







## PART C

Report of the Audit Committee	167
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## PART D

Annual Financial Statements	173
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## PART E

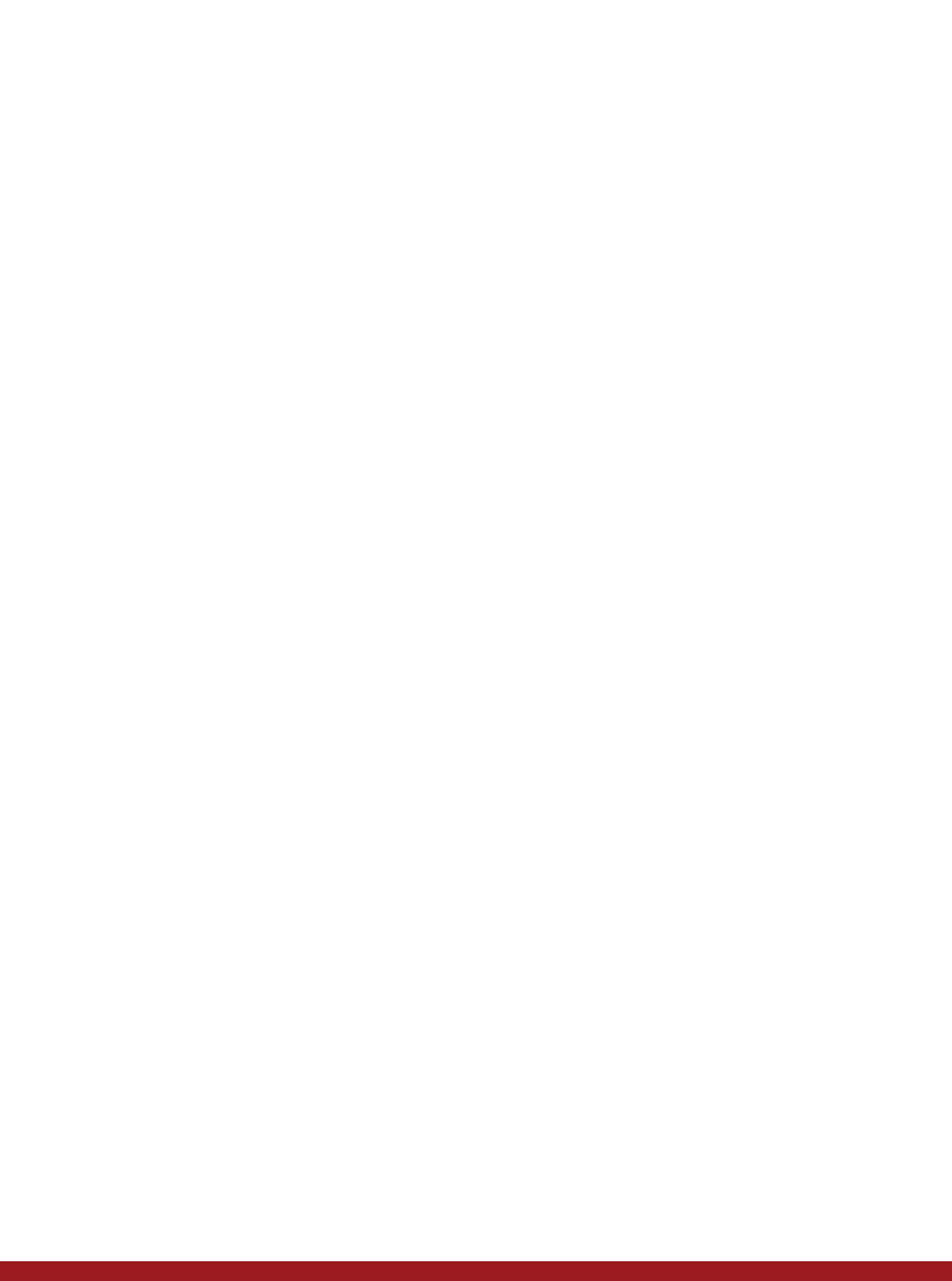
Human Resources Reports	275
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# ACRONYMS

ALOS	Average length of stay
ALS	Advanced life support
ARV	Antiretroviral
BAS	Basic Accounting System
BUR	Bed Utilisation Rate
CBO	Community Based Organisation
CEO	Chief Executive Officer
CFO	Chief Financial Officer
CHC	Community Health Centre
CU	Utilisation R









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These achievements were however over-clouded by the fact that for the third time running, the Auditor General has issued a disclaimer on the financial affairs of the department. Certainly this state of affairs is not a pleasant one and it is a must that strategies will have to be found to ensure that the department's financial management controls and systems and compliance with legislation and regulation improve in the ensuing years. This is one major challenge ahead of the department and with my guidance and support to the accounting officer and management

MEC for Health

A handwritten signature in black ink, appearing to be 'M. D. ...', written over a faint horizontal line.

## 1.3 INTRODUCTION B



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#### 1.4.2 MISSION

To provide and ensure accessible comprehensive integrated services in the Eastern Cape, emphasizing the primary health care approach, utilizing and developing all resources to enable all its present and future generations to enjoy health and quality of life.

### 1.5 LEGISLATIVE MANDATE

The department operates and is guided by the following major pieces of legislation and policies:

- The Constitution of the Republic of South Africa (Act 108 of 1996)

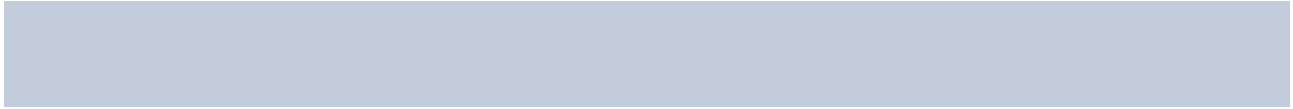




# PART B

## PROGRAMME REPORT AND PERFORMANCE

### 1. VOTED FUNDS





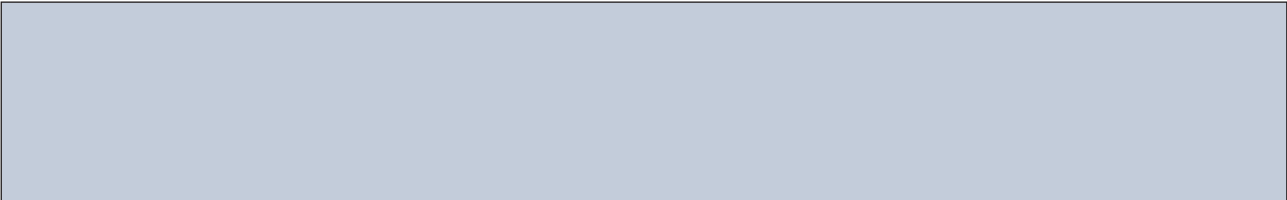
## 4. SIGNIFICANT ACHIEVEMENTS

## 5. OVERVIEW OF THE SERVICE DELIVERY ENVIRONMENT



K

Total PHC Head count			14,453,229	15,106,652	15,751,330
Psychiatric illness visits			312,020	312,000	312,768
Prescriptions issued			204,171	1,080,457	
New STIs treated		213,090	213,000	213,229	403,477
Delivered to children and mothers	110,133	128,041	146,218		
Vaccination doses	383,576	383,500	383,229	380,150	





The effect of this high level of poverty is that approximately 93.6% of the population are uninsured and therefore rely on the public health system. Compounding this problem is also the fact that the market system in the state is weak. All these factors have sequential health risks which directly impose challenges to the department.

The distribution of population in terms of under 5 years of age and under 15 years of age is summarised in Table 4 (per the population census of 2001).

Table 4: Population Under 5 years and between 5 - 15 years

Alfred Nzo	70,083	10%	215,181	32 %
Amathole	128,628	8%	395,621	24%
Chris Hani	68,737	9%	223,642	28%
Cacadu	32,499	8%	74,189	18%
Nelson Mandela	72,791	7%	178,647	18%
OR Tambo	175,375	11%	222,242	
amau				Theabpov



### 5.3 DISEASE PROFILE

*Figure 2 :The major causes of death in the province:*

The scourge of communicable diseases in the P(6.)Tj27.6510 0.0000 TD(rovince remains high )Tj104.0828 0.00

## 6. MAIN APPROPRIATION AND REASONS FOR ADDITIONAL FUNDS OR SHIFT OF FUNDS



## 7. ROLL-OVER FROM PREVIOUS YEAR

The following table indicates the roll-overs that were added to the appropriation for the year under review.

Table 8: Roll-overs in 2005/06

Programme	Roll-over (R'000)	Reason
4 Provincial Hospitals Services	31,049	Unspent Tertiary Services Conditional Grant
6 Health Science Training	10,000	Unspent Health Professionals Training Conditional Grant
Total	41,049	

## 8. SIGNIFICANT DEVELOPMENTS EXTERNAL TO THE DEPARTMENT

There were no significant developments that impacted on the department's operations or finances.

## 9. OVERVIEW OF ORGANISATIONAL ENVIRONMENT FOR 2005/06

The department encountered challenges in recruiting health professionals of all categories. There was also the "brain-drain" that hit the Eastern Cape Department of Health, just like other provinces. Many medical professionals left the department for "greener pastures" abroad creating vacuum that has still to be filled especially in the district hospitals and complexes.

Compounding the problem of exodus of health professionals was the inability of the department to recruit firstly due to lack of funding and secondly, unavailability of the health professionals in the job market. The low salaries paid to health professionals, the unattractiveness of the rural and scarce skills allowance made it virtually impossible to fill the vacant posts in the health institutions.

The department did not have a substantive Chief Financial Officer for about ten months during the year under review. The position was acted by the General Manager: Supply Chain Management. Again the department did not have a Senior General Manager Clinical matters during the year under review. The

## 10. DEPARTMENTAL REVENUE AND EXPENDITURE

### 10.1 SOURCES OF REVENUE & COLLECTIONS DURING THE YEAR

Table 9 below shows the revenue that was generated by the department during the year under review, according to source.

Table 9: Sources of Own Revenue

Source	2002/03 Actual	2003/04 Actual	2004/05 Actual	2005/06 Target	2005/06 Actual	% deviation from target
Sale of goods and services other than capital assets (Dents fees)	52,079	78,144	43,066	55,829	49,820	(10.76%)
Financial transactions (recovery of loans and debts) and other income			10,718		12,670	100%
Total Departmental Receipts	52,079	78,144	53,784	55,829	62,490	11.93%

Primarily,3 Tw(P)Tj6.2r4.2538 0.0000-434.0p0 -i of forthe depaTand deb3j32-T7.00038 0t.000028 158receipts49



## 11. OTHER MONITORING TOOLS

Other monitoring tools used to assess the effectiveness of spending by the department were as follows:

- o Functionality and Effectiveness Assessment Team

This team was established to evaluate the performance reports and assess the effectiveness of the interventions funded by both equitable share and conditional grants. For example the effectiveness of the nutritional supplements given to mothers and their babies are assessed in terms of the well-being of the mothers and their babies. The team's reports enabled the department to assess the effectiveness of spending.

