clinic level.
- The delay in the transfer of Medico-legal mortuaries.

Achievements

- A sexual assault policy has been developed.
- Audit of all SAPS mortuaries as well purchasing of additional required equipment and vehicles. The transfer of mortuary plan has been developed and funding has been secured from the National Department of Health. Mortuaries are been renovated to prepare them for the take over.
- A sexual assault database has been established.
- 13 one stop crisis centres have been established.
- 647 staff have been trained in both forensic pathology and clinical forensic medicine.

Table 59: Specification of Measurable Objectives and Performance Indicators for Forensic, Orthotic and Prosthetic Services

Forensic Services			
Measurable objectives	**Indicator**	**2004/05 Target**	**2004/05 Actual**
To establish one crisis centre per district	Number of established crises centres in the Province	4 crisis centres	10 integrated crisis centres fully operational
	Number of adequate staff to manage the centres	70%	Managers in place in all centres
To strengthen the inter-sectorial planning with the SAPS	Assets audit of SAPS assets	100%	Audit of SAPS assets completed and bar coded
	A finalized organogram and post requirements	80%	Done awaiting approval
	Salary package offer of staff who wish to transfer	50%	Done through HR
To establish Provincial training policy	Number of people trained on the policy	100%	620 health professionals trained on the implementation of sexual assault policy
Orthotic and Prosthetic services			
To establish one orthopaedic centre per district per year	Number of orthopaedic centres established per year	1	Still in process of finalising the centre in Mafikeng
To increase outreach rehabilitation services by 20% per year	Number of outreach points per district	24	No new outreach points have been established
To ensure all vacant posts filled by the end of 2004	Percentage of vacant posts filled by end 2004	50%	Four posts were recommended for advertisement; Orthotist Prosthetist, Senior Orthotist Prosthetist, Mid Level Worker and Bootmaker.
To increase the number of clients who access assistive devices	Number of clients orthosis and prosthesis	8666	The number reached is 5251 clients.

Sub-programme 5: Pharmaceuticals

Policy Priorities

- Providing quality health care
- Well functioning and competitive hospitals

Broad Strategic goals

- Quality health services
- Accessible, equitable and affordable PHC services
- Well functioning and competitive hospital services
- Competent, empowered and performance driven employees
- Effective management of the Department's finance and assets

Challenges and constraints that impacted on the performance of the programme

- Recruitment and retention of pharmacists for the programme
- Implementation of pharmacy acts due to lack of funds and personnel
- Training pharmacy assistance due pharmacists

Table 60: Specification of Measurable Objectives and Performance Indicators

Measurable Objectives	Indicators	2004/5 Target	Actual 2004/05
Promote use of standard treatment protocols	Percentage of facilities using treatment protocols	70%	100%(Primary Health Care facilities revised EDL). Standard treatment guidelines for hospitals under review.
Essential drugs availability	Percentage availability	95%	98%
Develop standardized code list	Standardized code list available	100%	Pharmaceutical code list in place. Surgical code list to be finalized during this quarter.
Ensure upgrading of hospital pharmacies	Percentage of facilities complying	60%	Data on the situational analysis of facilities readiness still being analyzed. Results to inform the way-forward.
Recruitment and training of personnel	Percentage Personnel recruited and training	50%	The Province is still unable to recruit Pharmacists.
Training of pharmacy support personnel	Percentage of Pharmacy assistants trained	70%	Service Level Agreement with the Service Provider for the training of 20 learners still to be signed.
Financial and risk management training for pharmacy managers	Percentage of personnel trained	80%	Arrangements are being made to train Pharmacy managers on risk management during the next financial year.

4.8 PROGRAMME 8: HEALTH FACILITIES MANAGEMENT PROGRAMME

Description of the programme and purpose

The purpose of this programme is to:

- Plan and provide Health facilities
- Service planning in terms of determining the level and packages of services that facilities will provide
- Maintain Health facilities
- Upgrade and rehabilitate community health centres and clinics
- Revitalization of district, regional and specialized hospitals and other health related facilities
- Equip new facilities

Health Facilities Management developed its plans for the MTEF from Departmental Strategic Goals, in particular:

- Strategic Goal 3: Providing Accessible, Equitable and Affordable Comprehensive Primary Health Care Services.
- Strategic Goal 4: Well functioning and competent hospitals
- Strategic Goal 7: Integrated and effective Organisational System

The inputs and outputs of the programme are falling under Capital Planning Directorate that encompasses Infrastructure (Health Facilities Planning), Land and Building, Health Technology, Hospital Revitalization and Service Planning.

Table 61: Use of appropriated funds

Programme	Voted for 2004/05	Roll overs and adjustment	Virement	Total Voted for programme	Actual Expenditure	% (over)/under spending
Community health facilities	30 000			30 000	29 927	0.2
District Hospital Services	144 001			144 001	88 060	38.8
Provincial Hospital Services						
Other Facilities	17 630			17 630	16 369	7.2
Health maintenance	33 459			33 459	30 882	7.7
Total	225 090			225 090	165 238	27.0

Table 62: Evolution of expenditure for the Health Facilities Management programme by sub-programme(R'000)

Programme	Year-3 2001/02	Year -2 2002/03	Year -1 2003/04	Year-0 2004/05	Average Annual Growth (nominal)
Community health facilities	26 152	14 808	25 650	29 927	15.5
District Hospital Services	19 615	25 147	20 776	88 060	116.6
Provincial Hospital Services	19 614	52 824	17 205		0.6
Other Facilities					
Health maintenance	5 440	53 835	20 224	30 882	293.3
Total	70 821	146 614	83 855	165 238	53.8

Table 63: Past expenditure trends in the Health Sciences and Training Programme and reconciliation of MTEF Projections with the Strategic Plan								
Expenditure	1999/00	2000/01	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07
Total (R'000)	3 595	26 250	70 821	146 614	84 055	165 238	218 211	309 536
Total per Capita	1.00	7.15	19.03	38.66	21.77	42.03	54.64	76.23
Total per	1.18	8.42	22.38	45.49	25.61	49.45	64.28	89.69

POLICY PRIORITIES

- Improve access to primary health care services
- Ensure equity in the delivery of district health services
- Strengthen primary health care and district hospital service delivery system
- Contribute towards human dignity by improving quality of service and care at facility level
- Strengthen support services
- Planning budgeting and monitoring and evaluation
- Establish Partnerships with other stakeholders

Table 64: Specification of Measurable Objectives and Performance Indicators

Objective	Indicator	2004/5 Target	2004/05 Actual
Develop Clinics master plan	Provincial clinic and CHC master plan development implementation	95%	Blue Sky Project completed for both clinic and hospital configuration. Follow-up work still to be done.
Increase the number of population residing within a 4km radius with access to PHC facility	Percentage of population residing within 4km radius with access to PHC facility	80%	The PCDF AND infrastructure grants clinic business plans developed and approved towards meeting the target.
Erect two room clinic structures	Number of 2-roomed clinics built	10	6 completed
All new facilities have water, electricity and sewerage.	Percentage of facility with full services	85%	
Develop an appropriate configuration of hospital Services	Master plan and business cases for revitalization project developed and implemented	25%	Done with additional cases approved i.e Brits, whilst Jubilee and Tshwaragano pending.
Increase the number of population within a 25km radius of a CHC and Hospital	Percentage of population within 25km radius of a CHC and a hospital		The IDT partnership results in 5 additional CHC's to be completed in 2005/2006.
Improve access to and conditions and of Hospital	Number of CHC's and Hospitals constructed (replacements, extensions, rehabilitation and new)	2CHCs 1 Hospital	Phedisong and Dinokana delayed to 2005/6 whilst Atamelang completed in 2004/5. Swartruggens Hospital also completed in 2004/5.
Develop facilities management capacity	Number of personnel with technical skills recruited for facility management and maintenance	4	Not achieve as new structure was not implemented in 2003/4.
	Capacity Building programmes and number of formal trainings attended	4	Done

PART 5: HUMAN RESOURCE MANAGEMENT REPORT

Table 65: Main services provided and standards

Main services	Actual customers	Standard of service	Actual achievement against standards
Preventative, curative, promotive and rehabilitative health care services. Training of health service providers	Inpatients Community members Out patients	Waiting time until file is opened	Between 1- 2 hours
		Total treatment time	
		Doctors visits to clinics and CHCs 30 minutes	At least once a week
		100% availability of EDL medications	88,% availability

Table 66: Consultation arrangements with customers

Type of arrangement	Actual Customers	Actual achievements
Governance Structures Hospital Boards District committees	Communities	meetings of governance structures held.
Imbizos	Community structures and civil servants	3 Imbizos held
Organised labour	Civil servants	

Table 67: Service delivery access strategy

Access Strategy	Actual achievements
All citizens should have equal access to the service to which they are entitled. • 2 Provincial (level 2) hospital complexes that also provide specialist psychiatric services **(MAFIKENG-BOPHELONG AND KLERKSDORP-TSHEPONG- POTHEFSTROOM-WITRAND)** • Rustenburg Provincial hospital • 20 district hospitals • 39 community health centers • 289 fixed clinics and health centres including local government • 4946 visiting points	All Hospitals and CHCs render 24hrs service. Clinics: Operating time is between 8 – 12hrs. Mobile services are provided to rural and farming communities once a week to monthly in some areas.

Table 68: Service information tool

Types of information tool	Actual achievements
Notice boards, Newsletters, radio talkshow meetings,	Newsletters distributed on monthly basis Monthly meeting and new information displayed on the notice boards daily

Table 69: - Complaints mechanism

Complaints Mechanism	Actual achievements
Suggestions Boxes	100% of facilities have suggestion boxes

Table 70: Personnel costs by programme

Programme	Programme Description	NO. OF EMPLOYEES	Personnel Expenditure	% of Total Personnel Cost	Average Personnel Cost per Employee (R)
39100000	DISTRICT MANAGEMENT / OFFICES (22A)	845	R 92,930,913.52	5.8	R 109,977.40
39100000	DISTRICT MANAGEMENT / OFFICES (22C)	2841	R 283,890,601.69	17.7	R 99,926.30
39100000	DISTRICT MANAGEMENT / OFFICES (22J)	1834	R 181,780,733.49	11.3	R 99,117.10
39100000	DISTRICT MANAGEMENT / OFFICES (22V)	4380	R 410,013,830.14	25.6	R 93,610.50
39300000	PROVINCIAL HOSPITAL SERVICES (23A)	4824	R 454,652,493.58	28.3	R 94,248.00
39200000	EMERGENCY MEDICAL SERVICES (6GA)	545	R 50,146,323.16	3.1	R 92,011.60
39000000	ADMINISTRATION (79A)	400	R 69,187,620.36	4.3	R 172,969.10
39500000	HEALTH SCIENCES AND TRAINING (80A)	715	R 47,399,016.44	3	R 66,292.30
39600000	HEALTH CARE SUPPORT SERVICES (81A)	197	R 13,868,891.26	0.9	R 70,400.50
Grand Total		16581	R 1,603,870,423.64	100	R 96,729.40
0	OTHER DEPARTMENTS		R 170,680.53		

Table 71: Personnel costs by salary bands

SALARY BANDS	NO. OF EMPLOYEES (as at 31 March 05)	Personnel Expenditure	% of Total Personnel Cost	Average Personnel Cost per Employee (R)
LOWER SKILLED	4848	R 216,200,368.54	13.5	R 44,595.80
SKILLED	5483	R 416,124,920.33	25.9	R 75,893.70
HIGHLY SKILLED PRODUCTION	5461	R 738,147,559.29	46	R 135,167.10
HIGHLY SKILLED SUPERVISION	739	R 199,788,835.38	12.5	R 270,350.30
SENIOR AND TOP MANAGEMENT	50	R 23,655,421.01	1.5	R 473,108.40
OTHER	0	R 9,953,319.09	0.6	R 0.00
Grand Total	16581	R 1,603,870,423.64	100	R 96,729.40
0	OTHER DEPARTMENTS	R 170,680.53		

Table 72: Salaries, Overtime, Home Owners Allowance and Medical Assistance by programme

		Salaries		Overtime		Home Owners Allowance		Medical Assistance		Total Personnel Cost (R'000)
Programme	Programme Description	SALARIES VIA PERSAL	Salaries as % of Personnel Cost	OVERTIME	Overtime as % of Personnel Cost	HOUSE OWNERS ALLOWANCE	HOA as % of Personnel Cost	MEDICAL FUNDS	Medical Ass. as % of Personnel Cost	
39100000	DISTRICT MANAGEMENT / OFFICES (22A)	R 64,134,804.63	5	R 1,114,733.00	0	R 639,502.00	0	R 4,506,921.45	0	R 4,472.13
39100000	DISTRICT MANAGEMENT / OFFICES (22C)	R 198,696,547.30	14	R 4,868,014.00	0	R 1,990,580.00	0	R 17,148,549.56	1	R 21,050.42
39100000	DISTRICT MANAGEMENT / OFFICES (22J)	R 128,765,885.10	9	R 2,395,636.00	0	R 1,111,841.00	0	R 11,987,092.24	1	R 10,459.26
39100000	DISTRICT MANAGEMENT / OFFICES (22V)	R 280,250,272.40	20	R 14,755,421.00	1	R 2,481,715.00	0	R 25,439,870.55	2	R 1,545,283.03
39300000	PROVINCIAL HOSPITAL SERVICES (23A)	R 312,906,061.70	22	R 21,989,322.00	2	R 3,899,470.45	0	R 26,568,511.68	2	R 1,003,900.43
39200000	EMERGENCY MEDICAL SERVICES (6GA)	R 28,506,182.40	2	R 3,909,989.00	0	R 234,909.00	0	R 3,354,589.60	0	R 284,037.28
39000000	ADMINISTRATION (79A)	R 44,778,039.34	3	R 784,036.30	0	R 384,643.32	0	R 2,509,905.40	0	R 1,495,211.00
39500000	HEALTH SCIENCES AND TRAINING (80A)	R 34,583,107.77	3	R 157,116.10	0	R 174,340.08	0	R 2,595,485.25	0	R 24,396,489.95
39600000	HEALTH CARE SUPPORT SERVICES (81A)	R 10,001,337.18	1	R 91,139.07	0	R 114,152.00	0	R 1,013,649.55	0	R 226,591.26
Grand Total		R1,102,622,237.82	78	R50,065,406.47	3.6	R11,031,152.85	0.8	R95,124,575.28	6.8	R 1,406,085,647.92
***	INCORRECT PROGRAMMES ON ESTABLISHMENT	R 127,053.00	0	R 362.40	0	R 345.00	0	R 15,329.35	0	R 496,147,904.93

Table 73: Salaries, Overtime, Home Owners Allowance and Medical Assistance by salary bands

SALARY BANDS	Salaries		Overtime		Home Owners Allowance		Medical Assistance		Total Personnel Cost (R'000)
	SALARIES VIA PERSAL	Salaries as % of Personnel Cost	OVERTIME	Overtime as % of Personnel Cost	HOUSE OWNERS ALLOWANCE	HOA as % of Personnel Cost	MEDICAL FUNDS	Medical Ass. as % of Personnel Cost	
LOWER SKILLED	155,650,992.20	12.4	852,268.70	0.1	1,160,823.48	0.1	17,688,899.40	1.4	175,352,983.78
SKILLED	295,988,332.71	23.5	7,888,151.40	0.6	3,136,546.00	0.2	31,487,423.24	2.5	338,500,453.35
HIGHLY SKILLED PRODUCTION	522,561,515.64	41.5	11,856,548.07	0.9	6,074,377.05	0.5	40,379,476.26	3.2	580,871,917.02
HIGHLY SKILLED SUPERVISION	115,370,244.29	9.2	28,360,350.20	2.3	660,183.32	0.1	5,032,009.19	0.4	149,422,787.00
SENIOR MANAGEMENT	12,350,237.46	1	1,108,088.10	0.1	- 777.00	0	515,460.55	0	13,973,009.11
OTHER	700,915.52	0.1	0.00	0	R 0.00	0	21,306.64	0	722,222.16
Grand Total	1,102,622,237.82	87.6	50,065,406.47	4	11,031,152.85	0.9	95,124,575.28	7.6	1,258,843,372.42
INCORRECT PROGRAMS ON ESTABLISHMENT	127053.00		362.40		345.00		15,329.35		24,849,329.08

The following tables summarise the number of posts on the establishment, the number of employees, the vacancy rate, and whether there are any staff that are additional to the establishment. This information is presented in terms of three key variables:- programme (Table 3.1), salary band (Table 3.2) and critical occupations (Table3.3).Departments have identified critical occupations that need to be monitored. Table 3.3 provides establishment and vacancy information for the key critical occupations of the Department.

