GAUTENG PROVINCIAL GOVERNMENT

DEPARTMENT OF HEALTH

IN TERMS OF THE PUBLIC FINANCE MANAGEMENT ACT

ANNUAL REPORT 2005/2006

Health for a better life

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GAUTENG DEPARTMENT OF HEALTH

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In terms of the Public Finance Management Act and Rule 9.4(1)
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The information in this annual report has been compiled from inputs received from the management and staff of the Gauteng Department of Health, from various internal reports. We thank the many individuals who helped in the production of the annual report and a special mention to Ms Sellinah Dumela and her team including Mr Zolani Mnqibisa as well as Mr Philemon Nzimande for their efforts in co-coordinating the compilation and printing of the annual report.

We are indebted to Niran Singh and the staff of Shereno printers who have ensured that the schedules for design and publication are met. We also thank Patrick Cockayne for the editorial assistance.

We would like to thank our key stakeholders and strategic partners for their valuable contributions to the provision of quality health services to the people of Gauteng.

SECTION 1: EXECUTIVE SUMMARY

1.1 Foreword from the MEC: Health: Mr Brian Hlongwa

It is an honour for me to table to the house the Annual Report of the Gauteng Department of Health for the financial year 2005/2006, when the country is celebrating three key milestones in our history:

- In June we commemorated the thirtieth anniversary of the June 16 Uprising, the catalyst for our freedom;
- In May we celebrated 10 years since the adoption of our Constitution, our fundamental mandate for improving the lives of our people.
- In August we celebrated the Golden Anniversary of the Women's march to the Union Building in 1956. This is a celebration of the extra-ordinary sacrifices made by women in the struggle for liberation and justice the Gauteng Health Department is placing emphasis on programmes to improve the health status of women.

The past year has seen significant progress in the Gauteng Department of Health's commitment to provide quality health services to the people of the province.

In line with the National Health Act of 2005, we have established the Provincial Health Council, where our Member of Executive Council (MEC) meets regularly with Members of the Mayoral Committee (MMC) for Health, the Emergency Medical Services for the three Metropolitan Councils to ensure cooperative governance and delivery of integrated health and emergency medical services. We have established a Provincial Health Council Technical Committee and are in the process of establishing District Councils.

Our health professionals in hospitals and clinics still see far too many women survivors of sexual assault and physical abuse and women continue to carry a disproportionate burden of HIV and Aids. The department will continue to work with civil society, the private sector and community organisations to find lasting solutions.

Gauteng is a key province in the national drive to curb the growth of Tuberculosis (TB) and to spread the message that this disease can be cured. In the current budget the amount allocated to HIV and Aids has been increased by 47.8% and we have set ourselves targets to raise our immunisation coverage to 90% by the end of the year.

The 10% increase in the budget allocation over the previous year, is a clear indication of the Gauteng Government's view that health issues should be a priority in the future social and economic development of our province and a key element of our strategy to alleviate poverty and create a better life for all our people.

This Annual Report provides a detailed overview of the critical programmes and projects that are being implemented in the department.

An amount of R922 million has been allocated towards capital projects including machinery and equipment. One of the highlights of the coming year will be the official opening of the new Pretoria Academic Hospital.

The World Health Organisation has declared 2006 the year where special attention be given to the global crisis in the health workforce. According to the most recent WHO survey there is an estimated world-wide shortage of 4.3 million doctors, nurses, midwives and other health support workers. We in Gauteng have not escaped this global trend. We have put in place human resource strategies to meet the current challenges and future demands.

To deliver on this mandate, we have set ourselves a target of increasing the number of nurses produced by our colleges by 20% annually. In the last financial year we admitted 3 651 student nurses of all categories into the education programme, which is exceeds our target by 600.

Public requirement of our services continue to grow. Patient visits to primary health care facilities in Gauteng have increased from 10.4 million in 2002 to 14.1 million in 2005/2006. To meet the demand for these essential services we will soon open new Primary Health Care facilities in nine more areas.

The rising demand can directly be attributed to the success of the Gauteng Health Departmentís efforts to make health care facilities accessible to the entire population. We are the most urbanised province in the country and are consistently drawing new migrants in search of economic opportunities.

This is the first annual report that has been produced since my appointment as MEC for Health in Gauteng. In my short tenure at the department I have been impressed by the dedication and commitment displayed by the overwhelming number of health care professionals and support staff in our province.

This Department has committed itself to follow a people-centred approach to health care provision. For us the needs of the public and our patients come first and we are continuously evaluating our services from their perspectives.

The coming year will present us with new challenges. I am confident that we will continue to meet these challenges as we move towards our objective to build a healthy, skilled and productive people ñ and ensuring a better health for all in Gauteng.

In conclusion I want to thank the leadership and support of the Premier, our Minister of Health, the National and the Provincial Health Councils, the Portfolio Committees on Health and Finance for the constructive role they play in policy formulation and implementation. My sincere appreciation also goes to the acting Director General and the senior leadership cadre in the department for their contribution towards the successes of the past year.

1.2 Foreword by the Acting Head of Department: Dr. A. Rahman

In my capacity as an Acting Accounting Officer for the Gauteng Department of Health, it is my pleasure and privilege to submit to you the Department's Annual Report and Annual Financial Statements for the 2005/2006 financial year.

Building on the broad consultative process we undertook when we drafted our Five Year Programme of Action (2004-2009), we are still committed to delivery of quality health services with and within our communities and also to ensure an equitable and efficient health system.

For the 2005/2006 financial year, the Gauteng Department of Health was appropriated R9.8 billion by the Gauteng Legislature. This budget was a tool to allow continuance of our policy implementation and programmes within the medium-term expenditure framework. The increase in the demand of service delivery was met by the fast tracking of infra-structure projects and purchase of high-tech equipment which saw an increase in expenditure in excess of the appropriated budget of R133 million.

The shortage of health professionals continues to pose a formidable challenge for the Department. Whilst acknowledging that this is an international phenomenon, our recruitment and retention strategy is beginning to yield results. Despite the fact that the attrition rate is still high, we managed to attract 2,950 health professionals for the period under review, with significant gains when compared to 2004/2005.

We also continued to make strides in revenue collection. Over the past five years revenue has increased by 62%, from R157 million in 2001/2002 to R254 million in the 2005/2006 financial year. For the current financial year, revenue collection has increased by 16% over that of the previous financial year, excluding donations. Patient fees alone amounted to R204 million.

Free primary health care has improved access to health care services. Patient visits have increased from 10.4 million in 2002 to 14.1 million in the year under review.

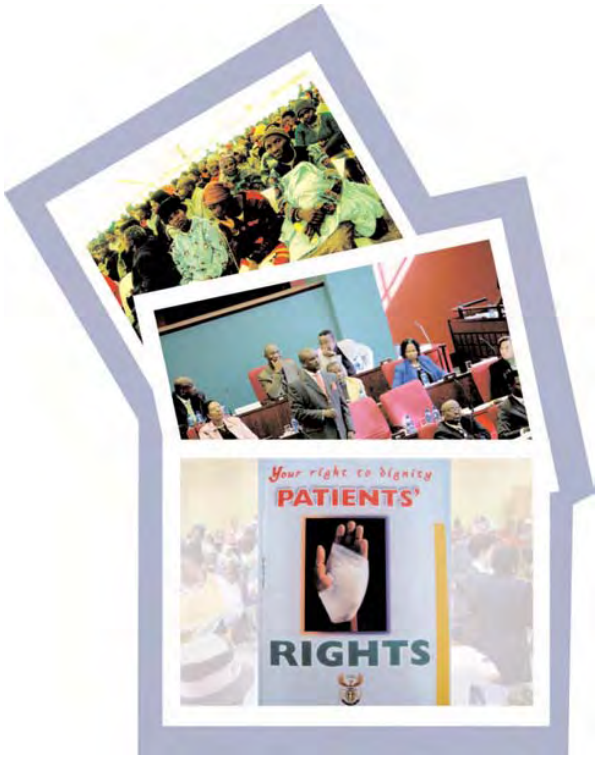
Tuberculosis (TB) and HIV/AIDS remain the major challenge of the era we live in. The TB cure rate for the year under review remained at 64%, falling below the national target of 70%. In the coming financial year we will launch a Provincial TB Crisis Plan, whereby we will focus on creating awareness of the curability of TB amongst the population within the Johannesburg Metropolitan.

During 2005/2006 we have consolidated the Comprehensive Plan for the Prevention, Care, and Treatment of HIV and AIDS Programme. We continue to emphasize prevention. The number of patients on treatment increased from 12,983 in 2004/2005 to 41 795 by the end of 2005/2006, of which 6 000 were children, well exceeding the target of 25 000.

The recent challenges around mental health services are being addressed to ensure public trust. A comprehensive audit was carried out in all our mental health institutions to review the patient care safety and infrastructure needs.

We are making significant strides in other areas of service delivery as outlined in this report. I am pleased to say that in spite of the constraints I have mentioned above, we are well on course to meet our service delivery objectives. We will work harder to rectify the shortcomings that have been highlighted by the Auditor-General.

In conclusion, I would like to express my sincere appreciation to the leadership of the Hon. MEC. Mr. Hlongwa and the Health Portfolio Committee for their support and guidance. A word of thanks to members of senior management and staff for their commitment in delivery of quality health services in the department.



SECTION 2: DEPARTMENTAL OVERVIEW

2.1 Organisation of the Department

The Department continues to implement the staff establishment in line with the Service Improvement Plan at all levels of service delivery. The revised central and district organograms have strengthened the capacity of the organisation and the support at district and hospital levels.

Departmental Structure and Functions

The functions of those responsible for implementing the mandate and goals of the Department during the 2005/2006 financial year are reflected under item 2.4.2. The organisational structure as at 31 March 2006 is shown in the inner cover of the annual report.

2.2 Constitutional, National and Provincial Legislative Mandates

The mandate of the department is to improve the health status of the population of Gauteng, improve health services, secure better value for money and ensure effective organisation. This mandate is aligned with the legislation as summarised below:

- The Department receives its mandate from Section 27 of the Constitution.
- The functions of the Department were governed by the Health Act (63 of 1977), until the act was replaced with the National Health Act (61 of 2003) that regulates national health and provides uniformity in respect of health services across the nation.
- The Public Service Act and all related regulations and prescripts, which governs the work of the Department.
- The Public Finance Management Act (PFMA) promotes financial management and ensures increased accountability for public monies spent.
- Strategic Priorities for the National Health System.
- Gauteng Provincial Government's Five Year Strategic Programme of Action.
- The Batho Pele principles of consultation, service standards, access, courtesy, information, openness, transparency and redress form the core of social service delivery.
- The Mental Health Act (17 of 2002) ensures provision of care, treatment and rehabilitation with emphasis on community-based services and promotion of rights for mental health care users.

In order to comply with the Department's legislative mandates, various structures and programmes have been put in place over the last number of years. These include:

- Child and Women's health policies and programmes
- Environmental and Occupational health services
- HIV and AIDS inter-sectoral programme
- Integrated Nutrition Programme (INP)
- Other public health policies and programmes
- Rehabilitation policies and programmes
- District Health Services
- Revitalisation and modernisation of hospital services
- Clinical support services policies and programmes
- Emergency Medical Services
- Mental Health Care Services
- Forensic Pathology Services
- Quality Assurance Programme

The national and provincial mandates are implemented at provincial, regional, district and institutional levels. The Department has established units that are responsible for the coordination of policy development, implementation and monitoring and development of proposals for legislation. These initiatives are aimed at improved public policy formulation and implementation. The detailed constitutional, national and provincial legislative mandates are outlined in Addendum C (C).

2.3 Good Governance Legislative Responsibilities

Good governance in the Department is ensured inter alia, through guidance from, and compliance with, the following legislation and policies:

- The Public Service Act
- The Public Finance Management Act
- The Promotion of Access to Information Act
- The National Health Act
- The Hospital Ordinance Amendment Act
- The Batho Pele principles
- The Patients' Rights Charter and the Department of Health Pledge of Service

The Department has established structures and/or mechanisms to ensure accountability and participative governance.

2.3.1 Inter-governmental Structures

In accordance with the National Health Act 61 of 2003, promulgated in 2005, the MEC for Health constituted the political structure currently called the Provincial Health Council. This provincial health council is chaired by the MEC for Health and consists of members of mayoral councils for health and emergency medical services and meets quarterly.

The Provincial Health Council Technical Committee is an advisory body to the Provincial Health Council and is chaired by the Head of Department for Health. It consists of senior managers from the Health Department and municipalities as well as representatives from local government i.e. SALGA. This committee meets quarterly, approximately two weeks prior to the council meetings. In addition, the MEC for Health has monthly roving meetings with municipalities, the relevant mayor, health councillors, stakeholders, and also visits to institutions.

At a national level, the minister and the nine provincial MECs meet on a 6 weekly basis to discuss sectoral policy and related issues. The National Health Council is supported by the National Health Council Technical Committee and consists of the national Director-General for health and the nine provincial heads of health.

2.3.2 Community Participation

- Hospital boards and ward-based health sub-committees enhance community participation in hospitals and primary health care services respectively.
- The AIDS Council strengthens partnerships with civil society and assists with the procurement of private sector resources.
- The Accreditation Committee consists of independent experts who monitor the quality of services in the province and advises the MEC.
- There are a range of community-based activities from mass-based immunisation campaigns to launches of specific health promotion initiatives in communities.
- Invitations to stakeholders to the legislature for tabling of the budget and the annual report of the Department.
- Gauteng Department of Health Imbizos, annual summit and roving meetings in municipalities and sub-districts further enhance participation.

2.4 Strengthening Accountability to Stakeholders

- The implementation of the Public Finance Management Act (PFMA) has facilitated efficiency gains and improved accountability of different stakeholders.
- The governance structures mentioned above have also strengthened accountability.
- Accountability is further enhanced through regular consultative meetings, the sharing of information through newsletters, and the publication of quarterly and annual reports.
- Public meetings and specific health promotion events.
- Annual consultative summits for the HIV and AIDS programme, consultative summit, and radio messages and campaigns. The health summits and the youth summits are mechanisms to strengthen accountability.
- Community participation as outlined above.

2.4.1 Stakeholders

Internal stakeholders

Staff of the Gauteng Department of Health.

External stakeholders	Involvement of stakeholders in the Department's business
Communities	Utilisation of health services Utilisatation of Patients' Rights Charter and the Service Pledge
Patients and clients	As above
Traditional Leaders	Partnerships around strategic priorities e.g. HIV and AIDS
Legislature	Strategic plan, Annual Report oversight functions and questions etc.
Treasury	Budget and expenditure management, budget statements, quarterly and annual reports, strategic financial support, bilateral discussions, annual ten by ten meeting
Auditor-General	Audit of financial statements, performance audits and reports
Local Government	Integrated planning, governance structures and serves as agency service providers
National Departments	Joint planning, strategic plan, conditional grants, quarterly and annual reports
Other Provincial Government departments	Social Service Cluster and inter-sectoral activities,
Media	Media releases, media conferences and highlights of achievements and challenges
Non-Governmental Organisations/ Community-Based Organisations and Other strategic partners	Partnerships in health service delivery
Private Health sector	Partnerships in health service delivery and health promotion Joint activities (in some instances)
Private sector (general)	Provision of external capacity and expertise to deliver health services
Provincial AIDS Council, Hospital Boards and other governance structures	Planning and monitoring, oversight function, advocacy, partnerships and collaboration
Universities	Training of health professionals, joint staff for service provision, strategic partnerships
Labour movement	Consultative forums, staff representation, participation in strategic and/or joint activities, multi-laterals

2.4.2 Functions and Monitoring Mechanisms and Implementation of the Mandate by Key Actors

Key Actors	Function	Branch/Chief Directorate /Directorate	Monitored By	Mechanism
MEC	Executive authority of the Department Political accountability to the Legislature and to the public Policy direction Appeals authority Inter-governmental collaboration		Premier/ Executive Council/ Legislature	Strategic and budget priorities Monthly reports Quarterly reports Annual reports Budget Speech
Head of the Department (HOD)	The accounting officer of the Department Head of administration Performs functions in terms of existing legislation Provides leadership to the Department Technical advice, support and expertise	Chief of Operations Branch Chief Financial Branch Corporate Support Services Branch Executive programme management support Branch	MEC/Auditor General/ Legislature/ Treasury	Strategic Plan and Budget Statement 1,2,3 Monthly financial reports Quarterly reviews (quarterly reports) Annual reviews (Annual reports) Hospital Boards and Accreditation reports Auditor-General reports Performance Management Agreements (PMAs) Other reports based on needs

Key Actors	Function	Branch/Chief Directorate /Directorate	Monitored By	Mechanism
Chief of Operations (COO)	Ensure efficient, cost-effective and comprehensive health services in Gauteng	Health Programmes Hospital Services Health Services Support and District Health services Health Regions: Tshwane Metsweding, Johannesburg/ Westrand Ekurhuleni/ Sedibeng	HOD	High level business plans Monthly reports and quarterly review reports Annual reports Delegations reports PMAs Branch meetings Senior management meetings
	Provides strategic direction, technical advice and guidance to direct reports			
	Provides support to ensure implementation of programmes			
Chief Financial Officer (CFO)	Assists the Accounting Officer in discharging the duties prescribed in the PFMA and annual Division of Revenue Act related to: • Effective financial management, sound budgeting and budgetary practices • The operation of internal controls and the timely production of financial reports	Management Accounting Revenue and Contract Management Risk management and Internal Control Financial Accounting Supply chain management	HOD	High-level business plans Monthly reports and quarterly review reports Annual reports Delegations reports PMAs Branch meetings Senior management meetings

Key Actors	Function	Branch/Chief Directorate /Directorate	Monitored By	Mechanism
DDG Corporate Services	Provides a cost-effective system for corporate services that include list of these areas Provides strategic direction, technical advice and guidance to direct reports	Legal Services Strategic Support and Performance Measurement Communications and Public Relations Resource Management Information Management and Technology	HOD	High-level business plans Monthly reports and quarterly review reports Annual reports Delegations reports PMAs Branch meetings Senior management meetings
Executive Support programme manager	Provides executive programme management support for CAPEX, Supply chain management, Health care waste management and Public-Private partnerships Provides strategic direction, technical advice and guidance to direct reports	Health care waste and occupational risk management Public-Private partnership Capital and Health Technology portfolio	HOD	High-level business plans Monthly reports and quarterly review reports Annual reports Delegations reports PMAs Branch meetings Senior management meetings

NB: The changes of roles of some players were approved in January 2006 as indicated in the organogram was not included as part this report, it will form part of 2006/2007 annual report.

SECTION 3: REPORT ON PERFORMANCE IN BUDGET PROGRAMMES

In compliance with both the Legislature and Treasury reporting frameworks, this section outlines the performance of the eight budget programmes of the Department for 2005/2006 financial year, namely:

Programme 1: Administration
Programme 2: District Health Services
Programme 3: Emergency Medical Services
Programme 4: Provincial Hospital Services
Programme 5: Central Hospital Services
Programme 6: Health Training and Sciences
Programme 7: Health Care Support Services
Programme 8: Health Facility Management

The Department's analytical review of programme performance in each of the budget programmes is outlined against the following six strategic goals which address the delivery priorities of the Department.

STRATEGIC GOALS

1. Promote health, prevent and manage illnesses or conditions with emphasis on poverty, lifestyle, trauma and violence, and psychosocial factors
2. Effectively implement the comprehensive HIV and AIDS strategy
3. Strengthen the district health system and provide caring, responsive and quality health services at all levels
4. Implement the people's contract through effective leadership and governance
5. Become a leader in human resource development and management for health
6. Operate smarter and invest in health technology, communication and management information systems

It should be noted that the six strategic goals are cross-cutting in all programmes. Certain goals are addressed more intensively in certain programmes or parts of programmes. Where possible, the specific strategic goal being addressed in a particular budget programme is indicated in the narrative.

For a rapid overview of achievements against the strategic goals and their specific objectives, see the tables at the end of the sections of each of the eight budget programmes. In addition the summary of key achievements will be outlined in section 4 of the annual report.

3.1 BUDGET PROGRAMME 1: ADMINISTRATION

The administration programme has two sub-programmes – the Office of the Provincial Minister (or MEC) and Management. The purpose of this programme is to provide political and strategic direction and leadership and ensure implementation of all goals according to accepted norms and standards.

Strategic Goal: Promote health, prevent and manage illnesses or conditions with emphasis on poverty, lifestyle, trauma and violence and psychosocial factors

3.1.1 Promotion of Healthy Lifestyles

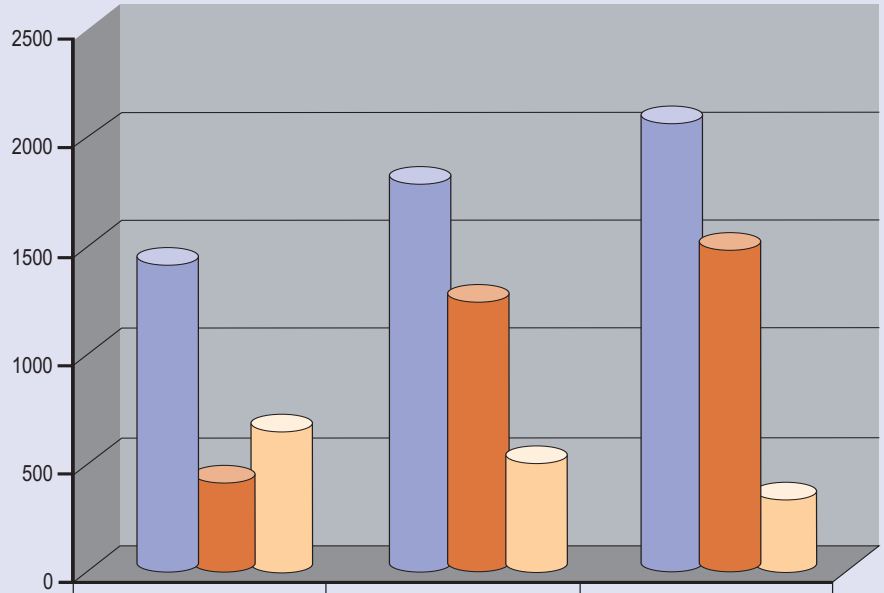
The **Mindset Channel**, which was launched by National Health Department aims at making quality education available to the public and health care workers. This programme has been extended and reaches patients and staff in hospitals and clinics. We have increased the number of sites in the province from 40 in 2004/2005 to 112 sites. The Department also participated for the first time in programme development, by giving input into the first episode of the *"Stop TB – Because We Can!"* series, called *"Getting in Early"*.

3.1.2 Providing rehabilitation and support for people with disabilities

Provision of free health services

The Department continues to provide free health care for people with physical and mental disabilities, and those receiving social grants. Uniform implementation of free health care remains a challenge. To address this an in-service training on implementation of national policies and guidelines has been carried out. Two hundred and fifty one physiotherapists, occupational therapists, speech thearapists and audiologists, including administration staff attended training sessions. The training included marketing of the health care service using posters and pamphlets. Wheelchair users are able to access free repair services through the province's wheelchair repair workshops, and this is considered part of the free health care service.

Fig 1. Gauteng number of Assistive Devices 2003-2005



	2003	2004	2005
wheelchairs	1421	1793	2070
Hearing Aids	423	1244	1484
Artificial limbs	644	504	374

In the year under review, the Department exceeded its target of providing 2 500 assistive devices by 3 844. A total of 6 344 assistive devices were provided to disabled people, comprising 2 070 wheelchairs, 374 artificial limbs, 2 416 walking aids, 1 484 hearing aids, and 144 aids for the visually impaired. The number of artificial limbs made has declined due to the severe shortage of Medical Orthotists and Prosthetists in the country. The Department was awarded the "National Disability Trophy" for 2005 from the National Department of Health for providing the highest number of wheelchairs and hearing aids per capita, and for the high number of staff that participate in continuing education activities pertaining to disability.


Seating clinic

A Seating Clinic which offers a specialised service to identify and provide individualised wheelchair seating equipment, was opened at Kalafong Hospital in November 2005. This is the second Seating Clinic in South Africa's Public Health Service. The clinic initially served the Tshwane district, but its reach has been extended over the entire province from April 2006. The Seating Clinic comprises a team of specially trained occupational and physiotherapists, as well as wheelchair industry and seating specialists, who prescribe and set up the necessary wheelchair and cushion for the patient. The team works closely with the patient, family and caregivers to provide the most appropriate equipment.

Strategic Goal: Strengthen the district health system and provide caring, responsive and quality health services at all levels

3.1.3 Providing Clinical Support Services

Pharmaceuticals Services

The Department has revised a new organogram for pharmaceutical services and upgraded posts of pharmacists to address the challenge of attracting and retaining pharmacists and pharmacist assistants.

The Medicom pharmacy module has been successfully implemented at Weskoppies and Pretoria Academic Hospitals. The PharmAssist system, as a stock management solution for non-medicom hospitals, has been implemented in 70% of hospitals. The PharmAssist was enhanced to include a dispensing programme. This has been successfully piloted at the Pretoria West Hospital, and will be rolled out to all hospitals.

Pharmacy and therapeutic committees are functioning in 70% of our hospitals. The provincial pharmacy and therapeutic committee has approved a provincial protocol formular of drugs to be used at various levels in the health care system. The formular protocol was developed as a "guide to accessible and affordable medicine" and is expected to be launched as part of the Pharmacy Week in September 2006.

The Department continues to implement **Project Tokiso** to comply with the Pharmacy Act with regards to the supply and management of medicines and the requirements of good pharmacy practice. The audit conducted in 2004/2005 showed that 80% of Gauteng hospitals comply fully with the Pharmacy Act. All the hospital pharmacies have been licensed by the National Department of Health and recorded by the South African Pharmacy Council, as required by legislation.

As a result, in the year under review:

- The construction of six new pharmacies was completed at the Dr Yusuf Dadoo, Kopanong, Edenvale, Weskoppies and Coronation Hospitals. Pholosong and Coronation Hospitals were opened in the year under review and the other pharmacies will be operational in the 2006/2007 financial year. Construction on new pharmacies at the Heidelberg, Far East Rand, Helen Joseph, Leratong and Pretoria regional hospitals is underway. However the province still faces a backlog regarding infrastructure upgrade and development needs for the pharmacies.
- A total of 163 pharmacist assistants completing training in April 2006 for basic pharmacists assistant programme will be placed in accredited pharmacies.

- 66 community service pharmacists and 38 pharmacist interns have been placed in various institutions.

Laboratory services

A service level agreement has been signed between the Department and the National Health Laboratory Service (NHLS) for the provision of laboratory services in 2005/2006 financial year. Over 12 million laboratory tests were processed by NHLS in the year under review.

Blood Services

Significant progress has been made in negotiating a service level agreement with Blood Transfusion Services, the provider of blood product services in the province. The agreement is expected to be signed in the new financial year.

3.1.4 Improved Quality of Care

Providing people centred care

Customer care

Quality of care continues to be a priority and great strides have been made in the year under review. The toll-free hotline introduced by the Department in 2003/2004 has successfully migrated to the Gauteng Shared Service Centre (GSSC), with the toll free number: **0800203886**. This move expanded the number of calls to be managed by the Department and public access to the hotline, with the number of calls for complaints or enquiries increasing by 63% (3 573) in the year under review. Almost half of the calls received are now enquiries rather than complaints. It is most encouraging that members of the community now use the hotline to obtain information about services as well as lodging complaints.

Best Practice Programme

The Best Practice Programme was launched in the 2004/2005 financial year to build relationships between health care workers and health service users through training front line workers in health facilities. It has now been rolled out to 11 health care institutions and has been favourably received by staff and service users. The Department welcomes the adoption of our Best Practice Programme by the Department of Public Service Administration (DPSA), which plans to roll out this programme nationally. It is a great honour to the Gauteng Department of Health to have this locally developed programme implemented nationally. The programme's main strategies are to:

- Establish what behaviours lead to good relationships between health care users and health care workers in health care institutions.
- Develop a programme that can be used to establish good relationships between health care users and workers in the health care institutions in Gauteng.
- Transfer knowledge, skills and attitudes to the front line workers at the health care institutions to improve relationships between health care users and workers.

A positive change in behaviours is expected to result in improved patient satisfaction, a happier staff with improved job satisfaction, and, in the longer term, reduced attrition and improved recruitment into the health services.

Clinical care

The quality of clinical care remains a challenge. The Clinical Audit Tool has been expanded and 26 (90%) hospitals have been audited to assess quality of care, identify and resolve common problem areas. Job descriptions of nurses have been finalised and linked to staff development plans; unit managers receive priority as the Department has realised that the quality of supervision largely determines the quality of clinical care. A successful seminar for approximately 100 clinicians was held in March 2006 to enable clinicians to share best practices and update their knowledge on various clinical issues.

The province has been instrumental in revitalising the process of developing clinical standards nationally, and is planning to increase activities in this regard. Several clinical policies and guidelines have been developed locally based on the work of the Serious Adverse Events Committee, which will contribute to the improvement of quality of care. All complaints are investigated and addressed to reduce possibilities of litigation. New reporting systems for morbidity and mortality have also been introduced and it is hoped that this will result in the early identification of issues that require attention.

Service excellence awards

Service Excellence Awards is one intervention to improve the quality of care. The provincial and national Cecilia Makiwane Nurses Award was awarded to Sister Laurentina Shibambo a rehabilitation unit coordinator, of South Rand Hospital for implementing a Best Practice programme which transformed nurse-patient relations and clinical audits. The Department is proud that her achievements have been recognised at the national level. The Khanyisa Awards recognises and motivates excellence in service delivery and promotes a culture of Batho Pele Principles. This awards have been expanded to include two categories namely: Best Sub-district and Best Emergency Medical Services, outlined in Addendum C (A).

Accreditation process

The Department continues to implement the accreditation process in hospitals and community health centres. Twelve hospitals have been accredited including Laudium Community Health Centre. Other hospitals and community health centres are being evaluated in line with the programme requirements, including conducting baseline assessments of community health centres. The Discovery, Soshanguve and Stanza Bopape Community Health Centres have reached the third stage of the accreditation process and are likely to be accredited in 2006/2007 financial year. A revised tool to assess sustainability is being developed to follow up on accredited institutions.

Reducing waiting times

Waiting times continue to pose a great challenge at clinics and hospitals and are monitored quarterly. Compared to a waiting times assessment in a 2005 baseline study, hospital pharmacy waiting times decreased by 19% at regional hospitals, and 2% at district hospitals. However waiting times at pharmacies in the academic hospitals increased by 2% and by 35% in the Outpatient Department due to the renovations at Chris Hani Baragwanath Hospital and the relocation of Pretoria Academic Hospital. The difference in waiting times is very slight when compared on a quarter to quarter basis.

It is anticipated that new interventions will further decrease waiting times. A total of 68 queue managers have now been trained and are employed in the majority of Gauteng hospitals. The queue managers' presence has significantly improved the waiting experience of patients. Additional queue managers will be trained in the 2006/2007 financial year. The Department continues to use technology to further improve queue management. An electronic monitoring system aimed at monitoring queing times will be piloted at Helen Joseph Hospital.

Strategic Goal: Implement the people's contract through effective leadership and governance

3.1.5 Community participation structures

Hospital boards are key to the structured participation of communities in the management of hospitals. The new National Health Act requires that the MEC for Health appoint a representative board for each provincial hospital and that the Minister appoints a representative board for the central hospitals.

By the end of the current three-year hospital boards term of office in December 2005 all provincial hospitals had functioning boards. All hospitals now have functional hospital boards, with the exception of Weskoppies Hospital, which has too few members to form a quorum. The process of appointing additional board members, namely one representative from associated universities and one representative per board from the province and ex-officio members from management and staff, to make up the full complement of the hospital boards required by the Act is underway. An orientation and induction training programme for all new hospital board members commenced and will be completed in June 2006.

3.1.6 Building and forging Public Private Partnerships (PPP) initiatives

The Department has established the following PPP initiatives in the year under review:

- A collaborative partnership with the Gauteng Branch of the Pharmaceutical Society of South Africa, to address the shortage of pharmacists at provincial ARV sites and to strengthen the implementation of the comprehensive HIV and AIDS plan was established.

- A partnership with the South African Medical Association providing additional general practitioners (GPs) to assist in managing our HIV and AIDS clinics. This partnership will ensure a reduction in waiting times.

- Partnerships with universities to support the development of the field of Family Physicians as a medical speciality to improve quality of care through the support of District Health Services.

- Partnerships with the Universities of the Witwatersrand, Limpopo, Johannesburg and Pretoria to quality assure academic standards of nursing education, and to produce 500 degreed nursing students over four years. It must be acknowledged that universities produce critical, scarce skills through their post-basic nursing degrees and optimally utilise the Department's fields of clinical practice.

- A partnership with Life Health Care to train 32 four-year diploma nursing students. The training commenced in January 2006 and is funded by the Life Health Care. A formal Memorandum of Agreement (MOA) is being developed to utilise Life Health Care clinical facilities and draw on their expertise for post-basic nursing training.

- A Memorandum of Agreement with the University of Johannesburg, to enable the Lebone Emergency Medical Services College to continue offering the National Certificate in Emergency Medical Care, in line with the requirements of the South African Qualifications Authority (SAQA). This strategic alliance will enable the College to continue training Intermediate Life Support paramedics.

- Through a partnership with the mining sector we have been able to complete the construction of a hand unit at Chris Hani Baragwanath Hospital. In addition, discussions have also been held with the Nelson Mandela Children's Fund to establish a children's unit, while the Jewish Board of Deputies has indicated its interest to collaborate with the Department to ensure an improvement in nursing care at this renowned hospital.

3.1.7 Human resource management

Strategic Goal: Become a leader in human resource development and management for health

Considerable progress has been made in the implementation of the revised staff establishment of 47 898 posts. This includes the revised Central Office and District Health Services organogram that will enhance both the strategic capability of the Department and the management of health care services at primary level.

Quantitative overview of human resource capacity

The table below describes the 44 919 people employed by the Department as at 31 March 2006, including permanent, sessional, and temporary appointments.