- o Quarterly performance reports

Quarterly reports were prepared in respect of non-financial data and submitted to National Treasury via Provincial .28 0.19.8781 0.0000 TD(reasury)Tj34.8352 0.0000 TD(. These reports highlight

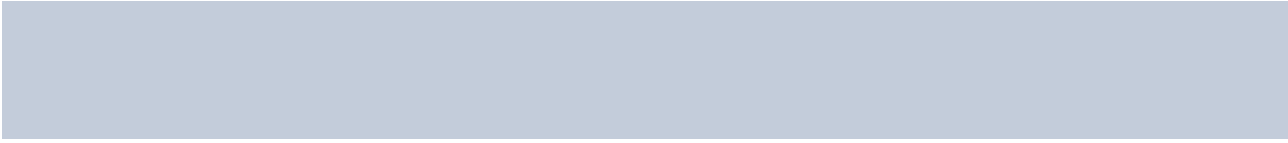
- o Site Visits

to make sure that th  
all the challenges th

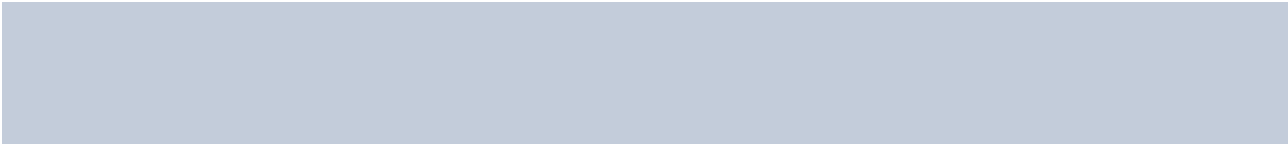
To ensure economy and primarily to prevent fraud, the department used its Pre-Audit Unit (under the Financial Internal Control Directorate) to certify all orders prior to payment and to ensure compliance with legislation and regulations on payments.

## 12. TRANSFER PAYMENTS













In all complexes services of blood and blood products, Implants, National Health Laboratory Services and Pharmaceuticals for tertiary services were paid from the NTSG.

East London Hospital Complex managed to recruit Obstetricians and it retained Community Service doctors. Port Elizabeth Hospital Complex managed to retain Community Service personnel as well as the recruitment of Specialists. The Nelson Mandela Academic hospital also recruited a number of













				<p>(c) UHC Paediatric and ophthalmology outreach programmes conducted regularly. Challenges include non-availability of staff at recipient district hospitals due to patient loads.</p> <p>In support of PGDP goals to reduce maternal and child health morbidity and mortality, strategic and operational plans have been developed with the managers for Women and Reproductive Health and Child Health programmes. Implementation then</p>
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### 13.3 HOSPITAL REVITALIZATION & HOSPITAL MANAGEMENT & 13.4 HOSPITAL MANAGEMENT & QUALITY IMPROVEMENT GRANTS

The Hospital Revitalization grant was given to the department primarily to transform and modernise health facilities infrastructure and equipment in hospitals. The Hospital Management & Quality Improvement Grants complemented the Hospital Revitalization Grant by providing funding that would facilitate a range of management development initiatives, including human resources and procurement delegations and financial management capacity.

On both grants, the conditions as laid down in the Division of Revenue Act 2005 were complied with. Reporting on expenditure and performance was achieved through the monthly In-Year Monitoring, Quarterly Performance Reports and department's own monitoring tools.

The report below summarises the achievements with the two grants.

FrontR

### St Patrick's

- Phase 1 which includes New bulk services and infrastructure, new male & female general wards, new paediatric ward new Theatre & CSSD, new pharmacy/dispensary, new kitchen, new laundry, new mortuary, and new workshops.

### St Lucy's

- This is a completely new hospital which is currently under construction.





### *Organisational Development*

- Recruitment of professional personnel in progress.
- All managers have been trained in computer, finance and management skills.
- Ward clerks are appointed on a contractual basis.
- A consultant for project management and commissioning has been appointed.

### *Quality Assurance*

- Help desk established
- Quality Assurance and Hospital Board Committees are in place.

### *Health Technology*

- Commissioning is scheduled for completion by the end of August 2006.

Project no EC 004 (Rietvlei Hospital)











## PART B - PROGRAMME REPORT AND PERFORMANCE

100% TB and HIV and AIDS clients at risk given supplements	Nutrition supplements procured and distributed to all ARV sites and feeder clinics.	Number of clients reached has not been obtained clinics are complaining of staff short kRC(03
Pamphlets, posters & flyers for HIV and AIDS, Micronutrient malnutrition, Infant & Young Child Feeding, Healthy eating & Food Based Dietary Guidelines produced and distributed to LSA's	Flyers for 12 guidelines to healthy eating based on Food Based Dietary Guidelines, pamphlets on "A guide to healthy eating", posters on "Ten Steps to Successful Breastfeeding" procured and distributed to LSA's  Booklets on the "Code of marketing Breastmilk substitutes" reprinted, Pamphlets on "A guide to healthy eating at work, "Five-a-day-for-better-health challenge & Integrated Nutrition Programme, Protocols on management of severe malnutrition posters printed and distributed to LSA's.	fin(FSM -2i26 0. hospinils bySof se to050%13.10632 -0new FSM. giv
100%(19) of food service managers trained as assessors.	19 Food Service Managers trained as assessors	
100%(23) of food service managers trained on financial management and service excellence.	23 food service managers trained on financial management and service excellence	
Fill 100% INP Managers posts, Reduce vacancy rate for dieticians to050% for food service managers to040% for CLO's and SASO's to 50%.	22 posts were advertised only 9 posts for ARV dieticians have been filled.	



























## 14.2 MAINTENANCE

The value of the Eastern Cape health property portfolio is estimated at R1.35 billion for buildings, R1.35 billion for plants and R0.75 billion for medical equipment.

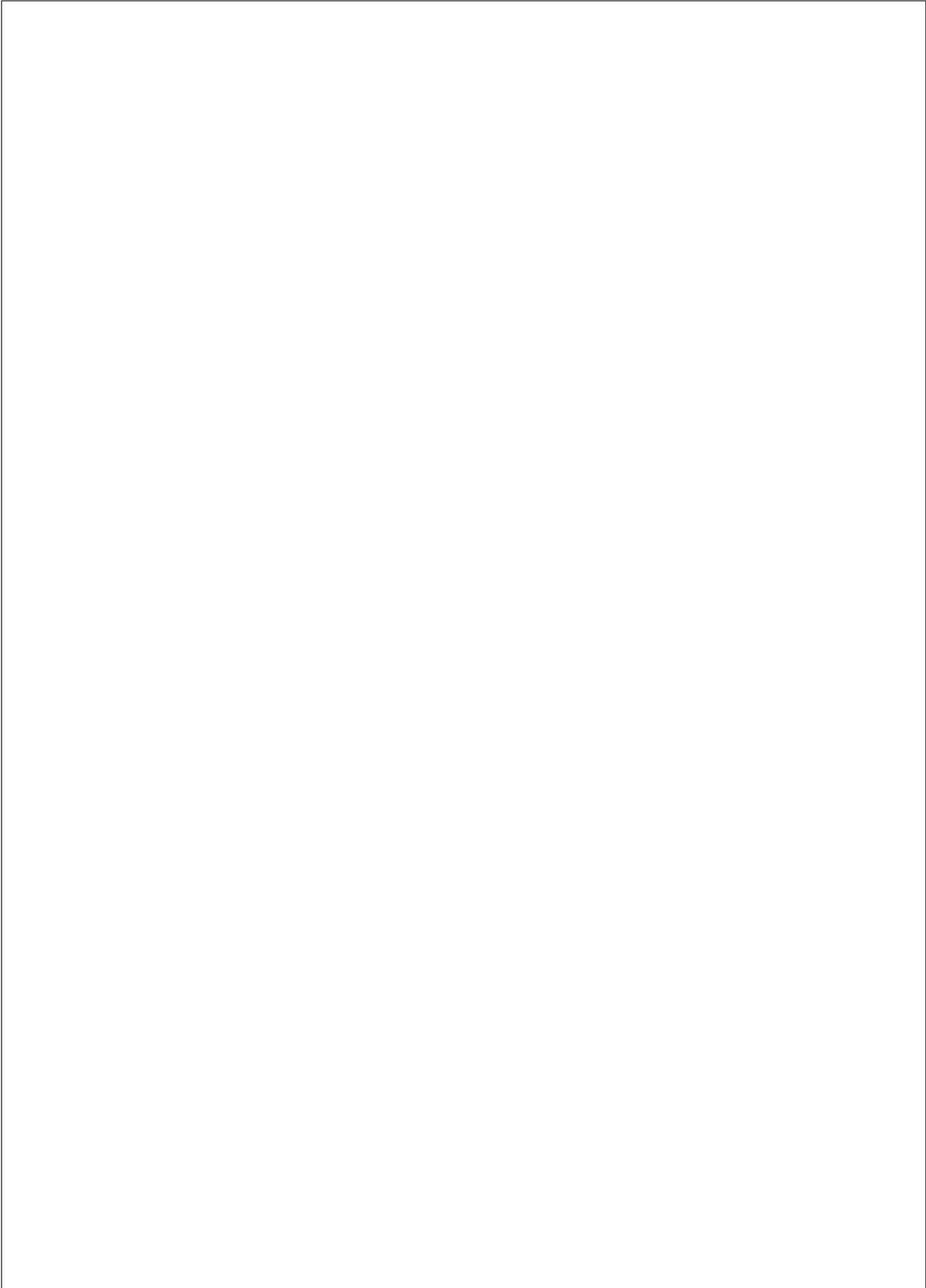
The current backlog for buildings, plants and equipment is estimated at R2.4 billion. Repairs and maintenance for the MTEF 2005/06 - 2008/09 is estimated at R675 million.

For the department to overcome the maintenance backlog it needs to spend R317 million per year from 2005/06. In the year under review the budget for maintenance - buildings, plants and medical equipment was R110 million.

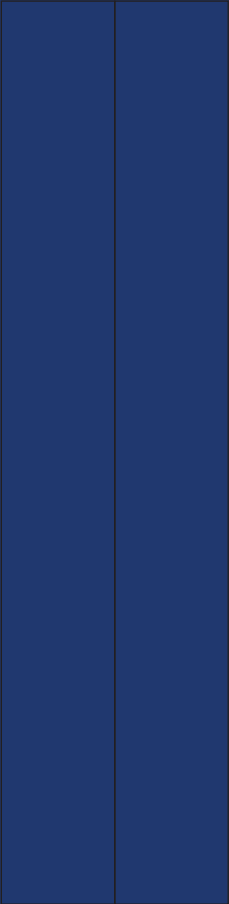
Major maintenance works were carried out on boilers, air conditioners, refrigerators and incinerators in 2005/06. Other major maintenance work such as plumbing, repairing roofs, painting, sewerage etc was carried out during the year. 75 hospitals and 403 clinics benefited from the maintenance that was carried out during 2005/2006. Below is the list of all institutions (hospitals mainly) where maintenance work was carried out, the budget and expenditure for 2005/06.