Table 74: Employment and Vacancies by Programme, 31 March 2005

Table 74: Employment and Vacancies by Programme, 31 March 2005					
PROGRAMME	**PROGRAMME DESCRIPTION**	**No. of posts**	**No. of posts filled**	**% Vacancy Rate**	**No. of posts filled additional to the establishment**
39000000	HEALTH: ADMINISTRATION(79A)	540	400	25.9	
39100000	HEALTH: DISTRICT HEALTH SERVICES (22A/J/C/V)	16171	9898	38.8	2
39200000	HEALTH: EMERGENCY MEDICAL SERVICES. (6GA)	825	545	33.9	
39300000	HEALTH: PROVINCIAL HOSPITAL SERVICES. (23A)	6619	4824	27.1	
39500000	HEALTH: HEALTH SCIENCES AND TRAINING. (80A)	1059	715	32.5	
39600000	HEALTH: HEALTH CARE SUPPORT SERVICES. (81A)	343	197	42.6	
39700000	HEALTH: HEALTH FACILITIES MANAGEMENT (82A)	0	0	0	
Grand Total		25557	16579	35.1	2

Table 75: Employment and Vacancies by Salary Bands, 31 March 2005				
SALARY BAND	**No. of posts**	**No. of posts filled**	**% Vacancy Rate**	**No. of posts filled additional to the establishment**
LOWER SKILLED	7817	4848	38	
SKILLED	8214	5483	33.2	
HIGHLY SKILLED PRODUCTION	8116	5461	32.7	
HIGHLY SKILLED SUPERVISION	1336	737	44.8	2
SENIOR MANAGEMENT	74	50	32.4	
OTHER	0	0	0	
Grand Total	25557	16579	35.1	2

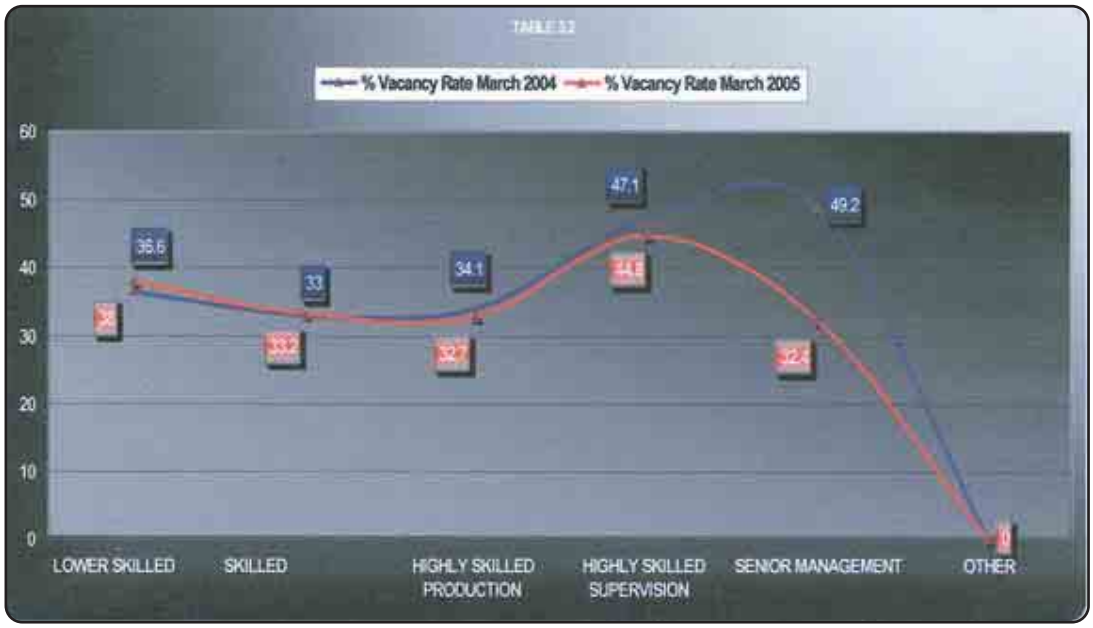


Table 76 Employment and Vacancies by critical occupation, 31 March 2005				
Occupations	**No. of posts**	**No. of posts filled**	**Vacancy Rate**	**No. of posts filled additional to the establishment**
Ambulance and related workers	817	540	33.9	
Computer system designers and analysts	2	0	100	
Dental practitioners	74	45	39.2	
Dental technicians	4	1	75	
Dental therapy	98	28	71.4	
Dieticians and nutritionists	70	38	45.7	
Emergency services related	1	1	0	
Engineering sciences related	1	0	100	
Engineers and related professionals	9	0	100	
Environmental health	130	88	32.3	
Head of Department/Chief Executive Officer	2	2	0	
Medical practitioners	649	353	45.6	1
Medical specialists	145	38	73.8	
Medical technicians/technologists	32	6	81.3	
Nursing assistants	4115	2733	33.6	
Occupational therapy	136	58	57.4	
Oral hygiene	45	15	66.7	
Pharmacists	151	107	29.1	
Physiotherapy	82	44	46.3	
Professional nurse	4507	3133	30.5	
Psychologists and vocational counsellors	60	26	56.7	
Radiography	124	89	28.2	
Senior managers	41	35	14.6	
Social workload and related professionals	81	33	59.3	
Speech therapy and audiology	20	14	30	
Staff nurses and pupil nurses	1660	1165	29.8	
Statisticians and related professionals	2	1	50	
Student nurse	690	538	22	
Supplementary diagnostic radiographers	145	41	71.7	
Grand Total	13893	9172	**34**	1

The Public Service Regulations, 1999 introduced job evaluation as a way of ensuring that work of equal value is remunerated equally. Within a nationally determined framework, executing authorities may evaluate or re-evaluate any job in his or her organisation. In terms of the Regulations all vacancies on salary levels 9 and higher must be evaluated before they are filled. This was complemented by a decision by the Minister for the Public Service and Administration that all SMS jobs must be evaluated before 31 December 2002.

The following table (Table 4.1) summarises the number of jobs that were evaluated during the year under review. The table also provides statistics on the number of posts that were upgraded or downgraded.

Table 77: Number of posts evaluated

Salary band	Number of posts	Number of Jobs Evaluated	% of posts evaluated by salary bands	Posts Upgraded		Posts downgraded	
LOWER SKILLED	7817	0	0.0	0	0.0	0	0.00%
SKILLED	8214	11	0.1	11	0.1	0	0.00%
HIGHLY SKILLED PRODUCTION	8116	0	0.0	0	0.0	0	0.00%
HIGHLY SKILLED SUPERVISION	1336	11	0.8	11	0.8	0	0.00%
SENIOR MANAGEMENT SERVICE BAND A	69	0	0.0	0	0.0	0	0.00%
SENIOR MANAGEMENT SERVICE BAND B	4	0	0.0	0	0.0	0	0.00%
SENIOR MANAGEMENT SERVICE BAND C	1	0	0.0	0	0.0	0	0.00%
SENIOR MANAGEMENT SERVICE BAND D	0	0	0.0	0	0.0	0	0.00%
	25557	**22**	**0.09**	Number	% of posts evaluated	Number	% of posts evaluated

TABLE 78: –Profile of employees whose salary positions were upgraded due to their posts being upgraded, 1 April 2004 to 31 March 2005

Beneficiaries	African	Asian	Coloured	White	Total
Female	16	0	0	0	**16**
Male	6	0	0	0	**6**
Total	**22**	**0**	**0**	**0**	**22**

Table 79: Employees with a disability

GENDER	AFRICAN	COLOURED	WHITE	Grand Total
FEMALE	11	1	8	20
MALE	13	0	1	14
Grand Total	**24**	**1**	**9**	**34**

The following table summarises the number of cases where remuneration levels exceeded the grade determined by job evaluation. Reasons for the deviation are provided in each case.

Table 80:: Employees whose salary level exceed the grade determined by job evaluation, 1 April 2004 to 31 March 2005 (in terms of PSR 1.V.C.3)				
Occupation	**Number of employees**	**Job evaluation level**	**Remuneration level**	**Reason for deviation**
	A	B	C	D
	0	0	0	0
Total Number of Employees whose salaries exceeded the level determined by job evaluation in 2003/ 04				NIL
Percentage of total employment				0

TABLE 81: Profile of employees whose salary level exceed the grade determined by job evaluation, 1 April 2004 to 31 March 2005 (in terms of PSR 1.V.C.3)					
Beneficiaries	**African**	**Asian**	**Coloured**	**White**	**Total**
Female	0	0	0	0	0
Male	0	0	0	0	0
Total					
Employees with a disability	0	0	0	0	0

This section provides information on changes in employment over the financial year. Turnover rates provide an indication of trends in the employment profile of the Department. The following tables provide a summary of turnover rates by salary band (Table 5.1) and by critical occupations (Table 5.2). (These "critical occupations" should be the same as those listed in Table 3.3)

Table 82: Annual turnover rates by salary band

Salary Band	Total employees as on 1 April 2004	Appointments	Terminations	Transfers out of the Department	Turnove rate
LOWER SKILLED	5505	347	225	6	1
SKILLED	4845	718	326	17	2
HIGHLY SKILLED PRODUCTION	4859	728	458	63	10.7
HIGHLY SKILLED SUPERVISION	651	218	180	29	4
SENIOR MANAGEMENT SERVICE BAND A	28	10	1	1	1
SENIOR MANAGEMENT SERVICE BAND B	3	0	0	0	0
SENIOR MANAGEMENT SERVICE BAND C	0	0	0	0	0
SENIOR MANAGEMENT SERVICE BAND D	0	0	0	0	0
OTHER	0	677	630	0	0
TOTAL	15891	2698	1820	116	12.2

Table 83 Annual turnover rates by critical occupation

Occupation	Total employees as on 1 April 2004	Appointment	Termination	Transfers out of the Department	Turn over rate
Ambulance and related workers	501	391	303	0	60.5
Computer system designers and analysts	1	0	0	0	0
Dental practitioners	42	28	31	1	76.2
Dental technicians	1	0	0	0	0
Dental therapy	17	5	2	0	11.8
Dieticians and nutritionists	29	20	11	2	44.8
Emergency services related	38	43	23	0	60.5
Engineering sciences related	68	40	22	0	32.4
Engineers and related professionals	1	0	0	0	0
Environmental health	75	10	10	0	13.3
Head of Department/Chief Executive Officer	422	292	250	26	65.4
Medical practitioners	51	30	15	1	31.4
Medical specialists	6	0	0	0	0
Medical technicians/technologists	2424	295	118	8	5.2
Nursing assistants	31	28	26	1	87.1
Occupational therapy	1	0	0	0	0
Oral hygiene	7	3	0	0	0
Pharmacists	1	0	0	0	0
Physiotherapy	75	64	30	3	44
Professional nurse	0	0	1	0	0
Psychologists and vocational counsellors	38	33	17	3	52.6
Radiography	2944	225	203	22	7.6
Senior managers	16	13	16	0	100
Social workload and related professionals	65	33	17	2	29.2
Speech therapy and audiology	27	3	0	0	0
Staff nurses and pupil nurses	24	13	2	3	20.8
Statisticians and related professionals	13	15	13	0	100
Student nurse	1215	32	46	5	4.2
Supplementary diagnostic radiographers	1	0	0	1	100
Ambulance and related workers	439	196	78	0	17.8
Computer system designers and analysts	35	0	2	0	5.7
TOTAL	8608	1812	1236	78	15.3

Table 84: Reasons why staff are leaving the Department

Resign Type Description	Total	% of Total Resignations	% of Total Employment	Total employees as on 1 April 2004
1 RETIREMENT - SECTION 16(1)(A) PUBLIC SERVICE ACT	181	9.1	1.1	15893
10 TRANSFER TO STATUTORY INSTITUTION/DEFENCE FORCE	1	0.1	0.0	15893
12 EXPIRATION OF COMMUNITY SERVICE	10	0.5	0.1	15893
13 CONVERSION IN NATURE OF APPOINTMENT	12	0.6	0.1	15893
14 SERVICE PERIOD EXPIRED	17	0.9	0.1	15893
15 DISHONOURABLE DISCHARGE	1	0.1	0.0	15893
16 CANCELLING OF APPOINTMENT	1	0.1	0.0	15893
17 SUSPENSION	3	0.2	0.0	15893
2 DECEASED	152	7.7	1.0	15893
20 POST REDUCTION	1	0.1	0.0	15893
21 RESIGN (24 HOURS)	11	0.6	0.1	15893
24 PRIVATISATION	1	0.1	0.0	15893
3 RESIGNATION	717	36.2	4.5	15893
30 DISMISSAL (DISCHARGED)	16	0.8	0.1	15893
31 RETIRE - ARTICLE 16(2)(A) PUBLIC SERVICE ACT 1994	5	0.3	0.0	15893
33 EARLY RETIREMENT-SECTION 16(6)(A)PUBLIC SERVICE A	5	0.3	0.0	15893
34 ILL HEALTH - SECTION 17(2)(A) (PUBLIC SERVICE ACT	27	1.4	0.2	15893
42 DESERTION-SECTION 17(5)(A)(1) (PUBLIC SERVICE ACT	1	0.1	0.0	15893
5 MEDICAL RETIREMENT	26	1.3	0.2	15893
7 DESERTION	11	0.6	0.1	15893
8 CONTRACT EXPIRY	655	33	4.1	15893
9 RESIGNING OF POSITION	13	0.7	0.1	15893
99 TRANSFER OUT OF PERSAL	91	4.6	0.6	15893
TRANSFERS OUT OF THE DEPARTMENT (RELOCATIONS)	25	1.3	0.2	15893
TOTAL	**1983**	100	12.5	15893
WITHDRAW OF SERVICE TERMINATION	47			

Table 85: Promotions by critical occupation

OCCUPATION	EMPLOYEES 1 APRIL 2004	TOTAL PROMOTIONS	Salary Level Promotions as a % of Employment	TOTAL PAY PROGRESSION	Notch progressions as a % of employment
AMBULANCE AND RELATED WORKERS	501	2	0.4	0	0
APPRAISERS-VALUERS AND RELATED PROFESSIONALS	1	0	0	0	0
DENTAL PRACTITIONERS	42	2	4.8	1	2.4
DENTAL TECHNICIANS	1	0	0	0	0
DENTAL THERAPY	17	3	17.6	5	29.4
DIETICIANS AND NUTRITIONISTS	29	4	13.8	2	6.9
EMERGENCY SERVICES RELATED	38	0	0	0	0
ENVIRONMENTAL HEALTH	68	10	14.7	8	11.8
HEAD OF DEPARTMENT/CHIEF EXECUTIVE OFFICER	1	1	100	0	0
HEALTH SCIENCES RELATED	75	14	18.7	35	46.7
MEDICAL PRACTITIONERS	422	56	13.3	27	6.4
MEDICAL SPECIALISTS	51	17	33.3	0	0
MEDICAL TECHNICIANS/TECHNOLOGISTS	6	0	0	4	66.7
NURSING ASSISTANTS	2424	624	25.7	1054	43.5
OCCUPATIONAL THERAPY	31	3	9.7	0	0
OPTOMETRISTS AND OPTICIANS	1	0	0	0	0
ORAL HYGIENE	7	0	0	2	28.6
PHARMACEUTICAL ASSISTANTS	1	0	0	1	100
PHARMACISTS	75	9	12	12	16
PHYSICISTS	0	0	0	0	0
PHYSIOTHERAPY	38	5	13.2	4	10.5
PROFESSIONAL NURSE	2944	776	26.4	1116	37.9
PSYCHOLOGISTS AND VOCATIONAL COUNSELLORS	16	3	18.8	1	6.3
RADIOGRAPHY	65	19	29.2	24	36.9
SENIOR MANAGERS	27	11	40.7	0	0
SOCIAL WORK AND RELATED PROFESSIONALS	24	5	20.8	9	37.5
SPEECH THERAPY AND AUDIOLOGY	13	3	23.1	0	0
STAFF NURSES AND PUPIL NURSES	1215	295	24.3	408	33.6
STATISTICIANS AND RELATED PROFESSIONALS	1	0	0	0	0
STUDENT NURSE	439	5	1.1	7	1.6
SUPPLEMENTARY DIAGNOSTIC RADIOGRAPHERS	35	11	31.4	9	25.7
TOTAL	8608	1878	21.8	2729	31.7

TABLE 86: PROMOTIONS BY SALARY BAND

SALARY BAND	EMPLOYEES 1 APRIL 2004	PROMOTIONS TO ANOTHER SALARY LEVEL	Salary bands promotions as a % of employees by salary level	PAY PROGRESSION	Notch progressions as a % of employees by salary band
LOWER SKILLED	4848	987	20.4	2049	42.3
SKILLED	5483	1112	20.3	1945	35.5
HIGHLY SKILLED PRODUCTION	5461	1441	26.4	1977	36.2
HIGHLY SKILLED SUPERVISION	737	95	12.9	127	17.2
SENIOR MANAGEMENT	50	12	24	2	4
OTHER	0	2	0	0	0
	16579	3649	22	6100	36.8

Table 87 - Total number of employees by occupational categories as on 31 March 2005

Occ. Categories	AFRICAN		COLOURED		INDIAN		WHITE		Grand Total
	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	
CLERKS	813	461	28	9	2	1	153	25	1492
CRAFT AND RELATED TRADES WORKERS	1	37						4	42
ELEMENTARY OCCUPATIONS	2792	994	81	28	1	1	61	36	3994
LEGISLATORS, SENIOR OFFICIALS, MANAGERS	10	19	1	1		1	2	8	42
NON PERMANENT WORKER	248	262	5	1	1	13	28	77	635
PLANT AND MACHINE OPERATORS AND ASSEM	8	243	0	5				11	267
PROFESSIONALS	301	275	8	10	29	25	174	92	914
SERVICE AND SALES WORKERS	3472	968	80	24	3	1	181	49	4778
TECHNICIANS ASSOCIATE PROFESSIONALS	3622	950	80	11	5	3	350	18	5039
OTHER		1					2	2	5
TOTAL	11267	4210	283	89	41	45	951	322	17208
Employees with disabilities	11	13	1				8	1	34

Table 88 Total number of employees by occupational bands as on 31 March 2005

OCCUPATIONAL BANDS	AFRICAN		COLOURED		INDIAN		WHITE		Grand Total
	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	
TOP MANAGEMENT	0	1	0	0	0	0	0	0	1
SENIOR MANAGEMENT	10	25	1	1	0	3	2	11	53
PROFESSIONALLY QUALIFIED	252	261	6	7	16	22	99	81	744
SKILLED TECHNICAL	4033	962	95	19	20	10	509	85	5733
SEMI SKILLED	3998	1433	112	32	3	5	308	87	5978
UNSKILLED	2741	1343	65	30	2	2	21	48	4252
OTHER	233	185	4	0	0	3	12	10	447
Total	11267	4210	283	89	41	45	951	322	17208

Table 89 Recruitment for the period 1 April 2004 to 31 March 2005

OCCUPATIONAL BANDS	AFRICAN		COLOURED		INDIAN		WHITE		Grand Total
	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	
TOP MANAGEMENT	0	0	0	0	0	0	0	0	0
SENIOR MANAGEMENT	3	6	0	0	0	0	0	1	10
PROFESSIONALLY QUALIFIED	44	79	3	5	8	13	36	30	218
SKILLED TECHNICAL	318	184	14	6	12	7	163	24	728
SEMI SKILLED	480	188	7	5	2	2	26	8	718
UNSKILLED	170	137	12	3	2	3	10	10	347
OTHER	362	272	4	2	0	2	17	18	677
Total	**1377**	**866**	**40**	**21**	**24**	**27**	**252**	**91**	**2698**
Employees with disabilities	1	1					1		3

Table 90: Promotions for the period 1 April 2004 to 31 March 2005

OCCUPATIONAL BANDS	AFRICAN		COLOURED		INDIAN		WHITE		Grand Total
	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	
TOP MANAGEMENT	0	1	0	0	0	0	0	0	1
SENIOR MANAGEMENT	2	5	0	0	0	0	1	2	10
PROFESSIONALLY QUALIFIED	26	33	0	0	0	1	8	6	74
SKILLED TECHNICAL	208	76	5	0	1	0	14	2	306
SEMI SKILLED	55	22	0	0	0	0	2	2	81
UNSKILLED	3	0	0	0	0	0	0	0	3
OTHER	0	0	0	0	0	0	0	0	0
Total	294	137	5	0	1	1	25	12	475
Employees with disabilities	6	5	1	0	0	0	3	1	16

Table 91: Terminations for the period 1 April 2004 to 31 March 2005

OCCUPATIONAL BANDS	AFRICAN		COLOURED		INDIAN		WHITE		Grand Total
	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	
TOP MANAGEMENT	0	0	0	0	0	0	0	0	0
SENIOR MANAGEMENT	0	1	0	0	0	1	0	0	2
PROFESSIONALLY QUALIFIED	36	55	1	2	0	1	47	43	185
SKILLED TECHNICAL	224	102	8	3	6	5	117	35	500
SEMI SKILLED	198	80	3	3	2	2	43	6	337
UNSKILLED	128	81	2	0	0	0	1	6	218
OTHER	324	264	5	5	0	4	13	15	630
Total	910	583	19	13	8	13	221	105	1872
Employees with disabilities	2	1	0	0	0	0	0	0	3

Table 92: Disciplinary action for the period 1 April 2004 to 31 March 2005

	1. *Male*				2. *Female*				3.
	African	Coloured	Indian	White	African	Coloured	Indian	White	Total
Disciplinary action	68	0	0	1	29	0	0	2	100

To encourage good performance, the Department has granted the following performance rewards during the year under review. The information is presented in terms of race, gender, and disability (Table 6.1), salary bands (table 6.2) and critical occupations (Table 6.3).