Table 1. Gauteng Health Public Service Personnel, 31 March 2006

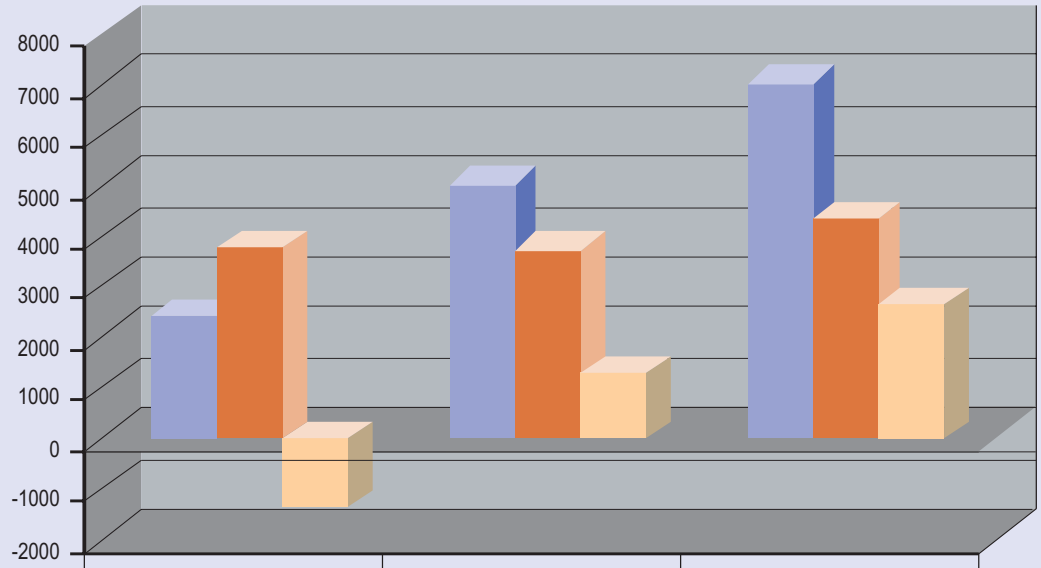
Category	Number of employees	Percentage total employees
Medical officers	1 648	3.7%
Medical interns	452	1.0%
Medical specialists	1 835	4.0%
Dentists/Dental specialists	331	0.7%
Professional nurses	7 893	17.6%
Staff nurses	3 144	7.0%
Nursing assistants	5 155	11.5%
Student nurses	2 589	5.8%
Senior managers	64	0.1%
Managers (levels 9-12) excluding professional group	120	0.3%
Allied health professionals and technical staff	1 840	4.1%
Pharmacists	318	0.7%
Administrators and support staff	19 530	43.5%
Total	**44 919**	**100%**

Recruitment and retention of staff

The recruitment and retention of staff in the Department has been an ongoing challenge. A three-pronged strategy focusing on recruitment, retention, and training and development has been adopted. Despite the high attrition rate, the Department managed to attract 2 950 health professionals for the period under review with significant gains as compared to 2004/2005 financial year as indicated in the figure 2 below. The retention of critical staff members can be attributed to, amongst other things, the revision of remuneration structures through notch and level increments that were implemented for targeted health professionals, the increased production of nurses, procurement of state-of-the-art tools of trade, payment of recognition awards to deserving employees and the improved positive profile of the Department as an employer.

We have realigned the executive management component by establishing the branch of Human Resources Management and Organisational Development at a Deputy Director General level. The branch is supported by two Chief Directorates, namely Human Resource Management, and Human Resource Development & Employee Wellness. In addition Chief Directors in Health Programmes, District Health Services, Regional Services, Hospital Services, Directors, Hospital Chief Executive Officers and other key personnel were appointed to improve service delivery at all levels.

Fig 2. Gauteng Department of health attrition rate 2003/2004 - 2005/2006



	2003/2004	2004/2005	2005/2006
Recruitment	2407	5024	7032
Terminations	3753	3739	4376
NettGain/ Loss	-1346	1285	2656

The August 2003 initiative of retaining skilled staff through a student exchange programme with the Kings College Hospital in the United Kingdom was completed when eighteen exchange nurses returned to South Africa in September 2005, to invest the knowledge they have gained in improving the health of people of Gauteng. At their welcoming ceremony nurses voiced the pros and cons of the European experience, saying:

"They made sure you know every corner of the hospital and that you were comfortable to start work." Nthantaswa Ndlovu

"We have come back with experience, which we will be able to implement if we get support from those in strategic places." Thabo Makau

In September 2005 the Department conducted a survey of all central office staff to measure staff satisfaction levels with regards to their work environment and relationship to management. Of those who responded:

- *40% of health professionals and managers do not believe they have good prospects for promotion, whilst 60% do believe;*
- *Most staff have nowhere to relax and take a break;*
- *84% feel the temperature in the building is not comfortable during either summer and winter;*
- *49% of administrative staff do not feel safe at work;*
- *51% do not believe that enough staff meetings are held, and that those held are not constructive;*
- *A large number of health professionals and managers believe that they do not get enough notice* of meetings and cannot plan for other commitments;

The outcome of this study will assist the Department to develop strategies that will improve the working environment and conditions of service, and thus contribute to staff retention.

Employment equity

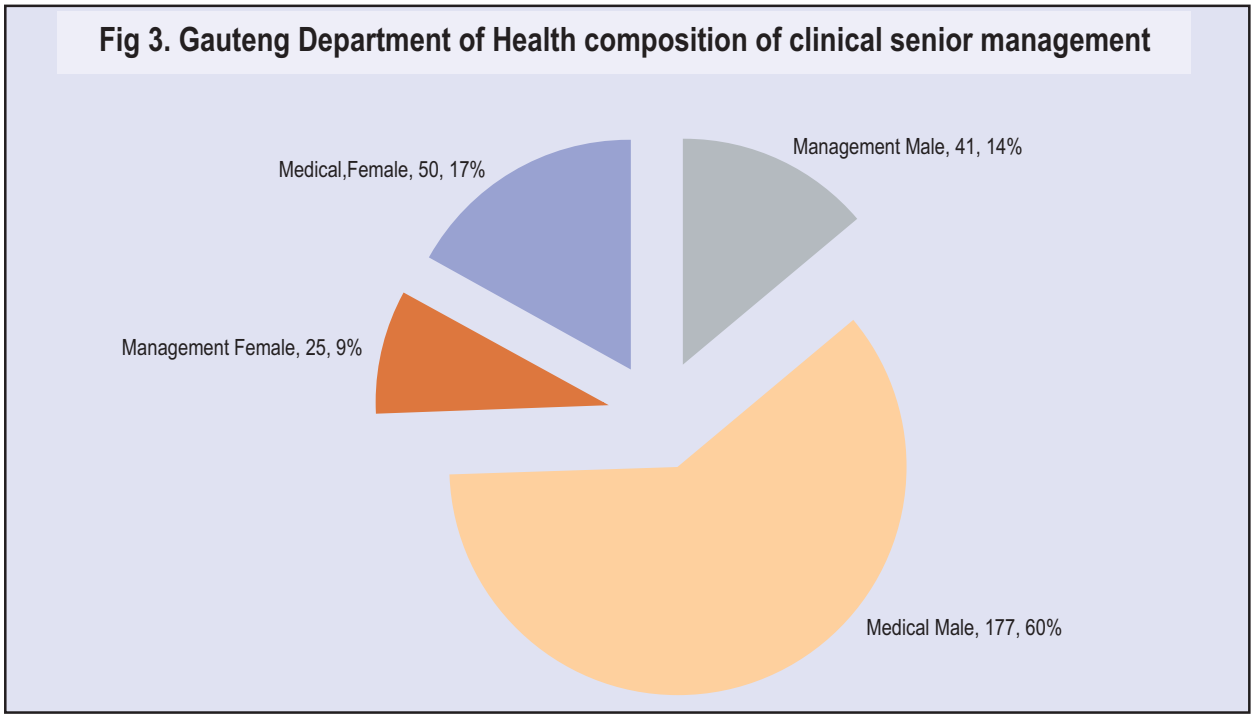
The Department embraces the ideals of the Employment Equity Act and regard it as best practice to broaden participation and employment of designated groups to reflect the demographic profile of our country. This is evident in the composition of the staff profile, which is 88 % black (exceeding the 70% equity target) and 77% female, of which 89 % are black as indicated in the table below:

Table 2. Gauteng Department of Health according to race and gender

Race	All Personnel	Women
African	37 193	29 452
Coloured	1 136	943
Indian	1 168	651
White	5 422	3 699
Total	**44 919**	**34 745**

Women account for 59% of senior and middle management positions. The Department has strengthened management capacity at chief director level resulting in the Senior Management Team comprising of two women at Deputy Director General level, and seven female Chief Directors and fifteen female Directors. However there is still a challenge of women in clinical senior management positions as indicated in figure 3 below.

Fig 3. Gauteng Department of Health composition of clinical senior management



The Department is also continuing with the strategy of appointing retired nurses on six month contract basis in an effort to reinstil the ethics and ethos of nursing.

Gender Mainstreaming

The Department continues to be seen as promoting gender issues in the province through departmental festivities such as the Women's Month Celebration, which was coupled with the Gender Summit that attracted more than 300 delegates from all institutions. The Department also organised events to mark the 16 Days of No Violence against Women and Children, the launch of policies and guidelines regarding management and prevention of sexual harassment, and the unveiling of the Gauteng Department of Health Women's Collage at the Women's Day Celebration.

Performance management

All institutions have continued to implement the Performance Management and Development System. Human Resources have developed monitoring guidelines to assist regions and institutions to ensure compliance in implementation of Performance Agreements for Chief Executive Officers (CEOs). The tool has been customised to ensure that CEOs' performance is assessed on the same areas. Consultations on the tool commenced at the recent CEO Imbizo. A standardised tool for performance agreements of senior clinicians has also been developed.

3.1.8 Workplace HIV and AIDS and Employee Wellness Programme

The Department's Employee Wellness Programme that includes the Employee Assistance Programme (EAP), HIV and AIDS work place and the Occupational Health and Safety (OHS) programmes commenced in 2004/2005 and is accessed by all our staff members. The utilisation rate thereof is 11% for the year under review. Two new programmes were launched during the year, namely:

- A management of Violence in the Workplace Programme, which was implemented as a pilot project in collaboration with the International Labour Organisation (ILO), International Council of Nurses (ICN), World Health Organisation (WHO) and Public Service International (PSI). To date 300 employees have been trained. The ILO visited the Department to extend personal congratulations for the implementation of the pilot programmme.
- A "Care for the caregiver" programme focusing on creation of support groups for healthcare workers, in partnership with Democratic nurses of South Africa (DENOSA) and the Canadian International Development Agency (CIDA) was launched in February 2006. This programme is being piloted at Chris Hani Baragwanath Hospital.

3.1.9 Labour Relations Management

The Department's effort to facilitate adherence to labour relations management standards has resulted in a reduction in the number of labour disputes in the Department. A total of 108 disputes were declared during the year under review.

Almost all Gauteng Health institutions have appointed fulltime dedicated Labour Relations Officers and the Department is finalising other appointments of Labour Relations Officers and middle managers to strengthen its capacity to effectively manage labour relations issues. In addition, five senior managers have been trained on Labour Relations Management and 16 Labour Relations Officers on Industrial Relations. The increased capacity, training and awareness of labour relations issues resulted in the number of misconduct cases reported dropping from 216 in 2004/2005 to 181 in 2005/2006, and the number of misconduct cases related to fraud and theft dropping by 38% in the same period.

In addition a comprehensive handbook on labour relations guidelines on resolutions and procedures has been developed for staff, enabling them to comply with labour relations procedures. This contributed to a dramatic reduction of strike days from 3 106 in 2004/2005 to 163 in the year under review, and enabled the Department to recover funds from employees engaged in illegal strike action.

The 20 internal Labour Appeal cases that were outstanding in 2004/2005 financial year, have been finalised and appeals are now being dealt with as they arise.

A summit with organised labour was held to follow up on the 2004 Gauteng Provincial Government Public Health Summit, during which organised labour and government committed themselves to act in unison to address the ongoing challenges of transforming the State to ensure effective service delivery. The 2005 summit acknowledged the alignment of the Departmental, Provincial and National priorities, and the resolutions agreed and signed by both parties included the following pledge:

"We pledge to work together to intensify service delivery, recognising that this goes beyond the need to treat our people with courtesy and respect and involves the entire service delivery value chain to ensure effective service delivery - BATHO PELE. The Gauteng Provincial Government five year strategic priorities as adopted in the Public Service Summit will remain our guiding priorities. We further pledge to work together at all levels of he public health service and peoples contract to build a better Gauteng, fight poverty and better serve the people of our province."

Strategic goal: Operate smarter and invest in health technology, communication and management information systems

3.1.10 Establishing Integrated Management Information System (MIS)

The Information Technology and Management Information strategic plan was finalised during the year under review and is now awaiting approval. The plan is aimed at ensuring the integration of various health information systems and databases and the streamlining of information flows to deliver quality data to support sound planning and decision-making.

The Management Information System is currently being rolled out through the District Health Information System Software (DHISS) and is implemented in all hospitals and clinics. The DHISS is a nationally prescribed data set that carries aggregated data based on nationally agreed data elements for hospitals and clinics. During the year under review significant progress has been made in validating data to ensure quality support of decision-making.

3.1. 11 Implementation of an effective communication strategy

Different forms of communication have been used to package and disseminate information about health services. Targeted internal and external stakeholders receive a monthly newsletter and the bi-monthly "Health Talk" newsletter.

A six month agreement was negotiated with numerous local radio stations to market health services and educate the public about the correct use of Emergency Medical services (ambulances) and other Departmental health services. The agreements were with Jozi FM, Moretele CR, Radio Soshanguve, VCR Stereo, Radio Impact, Radio TNG, Tuks FM, Iscorian and East Rand community radio stations. In addition a similar campaign was run through the South African Broadcasting Corporation (SABC) radio stations from August 2005 to February 2006, reaching 21.8 million listeners per week. These stations were Umkhozi, Lesedi, Thobela, Phalaphala, Mughana Lonene, Mothtsweding, RSG and SA FM.

Communications about specific programmes such as HIV and AIDS and Healthy Lifestyles have been decentralised to ensure that targeted messages are communicated closer to the service delivery point.

The outcome of Imbizos resolutions held in the Department with Gauteng Provincial Government Executive Council and outreach meetings with all municipalities and sub-districts are communicated to all managers for implementation.

3.1.12 Financial management

Improve Financial Management

Financial Management is crucial to the successful functioning of the Department since it relates to how available resources have been utilised. The Department's objective of improving financial management was guided by the requirements and directives of the Public Finance Management Act (PFMA), Treasury regulations and the Division of Revenue Act, whose short and long term vision is ensuring that sound financial management is implemented and practised.

Greater emphasis was put on the following financial management functional areas:

- Aligning strategic planning and budgeting processes and linking Departmental priorities to the budget;
- Reviewing the internal control environment and improving financial controls;
- Ensuring that the accounting treatment of transactions is in line with prescribed modified cash basis of accounts;
- Improving the integrity of financial information by analysing and reconciling information from stand alone systems to the financial information contained in the Basic Accounting System (BAS);
- Supporting and building financial capacity through financial training initiatives at institutions and improved management reporting within the institutions.

The challenge has been and still is the lack of financial skills. This is being addressed through training programmes developed by the Department's human resource training and development unit and other accredited financial training sources.

Structure and systems

The Department has established a Financial Accounting directorate to strengthen financial management to comply with the provisions of the PFMA, Treasury regulations and best practice accounting in areas that were previously neglected.

Tremendous effort was put into setting up systems to reconcile stand alone systems, patient debtors, inventory and personnel to the Basic Accounting System (BAS) financial system.

Cost Centre Management

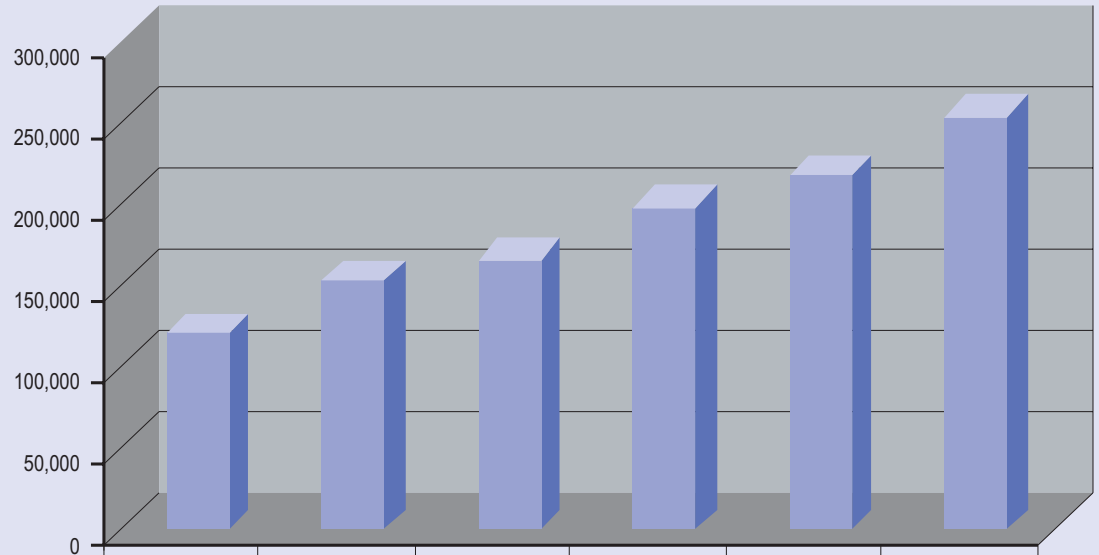
Managers at institutional level need more tools to effectively manage their operations. Improved financial knowledge and operational financial systems allow them to gain a thorough understanding of their operations and the ability to manage their expenditure against budget. Cost Centre Management enables managers to understand their cost drivers and the impact of inflationary increases in medical, blood and blood related costs, coupled with a shrinking of their budgets in real terms.

Cost Centre Management and reporting as an innovative tool to address this need is critical. Hospitals have currently implemented manual cost centres, and an automated reporting system, is now being rolled out. The tool was introduced to enable the Department to run cost centre management reports and so assist managers to make decisions and to improve efficiencies in the hospitals. The system is functioning at the Far East Rand Hospital and will be implemented in three central hospitals in the 2006/2007 financial year.

Revenue generation

Patient fees are the main source of income for the Department. The Department has a revenue retention agreement with the Provincial Treasury. Over the past five years revenue has increased by 65%, from R154.4 million in 2001/2002 to R254 million in 2005/2006 financial year. This constitute an increase of 16.2% from the previous financial year.

Fig 4. Gauteng Department of Health Revenue Collected 2000/2001-2005/2006



	2000/2001	2001/2002	2002/2003	2003/2004	2004/2005	2005/2006
Revenue: R'000	121,600	154,432	166,668	198,733	219,112	253,901

Revenue in 2004/05 was R264m adjusted down by R45m donation to give R219m

Folateng

We continue to implement Folateng as part of revenue strategy to encourage and attract private patients to public hospitals and so improve revenue collection. There are four operational Folateng units with 230 beds. Revenue collected in 2005/2006 totalled R54 million, up 42% from the R38 million collected in 2004/2005 financial year.

The Folateng Unit at *Johannesburg Hospital* that was opened in May 2002 with 32 beds has been expanded to 100 beds. The unit is undergoing an expansion for an additional 100 beds, including 20 ICU beds. The *Helen Joseph Hospital* Folateng unit opened in June 2003 with 42 beds, and has fulltime medical officers since February 2006; this resulted in bed occupancy rate increasing to over 60%. The Folateng Unit at *Pretoria West Hospital* became operational in June 2003 with 52 beds. Five of the existing beds are converted for maternity services. This process is expected to be completed by June 2006. The Folateng Unit at *Sebokeng Hospital* commenced operating in April 2005 with 36 beds of which eight are maternity.

3.14 Outputs and Outcomes

In 2004 a Five Year Programme of Action aligned with national and provincial priorities was endorsed for implementation during the third term of government. As a result the national format of provincial strategic plan have been revised by National Department of Health and provincial indicators were also revised or changed to align with the national, provincial and departmental priorities hence a great difference between indicators in 2003/2004 annual report and those in 2004/2005 annual report.

The national indicators outlined in 2004/2005 annual report were based on the new national format for provincial strategic plans which were implemented in 2005/2006 financial year. Indicators which were not reported in the 2004/2005 annual reports are not reported as part of the 2005/2006 annual report. Further revision of national provincial strategic plans format resulted in some indicators prescribed by National Health and National Treasury for the annual performance plans of 2004-07 and 2005-08 differing with indicators in the precribed format of annual report for Health Departments in the country.

Since 1994, significant progress has been made with planning processes, alignment with budget, information data sets and systems, and setting and measurement of indicators. More work needs to be done to improve data quality and to ensure consistency in measurement of these different indicators. This has resulted in the improvement of quality of information and completeness thereof.

Table 4. 2005/2006 Budget statement outputs and service delivery trends for Administration programme

Description of output	Unit of Measure	2004/2005 (actual)	2005/2006 (target)	Progress made towards the achievement of the outputs 2005/2006
Health promotion programme to address key risk factors	Number of hospitals and PHC facilities with multimedia health promotion programme	40	12	112 Target exceeded
Signed district health plans in all districts according to the district health planning guidelines	Percentage of districts with district health plans according to the district health planning guidelines	100	100	100 Target achieved
Provide assistive devices to people with disabilities	Number of assistive devices issued	3 820	2 500	Manual Wheelchairs = 2 018 Motorised wheelchairs = 52 Hearing Aid = 1 484 Artificial Limbs = 374 Walking Aids = 2 416 Visual impaired aids = 144 Total = 6 3 44 Target exceeded

Description of output	Unit of Measure	2004/2005 (actual)	2005/2006 (target)	Progress made towards the achievement of the outputs 2005/2006
Improved pharmaceutical management of stock	Percentage compliance of hospital pharmacies with annual stock taking	100	100	100 Target achieved
Availability of medicines on Essential Drug List (EDL)	Percentage of hospital and regional pharmacies with EDL medicines	98	98	98 Target achieved
Implementation of integrated Health wellness programme	Percentage of institutions with a dedicated Health and wellness programme champion/coordinator	#	100	100 Target achieved
Implementation and maintenance of the prescribed staff performance management system	Percentage of provincial hospitals and clinics implementing the prescribed system	100	100	100 Target achieved
Recruitment and retention of staff	Attrition rate for - Permanent Doctors (excluding interns and community service medical officers) - Professional nurses	# # 	30 7	21.2 Target exceeded 8.9 Nurses leaving the Department to other countries and private sector
Employment equity	Percentage of women in senior management positions	40 Management excluding clinical	42	25.3 Combined figure for senior clinical (21.9) and management (37.5) positions with a challenge of women in clinical senior positions. This includes loss of Clinical Professionals at senior management level and impact of university strategy for registrar training

Description of output	Unit of Measure	2004/2005 (actual)	2005/2006 (target)	Progress made towards the achievement of the outputs 2005/2006
Employment equity	Percentage of people with disabilities in the department	#	1	0.13 To continue developing a culture and environment that is conducive to people with disabilities in the Department Special programme champion with disability has been appointed to co-orandinate appointment of people with disabilities in the Department commencing in July 2006
Implementation of the Inventory and asset recording system	Percentage of hospitals and districts with an asset management system and register (BAUD)	100	100	100 Target achieved
Cost Centre system implemented in hospitals	Percentage of hospitals implementing cost centre accounting systems	16 hospitals (manual system)	25	4 Long process to implement computerised cost centre accounting system Far East Rand completed. Process started at Dr. George Mukhari, Pretoria Academic and Chris Hani Baragwanath Hospitals
Implementation of Management Information System (MIS) in all hospitals and clinics	Percentage of provincial hospitals and clinics implementing the national minimum data set	100	100	100 Target achieved

 # new indicator data not available

Table 5. Performance against provincial targets from 2005-2008 strategic plan for Administration programme

Strategic Objectives	Measurable Objective	Indicator	2003/2004 (actual)	2004/2005 (actual)	2005/2006 (target)	2005/2006 (actual)
Ensure all hospital and Community Health centres (CHCs) have full accreditation	Implement a patient-focused quality accreditation system in all clinics and hospitals	Percentage of provincial hospitals and community health centres evaluated	87	100 Included only large CHCs	100	100 hospitals 75 Community Health Centres
Ensure Recruitment and Retention of Human Resources	Develop policy framework/guidelines for appointment of retired nurses	Number of appointed retired nurses	#	50 nurses	100	24 appointed however other retired nurses left during the year as contracts ended. Retention has been a challenge as they are remunerated at entry level

 # New indicator, data not available,
NB: Other indicators deleted to align with budget statement indicators as indicated in table 4.

Table 6. Performance against standard national indicators from 2005-2008 strategic plan for Administration programme (Human Resource Management)

Indicator	Type	2003/2004 (actual)	2004/2005 (actual)	2005/06 (target)	2005/06 (actual)	National target 2007/08
Input						
1. Medical officers per 100,000 people	No	33.70	28.61	31.87	43.62*	18.7
2. Professional nurses per 100,000 people	No	97.77	66.22	73.95	87.51*	105
3. Pharmacists per 100,000 people	No	3.03	2.82	2.91	3.52*	3.4
Process						
4. Vacancy rate for professional nurses	%	36.10	26.87	17.45	23	15
5. Attrition rate for doctors	%	35.82	33.81	33.00	21.2	25
6. Attrition rate for professional nurses	%	8.50	11.44	7**	8.9 Nurses leaving the Department to other countries and private sector	25
7. Absenteeism for professional nurses	%	2	2.8	2.7	2.91 An increase might be related to HIV and AIDS	5
Efficiency						
8. Nurse clinical workload (PHC)	No	3.73	5.6	5.8	30 patients seen per day. patients seen at PHC facilities increased	-
9. Doctor clinical workload (PHC)	No	0.20	0.31	0.32	An average ratio of 5.12 Patients seen at PHC facilities increased	-
Outcome						
10. Supernumerary staff as a percentage of establishment	%	0	0	0	0	-

** Based on 2005 Mid-year population estimates ** target was changed from 9.5% to 7% to align with budget statement*
NB: Seven indicators not included in the strategic plan and annual report is due to lack of well established systems to collect data

3.2 BUDGET PROGRAMME 2: DISTRICT HEALTH SERVICES

District Health Services has four sub-programmes, rendering comprehensive primary health care services, district hospital services, comprehensive HIV and AIDS care, nutrition, including the delivery of priority health programmes.

Strategic Goal: Strengthen the district health system and provide caring, responsive and quality health services at all levels

3.2.1 Planning and monitoring of district health services

The **District Health System (DHS)** is the vehicle to render comprehensive primary health care (PHC) services to communities and is the cornerstone of the National Health System. Its role is to strengthen PHC services by improving access to quality and cost effective health care services, and community participation.

Additional funds have been allocated to the Urban Renewal Nodes in Alexandra and Kliptown (City of Johannesburg) and Bekkersdal (West Rand District Council) to strengthen PHC services.

During the year **business plans** to strengthen the District Health System were implemented. This focuses on recruitment of personnel including Family Physicians, procurement of equipment and establishing a budget to improve after-hours accessibility of the services.

All health districts and health sub-districts are aligned with **municipal boundaries**. The Department is working through the Department of Local Government with North West and Mpumalanga provinces on the transfer of services to Gauteng in accordance with the Disestablishment of Cross boundary Municipalities legislation.

The **Minimum Data Set** within the District Health Information System (DHIS) ensures that we submit joint quarterly reports to the Provincial Health Council. Approximately 80% of managers have been trained on the system to ensure effective district planning.

3.2.2 Improving quality and efficiency of PHC service

The Department continues to provide PHC services jointly with local government. The Department subsidises local government for the provision of primary health services through cash transfer payments, supplying EDL drugs and surgical sundries, paying for laboratory investigations and seconding personnel to work in local government facilities.

The **Service Improvement Plan** currently being implemented requires that services and resources be shifted from hospitals to PHC services within the District Health System over time. As a result a stronger referral system is being implemented so that patients are treated at the appropriate level in the health system. This will ensure sustainability and improve efficiencies. The planned shift in services and resources includes the expansion of home-based care (HBC) and step-down beds.

The annual **District Health Expenditure Reviews (DHER)** have been completed for 2004/2005 for all six health districts and the process for 2005/2006 is underway. The reviews will culminate in the development of joint **district health plans** in line with the National Health Planning Guidelines. Service utilisation figures have increased significantly.

PHC services were strengthened through the implementation of a **Clinic Supervisory Manual**. Clinic supervisory visits were conducted in 85% of sub-

districts with monthly monitoring reports being submitted for primary health care services, priority programmes and drug supply.

The annual **Primary Health Care Research Conference**, held in September 2005 attracted approximately 500 professional staff from all disciplines and papers on a variety of primary health care and priority programmes were presented.

3.2.3 Providing access to primary health care and emergency medical services

The **free primary health care** services has improved access to health care and patient visits have increased from 10.4 million in 2002 to 14.1 million in 2005/2006. Utilisation figures are on the increase with visits per capita in the province rising from 1.5 in 2004/2005 to 1.9 in 2005/2006

Operating hours have been extended in 73% of sub-districts, to improve accessibility and to offer **after-hour and emergency services**. Partnerships have been forged with universities to promote the development of Family Physicians as a medical speciality in order to provide support to the District Health Services and thereby improve after-hour services and care.

The **geographic accessibility** and range of the PHC services available have been improved by the opening of Community Health Centres in Stanza Bopape, Stretford and Mario Rantho in Soshanguve, including the Ramokonopi Midwife and Obstetric Unit (MOU) to be officially opened in 2006/2007 financial year and the

secondment of provincial personnel to local government clinics.

3.2.4 Strengthening of the District Health System

In alignment with the National Health Act of 2005, the **Provincial Health Council** was established, quarterly meetings take place between the Department and municipalities to ensure cooperative governance and integrated health services. The **Provincial Health Council Technical Committee** was established to support the Provincial Health Council.

In line with National Health Act, the Department is looking at an appropriate model of providing PHC functions which were previously rendered by the local government.

Strategic Goal: Implement the people's contract through effective leadership and govenance

3.2.5 Implementation of a comprehensive community health worker programme

The **Community Health Worker (CHW) Programme**, which addresses the training, support and reimbursement of CHWs, is being implemented. Already more than 2 000 CHWs have been trained to provide community-based Health Programmes. This programme will further be supported by the Expanded Public Works Programme within the Social Cluster. The programme is geared towards alleviating poverty and developing skills in our disadvantaged communities up to National Qualification Framework (NQF) level 4.

Non governmental organisations (NGOs) are being supported to supervise CHWs to implement outreach programmes, and to provide a range of basic services, including direct observed treatment (DOTS) for TB patients, prevention of mother-to-child-transmission (PMTCT) and voluntary counselling and testing (VCT) for the comprehensive HIV and AIDS programme. A total of 69 community based organisations (CBOs) have been contracted to build NGO capacity around HIV and AIDS care.

3.2.6 Strengthen community participation

Ward-based health sub-committees (WBHSC) are established in accordance with the National Health Act and Municipal Structures Act of 1998, and are implemented in 75% of Municipal Wards. Provincial and Municipal community participation co-ordinators attended the generic adult train-the-trainers programme in March 2006. The Manual for train a trainer programme for WBHSCs is in the process of being developed and training will be conducted in 2006/2007 financial year.

Strategic Goal: Strengthen the district health system and provide caring, responsive and quality health services at all levels

3.2.7 Modernise and revitalise district hospitals

The goal of the **Service Improvement Plan** is to shift the bulk of care from central to regional and district hospitals. The province currently provides level one services through eight district hospitals with 1 418 approved beds and 1 276 useable beds; three of the district hospitals are in the Ekurhuleni/Sedibeng health region, three in Tshwane/Metsweding and three in Johannesburg/West Rand.

Hospital efficiency in district hospitals remains a challenge with a bed occupancy rate (BOR) of 68% falling below the 75% target. This is largely due to patients by-passing district hospitals to higher levels of care based on perception that care is better at regional and central hospitals. The average length of stay (ALOS) is 3.3 days. A Gateway clinic has been established at Yusuf Dadoo Hospital to help address the problem of patients by-passing district hospitals. In addition, 178 Step Down beds have been established, at the Pretoria West, South Rand, Kopanong and Heidelberg Hospitals. Step Down guidelines are being developed by the provincial steering committee to ensure appropriate referrals to these facilities.

However district hospitals need still to address a number of challenges: reducing **cost per patient per day equivalent (PDE)** and increasing the appropriate actual workload, as well as linking hospitals with neighbouring primary care facilities to manage ambulatory care patients.

3.2.8 District Hospitals 2005/2006 Key Achievements

Hospital	Key achievements at a glance
South Rand Hospital	• Accredited by WHO/UNICEF as Mother and Baby Friendly Hospital
Carletonville Hospital	• Introduced night shifts for cleaning at admission and casualty area and this has improved the appearance of the hospital • Combined trips whenever possible during inter-facility transfers to save on cost and time • Decreased theft in hospital • Processed all payments as required within the time frame of 30 days
Mamelodi Hospital	• Visit by the President of South Africa: Mr Thabo Mbeki showed political support and encouraged staff • Celebration of Labour Day encouraged and yielded improvement of services • Received stage three of accreditation process
Kopanong Hospital	• Received full accreditation • No maternal deaths reported for 2005/2006 • Reduced overall waiting times by 20% as compared to 2004/2005 • Established a TB Focal Point
Pretoria West Hospital	• Received full accreditation • Opened a 2 beds Kangaroo Mother Care unit • Opened South African Police Service ward for awaiting-trial patients
Dr Yusuf Dadoo Hospital	• Extended emergency casualty services to provide a 24 hour service • Established Gateway Clinic • Established Kangaroo Mother Care Unit • Received full accreditation
Germiston Hospital	• Opened a Crisis Centre • Filling almost all Medical Officers posts
Heidelberg Hospital	• Received full accreditation • Launched an integrated Health Wellness Programme • Appointment of one Chief Medical Officer, Assistant Director: Nursing, Assistant Director: Administration • Purchased new radiology equipment

Strategic Goal: Promote health, prevent and manage illnesses or conditions with emphasis on poverty, lifestyle, trauma and violence and psychosocial factors

3.2.9 Healthy Lifestyles and risky behaviour

The Department remains committed to promoting health, preventing and managing illness and is focusing particularly on prevention of chronic diseases of lifestyle. The Department aims to increase public awareness to the health service users and providers, about importance of living a healthy lifestyle. **Healthy lifestyle** includes regular exercise, a healthy diet, avoiding tobacco and using alcohol safely, safe sexual behaviour and a focus on stress reduction.

Vulnerable groups, such as children and youth, have been targeted for healthy lifestyle interventions. The **School Health Project** (Child Health, Mental Health, Health Promotion, Environmental Health, Rehabilitation and Nutrition Programmes is a national initiative that was successfully implemented in 17 schools in the year under review in collaboration with Department of Education. This project aims to promote healthy lifestyles at the schools.