Table 20: List of hospitals that were maintained in 2005/06

HOSPITALS	Budget 2005/6	Spent 2005/06
Aliwal North Hospital	750,000	750,000
Andries Vosloo	100,000	100,000
All Saints Hospital	3,000,000	3,000,000
Adelaide	100,000	100,000
Bambisana Hospital	1,000,000	1,000,000
BJ Voster	100,000	100,000
Bedford Hospital	1,000,000	1,000,000
Bedford Orthopaedic Hospital	600,000	600,000
Bisho Hospital	2,100,000	2,100,000
Burgersdorp Hospital	1,000,000	1,000,000
Butterworth Hospital	3,200,000	3,200,000
C. Joubert Barkley East	1,000,000	1,000,000
Cala Hospital	2,600,000	2,600,000
Canzibe Hospital	1,000,000	1,000,000
Cathcart Hospital	1,000,000	1,000,000
Cecilia Makiwane Hospital	3,450,000	3,450,000













# PART B

## PROGRAMME



## PROGRAMME 1

15.





<ul style="list-style-type: none"><li>• Establishing the disease burden of the province.</li><li>• Facilitating the development of clinical audit teams in institutions and development of protocols that are based on research.</li><li>• Developing Service Charter and Service Standards.</li><li>• Focusing on health users using patient satisfaction DSUR</li></ul>	
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Sourcing and recruiting staff

Development and  
Implementing wellness  
programmes

Development of HR Plan for  
the Department

Performing Job evaluation and  
job descriptions

Management, control and  
monitor the capturing of HR  
transactions on PERSAL  
system

Implementing on PEO. On foeweloyan fotions relaAL

Provide financial internal control

Transformation of procurement activities throughout the Province into an integrated Supply Chain Management Function

Establish and staff 12 corporate Service Centers (CSCs)

Decentralised Document Centre

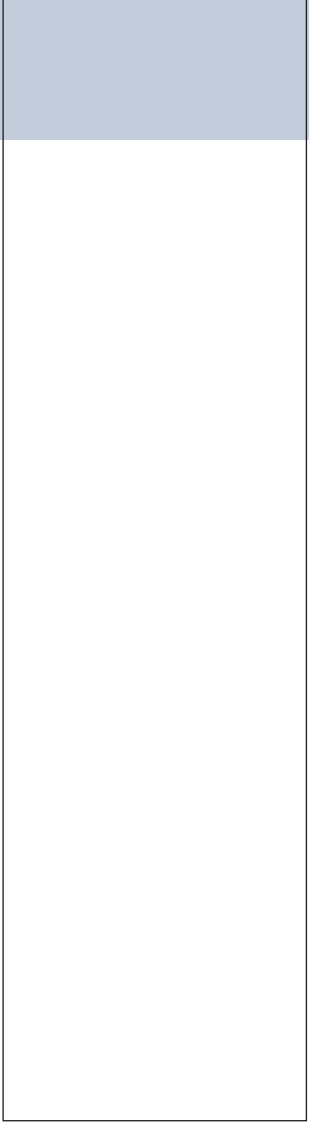
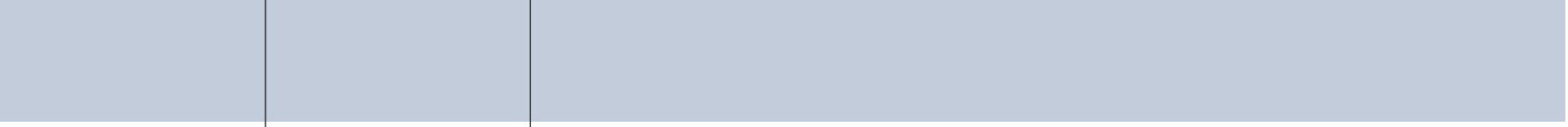
To develop and implement anti-fraud and anti-corruption strategy

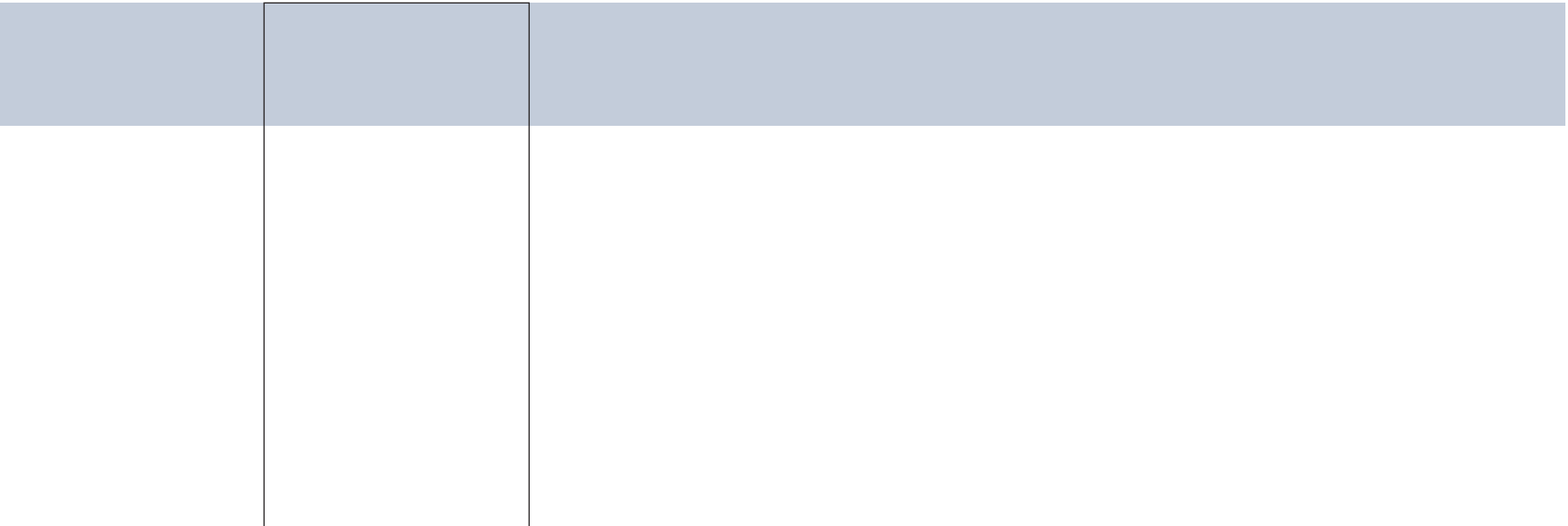
Provide efficient & effective Asset Management in the Department











# PART B

## PROGRAMME





## 16. PROGRAMME 2: DISTRICT HEALTH SERVICES

**Aim:** To develop, implement and monitor District Health Services in the Eastern Cape which encompasses primary health care and level 9 hospital services.

Programme 2 comprises of the following Sub-Programmes:

District Management, Clinics, CHCs, Community Based Services, Other Community Services, HIV & AIDS, Nutrition and district hospitals.

### ANALYTICAL REVIEW OF PRIMARY HEALTH CARE SERVICES

The district health services are rendered through 47 district hospitals, 18 provincially-aided hospitals, 1 hospital managed by a private company, 751 clinics excluding 256 municipal clinics and 32 community health centres.

#### 1. ACHIEVEMENTS

In addition to the achievement of programme objectives reflected on table 5 below the following achievements were also attained:

##### 1.1 District Management

- The DHS Lekgotla was successfully planned and hosted in October 2005.
- Strong and sustained partnership with the EUPDPHC and IPHCP (TA-aidSC II)-117.6357 05728923 TD









Effective delegation of PHC Services to Local Government

Strengthen Governance structures for effective participation of civil society in health issues

Strengthen Health System planning

Enhance monitoring and evaluation

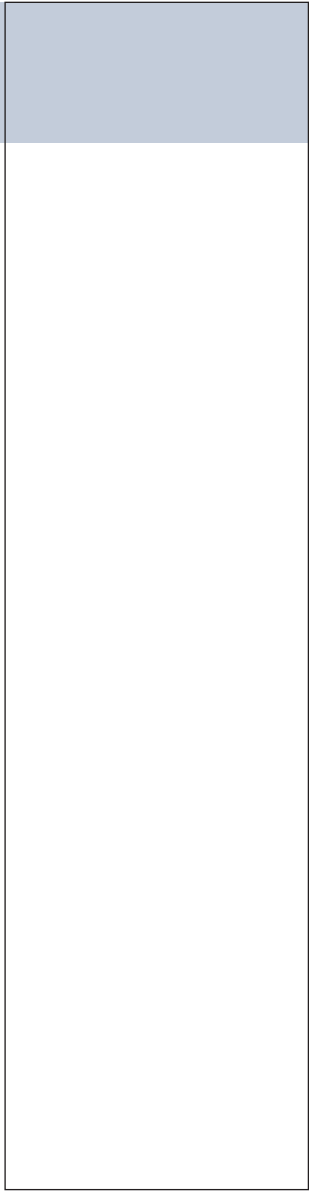
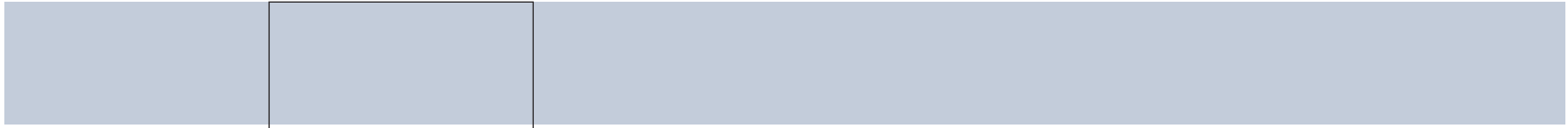
Provide ongoing training and skills development for health managers

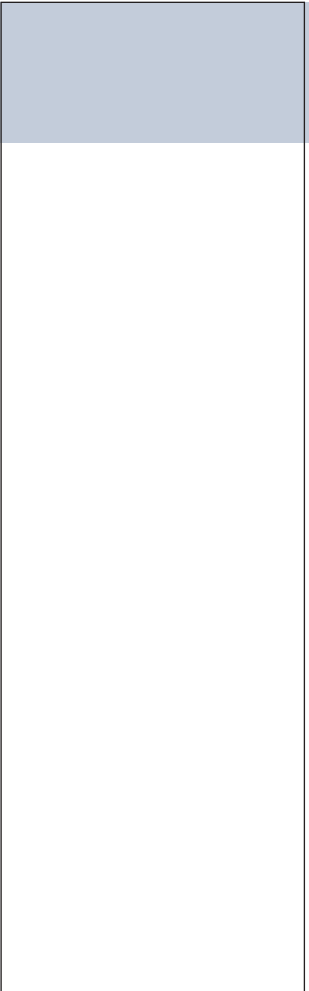
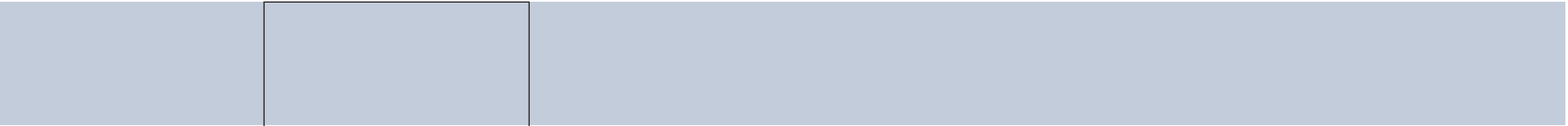
Ens TD equitable resource allocation to Districts & LSAs for service delivery