Table 93: Performance Rewards by race, gender and disability

RACE	GENDER	No. of Beneficiaries	Total No. of employees in group	% of total within group	Cost	Average cost per employee
AFRICAN	FEMALE	2037	11267	18	R 6,584,377.18	**R 3,232.40**
	MALE	686	4210	16.3	R 2,524,230.09	**R 3,679.60**
COLOURED	FEMALE	97	283	34	R 289,747.66	**R 2,987.10**
	MALE	17	89	19	R 57,688.86	**R 3,393.50**
INDIAN	FEMALE	5	41	12	R 54,194.56	**R 10,838.90**
	MALE	3	45	7	R 46,237.81	**R 15,412.60**
WHITE	FEMALE	426	951	45	R 1,918,294.73	**R 4,503.00**
	MALE	82	322	26	R 449,758.52	**R 5,484.90**
EMPLOYEES WITH DISABILITY		17	34	50	R 30,566.08	**R 1,798.00**
		3370	**17208**	19.6	R 11,955,095.49	**R 3,547.50**

Table 94: Skills development for the period 1 April 2004 to 31 March 2005

Occupational categories	Male				Female				
	African	Coloured	Indian	White	African	Coloured	Indian	White	Total
Legislators, senior officials and managers	17	0	0	3	7	0	0	0	27
Professionals	52	2	1	3	58	0	0	8	124
Technicians and associate professionals	96	2	0	6	1318	2	1	516	1941
Clerks	118	0	0	0	152	4	0	12	286
Service and sales workers	53	0	0	0	118	0	0	0	171
Skilled agriculture and fishery workers	0	0	0	0	0	0	0	0	0
Craft and related trades workers	33	0	0	0	41	0	0	0	74
Plant and machine operators and assemblers	60	0	0	0	99	4	0	0	163
Elementary occupations	11	0	0	0	32	0	0	0	43
Non-Permanent Worker	0	0	0	0	0	0	0	0	0
Total	440	4	1	12	1825	10	1	536	2829
Employees with disabilities	0	0	0	0	0	0	0	0	0

Table 95: Performance Rewards by salary bands for personnel below Senior Management Service

SALARY BANDS	No. of Beneficiaries	No. of Employees	% of total within salary bands	Total Cost	Average cost per employee	Total cost as a % of the total personnel expenditure
LOWER SKILLED	825	4252	19.4	R 1,350,551.66	R 1,637.03	0.096
SKILLED	1176	5987	19.6	R 3,000,070.83	R 2,551.08	0.213
HIGHLY SKILLED PRODUCTION	1197	5733	20.9	R 5,831,246.86	R 4,871.55	0.415
HIGHLY SKILLED SUPERVISION	154	744	20.7	R 1,727,276.00	R 11,216.08	0.123
Total	3352	16716	20.1	R 11,909,145.35	R 3,552.85	0.847

Table 96: Performance Rewards by critical occupations

Occupation	Beneficiary Profile			Cost	
	No. of Beneficiaries	No. of Employees	% of total within occupation	Total Cost	Average Cost per employee
AMBULANCE AND RELATED WORKERS	183	803	22.8	R 562,869.00	R 3,075.80
APPRAISERS-VALUERS AND RELATED PROFESSIONALS	0	0	0	R 0.00	R 0.00
DENTAL PRACTITIONERS	4	49	8.2	R 50,709.42	R 12,677.40
DENTAL TECHNICIANS	0	0	0	R 0.00	R 0.00
DENTAL THERAPY	4	21	19	R 25,957.68	R 6,489.40
DIETICIANS AND NUTRITIONISTS	7	39	17.9	R 40,745.10	R 5,820.70
EMERGENCY SERVICES RELATED	3	75	4	R 14,401.88	R 4,800.60
ENVIRONMENTAL HEALTH	5	88	5.7	R 31,303.95	R 6,260.80
HEAD OF DEPARTMENT/CHIEF EXECUTIVE OFFICER	0	2	0	R 0.00	R 0.00
HEALTH SCIENCES RELATED	35	94	37.2	R 324,581.57	R 9,273.80
MEDICAL PRACTITIONERS	28	504	5.6	R 413,618.00	R 14,772.10
MEDICAL SPECIALISTS	1	74	1.4	R 11,863.80	R 11,863.80
MEDICAL TECHNICIANS/TECHNOLOGISTS	4	6	66.7	R 58,207.11	R 14,551.80
NURSING ASSISTANTS	565	2835	19.9	R 1,296,807.80	R 2,295.20
OCCUPATIONAL THERAPY	1	39	2.6	R 4,752.09	R 4,752.10
OPTOMETRISTS AND OPTICIANS	0	1	0	R 0.00	R 0.00
ORAL HYGIENE	1	9	11.1	R 4,270.35	R 4,270.40
PHARMACEUTICAL ASSISTANTS	0	1	0	R 0.00	R 0.00
PHARMACISTS	14	112	12.5	R 100,769.62	R 7,197.80
PHYSICISTS	0	0	0	R 0.00	R 0.00
PHYSIOTHERAPY	2	45	4.4	R 16,176.30	R 8,088.20
PROFESSIONAL NURSE	617	3073	20.1	R 3,131,249.33	R 5,075.00
PSYCHOLOGISTS AND VOCATIONAL COUNSELLORS	3	24	12.5	R 19,950.93	R 6,650.30
RADIOGRAPHY	20	92	21.7	R 143,203.56	R 7,160.20
SENIOR MANAGERS	3	39	7.7	R 41,217.33	R 13,739.10
SOCIAL WORK AND RELATED PROFESSIONALS	7	33	21.2	R 42,781.33	R 6,111.60
SPEECH THERAPY AND AUDIOLOGY	0	18	0	R 0.00	R 0.00
STAFF NURSES AND PUPIL NURSES	226	1075	21	R 637,579.40	R 2,821.10
STATISTICIANS AND RELATED PROFESSIONALS	0	1	0	R 0.00	R 0.00
STUDENT NURSE	3	585	0.5	R 6,924.47	R 2,308.20
SUPPLEMENTARY DIAGNOSTIC RADIOGRAPHERS	4	27	14.8	R 11,792.36	R 2,948.10
TOTAL	1740	9764	17.8	R 6,991,732.38	R 4,018.20

Table 97: Performance related rewards (cash bonus) by salary bands for Senior Management Service

SALARY BANDS	No. of Beneficiaries	No. of Employees	% of total within salary bands	Total Cost	Average cost per employee	Total cost as a % of the total personnel expenditure
SENIOR MANAGEMENT SERVICE BAND A	1	48	2	R 15,384.06	R 15,384.06	0.0
SENIOR MANAGEMENT SERVICE BAND B	0	5	0	R 0.00	R 0.00	0.0
SENIOR MANAGEMENT SERVICE BAND C	0	1	0	R 0.00	R 0.00	0.0
SENIOR MANAGEMENT SERVICE BAND D	0	0	0	R 0.00	R 0.00	0.0

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

Table 98: Foreign Workers by salary band

SALARY BANDS	1 April 2004		31 March 2005		Change	
	Number	% of total	Number	% of total	Number	% of total
LOWER SKILLED	0	0	0	0	0	0
SKILLED	1	1.3	1	1.6	0	0
HIGHLY SKILLED PRODUCTION	8	10.5	7	11.1	1	7.7
HIGHLY SKILLED SUPERVISION	67	88.2	53	84.1	14	107.7
SENIOR AND TOP MANAGEMENT	0	0	2	3.2	-2	-15.4
OTHER	0	0	0	0	0	0

Table 99: Foreign Workers by major occupation / Rank

RANK	1 April 2004		31 March 2005		Change	
	Number	% of total	Number	% of total	Number	% of total
80007 HEALTH ASSOCIAT SCIENCES AND SUPPORT PERSON 3	0	0	0	0	0	0
80008 HEALTH ASSOCIAT SCIENCES AND SUPPORT PERSON 6	0	0	1	11.1	-1	100
80007 HEALTH ASSOCIAT SCIENCES AND SUPPORT PERSON 7	1	1.3	1	1.6	0	0
80008 HEALTH ASSOCIAT SCIENCES AND SUPPORT PERSON 8	1	1.3	1	1.6	0	0
80022 NURSING AND SUPPORT PERSONNEL SR6	2	2.6	1	1.6	1	7.7
80023 NURSING AND SUPPORT PERSONNEL SR7	1	1.3	2	3.2	-1	-7.7
80024 NURSING AND SUPPORT PERSONNEL SR8	1	1.3	1	1.6	0	0
80121 ENGINEERING RELATED AND SUPPORT PERSONNEL SR 9	1	1.3	0	0	1	7.7
80123 ENGINEERING RELATED AND SUPPORT PERSONNEL SR 11	2	2.6	0	0	2	15.4
80153 ADMINISTRATIVE LINE FUNCTION & SUPPORT PERS SR9	0	0	0	0	0	0
80211 MEDICAL SCIENCES AND SUPPORT PERSONNEL SR3	1	1.3	1	1.6	0	0
80214 MEDICAL SCIENCES AND SUPPORT PERSONNEL SR6	1	1.3	0	0	1	7.7
80215 MEDICAL SCIENCES AND SUPPORT PERSONNEL SR7	1	1.3	1	1.6	0	0
80217 MEDICAL SCIENCES AND SUPPORT PERSONNEL SR9	4	5.3	5	7.9	-1	-7.7
80218 MEDICAL SCIENCES AND SUPPORT PERSONNEL SR10	5	6.6	6	9.5	-1	-7.7
80219 MEDICAL SCIENCES AND SUPPORT PERSONNEL SR11	46	60.5	32	50.8	14	107.7
80220 MEDICAL SCIENCES AND SUPPORT PERSONNEL SR12	8	10.5	9	14.3	-1	-7.7
80363 EMERGENCY SERVICES AND RELATED PERSONNEL SR13	0	0	2	0	-2	-200
80363 EMERGENCY SERVICES AND RELATED PERSONNEL SR11	1	1.3	0	0	1	7.7
Grand Total	76	100	63	100	13	100

The Public Service Commission identified the need for careful monitoring of sick leave within the public service. The following tables provide an indication of the use of sick leave (Table 9.1) and disability leave (Table 9.2). In both cases, the estimated cost of the leave is also provided.

Table 100:Sick leave, 1 January 2004 to 31 December 2004

SALARY BANDS	Total days	% days with medical certification	No. of employees using sick leave	% of total employees using sick leave	Average days per employee	Estimate Cost
LOWER SKILLED	22599	98.4	2329	24.7	10	R 3,073,729.65
SKILLED	27728	97.9	3328	35.3	8	R 5,297,248.81
HIGHLY SKILLED PRODUCTION	27858	96.7	3456	36.7	8	R 9,607,872.22
HIGHLY SKILLED SUPERVISION	2194.5	89	305	3.2	7	R 1,301,494.00
SENIOR MANAGEMENT	55	98.2	7	0.1	8	R 53,931.35
Grand Total	80434.5	97.4	9425	100	9	R 19,334,276.03

Table 101: Disability leave (temporary and permanent), 1 January 2004 to 31 December 2004

SALARY BANDS	Total Days	% days with medical certification	No. of employees using Disability Leave	% of total employees using Disability Leave	Average days per employee	Estimate Cost
LOWER SKILLED	756	100	18	29	42	R 101,855.36
SKILLED	773	100	22	35.5	35	R 154,122.96
HIGHLY SKILLED PRODUCTION	879	100	19	30.6	46	R 328,816.33
HIGHLY SKILLED SUPERVISION	113	100	3	4.8	38	R 77,040.32
Grand Total	2521	100	62	100	41	R 661,834.97

Table 102: Annual leave 1 January 2004 to 31 December 2004

SALARY BANDS	Total days	Average days per employee	Employment
LOWER SKILLED	88836.96	21	4242
SKILLED	131992.46	23	5786
HIGHLY SKILLED PRODUCTION	152988.68	27	5580
HIGHLY SKILLED SUPERVISION	13505.92	19	699
SENIOR MANAGEMENT	599	12	51
OTHER	0	0	467
Grand Total	387923.02	23	16825

Table 103: Capped leave, 1 January 2004 to 31 December 2004

SALARY BANDS	Total days of capped leave taken	Average days per employee	Employment as at 31 December 2003	Average capped leave per employee as at 31 December 2003	No. of Employees	Total number of capped leave available at 31 December 2003
LOWER SKILLED	9776.42	15	4242	27	638	115040.12
SKILLED	7904.5	13	5786	31	588	179533.34
HIGHLY SKILLED PRODUCTION	9626.66	13	5580	53	715	294537.85
HIGHLY SKILLED SUPERVISION	1441.27	25	699	28	57	19578.66
SENIOR MANAGEMENT	1	1	51	28	1	1452.14
OTHER	0	0	467	1	0	269.66
Grand Total	28749.85	14	16825	36	1999	611311.77

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

Table 104: Leave Payouts for period 1 April 2003 to 31 March 2004

Reason	Total Amount	No. of Employees	Average payment per employee
Leave payout (LEAVE DISCOUNTING) for 2003/04 due to non-utilisation of leave for the previous cycle	R 337,894.64	60	R 5,631.60
LEAVE DISCOUNTING payouts on termination of service for 2003/04	R 640,873.75	177	R 3,620.80
LEAVE GRATUITY payout on termination of service for 2003/04	R 5,622,252.69	359	R 15,660.90
Grand Total	**R 6,601,021.08**	**596**	R 11,075.50

TABLE 105: 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
Nursing personnel at all Health Care Institutions (Hospitals, Clinics and Health Centres)	**1. A post exposure prophylaxis protocol is in place and staff is regularly workshopped on it's application. 2. A Departmental HIV/AIDS policy is in place and is currently being reviewed. 3. Occupational Health and Safety coordinators were workshopped on ways of reducing needlestick injuries and the legal implications thereof. 4. A Hepatitis vaccination policy is in place.**

TABLE 106 — Details of Health Promotion and HIV/AIDS Programmes (tick the applicable boxes and provide the 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		Director: HRS
2. Does the Department have a dedicated unit or has it designated specific staff members to promote the health and well being of your employees? If so, indicate the number of employees who are involved in this task and the annual budget that is available for this purpose.	x		EAP= Occupational Health = 1 (No separate budget - incorporated with that of Environmental Health sub dir. Budget will be separated during 2005/06 financial year.) There are 3 Regional EAP Co-ordinators and one AD: EAP at Provincial Office. Occupational Health & Safety Unit has beenmerged with EAP and incorporated into HR Directorate.
3. Has the Department introduced an Employee Assistance or Health Promotion Programme for your employees? If so, indicate the key elements/services of this Programme.	x		Promotion of employee wellness
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	HIV/AIDS workplace programme is currently at an infant stage. Potential members have been identified for the HIV/AIDS committee.
5. Has the Department reviewed its employment policies and practices to ensure that these do not unfairly discriminate against employees on the basis of their HIV status? If so, list the employment policies/practices so reviewed.		X	There is a draft policy on Recruitment Selections & Employment Equity.
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	Through policy and legislative enforcement.
7. Does the Department encourage its employees to undergo Voluntary Counseling and Testing? If so, list the results that you have you achieved.		X	A draft workplace programme has been presented at DMC.
8. Has the Department developed measures/indicators to monitor & evaluate the impact of its health promotion programme? If so, list these measures/indicators.		X	Process still underway.

The following collective agreements were entered into with trade unions within the Department.

TABLE 107: Collective agreements, 1 April 2004 to 31 March 2005

Subject Matter	Date
The Provincial. Chamber signed IBT, PMDS, HIV/AIDS and Sexual Harassment Policies. Awaiting ratification by Council.	Ratified by PHWSBC
NW PHWSBC Res on Condonation of Appeals	Sent to PSCBC for ratification
PSCBC Res No. 01 of 2004 (Appointment of a Panel of Conciliators and Arbitrators)	23 June 2004
PSCBC Res No. 02 of 2004 (Agreement in inporvement in salaries and other conditions of service for the period)4/05, 05/06 and 06/07)	29 September 2004
PSCBC Res No. 01 of 2005 (Agency Shop Agreement)	10 February 2005
PSCBC Res No. 02 of 2005 (Amendment to Establishment of Provincial Coordinating Chambers of the PSCBC)	10 February 2005
PSCBC Res No. 03 of 2005 (Amendments to Part xxv111 of Res 03 of 1999 (Long Service Award)	10 February 2005
PSCBC Res No. 04 of 2005 (Rules for the Conduct of Proceeding before the PSCBC)	03 March 2005
PSCBC Res No. 05 of 2005 (Amendments to Annexure A of the PSCBC Constitution (Dispute Resolution Procedure)	31 March 2005
If there were no agreements, then use the following table	
Total collective agreements	None
N/a	

The following table summarises the outcome of disciplinary hearings conducted within the Department for the year under review.