Ongoing **health education and information** is provided through community radio programmes which reach more than one million Gauteng residents. The following are the radio stations:

- Jozi FM, which reaches 600 000 residents in Soweto and West Rand district communities;
- Soshanguve Community Radio, which reaches 350 000 communities in Soshanguve and surrounding areas;
- Vaal Technikon radio, which covers Sedibeng residents; and
- Thetha FM, which started broadcasting in March 2006, and will benefit residents of Orange Farm.

Ninety percent of Health Promoters have been trained in the Integrated Management of Childhood Illnesses (IMCI) in the Household and Community component, to enable them to recognise danger signs of illness in children and to refer them to the nearest health facility for immediate treatment. These Health Promoters will train child minders and traditional healers to do the same. Sedibeng, Ekurhuleni and West Rand districts have trained 444 child minders, community members and traditional healers.

The first phase of a **School Health Services** programme focusing on screening for obstacles of learning has been implemented in 69% (613) of Gauteng schools; health problems were identified in 117 228 learners and 16 347 learners were appropriately referred, including for treatment for visual or hearing problems. Of these, 1 126 received spectacles and 38 received subsidised hearing aids.

Twelve primary schools have been identified, in collaboration with the Department of Education, for the implementation of the **Health Promoting School Initiative**. This initiative aims to create safe and supportive environments, provide access to appropriate services, development of personal skills strengthening community participation.

The Department launched the "Classroom Health Guide for Teachers" as part of the **Bana Pele programme** in the year under review. This guide aims to assist teachers in their role as guardians of children by providing basic knowledge about common health conditions. We believe that the Bana Pele programme supports our vision to ensure that Gauteng becomes a province where the health needs of our children and youth are valued and their future is secured. A total of 305 primary health care nurses have been trained in the Bana Pele programme to identify health and social needs and refer children to Department of Education or Social Development for other services. Information for monitoring the programme is submitted to the Department of Social Development as required.

We increased the number of **Youth-Friendly Health Services** from 38 in 2004/2005 to 52 in 2005/2006 in all districts. These services include family planning, involves young people in identifying health problems and design programmes to address these issues.

3.2.10 Improving Mother and Child Health

Improving the health of women and children remains a priority. Strategies and programmes to reduce maternal and perinatal mortality and morbidity are identified through regular maternal and perinatal mortality and morbidity meetings in provincial hospitals and Midwife Obstetric Units (MOUs). The strategies and recommendations from the Saving Mothers Report are implemented in the Maternal and Neonatal Care Unit.

An audit conducted on the implementation of the recommended of the Saving Mothers Report published in 2001 showed that 94% of health facilities are complying. Implementation will continue until all facilities are compliant. Protocols and guidelines for the management of pregnant women are implemented in all our health facilities and staff have been trained on the use of these protocols, partogram and quality assurance programmes to improve quality of care. In addition, we are currently piloting the World Health Organisation Basic Antenatal Care (BANC) programme, a strategy to improve the health of pregnant women.

The **Integrated Management of Childhood Illnesses (IMCI) programme**, a child survival strategy for children under 6 years of age is being implemented in 84% of our primary health care facilities, compared to 64% in 2004. Training to implement IMCI is continually offered to medical staff, as well as senior and middle managers, to enable them to advocate for its effective implementation and sustainability respectively.

The **Perinatal Problem Identification Programme (PPIP)** was introduced in 1999 and is now implemented in 20 hospitals and while implementation of this programme in 22 MOUs commenced in 2005/2006 financial year. The PPIP is a cost effective strategy that identifies and addresses key indicators for avoidable deaths. This strategy helped to dramatically reduce the Perinatal Mortality Rate (PNMR) from 37/1000 in 2002 to 30/1000 in 2003, based on available survey results.

Kangaroo Mother Care Units (KMCs) are operational in 21 hospitals. This programme will be implemented in all hospitals providing maternity and neonatal services in the next financial year. The implementation of the KMC programme has resulted in the reduction of infant mortality for low birth weight, from 19 deaths per 1 000 population in 2001 to 18 deaths per 1 000 population in 2003, based on available survey results.

We continue to ensure that the **Expanded Programme on Immunisation (EPI)** reaches all children under five years of age in the province. The community radio talk shows and print media coverage have raised awareness around eradicating polio and this resulted in increased immunisation coverage. In addition the impact of the 2004 mass immunisation campaign and launching of 'every day an immunisation day' resulted in immunisation coverage increasing to 83%. The National Department recognised and awarded the province with a certificate for having the Best Immunisation

Coverage.
A defaulter tracing programme was introduced in 2005/2006 to identify children who have missed their immunisation dates. We implemented the surveillance system for Acute Flaccid paralysis (AFP) and met the surveillance target of 1 per 100 000 populations under 15 years. The World Health Organisation (WHO) goal of eradicating polio by 2005 has been shifted to 2008. The WHO model for integrated disease surveillance and response was investigated and recommendations will be implemented to improve our system. The implementation of the surveillance system for communicable diseases continues.

Further evidence of the significant improvement in the EPI reduction in the incidence of measles outbreak from the 346 cases in the previous financial year to one confirmed case and 35 suspected.

3.2.11 Improving the nutritional status of vulnerable groups

The **Integrated Nutrition Programme (INP)** was implemented throughout the province through the district and metropolitan. A significant number of children experiencing severe malnutrition under the age of five years has decreased from 0.5% in 2004/2005 to 0.34% in the current financial year.

The **Vitamin A supplementation programme** was put in place following a survey on micronutrient deficiency in 1999. This resulted in training of 150 health professionals on Vitamin A supplementation. Vitamin A was given to more than 150 000 children improving the coverage to 86% for children under 1 year.

The **information** on Food Based Dietary Guidelines, Vitamin A, Food Fortification and Salt Iodation and Growth Monitoring was broadcasted in 12 Community Radio Stations. World Food Day celebrations in October 2005 focused on nutrition, the cost of indigenous food, and Food Based Dietary Guidelines. A successful door to door campaign was run in partnership with local authorities to educate communities on food fortification and testing of iodated salt.

Nutrition for patients with HIV and AIDS and TB is one of the interventions to improve the quality of life of people infected with these diseases. Fortified porridge, multivitamins and nutritional supplements have been distributed to all facilities and NGOs. A total of 20 392 patients from comprehensive care and treatment sites (including ARV sites) are receiving nutritional supplements more than the target of 20 000. Supplements are also provided to 3 179 children under 14 years and 17 213 children over 14 years.

The Baby Friendly Hospital Initiative is now implemented in 11 facilities. Additional three facilities were awarded the International Baby Friendly status by the World Health Organisation and United Nations Children's Fund WHO/UNICEF. The initiative is aimed at improving the health and quality of life of women and children through the promotion, protection and support of breastfeeding. During the year, 30 health professionals were trained on infant and young child feeding, in the context of HIV and AIDS. Further 20 External Assessors were trained for this initiative.

Children were assessed for nutritional risk, and those in need were referred to the **Supplementary Feeding Scheme** for monitoring. A total of 1 784 crèches were funded to provide nutrition to children, and 53 216 young people were fed through the school nutrition programme. We also supported 30 soup kitchens benefiting people with chronic diseases.

3.2.12 Improving early screening and early treatment for breast and cervical cancer

The number of women screened for cervical cancer increased by 55%, from 50 033 in 2004/2005 to 77 603 in 2005/2006. **Breast cancer screening** was provided

to 7 649 women thus exceeding the provincial target.

Screening services afford women the opportunity to be offered early treatment and follow up. The rise in the number of patients screened can be attributed to the awareness campaigns and the distribution of educational materials in all sub-districts and informal settlements. These were aimed at sensitising women to the importance of early screening and the location of screening services. We also embarked on a project to ensure access to surgery for breast cancer at the Johannesburg, Chris Hani Baragwanath and Helen Joseph Hospitals.

3.2. 13 Reducing prevalence of complications of communicable diseases

Tuberculosis (TB) Control programme

TB cure rate remains a challenge with the cure rate at 64% below the national target of 70%. One factor contributing to the low cure rate is the integrity of data collected in the electronic TB register. Together with our partners we will implement the **Tuberculosis Crisis Plan** in 2006/2007 focusing on Johannesburg Metro. This will further be expanded to other districts.

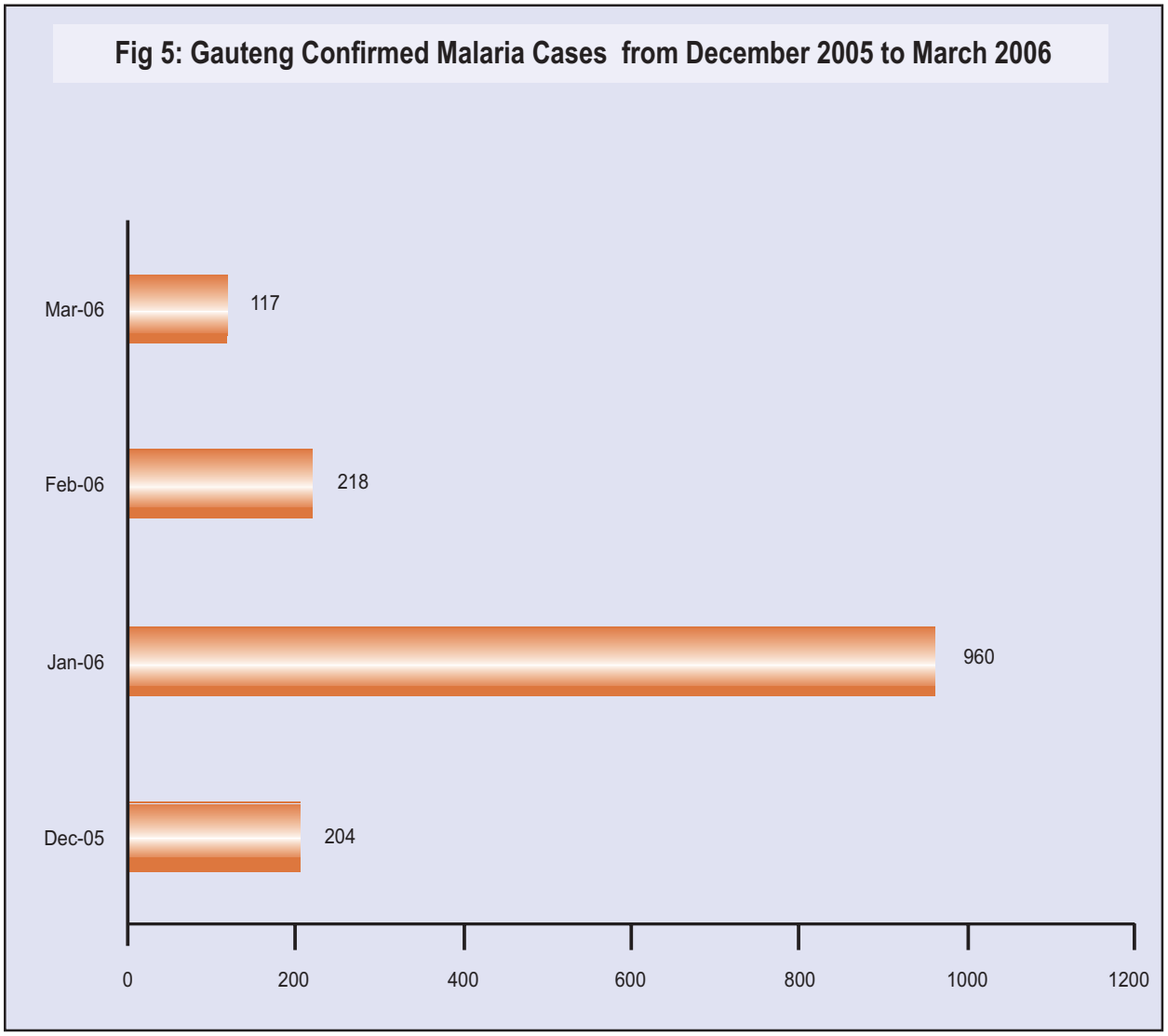
During 2005/2006 financial year care and treatment was provided to 41 753 new TB patients. Of all TB patients, 90% (74 543) of TB patients are on **Directly Observed Treatment (DOT) support**, and 10% (10 087) are self supervised patients. Training on data collection and verification was provided to primary health care workers to prevent a shortage of drugs for TB patients. TB focal points were established in all hospitals to ensure that all TB patients and their families are educated about ongoing treatment and referred to the DOTS system for follow up.

The **TB and HIV collaboration programme** is now in place in all sub-districts as compared to only 16 sub-districts for 2004/2005 financial year. This TB and HIV collaboration programme has gained momentum due to the fact that 50% of HIV patients are co-infected with TB. Health services continue to offer voluntary counselling and testing and screening of all HIV patients for TB.

Other Communicable diseases

Communicable diseases in the province are under a strict surveillance system in order to monitor and control the spread of infection within communities. All institutions are implementing the Provincial Infection Control programme launched in January 2005.

The number of confirmed **malaria** cases reported in the province increased from December 2005, as compared to previous years. By the end of the financial year there were 1 499 confirmed cases, which had been imported from malaria endemic areas in other provinces and other countries. Ekurhuleni experienced the highest number of cases. An active surveillance system has been implemented in all districts. This, together with the distribution of Information, Education and Communication (IEC) material in four approved languages, including Portuguese, in all districts and airports. The staff were trained in the prevention and management of malaria and the importance of educating the community to take precautions before travelling to malaria endemic areas. This initiative resulted in the reduction of confirmed cases from 960 in January 2006 to 117 in March 2006 as reflected in the graph below.



Environmental Health Services

We continue to provide Environmental Health services with a special focus on high risk areas such as Port Health services, malaria control, surveillance of government buildings such as health care facilities, prisons, police stations, schools, offices and magistrates courts, and management and enforcement of the Hazardous Substances Act No. 15 of 1973, the Tobacco Control Act and water pollution levels. A policy to manage Hepatitis A was developed in the year under review, and staff will be trained to implement the policy in the next financial year.

Port Health services provide the first line of defence against the spread of communicable diseases such as Yellow fever, Marburg and Ebola. This service handled more than 6 000 000 consignments of foodstuff, cosmetics, hazardous substances, tobacco products, medicines, human remains and alcohol in the year under review, and issued a total of 73 hazardous substances licences.

Port Health Services also disinfected all flights landing at Johannesburg and Lanseria International Airports to ensure control of communicable diseases such as malaria and maintain vector free areas. A total of 600 mercy flights by air ambulances from neighbouring countries were cleared and allowed to land at Lanseria International Airport.

In addition, all 28 public hospitals and several clinics have been audited for health care waste management, food safety and sanitation. Furthermore 2 919 water samples were collected for analysis to prevent water pollution, and 2 000 food samples collected to monitor food safety. The Department also collected 300 food samples from prisons and hospitals to determine whether aflatoxin was present in peanut butter, compared with 78 samples for the previous financial year.

3.2.14 Reducing prevalence of complications of non-communicable diseases

The burden of disease from chronic illnesses such as diabetes and hypertension is on the increase in our Province and our country. We had more than 5 million visits for chronic non-communicable diseases in our primary health care facilities. A total of 1 320 doctors and nurses were trained on the national chronic disease management guidelines and protocols, and these are implemented at 98% of Gauteng health services.

We made great strides in improving the quality of care for older persons. We implemented a "Move For Health Strategy" aimed at educating communities and all public employees in preventing and managing diseases of lifestyle, through appropriate wellness programmes.

Flu vaccines were made available to all old age home residents, senior citizens who attend our health care facilities and other vulnerable sections of our communities. Fast queues for the elderly have been established in 14 community health centres, thus exceeding the national target of 10. Elderly people can now access 280 functional support groups for the four major chronic conditions (hypertension, diabetes, asthma and epilepsy). Sub-districts had an increase of 181 support groups compared to the previous financial year. The International Day of The Older Person was celebrated at the Ekurhuleni and Johannesburg Metros.

The implementation of the national Vision 2020 programme, with a special focus on the prevention of blindness, resulted in the restoration of sight to more than 13 600 Gauteng residents. This was achieved by conducting cataract surgery on 8 302 patients in public hospitals, and 5 337 patients in private hospitals. The Department was awarded a certificate of achievement by the National Department of Health for exceeding the cataract surgery targets for 2004.

Long-term Oxygen therapy

More than 1 000 patients suffering from Chronic Obstructive Airway Diseases (COAD), were provided with long-term oxygen treatment. This initiative ensured the reduction in the length of stay in hospital and accomodates a family-centred approach for chronic/terminally ill patients.

Patients with chronic renal disease

The Chris Hani Baragwanath Hospital Renal Unit is building the capacity for 20 Johannesburg Metro primary health care facilities to promote early detection, treatment and prevention of complications related to renal diseases. Their efforts were rewarded with the first prize in the Academic Hospitals category at the 2005 Khanyisa Awards.

The first International World Kidney Day was launched in the Province in March 2006 with an overwhelming success, and the theme was *"Living with Complications of Chronic Renal Conditions"*.

3.2.15 Promote Mental Well-being and Improve Early Diagnosis, Treatment and Support for people with Mental Illness

The Mental Health Act was implemented at all levels of care,

- Trained internal and external key stakeholders, including other government departments that are key role players that are impacted by this legislation
- Held a Mental Health Imbizo in November 2005. This was attended by public, private and NGO sectors as well as the academic institutions, and resulted in the establishment of task team to address identified challenges
- Dissolved the four Review Boards established in 2003/2004, and re-established two new Boards according to the legislative requirements of the new Act. The new Boards are functional and have

conducted visits and information sessions with key persons at institutions.

- Steadily reduced beds at private and contracted care institutions, and simultaneously increased the number of beds at residential NGOs in the community, in keeping with mental health legislation and the national and provincial policy on deinstitutionalisation.

Funds allocated to day and residential care NGOs who provide services to persons with mental disability have been increased to strengthen community based care, support and maintain persons with mental disability in the community. The Department also funds capacity building sessions on care treatment and rehabilitation for NGO caregivers.

Mental health services are also provided in all primary health facilities to promote integration.

3.2.16 Interventions to reduce impact of violence against women and children

Post-exposure-prophylaxis (PEP) for survivors of sexual assault

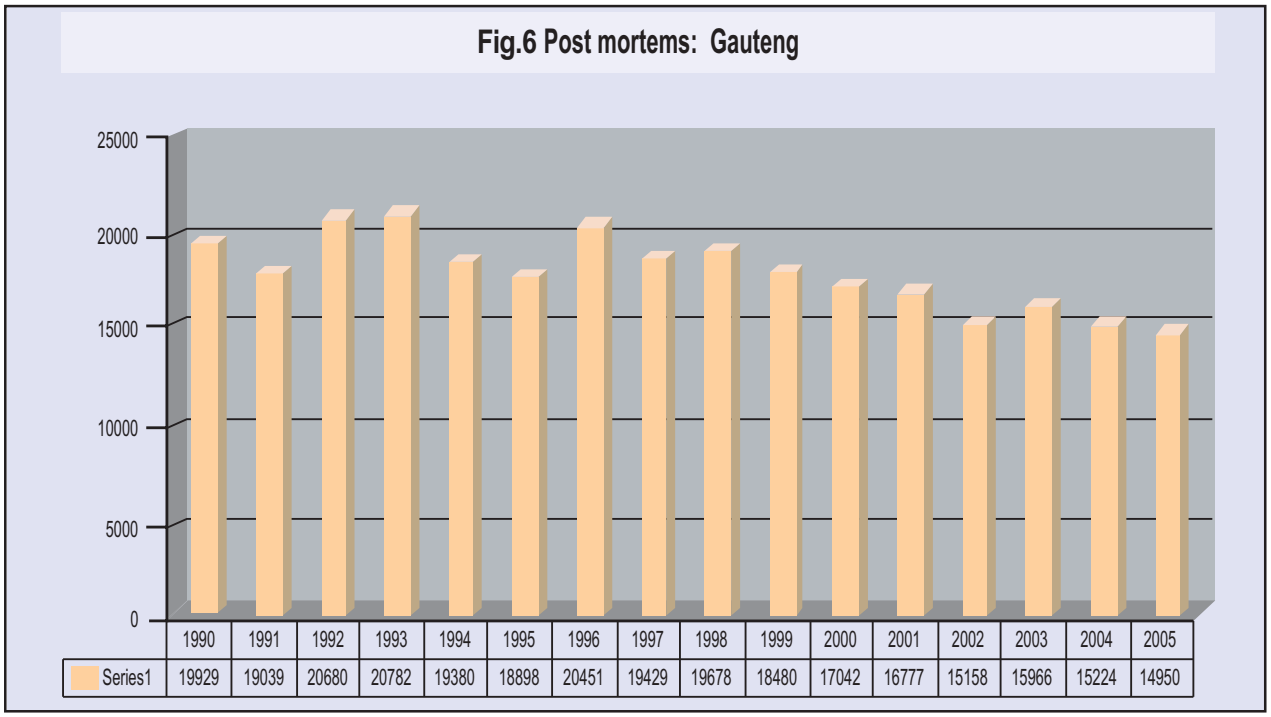
The programme for post-exposure-prophylaxis (PEP) for victims of sexual violence started in July 2002 and is now available at 55 health facilities, of which 56% are open 24 hours of the day. The PEP programme has benefited more than 36 000 clients to date, of which 47% (16 965) received ARVs. A total of 39% of children seen at these facilities received ARVs. Children with chronic abuse are still being seen more than 72 hours after the sexual assault. This remains a challenge as these children do not meet the requirements for ARV prophylaxis. The adherence rate is estimated at 30.8%, and is to improve the programme and the quality of data. To ensure holistic management of sexual assault survivors, 79 health professionals were trained in medical forensic examination last year.

Forensic Pathology Services

Forensic Pathology Services were provided by the South African Police Service until 31 March 2006. The Department took over management of 12 mortuaries from 01 April 2006. Approximately R230 million will be transferred to Health over the MTEF as a national conditional grant to fund this service.

The number of post mortems performed in Gauteng between 1999 and 2005 decreased from 17 042 in 2000 to 14 950 in 2005 (see figure 6 below), despite a significant increase in the population in the province. There has however been an increase in the number of post-mortems performed in some regions. The decrease in the number of post mortems can be explained by a combination of a number of factors, including use of alcohol, improved emergency and hospital care, better policing, road safety awareness and gender violence campaigns.

Fig.6 Post mortems: Gauteng



	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Series1	19929	19039	20680	20782	19380	18898	20451	19429	19678	18480	17042	16777	15158	15966	15224	14950

Strategic Goal: Implementation of the comprehensive HIV and AIDS strategy

We successfully implemented the comprehensive multi-sectoral and Gauteng inter-departmental HIV and AIDS strategy. However, the challenge of combating HIV and AIDS remain and the programme requires ongoing vigilance. The implementation process is led by the Provincial Premier through the Premier's Committee on AIDS (PCA) and involves all MECs and HODs. This programme is coordinated by the Gauteng Multi-sectoral AIDS unit within the Department of Health.

3.2.17 Multi-sectoral AIDS response in Gauteng

Ongoing social mobilisation and communication and prevention

We have made great strides in strengthening inter-sectoral collaboration and partnerships across all Gauteng government departments and municipalities as well as 15 civil society sectors to implement the multi-sectoral HIV and AIDS programme.

The first Gauteng AIDS Conference was held in October 2005. The conference, convened by the Gauteng AIDS Council and organised by the Gauteng Department of Health, brought together over 800 participants from government, civil society and research institutions. The Gauteng annual AIDS summit, was scaled down to combine the strengths of a summit with a stronger research component. The conference theme was "Progress, Unity, and Action: Making our Actions Count". The main recommendations from the conference focused on strengthening multi-sectoral coordination, prioritising HIV prevention, monitoring and evaluation, children affected with AIDS, comprehensive health services, AIDS impact on households, workplace and people living with HIV and AIDS.

The provincial theme for World AIDS Day on 01 December 2005 was 'Gauteng caring for life.' The provincial WAD door-to-door campaign was conducted in partnership with municipalities across the province and saw 12 000 trained volunteers visit more than 590 000 homes, reaching 1.7 million people with information and education addressing HIV prevention, health care for people with AIDS and support for affected families and children. About 34 500 of the people visited were referred to local services for further assistance, a 44% increase over the 2004/2005 financial year. Volunteers also distributed about 865 000 pamphlets and more than 4 million condoms.

Gauteng HIV and AIDS workplace programme

All Government Departments in Gauteng are implementing the Gauteng Provincial Government (GPG) Employee Assistance Programme (EAP) provided by the Gauteng Shared Service Centre (GSSC). Eighty percent of GPG staff members have access to the EAP programme, and there is a 16% utilisation rate of services provided.

Other key achievements of the multi-sectoral HIV and AIDS programme

- Successful implementation of comprehensive health care for HIV and AIDS with ARV therapy by the Department of Health.
- Community based care children's services provided by the Department of Social Development increased from 80 community care services in 2004/2005 to 121 in 2005/2006, substantially increasing the number of children reached to 70 000.

- Municipalities increased coordination through the Local AIDS Councils and trained 15 000 people and educated an additional 500 000 people on door-to-door.
- The faith-based sector, through the South African AIDS Council, African Federation of Churches, the Muslim AIDS Project and The Evangelical Alliance of South Africa, mobilised 540 000 people and trained 47 401 members.
- A total of 385 HIV and AIDS programme managers from 12 government departments, municipalities and sectors were trained as part of a management and development programme.
- Traditional healers made a breakthrough by setting up a coordinating Committee at the traditional healer's summit. In addition, the traditional healers provide a visible support for the AIDS programme.

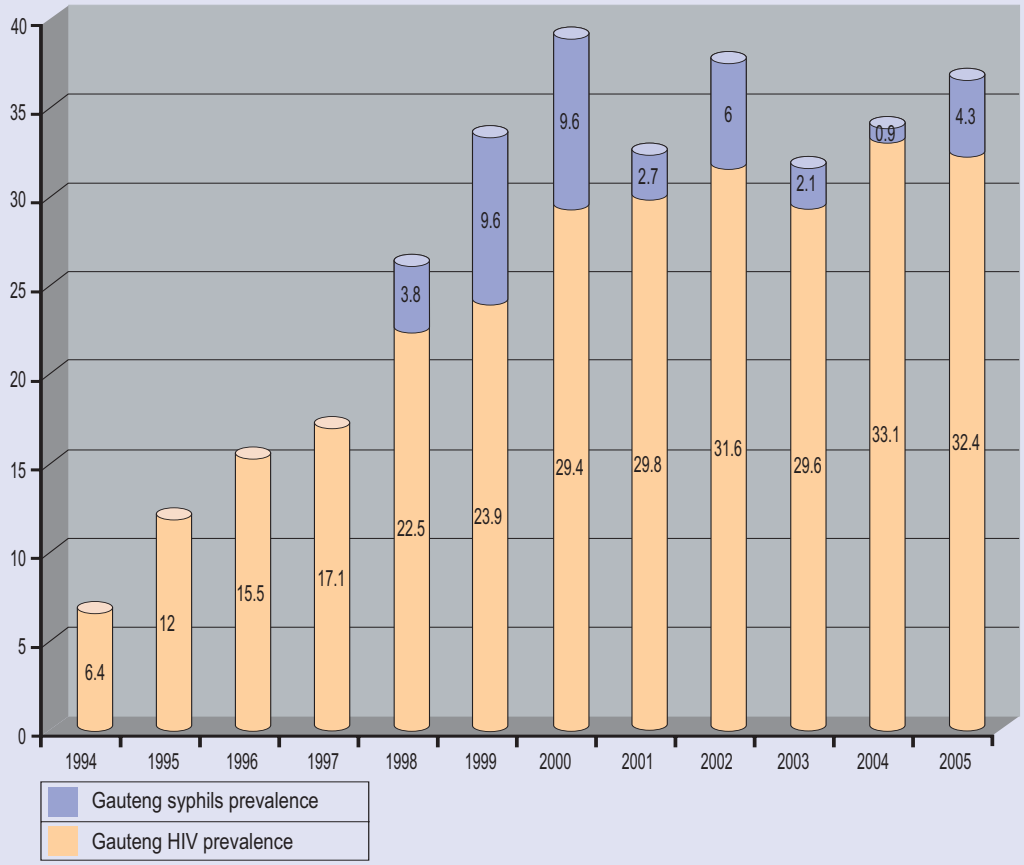
The detailed 2005/2006 Multi-sectoral AIDS programme annual report will be presented separately to the Legislature.

3.2.18 Implementation of the comprehensive HIV and AIDS programme by the Health Department

HIV Sero-prevalence among women

As can been seen in figure 7, it appears that the HIV prevalence rate in the province has been increasing steadily from 1998 to 2005. The Sero-prevelance rate amongst pregnant women in Gauteng has decreased by 0.7% from 33.1% in 2004 to 32.4% in 2005 but still higher than the national prevalance rate of 30.2%. The the Gauteng Syphlis rate was 4.3%, an increase of 3.4% from 2004, and further increased above the national average of 2.7%.

Fig 7. Antenatal HIV Sero-Prevalence for Gauteng (1994-2004) and Syphilis (1999-2004)



Source: GDH Annual Report 2001/02 and National HIV and Syphilis Antenatal Sero-Prevalence Survey in South Africa 2004/5

Prevention

Voluntary Counselling and Testing (VCT)

The number of VCT sites increased from 295 in 2004/2005 to 340 in 2005/2006. A total of 225 649 clients were tested in 2005/2006, of whom 83 739 tested HIV positive. However, strengthening social mobilisation to provide information and to encourage the public to know their status remains a challenge. Mentors for VCT counsellors have been appointed in all districts, and the total number of mentors increased by 10 in this period. To improve counselling skills and strengthen VCT services, the Department trained 119 Community Health Worker's and 230 Lay Counselors in VCT, 125 professional nurses and 125 Lay counselors in couple counselling.

Condom supply and distribution

The distribution of condoms in the province increased from 102 million in 2004/2005 to 131 million male condoms in 50 primary sites and 600 000 female condoms in 47 primary sites in 2005/2006. Both male and female condom distribution figures exceeded the national target of 80 million and 520 500 respectively, resulting in Gauteng having the highest number of condoms distributed in the country. A total of 353 health care professionals have been trained on the Logistic Management Information System (LMIS) to support the condom distribution programme.

Reducing Sexually Transmission Infections (STIs)

Syndromic management of sexually transmitted infections is available in 98% of primary health care facilities, and partner notification is in place in all facilities. The number of People Living with AIDS (PLWA) receiving ARV treatment with syndromic treatment for STIs was 650 during 2005/2006. Clients were encouraged to use both male and female condoms as a dual barrier method. An average of 242 074 new STI episodes were treated at the sentinels sites, and among them male urethral discharges were the most common condition, with 60 000 occurrences.

Prevention of Mother to Child Transmission (PMTCT)

The PMTCT programme has been implemented since 2001 and increased to 100% of hospitals, and community health centres with maternity services and 72% of clinics with antenatal care services in the year under review. The Department is still faced with the challenge of ensuring that triple therapy ART is accessible to all mothers who need it, following up children whose mothers returned to their province of origin after accessing the PMTCT programme in Gauteng, and improving the PMTCT uptake.

There was a 65% uptake of VCT offered at antenatal clinics and 124 398 women were tested during the year under review; 17 396 received Nevirapine, including 8 456 babies after birth.

Although follow-up of babies after birth has improved, there is need for a concerted effort between NGOs and the Department to improve on the approach. Babies that are born from HIV positive mothers are identified through a national shared code. The introduction of the Polymerase Chain Reaction test (PCR) for HIV at six weeks has improved follow up of these babies as it coincides with their six week visit to the clinic for immunisation.

Care and Treatment

The implementation of HIV and AIDS comprehensive care, including provision of Antiretroviral treatment (ART), has grown markedly since its inception in 2004. A total of 352 874 patients have been assessed to date and 170 507 CD4 tests have been conducted, an increase of 96 941 from 2004/2005. The number of patients on treatment increased from 12 983 in 2004/2005 to 41 795 of which 6 000 were children by the end of 2005/2006 - well exceeding the target of 25 000. The number of facilities offering ART increased from 23 in 2004/2005 to 33 in 2005/2006. By the end of

the year 40 sites had been accredited to provide treatment. Services will start at the remaining seven sites as soon as the infrastructure has been completed. The Department is actively recruiting pharmacists, medical practitioners, dieticians, social workers, nurses and counsellors to make up the teams to provide comprehensive care. In addition to care, educational materials stressing the need to know your HIV status, as well as prevention were distributed. The importance of diagnosing TB and completing TB treatment, nutrition, and condom use are also distributed at all health facilities.

The programme also actively addresses children who need to be placed on treatment through assessing pregnant mothers, and following them up through pregnancy until they have delivered their babies. These mothers receive ARTs to enable them to stay healthy and to care for their babies. The babies are diagnosed through the polymerase chain reaction tests at 6 weeks.

Universal access to palliative care

Due to the AIDS epidemic in South Africa as a whole, it is necessary to consider how best to provide care for people with diseases and their families. Gauteng has established a total of 257 beds in step-down facilities in nine hospitals and funds 250 hospice beds as well as 132 NGOs to provide home-based care. NGOs are monitored regularly to improve adherence to the funding policy and reporting procedures. The number of patients cared for at home by community health workers has significantly increased from 51 994 in 2004/2005 to 53 347 in 2005/2006.

The Department also funds 38 NGOs to organise support groups for people living with HIV and AIDS, and in 2005/2006 funded the income generating projects of 10 support groups. A total of 383 support groups were operating in health facilities and within the community in the year under review. Training was provided to support group members to equip them with counselling skills and basic HIV and AIDS information. Additionally, 101 members of the support groups were trained as Peer Educators and 91 as Lay Counsellors.

3.2.19 Outputs and Outcomes

The outputs and outcomes for the budget statement and national indicators, including provincial specific outputs, have been outlined separately to ensure compliance with Legislative, National Health and National Treasury requirements. This process will enhance monitoring of performance at different levels.