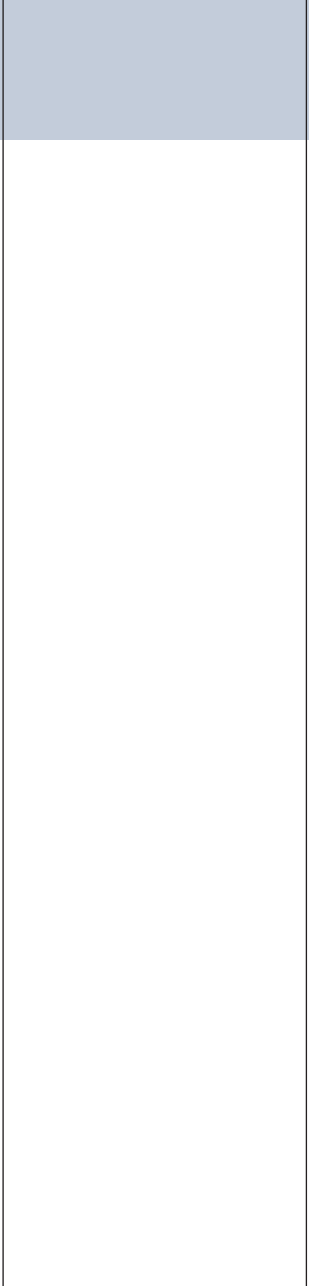
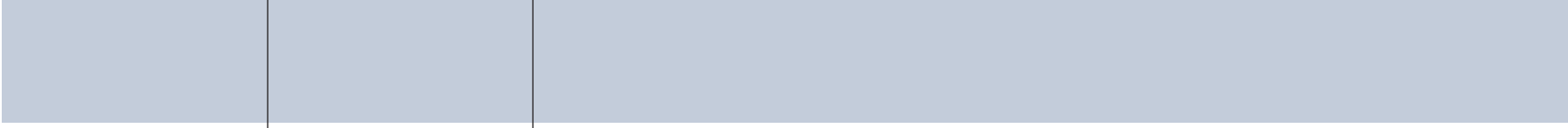
Ens TD provision of PHC services by Municipalities on an agency basis









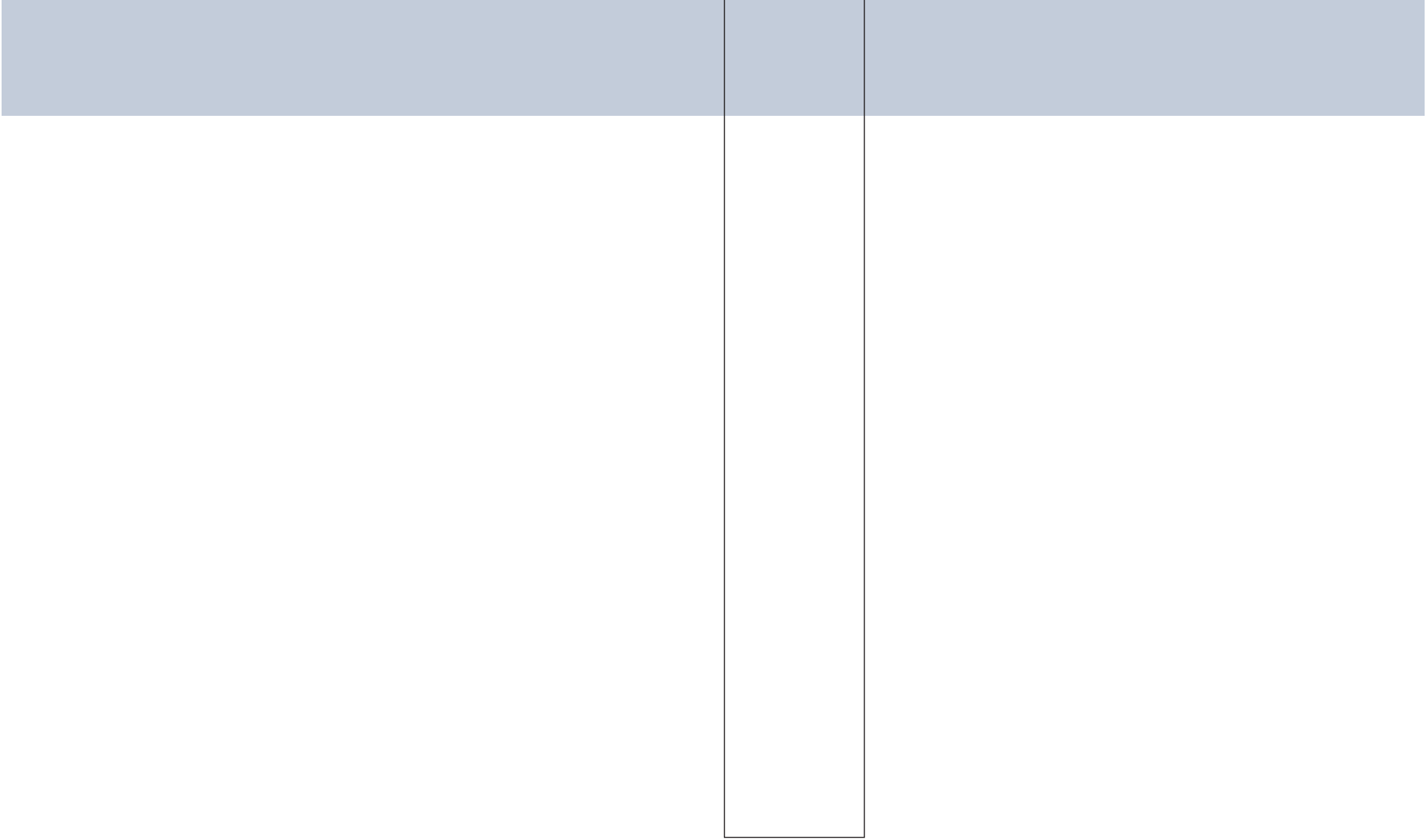






























# PART B

## PROGRAMME







- Increasing of training on ALS and ILS;
- Ensuring registration of all EMS personnel with the HPCSA;
- The development of an EMS Disaster Preparedness Plan.

## CHALLENGES AND CONSTRAINTS

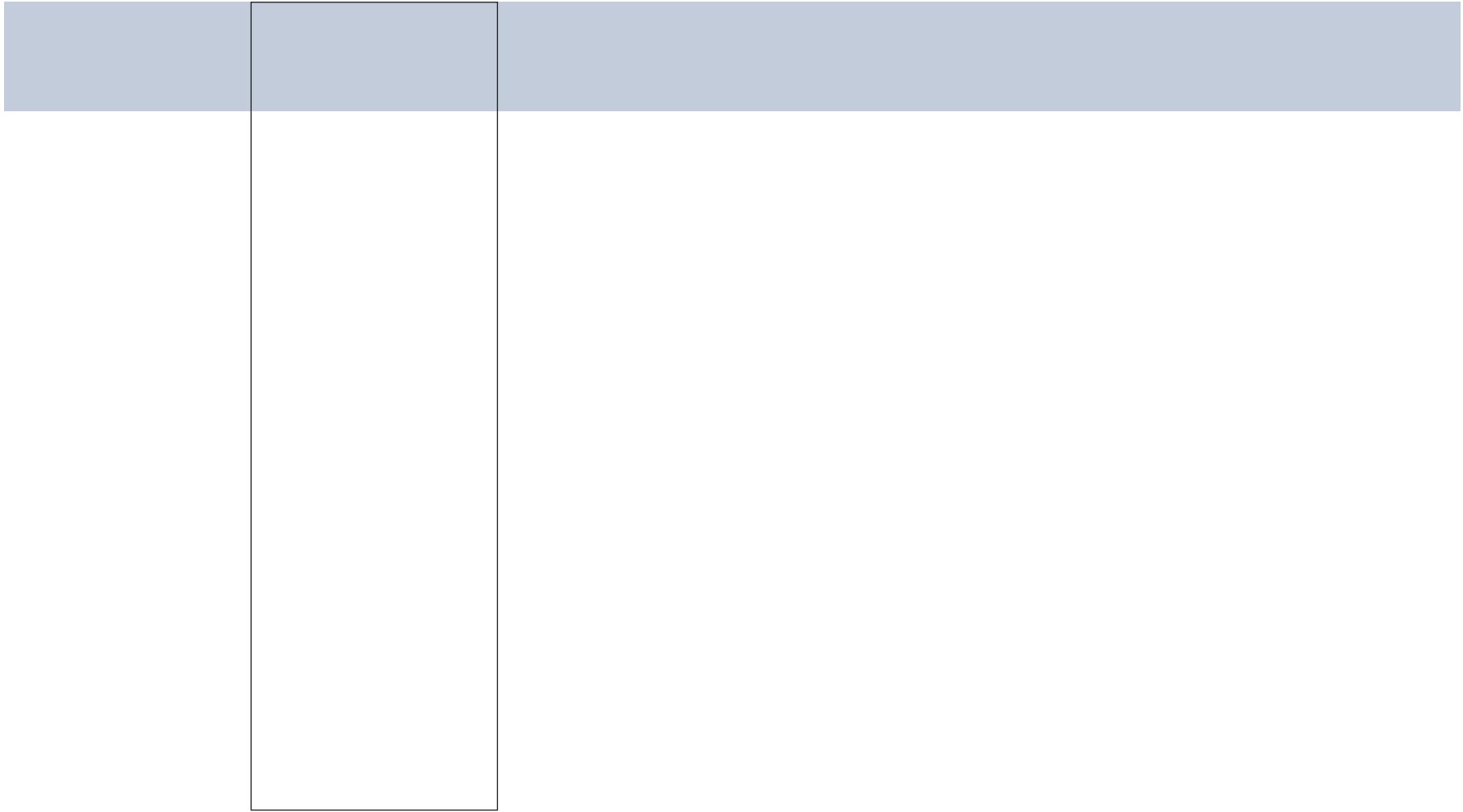
The constraints and challenges in encountered implementing the above policies relate to:

- Insufficient funding for improvement of the human, mechanical and physical resources as a result targets could not be met.
- The delay in the provincialisation process has resulted in low morale and reluctance to comply with legislation.