TABLE 108: Misconduct and disciplinary hearings finalised.
April 2004 to 31 March 2005

Outcomes of disciplinary hearings	Number	% of total
Correctional counselling	2	4%
Verbal warning	2	4%
Written warning	8	16%
Final written warning	15	31%
Suspended without pay	3	6%
Fine	0	0%
Demotion	2	4%
Dismissal	13	27%
Not guilty	1	2%
Case withdrawn	3	6%
Total	49	100%

TABLE 109 – Types of misconduct addressed at disciplinary hearings		
Type of misconduct	Number	% of total
Gross Absenteeism	17	20%
Abscondments	9	10%
Assault	4	5%
Fraud	6	7%
Theft	20	23%
Gross Negligence	4	5%
Sexual Harassment	2	2%
Drunkenness	2	2%
Unauthorised use of govt. vehicle	6	7%
Insubordination	13	15%
Other	4	5%
TOTAL	87	100%

TABLE 110: Grievances lodged for the period 1 April 2004 to 31 March 2005		
	Number	% of Total
Number of grievances resolved	35	59%
Number of grievances not resolved	24	41%
Total number of grievances lodged	59	100%

TABLE 111: Disputes lodged with Councils for the period 1 April 2004 to 31 March 2005		
	Number	% of Total
Number of disputes upheld (resolved)	21	57%
Number of disputes dismissed (outstanding)	16	43%
Total number of disputes lodged	37	100%

Table 112: Strike Actions				
TOTAL DAYS	TOTAL COST	Amount recovered as a result of no work no pay	LWP PAYMENT (Allowance Code 92)	LWP RECOVERY (allowance code 101)
1283.75	R 179,001.08	R 178,214.34	R 2,815.38	R 0.00

Table 113: Precautionary suspensions for the period 1 April 2004 to 31 March 2005	
Number of people suspended	7
Number of people whose suspension exceeded 30 days	4
Average number of days suspended	15 Months
Cost (R'000) of suspensions	R 39,382.17

Table 114: Training needs identified 1 April 2004 to 31 March 2005

Occupational Categories	1. Gender	Number of employees as at 1 April 2003	Training needs identified at start of reporting period			
			Learnerships	Skills Programmes & other short courses	Other forms of training	Total
Legislators, senior officials and managers	Female	13	0	20	0	20
	Male	29	0	28	0	28
Professionals	Female	512	0	1100	0	1100
	Male	402	0	230	0	230
Technicians and associate professionals	Female	4057	0	1524	0	1524
	Male	982	0	585	0	585
Clerks	Female	996	0	551	0	551
	Male	496	0	513	0	513
Service and sales workers	Female	3736	0	63	0	63
	Male	1042	0	52	0	52
Skilled agriculture and fishery workers	Female	0	0	0	0	0
	Male	0	0	0	0	0
Craft and related trades workers	Female	1	0	19	0	19
	Male	41	0	30	0	30
Plant and machine operators and assemblers	Female	8	0	94	0	94
	Male	259	0	72	0	72
Non-Permanent Workers	Female	284	0	0	0	0
	Male	356	0	0	0	0
Elementary occupations	Female	2935	0	94	0	94
	Male	1059	0	62	0	62
Sub Total	Female	12542	0	3465	0	3465
	Male	4666	0	1572	0	1572
Total		17208	0	5037	0	5037

Table 115: Training provided 1 April 2004 to 31 March 2005

Occupational Categories	1. Gender	Number of employees as at 1 April 2003	2. *Training provided within the reporting period*			
			Learnerships	Skills Programmes & other short courses	Other forms of training	Total
Legislators, senior officials and managers	Female	13	0	7	0	7
	Male	29	0	20	0	20
Professionals	Female	512	0	63	0	63
	Male	402	0	55	0	55
Technicians and associate professionals	Female	4057	0	1837	0	1837
	Male	982	0	104	0	104
Clerks	Female	996	0	168	0	168
	Male	496	0	118	0	118
Service and sales workers	Female	3736	0	118	0	118
	Male	1042	0	53	0	53
Skilled agriculture and fishery workers	Female	0	0	0	0	0
	Male	0	0	0	0	0
Craft and related trades workers	Female	1	0	41	0	41
	Male	41	0	33	0	33
Plant and machine operators and assemblers	Female	8	0	103	0	103
	Male	259	0	60	0	60
Non-Permanent Workers	Female	284	0	0	0	0
	Male	356	0	0	0	0
Elementary occupations	Female	2935	0	32	0	32
	Male	1059	0	11	0	11
Sub Total	Female	12542	0	2369	0	2369
	Male	4666	0	454	0	454
Total		17208	0	2823	0	2823

The following tables provide basic information on injury on duty.

Table 116: Injury on duty, 1 April 2003 to 31 March 2004

Nature of Injury on duty	Total	% of Total
NONE - RESUME DUTY	4	7.7
PENDING INVESTIGATION	48	92.3
TOTAL	**52**	100

PART 6: MANAGEMENT REPORT AND APPROVAL

Report by the Accounting Officer to the Executive Authority and the Legislature of the North West Province of the Republic of South Africa.

6.1 General review of the state of financial affairs

The overall expenditure is at 97.3% amounting to R2,592,990 billion with a variance of 2.7% under expenditure amounting to R71,380 million.

Current expenditure amounts to 99.9%; transfer payments expenditure amounts to 94% and the capital expenditure amounted to 74%.

There is an over expenditure of a main program within the vote amounting to R31,956,000 mainly emanating from Compensation of employees expenditure. The reason for the over expenditure is due to the correction that had to be made during the Adjustment Estimates for the R30m moved back to the earmarked Provincial Capital Development Funds (PCDF) funds, which were moved when finalizing the budget for 2004/2005.The other reason for the over expenditure in Personnel is related to an under estimation of the costs related to the implementation of the PMDS, which had to be retrospective from the 2002/03 financial year.

On the other hand, the unspent funds under Goods and Services and capital expenditure, are mainly to cover the conditional grants committed costs which could not be spent as planned.

Collection of Revenue

- The Department is still under performing with regard to the collection of revenue with special reference to patient fees.
  The Department is working hard on resolving the current non payment of Road Accident Fund (RAF) patients. Meetings have been held with RAF officials at national level and subsequently, training will be conducted at the Department on lodging of claims. The latter was not done properly in the past hence the training. Backlogs will henceforth be re-submitted in the correct format. It is envisaged that these efforts will improve collection.
  The Department of Health has the core objective of delivering health care service to the people of the North West. This involves preventative, and curative public health services. The following are the levels through which these services are delivered:
- Secondary care and limited tertiary care in the three provincial (regional) hospitals viz; Klerksdorp / Tshepong complex, Rustenburg and Mafikeng including special Psychiatric hospitals.
- Primary care throughout the Sub District Hospitals, Community Health Centres and Clinics, and
- Health Programmes in the Community through the Primary Health Care approach.

On the whole, the Department seems to be functioning well with regard to day to day activities and more especially with the achievements on the targets and goals set for the Premier's first three months of office deliverables as well as internal targets on improvement of service delivery. Among other positives that enabled the department to achieve its targets is that most of key middle and senior management posts have been filled.

On the other hand, the Department is continuing to experience shortage of operational staff and health professionals especially in its rural sub-districts . Efforts are being made to look at other options of retaining the existing staff through incentives and improvement of their working environment and conditions.

Main achievements for the period under review:

Providing quality health care

The Quality Improvement program, as implemented through the use of Clinic Supervision Manual, the Work Improvement Teams Strategy (WITS) and the COHSASA accreditation program, resulted in marked improvement in service delivery, particularly in those clinics that use the Clinic Supervision Manual Tools and hospitals that are on the COHSASA program. The Klerksdorp Tshepong Hospitals Complex has been fully accredited by COHSASA. Other hospitals are at the entry and intermediate levels of the Graded COHSASA Accreditation.

The complaints mechanism is being implemented, Batho Pele Surveys done and the Patients' Right Charter also implemented.

Peer reviews and Clinical Audits are being done to improve service delivery at PHC facilities and Hospital levels. Quality Improvement teams are in place in most institutions. The Clinical Risk management Strategy has been adopted and is being implemented. Treatment guidelines have been developed and are being used.

Challenges:

A number of complaints have been put before the Clinical Investigating Committee. Some of these cases arose from previous financial years. These are being monitored with a view to improving on them. The conclusion of Service Delivery Improvement Agreements with the involvement of Governance Structures remains a challenge.

Providing accessible, equitable and a affordable comprehensive primary health care services

Comprehensive Primary Health Care Service is the strength of the province. Two districts out of four, namely Bojanala and Central, have all their Community Health Centres (CHC's) providing services on a 24-hour basis. Most mobile points or health facilities receive at least monthly visits, and drug supplies have improved to at least 89-97% availability. Mobile clinics are the main providers of services to remote areas and farm workers. Community outreach programs have improved in all districts.

Well managed and effective District Health System

The Performance Management and Development System is implemented fully in districts and hospitals. Data is managed and validated relatively well. There are good outreach programs in some district, e.g. from the KTPW Hospital Complex in the Southern District.

Challenges:

The acquisition and implementation of Integrated Finance, HR system and Hospital Information System at hospital and district level remains the greatest challenge. The development of cohesive outreach programs throughout the province and a functioning Telemedicine system, with relevant programs, remains a challenge.

Well functioning and comprehensive hospitals

At least 93% of hospitals have fully functioning Corporate Services Units. Hospital efficiency is within acceptable limits. Interaction with suppliers is improving and SLA's are signed with most suppliers.

Challenges:

Bophirima district needs to improve on the establishment of fully functional Corporate Services Units. Many of our hospitals need to be configured and their Standard Service Package clearly defined. Training in Executive Development needs to be speeded up to improve capacity for our managers.

Ways have to be found to improve hospital efficiency, e.g. the Cost Per PDE, Average length of stay and the Usable Beds Utilisation Rate, despite challenges posed by lack of financial and human resources.

The Performance Management Framework for district hospitals still needs to be developed, and implemented. Plans are afoot to activate hotel services and thereby increase the number of private-funded patients in our hospitals.

The implementation of the Designated Service Provider Network, and collection of revenue generally, is still a challenge to be solved.

Provision of Tertiary Hospital Services

These services continue to be provided through the National Tertiary Services Grant in the three Provincial or Regional Hospital Complexes and/or Hospitals, namely KTPW, Mafikeng/ Bophelong and Rustenburg.

Challenges:

The correct use of the NTSG in line with the provisions of the DoRA, and expansion of services in line with the plan for Modernisation of Tertiary Services (MTS) are a challenge.

Governance structures

There has was a delay in finalizing the appointment of new governance structures at district level which is a structure that gives the community an opportunity to participate in the health service delivery programmes through their representatives. However, governance structures in all districts have been launched.

Professions Training and Development

Achievements to date:

A total of 98 nurses were produced in the Nursing and Midwifery diploma; 61 in Midwifery; 9 in the Diploma in Theatre technique; 10 in Psychiatric nursing; 18 in BA nursing and there are 278 learners in 2005.

Challenges and concerns:

- The infrastructure of our nursing colleges requires attention.
- All post basic programmes' curricula are awaiting approval by the South African Nursing Council.

The following will be done to address the challenges:

- Engagement with consultants and physical structure sub-directorate to address this issue.
- The issue of post basic programmes will be discussed with the South African Nursing Council.

Community Health Workers

There are 4999 active care givers including Community Health Workers based on recent data collected, 88% of them have received training.

Expanded programme on Immunization

While the World Health Organization and all member countries continue with all comprehensive efforts to fight diseases such as polio, the challenge still remains with us. The province continued with the mass campaign on immunization and with the involvement of the private health providers, achieved a coverage of 89.7%

Immunisation coverage:

Polio eradication - of the 100% investigation for Acute Flaccid Paralysis, four cases were detected.

Measles: on a 99% investigation, 230 suspected cases of measles were detected, against a target of 38.

Comprehensive HIV and AIDS programme on Management, Care and Treatment.

This programme is inclusive of the Anti Retroviral programme.

The comprehensive programme is referred to as such because it does not only focus on treatment but also on all other aspects of the fight against the HIV and AIDS pandemic, particularly prevention.

Four (4) sites are currently accredited and these are the Mafikeng, Rustenburg, Klerksdorp and Taung hospitals.

The department is working on increasing these sites by 17 by the end of 2005/06 financial year.

Currently there are 4000 patients on the ARV treatment.

Home/community based care.

Achievements:

26% of 257 HCBC projects were funded and 1000 HBC kits procured. An inventory on caregivers has been completed and training conducted on Home Community Based Care caregivers. Palliative care training for professional nurses is ongoing.

Challenges and concerns:

- In the face of competing needs, allocated budget minimal for the funding of projects.
- Retention of trained caregivers.
- Influx/mushrooming of caregivers especially after the Minister's announcement of a stipend.
- Mushrooming of NGO's.

The Health of our Children

The health of our children counts as one of the critical indicators of success of our health system, and has in fact been included among the millennium development goals.

Awarding of the World Health Organisation accreditation to our hospitals for being baby friendly in terms of the Baby Friendly Hospital Initiative (BFHI) is a recognition that will encourage mothers to consciously decide on breastfeeding as a proven contributor to healthy growth of infants, within the context of the challenge of HIV and AIDS as a threat to breast feeding.

TB programme

- The current TB cure rate has improved from 52% to 57%. The national target is 85%. An updated cure rate is due before end of May 2005.

Emergency Medical services

10% of staff were trained on driver training. 29 new ambulances have been delivered and have now all except two have been registered and toll free numbers have been launched in all control centers.

Some of the main challenges facing the department are the delays in registration of vehicles by the Department of Transport, limited number of intermediate and advanced qualified and trained EMS practitioners, and expansion of access, particularly in our rural areas.

Assistive devices and youth centers:

2466 assistive devices have been handed out. 12 Youth centres are operational and 4 centres were launched during the period under review.

Pharmaceutical services:

The main focus of the Pharmaceutical Directorate for the 2004/2005 financial year was to work towards compliance with the amended Pharmacy legislation; improving availability of essential drugs including the provision of anti-retroviral drugs for the roll-out of the comprehensive plan; and improving availability of essential drugs at the primary health care facilities by facilitating distribution of drugs by SMME's.

Achievements:

- Availability of essential drugs at the Medical Stores was 93.2% against a target of 90%.
- Rollout of the distribution of drugs to primary healthcare facilities by SMME's, with eight (8) healthcare facilities in Bojanala district.

Non achievement:

Commencement of the training of 20 pharmacist assistants did not take place during this quarter due to the delay in the signing of the service level agreement with the service provider.

Challenges:

- Backlog in the training and registration of the pharmacist assistants due to the shortage of tutors (pharmacists) in some institutions remains a challenge.

- Recruitment of pharmacists to staff all hospital pharmacies. The new legislation requires all pharmacies to be under the personal supervision of a pharmacist at all times and that each pharmacy should have a pharmacist registered with the Pharmacy Council as a responsible Pharmacist.

Retention of Health Professionals

The department is looking at other avenues to ensure that the recruited health professionals are encouraged to stay in the province, especially at the most rural areas which are hardest hit by the shortage and the high attrition rate.

Hospital Revitalization programme

- Swartruggens hospital has been completed, and is due for the official opening at the beginning of June 2005. The hospital is already functioning with management and all systems e.g PERSAL being in place.

- Contractors for Vryburg and Moses Kotane hospitals are on site. The hospitals will be completed in the 2007/08 financial year.

Small Health posts

- The programme of building two roomed clinics which is part of a solution to fast track the Clinic Building programme, through utilization of District Councils at Local Municipalities now on track. 8 of the clinics have been completed to date.

Non-achievements for the period under review

Challenges faced by the department

- **Recruitment of Health Professionals**

  The department is currently looking at other alternatives to address the shortage of medical professionals at hospital levels.

- **Funding of Community Health Workers**

  Funding of Community Health Workers still remains a challenge for the Department as the department could only pay once off stipends of R1,500 for the current financial year.

The challenge is to ensure that sufficient funding is available in the next financial year to ensure full implementation and sustainability of the programme, in the face of many competing needs.

- **Infrastructure projects.**

  With regard to clinic building programme, three clinics are under construction whilst one clinic is awaiting site handover. The Witrand hospital rehabilitation unit has been completed; Bophelong hospital State President Unit and Bloemhof hospital Outpatients Department, casualty and pharmacy have been completed.

Conditional grants performance

The challenges facing the department related to performance on the conditional grants have been addressed by increasing capacity in the management thereof. There has been significant improvement in that regard.

However, under expenditure is still being experienced due to delays related to supply chain management and procurement plans submissions in advance, as a measure to minimize the delays in acquiring goods and services. Regarding infrastructure projects, the relationship between the Department and Public Works need continuous nurturing.

Efforts are also being made to capacitate programme managers with the compliance with the DORA requirement by improving business plans compilation.
General comments

The Department would like the above facts, with special reference to the challenges and main non achievements, to be noted as possible areas of under performance, some of which we would have to deal with together with other partners.

Reasons for under/over spending have been addressed under the Appropriation Statement.

6.2 Service rendered by the department

6.2.1 The service delivery environment is organized along the principles of the District Health System. The North West Department of Health focuses strongly on accessibility and improved quality service to rural and farm communities. To this end the Department has to operate a number of mobile clinics to render health service to communities that live far from fixed health facilities, owing to the province's predominant rural character and low population density.

The Department has to contend with the fact that funding for health service is/can never be sufficient to match desired services due to government's competing priorities. For the department this is serious in view of the increases in the population of North West as reported in census 2001.

The HIV and AIDS epidemic places a tremendous strain on the department's resources, but the department remains committed to combat the epidemic within its means.

6.2.2 The main services rendered by the department are the following:

- To render preventive, curative, promotive and rehabilitative health care services through primary health care approach.
- To render comprehensive Primary Health Care services.
- To render quality hospital services.
- To render administrative and regulatory services within the health sector.
- To participate in the governance of health services in line with Act No. 2 of the North West Health and Developmental Social Welfare and Hospital Governance Institution Act 1997.
- To promote access, participation, co-ordination and co-operation in the delivery of health care services.
- To render paramedical services that include Laboratory, X-Ray, Pharmaceutical and other related services.

6.2.3 Tariff policy

The tariffs utilized by the Department of the Uniform Patient Fees Structure were reviewed through a national process during the current year and implemented in January 2004. An increase of 5% was implemented. The tariffs are currently been reviewed.

6.2.4 Free Services

The department renders free primary health care services in line with the national Health policy. Patients categorised as HO and H1 are subsidised by the government and they include patients benefiting from the following:

- Old age pension
- Child support grant
- Veteran's pension
- Care dependency grant
- Pension for the blind
- Family allowance
- Maintenance grant
- Disability grant
- Single-care grant - Persons with mental disorders in need of care discharged from hospitals for the mentally ill but have not been decertified, including unemployed patients.

Other free health services include :

- Treatment of TB patients
- Mother and Child care

- Oral health at clinics
- The disable and the aged.

The department is not in a position to quantify all free services rendered by the department that would have yielded significant revenue had a tariff been charged.

6.2.5 Inventories

Inventories on hand at year-end are as follows:

- Pharmaceutical stock amounting R32,177m. This amount only refers to the Mmabatho Central Medical Stores.

The costing method used is based on tender or contract in terms of the supply chain management procedures.

6.3 Capacity constraints

The Department is still experiencing the difficulty of attracting suitably qualified financial personnel coupled with a high attrition rate. This has had the impact of stretching the available personnel to cover the financial work to be done at both district hospitals and offices. This has had negative impact in implementing systems and appropriate segregation of duties for financial responsibilities and delegations. A major limitation is the availability of corporate services posts which is influenced by availability of funds.

The following is a summarized outline of constraints and planned interventions:

CONSTRAINT	MEASURE TO OVERCOME CONSTRAINT
Limited capacity in terms of skilled personnel and Professional Services including financial management both at management and operational levels.	Implementation of the scarce skills strategy and to strengthen training as well as possible redeployment of staff to suitable areas of work.
Absence of network facilities at some institutions	Funding to be earmarked for network facilities at some rural institutions.
Absence of integrated information technology system	The implementation of the provincial master system strategy is an option but will require funding. Introduction of Great Planes project and in house hospital information system is being considered.
Weaknesses in data quality	Great strides have been made pertaining to this during the last financial year. However post levels for information officers at district and sub-district level have to be reviewed and more training for management echelon.
Absence of effective debt collection system	Development and implementation of an effective debt collection system through improvement in PAAB administration

CONSTRAINT	MEASURE TO OVERCOME CONSTRAINT
Lack of comprehensive HR plan	Outsourcing of the development of a comprehensive Human Resource plan and creation of Directorate/Unit to facilitate and coordinate the plan has been taken forward.
High turnover rate.	Strengthen and monitor the implementation of the retention strategy which was developed at National level
Lack of co-ordination in training	Strengthen existing central cost centre funding for departmental training needs, and strengthen monitoring of workplace skills plan.
Manual asset registration	Investigate and implement an effective but cost-effective electronic asset management system.