Table 7. 2005/2006 Budget Statement outputs and service delivery trends for District Health Services Programme

Description of output	Unit of Measure	2004/2005 (actual)	2005/2006 (target)	Progress made towards the achievement of the outputs for 2005/2006
Immunisation coverage for children under 1 year	Immunisation coverage for children under 1 year (%)	90 polio 90 measles Based on immunisation campaign first round	85	83** Based on routine data. Reduction due to cross boundary issues
Increased TB cure rate in new smear positive cases	New smear-positive TB cure rate at first attempt*	58	65	64** DOT needs to be strengthened to improve TB cure rate
Availability of Condoms	Number of male condoms distributed per month	8.5 million	8.5 million	10.9 million Target exceeded

Description of output	Unit of Measure	2004/2005 (actual)	2005/2006 (target)	Progress made towards the achievement of the outputs for 2005/2006
Availability of condoms	Number of female condoms distributed per month	15 000	25 000	43 375 Target exceeded
HIV sero-prevalence rate among antenatal attendees	Antenatal sero-prevalence rate (%)	29.6	Maintain between 27.1- 32.1%	32.4 (2005) Above the limit
Providing HIV and AIDS comprehensive care and treatment including ART in all sub districts	Percentage implementation in: - Public hospitals - CHCs - Districts	 38 45 83	 90 70 100	 62 58%. Four clinics also accredited - target not achieved due to lack of infrastructure and staff 83 Faced with challenge of infrastructure and staffing of ART clinics, upgrading plan being finalised
PMTCT access	Percentage implementation of the programme in:- - Hospitals, - CHCs and - Clinics with antenatal care services	 100 100 63	 100 100 65	 100- target achieved for hospitals and CHCs 100 72 Target exceeded for clinics with ante natal care services
Health facilities implementing PEP for victims of survivors of sexual assault	Number of health facilities implementing PEP for victims of survivors of sexual assault	52	55	55 Target achieved
STI prevention and treatment	Percentage of facilities offering syndromic management	97	97	98 Target exceeded
Access to the package of primary care services available in each sub-district through the DHS*	Percentage of sub-districts offering the full package of primary care services	71 Based on National 2003 revised National PHC audit results	90	71 Based on National 2003 PHC revised audit results. Next PHC Audit in 2006

Description of output	Unit of Measure	2004/2005 (actual)	2005/2006 (target)	Progress made towards the achievement of the outputs for 2005/2006
Access to the package of primary care services available in each sub-district through the DHS*	Percentage of sub-districts with access to extended hours of service	65	75	73 Target not achieved due to financial constraints in Johannesburg Metro
Availability of EDL drugs	Essential drugs out of stock at PHC facilities	1.98	2	2 Target achieved
Strengthened hospital and facility management	Percentage of hospitals with appointed CEO, Nurse manager, superintendent and administration manager	#	100	80% includes Kruisfontein and Chris Hani Baragwanath district hospitals not yet build but posts on Persal system 94% if new hospitals excluded
	Percentage of CHCs with appointed facility managers	#	80	80 Target achieved
Shorter waiting times for patients	Percentage reduction in overall waiting times for pharmacy, casualty and outpatient Departments (cumulative)	5 based on baseline	10	No reduction Reducing waiting times remains a challenge. There are seasonal variations and staff shortages Queue marshals being appointed in hospitals to improve the situation
Improved hospital efficiency	Average length of stay (ALOS)	3	3	3.3 Target achieved
	Bed Occupancy Rate (BOR)	66	75	68 Patients by-passing district hospitals to higher levels of care due to the perception that care is better at regional and central hospitals

Description of output	Unit of Measure	2004/2005 (actual)	2005/2006 (target)	Progress made towards the achievement of the outputs for 2005/2006
Community health worker (CHW) training	Number of fully trained community health workers	1 000	2 000 cumulative	2116 CHWs trained on 69 day course Target exceeded
Hospital boards established and maintained	Percentage of hospitals with operational hospital Boards	87.5	100	100 Hospital boards for Carletonville Hospital not appointed - moving to North West Province due to cross boundry disestablishment Appointment of provincial and university representatives including management and staff appointed as ex officio members being finalised
Capacitated community participation structure	Percentage of Ward-based health sub-committees (WBHSCs) trained	#	100	33 community participation coordinators trained on generic “train a trainer” programme Target not achieved due to delay in finalisation of Service Level Agreement with service provider to train WBHSCs

*# new indicator data not available, * modified to align with national indicators ** Data per calendar year*

Table 8. Performance against Provincial targets from 2005-08 strategic plan for District Health Services programme

Strategic Objectives	Measurable Objective	Indicator	2003/2004 (actual)	2004/2005 (actual)	2005/2006 (target)	2005/2006 (actual)
Ensure appropriate planning and monitoring of district health services at sub-district level	Develop high-level business plan for strengthening of the District Health system through Senior DHS forum	Availability of high-level business plan	#	#	1	1
	Train district managers on use of information for planning and decision making	Percentage district and programme managers trained on information management	#	#	65	80
	Ensure functional integration between local government and province	Percentage of sub-districts that are functionally integrated	40	55	60	55 No increase due to change of policy in terms of the National Health Act
	Conduct District Health Expenditure Review (DHER) in all districts	Number of DHER per District available annually	#	6	6	6 were completed for 2004/2005 Commenced process for 2005/2006 DHER
Improve the quality and efficiency of primary health care service provision	Conduct PHC service audit annually	Percentage of sub-districts with PHC services audited	100	100	100	Not conducted in 2005/2006. Awaiting National revised tool
	Develop an integrated District Service Plan (DHP)	Percentage districts with a formal plan	62	100	100	100
	Implement provisions of the Memorandum of Understanding with Local Government	Percentage of MOU objectives implemented	#	50	80	80

Strategic Objectives	Measurable Objective	Indicator	2003/2004 (actual)	2004/2005 (actual)	2005/2006 (target)	2005/2006 (actual)
Improve the quality and efficiency of primary health care service provision	Implement the clinic supervisory manual at all PHC facilities	Percentage of PHC facilities with monthly supervisory visits	60	75	85	85
	Service Level Agreement in place for each district	Number of Service Level Agreements signed	#	#	2	Due to policy change, one revised Service Level Agreement in terms of National Health Act has been developed and SALGA consulted
Provide people-centred care that recognises the dignity and uniqueness of each person	Monitor complaints in all districts	Percentage of complaints attended to	80	100	100	100% of complaints attended to with 93% resolved
Promote mental well-being and improve early diagnosis, treatment and support for people with mental illness and disabilities	Improve access to mental health care and support	Percentage of fixed PHC facilities with mental health service	34	35	38	38
	Improve access to health care services for people with disabilities	Percentage of CHCs with community-based rehabilitation services*	#	50	70	75

*# New indicator - data not available, *indicator modified to align with priorities*
NB: Other deleted indicators form part of budget statement 2 indicators as indicated in the table 7 above

Table 9. Performance against National targets from 2005-08 strategic plan for District Health Services programme

Indicator	Type	2003/04 (actual)	2004/05 (actual)	2005/06 (target)	2005/06 (actual)	National target 2007/2008
Input						
1. Uninsured population served per fixed public PHC facility*	No	30 145	26 037	31 784	31 784	<10 000 rural 30 000 urban
2. Provincial PHC expenditure per uninsured person*	R	195.87	193.67	*205	189.76 Reduction due to increased uninsured population based on 2005 Mid-year estimates	N/A
3. Professional nurses in fixed PHC* facilities per 100 000 uninsured person	No	0.6	0.6	0.6	0.6	130
4. Sub-districts offering full package of PHC services	%	60 Based on 2003 initial audit	71 Based on 2003 revised audit	90	71 Based on 2003 PHC revised audit. Next PHC Audit in 2006	100 Revised to 70% after PHC audit
5. EHS expenditure (provincial plus local government) per uninsured person	R	0.13	0.19	0.20	0.24 An increase due to increased expenditure for EHS	13
Process						
6. Health districts with appointed manager	%	100	100	100	83.3 With the exception of West Rand district. Post advertised	100
7. Health districts with plan as per DHP guidelines	%	100	100	100	100	100
8. Fixed PHC facilities with functioning community participation structure	%	43	60	80	75 Process managed by Local Government	100
9. Facility data timeliness rate for all PHC facilities	%	#	90	75	95	100
Output						
10. PHC total headcount	No	13 m	13.6 m	13.8 m	14.1 m	N/A
11. Utilisation rate - PHC	No	1.18	1.5	2.0	1.9 Based on headcount	3.5

Indicator	Type	2003/04 (actual)	2004/05 (actual)	2005/06 (target)	2005/06 (actual)	National target 2007/08
12. Utilisation rate - PHC under 5 years	No	3.0	3.04	4	3.07 Based on headcount	5.0
Quality						
13. Supervision rate	%	70	75	100	80 Above the revised national norm of 60%	100
14. Fixed PHC facilities supported by a doctor at least once a week	%	13	13	50	13 Unable to fill medical officers' posts. Programme to ensure career pathing through family medicine physicians to be improved	100
Efficiency						
15. Expenditure (provincial plus local government) per headcount at public PHC facilities ###	R	98.46	90.81	101.04	96.27 Influenced by number of headcount	78
Outcome						
16. Health districts with a single provider of PHC services	%	0	0	0	0 Provincialisation of PHC services to commence in 2006/2007	100

*# New indicator - data not available, ##Indicator changed to align with budget statement * indicator modified indicators to align with priorities, ### Local government PHC budget and expenditure managed by Local government, ***revised due to quality of data*
NB: Three indicators for service volumes not included in the annual report were not part of the strategic plan format

Table 10. Performance against Provincial targets from 2005-08 strategic plan for Sub-programme: District Hospital Services

Strategic Objectives	Measurable Objective	Indicator	2003/2004 (actual)	2004/2005 (actual)	2005/2006 (target)	2005/2006 (actual)
Provide efficient and effective clinical support services (allied, laboratory, pharmaceutical, blood services, radiology, etc)	Ensure availability of EDL drugs in all institutions	Percentage of hospitals with all EDL drugs available	80	100	100	98
	Ensure availability of emergency bloods in all hospitals	Percentage of hospitals with emergency bloods	#	85	100	100

 # new indicator - data not available
NB: Other deleted indicators form part of budget statement 2 indicators in the table 7 above

Table 11. Performance against National targets from 2005-08 strategic plan for Sub-programme: District Hospital Services

Indicator	Type	2003/2004 (actual)	2004/2005 (actual)	2005/2006 (target)	2005/2006 (actual)
Input					
1. Expenditure on hospital staff as a % of district hospital expenditure	%	66.6	67.88	68.3	65.3 Decrease due to vacant posts
2. Expenditure on drugs for hospital use as of % district hospital expenditure	%	10.2	8.38	9.0	10
3. Expenditure by district hospitals per uninsured person	R	38.49	53.01	55.67	60.78 Increase due to expenditure increase in opening new Tshwane district hospital and Folateng facilities
Process					
4. District hospitals with operational hospital boards	%	87.5	87.5	100	100 Hospital boards for Carletonville Hospital not appointed - moving to North West Province due to cross boundry disestablishment Appointment of provincial and university representatives, management and staff as ex-officio members being finalised
5. *District hospitals with appointed CEOs AD: Nursing, AD: Admin and Medical Superintendents (not Acting) in the post	%	87	100 Only CEOs	100	80% includes Kruisfontein and Chris Hani Baragwanath district hospitals not yet build but posts on Persal system 94% if new hospitals excluded

Indicator	Type	2003/2004 (actual)	2004/2005 (actual)	2005/2006 (target)	2005/2006 (actual)
6. Facility data timelines rate for district hospitals	%	#	80	100	100
Output					
7. Caesarean section rate for district hospitals	%	10.2	12.27	11	12% is based on elective and emergency surgery
Quality					
8. District hospitals with patient satisfaction survey using DoH template	%	75 (based on other systems)	85 (based on other systems)	100	All hospitals measure patient satisfaction using other systems. To start using DoH template in 2006/2007
9. District hospitals with clinical audit (M & M) meeting every month	%	100	100	100	100
Efficiency					
10. Average length of stay in the district hospitals	Days	3.1	3	3	3.3
11. Bed utilisation rate (based on usable beds) in the district hospitals	%	67	66	75	68 Patients by-passing district hospitals to higher levels of care due to the perception that care is better at regional and central hospitals
12. Expenditure per patient day equivalent (PDE) in the district hospitals	R	778	750	750	R860 is above the national target of R814 due to reduced PDEs for district hospitals and expenditure increase in opening the new Tshwane District Hospital and Folateng facilities
Outcome					
13. Case fatality rate in the district hospitals for surgery separations	%	0.3	5.2	2.0	2.9 Clinical audit being conducted to identify the cause

*# New indicator - data not available, *Indicator modified to align with priorities or modified by National Health,*
NB: Service volume indicators in annual report not included as they are not part of strategic plan format

Table 12. Performance against Provincial targets from 2005-08 strategic plan for Sub-programme: for MCWH & Nutrition

Strategic Objectives	Measurable Objectives	Indicator	2003/2004 (actual)	2004/2005 (actual)	2005/2006 (target)	2005/2006 (actual)
Improve nutritional status of vulnerable groups, with special emphasis on people with chronic and debilitating conditions	Implement an integrated food security programme in conjunction with other departments, through improving school feeding for Early Childhood Development Centres and provision of dietary support and monitoring and food safety in primary schools	No. of crèches funded	2 700	1 718	1 800	1 784 Irregularities in crèche data & non existence of some crèches. Some crèches did not have health certificates which is anessential requirement.
		No. of pre-school children fed	61 113	58 219	58 500	53 216 The number of children fed were reduced due to the reason above
		No. of patients on nutrition supplements	#	10 000	20 000	68 403
3. Reduce preventable causes of maternal deaths	Implement key recommendations of the Saving Mothers Report	Percentage maternity units implementing National Committee on Confidential Enquiries into Maternal Deaths (NCCEMD) recommen-dations	#	100	100	94 Only 1 out of 22 institutions do not have a documented quality assurance programme
Improve early detection and intervention for cervical and breast cancer	Ensure early detection of breast cancer	No. of mammograms performed	#	7 506	7 590	8 399

 # new indicator data not available
NB: Other deleted indicators form part of budget statement 2 indicators in the table 7 above

Table 13. Performance against National targets from 2005-08 strategic plan for sub-programme MCWH & Nutrition

Indicator	Type	2003/2004 (actual)	2004/2005 (actual)	2005/2006 (target)	2005/2006 (actual)	National (target)
Incidence						
1. Incidence of severe malnutrition under 5 years	%	0.68	0.5	0.4	0.34	#
2. Incidence of pneumonia under 5 years	%	3.11	3	2.5	4.38 An increase possibly due to HIV-related diseases	#
3. Incidence of diarrhoea with dehydration under 5 years	%	0.81	0.6	0.4	0.89 Possibly related to HIV and AIDS	#
Input						
4. Hospitals offering TOP services	%	64.3	83.5	67	78.3 Services stopped at Coronation Hospital due to resignation of staff	#
5. CHCs offering TOP services	%	33	39.1^	45	34.8 Services stopped at Bopehelong CHC due to resignation of staff	80
Process						
6. Fixed PHC facilities with DTP-Hib vaccine stock out	%	0	0	Less than 2%	0	#
7. AFP detection rate	%	1.3	1	1	1.3 within the norm	1
8. AFP stool adequacy rate	%	83	83	85	73 Patients present late at facilities	80
Output						
9. Schools at which phase 1 health services are being rendered	%	#	67	75	61 Based on the allocated budget	#
10. (Full) Immunisation coverage under 1 year	%	79.4 Based on survey	90 polio 90 measles Based on immunisation campaign first round	85^^^	83** Based on routine data and reduction due to cross boundry issues	90

Indicator	Type	2003/2004 (actual)	2004/2005 (actual)	2005/2006 (target)	2005/2006 (actual)	National (target)
Incidence						
11. Antenatal coverage	%	77.6	83.53	80	83	80
12. Vitamin A coverage under 1 year	%	31.8	50	60^^	86	80
13. Measles coverage under 1 year	%	79	90	80^^	90	90
14. Cervical cancer screening coverage	%	4.9	10.6 PHC facilities	8.5	13.8	15
Quality						
15. Facilities certified as baby-friendly	%	4	8	8	11	30
16. Fixed PHC facilities certified as youth-friendly	%	11.3	12 (38)	15	16.5	30
17. Fixed PHC facilities implementing IMCI	%	56	64	64	84	#
Outcome						
18. Institutional delivery rate for women under 18 years	%	3.3	6	7.5	7.9	13
19. Not gaining weight under 5 years	%	0.45	0.76 PHC facilities	0.25	1.95 Poverty related	#

 # new indicator data not available,
*** calendar month data,*
^revised due to quality of data,
^^wrong target deleted for consistency,
^^^ target changed to align with budget statement

Table 14. Performance against Provincial targets from 2005-08 strategic plan for Sub-programme: HIV and AIDS, STI and TB control

Strategic Objective	Measurable Objective	Indicator	2003/2004 (actual)	2004/2005 (actual)	2005/2006 (target)	2005/2006 (actual)
Prevent and reduce new HIV infections	Reduce new infections among antenatal care women	Antenatal sero-prevalence rate (%)	29.6 (2003)	33.1 (2004)	Maintain 27.1-32.1	32.4 (2005) Above the limit
		HIV prevalence rate for under 20yrs (15-24)	#	15 (2004)	14.6	18.5 (2005) Above the target
		Percentage infants tested	#	20	25	38
		Number of male condoms distributed per month	8m	8.5m	8.5m	10.9m
		Number of female condoms supplied per month	25 000	15 000	25 000	43 375
		Percentage of provincial hospitals and fixed clinics offering VCT	60	80	90	89 Lack of infrastructure to provide VCT. However VCT is provided through mobile services in partnership with Society for Family Health
	Improve integrated collaboration between HIV and AIDS and TB programmes	Number of sub districts with TB/HIV training	#	12	16	25

Strategic Objective	Measurable Objective	Indicator	2003/2004 (actual)	2004/2005 (actual)	2005/2006 (target)	2005/2006 (actual)
Reduce the incidence of sexually transmitted infections	Syndromic management of STIs	Incidence of male urethral discharge measurement	#	18.5	18.5	18.3
		Percentage of facilities offering syndromic management	90	97	97	98
		Antenatal sero-prevalence rate (%) for syphilis	2.1 (2003)	0.9 (2004)	1.95	4.3 (2005) Above the target
Intervention to reduce impact of violence against women and children	Improvement of treatment completion rates	Average completion rate of clients on PEP	#	30	40	30.8 Low rate due to poor quality of data and unreliable information system
Provide HIV and AIDS comprehensive care and treatment including ART in all sub-districts by 2009	Rollout HIV and AIDS comprehensive care and treatment programmes in public health facilities. Investigate practical, effective, more efficient models of expanding access to ART	No of health facilities offering ART	#	23	40	33 operational due to lack of pharmacists, dieticians and lack of infrastructure
		Number of people on ART	#	10 000	20 000	41 795
Provide universal access to palliative care (home-based care, hospice, step-down facilities) to the population of Gauteng	Implement Community Health Worker programmes	Number of home-bound people cared for	#	51 994	35 000	53 347
		New smear-positive PTB cases as percentage of expected number of cases	#	70	70	73.8

Strategic Objective	Measurable Objective	Indicator	2003/2004 (actual)	2004/2005 (actual)	2005/2006 (target)	2005/2006 (actual)
		Percentage of TB cases who are re-treated	9	10	8	8
		PTB smear conversion rates at 3 months for re-treated cases	62	70	80	65 Reduction due to complicated system to calculate and wrong national definition of indicator
		Percentage of TB cases that are MDR	2	1	1	1

 # New indicator - information not available
NB: Other deleted indicators form part of budget statement 2 indicators in table 7 above

Table 15. Performance against National targets from 2005-08 strategic plan for sub-programme: HIV and AIDS, STI and TB control

Indicator	Type	2003/2004 (actual)	2004/2005 (actual)	2005/2006 (target)	2005/2006 (actual)	National (target)
Input						
1. ARV treatment service points compared to plan	%	#	100	100	100	100
2. Fixed PHC facilities offering PMTCT (offering ANC and MOU)	%	#	#	100	76 Lack of space for VCT. Patients are referred to nearest facility	100
3. Fixed PHC facilities offering VCT	%	30	65	80	89	100
4. Hospitals offering PEP for occupational HIV exposure	%	100	100	100	100	100
5. Hospitals offering PEP for sexual abuse	%	100	100	100	100	100
Process						
6. TB cases with a DOT supporter	%	93	89	100	90 10% of patients prefer to be self supervised	100
7. Male condom distribution rate from public sector health facilities	No	8m	8.5m	8.5m	10.9 million	11

Indicator	Type	2003/2004 (actual)	2004/2005 (actual)	2005/2006 (target)	2005/2006 (actual)	National (target)
8. Male condom distribution rate from primary distribution sites	No	#	#	15	5.23 per person (male)##	32
9. Fixed facilities with any ARV drug stock out	%	#	0	0	0	0
10. Hospitals drawing blood for CD4 testing	%	#	100	100	100	100
11. Fixed facilities referring patients to ARV treatment points assessment	%	#	10	10	40	10
Output						
12. STI partner treatment rate	%	13.5	15	25	24.3 Reduction due to decreased urethral discharges	40
13.Clients HIV pre-test counselled rate in fixed PHC facilities	%	100	100	100	100	100
14.Patients registered for ART compared to target	%	#	100	100	100	100
15.TB treatment interruption rate	%	11	10	6	8	4
Quality						
16.CD4 test at ARV treatment service points with turnaround time >6 days	%	#	0	0	0	0
17.TB sputa specimens with turnaround time < 48 hours	%	49	54	48	60	0
Efficiency						
18.Dedicated HIV and AIDS budget spent	%	83	100	100	100	100
Outcome						
19.New smear-positive PTB cases cured at first attempt	%	56	58	65	64 DOT needs to be strengthened to improve TB cure rate	85
20.New MDR TB cases reported - annual % change	%	#	1	>2.5	1	#

Indicator	Type	2003/2004 (actual)	2004/2005 (actual)	2005/2006 (target)	2005/2006 (actual)	National (target)
21.STI treated new episode among ART patients - annual % change	%	#	#	10	Commenced implementation of new national indicator in September 2005. 619 STI patients on ART seen	#
22.ART monitoring visits measured at WHO performance scale 1 or 2	%	#	#	60	84	#

 # new indicator - data not available, ## Used total population from 15 years and above as per national definition
Some indicators in the annual report format has been modified in strategic plan format aligning with strategic plan and indicators added in the strategic plan format

Table 16. Performance against Provincial targets from 2005-08 strategic plan for Sub-programme: disease prevention and control

Strategic Objective	Key Actions/ Projects	Indicator	2003/2004 (actual)	2004/2005 (actual)	2005/2006 (target)	2005/2006 (actual)
Increase public understanding and the practice of healthy lifestyles and key risk behaviours with special focus on vulnerable groups and disadvantaged communities.	Maintain smoke-free environment in all health institutions	Percentage institutions with smoke-free policy in place	90	100	100	100
		Percentage of districts with disaster management plans	#	100	100	100
Reduce the prevalence and complications of common non-communicable diseases	Ensure chronic care support groups are functioning and supported	Percentage of sub-districts with support groups	100	100	100	100
	Training of nurses and doctors	Number of health care workers trained in Sexual Assault Care Practice (clinical forensics) per year	#	40	40	79
Promote mental well-being and improve early diagnosis, treatment and support for people with mental illness	Improve early detection, treatment and care in order to minimize the long-term effects of mental disorder	Percentage of sub-districts with mental health services DHS	#	100	100	100
		Number of support groups in all districts	#	25	30	38

Strategic Objective	Key Actions/ Projects	Indicator	2003/2004 (actual)	2004/2005 (actual)	2005/2006 (target)	2005/2006 (target)
Promote mental well-being and improve early diagnosis, treatment and support for people with mental illness	Improve mental health services for children and adolescents	Number of beds for children and adolescents	#	25	Bara 35	60 total beds in the province 10 beds each established at Chris Hani Baragwanath, Sterkfontein and Tara hospitals in 2005/2006
	Reduction of beds in private institutions for patients with chronic mental illness	Number of beds for patients with chronic mental illness (contracted care)	#	3 000	2 900	2 700
	Reduce institutional care for people with chronic mental disorder and increase community-based care	Number of acute beds in hospitals	#	391	399	371 (regional hospitals) Reduction due to 20 psychiatric beds moved from Sebokeng Hospital to Kopanong District Hospital
		Number of NGOs funded for mental illnesses	#	65	68	70
		Number of acute psychiatric units in general hospitals	#	8	9	8 20-bed unit not opened at Pretoria Academic Hospital
Provide rehabilitation and support to people with disabilities (PWD)	Improve services for people with disabilities focusing on provision of free health care for people with disabilities, assistive devices and access for people with disabilities in all health facilities	Percentage hospitals implementing free health care for PWD	#	100	100	100

Strategic Objective	Key Actions/ Projects	Indicator	2003/2004 (actual)	2004/2005 (actual)	2005/2006 (target)	2005/2006 (target)
Provide rehabilitation and support to people with disabilities (PWD)		Number of vocational rehab assessments done of PWD	#	100	150	150
		Number of patients receiving Orthotic & Prosthetic services	#	10 000	11 000	6 951 from January to December 2005 Target not met due to shortage of medical orthotists and prostetists
		Number of funded NGOs providing services for PWD	#	3	3	3

#new indicator-data not available

Table 17. Performance against National targets from strategic plan 2005-08 for sub-programme: Disease Prevention and Control

Strategic Indicator	Type	2003/2004 (actual)	2004/2005 (actual)	2005/2006 (target)	2005/2006 (actual)	National (target) 2007/2008
Input						
1. Trauma centres for victims of violence	No	26	26	6	26	1 per district
Process						
2. CHCs with fast queues for older persons	%	23	41	30	58	20
Output						
3. Health districts with health care waste management plan implemented	No	6	6	6	6	All districts
4. Hospitals providing occupational health programmes	%	#	100 Part of Integrated Wellness programme	61 (estimate) ##	100 Part of Integrated Wellness programme	100

Indicator	Type	2003/2004 (actual)	2004/2005 (actual)	2005/2006 (target)	2005/2006 (actual)	National (target) 2007/2008
5. Schools implementing Health Promoting Schools Programme (HPSP)	%	#	6	12	12	#
6. Integrated epidemic preparedness and response plans implemented	Y/N	Y	Y	Y	Y	Yes
7. Integrated communicable disease control plans implemented	Y/N	Y	Y	Y	Y	Yes
Quality						
8. Schools complying with quality index requirements for HPSP	%	#	6	12	This indicator has been discontinued by National Health Department.	#
9. Outbreak response time	Days	2	1	1	1	1
Outcome						
10. Cataract surgery rate	No	5 684	10 882	8 000	9 122 **	1 000

*#new indicator- data not available, ## target not determined, based on 5006/2006 estimate in 2006/2007 strategic plan ** data per calendar year excluding cataract surgery performed by private sector, no systems to collect data for four indicators not included.*
NB: Some indicators in annual report format has been revised in strategic plan format

3.3 PROGRAMME 3: EMERGENCY MEDICAL SERVICES

The purpose of the Emergency Medical Services (EMS) programme is to ensure rapid and effective emergency medical care and transport, and efficient, planned patient transport in accordance with provincial norms.

Strategic Goal: Strengthen the district health system and provide caring, responsive and quality health services at all levels

3.3.1 Provision of rapid, effective and quality emergency medical services

Ambulance Services are currently rendered by six Local Authorities on an agency basis for the Department. The Memoranda of Agreement (MOA) for these services will expire on 31 March 2006, but the parties have agreed that the term be extended for three months. The revised interim MOAs are being developed with the various authorities for delivery of services from July 2006 until the new service delivery model is implemented. These MOAs are structured to focus on additional conditions for EMS.

A policy decision for province to take over delivery of the ambulance service was endorsed by the Executive Council, in line with the national policy decision. The new service delivery model will be informed by the outcome of the due diligence report.

Compliance with norms and standards

A total of 532 911 emergency incidents were responded to, an increase of 31.7% over the 404 544 incidents responded to in 2004/2005. The number of patients transported by the Ambulance Services increased by 28.4%, from 403 282 in 2004/2005 to 517 862 in 2005/2006. Of these, 22 197 were critically ill or injured, 260 740 were classified as serious but not in an immediate life threatening condition, and the remainder had minor injuries or illnesses.

The Department has 338 EMS vehicles, of which 110 ambulances, 40 primary response vehicles, 22 utility vehicles, 21 supervisor vehicles, 12 control vehicles and 6 minibuses for use by EMS were received in the 2005/2006 financial year. All old Full Maintenance Fleet vehicles and the ambulances purchased in 2002 have been replaced. These vehicles will not be withdrawn from service but will be retained as a buffer fleet.

There are 1 969 operational EMS staff employed by local authorities, a 15.2% increase from the 1 709 staff employed in 2004/2005. The number of Advanced Life Support Paramedics has increased by 61%, and 1% for Intermediate Life Support staff.

Ambulance Response Times

EMS services responded to 45% of Priority One (life threatening) calls within 15 minutes, compared with the 43% achieved in 2004/2005. This figure includes responses to non-urban calls for most of the local authorities. There was slight improvement in response times despite a significant 31.7% increase in the workload for EMS. The Department has trained 20 provincial personnel as instructors for the National Health Information System which will be implemented in 2006/2007 to improve data collection and monitoring and evaluation. We are in the process of appointing Provincial Control Room co-ordinators to be placed in each local authority control centre.

Planned Patient Transport

The Planned Patient Transport initiative will be implemented in the 2006/2007 financial year to reduce the number of emergency calls received, and to assist in the transportation of patients to and from hospitals and clinics. Twenty one vehicles for this initiative were purchased in the year under review, and will be delivered to the relevant districts in the 2006/2007 financial year.

3.3.2 Access to ambulance services for obstetric emergencies

A pilot dedicated **Obstetric Ambulance Service** has been implemented in the Sedibeng district with great success. This vehicle transported 2 628 maternity patients during the past year and the waiting time for this service was reduced significantly. This system will be expanded to other districts in the next financial year. Five ambulances were purchased for this purpose during the year under review and will be distributed to all the districts in the next financial year.

Strategic Goal: Promote health, prevent and manage illnesses or conditions with emphasis on poverty, lifestyle, trauma and violence and psychosocial factors

3.3.3 Promote mental well-being and improve early diagnosis, treatment and support of people with mental illness

All provincial Advanced Life Support Paramedics have been trained on the provisions of the Mental Health Act. Standard Operating Procedures and Guidelines have been established to assist paramedics on how to deal with patients exhibiting aggressive behaviour due to mental illness or acute drug intoxication.

3.3.4 Outputs and Outcomes

The outputs and outcomes for the budget statement, national indicators, including provincial-specific outputs have been outlined separately to ensure compliance with Legislative, National Health and National Treasury requirements. This process will enhance the monitoring of performance at different levels.

Table18. 2005/2006 Budget statement outputs and service delivery trends for Emergency Medical Services programme

Description of output	Unit of Measure	2004/2005 (actual)	2005/2006 (target)	Progress made towards the achievement of the outputs for 2005/2006
Priority one patient (critically ill or injured patients) responded to within 15 minutes	Percentage of all priority one patients responded to within 15 minutes in urban areas and 40 min for rural areas	43	80	45 Increased workload and lack of resources to fully implement norms and standards
Training of staff in call centres, triage and call centre management	Number of staff trained in call centres, triage and call centre management in each district	#	2 per district	35 staff trained however 2 districts still need training 20 trainers trained to roll-out training programme in 2006/2007
Annual public campaign on EMS services	Annual public campaign conducted	#	1	1 Target achieved
Increased number of Ambulance personnel with life support training	Percentage of emergency care staff trained to Basic Life Support Level	67	75	69 Based on the Health Profession Council norms and standards
	Percentage of locally based staff with training in life support at intermediate level	30	20	26 Target exceeded
	Percentage of locally based staff with training in life support at advanced level	4	5	5 Target achieved
	Percentage of vehicles replaced per year*	49	33	73 Target exceeded

*# New indicator, data not available, * indicator revised to align with national indicator*
According to Emergency Medical Services norms and standards staff complement should be Basic Life Support (73%), Intermediate Life Support (18%), and Advanced Life Support (9%). In some districts staff complements provides joint fire and EMS services

Table 19. Performance against Provincial targets from 2005-08 strategic plan for Emergency Medical Services and Patient Transport programme

Strategic Objective	Measurable Objective	Indicator	2003/2004 (actual)	2004/2005 (actual)	2005/2006 (target)	2005/2006 (actual)
Ensure the provision of rapid, effective and quality emergency medical services (EMS)	Improve access to emergency medical services.	Number of vehicles	307	271	298	338
	Implement Emergency Medical Services Norms and Standards	Percentage of operational vehicles relative to Norms and Standards	80	85	90	55 Limited staff and high number of vehicles being repaired
	Implement Gauteng Ambulance Services Act	Ambulance Services Board established	#	#	1	0 Awaiting certification of EMS regulations
		Percentage of existing Ambulance Services inspected and accredited	#	#	100	0 Awaiting certification of EMS regulations
	Implement planned patient transport system	Percentage of planned patient transport system managed by a co-ordinated planned transport system	#	#	7	1 Delay due to appointment of staff Vehicles delivered

 # New indicator, data not available; NB: Deleted indicators forms part of budget statement indicators in table 18 above

Table 20. Performance against National targets from 2005-08 strategic plan for Emergency Medical Services and Patient Transport Programme

Indicator	Type	2003/2004 (actual)	2004/2005 (actual)	2005/2006 (target)	2005/2006 (actual)	National (target) 2007/2008
Input						
1. Number of Ambulance vehicles per 1 000 people	No	0.039	0.027	0.024	0.026	0.3
2. Hospitals with patient transporters	%	22	22	30	30	100
Process						
3. Kilometres travelled per ambulance (per annum)	Km	53 515	66 000	66 000	64 474 Improved due to increased number of vehicles	#
4. Percentage of locally based staff with training in life support at basic level	%	67	69	75	69 Based on the Health Professions Council norms and standards	100
5. Percentage of locally based staff with training in life support at intermediate level	%	34	30	20	26	#
6. Percentage of locally based staff with training in life support at advanced level	%	5	4	5	5	#
Quality						
7. Percentage of response times within current national urban targets (15 min)	%	53.65	43	80	45 Increased workload and lack of resources to fully implement norms and standards	100
8. Percentage of response times within current national rural targets (40 min)	%	#	Difficult to separate rural and urban calls	80	Difficult to separate rural and urban calls	100
9. Percentage of call-outs answered by single person crew	%	0	0	0	0	0

Indicator		Type	2003/2004 (actual)	2004/2005 (actual)	2005/2006 (target)	2005/2006 (actual)	National (target) 2007/2008
Efficieny							
10. Ambulance journeys used for hospital transfers	EMS	%	#	#	1	1	0
	PPT	%	#	#	80	100	#
11. Priority 3 patients transported by ambulance*		%	42.3	40	40	44	#
12. Cost per patient transported #		R	568.84	687.81	600	636	#
13. Ambulances with less than 500 000 km on the clock		%	100	100	100	100	50
Output							
14. Number of patients transported per 1000 people per year*			49.13	50	50	58.6	50

*# New indicator- data not available. Please note that the above indicators, except where indicated otherwise, refer to Emergency Transport and not Planned Patient Transport. * Indicator modified by National Health. Service volumes indicators in annual report format are not included as part of strategic plan format*

The staff at Intermediate Life Support level is expected to decrease within the combined services as the services are separated from Fire Service and therefore staff would need to be trained to fill the gap. In addition, the total number of dedicated ambulance staff is expected to increase to achieve the specified level according to the norms and standards. Therefore, although the percentage may decrease, the actual numbers are expected to increase.