## ACHIEVEMENTS

- 32 posts for Basic Ambulance Assistance were filled.
- Development of Mt Ayliff Metro Centre.
- 416 Personnel have been employed and 119 new vehicles acquired and allocated to various services.







# PART B

## PROGRAMME





18. PROGRAMME 4: PROVINCIAL HOSPITAL SERVICES  
(A) COMPLEXES & REGIONAL HOSPIT





ACHIEVEMENTS

(i) Rationalization of Services

The process of rationalization within the East London Hospital Complex has resulted in the following services having been moved to areas / hospitals as shown in the table below:

Clinical services	Mental Health Unit Paediatric ICU Ophthalmology Family Medicine	Oncology Maxillo Facial surgery Urology Orthopaedics
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(ii) Implementation of Comprehensive HIV and AIDS programme

This programme is fully functional in all the complexes and regional hospitals catering for adults and children.

(iii) Establishment of Step down facilities

In addition to the functional Step down facilities at the East London and Mthatha hospital complexes, plans to establish a step down facility at the PE hospital complex are already in process.

(iv) Academic & Service support programme (outreach programme)

Outreach programmes are offered as reflected below:-

- Ophthalmology in Fromy inc8PdChr isHani Disatrit;y





- (vii) PEHC managed to retain Obstetricians and retained Community Service doctors. PEHC has managed to retain Community Service personnel as well as to recruit Specialists. The Nelson Mandela Academic hospital has also generated interest to academics, 80 flats for interns' accommodation built and occupied in January 2006. Rental accommodation is also provided for Community Service doctors.
- (viii) A substance Abuse Treatment Hospital operating well at Fort England P

n Day was hosted by Fort England Psychiatric hospital at Cacadu  
& 25 October 2005.

for cluster CEO`s and District Managers to orientate them on the  
Health Care Act No 17 of 2002 and its emphasis on community based

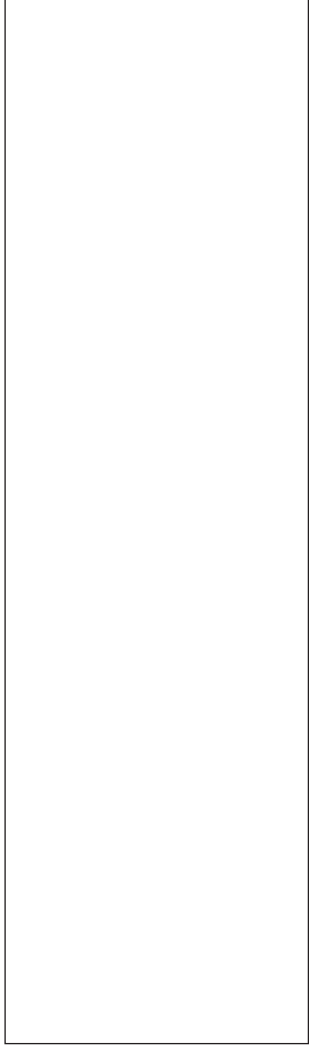
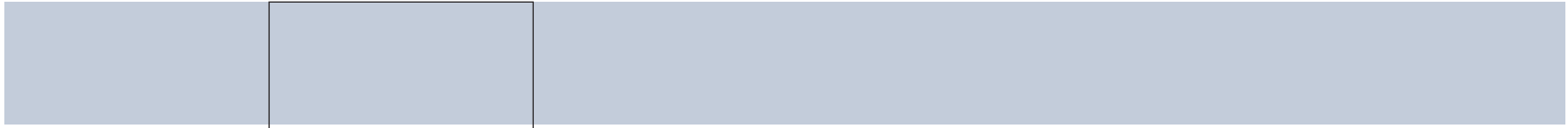
rd members were appointed in April 1964 TDd77 4Fly with the  
e Review Board was launched on 25/10/2005. The Review boards  
for the eastern, central and western regions.

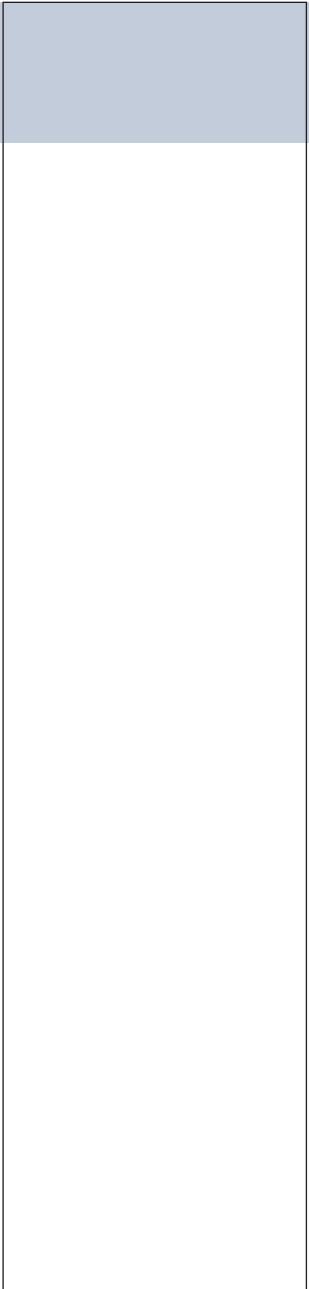
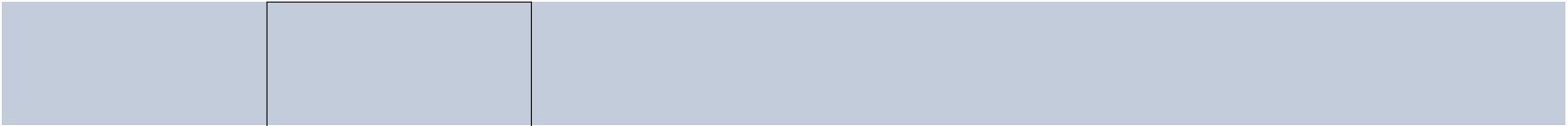
plan 10 more beds were added for Umtata Mental Health unit;  
ished at Libode mental health unit.



















# PART B

## PROGRAMME







- granting of bursaries to needy students of the province;
- offering levels 1 to 4 ABET to adult employees who missed the opportunities of going to school;
- training of student nurses.

## CHALLENGES AND CONSTRAINTS







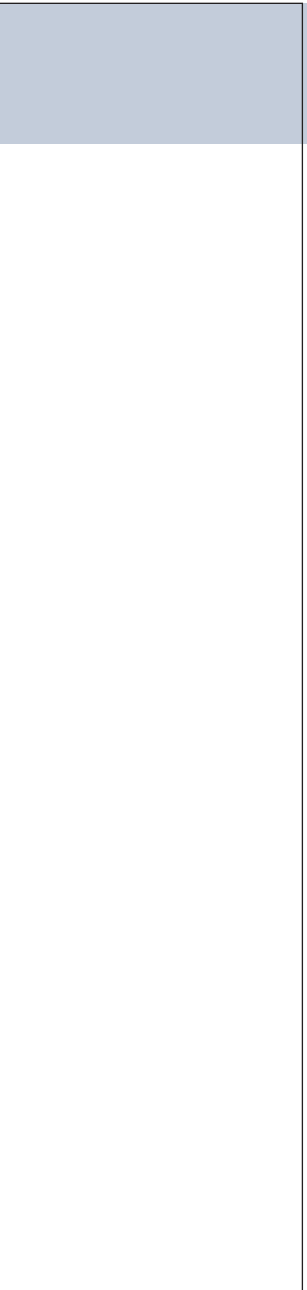
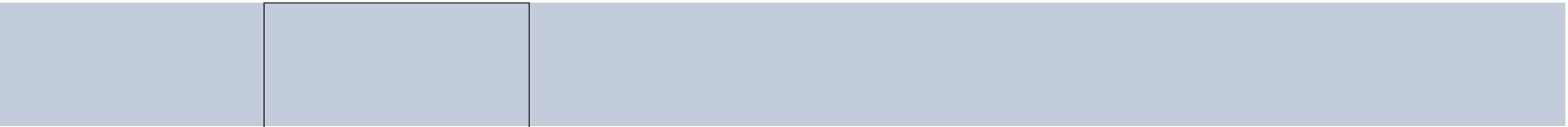






















# PART B

## PROGRAMME







This guide advises on how the silver recovery prog



## DIRECTORATE: PHARMACEUTICAL SERVICES

AIM: Pharmaceutical Services aims at ensuring equitable access to safe, cost-effective, quality







Liaise fom23n infrastructure development

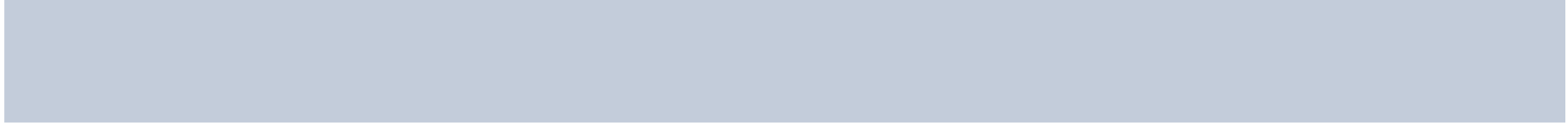
Co-ordination of teleradiology program23n the province fom2 possible rollout

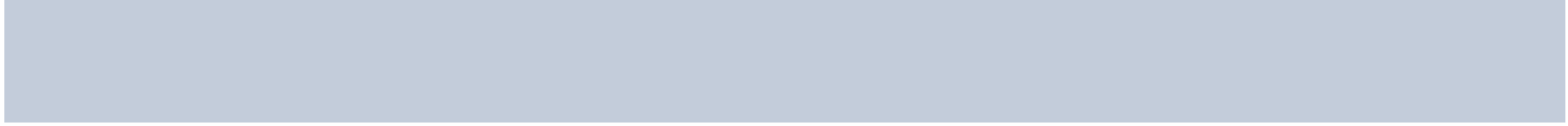
To improve accessibility of services fom2persons with disabilities