6.4 Utilisation of donor funds

Appropriate systems are in place to ensure that donor funds are utilised for purposes intended and that monitoring and reporting systems and mechanisms are adhered to. These have been developed collectively with the national department of health to ensure uniformity across the country.

The department expects the measures to be effective. This has to be tested with possible new donor funding. During the current financial year, only the Belgium donor funding amounting to R317 000.00 was received after the adjustment estimates process, which could not be spent. However, the funds have been applied to be rolled over.

6.5 Trading entities and public entities

The Department has one Trading entity namely: the Provincial Council on Aids (PCA).

The main objective of the PCA is to improve multi-sectoral coordination and implementation of programmes, strategies and interventions for HIV/AIDS/STI's in the North West province.

The entity is also tasked with the provision of quality and efficient support, advice and guidance in the implementation of programmes strategies and interventions for HIV and AIDS as well as STI's and to ensure that community based and non – governmental organizations active in the implementation of programmes and strategies aimed at HIV/AIDS are well coordinated and capacitated.

Comparative information on what was reported in the previous year are available in Annexure 2. A full annual report for the entity is available on achievements, new developments and limitations.

6.6 Organisations to whom transfer payments have been made

A list of all entities to which transfer payments have been made in accordance with the approved transfers in the Appropriation Act has been provided under annexure 1H and 1I.

Reasons for transfer payments were for the rendering of Primary Health Care services on a limited basis by Municipalities as well as NGO funding, mainly for HIV and AIDS related activities and services.

Accounting arrangements in place over both categories (municipalities and NGOs) are in terms of the PFMA which among others require audited financial statements and annual reports of institutions before transferring funds. Over and above the PFMA requirements, the department should strengthen internal monitoring mechanisms and regular (monthly and quarterly) reporting by entities receiving funds.

6.7 Public private partnerships (PPP)

At the moment the department has no Public/private partnerships (PPP). However there is a process underway with the Victoria Hospital, through the guidance of the provincial and National Treasuries.

There are however, other forms of partnerships that exist between the department and private entities and these are as follows:

- Provision of Primary Health Care and occupational health services to Holcim (Alpha Cement) in the Lichtenburg sub district. In terms of this partnership, the company pays the department for health services rendered to their employees.
- Rendering of Primary Health Care services by Durban Roodepoort Deep through Duffscot hospital.
- The department has partnerships with universities for academic purposes. There are joint appointments for specialist for research work done at universities and specialists services done for the department.

6.8 Corporate governance arrangements

In its endeavour to improve on the work done in the previous financial year, the Department engaged the services of an external provider with a purpose of conducting an annual obligatory external risk review exercise during March 2004. The results of the intervention have been disseminated to all Departmental Management Committee members. Since the session concentrated on high-level strategic risks that face the Department, it was collectively agreed that the process should unfold to at least a Directorate/Programme level to make the exercise more meaningful.

Components of risk identification and assessment were addressed with the following objectives:

- Facilitate the identification of business risks facing each Directorate and update the Departmental risk register for the financial year;
- Facilitate the rating of the identified business risks per Directorate/ Programme;
- Assist the respective Directorate's officials with the implementation/ executing of commitments made in relation to their risk management responsibilities assigned to them in terms of the PFMA;
- Assist the Department to compile a risk database from the collected information at
- Directorate/ Programme level in order to facilitate the external annual risk review exercise for each financial year; and
- Ensure that the results of the updated business risk profiling exercise forms the basis of an ongoing review and re-rating process of high level business risks across the Department which can be utilised in the strategic decision-making processes and MTEF budget exercise to reflect the core business activities in order of priority.

In order to provide consistency towards the above-mentioned objectives the following approach was considered upon risk identification and assessment in the form of workshop facilitation:

- Existing Business Risk Assessment Report from External Service Providers
- Workshop preparations
- Updating of risks
- Ranking of risks
- Control effectiveness
- Factors and methodology used in the strategic risk analysis
- Scenario case study
- Participants
- Risk identification and assessment exercises in a workshop format
- Timeframe of the risk assessment workshops
- Course material of risk assessment workshops
- 25 Risk assessment exercises were conducted for 2004/2005

The approach followed to cascade the process to lower levels was as follows:

The 1st phase of the risk assessment workshops consisted of:

- Identification and consensus of risks;
- Voting on the impact and likelihood of the risks identified before controls are con sidered;
- Identification of the current or existing controls in place to mitigate those risks; and
- Voting on the control effectiveness of those current controls.

The 2nd phase of the risk assessment workshop consists of:

- The future action that needs to be taken on each risk identified to successfully mitigate the risk and / or to successfully managed the risk;

- Assigning of responsibility to a particular official or officials in task teams to address the future actions taken and
- Appropriate target dates assigned for commitments regarding progress reports.

The status on each risk workshop performed:

The status quo of the risk profiles to date:

- Risk Profiles completed and distributed.
- Risk Profiles completed and under review for distribution.
- Outstanding Risk Profiles identified are being addressed to develop interventions.
- Recent conducted risk assessment workshops.
- Risk profiles per institution / programme level

A top 20 Departmental Risk Profile on the high risk areas was developed, emanating from all previous risk assessment exercises conducted to date. This profile was forwarded to the Auditor-General and Provincial Internal Audit division to develop and adopt a three (3) year audit plan in respect of the adequacy of controls.

Staff in the Risk Management unit were sent for a training course in Control Self Assessment with the SAIGA Institute. This training exercise was aimed at equipping them with the necessary skills to perform risk assessment exercises.

The Department's fraud prevention plan also takes into account facilities and measures already established centrally by the Provincial Government to prevent, detect, investigate and report fraud in the Province. However, the effectiveness of our fraud prevention plan has not been assessed to date. An external assessment will be considered during the course of the next financial year.

The Department through the Provincial Internal Audit and its internal control units annually updates its risk management profile to take into account any changes to the environment including improvements in systems and new initiatives.

The requirements of the Supply Chain Management process of adjudicating are in place for the Departmental Procurement Committee as well as District Tender committees, which requires declaration of conflict of interest and or related parties disclosure by committee members before adjudication of any tender and or contract.

Benchmarking with International Government Institutions, the National Treasury Guideline on the Risk Framework, Pricewaterhouse Coopers and our own initiative was utilised to draft a comprehensive risk profile per directorate / institutions. Risk management awareness will, in our view as management, improve, given our decision to do a lot more risk reviews internally, with some external quality assurance review to be conducted during the 2005/06 financial year.

Nine (9) out of 22 sub districts have Health & Safety committees. Eighteen (18) out of twenty (20) hospitals have Health & Safety committees. The department has a central health and safety committee represented by all health establishments with committees. All institutions with committees have copies and wall charts of the Occupational Health Safety Act, 1983 as required as required by law. Areas which are being addressed include the following:

- General EAP counselling
- Pre and post HIV and AIDS counselling
- Health Education and Training
- Workplace inspections
- Benefit Medical Examinations
- Needle prick and other injuries sustained
- Immunizations
- Medical surveillance and
- Primary Health Care (nursing) Services.

The programme is in the process of establishing a first aid services for staff.

Shared Audit Committee and Internal Audit Division:

The Department has a shared audit committee and shared internal audit unit as required by section 76(4)(d) and section 38(1) of the Public Finance Management Act as amended. The North West Provincial Government has a central Audit Committee for all departments which therefore complies with the requirements of the Act on behalf of the department.

6.9 Discontinued activities/activities to be discontinued

Closure of a hospital : Moreteletsi Hospital in the Bojanala District due to lack of cost effectiveness in relation to the cost per patient day as due to occupational health and safety risks both to staff and patients. The hospital was not running efficiently.

The hospital was therefore downgraded to a Health Center and the hospital services activities were transferred to George Stegman hospital which is within an acceptable radius in terms of norms and standards for hospital planning. The real financial gains of the decision to downgrade the hospital will be better assessed in the current financial year.

6.10 New/proposed activities

- Mental Health Care Act provisions such as Mental Reviews boards and their stipends.
- Implementation of Medicines and Related Substance control Act.
- Opening of private wards in some hospitals.
- Devolution of Environmental Health Care services to district Municipalities.
- Intensify training in critical clinical areas. Regarding corporate services, focus particularly on financial management training, including supply chain management.
- Incrementally acquire and implement an integrated health care management information system, within the limits of our funding.

- Identify and implement various ways of supporting implementation of the provincial growth and development strategy.

The quantification of financial implications cannot be done per activity at this stage.

6.11 Events after the reporting date

The department would like to indicate that an alleged case of fraud has been detected after the end of the financial year, in one of the hospitals related to subsistence and traveling allowance. The matter is being investigated by the police and the provincial forensic audit unit. The amount involved is R129,159.83.

Reference to previous audit report and SCOPA resolutions	Subject	Findings on progress
Qualification	Authorised losses	The department is now in a position to account for all its losses demonstrated by a central loss control register inclusive of an approved and adopted loss control policy. The departments is 75% complete with the stock taking of all its existing assest, currently busy with the last district viz; Southern. Furthermore, the department is now also in a pisition to account for current assets commencing for 04/05 demonstrated by a central assest and inventory management register. However, completeness is still a challenge.
Qualification	Allocation of expenditure	Misallocations with regard to equipment and assets is at a minimum. However, there is still confusion with regard to acquisition of minor equipment. This is based on the interpretation of the SCOA with regard to minor equipment. Efforts are also being made to reconcile the Trial Balance on a monthly basis. Training at institution level in that regard is on going. However, challenges related to the barring of access within programmes, economic classifications and journals of the WALKER system is still a challenge.
Qualification	Leases	The department has an updated register for labour saving devices and buildings / properties, however the department has realised gaps and is currently reviewing and verifying the register. The gaps are in relation to leases which are still in the process of being considered and or approved.
Qualification	Kilometre monies	The Department has ascertained and verified with the Department of Transport what the inventory is. The provincial fleet management process and policy is currently under review. Other control weaknesses regarding fleet management have been and are being addressed within the department and the Internal audit Unit including the Department of Transport. Efforts are currently being made to reconcile the expenditure on a monthly basis.
Qualification	Comparative amounts	The comparative amounts for the prior financial year have been restated where applicable including changes in relation to the new chart of accounts implemented during the year under review.
Emphasis of matter	Weaknesses in Internal Controls	Internal controls have been improved as demonstrated by existence of different registers and systems put in place.
Emphasis of matter	Non compliance with laws and regulations	Compliance with laws and regulations have improved as demonstrated by the existence of the Fruitless and Wasteful expenditure register and the Asset management system and registered.
Emphasis of matter	Unauthorized and irregular expenditure	Prior years unauthorised expenditure have been referred to the provincial treasury for attention through the PPAC and the Legislature. Irregular expenditure for prior years has been addressed through the departmental Tender Committee.

6.12 Performance information

The department has a system and process in place of monitoring performance related to set objectives and targets reflected in the Strategic plan for the year under review. The system involves monthly and quarterly reviews at both provincial and district level, including provincial level 2 hospitals and colleges. The reviews are also utilized for benchmarking and identifying best practices between institutions in their endeavor to achieve the goals and objectives with limited resources. This is an internally driven system and no independent external assessment of the system has been undertaken.

6.13 SCOPA resolutions

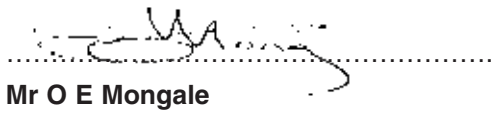
Include a table in the management report on the SCOPA resolutions. The table should conform to the following format:

6.14 Other

The Department is not aware of any other material fact or circumstances, which may have an effect on the understanding of the financial state of affairs, not addressed elsewhere in this report.

Approval

The Annual Financial Statements set out on pages 117 to 182 have been approved by the Accounting Officer.



Mr O E Mongale
Accounting Officer
2005-07-26

PART 7: AUDITED FINANCIAL STATEMENTS

7.1 REPORT OF THE AUDITOR-GENERAL TO THE MEMBERS OF THE NORTH WEST PROVINCIAL LEGISLATURE ON THE FINANCIAL STATEMENTS OF VOTE 3 - DEPARTMENT OF HEALTH FOR THE YEAR ENDED 31 MARCH 2005

1 AUDIT ASSIGNMENT

The financial statements as set out on pages 117 to 182 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. QUALIFICATION

3.1 Receivables for services delivered

The validity and valuation of receivables for services rendered and amounts that may not be recovered, disclosed in note 21 to the financial statements, could not be verified as:

3.1.1 The balances on the list of outstanding patient fees submitted for audit purposes differed by R17 493 000 from the audited balances at institution level. Furthermore the department did not have an adequate reconciliation and other internal control procedures to reconcile receivables for existence and completeness.

3.1.2 The valuation of amounts that may not be recoverable amounting to R30 388 000 could not be verified as accurate. As indicated, the existence of all receivables upon which the disclosure was based could not be verified and the valuation did not take into account the effect of current year subsidised patient fees, which have a higher risk of non-recovery, or prior year externally funded patient fees that could be recovered. It could also not be verified whether the department had taken effective and appropriate steps to collect all money due to the institutions as prescribed in terms of Treasury Regulation 11.2.

3.1.3 The department did not implement section 80 of the Public Finance Management Act, read with Treasury Regulation 11.5 pertaining to the charging of interest on outstanding patient fees (where applicable) and other debtor accounts. Reasons given indicated that no policy or electronic system existed to charge interest.

3.2 Leases

3.2.1 The completeness of leases disclosed in note 20 to the annual financial statements could not be verified as the department did not have a complete lease register to account for all lease liabilities pertaining to machinery and equipment. Alternative procedures performed could also not substantiate the completeness of these leases.

3.2.2 The disclosure of lease liabilities for buildings and other fixed structures was not correctly classified.

3.3 Comparative amounts

A qualified audit opinion was expressed on the prior year financial statements. As comparative amounts were not restated where applicable, no reliance could be placed thereon.

4. QUALIFIED AUDIT OPINION

In my opinion, except for the effect on the financial statements of the matters referred to in paragraph 3, the financial statements fairly present, in all material respects, the financial position of the Department of Health at 31 March 2005, and the results of its operations and cash flows for the year then ended in accordance with prescribed accounting practice.

5. EMPHASIS OF MATTER

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

5.1 Restatement of the financial statements

The Department made material adjustments to the original financial statements and resubmitted the signed restated financial statements on 26 July 2005.

5.2 Unauthorised Expenditure

5.2.1 Disclosed in note 5.1 to the financial statements is an amount of R142 690 000 relating to unauthorised expenditure in prior years that had not been resolved at year-end.

5.2.2 Unauthorised expenditure incurred in the current year as disclosed in note 5.1 amounted to R52 025 000. The amount consisted of the exceeding of a main division of the vote amounting to R28 786 000 and the utilisation of the saving on conditional grants, earmarked funds and capital expenditure to defray the over-expenditure on other current expenditure amounting to R23 239 000.

5.3 Irregular Expenditure

As disclosed in note 22.1, prior years' irregular expenditure that had not yet been resolved, amounted to R113 465 000.

5. 4 Report of the Accounting Officer

The information reported in paragraph 13 of the management report on Provincial Public Accounts Committee resolutions does not in all cases accurately reflect the progress made in respect thereof.

5.5 Weaknesses in internal control

5.5.1 The department did not accurately maintain the registers for litigation and housing guarantees. Furthermore not all guarantees had been timeously redeemed.

5.5.2 The fixed asset register was not adequately maintained as:

- Monthly and annual reconciliations between the asset register and assets purchased were not accurately performed.
- Assets purchased were not in all cases completely and accurately recorded in the asset register.

5.5.3 The following deficiencies were identified regarding the management of conditional grants and earmarked funds:

- Not all conditional grants had business plans, the business plans did not contain measurable objectives and targets, the business plans were not updated or the business plans were not timeously submitted and approved.

- Adequate controls were not in place to ensure that all payments made from conditional grants and earmarked funds were made for the purposes for which they were intended or in accordance with the business plans. Irregular expenditure incurred in this regard amounted to R4 002 250.

- The actual expenditure according to the monthly and quarterly reports submitted to Provincial Treasury and the National Department of Health was not in all cases accurate and not all information as required was included.

- The annual financial statements did not disclose information as required in terms of sections 18(2)(d) and (e) of the Division of Revenue Act, 2004 (No. 5 of 2004). Furthermore, reasons for underspending had not been adequately disclosed and it could not be confirmed whether all targets and objectives had been achieved.

- Sufficient monitoring mechanisms were not in place to ensure that all roll-overs requested and approved, were used to achieve the targets and objectives originally intended.

5.5.4 Prescribed procurement procedures and processes were not in all instances complied with and not all payments were duly authorised in terms of delegations, or correctly allocated.

5.5.5 The authority for and reasonability of the use of government transport could not in all cases be confirmed.

5.5.6 Not all journals were appropriately authorised and timeously processed.

5.5.7 It could not be confirmed whether all institutions made budget inputs based on their own calculations, supported by substantiating working papers.

5.6 Non-compliance with laws and regulations

5.6.1 The register and control measures instituted by the department to detect and report fruitless expenditure were not adequate. (Section 38(1)(g) of the PFMA read with Treasury Regulation 9.1.1, refers.)

5.6.2 The department did not fully comply with the requirements of section 40(1)(a) of the PFMA, read with Treasury Regulations 17.1.1 and 17.1.2. Not all suspense account balances had been reconciled or appropriately cleared at year-end.

5.6.3 The department did not comply with Treasury Regulations 6.3.1 and 8.4.2: Transfer payments were not in all cases made according to the approved budget and appropriate measures to ensure that transfer payments to entities are applied for their intended purposes were not in all cases maintained.

5.6.4 The department did not adequately comply with section 38(1)(d) of the PFMA, read with Treasury Regulation 10.1.1(a) as sufficient mechanisms were not in place to detect or prevent all theft and losses and to ensure the safeguarding of assets. All shortages identified during the stock takes and asset counts during the current and prior years had not been adequately investigated, processed and written off as losses.

5.6.5 The department did not adequately comply with section 38(1)(d) of the PFMA, read with Treasury Regulation 10.1.1(a), as well as the determinations of the Provisioning Administration System (PAS):

- The stock and asset count process was not done in accordance with the requirements as set out in chapter 16 of the PAS read with Treasury Regulation 10.1.1(a).

- The receipt and issue of assets and inventory items and determination of stock levels were not in all cases done in accordance with the PAS.

5.6.6 Although the department had bank accounts held by institutions, neither authority for the opening of all such bank accounts as required in terms of section 7(2) of the PFMA, nor annual financial statements as required in terms of Treasury Regulation 14.3 could be supplied for audit purposes.