3. 4 PROGRAMME 4: PROVINCIAL HOSPITAL SERVICES

The purpose of this programme is to render level two hospital services provided by specialists through the Regional Hospitals, Tuberculosis, Psychiatric/Mental, Dental Training Hospitals, and other Specialised Hospitals sub-programmes.

Strategic Goal: Strengthen the district health system and provide caring, responsive and quality health services at all levels

3.4.1 Revitalisation and re-organisation initiative

Gauteng Provincial Hospital Services provide a secondary level of care through general specialists at 11 regional hospitals, three academic oral and dental schools, four psychiatric hospitals, and one infectious diseases hospital. We continue implementation of the Service Improvement Plan by shifting the bulk of patient care from Central to Regional and District hospitals. We have established Gateway clinics at the Kalafong, Far East Rand, Pholosong and Tembisa Hospitals.

The province currently has 11 **Regional Hospitals** (7 large regional and 4 small) with generalist as well as some general specialist services. Currently there are 6 638 approved regional hospital beds of which 5 953 are in actual use. Johannesburg-West Rand Region has three large regional hospitals and two small regional (district plus) hospitals; Ekurhuleni-Sedibeng Region has four large regional and two small regional (district plus) hospitals, Tshwane-Metsweding has one large regional hospital.

Step Down facilities have been successfully implemented, with 30 beds at Tembisa, 28 at Natalspruit, 42 at Leratong, and 20 at the Pholosong Hospitals. Regional hospitals still face challenges relating to hospital efficiencies. The bed occupancy rate for the period under review was 75%, which is above the national target 72%, and the Average Length of Stay, 4.4 days.

3.4.2 Strengthening the management of TB contracted and private-aided hospitals

The Department continues to provide **TB Care Services** through six contracted and private-aided hospitals. During the year under review 820 contracted TB beds were maintained in SANTA hospitals and 675 in Life-Esidimeni hospitals. The Bed Occupancy (BOR) was 90% and the Average Length of Stay (ALOS) was 50 days. Hospitalisation in these facilities is mainly for ill and complicated cases, as Directly Observed Treatment (DOT) has been strengthened in communities. Between 60% and 80% of hospitalised TB patients are HIV positive and most are ill because of AIDS. The Department monitors performance through the Service Level Agreement signed in the 2004/2005 financial year.

The process of shifting the specialised TB care beds into the provincial health facilities has begun, and all TB beds will be provincialised with effect from 1 April 2006. A total of 675 beds will be distributed to hospitals, starting with 230 beds to the Carltonville, Dr. Yusuf Dadoo, Pholosong, Kopanong, and Pretoria West district Hospitals. The Department will manage 820 beds within SANTA hospitals. From 1st of February 2006 all TB patients needing admission were referred to the three SANTA hospitals and the newly established TB wards in the district hospitals. Patients not requiring admission are referred to the NGOs implementing DOTS, in consultation with district TB coordinators.

3.4.3 Provision of Clinical Support Services

Gauteng's **Oral and Dental Training Hospitals** provide undergraduate and postgraduate training and assist in rendering services at the secondary and tertiary levels, including tertiary services in the specialised disciplines of dentistry. These hospitals are Medunsa Oral Health Centre, Pretoria Oral and Dental and Wits Dental Hospitals.

In addition these hospitals also develop and support primary oral health care outreach programmes and render a consultancy service to the health professions, as well providing continuing education programmes. All three have established effective referral and academic links with the district oral health services in Gauteng and neighbouring provinces.

The Oral and Dental Training Hospitals provided services to 98 504 out-patients with 41 680 at Pretoria Oral and Dental Hospital, 30 047 at Medunsa Oral Health Centre and 26 777 at Wits Dental Hospital. The waiting list for dentures has been reduced by 30% through additional funding allocated to provide specialised services in 2005/2006.

Senior appointments finalised in 2005/2006 included the appointment of a Chief Executive Officer/ Dean for the Wits Dental Hospital in November 2005 and the appointment of a Chief Specialist/ Head of Department in Prosthetics at Medunsa Oral Health Centre.
The most significant challenge now facing the dental hospitals is to re-configure their organisational structure to better align their operations with the Department's strategic objectives.

3.4.4 Promoting mental wellbeing and improve early diagnosis, treatment and support for people with mental illness

Gauteng **psychiatric services** are provided in line with the new Mental Health Care Act 17 of 2002. Hospitals designated to provide psychiatric services in terms of the Act, as outlined in Annexure C (B), were identified by the Department in September 2005, namely:

- Twelve health care establishments including the four psychiatric/mental hospitals have been designated as psychiatric hospitals or care and rehabilitation centres in terms of Section 5 of the Act;
- Weskoppies and Sterkfontein Hospitals have been designated to care, treat and provide rehabilitation services to state patients and mentally ill prisoners in terms of Sections 41 and 49 of the Act; and
- Eight hospitals in the Johannesburg/Westrand region, nine in Ekurhuleni/Sedibeng and five in the Tshwane/Metsweding region have been designated to provide assessment of mental health status in terms of regulation 12 of the Act.

Chronic psychiatric care services are still being provided by the six contracted psychiatric hospitals operated by Life Esidemeni.

A total of 30 new beds were opened for child and adolescent mental health services. There are 10 beds each at Chris Hani Baragwanath and Tara Hospitals for children and 10 beds at Sterkfontein, for male adolescent forensic care.

3.4. 5 Provincial hospitals 2005/2006 key achievements

Hospitals	Key achievements at a glance
Sizwe Tropical Diseases Hospital	• Increased MDR wards bed capacity from 79 in 2004/2005 to 114 • Established ART clinic • Appointed infectious disease specialist • Established integrated wellness programme
Tara Hospital (Psychiatric)	• Received full accreditation • Developed partnership with Alcoholic and Narcotic anonymous groups and Over eaters anonymous (SABDA) • Established integrated wellness programme • Opened 10 beds for non-forensic child psychiatric services
Weskoppies Hospital (Psychiatric)	• Received full accreditation • Won Khanyisa award in the specialised hospital category for providing outreach at the Child Therapy Centre at Pretoria Academic
Sterkfontein Hospital (Psychiatric)	• Received full accreditation • Developed and implemented an overtime policy resulting in reduction of overtime at the Switchboard by R5 000 per month • Developed and implemented leave policy to reduce absenteeism • Launched hospital Service Excellence Awards in November 2005 • Recruited five community Occupational Therapists and retained the community Pharmacist • Opened 10 beds adolescent forensic services
Cullinan Hospital(Rehabilitation)	• Developed management tool for use during rounds to record findings and monitor progress • Launched integrated wellness and HIV and AIDS Workplace programme in March 2006 • Increased staff motivation by introducing birthday cards, celebrating Christmas party and Valentines Day for staff • Benchmarked services with six governmental and nongovernmental organisations • Established a multi-disciplinary team to improve quality of care • Received a donation of 280 teddy bears from Rotary Club
Kalafong Hospital	• Official oppening of renovated theatre complex during 2005/2006 • Won the Khanyisa award in the district and regional hospital category for the Stimela Philani Life Train project, and was the first runner up for Folang Food Garden project

Hospitals	Key achievements at a glance
Tembisa Hospital	• Purchased CT scanner • Crisis Centre open until 19h00 • Gateway Clinic open 24 hours • Opened Kangaroo Mother Care unit • Opened comprehensive HIV and AIDS Care Management and Treatment Centre • Opened Information and Technology department • Established on site birth and death registration
Natalspruit Hospital	• Successful implementation of Gateway, TOP Clinics, TB Focal point and Comprehensive HIV and AIDS programme • Successful utilisation of Cost Centres • Improved operation of Thuthuzela Sinakekelwe Crisis Centre • Successful electronic linkage of hospital to NHLS database for patient results
Leratong Hospital	• Celebrated 30th anniversary of hospital services in November 2005 • Turned an ordinary ward into a semi high care burns unit using available resources and decreased deaths rate for burns patients • Adopted a call-response system for emergency care • Established a new-dedicated Kangaroo Mother Care unit in March 2006 • Upgraded the paediatric garden and play area using South African Breweries (S.A.B) donation • Purchased CT scanner • Appointed queue marshals to reduce waiting times
Tambo Memorial Hospital	• Received full accreditation • Established Help Desk with four queue marshals • Allocated a dedicated infection control professional nurse • Converted a Step-Down ward into an acute medical ward • Established a Victim Support Clinic “Keletsong Clinic”
Helen Joseph Hospital	• Established committee for infection control • Launched pain clinic seeing 70 patients per month • Trained 11 EAP staff members • Established the Breast cancer clinic
Coronation Hospital	• Converted old casualty into new pharmacy which opened in February 2006 • Purchased and installed CT scanner • Outsourced cleaning services and food service aids • Installed 81 cameras in all exits, entrances and hotspots and upgraded CCTV recording and playback system reducing theft by 90% • Received 20 new wheelchairs from Rotary Club • Established TB Focal Point • Installed new switchboard

Hospitals	Key achievements at a glance
Far East Rand Hospital	• Established a Kangaroo Mother Care Unit • Implementation of new services: Gateway, TOP, renovated maternity wing • Completed establishment of, and implementing a computerised cost centre accounting system
Sebokeng Hospital	• Successful implementation of Folateng initiative • Implemented TB Focal Point • Revitalised Casualty and OPD including Hospital Street • Established onsite birth and deaths registration • Appointed and trained queue marshals
Edenvale Hospital	• Rated best hospital in Gauteng • Received full accreditation • Regional quality assurance winner for 2005 • Established a Kangaroo Mother Care Unit • Converted boiler house to new store area
Pholosong Hospital	• Opened a new pharmacy in line with Pharmacy Act • Opened Kangaroo Mother Care ward • Opened Gateway clinic • Opened Crisis Centre • Opened Comprehensive HIV and AIDS Care Management and treatment Centre • Established TB Focal Point • Opened Information and Technology department • Communication service established • Established online/on site birth and death registration

3.4.6 Outputs and Outcomes

The outputs and outcomes for budget statement, national indicators including provincial specific outputs have been outlined separately to ensure compliance with Legislative, National Health and National Treasury requirements. This process will enhance monitoring of performance at different levels.

Table 21. 2005/2006 Budget statement outputs and service delivery trends for Provincial Hospital Services programme

Description of output	Unit of Measure	2004/2005 (actual)	2005/2006 (target)	Progress made towards the achievement of the outputs for 2005/2006
Kangaroo Mother Care	Percentage of hospitals with Kangaroo Mother Care (KMC)	90	100	100 Target achieved
Implementation of Perinatal Problem Identification Programme (PPIP)	Percentage of hospitals with PPIP	90	100	100 Target achieved
Providing HIV and AIDS comprehensive care and treatment including ART	Percentage of hospitals implementing ART	80	100	100 Target achieved

Description of output	Unit of Measure	2004/2005 (actual)	2005/2006 (target)	Progress made towards the achievement of the outputs for 2005/2006
Quality assurance programme in hospitals	Percentage of hospitals implementing quality assurance programme	#	100	100 Target achieved
Clinical audit in hospitals	Percentage of hospitals conducting Clinical audit (M&M) meetings at least once a month	94	100	100
Shorter waiting times for patients	Percentage reduction in overall waiting times for pharmacy, casualty and outpatients Department (cumulative)	5	10	4% reduction in waiting times in outpatients departments, 19% in pharmacies and no reduction in casualties for 2005/2006 Reducing waiting times remains a challenge. There is seasonal variations and staff shortages Queue marshalls being appointed in facilities to improve the situation
Improved hospital efficiency	Average length of stay (ALOS)	4	4.3	4.4 Within limits
	Bed Occupancy Rate (BOR)	75	75	75 Target achieved
Strengthened hospital management	Percentage hospitals with appointed CEOs, superintendent, nursing manger and administrative manager	#	100	82.5 Target not reached due to natural attrition, disciplinary issues and normal terminations of employment and salary levels
Hospital boards established and maintained	Percentage of hospitals with operational hospital Boards	100	100	87% with the exception of Weskoppies Hospital with only two members not forming a quorum Appointment of provincial and universities representatives including management and staff as ex-officio members being finalised

#new indicator-data not available

Table 22. Performance against Provincial targets from 2005-08 strategic plan for sub programme general (regional) hospitals

Strategic Objective	Measurable Objective	Indicator	2003/2004 (target)	2004/2005 (target)	2005/2006 (target)	2005/2006 (actual)
Implement an effective Performance Management system	Develop performance work plans for all hospital CEOs	Percentage of hospital CEOs with performance work plans	#	100	100	91 Awaiting appointment of Helen Joseph Hospital CEO
Provide people-centred care that recognises the dignity and uniqueness of each person	Ensure coordination of quality management in hospitals	Percentage of hospitals implementing quality assurance programme	#	#	100	100
Provide efficient and effective clinical support services (allied, laboratory, pharmaceuticals, blood services, radiology etc)	Ensure availability of drugs on EDL in all institutions	Percentage of hospitals with all EDL drugs available	#	98	100	100

 # new indicator - data not available,
NB: Deleted indicators forms part of the budget statement indicators as indicators in table 21 above

Table 23. Performance against National targets from 2005-08 strategic plan sub-programmes: for general (regional) hospitals

Indicator	Type	2003/2004 (actual)	2004/2005 (actual)	2005/2006 (target)	2005/2006 (actual)	National (target) 2003/2004
Input						
1. Expenditure on hospital staff as % of regional hospital expenditure	%	67	65.55	66.7	62.4 Decrease due to vacant posts	66
2. Expenditure on drugs for hospital use as % of regional hospital expend	%	7.7	8.4	8.1	8.7	12
3. Expenditure by regional hospitals per uninsured person	R	273.61	255.11	295.29	289.48 Based on increased uninsured population based on 2005 Mid-year population estimates	#

Indicator	Type	2003/2004 (actual)	2004/2005 (actual)	2005/2006 (target)	2005/2006 (actual)	National (target) 2003/2004
Process						
4. Regional hospitals with operational hospital board	%	100	100	100	100	80
5. Regional hospitals with appointed (not acting) CEO in post	%	80	89	100	91 Awaiting appointment of Helen Joseph Hospital CEO	75
6. Facility data timeliness rate for regional hospitals	%	#	75	60	100	43
Output						
7. Caesarean section rate for regional hospitals	%	18.2	19.3	18.5	20.5 Based on elective and emergency surgery	18
Quality						
8. Regional hospitals with patient satisfaction survey using DoH template	%	#	10 (based on other survey systems)	25	All hospitals measure satisfaction survey using other systems. To start using DoH template in 2006/2007	100
9. Regional hospitals with clinical audit (M&M) meetings every month	%	60	94	100	100	100
Efficiency						
10. Average length of stay in regional hospitals	Days	4.8	4	4.3	4.4 Within limits	4.8
11. Bed utilisation rate (based on usable beds) in regional hospitals	%	88	75	75	75	72
12. Expenditure per patient day equivalent in regional hospitals	R	818.32	827	1 128	880 Reduction due to different levels of care not separated	1 128

 # New indicato - information not available
No systems to collect data for one indicator not included. Service volumes indicators in annual report format are not included as they don't form part of strategic plan format

Table 24. Performance against Provincial targets from 2005-08 strategic plan for sub-programme Tuberculosis (TB) hospitals

Strategic Objective	Measurable Objective	Indicator	2003/2004 (actual)	2004/2005 (actual)	2005/2006 (target)	2005/2006 (actual)
Strengthen the management of state aided hospitals and monitor compliance with SLAs	Improve monitoring of SANTA and Life Care hospitals	Number of service level agreements signed	#	6	6	6
Modernise, re-organise and re-vitalise all public hospitals into cost effective referral centres according to the service plan	Provincialise TB Beds across the province	Number of TB beds maintained	1 495	1 495	1 435	1 495 Maintained number of beds due to decision to provincialise beds from 01 April 2006
	Ensure hospital efficiency	Average Length of stay (ALOS) Days	55	53	50	52 days
		Bed Occupancy Rate (BOR)	90	90	90	90

Table 25. Performance against Provincial targets from 2005-08 strategic plan for sub-programme: Psychiatric hospitals

Measurable Objective	Indicator	2003/2004 (actual)	2004/2005 (actual)	2005/2006 (target)	2005/2006 (actual)
Improve early detection, treatment and care to limit long-term effects of mental disorders	Detection rate (%) of acute mental disorder in PHC clinics	<1	2	3	3
	Percentage of chronic stable patient with mental illness seen in PHC service for follow up treatment	1.6	3	5	5
	Bed ratio: acute beds/100 000 pop.	25	25	25	25
Reduction of beds in private institutions for patients with chronic mental illness	Number of beds for patients with chronic mental illness (contracted institutions)	3 300	3 000	2 850	2 550

Measurable Objective	Indicator	2003/2004 (actual)	2004/2005 (actual)	2005/2006 (target)	2005/2006 (actual)
De-institutionalisation of mental health care users	Number of chronic care beds in specialised hospitals	900	900	800	900 Delay in deinstitutionalisation of chronic care beds in specialised hospitals
Ensure Hospital Institution utilisation	Number of NGO day and residential care placements for severe psychiatric disability	755 centres:20	825 centres:26	895 centres:32	1 704 34 centres with eight centres licensed in 2005/2006
	Number of NGO day residential care places for intellectual disability	2 430 centres: 53	2 460 centres: 55	2 490 centres: 57	907
Establish hospital board in the hospital	Percentage hospitals with operational hospital board established (in terms of new legislation)	100 (i.e. 4)	100	100	50 The old 4 boards were dissolved and 2 established in 2005/2006 to comply with the new Mental Health Care Act
Strengthen and capacitate management team in the hospital	Percentage of managers capacitated and strengthened on financial matters	70	90	100	Systems to collect imformation not avalilable

Table 26. Performance against Provincial targets from 2005-08 strategic plan for sub-programme: [Academic] dental [training] hospitals

Strategic Objectives	Measurable Objective	Indicator	2003/2004 (actual)	2004/2005 (actual)	2005/2006 (target)	2005/2006 (actual)
Improve the capacity of managers and staff to manage and steer health sector transformation	Develop a service plan for dental school[s]	Percentage of hospitals with operational plan agreed with provincial health department	50	100	100	100
Provide people-centred care that recognises the dignity and uniqueness of each person	Ensure coordination of quality management in hospitals	Percentage of hospitals with designed official responsible for coordinating quality management	33.3	66.6	100	66.6 With the exception of MEDUNSA Oral and Dental Hospital being restructured. Designated manager will be nominated in the 2006/2007 financial year

Strategic Objectives	Measurable Objective	Indicator	2003/2004 (actual)	2004/2005 (actual)	2005/2006 (target)	2005/2006 (actual)
Modernise, re-organise and re-vitalise all public hospitals into cost effective referral centres according to the SIP	Improve hospital utilisation	Number of out-patients	84 823	95 000	100 000	99 630 includes outreach programme Targets for service volumes are based on estimates

Table 27. Performance against Provincial targets from 2005-08 strategic plan for sub-programme other specialised hospitals (Sizwe Hospital)

Strategic Objectives	Measurable Objective	Indicator	2003/2004 (actual)	2004/2005 (actual)	2005/2006 (target)	2005/2006 (actual)
Improve the capacity of managers and staff to manage and steer health sector transformation.	Develop an operational plan for the hospital	Availability of operational plan agreed with provincial health department	yes	yes	yes	yes
	Ensure delegated functions to CEO of the hospitals	Maximum permitted value of procurement at discretion of hospital CEO without reference to provincial level	R100 000	R100 000	R100 000	R100 000
	Strengthen and capacitate management team in the hospital	Percentage of managers capacitated and strengthened for financial matters	60	75	85	85
Provide people-centred care that recognises the dignity and uniqueness of each person	Ensure co-ordination of quality management in hospitals	Availability of designated official responsible for co-ordinating quality management	yes	yes	yes	yes
Provide universal access to palliative care (home-based care, hospice, and step down facilities) to the population of Gauteng	Increase bed capacity of Palliative Care	Number of Palliative Care Beds	0	20	20	20
Reduce the prevalence and complications of TB and other communicable diseases	Implement standard treatment guidelines / protocols for TB and TB MDR and register	Percentage standard treatment guidelines / protocols implemented	75	80	80	80

 # New indicator - data not available.

3.5 PROGRAMME 5: CENTRAL HOSPITAL SERVICES

The **purpose** of this programme is to provide highly specialised health care services, a platform for the training of health workers and research and to serve as a specialist referral centres for regional hospitals and neighbouring provinces through Dr George Mukhari, Pretoria Academic, Chris Hani Baragwanath and Johannesburg Hospitals sub-programmes.

Strategic Goal: Strengthen the district health system and provide caring, responsive and quality health services at all levels

3.5.1 Modernisation, revitalisation and re-organisation initiative

Gauteng's four central hospitals continue to provide highly specialised services, training and research and to serve as referral centres for many African countries. These hospitals have 6 774 approved beds, a bed occupancy rate of 78% and an Average Length of Stay of 5.1 days. They provide services for the provincial population and neighbouring provinces.

The implementation of the **Service Improvement Plan** has been strengthened in central hospitals through the de-linking of level one beds. Pretoria Academic Hospital provides a level two and three services. Level one patients from Johannesburg and Chris Hani Baragwanth Hospitals are being referred to the private service provider. The above measures will ensure that the central hospitals admit only level two and three patients according to the Service Improvement Plan.

The **new Pretoria Academic hospital** was commissioned during the year under review, boasting highly specialised services and high tech equipment. All patients were relocated to the new hospital site by the end of March 2006.

The expansion of **centres of excellence** in the province is also being continued. The new hand surgery unit at the Chris Hani Baragwanath Hospital was launched in partnership with leading mining and engineering companies in 2004/2005 and has now been completed. The breast diseases services have been consolidated and a centre of excellence has been established at Helen Joseph Hospital, backed by the procurement of new, specialised equipment. The clinic will be officially opened in the 2006/2007 financial year. In addition, a new oncology centre of excellence commissioned at Johannesburg Hospital will provide cancer treatment for the population of Gauteng, as well as surrounding provinces and will also be officially opened during 2006/2007 financial year.

A letter of gratitude from British Broadcasting Cooperation (BBC) to Trauma Africa Johannesburg Hospital:

"I just wanted to write to thank you for allowing us to make our series about the great work done by the trauma team in Johannesburg hospital.

Just to let you know, the Trauma Africa series was very well received by United Kingdom (UK) viewers and had high audience appreciation figures for BBC1 and excellent viewing figures on BBC3. We also had favourable reviews in many national newspapers- and it was variously described as powerful, moving, engaging and impressive by television critics. We are hoping that it will be shown in "Shown in South Africa" and will let you know if our negotiations are successful.

The whole UK team had a tremendous time in Johannesburg and absolutely loved working with everyone at the hospital. We went to the country hoping to make an authentic portrait of the new South Africa and I feel very privileged and proud to think that we have achieved this.

We gained an incredible insight into world-class Trauma medicine during our time in the trauma unit and I hope you'll agree that the series reflects the remarkable work that is being done in the unit every day. Thanks again for giving the project the go-ahead and for your personal support in seeing it to fruition".

3.5.2 Provincial hospitals 2005/2006 key achievements

Hospitals	Key achievements at a glance
Pretoria Academic	• Commissioning of the New Pretoria Academic Hospital and purchasing of the equipment for New Pretoria Academic hospital • Opened new pharmacy as part of the new building • Successful implementation of Medicom • Reduced average waiting time in pharmacy to 40 minutes • Established Gateway clinic
Johannesburg Hospital	• Down referring chronic patients to clinics and community centres • Commissioning of Oncology unit and purchasing of all Oncology equipment • Appointment of CEO finalised
Chris Hani Baragwanath hospital	• Completion of Hand Unit • Finalisation of CEO's appointment • Winner of Khanyisa awards for academic hospitals category on Chronic Disease Outreach Primary Prevention Programme
Dr. George Mukhari Hospital	• Appointed hospital CEO • Winner of Khanyisa awards for Support Services category for Hospital Radio Station project

3.5.3 Outputs and outcomes

The outputs and outcomes for budget statement, national indicators including provincial specific outputs have been outlined separately to ensure compliance with Legislative, National Health and National Treasury requirements. This process will enhance monitoring of performance at different levels.

Table 28. 2005/2006 outputs and service delivery trends for Central Hospitals Services programme

Description of output	Unit of Measure	2004/2005 (actual)	2005/2006 (target)	Progress made towards the achievement of the outputs 2005/2006
Kangaroo Mother Care	Percentage hospitals with Kangaroo Mother Care (KMC)	100	100	100 Target achieved
Implementation of Perinatal Problem Identification Programme (PPIP)	Percentage hospitals with PPIP	75	100	75 Chris Hani Baragwanath outstanding due to lack of staff
Providing HIV and AIDS comprehensive care and treatment including ART in all sub districts	Percentage of hospitals implementing ARV	100	100	100 Target achieved
Quality assurance programme in hospitals	Percentage hospitals implementing quality assurance programme	100	100	100 Target achieved
Clinical audit in hospitals	Percentage of hospitals conducting Clinical audit (M&M) meetings at least once a month	100	100	100 Target achieved
Shorter waiting times for patients	Percentage reduction in overall waiting times for pharmacy, casualty and outpatients Departments (cumulative)	5	10	48% reduction in waiting times for casualties. Increase of 2% at pharmacies and 35% at outpatient department was mainly due to renovations at Chris Hani Baragwanath Hospital and commissioning of new Pretoria Academic Hospital Reducing waiting times remains a challenge. There are seasonal variations and staff shortages. However queue marshalls are being appointed in facilities to improve the situation
Reduced surgical backlog for surgical procedures	Percentage reduction in surgical backlog	30 cumulative	30	98 Target exceeded

Description of output	Unit of Measure	2004/2005 (actual)	2005/2006 (target)	Progress made towards the achievement of the outputs 2005/2006
Improved hospital efficiency	Average length of stay (ALOS)	5	6	5.1 Within the limit
	Bed Occupancy Rate (BOR)	75	75	78 Within the limit
Strengthened hospital management	Percentage of hospitals with appointed CEO, directors and nursing manager	#	100	90 Target not achieved due competition from other organisations however Johannesburg Hospital CEO and HR Director's posts being finalised
Hospital boards established and maintained	Percentage of hospitals with operational hospital boards	#	100	100 Target achieved Appointment of provincial and universities representatives including management and staff as ex-officio members being finalised

#new indicator- data not available

Table 29. Performance against Provincial targets from 2005-08 strategic plan for Central Hospitals programme

Strategic Objectives	Measurable Objective	Indicator	2003/2004 (actual)	2004/2005 (actual)	2005/2006 (target)	2005/2006 (actual)
Modernise, re-organise and re-vitalise all public hospitals into cost-effective referral centres according to the service plan	Shift primary ambulatory care patients from central hospitals to Level 1 facilities by establishing Gateway clinics at Central Hospitals	Number of Gateway clinics established	#	0	2	3
	Ensure provision of outreach programmes by academic medical staff to secondary and other hospitals	Number of outreach programmes maintained	10	10	10	10

Strategic Objectives	Measurable Objective	Indicator	2003/2004 (actual)	2004/2005 (actual)	2005/2006 (target)	2005/2006 (actual)
Provide efficient and effective clinical support services (allied, laboratory, pharmaceuticals, blood services, radiology etc)	Ensure availability of drugs on EDL in all institutions	Percentage of hospitals with all EDL drugs available all the time	#	98	100	100
	Develop an operational plan for the hospital	Availability of operational plan agreed with provincial health department	#	100	100	100
Implement an effective Performance Management System	Performance agreements for all hospital CEOs	Percentage of hospital CEOs with performance agreements	#	75	100	75 Awaiting commencment of Johannesburg Hospital CEO

 # new indicator, data not available,
NB: Deleted indicators form part of budget statement indicators as indicated in table 28 above

Table 30. Performance against National targets from 2005-08 strategic plan for Central Hospitals programme

Indicator	Type	2003/2004 (actual)	2004/2005 (actual)	2005/2006 (estimate)	2005/2006 (actual)	National (target) 2003/2004
Input						
1. Expenditure on hospital staff as % of hospital expenditure	%	58.6	58.12	53	49.6 Decreased due to vacant posts	70
2. Expenditure on drugs for hospital use as % of hospital expenditure	%	9.8	10.87	10.8	10.2 Reduction due to increased equipment total expenditure	13
Process						
3. Operational hospital board	%	100	100	100	100	Yes
4. Appointed (not acting) CEO in place	%	100	75	75	75 Appointment of Johannesburg CEO finalised	Yes
5. Individual hospital data timeliness rate	%	75	75	75	100	Yes

Indicator	Type	2003/2004 (actual)	2004/2005 (actual)	2005/2006 (estimate)	2005/2006 (actual)	National (target) 2003/2004
Output						
6. Caesarean section rate	%	35	32.58	33	32.1 Based on elected surgery	32
Quality						
7.Patient satisfaction survey using DoH template	Y/N	Y	Y (based on other survey systems)	Y	All hospitals measure satisfaction survey using other systems. We will start using DoH template in 2006/2007	Yes
8. Clinical audit (M&M) meetings at least once a month	Y/N	Y	Y	Y	Y	Yes
Efficiency						
9. Average length of stay	Days	6.1	5	6	5.1 Within limit	6.8
10. Bed utilisation rate (based on usable beds)	%	76	75	75	78 Within limits	75
11. Expenditure per patient day equivalent	R	1 401.42	1 336	1 343	1 544	1 877
Outcome						
12.Case fatality rate for surgery separations	%	4.0	4.4	4.3	4.5 Clinical audit conducted to identify the cause	3.6

 # New indicator, data not available

☐ *Estimates for 2005/2006 are based on 2006-09 Annual Performance Plan- No consolidated table for all central hospitals in 2005-08 Annual Performance Plan as only individual hospitals tables were considered*

NB: No systems established yet to collect data for one indicator not included. Efficiency indicators not included as part of annual report format

3.6 BUDGET PROGRAMME 6: HEALTH TRAINING AND SCIENCES

The purpose of this programme is to provide education, training and development for all personnel within the Department of Health through:

- Producing appropriate levels of nurses and emergency care personnel;
- Training health workers to provide an efficient primary health care service at clinics, community health centres and at the home-based care level;
- Providing bursaries at tertiary institutions for Nursing, Medical, Allied Personnel and scarce skills development in the Health Sciences;
- Providing bursaries for management, administrative and support personnel;
- Improving the skills of senior, middle and emerging Managers through leadership and management development programmes;
- Building the capacity of frontline managers and health care workers to strengthen service delivery; and
- Special Projects for training and capacity building related to strategic priorities such as strengthening District Health Systems and Comprehensive Primary Health Care between Province and Local Government, Performance Management, HIV and AIDS, Financial Management and Adult Basic Education and Training.

The Health Sciences and Training 2005/2006 Performance review is based on strategic objectives identified to achieve the strategic goal of becoming a leader in human resource development and management for health within the framework of Departmental five year Programme of Action such as:

- Provision for high quality training and development and clinical research;
- Implementation of the Skills Development Strategy and the Departmental Learnership/Internship Programme;
- Building and forging partnerships; and
- Middle Managers and CEO capacity building / Learnership Programme.

Strategic Goal: Become a leader in human resource development and management for health

3.6.1 Provision for high quality education, training and development and clinical research

Nursing Education

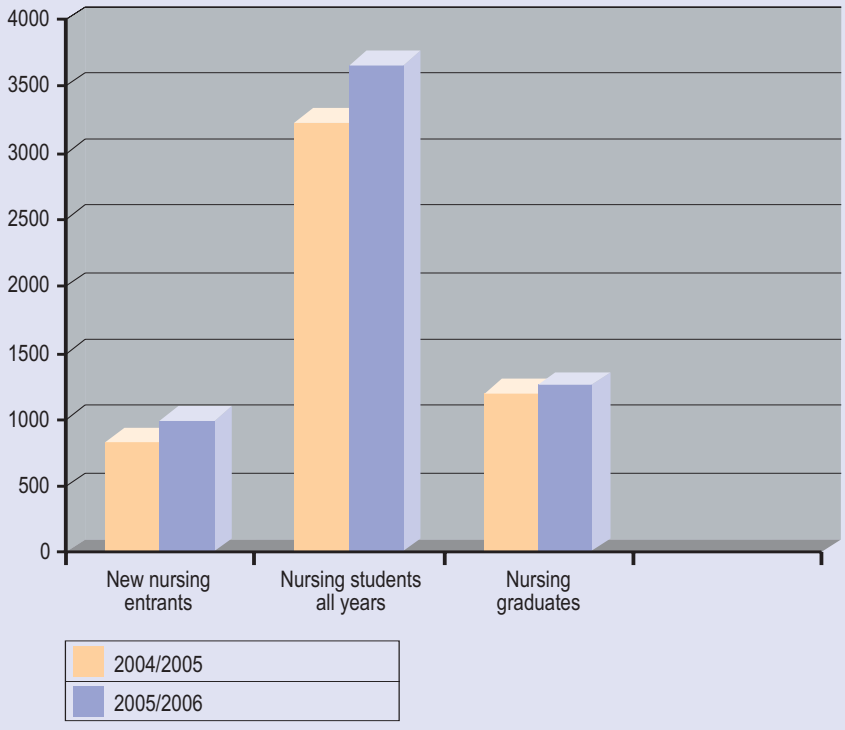
According to the prescribed legislation, nursing education strengthens the implementation of hospital and district health services through formal education and training to produce nurses in the four Gauteng Department of Health nursing colleges. The Recognition of Prior Learning has been approved by the Department and the South African Nursing Council (SANC) and being implemented through the four nursing colleges in compliance with the Skills Development Act.

The nursing education curricula have been reviewed and aligned with the National, Provincial and Local Government service strategic priorities and health programmes. The current post basic diploma on assessment, treatment and care addresses clinical practice in primary health care clinics and does not cover the comprehensive primary health care core packages of services, but is based on the District Health model and Service Improvement Plan in Primary, Secondary and Tertiary level care. The Department will address this issue as part of aligning the 2006/2007 curriculum with the National Human Resource Plan for Health and the Departmental Service Transformation Plan.