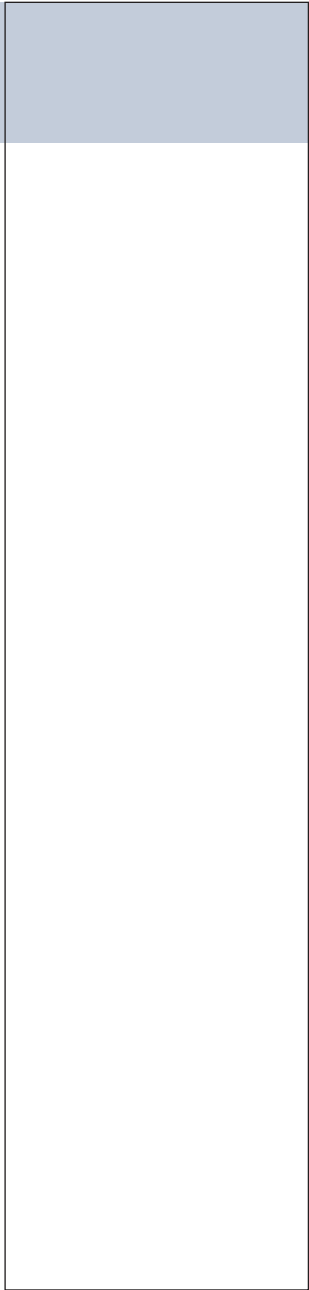
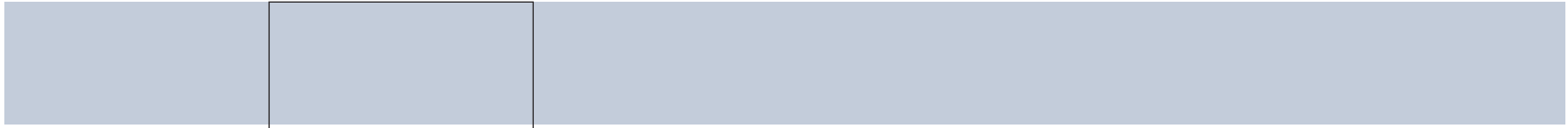
To facilitate implementation of free health care services 3n the province fom2persons with disabilities

Standardisation of radiography equipment

Co-ordinate the community service fom2all clinical support service professionals













# PART B

## PROGRAMME





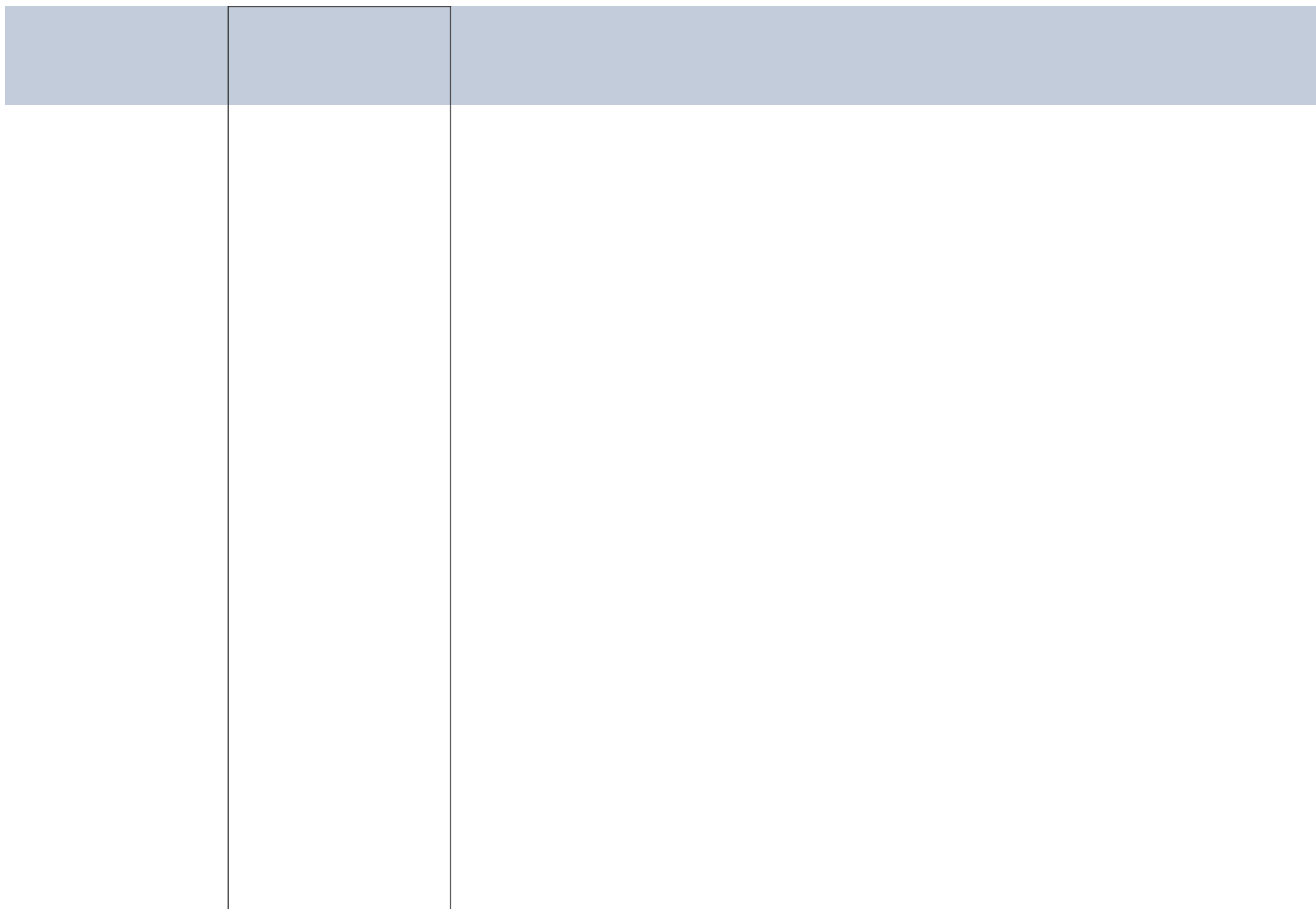
## 21. PROGRAMME 8: HEALTH FACILITIES MANAGEMENT

AIM: To improve access to health care services by providing new health facilities, upgrading and

## CHALLENGES AND CONSTRAINTS

The programme experienced the following challenges and constraints during the 2005/06 financial year:-

- Delays in terms of procurement of services both at PWD and Tender Review Committee (still
  - 
  -





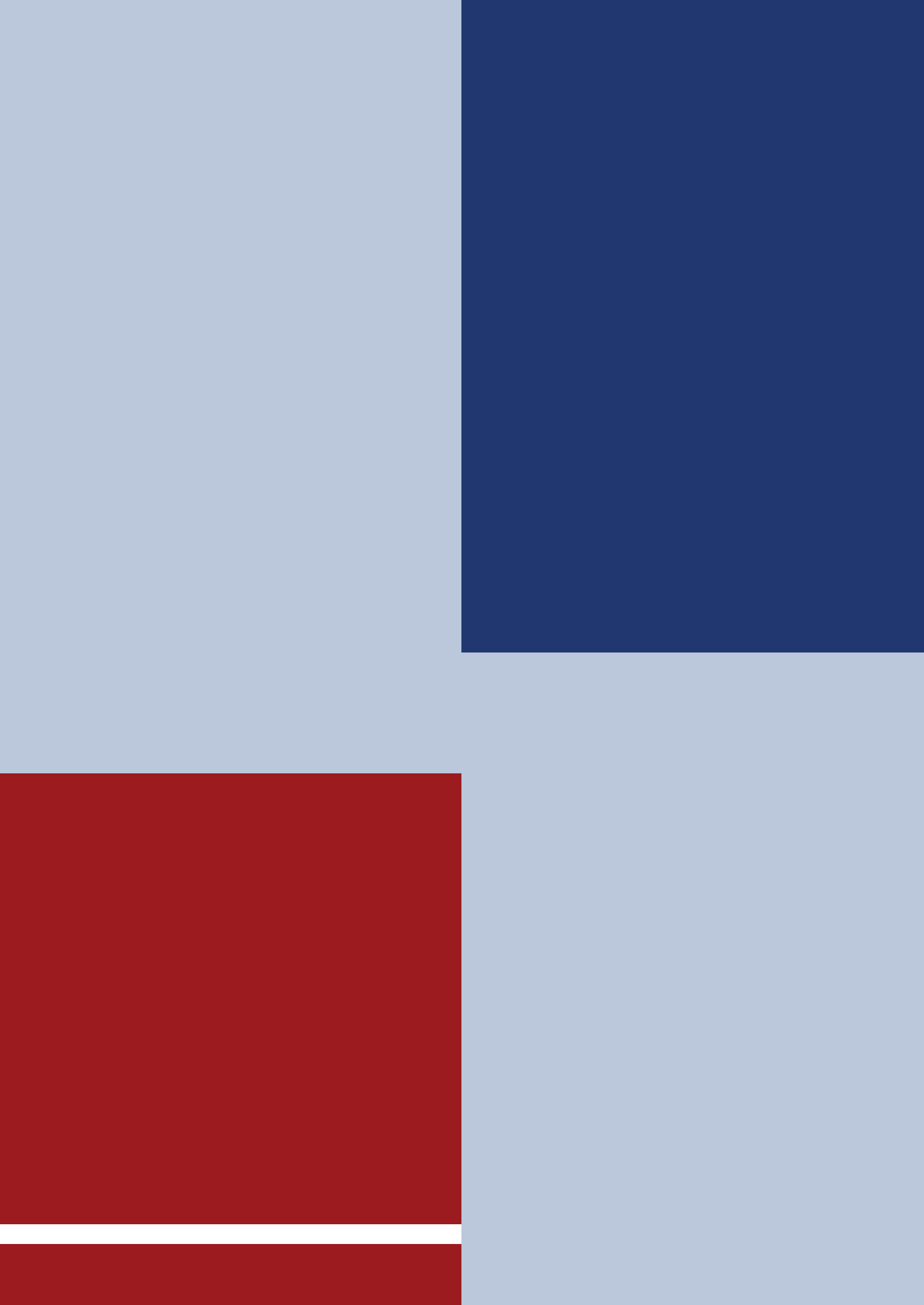
Maintenance of clinics & CHCs

Maintenance of hospitals

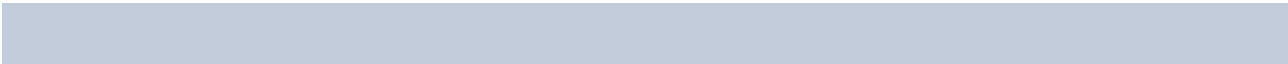


















# PART D

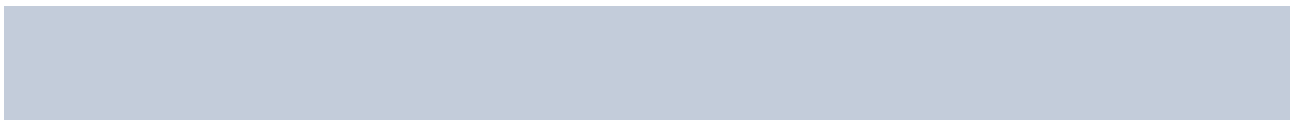
## ANNUAL FINANCIAL







# PART D

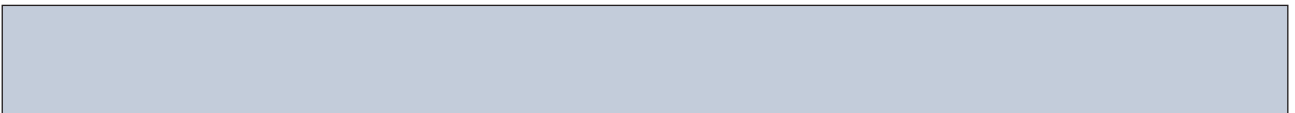




## PART D- ANNUAL FINANCIAL STATEMENTS

Programme 7:

- PDep Anhotic and prosthetic services and hearing 2.040.008876



3. Capacity constraints

4. Utilisation of donor funds

5. Trading entities and public entities

6. Organizations to which transfer payments have been made

7. Public Private Partnerships



10. New/proposed activities

The Department will be taking over the management and daily operations of the State Mortuaries that were formerly in the control and management of the South

11. Events after the reporting date







## QUALIFICATION

### **Independent checks and reconciliations**

An adequate control framework to perform independent checks and reconciliations has not been documented and approved by management of the department. The lack of guidance in this

It was evident from audit testing that at least R2.1 billion of these journals were necessitated by misallotted transactions that should not have occurred if the original source documentation had been subject to proper checking and reconciliation.



and bid evaluation committee meetings during the audit, for the period of December 2005 to March 2006, as these minutes had not yet been prepared.