6. APPRECIATION

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

BMM Madliwa for Auditor-General

Rustenburg

29 July 2005

7.2 REPORT OF THE AUDIT COMMITTEE

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

Audit Committee Members and Attendances

NAME	ROLE	SCHEDULED MEETINGS	
		HELD	*ATTENDED*
Mr J van Rooyen	Chairperson	5	4
Prof S Visser	Member	5	5
Prof A Bootha	Member	5	5
Mr R Moyo	Member	5	4
Ms M Mokuena	Member	5	4
Mr BMM Madliwa	Auditor General - NW Ex-officio member	5	3
Mr P Tjie	SG-Dept of Finance & Economic Development Ex-officio member	5	1

Audit Committee Responsibility

The Audit Committee is pleased to report that it is properly constituted as required by section 77 of the PFMA and has complied with its responsibilities arising from section 38(1)(a) of the PFMA and paragraph 3.1.13 of the Treasury Regulations. The Audit Committee also reports that it has adopted appropriate formal terms of reference as its audit committee charter which is reviewed annually, has regulated its affairs in compliance with this charter and has discharged all its responsibilities as contained therein.

For the Committee to competently discharge its responsibilities, the Committee is supported by the Provincial Internal Audit which is under its control and direction. The Committee reports that the Provincial Internal Audit, whilst having been under-resourced, continues to enhance its resources so as to adequately discharge its responsibilities in terms of the Internal Audit Charter approved by the Audit Committee.

The effectiveness of internal control

The system of internal controls remains inadequate and ineffective as highlighted by the various reports of the internal and external Auditors. The qualified audit opinion, emphasis of matter and the management letter of the Auditor-General have reported internal control weaknesses and non-compliance with laws and regulations. The weaknesses reported previously have not been satisfactorily addressed by the Accounting Officer.

Whilst the Committee acknowledges the commitment and efforts made by management, it is not entirely satisfied that adequate mechanisms have been put in place to address these

weaknesses. The Committee continues to monitor progress by the Department in addressing the weaknesses reported.

The quality of in year management and monthly / quarterly reports submitted in terms of the Act and the Division of Revenue Act

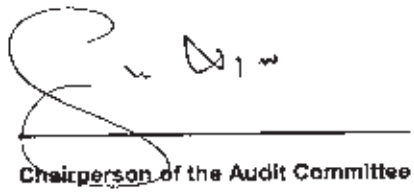
The Committee is unable to comment on the content and quality of monthly and quarterly reports prepared and issued by the Accounting Officer and the Department during the year as it did not review such reports.

The Committee is however, satisfied that the in-year management reports were duly prepared and submitted to the Provincial Treasury.
Evaluation of Financial Statements

The Audit Committee has

- reviewed and discussed with the Auditor-General the audited annual financial statements to be included in the annual report;
- reviewed the Auditor-General's management letter and management response;
- reviewed significant adjustments resulting from the audit.

The Audit Committee concurs and accepts the conclusions of the Auditor-General on the annual financial statements and recommends that the audited annual financial statements be approved.



Date: 12 August 2005

DEPARTMENT OF HEALTH
STATEMENT OF POLICIES AND RELATED MATTERS
FOR THE YEAR ENDED 31 MARCH 2005

The Annual Financial Statements have been prepared in accordance with the following policies, which have been applied consistently 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.

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.

Financial transactions in assets and liabilities

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

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

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.

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.

Interest and rent on land

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

Financial transactions in assets and liabilities

Financial transactions in assets and liabilities include bad debts written off. Debts are written off when identified as irrecoverable. Debts written-off are limited to the amount of savings and/or underspending available to the department. The write off occurs at year-end or when funds are available. No provision is made for irrecoverable amounts.

Unauthorised expenditure

Unauthorised expenditure, is defined as:

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

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. Investments

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

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

7. 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.

8. Cash and cash equivalents

Cash and cash equivalents consists of cash on hand and balances with banks, short term investments in money market instruments and 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.

9. 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.

10. Lease commitments

Lease commitments for the period remaining from the reporting date until the end of the lease contract are disclosed as part of the 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.

11. 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.

12. 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.

13. 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.

14. Capitalisation reserve

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

15. Recoverable revenue

Recoverable revenue represents payments made and recognised in the Statement of Financial Performance as an expense in 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.

16. 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 Statements as this would involve reclassification of amounts dating back to the 2002/03 year-end.

NORTH WEST DEPARTMENT OF HEATH
APPROPRIATION STATEMENT
FOR THE YEAR ENDED 31 MARCH 2005

Appropriation per Programme

	PROGRAMME	2004/05 Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	2003/04 Final Appropriation	Actual Expenditure
		R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
1.	**Administration**									
	Current payment	117,181	-	-	117,181	117,319	-138	100.1%	100,498	99,341
	Transfers and subsidies	3,059	-	-	3,059	3,011	48	98.4%	-	-
	Expenditure for capital assets	3,510	-	-	3,510	3,404	106	97.0%	3,541	2,615
2.	**District Health Subsidies**									
	Current payment	1,307,187	-6,060	-	1,301,127	1,292,301	8,826	99.3%	1,239,949	1,239,122
	Transfers and subsidies	61,067	6,720	-	67,787	63,895	3,892	95.0%	7,627	7,019
	Expenditure for capital assets	24,911	-160	-	24,751	19,781	4,970	79.9%	9,370	8,390
3.	**Emergency Medical Services**									
	Current payment	82,394	-	-	82,394	71,321	11,073	86.6%	69,890	58,730
	Transfers and subsidies	1,264	-	-	1,264	723	541	57.2%	3,982	4,360
	Expenditure for capital assets	11,393		-	11,393	10,530	863	92.4%	22,737	22,414
4.	**Provincial Health Services**									
	Current payment	637,586	2,554	-	640,140	676,203	-36,063	105.6%	618,202	594,668
	Transfers and subsidies	3,600	-	-	3,600	2,837	763	78.8%	-	-
	Expenditure for capital assets	21,650	-2,694	-	21,946	18,702	3,244	85.2%	12,270	11,799
6.	**Health Science and Training**									
	Current payment	90,750	-300	-	90,400	87,833	2,567	97.2%	61,262	57,138
	Transfers and subsidies	229	-	-	229	324	-95	141.5%	-	-
	Expenditure for capital assets	3,021	300		3,321	2,079	1,242	62.6%	2,629	1,939
7.	**Health Care Support Services**									
	Current payment	60,936	1,878		62,814	53,758	9,056	85.6%	68,870	66,947
	Transfers and subsidies	57	-	-	57	85	-28	149.1%	-	-
	Expenditure for capital assets	6,585	1,878	-	4,707	3,646	1,061	77.5%	5,800	5,715
8.	**Health Facilities Management**									
	Current payment	33,459	-		33,459	30,882	2,577	92.3%	-	-
	Expenditure for capital assets	191,631			191,631	134,356	57,275	70.1%	113,359	84,359
	Subtotal	2,664,370	-	-	2,664,370	2,592,990	71,380	**97.3%**	2,359,632	2,263,132
	Total	**2,664,370**	-	-	**2,664,370**	**2,592,990**	**71,380**	**97.3%**	**2,359,632**	**2,263,132**
Reconciliation with Statement of Financial Performance										
	Prior year unauthorised expenditure approved with funding				-				157,629	
	Departmental receipts								1,165	
	Local and foreign aid assistance				-				-	
Actual amounts per Statement of Financial Performance (Total Revenue)					**2,664,370**				**2,518,426**	
	Investments acquired and capitalised during the current financial year, but expensed for appropriation purposes									-
	Other payments in Appropriation Statement, not accounted for in the Statement of Financial Performance									
	Local and foreign aid assistance									-
	Prior year unauthorised expenditure approved									157,629
	Prior year fruitless and wasteful expenditure condoned									
Actual amounts per Statement of Financial Performance Expenditure						**2,592,990**				**2,420,761**

NORTH WEST DEPARTMENT OF HEATH
APPROPRIATION STATEMENT
FOR THE YEAR ENDED 31 MARCH 2005

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
Current payments									
Compensation to employees	1,564,366	70	-	1,564,436	1,585,684	-21,248	101.4%	1,479,682	1,405,937
Goods and services	764,382	-3,776	1,878	762,484	743,713	18,771	97.5%	644,636	664,285
Transfer & Services									
Departmental agencies & accounts	10,000	-	-	10,000	10,000	-	100.0%	10,000	10,000
Non-profit institutions	30,670	-	-	30,670	28,293	2,377	92.2%	8,173	17,057
Households	28,606	6,220	-	34,826	32,582	2,244	93.6%	35,930	18,378
Payment on capital assets									
Buildings & other fixed structures	185,545	-	-	185,545	133,467	52,078	71.9%	113,235	84,168
Machinery & equipment	80,801	2,514	-1,878	76,409	59,251	17,158	77.5%	67,976	63,307
Total	**2,664,370**	**-**	**-**	**2,664,370**	**2,592,990**	**71,380**	**97.3%**	**2,359,632**	**2,263,132**

Statutory Appropriation

	2004/05							2003/04	
Direct charge against 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 executive committee /parliamentary officers	767	-	-	767	-	767	0.0%	-	-
Total	**767**	**-**	**-**	**767**	**-**	**767**	**0.0%**	**-**	**-**

DEPARTMENT OF HEALTH
DETAIL FOR PROGRAMME 1: ADMINISTRATION
FOR THE YEAR ENDED 31 MARCH 2005

Detail per programme 1 – Administration 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
1.1 Office of the MEC									
Current payment	8,059	-	-	**8,059**	6,015	2,044	74.6%	6,335	4,911
Transfers and subsidies	2	-	-	**2**	10	-8	500.0%	-	-
Expenditure for capital assets	868	-	-	**868**	551	317	63.5%	750	443
1.2 Management									
Current payment	109,122	-	-	**109,122**	111,304	-2,182	102.0%	94,093	94,430
Transfers and subsidies	3,057	-	-	**3,057**	3,001	56	98.2%	-	-
Expenditure for capital assets	2,642	-	-	**2,642**	2,853	-211	108.0%	2,791	2,172
Total	**123,750**	-	-	**123,750**	**123,734**	**16**	**100.0%**	**103,969**	**101,956**

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
Current payments									
Compensation to employees	68,232	-	-	**68,232**	67,283	949	98.6%	60,382	55,178
Goods and services	48,168	-	-	**48,168**	50,036	-1,868	103.9%	37,496	42,962
Transfer & subsidies									
Non-profit institutions	2,600	-	-	**2,600**	2,556	44	98.3%	2,550	1,201
Households	459	-	-	**459**	455	4	99.1%	-	-
Payments for capital assets									
Machinery & equipment	4,291	-	-	**4,291**	3,404	887	79.3%	3,541	2,615
Land & subsoil assets	-	-	-	-	-	-	0.0%	-	-
Total	**123,750**	-	-	**123,750**	**123,734**	**16**	**100.0%**	**103,969**	**101,956**

DEPARTMENT OF HEALTH
DETAIL PER PROGRAMME 2: DISTRICT HEALTH ERVICES
FOR THE YEAR ENDED 31 MARCH 2005

Programme per sub Programme		2004/05 Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Payment	Variance	Payment as % of final appropriation	2003/04 Final Appropriation	Actual Payment
		R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
2.1	**District Management**									
	Current payment	106,432	1,649	-	**108,080**	115,548	-7,468	106.9%	126,358	170,170
	Transfers and subsidies	8,483	-	-	**8,483**	6,947	1,536	81.9%	-	-
	Expenditure for capital assets		-	-	-	43	-43	0%	20	18
2.2	**Community Health Clinics**									
	Current payment	214,609	-293	-	**214,316**	219,099	-4,783	102.2%	226,189	188,234
	Transfers and subsidies	15,873	-	-	**15,873**	15,323	550	96.5%	-	-
	Expenditure for capital assets	-	-	-	-	-	-	0.0%	493	288
2.3	**Community Health Centers**									
	Current payment	311,477	5,650	-	**317,127**	341,202	-24,075	107.6%	261,907	267,623
	Transfers and subsidies	1,768	-	-	**1,768**	1,764	4	99.8%	-	-
	Expenditure for capital assets	-	-	-	-	-	-	0.0%	8,207	7,113
2.4	**Community Based Services**									
	Current payment	-	-	-	-	-	-	0.0%	4,000	4,157
	Transfers and subsidies	5,750	-	-	**5,750**	5,313	437	92.4%	-	-
	Expenditure for capital assets	-	-	-	-	1	-1	0%	-	9
2.5	**Other Community Services**									
	Current payment	5,246	-	-	**5,246**	-	5,246	0.0%	-	-
2.6	**HIV/AIDS**									
	Current payment	51,386	-6,220	-	**45,166**	40,975	4,191	90.7%	42,240	40,460
	Transfers and subsidies	15,643	6,221	-	**21,863**	21,455	408	98.1%	-	-
	Expenditure for capital assets	5,900	-	-	**5,900**	2,188	3,712	37.1%	652	932
2.7	**Nutrition**									
	Current payment	18,253	-	-	**18,253**	10,978	7,275	60.1%	71,967	63,699
	Transfers and subsidies	-	-	-	-	-	-	-	-	-
	Expenditure for capital assets	-	-	-	-	-	-	-	-	-
2.9	**District Hospitals**									
	Current payment	599,784	-6,845	-	**592,939**	564,499	28,440	95.2%	527,387	504,779
	Transfers and subsidies	13,550	-	-	**13,550**	13,093	457	96.6%	7,627	7,019
	Expenditure for capital assets	19,011	-160	-	**18,851**	17,536	1,315	93.0%	-	-
	Total	**1,393,165**	-	-	**1,393,165**	**1,375,977**	**17,188**	**98.8%**	**1,276,946**	**1,254,501**

Economic classification	2004/05 Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Payment	Variance	Payment as % of fina appropriation	2003/04 Final Appropriation	Actual Payment
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current									
Compensation to employees	948,147	-	-	**948,147**	954,982	-6,835	100.7%	879,984	861,664
Goods and services	359,240	-6,060	-	**352,980**	337,319	15,661	95.6%	334,035	339,518
Transfers & subsidies									
Dept agencies & accounts	10,000	-	-	**10,000**	10,000	-	100.0%	10,000	10,000
Non-profit institutions	28,070	-	-	**28,070**	25,737	2,333	91.7%	-	10,562
Households	22,997	6,220	-	**29,217**	28,158	1,059	96.4%	25,930	18,378
Capital									
Machinery & equipment	24,911	-160	-	**24,751**	19,781	4,970	79.9%	16,997	15,379
Total	**1,393,165**	-	-	**1,393,165**	**1,375,977**	**17,188**	**98.8%**	**1,276,946**	**1,254,501**

DEPARTMENT OF HEALTH
DETAIL PER PROGRAMME 3: EMERGENCY MEDICAL SERVICES
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
3.1	**Emergency Transport**									
	Current payment	82,394	-	-	**82,394**	71,321	11,073	86.6%	69,890	58,730
	Transfers and subsidies	1,264	-	-	**1,264**	723	541	57.2%		
	Expenditure for capital assets	6,615	-	-	**6,615**	5,994	711	89.3%	22,737	22,474
3.2	**Planned Patient Transport**									
	Transfers and subsidies	-	-	-	-	-	-	0.0%	3,982	4,060
	Expenditure for capital assets	4,778	-	-	**4,778**	4,626	152	96.8%	-	-
	Total	**95,051**	-	-	**95,051**	**82,574**	**12,477**	**86.9%**	**96,609**	**85,204**

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
Current									
Compensation to employees	58,818	-	-	**58,818**	49,950	8,868	84.9%	54,084	40,894
Goods and services	23,576	-	-	**23,576**	21,371	2,205	90.6%	15,806	17,837
Transfers & subsidies									
Households	1,264	-	-	**1,264**	723	541	57.2%	-	-
Capital									
Machinery & equipment	11,393	-	-	**11,393**	10,530	863	92.4%	26,719	26,473
Total	**95,051**	-	-	**95,051**	**82,574**	**12,477**	**86.9%**	**96,609**	**85,204**

DEPARTMENT OF HEALTH
DETAIL PER PROGRAMME 4: PROVINCIAL HOSPITAL SERVICES
FOR THE YEAR ENDED 31 MARCH 2005

Detail per programme 4 - Provincial Hospital Services 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
4.1	**General/ Regional Hospitals**									
	Current payment	528,674	2,654	-	**531,328**	554,872	-23,544	104.4%	516,087	498,814
	Transfers and subsidies	2,937	-	-	**2,937**	2,105	832	71.7%	-	-
	Expenditure for capital assets	22,720	-2,654	-	**20,066**	17,321	2,745	86.3%	9,789	9,771
4.2	**Psychiatric /Mental Hospitals**									
	Current payment	108,912	-	-	**108,912**	121,331	-12,419	111.4%	102,115	102,854
	Transfers and subsidies	663	-	-	**663**	732	-69	110.4%	-	-
	Expenditure for capital assets	1,880	-	-	**1,880**	1,381	499	73.5%	2,481	2,028
	Total	**665,786**	-	-	**665,786**	**697,742**	**-31,956**	**104.8%**	**630,472**	**606,467**

	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
Current									
Compensation to employees	424,759	-	-	**424,759**	453,549	-28,790	106.8%	427,793	396,918
Goods and services	212,827	2,654	-	**215,481**	222,654	-7,173	103.3%	190,409	197,750
Transfer & Subsidies	-	-	-	-	-	-	-	-	-
Households	3,600	-	-	**3,600**	2,837	763	78.8%	-	-
Capital									
Machinery & equipment	24,600	-2,654	-	**21,946**	18,702	3,244	85.2%	12,270	11,799
Total	**665,786**	-	-	**665,786**	**697,742**	**-31,956**	**374.1%**	**630,472**	**606,467**

DEPARTMENT OF HEALTH
DETAIL PER PROGRAMME 6: HEALTH SCIENCES AND TRAINING
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
6.1 Nurses Training Colleges									
Current payment	53,182	-300	-	**52,882**	51,555	1,327	97.5%	44,899	43,461
Transfers and subsidies	128	-	-	**128**	198	-70	154.7%	-	-
Expenditure for capital assets	2,611	300	-	**2,911**	1,791	1,120	61.5%	2,329	1,732
6.2 EMS Training Colleges									
Current payment	1,739	-	-	**1,739**	1,303	436	74.9%	2,500	2,369
Transfers and subsidies	1	-	-	**1**	1	-	100.0%	-	-
Expenditure for capital assets	160	-	-	**160**	201	-41	125.6%	-	-
6.4 Primary Health Care Training									
Current payment	7,561	-	-	**7,561**	8,145	-584	107.7%	5,866	3,730
Transfers and subsidies	100	-	-	**100**	125	-25	125.0%	-	-
Expenditure for capital assets	50	-	-	**50**	87	-37	174.0%	300	207
6.5 Training Other									
Current payment	28,218	-	-	**28,218**	26,830	1,388	95.1%	7,997	7,638
Transfers and subsidies	-	-	-	**-**	-	-	0.0%	-	-
Expenditure for capital assets	200	-	-	**200**	-	200	0.0%	-	-
Total	**93,950**	**-**	**-**	**93,950**	**90,236**	**3,714**	**614.3%**	**63,891**	**59,137**