In 2005/2006 the four nursing colleges successfully admitted 3 651 student nurses of all categories into the education programme, exceeding the target of 3 020. In addition, 1 249 new graduates were placed in Gauteng Department of Health hospitals and clinics to fulfil contractual obligations. A further 62 enrolled and auxiliary nurses exited from the diploma course and are fulfilling contractual obligations in public health facilities. A total of 988 nurses were admitted into the four year diploma course through the four nursing colleges, as compared to 828 for 2004/2005 financial year as indicated in figure 8. The attrition rate among first year students dropped to 8.5% in 2005/2006 as compared to 11.8% in 2004/2005 financial year. The high tutor turnover has resulted in a critical shortage of clinical tutors and limited relief capacity in clinical facilities. This presents major challenges in provision of nursing education in the province.

The Department will increase the number of nurses graduating from nursing colleges by 20% per annum as a key priority over the next three years. We will re-open one nursing college in 2006/2007 with the objective of doubling the number of nurses we are producing by 2009.

Fig.8. Nursing education students intake and graduates 2004/2005-2005/2006



In 2002, 227 tutors attended the assessor training and 35 nursing education managers and tutors attended the moderator training. In addition 35 Mental Health Auxiliary/Enrolled Nurses were successfully placed in provincial posts after six months training.

Emergency Medical Services (EMS) Training College

The Lebone College of Emergency Care is the only Gauteng Ambulance Training College training EMS personnel to provide emergency medical services for the province.

During the 2005/2006 financial year the College achieved great success in this endeavour, and trained 100 EMS staff on basic life support, 48 on intermediate life support and 13 on advanced life support. The College was unable to reach its advanced life support training targets for the year under review due to the major challenge of retaining trained paramedic staff in the face of resignations, and competition with local government and the private sector. The staff shortage resulted in the Health Professions Council of South Africa (HPCSA) reducing the student intake for the advanced life support course in the 2005/2006 financial year, so that College would be in line with the prescribed student-instructor ratio of one instructor to six students set by the Health Professions Council of South Africa.

Appointment of additional staff during 2005/2006 financial year resulted in the College maintaining its accreditation status and obtaining an approval from the HPCSA to double the student intake of Intermediate Life Support and Advanced Life Support courses in 2006/2007 financial year, making it among the highest intakes in EMS Colleges in South Africa.

The HPCSA plans to replace the current advanced life support and intermediate life support courses with courses on the Higher Education and Training bands on the National Qualification Framework (NQF), which are offered by tertiary institutions only.

Health Profession Training/Professional Development

We continue to liaise with higher education training institutions offering health science training. To date 2 446 health professionals have completed the **dispensing course** to comply with the Pharmacy Act. Registration of these personnel will take place in the 2006/2007 financial year.

A further 2 400 health professionals received **Anti-retroviral training.** Other and training in various clinical practice areas was provided to 2 723 health professionals through an approved service provider.

Training of **mid-level workers** remains a priority in the Department: 163 Pharmacy Assistants are being trained and will complete the Health and Welfare SETA (HWSETA) Learnership in April 2006. A total of 129 Diagnostic Radiographers are enrolled in a three year study programme.

The **professional services support** manages 933 personnel in areas of foreign health professionals, community service placements, medical interns and South African students studying in Cuba. Of these, 220 are medical interns, 240 Medical community service placements and 278 allied community service placements. Eighteen South African Medical students that have studied in Cuba are currently completing their 6th year in South African Academic Hospitals.

Bursaries

The Department continues to implement the Bursary Support Programme for all categories of health professionals, especially the scarce skills categories such as Orthotics and Prosthetics. The purpose of bursaries is to increase the knowledge and scarce skills available to the Department with the aim of redressing race, gender, and disability inequalities and providing financial assistance to those economically disadvantaged persons, who would not otherwise be able to enter the health care professions.

In 2005/2006 the Department allocated R11 million for bursaries, of which R3 million was for the maintenance of current bursary holders, R5 million for a new fulltime and part-time bursary intake and R3 million for South African Medical students studying in Cuba and those completing their 6th year in South African Universities.

The Bursary Support Programme maintained or granted a total of 1 513 fulltime and part-time bursaries of which 378 were new applicants (123 fulltime students and 255 part-time) for study at various tertiary institutions. We currently train 129 Diagnostic Radiographers jointly funded with the HWSETA. This training is a three year Learnership Programme which commenced in this financial year.

Management and Skills Development

Provision of education, training and development for all personnel within the Department of Health in order to equip them with relevant skills to meet the needs and strategic goals of the Department continues. This includes management development, generic skills development for all categories of staff as well as functional training for support and administrative staff. Training is provided by the Department with support from selected service providers who were awarded a three year training contract that commenced in the 2005/2006 financial year.

- 384 people were trained on integrated wellness programme;
- 91 people attended financial management training;
- 3 227 staff members were trained in the Performance Management and Development System (PMDS);
- 10 995 staff members attended generic skills development programmes; and
- 1 847 people were trained in customer care.

A dedicated **CEO Management Development Programme** has been developed in collaboration with the Office of the Premier. The programme will focus on developing competencies of hospital CEOs in leadership, management development, operations and will be implemented in the 2006/2007 financial year.

In the year under review, 23%, (1 510) of frontline, middle and senior managers attended **management development programmes,** exceeding the target of 12.5% (744). This training was provided in various management development programmes including Fundamentals of Management, Primary health Care Service Management, Hospital Management, Financial Management, Customer Care, Monitoring and Evaluation and Situational Leadership. In addition a mentorship programme for managers has commenced for participants attending the Fundamentals of Management Training Programme to ensure the application of theoretical learning in the workplace and to improve training effectiveness and return in investment. This is a significant milestone for management development in the Department.
A video providing an overview of Gauteng Department of Health has been developed to support the departmental orientation and induction programme; 200 new staff members attended the programme in the 2005/2006 financial year and the video was also used for other educational and promotional departmental activities.

Skills Development and Learnership/Internship Programme

Skills Development

Implementation of the Skills Development Act has been mainstreamed to achieve the performance targets through implementing the National Skills Development strategy in the Department. A Provincial skills audit has been conducted to determine the skills needs of the provincial health sector in general, and individual performance-related skills needs in particular. Training committees have been established in each region and a provincial training committee ensures effective coordination and implementation of the skills audit and training needs analysis.

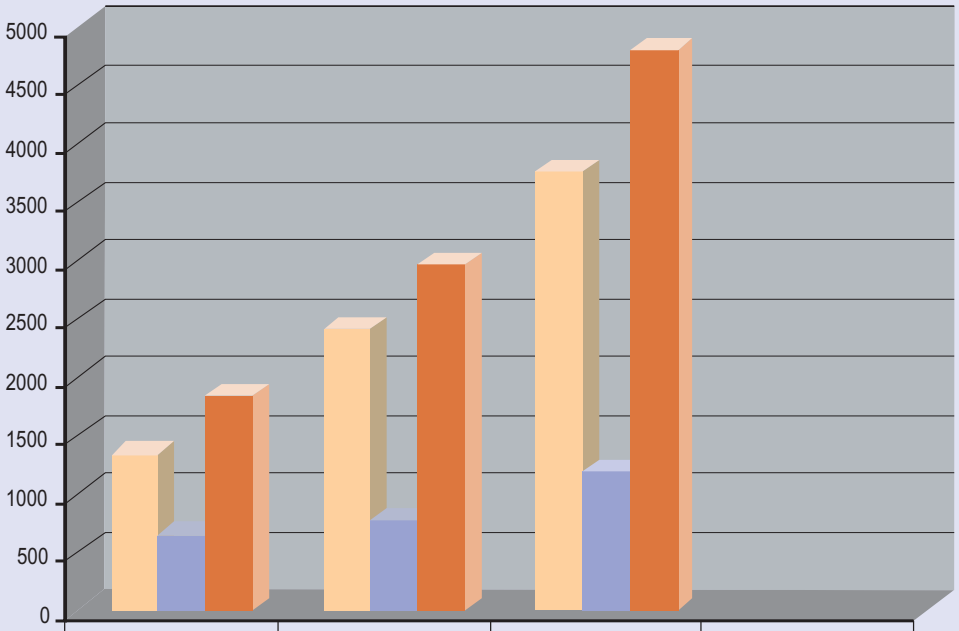
The Department paid R4.8 million to cover Skills Development Levies to the Health and Welfare Sector Education and Training (HWSETA) in the year under review, and received R7 million to fund learnerships and bursary support. A Memorandum of Agreement has been signed with the HWSETA and related public sector SETAS for implementation of the skills development strategy. The Department thus complies with the legislative and statutory imperative to achieving skills development, including implementing the provincial health sector skills programme, submitting an annual training report and workplace skills plan, and appointing a skills development facilitator.

Learnership/internship programme

The Department has successfully implemented a learnership/internship programme since 2004/2005 and has exceeded the target for implementation as indicated in table 31. The programme has benefited 4 800 people since its inception in 2004/2005, of whom 1 050 underwent learnerships and 3 750 internships. As indicated in figure 9 below, the clinical and non-clinical learnerships and internships provided increased by over 60% in 2005/2006. The Department pays a monthly stipend of R1 000 per learner/intern, with no guarantee for employment. However 500 successful graduates from the internship and learnership programmes have been employed by the Department in the year under review, including 348 interns to permanent posts.

The Department has been widely recognised for achieving the highest participation in the Learnership and Internship programme in South Africa.

Fig.9 Gauteng Department of Health Learnership/Internship Programme 2004/2005 -2005/2006



	2004/05	2005/06	Total	
Internship	1338	2412	3750	
Learnerships	502	548	1050	
Total	1840	2960	4800	

Table 31. Gauteng Department of Health Learnership and Internship programme for 2004/2005 - 2005/2006

Non-Clinical Internships		Clinical Internship		Clinical Learnership		Non-Clinical Learnerships	
Number	Type	Internship number	Type of Internship	Number	Type of Learnership	Number	Type of Internship/ Learnership
1 733	Non-Clinical Internships (18.2)	1 895	Nursing Assistants (18.2)	129	(HWSETA) Diagnostic Radiography (18.2)	80	(ISETT) (IT) Information Technology (18.2)
		71	Dental Assistants (18.2)			64	Office Management (18.2)
		29	Occupational Therapists Assistants (18.2)	163	(HWSETA) Pharmacist Assistants (18.1)	100	(Services SETA) Cleaning (18.2)
		22	Clinical Technologists (18.2)	100	(HWSETA) Nursing Auxiliary (18.2)	44	Administration and Personal Assistants 18.2)
						51	Food Services Aid (18.2)
TOTAL	**1 733**	**2 017**		**392**		**339**	
GRAND TOTAL		**4 800**					

3.6.2 Outputs and Outcomes

The outputs and outcomes for budget statement, national indicators including provincial specific outputs have been outlined separately to ensure compliance with Legislative, National Health and National Treasury requirements. This process will enhance monitoring of performance at different levels.

Table 32. 2005/2005 Budget statement outputs and service delivery trends for Health Sciences and Training programme

Description of output	Unit of Measure	2004/2005 (actual)	2005/2006 (target)	Progress made towards the achievement of the outputs 2005/2006
Increased number of Ambulance personnel with life support training	Number of emergency care staff trained to Basic Life Support Level	53 96% of target achieved	100**	100 Target achieved
	Number of emergency care staff trained to Intermediate Life Support Level	54	48	48 Target achieved

Description of output	Unit of Measure	2004/2005 (actual)	2005/2006 (target)	Progress made towards the achievement of the outputs 2005/2006
Increased number of Ambulance personnel with life support training	Number of emergency care staff trained to Advanced Life Support Level	20	20	13 Number of staff trained based on prescribed norms of student instructor ratios by Health Professions Council of South Africa Faced with a challenge of staff shortages
Health Sciences Graduates	Number of new nursing entrants	828	800	988 Target exceeded
	Number of nursing students all years	3 219	3 020	3 651 Target exceeded
	Number of all nursing graduates	1 194	1 100-1 300!	1 247 Target exceeded
	Number of registrars Cumulative##	771	200-250!	852 Target exceeded
	Number of medical interns	346	*358	390 Target exceeded
Senior/middle and frontline managers trained	Percentage of senior/middle and frontline managers trained	10	12.5	23 Target exceeded
Implementation of learnership/internship programme	Number of people trained on learnership/internship (cumulative)	1 840	2 000	4 800 Target exceeded
Bursaries granted	Number of bursaries granted and / or maintained	1 135	1 135	1 513 Target exceeded

** Includes 1 and 2 year internship, ## indicator modified to align with five year programme of action,*

**Subject to approval by P.B.E.C.P. (EMS board) - The changes from the previous strategic plan is based on alignment with the revised norms and standards.*

Target for new registrars was based on all registrars instead of only new intake

*** Subject to requisite numbers of students passing entrance examinations and nature of association with local authority. Attrition levels to be objectively analysed*

- *The number of nursing students all years includes all levels of diploma and degree, basic nursing students, enrolled pupil nurses and the post basic students*
- *The number of all nursing graduates includes graduates from the 4 year degree and diploma basic nursing, enrolled nursing and post basic nursing courses. Includes students who exit from the 4 year course if they meet requirements for registration as auxiliary or enrolled nurses*

! Takes into account attrition rate and circumstances beyond our control

Table 33. Performance against Provincial targets from 2005-08 strategic plan for Health Sciences and Training programme

Strategic Objectives	Measurable Objective	Indicator	2003/2004 (actual)	2004/2005 (actual)	2005/2006 (target)	2005/2006 (actual)
Provide HIV and AIDS comprehensive care and treatment including ART in all sub districts by 2009	Provide HIV and AIDS comprehensive care training to all clinical practitioners	Number of Clinical practitioners trained in comprehensive HIV/AIDS/ARV care	1 000	1 078	1 560	2 400
Provide professional services for foreign health professionals	Number of health professionals assisted		180	200	240	240

NB: Deleted indicators form part of budget statement indicators as indicated in table 28 above

Table 34. Performance against National targets from 2005-08 strategic plan for Health Sciences and Training programme

Indicator	Type	2003/2004 (actual)	2004/2005 (actual)	2005/2006 (estimate)	2005/2006 (actual)	National (target) 2007/2008
Input						
1. Intake of nurse student	No	894	828	850	988	#
2. Students with bursaries from the province	No	627	1135	1 269	1 513	#
Process						
3. Attrition rates in first year of nursing school	%	11.2	10	10	8.5 Attrition rate reduced	10
Output						
4. Basic nurse students graduating	No	600	600	609	742	#
5. Post Basic	No	602	619	621	505 The number for training is determined by the budget allocated	#
Efficiency						
6. Average training cost per basic nursing graduate	R	59 588	63 461	64 123	64 123	#
7. Development component of HPT & D grant spent	%	#	#	#	No development fund received by the Department on this grant	100

 # New indicator data not available

NB: Four indicators related to medical students not included in 2005-08 strategic plan and annual report due to lack of proper system to collect data from universities

3.7 PROGRAMME 7: HEALTH CARE SUPPORT SERVICES

The **purpose** of this programme is to render non-clinical support services such as research, laundry, food supply services and management of medical supplies depot for efficient and effective support services to hospitals and clinics. The achievements of this programme will focus on implementation of supply chain management, including a Broad Based Black Economic Empowerment strategy, supporting the other five strategic goals of the Department.

Strategic Goal: Operate smarter and invest in health technology, communication and management information systems

3.7.1 Implementation of Supply Chain Management

Supply chain management is an integral part of financial management that seeks to introduce accepted best practice principles, whilst at the same time addressing government's preferential procurement policy objectives. The process links to government's budget planning process, while also focussing on the outcomes of actual expenditure in respect of the sourcing of goods and services.

At the beginning of the financial year we set ourselves a goal to improve our procurement processes in order to support health services. Procurement activities throughout the Department were guided by the supply chain management manual. In line with supply chain management manual we prioritised the following areas:

- Broad Based Black Economic Empowerment (BBBE), the increasing of Black Emerging Enterprise spends,
- Management of the migration of health institutions to the GSSC,
- Elimination of duplication of procurement functions,
- Conclusion of contracts to buy in bulk, value for money, efficiency, standardisation and simplification,
- Management of stock levels to reduce stock holding and to reduce wastage.

The supply chain management system improved the measurement of procurement expenditures throughout the Department.

We succeeded in forging relations with suppliers as part of our strategy in procuring medical equipment. We developed Black Economic Empowerment Supplier data base status and implemented social responsibility plans for the benefit of hospitals and clinics. We created opportunities for the emerging Black Economic Empowerment (BEE) companies to form partnerships with big international medical equipment companies.

We improved our procurement processes to ensure that institutions are supported and services are delivered whilst taking into account value for money.

We monitored the migration of procurement functions to the GSSC. This process will be completed during the financial year 2006/2007 financial year. Monitoring of Service Level Agreement between the Gauteng Department of Health and the GSSC was on going and procurement bottle necks were identified and resolved. However, challenges have been to ensure performance in accordance with agreed terms.

We implemented the System Applications and Product (SAP) as an enabling new technology to streamline procurement processes and improve expenditure reporting.

The Department developed a broad asset implementation plan which included the following: asset strategy, asset acquisition plan, asset operations and maintenance plan, asset disposal plan and basic asset policies.

Broad-based black economic empowerment

The Department continued to implement the BBBEE strategy. We procured 60.33% of our goods and services from BEE companies. This constituted a spend of 44.34% on historically disadvantage individuals, 15.82% on women and 0.17% on people with disabilities. The target of spending 40% of the procurement budget on BEE companies was achieved.

The GSSC conducted SMME development interventions in conjunction with all the GPG Departments. This included regular briefing sessions, workshops, training courses and also in service training. The above strategies have streamlined business participation by the Black Economic Empowerment Companies.

Food Supply Service

The Masakhane Cookfreeze Factory still supplies food services to the Johannesburg, Pretoria Academic (Orthopaedic), Kalafong and Pretoria West Hospitals and four Community Health Centres. We are in the process of expanding the cook-freeze food supplies to more institutions, as it delivers a full food service of high nutritional value, and accommodates patients with specific dietary requirements.

We upgraded equipment to comply with standards set by the Hazard Analytical Critical Control Point (HACCP) and to further improve efficiency.

Laundry Supply Service

Significant progress was made in the management of both soiled and cleaned linen, at all hospitals. This has contributed to quality of care and services to the patients. The laundries have been rationalised from seven to five in order to render effective laundry services to all institutions. The process of revitalisation and modernisation of laundries into cost effective support services was completed at Chris Hani Baragwanath Hospital, Johannesburg Hospital and Dunswart Laundry and currently in progress at Masakhane Laundry. Efficient laundry management and upgrading of equipment has resulted in cost-effective support services and shorter delivery times of linen to hospitals. All hospitals have a linen asset register in place with linen count/ stock taking conducted annually.

Medical Supplies Depot

The Medical Supplies Depot continued to provide an efficient procurement, warehousing and distribution system for pharmaceutical and non pharmaceutical items, in accordance with the prescribed norms and standards. This was achieved through:

- Reducing stock holding and wastage by implementing an integrated supply chain management system at all institutions,
- Commissioning the implementation of a central bulk pre-packaging unit, to produce patient-ready medicine packs for use in all institutions,
- The pre-pack unit was approved by the Medicines Control Council in February 2006. It will be operated by a contracted service provider and will enable hospitals and regional pharmacists to provide patient centered pharmaceutical services.

3.7.2 Outputs and Outcomes

The outputs and outcomes for budget statement, national indicators including provincial specific outputs have been outlined separately to ensure compliance with Legislative, National Health and National Treasury requirements. This process will enhance monitoring of performance at different levels.

Table 35. 2005/2005 Budget statement outputs and service delivery trends for Health Care Support Services programme

Description of output	Unit of Measure	2004/2005 (actual)	2005/2006 (target)	Progress made towards the achievement of the outputs 2005/2006
Implementation of BEE framework	Percentage of total procurement budget spent on BEE	38	40	60.33 Target exceeded
Ensure efficient supply of pharmaceuticals and surgical sundries	Percentage orders supplied to institutions on first request	98	98	98 Target achieved
Further expanding of the Remote Demand Module at all hospitals	Number of hospitals with Remote Demand Module implemented	18	25	18 Not implemented in seven hospitals due to new National Computer System replacing MEDSAS
Strengthened management at the Medical Supplies Depot	Percentage of top management posts filled	40	100	100 Target achieved
Commissioning of the pre-pack unit at Medical Supplies Depot	Percentage of bulk medication pre-packed	#	60	21 The project started in February 2006 due to delay in obtaining license from Medicine Control Council
Expanding Cookfreeze food supplies to hospitals and clinics	Number of hospitals and clinics supplied food by Cookfreeze	8	12	9 Target not reached due to upgrading of the kitchen facilities for three facilities

Description of output	Unit of Measure	2004/2005 (actual)	2005/2006 (target)	Progress made towards the achievement of the outputs 2005/2006
Rationalization of laundries	Number of laundries in Gauteng Province	#	5	5 Target achieved
Upgrading of tunnel washing machine	Number of Laundries with upgraded tunnel wash machines	#	5	Tunnel washers include two tunnel dryers Target achieved

 # new indicator- data not available

Table 36. Performance against Provincial targets from 2005-08 strategic plan for Health Care Support Services programme

Strategic Objectives	Measurable Objective	Indicator	2003/2004 (actual)	2004/2005 (actual)	2005/2006 (target)	2005/2006 (actual)
Ensure implementation of an efficient and cost effective supply chain management system	Ensure benefits of bulk buying, pooling of efforts and economies of scale	Percentage expense of procurement of goods and services via tenders and contracts	20	20	35	System not yet developed to collect information

NB: Other indicators deleted form part of budget statement indicators as indicated in table 35 above

3.8 PROGRAMME 8: HEALTH FACILITY MANAGEMENT

The **purpose** of this programme is to plan, provide and equip new facilities/assets, and to upgrade, rehabilitate and maintain community health centres, clinics, district, provincial, specialised and academic hospitals and other health- related facilities. This programme is implemented through the strategic goal of operating smarter including provision of support to strengthening the district health system goal.

Strategic Goal: Operate smarter and invest in health technology, communication and management information systems

3.8.1 Constructing, renovating or rehabilitating the infrastructure

The Department, in collaboration with the Department of Public Transport, Roads and Works (DPTR&W implemented a number of initiatives to ensure appropriate utilisation of allocated funds and speedy delivery of infrastructure projects. These included:

- Appointment of Project Management Resource Groups (PMRG) by the Department of Public Transport, Roads and Works to increase capacity to monitor, manage and expedite capital projects on site;
- Alignment of the Department's projects and priorities with DPTR&W project lists and cash flow projections;
- Implementation of an early warning system to identify problems on site at an early stage;
- Identification of flagship projects which merited special attention by both Departments;
- Fast tracking the finalisation of the Service Level Agreement (SLA) between the two departments. This SLA will be finalised in the next financial year and will assist to expedite planning of projects;
- Planning of projects to tender documentation stage that could be initiated at short notice if cash flow trends demanded expedited expenditure; and
- Reporting formats that were aligned between Department of Health and DPTR&W in order to facilitate monitoring, cash flow projections and reporting.

We continued to award labour-intensive projects, and created job opportunities for Small, Medium and Micro Enterprises (SMME) and Previously Disadvantaged Individuals (PDI) contractors. A number of day-to-day projects at institutions are given to contractors from the surrounding areas to promote a sense of ownership in their community institution.

Construction of new hospitals and clinics

We completed the construction of capital project as indicated in the Accounting Officer's Report. Further, three new hospitals are work in progress. The tender for the Natalspruit Hospital bulk site work in the Kathorus area was advertised. Planning for the Zola Level 1 Hospital is far advanced and the contractor is expected to be on site in June 2006, and the upgrading of the new Mamelodi Hospital is progressing according to schedule.

Our commitment to build ten new clinics is well within schedule. We have completed construction of Soshanguve Block L Community Health Centre (CHC); the needs list and narrative for Bophelong is being finalised; project implementation plans were received for Randfontein, Bristlecone, Boikhutsong and Cullinan CHCs; project implementation plans for Eldorado Park have been approved, the tender for the Mandela Sisulu CHC was advertised and the contractor for Johan Deo and Eesterus CHCs is on site.

Revitalisation projects

We continued to implement revitalisation projects at Mamelodi Hospital and the Chris Hani Baragwanath Hospital accident and emergency and outpatient departments. In the current financial year, the Department identified the need to investigate feasibility and affordability of entering into a PPP to perform the revitalisation and upgrading of the Chris Hani Baragwanath Hospital. A process of appointing a transaction adviser to perform the feasibility study has begun. In addition the business cases for the revitalisation of the Zola 2 and Lenasia Hospitals are being prepared.

Maintenance and new minor projects

Management of the total maintenance budget was devolved to the Pretoria Academic, Tembisa, Leratong and Kopanong Hospitals as well as the Department's Pretoria regional office in the 2005/2006 financial year. This follows the move in 2004/2005 to allocate total maintenance budgets to the Far East Rand, Sizwe, Carltonville, and Weskoppies Hospitals. Monitoring of maintenance is done through Facility Management Units (FMUs). FMUs' capacity at hospital and regional level has been extended and the number of dedicated staff at unit and regional level has been increased. Guidelines for the management of FMUs have been refined and extended.

3.8.2 Equipment

All hospitals implementing revitalisation projects have functional equipment committees and plans. The equipment priority lists for all the hospitals were approved by the Provincial Equipment Committee according to the allocated resources. The Department purchased equipment to the value of R639 million thus shifted the boundaries of the medical equipment industry. Medical equipment purchases and installations included:

- CT scanners for the Dr George Mukhari, Tembisa, Leratong, Natalspruit and Tambo Memorial Hospitals. These follow the installation of CT scanners at the Johannesburg, Coronation, Sebokeng, Helen Joseph and Kalafong Hospitals in 2004/2005;
- Procurement of two 64 slice CT cameras for the Pretoria Academic Hospital;
- Fluroscopy units for the Heidelberg and Far East Rand Hospitals;
- Bucky X-ray units for Tembisa and Mamelodi Hospitals;
- Radiology equipment, in particular digital chest X-ray units, for the Chris Hani Baragwanath, Coronation, Dr George Mukhari, Helen Joseph, Johannesburg, Leratong, Pretoria Academic, Pholosong, Tambo Memorial, Sebokeng and Tembisa Hospitals;
- Mammography units for Dr George Mukhari, Helen Joseph, Johannesburg and Pretoria Academic Hospitals; and
- Specialised oncology equipment for the Johannesburg and Pretoria Academic hospitals, in addition to the linear accelerators purchased in 2004/2005.

3.8.3 Outputs and Outcomes

The outputs and outcomes for budget statement, national indicators including provincial specific outputs have been outlined separately to ensure compliance with Legislative, National Health and National Treasury requirements. This process will enhance monitoring of performance at different levels.

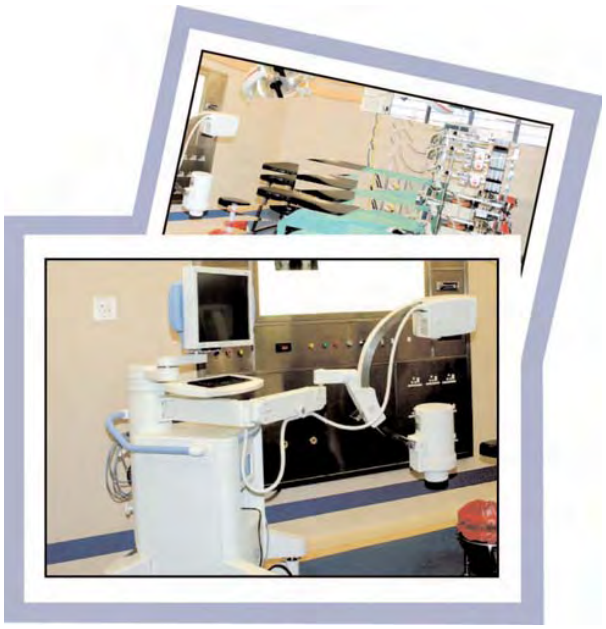


Table 37. Budget statement outputs and service delivery trends for Health Facilities Management

Description of output	Unit of Measure	2004/2005 (actual)	2005/2006 (target)	Progress made towards the achievement of the outputs 2005/2006
Construction of Randfontein Community Health Centre	Percentage completed	5	30	30 Planning completed Target achieved
Construction of Stanza Bopape Community Health Centre: Phase 2	Percentage completed	90	100	100 Target achieved
Construction of Soshanguve Block L Community Health Centre	Percentage completed	90	100	100 Target achieved
Construction of Stretford Community Health Centre: Phase 2	Percentage completed	80	100	100 Target achieved
Construction of Zola new district hospital*	Percentage completed	30	50	30 Original plan was to upgrade Zola CHC to a level 1 hospital, a new site was identified at Jabulani for construction of new district hospital
Upgrading of Lilian Ngoyi CHC to level 1 hospital *	Percentage completed	10	50	25 Delayed due to revised requirements to approve business case
Upgrading of Lenasia CHC to Level 1 hospital	Percentage completed	10	50	20 Delay due to review of strategic requirement. A business case is being developed
Relocation of Natalspruit Hospital	Percentage completed	10	40	30 Delayed due to revised requirements to approve business case
Upgrading of Germiston Hospital	Percentage completed	20	40	25 Possibilities of relocating the hospital to alternate site delayed construction. Currently planning a hospital for multi-story building

Description of output	Unit of Measure	2004/2005 (actual)	2005/2006 (target)	Progress made towards the achievement of the outputs 2005/2006
Accident and Emergency, trauma, OPD of Chris Hani Baragwananth Hospital##	Percentage completed	50	45	50 Target exceeded
Construction of Tshwane District Hospital	Percentage completed	20	40	25 Construction to continue after commissioning and relocation of New Pretoria Academic Hospital
Construction of New Mamelodi Hospital	Percentage completed	45	60	60 Target achieved
Construction of New Daveyton Hospital	Percentage completed	#	10	10 Target achieved
Modernisation of high tech equipment	Percentage of hospitals on revitalisation programme with equipment plan	#	100	100 Target achieved
	Percentage of hospitals on revitalisation programme with equipment committees established	#	100	100 Target achieved
	Percentage reduction in backlog on high tech equipment	#	12	12 Target achieved
Planned prevention maintenance budget	Percentage of budget allocated to maintenance	#	3	3 Target achieved

Performance indicators definitions: 10% Development of Brief; 20% Preparation and finalisation of Sketch Plans; 25% Tender Stage; 30% Contractor on site; 31%-89% Progress on Site; 90% Final building phase; 100% Handover to user
 # new indicator-data not available, ## forms part of Chris Hani Baragwanath Hospital revitalisation project
** Indicator modified to align with priorities*

Table 38. Performance against Provincial targets from 2005-08 strategic plan for Health Facilities Management programme

Strategic Objectives	Measurable Objective	Indicator	2003/2004 (actual)	2004/2005 (actual)	2005/2006 (target)	2005/2006 (actual)
	Sub-programme Central hospitals					
Ensure the construction, rehabilitation, upgrading and maintenance of infrastructure Reduce the backlog of infrastructure and equipment	Complete Phase 2 New Pretoria Academic Hospital	Percentage completed	90	95	100	100
	Obtain equipment needs and procurement of equipment for New Pretoria Academic Hospital	Percentage completed	10	40	80	100
	General upgrading of Johannesburg Hospital: pharmacy, casualty and several wards	Percentage completed	30	35	40	40
	Provide needs list and procure equipment for New Oncology Unit at Johannesburg Hospital	Percentage completed	15	50	60	95
	Sub-programme District Hospitals					
	Obtain equipment needs and procurement of equipment for Tshwane district hospital	Percentage completed	#	20	80	Construction of the capital project delayed
	Determine equipment need and procure equipment for New Zola Hospital	Percentage completed	#	10	40	Construction of the capital project delayed
	Obtain equipment needs and procurement of equipment for New Mamelodi Hospital	Percentage completed	5	25	50	50
	Determine equipment need and procure equipment for Germiston Hospital	Percentage completed	#	10	30	25 Possibilities of relocating the hospital to alternate site Planning a hospital for multi-story building

Strategic Objectives	Measurable Objective	Indicator	2003/2004 (actual)	2004/2005 (actual)	2005/2006 (target)	2005/2006 (actual)
	Determine equipment need and procure equipment for new Daveyton Hospital	Percentage completed	#	#	10	Construction of the capital project delayed
	Sub programme Community health facilities					
	Construction of Hillbrow Community Health Centre	Percentage completed	60	90	100	100
	Construction of new Cullinan CHC	Percentage completed	30	35	50	28 Project delayed due high financial implications
	Construction of new Eersterust CHC	Percentage completed	30	35	60	60
	Upgrading of existing and new Community Health Centres in CHB catchment area	Percentage completed	20	30	50	Currently reported as individual project
	Sub-programme Provincial hospitals					
	Determine equipment need and procure equipment for Natalspruit Hospital	Percentage completed	#	#	25	Construction of the capital project delayed
	Renovation of OPD and Casualty at Kalafong Hospital	Percentage completed	80	95	100	100
	Renovation of OPD and Casualty at Tembisa Hospital	Percentage completed	25	35	50	50
	Renovation of OPD and casualty at Sebokeng Hospital	Percentage completed	25	30	50	50
	Renovation of OPD and casualty at Leratong Hospital	Percentage completed	40	95	100	100
	Construction of Far East Rand Hospital New Maternity Unit	Percentage completed	85	95	100	100

Strategic Objectives	Measurable Objective	Indicator	2003/2004 (actual)	2004/2005 (actual)	2005/2006 (target)	2005/2006 (actual)
	Construction of Sterkfontein Hospital 2 New wards	Percentage completed	20	25	50	50
	Construction of Weskoppies Hospital New wards Phase 2A	Percentage completed	95	-	-	Completed in 2003/2004
	Construction of Weskoppies Hospital New wards Phase 2B	Percentage completed	35	60	70	70
	Construction of Weskoppies Hospital New wards Phase 3	Percentage completed	70	100	-	Completed in 2004/2005
	Construction of Sizwe Hospital new kitchen, ventilation and electrical ringfeed	Percentage completed	93	100	-	Completed in 2004/2005
Reduce the backlog of infrastructure and equipment Implementation of the e-governance framework	Develop brief and procure equipment	Percentage completed	10	15	30	25 Department purchased more than R500 million worth of equipment

 # new indicator, data not available
NB: Deleted indicators form part of budget statement indicators as indicated in table 37 above

Table 39. Performance against National targets from 2005-08 strategic plan for Health Facilities Management programme