P



Independent Development Trust on 20 December 2005. In terms of this contract the Independent Development Trust was to facilitate the implementation and successfully complete certain projects. These projects include the procurement of x-ray machines and furniture as well as building projects for the renovation of Letsema, Frontier and S





**5. DISCLAIMER OF OPINION**

Due to the significance of the matters discuss TDI TDr28.25958 T50000 TD/F24 (aragraph 4, I do not expr







**6.3.6 Internal audit**

- (a) An internal audit plan has been documented and approved. In terms of this plan, audit work was to be performed on:
- revenue management;
  - transport services;
  - corporate governance;
  - financial administration and control;
  - human resources management;
  - asset management;
  - procurement;
  - risk management review;
  - human resources planning and organisation development; and
  - PERSAL administration.

Only internal audit reports for revenue management, transport services and corporate governance could be provided during the audit. Internal audit has thus not complied with this internal plan and effect. 3.68 discharge of the irmanadte











#### 2.2.4 Interest, dividends and rent on land

Interest, dividends and rent on land is recognised in the statement of financial performance when the cash is received.

#### 2.2.5 Sale of capital assets

The proceeds received on sale of capital assets are recognised in the statement of financial performance when the cash is received. dends -96 12.0000 -Chequeroissued on 53evious accouiting recio/tha









cannot be established. No revaluation or impairment of assets is currently recognised in the asset register. Projects (of construction/development) running over more than one financial year relating to assets, are only brought into the asset register on completion of the project and at the total cost incurred over the duration of the project. Annexure 3, 3.1 and 3.2 of the disclosure notes, reflect the movement in the asset re

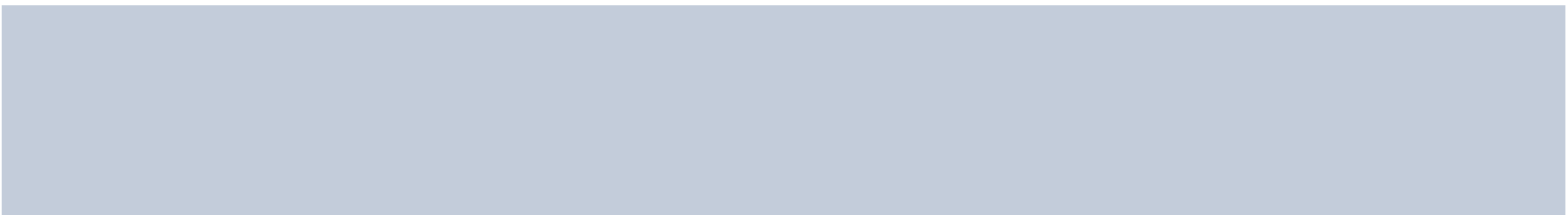


- It is not probable that an outflow of resources embodying economic benefits or service potential will be required to settle the obligation; or

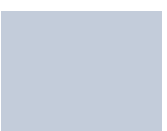
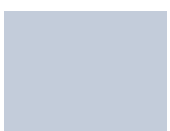
Compensation paid to key management personnel including their family members where relevant, is included in the disclosure notes.

A public private partnership (PPP) is a commercial transaction between the department and a private party in terms of which the private party:

- Performs an institutional function on behalf of the institution; and/or
- acquires the use of state property for its own commercial purposes; and





































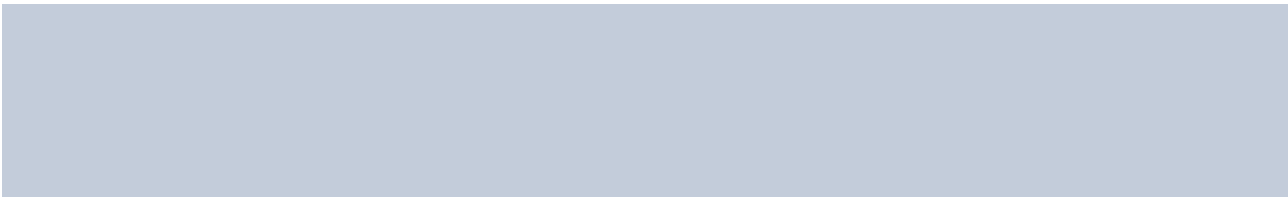
7.1	Laundries
7.2	Engineering





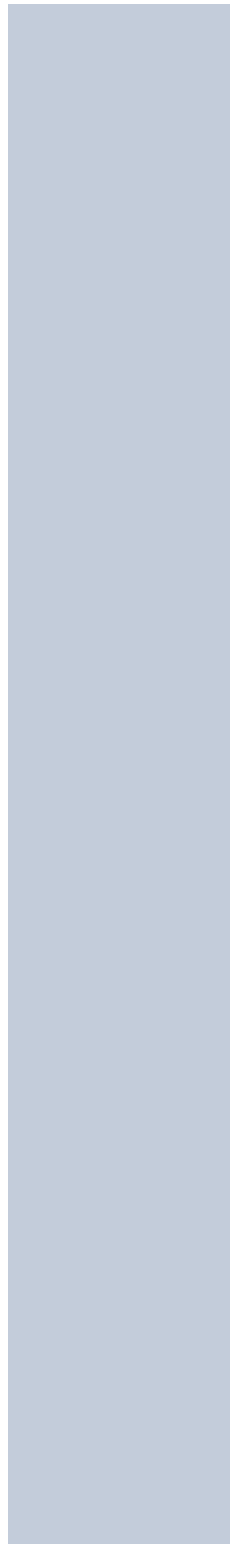
















2004/05  
R'000

5,266,881

5,202,941

638

53,784

9,518

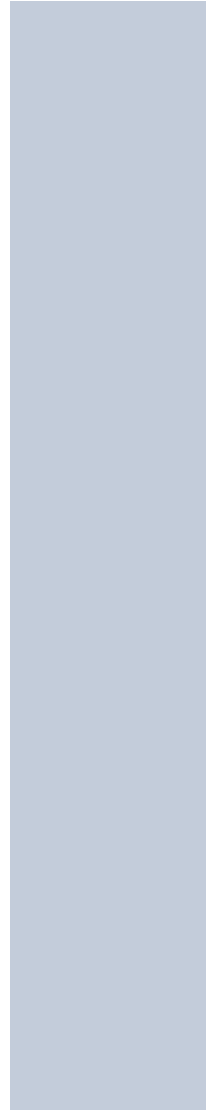
54,821

PROVINCE OF THE EASTERN CAPE  
DEPARTMENT OF HEALTH  
VOTE 3

NOTES TO THE ANNUAL FINANCIAL STATEMENTS  
for the year ended 31 March 2006

250,256	-	
2,820,680	-	
219,079	535,59	-
2,030,962	-	
2	6,226,27	0TjET1.00 0.89 0.28 0.14 kBT250.1924 196.4769 TD/F21 10.00
333,514	-	
36,150	-	
-	-	
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-E60 0.89 0.28 0.14 kBT250.1924 (-E60 0.8A99. 0( 60 )Tj6)Tj.9374 -15.5		
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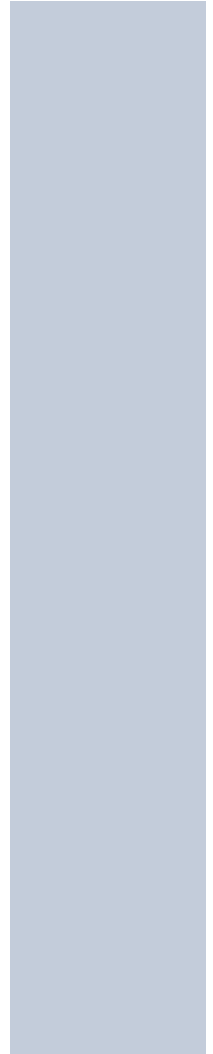




PART













PART D- ANNUAL FINANCIAL STATEMENTS





PART D- ANNUAL FINANCIAL STATEMENTS

	6,887	
	3,394	
	140	
	10,421	2005/06
	Machinery and equipment	R'000 Total
25 Lease commitments		
25.1 Operating leases		
Not later than 1 year		
Later than 1 year and not later than 5 years		
Later than five years		
Total present value of lease liabilities		
26 Receivables for departmental revenue		
Sales of goods and services other than capital assets		
Other		
<hr/>		
27 Irregular expenditure		
27.1 Reconciliation of irregular expenditure		
Opening Balance		
Irregular expenditure – current year		
Amounts condoned		
Current expenditure		
Transfers and subsidies		
Expenditure for capital assets		
Transfers to receivable for recovery (not condoned)		
Irregular expenditure awaiting condonement		
<hr/>		
Analysis		
Current		
Prior years		
27.2 Irregular expenditure		
Incident		
Previous years irregular expenditure		

28. Related party transactions

No related party transactions took place in the year under review.

29. Public Private Partnership

29.1 PPP's in operation

Humansdorp hospital PPP concession

Description of the arrangement:

The Eastern Cape Department of Health (ECDoH) recognised the potential for the establishment of a private facility in partnership with the existing Humansdorp district hospital. This led to its decision to embark on a Public Private Partnership through the conclusion of an Agreement on 27 June 2003 with Metro Star Hospital Life Healthcare Ltd (previously Afrox Healthcare Ltd).