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
Current									
compensation to employees	45,947	70	-	**46,017**	46,595	-578	101.3%	43,421	40,213
Goods & services	44,753	-370	-	**44,383**	43,238	3,145	92.9%	12,218	11,692
Transfers & subsidies	-	-	-	**-**	-	-	-	-	-
Non-profit institutions	-	-	-	**-**	-	-	0.0%	5,623	5,294
Households	229	-	-	**229**	324	-95	141.5%	-	-
Capital									
Machinery & equipment	3,021	300	-	**3,321**	2,079	1,242	62.6%	2,269	1,938
Total	**93,950**	**-**	**-**	**93,950**	**90,236**	**3,714**	**398.3%**	**63,891**	**59,137**

DEPARTMENT OF HEALTH
DETAIL PER PROGRAMME 7: HEALTH CARE SUPPORT SERVICES
FOR THE YEAR ENDED 31 MARCH 2005

Detail per programme 7 - Health Care Support Services 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
7.1	**Laundries**									
	Current payment	15,231	984	-	**16,215**	12,737	3,478	78.6%	12,275	12,929
	Transfers and subsidies	21	-	-	**21**	40	-19	190.5%	-	-
	Expenditure for capital assets	1,093	-984	-	**109**	109	-	100.0%	926	926
7.2	**Engineering**									
	Current payment	8,660	-490	-	**8,170**	3,315	4,855	40.6%	9,590	7,990
	Transfers and subsidies	27			**27**	36	-9	133.3%	-	-
	Expenditure for capital assets	3,605	490	-	**4,095**	3,002	1,093	73.3%	3,387	3,342
7.3	**Forensic Services**									
	Current payment	-	-	-	-	-	-	0.0%	620	-
	Transfers and subsidies	-	-	-	-	-	-	0.0%	-	-
	Expenditure for capital assets	-	-	-	-	-	-	0.0%	380	205
7.4	**Orthotic and Prosthetic Services**									
	Current payment	4,196	-	-	**4,196**	3,927	269	93.6%	3,612	3,490
	Transfers and subsidies	4	-	-	**4**	4	-	100.0%	-	-
	Expenditure for capital assets	103	-	-	**103**	135	-32	131.1%	189	42
7.5	**Medicine Trading Account**									
	Current payment	32,849	1,384	-	**34,233**	33,779	454	98.7%	42,773	42,188
	Transfers and subsidies	5			**5**	5	-	100.0%	-	-
	Expenditure for capital assets	1,784	-1,384	-	**400**	400	-	100.0%	938	700
	Total	**67,578**	-	-	**67,578**	**57,489**	**10,089**	**85.1%**	**74,690**	**71,812**

	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
	Current									
	Compensation to employees	18,463	-	-	**18,463**	13,325	5,138	72.2%	14,018	12,970
	Goods and services	42,473	-	1,878	**44,351**	40,433	3,918	91.2%	54,672	54,526
	Transfers & subsidies	-	-	-	-	-	-	-	-	-
	Households	57	-	-	**57**	85	-28	149.1%	-	-
	Capital									
	Buildings & other fixed structures	-	-	-	-	-	-	0.0%	180	183
	Machinery & equipment	6,585	-	-1,878	**4,707**	3,646	1,061	77.5%	5,820	5,103
	Total	**67,578**	-	-	**67,578**	**57,489**	**10,089**	**389.9%**	**74,690**	**71,812**

DEPARTMENT OF HEALTH
DETAIL PER PROGRAMME 8:HEALTH FACILITIES MANAGEMENT
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
8.1	Community Health Facilities									
	Expenditure for capital assets	30,000	-	-	**30,000**	49,994	-19,994	166.6%	46,647	46,074
8.3	District Hospital services									
	Expenditure for capital assets	144,001	-	-	**144,001**	68,214	75,787	47.4%	36,957	20,776
8.4	Provincial Hospital Services									
	Expenditure for capital assets	-	-	-	-	-	-	0.0%	29,451	17,205
8.5	Other Facilities									
	Expenditure for capital assets	17,630	-	-	**17,630**	16,369	1,261	92.8%	-	-
8.6	Health Maintenance									
	Current payment	33,459	-	-	**33,459**	30,661	2,798	91.3%	-	-
	Total	**225,090**	-	-	**225,090**	**165,238**	**59,852**	**73.4%**	**113,055**	**84,055**

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
Current									
Goods and services	33,545	-	-	**33,545**	30,662	2,883	91.4%	-	-
Transfer & subsidies									
Capital									
Buildings & other fixed structures	185,545	-	-	**185,545**	133,467	52,078	71.9%	113,055	84,055
Machinery & equipment	6,000	-	-	**6,000**	1,109	4,891	18.5%	-	-
Total	**225,090**	-	-	**225,090**	**165,238**	**59,852**	**181.8%**	**113,055**	**84,055**

NORTH WEST – DEPARTMENT OF HEALTH
NOTES FOR 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 11 (Transfers and subsidies) and 1(A-K) to the annual financial statement

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

   Detail of these transactions can be viewed in note 1 (Annual Appropriation) to the annual financial statements.

3. Detail of financial transactions in assets and liabilities

   Detail of these transactions per programme can be viewed in note 8(Detail of special functions (theft and losses)) to the annual financial statements.

4. Explanations of material variances from Amounts Voted (after virements):
4.1 Per programme:

Administration

	Voted Funds after virement	Actual Expenditure	R'000	%
	123,750	123,734	16	1%

Under expenditure due to the delayed approval of structure for new recruitments as well as late delivery of equipment.

Although the Programme spent nearly 100% of the allocated funds, there is a significant over-expenditure under Standard Item "C" which resulted from expenditure incurred in respect of kilometer log-sheets for pool vehicles. This deficit was absorbed as savings under other Standard Items within the classification "Goods and Services" without any significant impact on the delivery of services expected from this programme.

The programme under-spent the allocation for procurement of equipment by R887 000 due to delays on the part of suppliers to provide the ordered equipment timeously.

On the whole, these variances did not result in any negative impact on service delivery.

District Health Services

	Voted Funds after virement	Actual Expenditure	R'000	%
	1,393,154	1,375,975	17,190	1.20%

Under expenditure on Conditional Grants for Nutrition programme as well as unpaid accounts for transfers to Municipalities due to late signing of Service Level Agreements. The unspent Nutrition funds have been surrendered while a roll over has been requested for the transfers.

Over and above the two reasons indicated the programme recorded considerable variances in the following areas.

Equipment

A greater portion of the unspent funds from the capital budget represents delayed deliveries of equipment needed for setting up of infrastructure for provision of Anti-Retroviral-Treatment. The unspent funds have been rolled over to the new financial year to complete the development of the said infrastructure.

Impact on service delivery has been very minimal considering that the programme only started at the beginning of the financial year under review, and the department was able to put up adequate systems to ensure that these essential services are provided to the affected clientele whilst the development of appropriate infrastructure was on-going.

HX2

Although the Cost Centre does not reflect any expenditure, these savings were set aside to off-set salary costs incurred by Cost Centers where these practitioners are stationed and consequently drawn their salaries.

Emergency Medical Services

	Voted Funds after virement	Actual Expenditure	R'000	%
	95,051	82,574	12,477	13%

Under expenditure due to delays in filling of vacant posts as well as late payments of invoices for the delivered vehicles.

Although the programme has struggled to attract personnel with adequate experience to improve the quality of services, appointments made during the latter part of the financial year have to a large extend minimized the adverse impact of service delivery.

Provincial Health Services

	Voted Funds after virement	Actual Expenditure	R'000	%
	665,786	697,742	-31,956	4.80%

Over expenditure due to payment of back log for obligatory pay progressions for staff performance as well as high costs and demand for laboratory services for blood tests for patients.

The programme over spent in all Economic Classification except Capital allocation. Under spending on the Capital budget will not have an adverse impact on service delivery due to the fact that most of the undelivered equipment were not directly required for provision of health services but for support functions.

Health Sciences Services

	Voted Funds after virement	Actual Expenditure	R'000	%
	93,950	90,236	3,714	4.70%

Under expenditure due to delays in the processing of payments for goods and services as well as the delivery of equipment.

Under spending did not affect service delivery directly considering that the colleges did not reduce the number of intakes for the academic year 2004. However, these variances had a reasonable impact in the operations of support services, therefore these did not impact negatively on the core function of the programme, which is teaching and learning.

Health Care Support Services

	Voted Funds after virement	Actual Expenditure	R'000	%
	67,578	54,489	10,089	14.90%

Under expenditure due to unspent funds which were earmarked for remuneration of medical stores personnel who are currently paid by the service provider managing the acquisition and distribution of pharmaceuticals for hospitals and clinics as well as delays in the processing of payment for goods and services as well as the delivery of equipment.

Although the programme registered a substantial amount of under spending, this did not affect the procurement and delivery of pharmaceuticals which is the major Cost Driver for the programme. Impact on service delivery was therefore very minimal.

Facility Management Services

	Voted Funds after virement	Actual Expenditure	R'000	%
	225,090	165,238	59,959	26.60%

Under expenditure due to a slow process regarding the planning, tendering and appointment of consultants for projects as well as poor contractor performance and infrastructure.

Poor expenditure under the programme is mainly due to reasons indicated in the Notes. Impact to service delivery was minimal because of the fact that almost all of the facilities that are under construction or those that are still in the planning stage represent replacements of existing facilities which are still in use whilst the construction of these replacements is underway.

These funds have been rolled over to the new financial year and will be included in the adjustment budget for 2005/06

DEPARTMENT OF HEALTH
STATEMENT OF FINANCIAL PERFORMANCE
FOR THE YEAR ENDED 31 MARCH 2005

	Note	2004/05 R'000	2003/04 R'000
REVENUE			
Annual appropriation	1.	2,664,370	2,359,632
Appropriation for unauthorised expenditure approved		-	157,629
Departmental revenue	2.	-	1,165
TOTAL REVENUE		2,664,370	2,518,426
EXPENDITURE			
Current expenditure			
Compensation of employees	3.	1,585,684	1,405,937
Goods and services	4.	743,713	664,285
Unauthorised expenditure approved	5.	-	157,629
Total current expenditure		2,329,397	2,227,851
Transfers and subsidies	7.	70,875	45,435
Expenditure for capital assets			
Buildings and other fixed structures	8.	133,467	84,168
Machinery and Equipment	8.	59,251	63,307
Total expenditure for capital assets		192,718	147,475
TOTAL EXPENDITURE		2,592,990	2,420,761
NET SURPLUS/(DEFICIT)		71,380	97,665
Add back unauthorised expenditure	5.	52,025	-
NET SURPLUS/(DEFICIT) FOR THE YEAR		123,405	97,665
Reconciliation of Net Surplus/(Deficit) for the year			
Voted Funds to be surrendered to the Revenue Fund	11.	123,405	96,500
Departmental revenue to be surrendered to revenue fund	12.	-	1,165
NET SURPLUS/(DEFICIT) FOR THE YEAR		123,405	97,665

DEPARTMENT OF HEALTH
STATEMENT OF FINANCIAL POSITION
FOR THE YEAR ENDED 31 MARCH 2005

	Note	2004/05 R'000	2003/04 R'000
ASSETS			
Current assets		199,266	153,293
Unauthorised expenditure	5.	194,715	142,690
Prepayments and advances	9.	63	-
Receivables	10.	4,488	10,603
TOTAL ASSETS		199,266	153,293
LIABILITIES			
Current liabilities		199,266	153,293
Voted funds to be surrendered to the Revenue Fund	11.	123,405	96,500
Departmental revenue to be surrendered to the Revenue Fund	12.	-	1,165
Bank overdraft	13.	75,544	54,381
Payables	14.	317	1,247
TOTAL LIABILITIES		199,266	153,293

DEPARTMENT OF HEALTH
CASH FLOW STATEMENT
FOR THE YEAR ENDED 31 MARCH 2005

	Note	2004/05 R'000
CASH FLOWS FROM OPERATING ACTIVITIES		
Receipts		2,670,422
Annual appropriated funds received		2,664,370
Net (increase)/decrease in working capital		6,052
Surrendered to Revenue Fund		-97,665
Current payments		-2,330,327
Transfers and subsidies paid		-70,875
Net cash flow available from operating activities	*15.*	171,555
CASH FLOWS FROM INVESTING ACTIVITIES		
Payments for capital assets		-192,718
Net cash flows from investing activities		-192,718
Net increase/(decrease) in cash and cash equivalents		-21,163
Cash and cash equivalents at beginning of period		-54,381
Cash and cash equivalents at end of period	*9.*	-75,544

DEPARTMENT OF HEALTH
NOTES TO THE ANNUAL FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2005

1. Annual Appropriation

1.1 Annual Appropriation

Included are funds appropriated in terms of the Appropriation Act for Provincial Departments(Equitable Share)

	Final Appropriation R'000	Actual Funds Received R'000	Variance over/(under) R'000	Total Appropriation 2003/04 R'000
Administration	123,750	123,734	16	103,969
District Health Services	1,393,165	1,375,977	17,188	1,276,946
Emergency Medical Services	95,051	82,574	12,477	96,609
Provincial Health Services	665,786	697,742	-31,956	630,472
Health Science and Training	93,950	90,236	3,714	63,891
Health Care Support Services	67,578	57,489	10,089	74,690
Health Facilities Management	225,090	165,238	59,852	113,055
Total	**2,664,370**	**2,592,990**	**71,380**	**2,359,632**

The unspent amount is for conditional grants and earmarked funds and roll overs have been requested for all.

	Note	2004/05 R'000	2003/04 R'000
1.2 Conditional grants			
Total grants received	*ANNEXURE 1A*	349,029	289,008

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

1. An amount of R11,830m was withheld by national Health Department due to low expenditure pattern. A roll over has been requested by national.
2. The process of planning, tendering and appointment of consultants has been slow in relation to the Hospital Revitalization grant while there was poor infrastructure and contractor performance with regard to the Infrastructure grant.
3. The unspent amount for the Nutrition grant is due to delay in receiving transfers from national as well as the limitations related to the transition phase for the transfer of the function for School Nutrition to the Education Department. The unspent funds have been surrendered.
4. The Patient Administration Billing upgrading project and the Cost Center Accounting programme experienced technical delays and could not be implemented fully as planned for the financial year. A roll over has been requested to complete the planned activities.
5. The unspent funds under the National Tertiary Services grant are due to delays in the process of appointing hospital registrars. The process has been completed and hence the application for a roll over.

DEPARTMENT OF HEALTH
NOTES TO THE ANNUAL FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2005

	2004/05 R'000	2003/04 R'000
2. Departmental revenue to be surrendered to revenue fund		
Description		
Sales of goods and services other than capital assets	22,608	22,339
Fines, penalties and forfeits	1,696	-
Total revenue collected	24,304	22,339
Less: Departmental revenue budgeted *	24,304	21,174
Departmental revenue collected	-	1,165

The Department acknowledges that the PAAB system is not fully complied with.

3. Compensation of employees

3.1 Salaries and wages

Basic salary	1,097,673	965,533
Performance award	99,758	-
Compensative/circumstantial	1,011	-
Periodic payments	10,838	-
Other non-pensionable allowances	118,356	204,217
	1,327,636	**1,169,750**

3.2 Social contributions

3.2.1 Short term employee benefits

Pension	162,913	142,910
Medical	95,135	93,277
	258,048	236,187
Total compensation of employees	**1,585,684**	**1,405,937**

DEPARTMENT OF HEALTH
NOTES TO THE ANNUAL FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2005

		2004/05 R'000	2003/04 R'000
4. Goods and services			
Advertising		4,619	7,634
Attendance fees (including registration fees)		-	3,166
Bank charges and card fees		875	438
Communication		24,198	20,738
Computer services		261	-
Consultants, contractors and special services		39,894	22,671
Courier and delivery services		-	7
Tracing agents & debt collections		1,950	-
Entertainment		5,780	62
External audit fees	*4.1*	3,179	943
Equipment less than R5 000		109	18,123
Freight service		192	10
Government motor transport		6	184
Honoraria (Voluntary workers)		31	-
Inventory	*4.2*	325,630	354,343
Learnerships		254	-
Legal fees		1,980	2,253
Maintenance, repair and running costs		131,275	78,212
Personnel agency fees		99	-
Plant flowers and other decorations		-	1,806
Professional bodies and membership fees		3,199	163
Resettlement costs		1,782	354
Subscriptions		-	144
Taking over of contractual obligations		123	-
Transport provided as part of the departmental activities		4,270	27,855
Travel and subsistence	*4.3*	51,865	63,355
Venues and facilities		66	1,146
Protective, special clothing & uniforms		2,580	1,894
Training & staff development		16,135	7,768
Town & regional planning		12	354
Previous years unallocated items			66
		743,713	**664,285**

4.1	**External audit fees**		
	Regulatory audits	3,178	943
	Other audits	1	-
	Total external audit fees	**3,179**	**943**

DEPARTMENT OF HEALTH
NOTES TO THE ANNUAL FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2005

		2004/05 R'000	2003/04 R'000
4.2	**Inventory**		
	Other inventory	774	3,557
	Domestic Consumables	43,401	22,359
	Agricultural	724	959
	Learning and teaching support material	3,246	274
	Food and Food supplies	4,822	71,931
	Fuel, oil and gas	474	10,773
	Parts and other maint mat	7,309	14,261
	Stationery and Printing	3,867	16,268
	Restoration and fittings	-	14
	Medical Supplies	261,013	213,947
	Total Inventory	**325,630**	**354,343**
4.3	**Travel and subsistence**		
	Local	51,823	63,133
	Foreign	42	222
	Total travel and subsistence	**51,865**	**63,355**
	Financial transactions in assets and liabilities		
4.4	**Details of theft and losses**		
	Unauthorised leave without pay	-	1
	Damage of boiler	-	12
	Theft of government property	11	3
	Mismanagement of funds & fraud	5	1
	Furniture and Equipment	26	-
	Vehicles	447	-
	Damage and misuse of state property	39	-
	Surgical Instruments	3	-
	Other	36	-
		567	**17**
5.	**Unauthorised expenditure**		
5.1	**Reconciliation of unauthorised expenditure**		
	Opening balance	142,690	175,111
	Unauthorised expenditure – current year	52,025	-
	Unauthorised expenditure approved by Parliament/ Legislature – current expenditure	-	-157,629
	Transfer to receivables for recovery		125,208
	Unauthorised expenditure awaiting authorisation	**194,715**	**142,690**

DEPARTMENT OF HEALTH
NOTES TO THE ANNUAL FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2005

		2004/05 R'000	2003/04 R'000
5.2	**Unauthorised expenditure**		

Incident	Disciplinary steps taken/criminal proceedings	Total
Broadcasting Corporation payment suspended by Treasury 96/97	awaiting condonement by Legislature	30,000
Non compliance with PFMA 01/02	awaiting condonement by Leigislature	16,626
Exess of vote 02/03	awaiting condonement by Legislature	47,012
Non compliance with PFMA 02/03	awaiting condonement by Legislature	49,052
Non compliance with PFMA & DORA 04/05	awaiting condonement by Legislature	52,025
		194,715