Indicator	Type	2003/2004 (actual)	2004/2005 (actual)	2005/2006 (target)	2005/2006 (actual)	National (target) 2007/2008
Input						
1.Equitable share capital programme as % of total health expenditure	%	2.4	-0.2	2.2	2.4	1.5
2. Hospitals funded on revitalisation programme	No.	4	14%	4	7 Determined by funding from National Health	17
3. Expenditure on facility maintenance as % of total health expenditure	%	2.3	2.8	2.3	3.5	2.5

Indicator	Type	2003/2004 (actual)	2004/2005 (actual)	2005/2006 (target)	2005/2006 (actual)	National (target) 2007/2008
4. Expenditure on equipment maintenance as % of total health expenditure	%	3.3	0.94	3.5	0.72 Purchased lot of new equipment in 2005/2006. Maintenance expenditure for these equipment will be incurred from 2006/2007	2
Process						
5. Hospitals with up to date asset register	%	85	100	100	100	100
6. Health Regions with up to date PHC asset register (excl hospitals)	%	100	100	100	100	100
Quality						
7. Fixed PHC facilities with access to piped water	%	100	100	100	100	100
8. Fixed PHC facilities with access to mains electricity	%	100	100	100	100	100
9. Fixed PHC facilities with access to fixed line telephones	%	100	100	100	100	100
10. Average backlog of service platform in fixed PHC facilities	%	22	25	11.6	14.9	30
11. Average backlog of service platform in District Hospitals	%	15	18	18.6	25	30
12. Average backlog of service platform in Regional hospitals	%	20	68.049	28.8	20.6 Reduction due to budgetary constraints	30
13. Average backlog of service platform in Specialised Hospitals	%	10	21.626	14.9	5 Reduction due to budgetary constraints	30
14. Average backlog of service platform in Tertiary and Central Hospitals	%	30	32	35.9	30 Reduction due to budgetary constraints	30

Indicator	Type	2003/2004 (actual)	2004/2005 (actual)	2005/2006 (target)	2005/2006 (actual)	National (target) 2007/2008
15. Average backlog of service platform in Support Services (laundries, nursing colleges, mortuaries, hospitals)	%	4	3	5.1	5	30
16. Average backlog of service platform in Provincially-aided Hospitals	%	0	0	0	N/A	#
Efficiency						
17. Projects completed on time	%	0	0	0	No system available to provide data	#
18. Project budget over run	%	100	100	100	No system available to provide data	#
Outcome						
18. Population within 5 km of fixed PHC facility	%	85	85	85	97 Based on the Integrated Health Planning Framework	85

3.9 FINANCIAL INFORMATION 2005/2006 FINANCIAL YEAR

Table 40. Expenditure by budget sub-programme

	2003/2004	2004/2005	2005/2006	2005/2006	Variance - % under/ (over-expenditure)
	Exp	Exp	Exp	Budget	
	R'000	R'000	R'000	R'000	
Programme 1	263 212	264 087	239 996	250 325	4.1%
Programme 2	***1 743 927***	***1 922 347***	***2 152 883***	***2 154 358***	***0.1%***
District Management	444 855	448 485	218 288	218 288	–
Clinics	324 627	361 662	585 806	585 806	–
Community Health Centres	233 126	277 443	375 448	375 448	–
District Hospitals	370 534	386 731	433 011	433 011	–
Community Based Services	168 991	132 655	143 842	143 842	–
HIV/AIDS	118 043	288 252	367 958	367 958	–
Nutrition	82 544	26 035	28 342	29 817	5.0%
Theft and Losses	1 207	1 084	188	188	–
Programme 3	***247 900***	***278 350***	***329 451***	***329 451***	–
Emergency Transport	244 537	278 126	329 449	329 449	–
Planned patient transport	3 363	169	–	–	–
Theft and Losses		55	2	2	
Programe 4:	***2 292 408***	***2 415 992***	***2 645 825***	***2 645 825***	–
General hospitals (regional)	1 752 119	1 867 510	2 062 442	2 062 442	–
Other specialised hospitals	35 832	36 779	34 233	34 233	–

	2003/2004	2004/2005	2005/2006	2005/2006	Variance - % under/ (over-expenditure)
	Exp	Exp	Exp	Budget	
	R'000	R'000	R'000	R'000	
Psychiatric hospitals	388 692	392 260	413 159	413 159	–
Dental training hospitals	114 288	119 302	135 934	135 934	–
Theft and Losses	1 477	141	57	57	–
Programme 5	***2 857 212***	***3 007 524***	***3 656 071***	***3 502 390***	(4.4%)
Chris Hani Baragwanath Hospital	909 998	938 216	1 048 808	989 262	(6.0%)
Johannesburg Hospital	818 135	844 460	1 019 545	1 015 408	(0.4%)
Pretoria Academic Hospital	592 943	653 577	987 052	907 480	(8.8%)
Dr. George Mukhari Hospital	532 339	570 926	600 648	590 222	(1.8%)
Incorrect Allocations	1 869	21	–	–	–
Theft and Losses	1 928	324	18	18	–
Programme 6	***159 851***	***189 041***	***220 818***	***220 818***	–
Nurse Training Colleges	132 362	158 041	173 945	173 945	–
EMS Training Colleges	3 158	3 324	3 910	3 910	–
Bursaries	7 250	10 399	10 700	10 700	–
PHC Training	(1)	5	–	–	–
Other training	17 041	17 272	32 263	32 263	–
Theft and Losses	41				

	2003/2004	2004/2005	2005/2006	2005/2006	Variance - % under/ (over-expenditure)
	Exp	Exp	Exp	Budget	
	R'000	R'000	R'000	R'000	
Programme 7	***74 637***	***57 877***	***100 818***	***119 911***	15.9%
Laundries	51 182	51 184	70 804	70 804	–
Food Supply Services	13 455	6 693	15 987	15 987	–
Forensic Services	–	–	14 027	26 120	46.3%
Medical Trading Account	10 000	–	–	7 000	100.0%
Programme 8	***547 941***	***436 448***	***642 084***	***631 325***	***(1.7%)***
Community Health Facilities	69 461	23 381	66 080	66 080	–
EMS	616	178	13	13	–
District Hospitals	35 574	44 778	121 847	120 621	(1.0%)
Provincial Hospitals	127 438	130 334	179 840	179 014	(0.5%)
Central Hospitals	293 272	132 128	212 839	204 132	(4.3%)
Other Facilities	21 580	105 649	61 465	61 465	–

Table 41. Evolution of expenditure by budget per capita sub-programme constant 2004/2005 prices)

	2003/2004	2004/2005	2005/2006
Population	8 837 142	9 549 731	9 807 981
%insured	72.5	76.4	79
Uninsured population	6 409 160	7 295 141	7 748 304
Conversion to constant 2005/06 prices	1.05%	1.0	1.00
	Exp per capita Uninsured	**Exp per capita Uninsured**	**Exp per capita Uninsured**
Programme			
Administration	43.12	35.91	30.97
District Health Services	285.51	263.36	277.85
Emergency Medical Services	40.06	38.12	42.52
Provincial Hospital Services	375.56	331.16	341.47
Central Hospital Services	467.47	412.46	471.85
Health Training and Sciences	26.19	25.91	28.50
Health Care Support Services	12.23	7.69	13.01
Health Facility Management	89.77	59.83	82.87

SECTION 4: SUMMARY ON DEPARTMENTAL KEY PERFORMANCE AT A GLANCE

Our achievements as indicated below have taken into account achievements for the 2004/2005 and 2005/2006 financial years.

Promote health, prevent and manage illnesses or conditions with emphasis on poverty, lifestyle, trauma and violence and psychosocial factors

- Increased sites for Mindset ***Health Channel*** from 40 in 2004/2005 to 112 in 2005/2006 across the province.
- The ***Expanded Programme on Immunisation*** remains a high priority. The impact of the 2004 mass immunisation campaign and a campaign in the districts called "Every Day an immunisation Day" has resulted in increased immunisation coverage to 83% in the 2005/2006 financial year. The Department was awarded a certificate from the National Department as the province with the best immunisation coverage.
- ***Vitamin A supplement*** provided to all children and post-partum women in all facilities in the province improved coverage for under 1 year olds to 86%.
- Hospitals implementing ***Kangaroo Mother Care*** increased from 19 in 2004/2005 to 21 in 2005/2006.
- ***Youth friendly services*** were expanded from 38 in 2004/2005 to 52 in the 2005/2006 financial year.
- Implementing the ***post-exposure-prophylaxis*** (PEP) for victims of sexual violence was started in 55 facilities with 24-hour service provided in 56% of facilities. More than 36 000 clients benefited since the inception of the programme in 2002.
- A continuous effort in the implementation of TB advocacy interventions, TB/HIV collaboration and Directly Observed Treatment (DOT) programmes have contributed in the increase of the ***TB cure rate*** from 58% in 2004 to 64% in 2005.
- Department has exceeded the target by more than 3 800 through the provision of 6 344 ***assistive devices***. In 2005, the Department was awarded the disability trophy from the National Department of Health for providing the highest number of wheelchairs and hearing aids per capita and the number of staff that participated in continuing education activities.

Effective implementation of the comprehensive HIV and AIDS strategy

- We increased the number of male condoms distributed from 8.5 million per month in 2004 to about 10.9 million per month in 2005.
- A comprehensive treatment and care programme, including anti-retroviral treatment (ART) commenced in April 2004 is now implemented in 33 health facilities with more than 350 000 clients assessed and more than 41 795 patients on treatment.

Strengthen the district health system and provide caring, responsive and quality health services at all levels

- Stanza Bopape, Stretford and Maria Rantho Community Health Centres including Ramokonopi Maternity Obstetric Units (MOUs) were opened to

improve access to Primary Health Care. We have extended hours of service to 73% of sub districts, and 100% of all districts.

- Successful implementation of dedicated obstetric ambulance service in the Sedibeng district.

- Reduced the cardiac, orthopaedics and cataract surgical backlog significantly. The Department has received cataract surgery achievement certificate from National Health for exceeding the 2004 target.

- Twelve hospitals received full accreditation since 2004/2005 with Laudium Community Health Centre being the first Community Health Centre to receive full accreditation in the 2005/2006 financial year.

Implement the people's contract through effective leadership and governance

- Established the Provincial Health Council in terms of the National Health Act, including Technical Committees to support the Council structures.

- Trained more than 2 000 Community Health Workers on 69 day course since the inception of the programme in 2004.

Become a leader in human resource development and management for health

- Appointed 2 950 health professionals of which 1 188 were medical practitioners, 245 interns, 935 nurses and 582 allied health professionals, including pharmacists.

- Upgraded posts for registrars, specialists, pharmacists and allieds professionals.

- The Department has successfully implemented a learnership/internship programme since 2004/2005, which benefited 4 800 people and exceeded the 2005/2006 target by 2 800.

- We have successfully implemented an Integrated Wellness Programme in all health facilities and 100% of our staff had access to the departmerntal Employee Assistance Programme with a 11% utilisation rate. The Department of Public Service and Administration (DPSA) has recognised the Department's wellness programme as a best practice site.

Operate smarter and invest in health technology, communication and management information systems

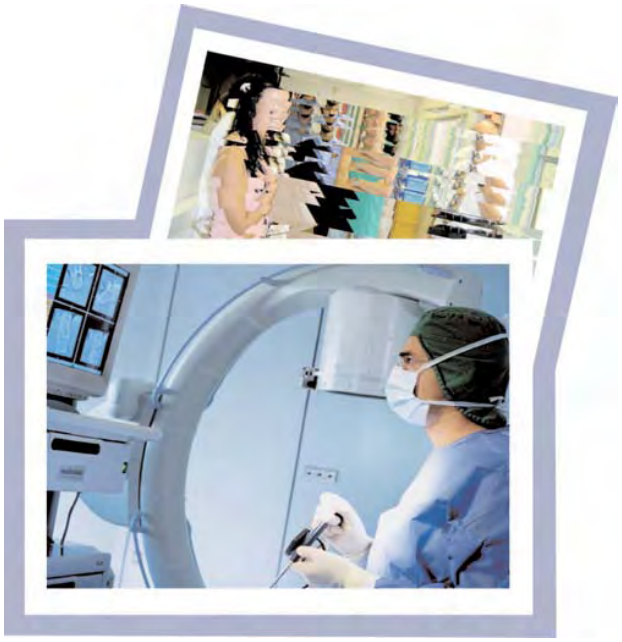
- Spending on goods and services procured from the Black Economic Empowerment companies increased from 38% in 2004/2005 to 60.33% in the 2005/2006 financial year.

- Purchased equipment worth more than R639 million, which include high-tech medical equipment such as MRIs and CT Scanners, Gamma cameras, digital mammography units, multi-functional digital x-ray machines, Linear accelerators.

- National Treasury registered revitalisation project at Chris Hani Baragwanath Hospital, as a proposed Public Private Partnership (PPP).

- Completed construction of Soshanguve Block L, Hillbrow, Stretford, Stanza Bopape Community Health Centres, Breast Care Centre at Helen Joseph Hospital and six new pharmacies.

- Commissioned the Johannesburg Hospital Oncology unit and the new Pretoria Academic Hospital.



SECTION 5: OUTLOOK FOR THE COMING YEAR

During 2004/2005, the Department has identified priorities for the coming 10 years including its 5-year priorities through a 2014 visioning process. The 2007-10 Annual Performance Plan that form a basis for budget statement was developed based on the key actions and projects of Departmental Strategic Programme of Action.

Promote health, prevent and manage illnesses or conditions with emphasis on poverty, lifestyle, trauma and violence and psychosocial factors

The Department will continue the implementation of strategies for reducing potentially avoidable deaths focusing on Maternal and Neonatal care, Health implementation of the Bana Pele programme, immunisation and implementation of the WHO model for integrated diseases surveillance and response; Enhancing youth programmes to include prevention of teenage pregnancy, smoking, alcohol and drug abuse; HIV and AIDS, STIs, focus will continue in partnership with other government departments and stakeholders.

Special attention will be paid to improving the TB cure rate through the provision of additional capacity, HIV/TB collaboration and social mobilisation. Health promotion and prevention of illnesses will continue with special focus on non-communicable diseases and healthy lifestyles. Improving the completion rate for post-exposure-prophylaxis (PEP) for victims of sexual violence will be continued. Community-based care for people with chronic mental disorders will be a special focus during 2006/2007.

The provision of assistive devices and free health services in all health facilities to people with disabilities will continue.

Effective implementation of the comprehensive HIV and AIDS strategy

The comprehensive HIV and AIDS strategy is a major priority. Special efforts to reduce HIV new infections, the expansion of comprehensive HIV and AIDS including ART, the implementation of strategies to reduce the impact of HIV and AIDS in hospitals and clinics and the implementation of Step Down beds and monitoring the implementation of the AIDS strategy and its objectives will be embarked on.

Strengthen the district health system and provide caring, responsive and quality health services at all levels

The modernisation of tertiary services, strengthening of Primary Health Care services, improving efficiency indicators and establishment of gateway clinics will continue. A particular focus will be on the extension of hours of PHC service delivery and support from Family Medicine Physicians. The model of primary health care service provision will be changed through provincialisation commencing with District Councils in 2006/2007. Cross boundary areas will be incorporated into Gauteng. Special focus will also be on the provincialisation of Emergency Medical Services. Emphasis on improving quality of care through the implementation of quality assurance programmes focusing on service excellence, improving frontline services, improving clinical care, reducing the unequal power relations between service users and providers, accreditation of all facilities and enhanced management accountability will continue. The process of transferring forensic mortuary services from the South African Police Services will commence in April 2006.

Implement the people's contract through effective leadership and governance

Special focus will be on the rollout of the CEO training and development programme (including training of

middle managers), improving functioning and support of NGOs, CBOs and of community participation structures, community health workers (CHWs) expansion programme, building partnerships (including Public Private Partnerships (PPPs) and ensuring compliance with the Pharmacy, Mental Health Care and National Health Acts).

Become a leader in human resource development and management for health

Human resource practices will be strengthened through strategies for the recruitment, retention and training of personnel. The recruitment and retention strategy will focus on health professionals, primarily the reduction of attrition rates of doctors and nurses and retention of community service professionals. The Department will continue the mainstreaming of Gender and Disability as part of the Employment Equity Plan with emphasis on recruitment and retention of black medical professionals, recruitment of staff with disability and an increase in women in clinical management positions. Effective leadership and management development systems will be put in place and District Health Services (DHS) strengthened through training and development.

The Department will focus on building partnerships with universities for Emergency Medical Services and increasing the production of nurses by 20 per cent in each year of the MTEF period. The teaching platform will be expanded to include Family Medicine in district health services. By 2009, the learnerships and internships programme should have benefited 5 100 beneficiaries. The strengthening of the implementation of a Performance Management and Development System and the expansion of the Employee Wellness Programme will continue.

Operate smarter and invest in health technology, communication and management information systems

The Department will achieve more from its resource base and invest in systems through:

- Enhanced control and management of budget and expenditure including conditional grants;
- Strengthening institutional capacity on financial management;
- Improved revenue collection and strategies;
- Implementation of capital programmes focusing on the revitalisation of health infrastructure improvement, equipment strengthening, monitoring of capital projects through SLAs and the alignment of budget with expenditure for revitalisation and capital projects;
- Supportive implementation of the BBBEE strategy;
- Monitoring and implementation of Supply Chain Management guidelines;
- Implementation of the ICT strategy and roll out of electronic information system;
- enhanced external and internal communication; and
- Alignment of planning, implementation monitoring and evaluation systems.

SECTION 6

FINANCIAL REQUIREMENTS

GAUTENG DEPARTMENT OF HEALTH
VOTE 4

REPORT OF THE AUDIT COMMITTEE

We are pleased to present our report for the financial year ended 31 March 2006.

Audit Committee Members and Attendance

The audit committee consists of the members listed hereunder and meets regularly according to its approved terms of reference. During the current year 3 meetings were held.

Name of Member	Number of Meetings Attended
Barry Ackers (Chairperson)	3
Zola Fihlani	1
Jenitha John	0

Audit Committee Responsibility

The Audit Committee reports that it has complied with its responsibilities arising from **section 38(1)(a) of the PFMA** and **Treasury Regulation 3.1.13.**

S38(1)(a) **(PFMA)**	**S38(1)(a)(ii) of the PFMA** state the following: *(1) "The accounting officer for a department,...* *a) must ensure that that department,.... has* *(ii) a system of internal audit under the control and direction of an audit committee complying with and operating in accordance with regulations and instructions prescribed in terms of sections 76 and 77*"

The Audit Committee also reports that it has adopted appropriate formal terms of reference as its audit committee charter, has regulated its affairs in compliance with this charter and has discharged all it's responsibilities as contained therein.

The effectiveness of internal control

The system of internal control was not entirely effective for the year under review as compliance with prescribed policies and procedures were lacking in certain instances. During the year under review several instances of non compliance were reported by internal and external auditors that resulted from a breakdown in the functioning of controls. The audit report has been qualified and several significant weaknesses have been reported by the Auditor-General under emphasis of matter and in the management letter.

The quality of in year management and quarterly reports submitted in terms of the PFMA and the Division of Revenue Act.

The Audit Committee is satisfied with the content and quality of quarterly reports prepared and issued by the Accounting Officer and the Department during the year under review. It was however noted that necessary reconciliations were not always timeously done.

Evaluation of Financial Statements

The Audit Committee has

- Reviewed and discussed the audited annual financial statements to be included in the annual report with the Auditor-General and the Accounting Officer;

REPORT OF THE AUDIT COMMITTEE

- Reviewed the Auditor-General's management letter and management's response thereto; and

- Reviewed changes in accounting policies and practices.

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

.....
Barry Ackers
Audit Committee Chair

Date: 3 August 2006

REPORT OF THE ACCOUNTING OFFICER
for the year ended 31 March 2006

Report by the Accounting Officer to the Executive Authority and Gauteng Provincial Legislature of the Republic of South Africa

1. GENERAL REVIEW OF THE STATE OF FINANCIAL AFFAIRS

1.1 Important Policy decisions and strategic issues facing the Department

This report sets out progress made by the Department in the 2005/06 financial year. Our services aim at reaching the public through a range of interventions that include health promotion and public health programmes, influencing lifestyles and behaviour change, primary health care, hospital and emergency medical services and a vast range of clinical and non-clinical support services.

In the year under review the department continued to implement strategic objectives and key projects which were identified in the strategic plan and the five year Programme of Action. A tremendous amount of effort was put into aligning priorities with the Medium Term Expenditure Framework (MTEF) and the Programme of Action, with the objective of effectively allocating resources.

The year has been characterised by both successes and challenges, successes in that we have been able to implement identified priorities and objectives that were set during the year as outlined in Section 3 of the report whilst striving to ensure that health services are provided cost effectively. Challenges of implementing policy decisions that impact on resources financial and human as well as providing services with the allocated budget. All these in an environment where population is increasing, poverty related illnesses, communicable diseases such as HIV and AIDS, tuberculosis, acute respiratory syndrome, trauma and violence are prevalent.

1.2 The Policy Context is summarised below

Gauteng as the economic hub of the country attracts people from other provinces, countries as well as African states. This in-migration puts strain on the health resources and services and challenges our vision of providing health for all. The following are the areas that drive our strategic context.

Health status

- Complex and wide burden of conditions or illnesses such as poverty related illnesses, emerging and re-emerging communicable diseases such as HIV and AIDS, tuberculosis, severe acute respiratory syndrome; trauma and violence and chronic diseases of lifestyle.
- Strengthening TB advocacy and improving TB cure rate, improving child health and reducing maternal deaths.

Health Services and Demographic factors

- Increased service demand and greater emphasis on quality care, patient load as a result of higher than average growth in the Gauteng population and HIV and AIDS.
- Implementation of legislation such as the National Health, Mental Health, Medicines and Related Substances Control Acts.
- Change in the model of rendering personal Primary Health Care services according to the National Health Act including extension of after-hour services at primary health care clinics to take patient load off the hospitals.
- Decision endorsed by the Executive Council to provincialise ambulance services in line with National policy.
- Implementation of Service Improvement Plan to ensure appropriate utilisation of services.
- Strengthening hospital management, accountability and responsibility.
- Implementation of Batho Pele principles and significantly reducing waiting times at hospitals and clinics.
- The transfer of forensic pathology services (medico-legal mortuaries) from the South African Police Services (SAPS) to the Department of Health.

Human Resources

The World Health Organisation focus is on Health

Professionals in 2006. Human capital is the most critical asset in the labour intensive health system. A Human Resource Plan will be launched in April 2006. It is within this context that the human resource strategic focus in the department includes:

- Mainstreaming of gender and disability as part of the employment equity plan.
- Retention and recruitment of scarce and highly skilled professionals in public sector to effectively address the needs of the poor and vulnerable groups.
- Ensuring the desired return on training investment (including from academic institutions).
- Implementation of learner ship and internship programmes.
- Implementation of an integrated Health and Wellness programme.

Systems and Infrastructure

Gauteng's positioning as a smart province seeks to achieve the following:

- Implementing infrastructure programmes and accelerating equipment replacement.
- Implementation of an Integrated Management Information System (MIS) to support decision-making, monitoring and clinical care.
- Re-gearing communication strategies to be responsive to the needs of the poor.
- Implementing cost centre management strategy to reinforce equitable and appropriate budget allocation.

1.3 Departmental strategic priorities and corresponding strategic objectives

Promote health, prevent and manage illnesses or conditions with emphasis on poverty, lifestyle, trauma and violence and psychological factors

- Increase public understanding and the practice of healthy lifestyles and key risk behaviors with a special focus on vulnerable groups and disadvantaged communities.
- Improve the health and wellbeing of children under six years and those at risk due to poverty.
- Improve the nutritional status of vulnerable groups, with special emphasis on people with chronic and debilitating conditions.
- Reduce preventable causes of maternal deaths.
- Improve early detection and intervention for cervical and breast cancer.
- Reduce high risk behaviour among youth with a focus on teenage pregnancy, smoking, alcohol and drug abuse.
- Reduce the prevalence and complications of Tuberculosis (TB) and other communicable diseases.
- Reduce the prevalence and complications of common non-communicable diseases.
- Promote mental well-being and improve early diagnosis, treatment and support for people with mental illness.
- Provide rehabilitation and support to people with disabilities.
- Interventions to reduce impact of violence against women and children.

Effective implementation of the comprehensive HIV and AIDS strategy

- Prevent and reduce new HIV infections.
- Reduce the incidence of sexually transmitted infections (STIs).
- Provide HIV and AIDS comprehensive care and treatment including ART in all sub districts by 2009.
- Implement effective HIV and AIDS workplace programme in 100% of service delivery units.
- Provide universal access to palliative care (home based care, hospice, step down facilities) to the population of Gauteng.

Strengthen the district health system and provide caring, responsive and quality health services at all levels

- Ensure appropriate planning and monitoring of district health services at sub-district level.
- Improve the quality and efficiency of primary health care service provision.
- Provide 24 hour access to PHC and emergency medical services in all sub-districts.
- Re-organise the District Health System for improved

efficiencies and health outcomes.
- Provide people centred care that recognises the dignity and uniqueness of each person.
- Specific interventions to reduce waiting times at pharmacies and out-patient departments.
- Ensure all hospitals and clinics have full accreditation.
- Position public emergency medical services as the preferred service provider for the 2010 games.
- Ensure the provision of rapid, effective and quality emergency medical services.
- Ensure 100% access to ambulance services for obstetric emergencies.
- Modernisation, re-organisation and re-vitalisation of all public hospitals into cost effective referral centres according to the service plan.
- Strengthen the management of state aided hospitals and monitor compliance with SLA's.
- Provide efficient and effective clinical support services (allied, laboratory, pharmaceuticals, blood services, radiology etc).
- Monitor compliance with norms and standards.

Implement the people's contract through effective leadership and governance

- Improve the capacity of managers and staff to manage and steer health sector transformation.
- Build a broad coalition for change and forge partnerships between the department and academic institutions, the health professional councils, unions, hospital boards, ward committees, non-governmental and community based organisations, the private sector, etc.
- Implementation of a comprehensive community health worker programme.
- Strengthen community participation at all levels of the health system.
- Ensure responsiveness to the Legislature.
- Ensure implementation of relevant policies and legislative framework.

Become a leader in human resource development and management for health

- Revised staff establishment to respond to the needs imperatives of health services.
- Ensure the recruitment and retention of human resources.
- Provide the service platform for high quality training and development and clinical research that is responsive to the needs of the country.
- Implementation of the learnership / internship programme.
- Implement an effective Performance Management System.
- Ensure adherence to recognised human resource and labour relations management standards.
- Implement strategies to achieve employment equity and to manage a diverse work force.
- Implementation of the Gauteng health integrated wellness programme (EAP, HIV and AIDS work place and Occupational health and safety programmes).
- Building capacity of frontline managers.

Operate smarter and invest in health technology, communication and management information systems

- Establish an integrated Management Information System (MIS).
- Ensure the implementation of an effective internal communication strategy to encourage staff participation, support and commitment.
- Ensure the implementation of an effective external communication strategy that achieves community participation, and engagement of poor and vulnerable groups.
- Improve financial management.
- Ensure implementation and management of an efficient and cost effective supply chain management system.
- Ensure the construction, rehabilitation, upgrading and maintenance of infrastructure.
- Reduce the backlog of infrastructure and equipment.

1.4 Significant key achievements for the 2005/2006 financial year

Promote health, prevent and manage illnesses or conditions with emphasis on poverty, lifestyle, trauma and violence and psychosocial factors

Immunisation coverage has been among our priorities, and this programme was expanded to increase its impact in communities. The impact of the 2004 mass immunisation campaign and the introduction of "every day an immunisation day" has resulted in increased immunisation coverage to 83% compared to the previous financial year. The Department received a commendation certificate from National Department for the most improved immunisation coverage.

Continuous effort to improve TB cure rate through the implementation of TB advocacy interventions, TB/HIV collaboration and Directly Observed Treatment (DOT) programme has yielded good results as demonstrated in the increased TB cure rate from 58% in 2004 to 64% in 2005.

Improving healthy lifestyles remained our key focus. A multi-lingual education Health Channel was implemented in partnership with the National Department of Health and Mindset to deliver information on a mass scale to the general public and health care workers. Sites increased from 40 in 2004/2005 financial year to 112 in 2005/2006. The programme is aired on DSTV channel 82.

We continued to improve the nutritional status of the vulnerable groups in the province. Vitamin A supplement provided to all children and post-partum women in all facilities in the province improved coverage for under 1 year old to 86%.

Improving youth access to health services and reducing high risk behaviour among youth has been expanded from 38 in 2004/2005 to 52 covering all districts.

We supplied 6 344 assistive devices to people with disability, of which 2 070 were wheelchairs, 374 artificial limbs, 2 416 walking aids, 1 484 hearing aids and 144 visual impaired aids. We were awarded a disability trophy from the National Department of Health for providing the highest number of wheelchairs and hearing aids per capita and the number of staff that participated in continuing education activities.

Effective implementation of the comprehensive HIV and AIDS strategy

The 2005 HIV sero-prevalence rate amongst pregnant women in Gauteng was approximately 32.4%, a decrease of 0.7% from 2004 and higher than the national prevalence rate of 30.2%. The epidemic seemed to be increasing steadily over the last eight years. Syphilis has increased dramatically from 0.9% in 2004 to 4.3% in 2005.

In our effort to prevent HIV infection across the province, we increased the distribution of male condoms from 8.5 million per month in the previous financial year to approximately 11 million per month in the year under review.

A comprehensive treatment and care programme, including anti-retroviral treatment (ART) is now implemented in 33 health facilities; this is lower than the target of 40 operational sites planned. However forty (40) ART sites have been accredited and since the inception of the programme in 2004, more than 350 000 people have been assessed and 41 795 patients were put on treatment. Our target for the 2005/2006 financial year was 25 000.

Strengthen the district health system and provide caring, responsive and quality health services at all levels

As part of improving access to primary health care and mother to child health care services as well as reducing maternal deaths, Stanza Bopape, Stretford and Maria Rantho Community Health Centres were opened. The Ramokonopi Maternity and Obstetric Unit (MOU) became operational and will be officially opened in the 2006/2007 financial year. A pilot dedicated to obstetric ambulance service is operational in the Sedibeng district to ensure quick response time for emergency transport and also contribute in the reduction of maternal deaths.

Since the inception of the reduction of surgical backlog programme in January 2004, (3 870 operations on the waiting list at the time), the backlog has since been reduced to 3 081, a 20% improvement. However, a backlog is still experienced in cardiac surgery. Other surgical operations performed during the year were, 1 531 orthopaedic operations, 1 030 cardiac operations

and more than 11 000 cataract operations. The Department received a cataract surgery achievement certificate from National Health for exceeding the 2004 target.

We continued to improve quality of care through the accreditation process which resulted in 12 hospitals receiving full accreditation in a period of two years. Laudium Community Health Centre is the first Community Health Centre to receive full accreditation in the current financial year.

Implement the people's contract through effective leadership and governance

The MEC for Health established a Provincial Health Council in terms of the National Health Act. District Health Councils are being established and Technical Committees have been established to support the Council structures.

Functioning and capacitated hospital boards are the key to the structured participation of communities in the management of hospitals. The MEC for Health appointed new hospital board members for the new term of office with effect from January 2006. Board members include provincial and university representatives associated with hospitals including management and staff as ex-officio members. An orientation and induction training programme for all new hospital board members commenced and will be completed in June 2006.

Community Health Worker programme has been running for the past financial year and since its inception 2 116 Community Health Workers (CHW's) have been trained.

Become a leader in human resource development and management for health

The concerted and focused effort in addressing staff shortages included placement of block advertisements for 1 500 health professionals and other recruitment initiatives. This resulted in significant gains in appointments and consequently improved the staffing rate. By the end of the financial year, 2 950 health professionals of which 1 188 were medical practitioners, 245 medical interns, 935 nursing and 582 allied health professionals and pharmacists were appointed.

The retention of critical staff members can amongst other things be attributed to the revision of remuneration structures through notch and level increments that were implemented for targeted health professionals, procurement of state of the art equipment, and payment of recognition awards to deserving employees and the improved positive profile of the department as preferred employer.

Implementation of retention strategy remains a major priority. We upgraded posts for registrars, specialists, pharmacists and allied professionals, implemented uniform allowance for nurses and provided high tech medical equipment to improve working environment as part of retention strategy for health professionals

The Department has successfully implemented a learnership/internship programme and 4 800 people have benefited since the inception of the programme in 2004. We exceeded our target by 2 800, our programme has been recognised by the Province as a best practice.

Our integrated wellness programme which includes Employee Assistance Programme (EAP), HIV and AIDS work place and Occupational Health and Safety which was launched in 2004/2005 has been successfully implemented in all health facilities and all staff members have access. Utilisation rate is at 11% and this is above the international norm/best practice of 4%. Our wellness programme was recognised by the Department of Public Service and Administration (DPSA) as the best practice site. We commenced with the implementation of the Violence in the Workplace Programme as a pilot in partnership with the International Labour Organisation (ILO), International Council of Nurses (ICN), World Health Organisation (WHO) and Public Service International (PSI). The ILO visited Gauteng to extend personal congratulations to the Department for the implementation of the pilot programme.

Operate smarter and invest in health technology, communication and management information systems

We prioritised and strengthened strategic partnerships with major stakeholders to enhance service delivery. To this end a Memorandum of understanding (MOU) was reviewed with the Department of Public Works, Roads and Transport outlining the relationship and responsibilities between the two departments to facilitate and implement capital and maintenance programmes on an agency basis. A strategic decision was taken to fast track the revitalisation of Chris Hani Baragwanath hospital, a process to appoint a Transaction Advisor to conduct a feasibility study into the establishment of a Public Private Partnership (PPP) was undertaken.

Implementation of the Broad Based Black Economic Empowerment (BBBEE) strategy remains a key priority in the Department, spending on goods and services procured from the Black Economic Empowerment companies increased from 38% in 2004/2005 to 60.33% in 2005/2006 financial year.

We purchased equipment to the value of R639 million, this include high-tech medical equipment such as MRI scanners, CT Scanners, Gamma cameras, Digital mammography units, multifunctional digital x-rays, Linear accelerators. We believe this substantial increase in capital expenditure especially equipment has had an impact in the public health industry and ultimately contributed to economic growth.