Terms of the agreement / Obligations to acquire or build items of property, plant and equipment / Other rights and obligations

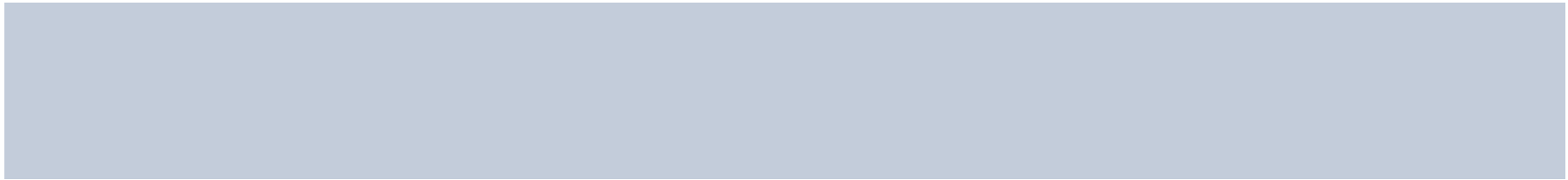
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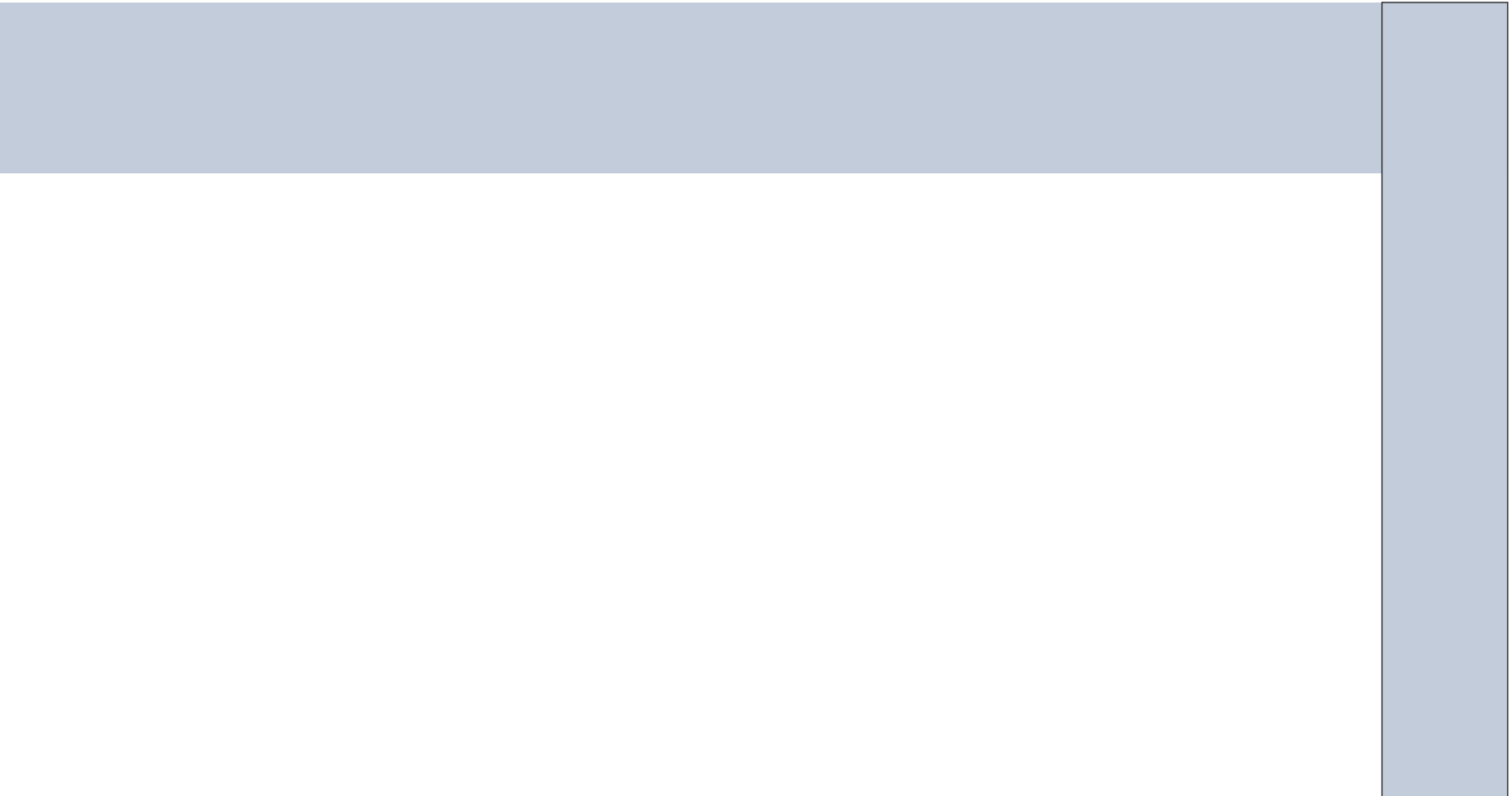






















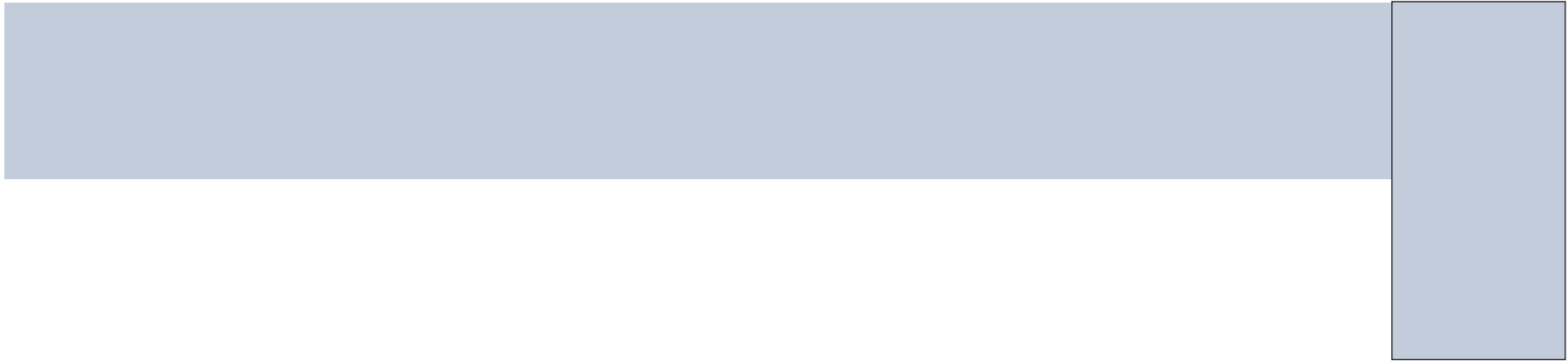




PROVINCE OF THE EASTERN CAPE  
 DEPARTMENT OF HEALTH  
 VOTE 3

ANNEXURE TO THE FINANCIAL STATEMENTS  
 for the year ended 31 March 2006

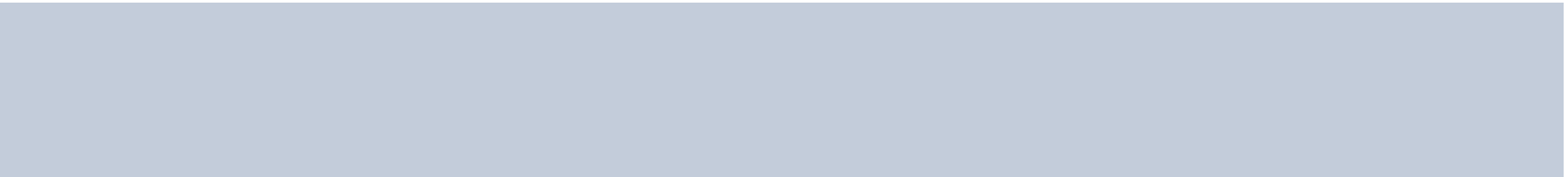
Adjusted Appropriation Act	
R058 TD2/F1884Tj47 )Tj000 TD/F3452)Tj-90.7753 unds of 0 TDOT45 OC17ECAPE 2	
(available)	











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

Prg1: administration								
Prg2: district health services								
Prg3: emergency medical services								
Prg4: provincial hospital service								
Prg6: health sciences & training								
Prg7: health care support services								

























Dental practitioners, Temporary				
Dental therapy, Permanent				
Dental practitioners and dental technicians, Permanent				
Dental practitioners and dental technicians, Permanent				
Dental practitioners and dental technicians, Permanent				











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TABLE 5.5 - Promotions by Salary Band

Lower skilled (Levels 1-2), Permanent	6702	1	0		48.9
Lower skilled (Levels 1-2), Temporary	65	0	0		1.5
Skilled (Levels 3-5), Permanent	10515	38	0.4		30.9
Skilled (Levels 3-5), Temporary	43	0	0		0
Highly skilled production (Levels 6-8), Permanent	12043	243	2		44
Highly skilled production (Levels 6-8), Temporary	157	0	0		6.4
Highly skilled supervision (Levels 9-12), Permanent	1676	186	11.1		19
Highly skilled supervision (Levels 9-12), Temporary	93	0	0		1.1
Senior management (Levels 13-16), Permanent	137	11	8		0
TOTAL	31431	479	1.5		

























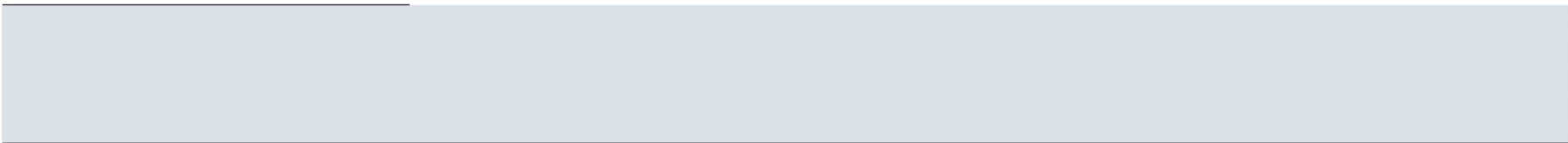








TABLE 852 - Foreign Workers by Major Occupation

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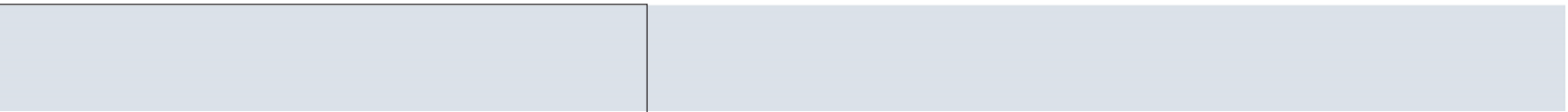
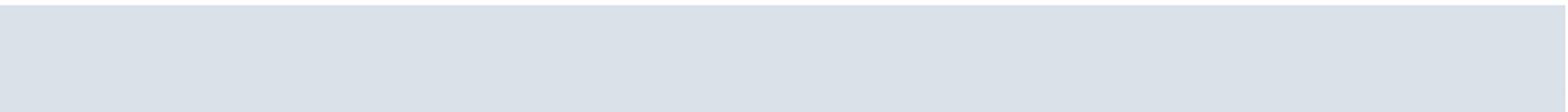






















TABLE 14.3 - Report on consultant appointments using Donor funds

	TOTAL NUMBER OF CONSULTANTS THAT WORKED ON THE PROJECT	DURATION: WORK DAYS	DONOR AND CONTRACT VALUE IN RAND
PROJECT TITLE	None	None	None