6. Fruitless and wasteful expenditure

6.1 Reconciliation of fruitless and wasteful expenditure

Fruitless and wasteful expenditure

Incident	Disciplinary steps taken/criminal proceedings	
Interest on over due accounts		59
Cancellation of workshops		36
Overpayments		71
Other		1,759
		1,925

7. Transfers and subsidies

	Note		
Departmental agencies and accounts	*ANNEXURE 1D*	10,000	10,000
Non-profit institutions	*ANNEXURE 1H*	28,293	17,057
Households	*ANNEXURE 1I*	32,582	18,378
Gifts and donations	*ANNEXURE 1K*	10	-
		70,885	**45,435**

DEPARTMENT OF HEALTH
NOTES TO THE ANNUAL FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2005

			2004/05 R'000	2003/04 R'000
8.	**Expenditure for capital assets**			
	Buildings and other fixed structures	*ANNEXURE 4*	133,467	-
	Machinery and equipment	*ANNEXURE 4*	59,252	-
	Total		**192,719**	**-**

9. Prepayments and advances

Description

Staff advances	63	-
	63	**-**

10. Receivables

		Less than one year	One to three years	Older than three years	Total	Total
Amounts owing by other entities	*ANNEXURE 6*	1,621	-	-	1,621	-
Staff debtors	*10.1*	2,671	106	-	2,777	2,721
Clearing accounts	*10.2*	74	-	-	74	7,772
Other debtors	*10.3*	16	-	-	16	110
		4,382	**106**	**-**	**4,488**	**10,603**

Amounts of R 0 (2004: R 0) included above may not be recoverable, but has not been written off in the Statement of financial performance

10.1 Staff debtors

Dissallowance, tax debts, state guarantee, salary reversal	864	589
Tax Debts	219	330
State guarantee	56	152
Salary reversal	1,638	1,650
	2,777	**2,721**

DEPARTMENT OF HEALTH
NOTES TO THE ANNUAL FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2005

		Note	2004/05 R'000	2003/04 R'000
10.2	**Clearing accounts**			
	Inter departmental clearing account		74	7,772
			74	**7,772**
10.3	**Other debtors**			
	Nature of advances			
	Sundry		16	110
			16	**110**
11.	**Voted Funds to be surrendered to the Revenue Fund**			
	Opening balance		96,500	8,202
	Transfer from Statement of Financial Performance		123,405	96,500
	Paid during the year		-96,500	-8,202
	Closing balance		**123,405**	**96,500**
12.	**Departmental revenue to be surrendered to revenue fund**			
	Opening balance		1,165	-
	Transfer from Statement of Financial Performance		-	1,165
	Paid during the year		-1,165	-
	Closing balance		**-**	**1,165**
13.	**Bank overdraft**			
	Paymaster General Account		75,544	54,381
			75,544	**54,381**

14. Payables – current

Description

		30 Days	30+ Days	Total	Total
Amounts owing to other departments	*ANNEXURE 7*	-		-	-
Advances received	*14.1*	-	-	-	-
Clearing accounts	*14.2*	-	-	-	-
Other payables	*14.3*	317	-	317	1,247
		317	**-**	**317**	**1,247**

DEPARTMENT OF HEALTH
NOTES TO THE ANNUAL FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2005

		2004/05 R'000	2003/04 R'000
14.3	**Other payables**		
	Description		
	Returned Deduction Cheques	317	1,192
	Department of Premier -NW,Agriculture, Public Works	-	55
		317	**1,247**

15.	**Reconciliation of net cash flow from operating activities to surplus/(deficit)**	
	Net surplus/(deficit) as per Statement of Financial Performance	123,405
	Non-cash movements	
	(Increase)/decrease in receivables – current	6,115
	(Increase)/decrease in prepayments and advances	-63
	(Increase)/decrease in other current assets	-52,025
	Increase/(decrease) in payables – current	-930
	Increase/(decrease) in current liabilities	25,740
	Capital expenditure	192,718
	Voted funds not requested/not received	-71,380
	Net cash flow generated by operating activities	**223,580**

16.	**Appropriated funds and departmental revenue surrendered**		
	Appropriated funds surrendered	96,500	-8,202
	Departmental revenue surrendered	1,165	-
		97,665	**-8,202**

DEPARTMENT OF HEALTH
DISCLOSURE NOTES TO THE ANNUAL FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2005

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

			Note	2004/05 R'000	2003/04 R'000
16.	**Contingent liabilities**				
	Liable to	Nature			
	Motor vehicle guarantees	Employees	*ANNEXURE 3*	24	24
	Housing loan guarantees	Employees	*ANNEXURE 3*	18,573	8,029
	Claims			60,743	-
	Other departments (unconfirmed balances)		*ANNEXURE 7*	154	-
	Capped Leave Commitments			180,438	
	Other			-	52,877
				259,932	60,930
17.	**Commitments**				
	Current expenditure				
	Approved and contracted			55,924	72,569
				55,924	72,569
	Capital expenditure				
	Approved and contracted			86,940	762,214
	Approved but not yet contracted			168,501	88,000
				255,441	850,214
	Total Commitments			311,365	922,783
18.	**Accruals**				
	By economic classification	**30 Days**	**30+ Days**	**Total**	**Total**
	Compensation of employees		111	111	-
	Goods and services		88,860	88,860	26,501
	Transfers and subsidies		3,132	3,132	775
	Buildings and other fixed structures		5,394	5,394	3,995
	Machinery and Equipment		732	732	1,313
				98,229	32,584
	Listed by programme level				
	Programme 1 : Administration			25	927
	Programme 2 : District Health Services and			65,736	11,334
	Programme 3 : Emegency Medical Services			732	1,120
	programme 4 : Provincial Hospitals			21,933	11,050
	Programme 6 : Health Sciences			2,839	2,221
	Programme 7 : Health Care Support Services			-	1,616
	Programme 8 : Health Facilities Management			5,394	4,316
				98,229	32,584
	Confirmed balances with other departments		*ANNEXURE 7*	72	55

DEPARTMENT OF HEALTH
DISCLOSURE NOTES TO THE ANNUAL FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2005

		2004/05 R'000	2003/04 R'000
19.	**Employee benefits**		
	Leave entitlement	180,438	228,300
	Thirteenth cheque	87,162	43,937
	Performance awards	12,596	942
		280,196	273,179

20. Leases

20.1 Operating leases

	Buildings & other fixed structures	Machinery and equipment	Total	Total
Not later than 1 year	5,466	1,974	7,440	7,515
Later than 1 year and not later than 3 years	9,149	1,830	10,979	7,209
Later than three years	26,057	-	26,057	3,128
Total present value of lease liabilities	40,672	3,804	44,476	17,852

The Department acknowledges that the labour saving devices register is incomplete.

21. Receivables for service delivered

Nature of service

All (subsidised & private patients.)	61,460	45,760
	61,460	45,760

An amount of R15,296m has been written-off during the year.Amounts of R30,388 included above may not be recoverable - more than two years old.

The Department acknowledges that the PAAB system is not fully complied with due to capacity limitations at hopsitals.

22. Irregular expenditure

22.1 Reconciliation of irregular expenditure

Opening Balance	139,052	139,052
Irregular expenditure – current year	13,594	-
Transferred to Statement of Financial Performance-authorised losses (Condoned)	-38,992	-
Irregular expenditure awaiting condonement	113,654	139,052

Analysis

Current	189	10,953
Prior years	113,465	128,099
	113,654	139,052

DEPARTMENT OF HEALTH
DISCLOSURE NOTES TO THE ANNUAL FINANCIAL STATEMENTS
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22.2 Irregular expenditure

Incident	Disciplinary steps taken/criminal proceedings	2004/05 R'000	2003/04 R'000
Procurement procedures not followed	To be condoned by DPC	189	10,953
Non compliance with PFMA	To be condoned by Legislature	113,465	128,099
		113,654	139,052

23. Related party transactions

To the best knowledge of the Department, no related parties existed and no related party transaction occurred during the year.

24. Senior management personnel

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

- The Minister, Deputy Ministers, Director-General
- Deputy Director Generals

Deputy Director General		638	140
Chief Directors	7	2,217	1,874
Directors	31	12,045	7,563
Specialists	17	6,314	4,769
Chief Executive Officers	4	1,473	1,114
		22,687	15,460

DEPARTMENT OF HEALTH
ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2005

ANNEXURE 1A
STATEMENT OF CONDITIONAL GRANTS RECEIVED

NAME OF DEPARTMENT	GRANT ALLOCATION				SPENT			2003/04	
	Division of Revenue Act	Roll Overs	Adjustments	Total Available	Amount received	Amount spent	% of Available funds spent	Division of Revenue Act	Amount spent
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Hospital Revitalization	97,845	28,428		126,273	126,273	81,929	64.9%	66,408	37,981
Hospital Management	12,713	2,355		15,068	15,068	9,405	62.4%	14,551	12,196
Prof. Training & Research	46,351	-		46,351	46,351	41,887	90.4%	37,144	37,112
HIV & AIDS	70,981	1,631		72,612	60,782	64,618	106.3%	32,891	31,260
National Tertiary Services	35,109	-	6,996	42,105	42,105	38,711	91.9%	35,000	34,859
Medico-legal Services	-	794		794	794	734	92.4%	1,000	205
Malaria/Drought relief	-	3,400		3,400	3,400	2,335	68.7%	3,400	-
Intergrated Nutrition	9,987	8,266		18,253	18,253	10,991	60.2%	71,967	63,699
Infrastructure	35,358	-		35,358	35,358	22,722	64.3%	26,647	26,419
TB Collaboration	-	-	317	317	317	-	0.0%	-	-
Poverty Alleviation	-	-	-	-	328	-	0.0%	-	-
	308,344	**44,874**	**7,313**	**360,531**	**349,029**	**273,332**		**289,008**	**243,731**

DEPARTMENT OF HEALTH
ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2005

ANNEXURE 1D
STATEMENT OF TRANSFERS TO DEPARTMENTAL AGENCIES AND ACCOUNTS

AGENCY/ACCOUNT	TRANSFER ALLOCATION				TRANSFER		2003/04
	Adjusted Appropriation Act	Roll Overs	Adjustments	Total Available	Actual Transfer	% of Available Funds Transferred	Final Appropriation Act
	R'000	R'000	R'000	R'000	R'000	%	R'000
PCA - from Health Department	10,000	-	-	10,000	10,000	100.0%	10,000
	10,000	-	-	**10,000**	**10,000**		**10,000**

DEPARTMENT OF HEALTH
ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2005

ANNEXURE 1H
STATEMENT OF TRANSFERS/SUBSIDIES TO NON-PROFIT INSTITUTIONS

NON PROFIT ORGANISATION	TRANSFER ALLOCATION				EXPENDITURE		2003/04
	Adjusted Appropriation Act R'000	Roll Overs R'000	Adjustments R'000	Total Available R'000	Actual Transfer R'000	% of Available Transferred %	Final Appropriation Act R'000
Transfers							
HIV & AIDS NGOs	23,486.00	-	-	23,486	22,214	94.6%	-
Bureau for the Blind	374.00	-	-	374	400	107.0%	-
Health Systems Trust	880.00	-	-	880	380	43.2%	-
Other NGOs providing Health ser	5,096.00	-	-	5,096	5,299	104.0%	-
NGOs etc. HIV and AIDS	-	-	-	-	-	0.0%	18,378
TOTAL	29,836	-	-	29,836	28,293		18,378

DEPARTMENT OF HEALTH
ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2005

ANNEXURE 1I
STATEMENT OF TRANSFERS/SUBSIDIES TO HOUSEHOLDS

	TRANSFER ALLOCATION				EXPENDITURE		2003/04
NON PROFIT ORGANISATION	**Adjusted appropriation Act R'000**	**Roll Overs R'000**	**Adjustments R'000**	**Total Available R'000**	**Actual Transfer R'000**	**% of Available Transferred %**	**Final Appropriation Act R'000**
Transfers							
Ventersdorp	318	-	-	318	292	91.8%	309
Zeerust	359	-		359	269	74.9%	348
Potchefstroom	3,077	-	-	3,077	3,077	100.0%	2,987
Maquassie Hills	1,485	-	-	1,485	1,435	96.6%	1,442
Rustenburg	975	-	-	975	1,267	129.9%	947
Klerksdorp	6,390	-	-	6,390	6,389	100.0%	6,204
Kgetleng	761	-	-	761	-	0.0%	699
Lekwa Teemane	1,381	-	-	1,381	1,363	98.7%	1,411
Mafikeng	384	-	-	384	382	99.5%	373
Mamusa	518	-	-	518	505	97.5%	503
Madibeng	1,379	-	-	1,379	1,339	97.1%	1,339
Ditsobotla	434	-	-	434	390	89.9%	421
Bophirima	2,016	-	-	2,016	1,756	87.1%	3,684
Naledi	843	-	-	843	773	91.7%	819
Tswaing	1,448	-	-	1,448	518	35.8%	1,351
Merafong	1,119	-	-	1,119	-	0.0%	-
	22,887	-	-	22,887	19,755		22,837
Subsidies							
Regional Services Levy	4,468	-	-	4,468	4,468	100.0%	-
Workmen's Compensation	1,028	-	-	1,028	1,028	100.0%	-
Other Transfers	7,277	-	-	7,277	7,331	100.7%	-
	12,773	-	-	12,773	12,827		-
Total	35,660	-	-	35,660	32,582		22,837

DEPARTMENT OF HEALTH
ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2005

Annexures to the Annual Financial Statements
For the year ended 31 March 2005

ANNEXURE 1J
STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED FOR THE YEAR ENDED 31 MARCH 2005

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2004/05 R'000	2003/04 R'000
Received in cash			
			-
		-	-
Subtotal		-	-
Received in kind			
Pitseng Kgalagadi	Donation	4	
AE Software	Donation	4	
Nu-Tech Engineering	Donation	2	
High Tech Medical	Donation	16	
Le Mark	Donation	1	
Anncron Clininc	Donation	2	
Amalgamated Health Care	Sponsorship	32	
Western Bazaars	Donation	1	
Mobile Clinic Vehicle	Donation		400
Nikula Medical Clinic	Donation		
Binoculars			1
Video Machine	Donation		2
Microwave Oven	Donation		1
IPSA SA	Donation		16
Speedy Car Sales	Donation		60
Bishop of Schaumbur-Lippe Germany	Donation		294
Potchefstroom University	Donation		2
Subtotal		62	776
		62	776

DEPARTMENT OF HEALTH
ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2005

ANNEXURE 3
STATEMENT OF FINANCIAL GUARANTEES ISSUED AS AT 31 MARCH 2005 - LOCAL

Guarantor institution	Guarantee in respect of	Original Guaranteed capital amount R'000	Opening Balance 01/04/2004 R'000	Guarantees issued during the year R'000	Guarantees Released during the year R'000	Guaranteed interest outstanding as at 31 March 2005 R'000	Closing Balance 31/03/2005 R'000	Realised losses i.r.o. claims paid out R'000
	Motor Vehicles							
Old Mutual Bank Div. Of Nedbank	1		24	-	-		24	-
		-	**24**	-	-	-	**24**	-
	Housing							
Standard Bank of S.A Ltd			986	3,063	123		3,926	280
Nedbank Limited			621	799	-		1,420	9
Firstrand Bank Ltd			635	864	166		1,333	20
ABSA			3,470	3,788	370		6,888	495
Old Mutual Finance Ltd			264	-	-		264	
Peoples Bank Ltd			419	988	13		1,394	22
Peoples Bank Ltd Inc.			79	28	18		89	-
Firstrand Bank Ltd (FNB)			486	505	45		946	-
Old Mutual Bank Div. Of Ned.			1,021	1,217	41		2,197	-
Hlano Finan. Serv.(PTY) Ltd.			-	10	-		10	-
North West Housing Corp.			33	29	-		62	-
City Council of Mafikeng			-	10	-		10	-
BOE Bank Ltd			15	-	-		15	-
Southnet Financial Serv.(PTY)			-	19	-		19	-
Mortage Guarantee Services			-	-	-	-	-	118
		-	**8,029**	**11,320**	**776**	-	**18,573**	**944**
	Other							
	Total	-	**8,053**	**11,320**	**776**	-	**18,597**	**944**

DEPARTMENT OF HEALTH
ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2005

ANNEXURE 4
PHYSICAL ASSET MOVEMENT SCHEDULE AS AT 31 MARCH 2005

	Opening Balance	Additions	Disposals	Transfers in	Transfers Out	Closing Balance
	R'000	R'000	R'000	R'000	R'000	R'000
BUILDINGS AND OTHER FIXED STRUCTURES	-	133,467	-	-	-	133,467
Dwellings	-	-	-	-	-	-
Non-residential buildings	-	-	-	-	-	-
Investment properties	-	-	-	-	-	-
Other structures (Infrastructure assets)	-	133,467	-	-	-	133,467
Capital work in progress	-	-	-	-	-	-
Heritage assets	-	-	-	-	-	-
MACHINERY AND EQUIPMENT	-	59,252	-	-	-	59,252
Computer equipment	-	22,515		-	-	22,515
Furniture and office equipment	-	7,703		-	-	7,703
Other machinery and equipment	-	17,776		-	-	17,776
Specialised military assets	-	-	-	-	-	-
Transport assets	-	11,258		-	-	11,258
	-	**192,719**	-	-	-	**192,719**

DEPARTMENT OF HEALTH
ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2005

ANNEXURE 6
INTER–GOVERNMENTAL RECEIVABLES

Government Entity	Confirmed balance outstanding		Unconfirmed balance outstanding	
	31/03/2005	31/03/2004	31/03/2005	31/03/2004
	R'000	R'000	R'000	R'000
Department				
Department of Health Limpopo	-	-	57	-
Department of Health Free State	-	-	30	-
Department of Correctional Sercices Free State	-	-	10	-
Department of Social Development Free State	-	-	8	-
Department of Health Northern Cape	-	-	22	-
Department of Health Gauteng	-	-	32	-
Department of Health National	70	-	-	-
	70	-	159	-
Other Government Entities				
Provincial Council On AIDS – PCA	1,621	-	-	-
	-	-	-	-
	1,621	-	-	-
TOTAL	**1,691**	**-**	**159**	**-**

DEPARTMENT OF HEALTH
ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2005

ANNEXURE 7
INTER–DEPARTMENTAL PAYABLES – CURRENT

GOVERNMENT ENTITY	Confirmed balance outstanding		Unconfirmed balance outstanding	
	31/03/2005	31/03/2004	31/03/2005	31/03/2004
	R'000	R'000	R'000	R'000
Department				
Amounts not included in Statement of financial position				
Current				
Transport Department NW	13	-	-	-
Department Of Labour GP	31	-	-	-
Transport Department WC	-	-	7	-
Department of the Premier NW	-	13	-	-
Department of Agriculture NW	-	3	-	-
Department of Public Works NW	-	39	-	-
Department of Health FS	28	-	60	-
Department of Justice	-	-	87	-
Subtotal	72	55	154	-
Non-current				
	-	-	-	-
	-	-	-	-
Subtotal	-	-	-	-
Total	72	55	154	-

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