1.5 Major projects undertaken or completed during the year

A detailed report on capital expenditure will be provided in the main section of the annual report. The following are the projects that were implemented and completed or in the process of completion. The following new and upgraded infra-structural projects:

- Construction of Soshanguve Block L, Hillbrow, Stretford, Stanza Bopape Community Health Centres (CHC's) has been completed
- Six new pharmacies were completed at Dr Yusuf Dadoo, Kopanong, Edenvale, Pholosong, Weskoppies and Coronation Hospitals
- Johannesburg Hospital oncology unit and the new Pretoria Academic Hospital were commissioned
- The breast clinic at Helen Joseph Hospital has been completed
- Contractor is on site for the construction of Eersterus Community Health Centres and Johan Deo clinic
- A tender for Eldorado Community Health Centre was advertised
- Construction of the New Accident Emergency and Trauma, Outpatients department at Chris Hani Baragwanath Hospital, and the upgrading of the main complex at Mamelodi Hospital (phase 4) is progressing according to the schedule.

1.6 SPENDING TRENDS

1.6.1 Expenditure trends over three years are indicated in the table below and show how the department has progressed in the implementation of its programmes and how budgets have been prioritised within the different programmes.

Description of Programme	Audited 2003/04 R'000	Audited 2004/05 R'000	Actual Expenditure 2005/06 R'000
1. Health Administration	263 215	264 087	239 996
2. District Health Services	1 743 927	1 922 347	2 152 883
3. Emergency Medical Services	247 900	278 350	329 451

Description of Programme	Audited 2003/04 R'000	Audited 2004/05 R'000	Actual Expenditure 2005/06 R'000
4. Provincial Hospital Services	2 292 408	2 415 992	2 645 825
5. Central Hospital Services	2 857 212	3 007 524	3 656 071
6. Health Training & Sciences	159 851	189 041	220 818
7. Health Care Support Services	74 637	57 877	100 818
8. Health Facility Management	547 941	436 448	642 084
9. Special Functions	8 726	3 620	13 509

1.6.2 Under/Over spending

The details of over and under spending of the department for the 2005/06 financial year are reflected in the table below:

Programme	Amount Under /(Over) spent R'000	Percentage Under/ (Over) spent
1. Administration	10 329	4.1
2. District Health Services	1 475	0.1
5. Central Hospital Services	(153 681)	(4.4)
7. Health Care Support Services	19 093	15.9
8. Health Facilities Management	(10 759)	(1.7)
Total	(133 542)	(1.4)

Two main divisions namely Programme 1 and 7 have under spent by material amounts:

Programme 1. Administration

The under-expenditure was on the Hospital Management and Quality Improvement plan.
The business plan for this grant was revised during the year and resubmitted to National Health for approval. The approval was obtained in November 2005 (during this time it was late to implement some projects in the current financial year). Treasury has been requested to roll these funds over to the new financial year.

Programme 5. Central Hospital Services

The programme over spent by R154m due to the following:

- Capital expenditure - more equipment was delivered and paid for during the year than was originally planned. This resulted in an over expenditure of R62m. The equipment was ordered and installed at the new Pretoria Academic hospital in preparation for the official opening to the public on 31 March 2006.
- The increase in the utilisation of nursing services which grew by 31% from 2004/05 has contributed

to the overspending. Nursing professionals are recruited to provide nursing services in place of permanent staff to ensure that services are not compromised.
- The expenditure on tests provided by the National Health Llaboratory Services has increased by 32% from the previous financial year

Programme 7. Health Care Support Services

The under-expenditure in this programme relates to the Forensic Pathology Services grant of which only 46,5% of the grant budget was spent. This service will be transferred to the Department of Health from the South African Police Services with effect from 1 April 2006. In preparation for taking over the function National Health through the adjustment budget process allocated an amount of R16,4m to the department to set up structures, systems, processes and infrastructure (equipment). Funds could not be fully utilised due to the following:

- Equipment ordered during the year could not be delivered by the supplier as they did not have stock in the country. Delivery will take place in the 2006/07 financial year.
- The process of transferring staff from the South African Police Services was slow due to lack of capacity within the department and the fact that appointments were put on hold by the National Department of Health until the minister of Department of Public Service Administration's approval. The process was completed in January 2006. The plan is to transfer the staff to the department in the first quarter of 2006/2007.
- An amount of R7m was allocated to the Department for a newly established pre-pack unit at the Auckland Park Medical Supplies Depot. Although a Service Level Agreement was signed with the supplier in September 2005 the building needed to be renovated to make it compliant with requirements of the Medicines Control Council (MCC). This was finalised in February 2006. The depot will start spending in the new financial year.

1.6.3 Impact on Programmes and Service delivery

The under spending in programme 1 had minimal impact on service delivery. Projects that were earmarked for funding have an indirect impact on service delivery and these were the purchasing of equipment to run a pilot project in Natalspruit for the implementation of cost effective nursing care, improvement of pressure care management, and improvement of the quality of maternity services.

Reasons for under expenditure in programme 7 have been dealt with in paragraph 1.6.2. The under spending had no impact on service delivery.

The over-expenditure in Programme 5 is a reflection of efforts and interventions put in place to ensure that the purchase of equipment is speeded up so that the Pretoria Academic Hospital is opened to public as planned. Further infrastructure projects implemented by the Department of Public Works, Roads and Transport on our behalf were fast tracked to ensure that delays are minimised and projects completed according to plan.

1.6.4 Actions taken and planned to avoid recurrence

Equipment

Monitoring and reporting systems have been strengthened to ensure that in future no over expenditure occurs on capital expenditure (equipment). A dedicated Deputy Director has been tasked with the responsibility of managing equipment needs and acquisitions centrally as well as ensures that there are sufficient funds for the purchase of equipment.

Goods and Services

The department has appointed staff to manage, evaluate and analyse the accounts of the National Health Laboratory Services in order to ensure appropriate and cost effective utilisation of the service.

1.6.5 Material Matters

The department has overspent on the voted budget by R133,5 million. The over expenditure was incurred in Central Hospital Services and Health Facilities

Management programmes. Reasons for the over expenditure have been discussed in paragraph 1.6.2.

2. SERVICES RENDERED BY THE DEPARTMENT

2.1 Services rendered

The Department renders the following services:

- **Primary health care (PHC)** is rendered through the district health system. A network of provincial clinics and community health centres provide ambulatory care provided by doctors, nurses and other professionals; and local government clinics are also subsidized to render care.
- **Ambulance services** throughout the province
- **Secondary health care services** are rendered through regional hospitals that provide outpatient and in-patient care at general specialist level.
- **Specialised health care services** provide specialised inpatient care for psychiatric and infectious diseases, while the provision of tuberculosis and chronic psychiatric care is outsourced to agencies who receive subsidies from the department.
- **Academic health care services** are rendered through our four central hospitals as well as the three Dental hospitals. Teaching also takes place within other service levels.
- **Health sciences teaching colleges** provide training for future health care professionals.

These services are supported through human resource development, management and support services (such as laundries, facility management, cook freeze and medical and pharmaceutical supplies).

2.2.1 Tariff Policy

Patients Fees tariff

The department charges Uniform Patients Schedule (UPFS) tariffs for all patients using public hospitals. The UPFS Steering committee that consists of National Departments of Health and all nine provinces determines these tariffs. These tariffs are reviewed and revised annually in accordance with section 7.3.1 of the Treasury Regulations.

Meals and Crëche Fees Tariffs

The tariffs for meals and crëches are reviewed and revised annually in accordance with section 7.3.1 of the Treasury Regulations. Tariff adjustments are also negotiated and agreed upon with the employee organizations.

Other Tariffs

Other tariffs such as parking, accommodation etc. are determined externally involving relevant departments.

Medical Supplies Depot

Tariffs for stock issued from the medical supply depot are revised on a regular basis throughout the year. These increases take into account the prices at which stock is bought. A separate management report dealing specifically with the Auckland Park Medical Supply (MSD) Trading Account is included towards the end of this statement.

2.3 Free services

Free health care for people with disabilities was introduced in 2003. All free services provided are in line with the National and Provincial policies, and no new free services were introduced in the 2005/2006 financial year. The following free services are provided by the Department:

- Primary Health Care Services including free health services rendered to children under 6 years, pregnant women, social pensioners, persons receiving social grants and formally unemployed
- Mental Health Services
- Tuberculosis (TB) services
- Voluntary Counselling and Testing for HIV
- Prevention of Mother to Child Transmission of HIV and AIDS
- Cervical Cancer Screening at Primary Health Care services
- Medico Legal service for survivors of sexual assault
- Services to formally unemployed

2.4 INVENTORIES

Inventory category	Inventory date	2005/2006 R'000	2004/2005 R'000
General stores	31 March 2006	57 599	41 429
Medical supplies	31 March 2006	78 100	12 285
Pharmaceuticals	31 March 2006	136 483	191 935

- Employee Assistance programme

All institutions with stores have certified either that there were no issues from or receipts by stores after stocktaking and before the 31st March, or that roll forward procedures had been applied, so that, in all cases, the figure reported was indeed the actual value of inventory on 31 March 2006.

Inventories were valued at cost, and reflect the value of inventory in all stores of the Department at hospitals, other institutions, regional offices and Central Office.

3. CAPACITY CONSTRAINTS

The department experienced major problems with the asset management system BAUD. During the year the system could not be accessed for several months due to the finalisation of previous years asset verification and reconciliations; the upgrade of the system from a fox pro platform to sequel. This created a backlog in the capturing of new assets and reconciliation of the asset register. Shortage of asset controllers at hospitals and other institutions was a constraint. The BAUD system had some limitations which meant that the departmrent had to rely on the sevice provider.

A pro-active approach was taken to centralise the capturing of acquisition and disposals in the asset register and reconciliation thereof. This was done in order to deal effectively with the back log and ensure control over all processes.

GDoH Vacancies

The department was very successful in its recruitment drive, 44 919 staff were employed compared to 42 475 from the previous financial year. This is an increase of 2 444. Vacancy rate dropped from 10.71% in 2004/05 to 6.2% in the year under review. This was significant considering the fact that it is difficult to recruit health professionals. Where posts could not be filled professional staff were hired from employment agencies to compliment services.

4. UTILISATION OF DONOR FUNDS

Gauteng Department of Health receives donations from different donor agencies within and outside the country for the execution of various activities, which might not have been provided for in the budget or to supplement the available resources. Donations could be in cash, kind, or equipment.
Donations are used for specified purposes only and are managed in accordance with Treasury Regulations and the PFMA and the conditions of the donor.

The department received the following donations:

- R833 000 from the Kingdom of Belgium for the Expansion of TB/HIV/STI prevention, care and support.
- R5m received in 2003/04 (utilised over 3yrs) from the European Union (EU) for the delivery of primary health care including HIV and AIDS (PDPHCP).
- R743 000 received from various local donors for mainly the establishment of the neonatal kangaroo unit at Chris Hani Baragwanath and the children's Hematology Oncology clinic for the provision of children's facilities.

Expenditure on the grants amounted to R2,8m and funds were utilised for purposes specified by the donors. Factors contributing to the effective utilization are that funds are utilised for purposes specified by the donors and are managed in accordance with the prescripts and donor conditions. There are stringent systems to monitor the utilisation of donor funds.

5. TRADING ENTITIES

The Medical Supplies Depot was the only trading entity for Health in operation during the 2005/2006 financial year. The Medical Supplies Depot is responsible for the purchase, storage and distribution of pharmaceutical and disposable surgical sundry items to approximately 70 delivery points.

The annual financial statements as well as operational detail appear in Addendum A of this report.

6. OTHER ORGANISATIONS TO WHOM TRANSFER PAYMENTS HAVE BEEN MADE

The department utilises other agencies or organisations to provide health services to the communities in order to achieve its objectives, funds are transferred to these organisations to enable them to implement health programmes and assist in the strengthening of community participation and intersectoral collaboration. Funds are transferred to these organisations on a quarterly basis based on the claims submitted to the department and the submission of monthly reports which give account of how the funds were expended.

Municipalities
Johannesburg City Metropolitan Municipality
West Rand District Municipality
Ekurhuleni Metropolitan Municipality
Sedibeng District Municipality
City of Tshwane Metropolitan Municipality
Metsweding District Municipality

Private entities
Alexandra Health Services
Phillip Moyo Community Health Centre
Witkoppen Clinic
Lifecare Mental Health Hospitals
Lifecare Tuberculosis Hospitals
SANTA Tuberculosis Hospitals

Universities
University of the Witwatersrand
University of Pretoria
University of Limpopo
University of Johannesburg

Non-Governmental and Community based organisations (NGOS, CBOS)

These organisations provide the following services:
- Community Based Nutrition
- Mental Health care
- Home based care

The department made transfer payments to 389 NGOs to enable them to provide health services to the communities. These organizations assist to strengthen community participation and intersectoral collaboration and are involved in HIV and AIDS and Mental Health programmes.

All organisations receiving funds through transfer payments are accountable to the department by means of reporting as required by the Division of Revenue Act (DORA), contracts and other departmental prescripts governing the transfers and are monitored by Contract Management Sub-Directorate and District coordinators.

7. PUBLIC PRIVATE PARTNERSHIPS (PPP)

A Public Private Partnership was proposed with National Treasury for the revitalisation and upgrading of Chris Hani Baragwanath Hospital.

8. CORPORATE GOVERNANCE ARRANGEMENTS

Risk Management Approach

The Public Finance Management Act (PFMA) requires the accounting officer to have and maintain a system of risk management for the department. Further management is required to take positive steps to identify and mitigate risks to which the department may be exposed. Senior management is accountable for the process of risk management and the systems of internal control. This premise forms the basis for the Department's approach to risk management.

The processes of identifying, assessing, managing and monitoring known risks have been on going in the year under review. These were performed by both the Gauteng Audit Services (GAS) and the internal control unit of the department. The internal control unit is

entrusted with the responsibility of ensuring general compliance with laws, prescripts, policies and internal controls. Appropriate risk and control instructions in a form of circulars and policies are communicated throughout the department.

The Department of Health through its Internal Audit (GAS) conducted a control self risk assessment in the 2005/06 financial year; this will be followed by a process to identify and evaluate potential risks. The results of which will be used to revise the risk management plan for the coming financial year and this will further inform the audit plan.
The Risk Management Committee oversees and monitors risk management and is supported by a Risk Manager whose task it is to support the committee, to manage the relationship between the Department and GAS in ensuring that risk assessments are done and reported on, and to ensure the necessary communication which will make risk management part of the culture of the Department.

Fraud Prevention Policies

The fraud prevention policy of the Department is one of "Zero Tolerance". It is contained in the aforementioned Fraud Prevention Plan which defines corruption and incorporates or makes reference to inter alia security measures, the code of conduct for Public Servants, disciplinary action and loss prevention and recovery, all of which are actively managed by the Department. With the assistance and cooperation of GAS Forensic Services, numerous cases of fraud and corruption involving officials and/or outside parties such as private firms are pursued in civil or criminal courts, losses are recovered and disciplinary action taken.

Effectiveness of Internal Audit

In accordance with GPG policy, internal audit services are provided by GAS who plan their audits on the basis of priorities determined by risk assessments. During the financial year under review 45 internal audit reports were received from GAS, and the Directorate Risk Management and Internal Control assisted heads of institutions to rectify the shortcomings identified and put in place preventive measures. Internal audit system has been effective in relation to a range of matters arising in the department.

The Audit Committee

The Audit Committee, chaired by a member from outside the public sector, was established in the year 2001 and functioned well during 2005/06. The Audit Committee services a cluster of Departments, viz. Department of Health, Office of the Premier and the Gauteng Shared Services Centre. The committee consists of three members from the private sector and one representative from each of the three departments namely the HOD. The Audit committee is effective in that it provides valuable support and oversight to the Department in relation to financial management and accountability. During the year, the Audit Committee convened three meetings.

Other governance structures

Departmental Acquisition Council (DAC):

The Departmental Acquisition Council (DAC) fulfils very adequately its role of enabling the accounting officer to ensure that procurement is fair, equitable, transparent, competitive and cost-effective. It meets on average once per week and deals with all cases involving procurement in excess of delegated limits, including Requests for Information (RFI) and Requests for Proposals (RFP), or where it is in the best interest of the Department to deviate, within prescribed limits, from normal procurement procedures.

Executive Committee (EXCOM)

The Executive Committee chaired by the MEC of Health is the highest governance structure in the Department consisting of the Head of Department and Deputy Directors General. Excom normally meets once every month and provides the forum for formal interaction between the Executive Management of the Department and the MEC as Executing Authority.

Senior Management Meetings

The Department has always had a participative approach to management at the highest level, and encourages this style of management at all levels in the

Department. The fortnightly Senior Management Meetings are the forum at which important issues requiring thorough and inclusive interaction and deliberation, leading to sound management decisions reflecting the inputs and concerns of all relevant management role players, are considered by the Head of Department, Deputy Directors General and Chief Directors.

Hospital Boards

Chapter III of the Hospitals Ordinance, 1956 (Ord. 14 of 1958), as amended, provides for the establishment and control of Hospital Boards by the MEC for Health, and prescribes the rights, powers duties and functions of boards. These include limited but clearly defined duties of oversight regarding such matters as annual estimates of revenue and expenditure, financial statements and reports of the Auditor-General, erection, expansion and maintenance of facilities, complaints by patients and the public, issues of economy and efficiency and the general activities of the hospital. The Hospital Board also has specified powers and duties of management and control relating to the Hospital Board Fund.

Nursing College Councils

The four nursing colleges under the control of the Department were established in terms of Chapter IIA of the abovementioned Ordinance. Each College is governed by a Council which has defined duties and powers of oversight and control, particularly in relation to the funds and accounts administered in the name of the College Council.

Implementation of Code of Conduct, and conflict of interest

The Code of Conduct for Public Servants, as contained in the Public Service Regulations is, along with the Batho Pele principles, well communicated to staff inter alia as part of induction training and whenever training is given by Internal Control and Risk Management Directorate.
Specific codes of conduct also exist, e.g. for members of the Departmental Acquisition Council (DAC), and both they and the members of Bid Evaluation Committees sign a declaration of interest before each meeting. Interests are declared annually by members of Senior Management, as required by law, and all staff, including supply chain management staff, is aware of the need to declare interests and potential conflict of interest whenever they become aware of it as required by Regulation 16A8.3(a) of the Treasury Regulations.

Safety, Health and Environment issues.

The Department has continued to create a healthy working environment for its employees by ensuring through progressive human resource development and management practices, good work ethics and discipline. The employee assistance programme which was introduced during this year has contributed towards creating a caring ethos culture.

While numerous challenges still confront institutions regarding overall compliance with some aspects of environmental, occupational health and safety management, the Department has succeeded in establishing active occupational health and safety committees in most institutions. A process of developing an Environmental Management Plan has been initiated. The Department has, on its staff establishment, environmental health officers to ensure environmental programmes as defined in the new National Health Act as well as to coordinate the activities of Local - and Metro Governments to ensure compliance to the legislated functions. The environmental health programme targets as an internal service the environmental health conditions at all Health facilities. They also ensure safe food supply to our staff and patients and have programmes in place to ensure improved service as part of the quality assurance programmes.

9. ACTIVITIES DISCONTINUED/TO BE DISCONTINUED

No activities were discontinued during 2005/2006. There are also no plans to discontinue services during the 2006/2007 financial year.

REPORT OF THE ACCOUNTING OFFICER
for the year ended 31 March 2006

10. NEW/PROPOSED ACTIVITIES

New proposed activities are contained in budget statement 1, 2 and 3. The proposed new activities for the department which commenced in the year under review or will commence during the 2006/2007 financial year are:

- Taking over TB services (820 TB beds) from SANTA hospitals and incorporate them into the department with effect from 1 April 2006. The cost of the service is estimated at R89m.
- The transfer of forensic pathology services (medico-legal mortuaries) from the South African Police Services (SAPS) to Health commencing 1st April 2006. In the current year R16,4m in conditional grant was transferred to start up systems, processes and infrastructure. Approximately R230m will be transferred to the department over the MTEF as a national conditional grant to fund this service.
- A change in the model for rendering personal Primary Health Care (PHC) services according to the National Health Act which defines municipal services as providing environmental care and assigns personal primary health care functions to the provincial government. District Municipalities discontinued providing the services in the 2005/06 financial year. Due diligence will be undertaken in the 2006/07 financial year to determine the cost of providing primary health care.
- Incorporating cross boundary areas between Gauteng and the North West and Mpumalanga provinces has commenced based on national legislation
- Provincialisation of ambulance services is a policy decision endorsed by the Executive Council in line with the National policy decision

Taking over these services is driven by government policies, decisions of the Gauteng Executive Council and National government. The impact on the department is that additional funding will be required. Where functions are shifted budget followed the function.

11. ASSET MANAGEMENT

Progress with regard to capturing assets in the register

The department has made tremendous effort to improve asset management. BAUD is the asset system used to capture assets. Assets acquired during the year with a value of R639m were captured.

Establishment of asset Management Units

An asset management unit was established in August 2005 at central office and consists of a Deputy Director reporting to the Director Supply Chain Management, Assistant Director, 3 Asset Controllers and 2 Asset Clerks. All institutions have been instructed to formalise their structures and appoint dedicated asset managers/controllers.

Indication of the extent of compliance with the minimum requirements

The department has a draft asset management strategy, policy and procedures in place. Asset controllers were trained on the use of BAUD, manual registers and other forms that were introduced to help institutions to better manage and control assets. There are Regional Forums held on a monthly basis, this is a platform used to share experiences on asset management and communicate latest developments.

12. EVENTS AFTER THE ACCOUNTING DATE

Payments to the value of R283m were made during April 2006 and these related to services rendered and goods purchased during the 2005/2006 financial year. Commitments incurred during the 2005/2006 financial year amounted to R3,7 billion of which R3,4 billion represents infrastructure projects spanning over 3 years and are managed under the facilities component. Unauthorised expenditure amounting to R159 999 017 was approved by Provincial Legislature (Act. No.8 of 2005) during the 2005/06 financial year, however the funds were received in the post balance sheet period on the 8th June 2006.

13. PERFORMANCE INFORMATION

Performance indicators as reflected in the budget programme and aligned with the 5 year programme of action for the department were developed by senior management. Monitoring and evaluation framework outlining monitoring processes and reporting requirements was also developed. Performance reports are submitted by the HoD and MEC to Treasury, National Health and the Office of the Premier on a quarterly basis. Before submission, the performance reports were reviewed by the Senior Management of Health during review meetings held in July 2005, October 2005, January 2006 and April 2006. The detail of the performance report appears in the annual report on pages 11 to 115.

14. SCOPA RESOLUTIONS

Reference to previous audit report and SCOPA resolutions	Subject	Progress made on SCOPA resolutions (See footnote*)
SCOPA recommendation 6.1 Auditor-General (AG) Report paragraphs 3.1 & 3.2	The Department provide a progress report to SCOPA by 31 January 2006 regarding measures implemented to address management challenges of the fixed assets, pharmaceutical stores and general stores.	The report to SCOPA provided a detailed account of progress to date and an action plan for future interventions in the areas of asset management and management of pharmacy and general stores.
SCOPA recommendation 6.2 AG Report par. 3.1	The MEC institute an investigation regarding the bar coding of assets to the value of R5 million in the Pretoria Academic Hospital and appropriate action be taken against those responsible for transgressions in terms of chapter 10 of the PFMA. A status report be provided to SCOPA by 31 January 2006.	Consultants were appointed to do the investigation and the report was submitted to SCOPA as an annexure to the main report. No official was found to have committed financial misconduct.

REPORT OF THE ACCOUNTING OFFICER
for the year ended 31 March 2006

Reference to previous audit report and SCOPA resolutions	Subject	Progress made on SCOPA resolutions (See footnote*)
SCOPA recommendation 6.3 AG Report par. 3.2	The Auditor-General be requested to conduct a performance audit on the pharmaceutical and general stores and a report be tabled by 31 March 2006.	The AG has completed the performance audit and has submitted a report to SCOPA after obtaining management comments from the Department.
SCOPA recommendation 6.4 AG Report par. 3.3	The department provides SCOPA by 31 January 2006 with a progress report on the three assessments of the pilot project.	An investigation reviewed the report on the assessment done by the Internal Control Directorate of the Department, and gleaned some information on an assessment done by GSSC. It was then reported to SCOPA that, in order to ensure alignment with the IFMS project, GSSC had requested National Treasury to conduct an assessment of the pilot project.
SCOPA recommendation 6.5 AG report par. 3.4	The department provides SCOPA by 28 February 2006 with a report regarding reconciliations of patient debtors between MEDICOM and BAS.	A progress report was submitted, and action plans included: • Perform reconciliations between BAS and Medicom/PAAB debtors' age analysis on the remaining 21 hospitals. • Develop a strategy to ensure that reconciliations are sustainable in future Allocate the receipts in Medicom at Dr. George Mukhari hospital where a difference of R26 268 095 between BAS and Medicom led to a qualification.
SCOPA recommendation 6.6 AG Report par. 5.1	The Department provides SCOPA with a progress report by 31 January 2006 regarding measures implemented to address internal control weaknesses identified in 5.1.1, 5.1.2, 5.1.3 and 5.1.4 of the Auditor General's report. A progress report be provided to SCOPA by 31 January 2006.	A detailed and comprehensive progress report with action plans addressing all four sub-paragraphs, viz. Expenditure, Revenue - patient fees, Lack of reconciliation between inputs and outputs on BAS and Leave entitlement, as well as recommendation 6.7 (also concerning leave entitlement) was submitted.

REPORT OF THE ACCOUNTING OFFICER
for the year ended 31 March 2006

Reference to previous audit report and SCOPA resolutions	Subject	Progress made on SCOPA resolutions (See footnote*)
SCOPA recommendation 6.7 AG Report par. 5.1.4	That a status report be provided to SCOPA by 31 January 2006 on the monitoring and evaluation system being implemented regarding leave entitlements.	Included in above report.
SCOPA recommendation 6.8 AG Report par. 5.1	The department provides SCOPA by the 31 January 2006 with reasons why measures implemented with regard to expenditure and revenue as reported to SCOPA did not work.	An explanation with action plan for remedial interventions was submitted. These included: • Evaluation of current business processes to identify, understand and rectify issues in terms of risks and controls relating to income and expenditure. • Training in financial management and internal control.
SCOPA recommendation 6.9 AG Report par. 5.1.2	The department provides SCOPA with a progress report by the 31 January 2006 on measures implemented to curb excessive debtors in Folateng units	A progress report with the following action steps was submitted: • Validation and collection of the debtors age analysis. • Development of Folateng debtors collection process to support the collection team.
SCOPA recommendation 6.10 AG Report par. 5.2	The Department provides SCOPA by 31 January 2006 with a progress report regarding the implementation of standard guidelines and procedures to address the weaknesses identified in respect of Government Garage vehicles at the Dr. George Mukhari Hospital.	A progress report with action plan, including implementation of standard guidelines and ad-hoc checks, was submitted.
SCOPA recommendation 6.11 AG Report par. 5.3.1	The department provides SCOPA by the 31 January 2006 with a progress report from the NGO monitoring unit.	A progress report with the following action steps was submitted: • Visit and support NGOs which are having problems • Workshop with NGOs the assistance they need • Review and modify policies and procedures • Find ways to evaluate the success of the NGO monitoring unit • Review NGO monitoring process to detect and eliminate bottlenecks.

REPORT OF THE ACCOUNTING OFFICER
for the year ended 31 March 2006

Reference to previous audit report and SCOPA resolutions	Subject	Progress made on SCOPA resolutions (See footnote*)
SCOPA recommendation 6.12 AG Report par. 5.3.2	The Department to provide SCOPA by 31 January 2006 with a progress report on measures implemented regarding Anti-retroviral (ARV), Voluntary Counselling and Testing (VCT) and Prevention of Mother to Child Transmission (PMCT) Sites.	A progress report with action plan was submitted. The plan is to analyse the current status of inventory management for ARVs and RTKs at sites and implement remedial action.
SCOPA recommendation 6.13 AG Report par. 5.3.3	The MEC institute an investigation in terms of chapter 10 of the PFMA regarding additional cost incurred due to the delay in completion of the revitalization programmes at the Pretoria Academic Hospital and the non submission of business plans. A report be submitted to SCOPA by 31 January 2006.	The issue was investigated and a report with explanation and action plan for remedial interventions submitted. These include: • Regular progress reports, with budgets, for all revitalisation projects to be prepared to ensure they are on track. • A procurement policy to be developed to ensure assets do not become obsolete before being used.
SCOPA recommendation 6.14 AG Report par. 5.4	The Department provides SCOPA by 31 January 2006 with reasons why measures implemented to avoid increases in financial losses through the negligent treatment of patients did not work.	The report detailed the many proactive and remedial interventions already in place. An action plan for future interventions included: • Refocusing radio broadcasts to increase the Department's understanding of the role of the health professionals and AIDS related problems. • Expand the role of the manager responsible for patient safety, from record keeping and pressure care, to patient care, and broaden his/her knowledge of SAE. • Develop a system of updating clinical knowledge of assessment, diagnosis and treatment in targeted areas of clinical practice. • Seminar to be held to address advances in clinical care for doctors and develop clinical guidelines.

REPORT OF THE ACCOUNTING OFFICER
for the year ended 31 March 2006

Reference to previous audit report and SCOPA resolutions	Subject	Progress made on SCOPA resolutions (See footnote*)
SCOPA recommendation 6.15 AG Report par. 5.6	The MEC institute an investigation in terms of chapter 10 of the PFMA regarding the possible financial misconduct of permitting fruitless and wasteful expenditure on the Khayalami hospital. A report be submitted to SCOPA by 31 January 2006.	The matter was investigated by consultants appointed by the Department, and a report was submitted as an annexure to the main report. No official was found to have committed financial misconduct.
SCOPA recommendation 6.16 AG Report par. 5.6	A status report be provided to SCOPA by 31 January 2006 regarding the finalisation of the transfer of Khayalami Hospital.	A status report with action plan to ensure completion of the transfer without further delay was submitted.
SCOPA recommendation 6.17 AG Report par. 5.7	The Department must investigate and reconcile the differences of interdepartmental receivables and submit a report to SCOPA by 31 January 2006.	The report detailed the steps already taken and planned to ensure reconciliation including monthly cash flow reports and journal entries, and quarterly verification with Department of Public Transport, Roads and Works.
SCOPA recommendation 6.18 AG Report par. 5.8	The Department submits a progress report to SCOPA by 31 January 2006 on measures implemented to address control weaknesses in the Information Technology (IT) environment.	A detailed progress report with action plans addressing eight adverse findings was provided. Actions included: • Obtain approval for first draft of the Disaster Recovery Strategy. • Involve stakeholders in developing a proposal for a Business Continuity Plan for an off site facility to mirror GITOC. • Obtain DAC approval for off site back up service. • Evaluate physical security of server rooms and implement action plan to address issues. • Prepare an action plan to address in user management on Persal and BAS. • Assign responsible persons to monitor risks identified in Risk Management Framework document.

REPORT OF THE ACCOUNTING OFFICER
for the year ended 31 March 2006

Reference to previous audit report and SCOPA resolutions	Subject	Progress made on SCOPA resolutions (See footnote*)
SCOPA recommendation 6.19 AG Report par. 5.9	The department should implement control measures to ensure compliance with National Treasury guidelines and prescribed accounting practices regarding the Annual Financial Statements. A status report should be provided to SCOPA by 31 January 2006.	The report detailed steps taken to ensure compliance, including hiring of staff and appointment of consultants to assist with the compilation of the 2005/2006 AFS, and timely submission to the A-G.

* All the recommendations of SCOPA were addressed in detail, with action plans, in a 50 page report entitled "Gauteng Department of Health - Response to the Standing Committee on Public Accounts", which was submitted to SCOPA on 31 January 2006. The Department is managing the action plans to ensure that all matters receive attention by correcting past errors where possible, and preventing recurrences.

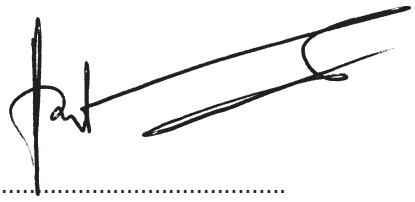
15. OTHER

Revenue

The department generated R254m in revenue during 2005/2006 compared to the R264m collected in 2004/2005. Patient fees remain the main source of revenue making up 90% of total revenue collected. During the year under review R224m in patient fees was collected, this is 11,6% higher than the previous financial year (R245 394 adjusted down by R45 000). Patient debt as at 31 March 2006 amounted to R296m.

APPROVAL

The annual financial statements set out on pages 145 to 202 have been approved by the Accounting Officer.



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Name: Dr Abdul Rahman

Title: Acting Head of Department

Date: 31/05/2006

REPORT OF THE AUDITOR-GENERAL TO THE GAUTENG PROVINCIAL LEGISLATURE ON THE FINANCIAL STATEMENTS OF VOTE 4 - DEPARTMENT OF HEALTH FOR THE YEAR ENDED 31 MARCH 2006

1. AUDIT ASSIGNMENT

The financial statements as set out on pages 145 to 202 for the year ended 31 March 2006, 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). The fixed assets opening balances have not been audited because of the timing of guidance from National Treasury to the departments relating to the treatment, valuation and disclosure of fixed assets. These financial statements are the responsibility of the accounting officer. My responsibility is to express an opinion on these financial statements, based on the audit.

2. SCOPE

The audit was conducted in accordance with the International Standards on Auditing read with General Notice 544 of 2006, issued in Government Gazette No. 28723 of 10 April 2006 and General Notice 808 of 2006, issued in Government Gazette No. 28954 of 23 June 2006. 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;
- evaluating the overall financial statement presentation.

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

3. BASIS OF ACCOUNTING

The department's policy is to prepare financial statements on the modified cash basis of accounting determined by the National Treasury, as described in note 1.1 to the financial statements.

4. QUALIFICATION

4.1 Inaccurate and incomplete fixed asset register

The following weaknesses were identified during the audit of the fixed asset register:

a) The reconciliation between the asset acquisitions as per the Basic Accounting System (BAS) and the additions on the BAUD fixed asset register indicated a net unexplained difference of R1,6 million. This difference was made up of several material individual differences, such as, a difference of R52,5 million for Head Office, a difference of R34 million for Johannesburg Hospital and a difference of R26,2 million for Chris Hani Baragwanath Hospital. These individual differences were not explained.

b) A significant number of fixed assets could not be found at the locations indicated on the fixed asset register during the physical verification procedures.

c) A significant number of fixed assets selected from various institutions could not be traced to the fixed assets register.

d) In some instances the department procured and paid for assets using the SAP system. This information interfaces with BAS. A reconciliation for the interface was not performed.

e) Assets identified for disposal were still not disposed of at year-end. These assets were not properly safeguarded which increased the risk of misappropriation and a decrease in the market value of these assets.

As a result of the above findings, the completeness, accuracy and existence of the fixed assets additions during the year could not be verified. These also resulted in non-compliance with sections 38(1)(a)(i), (b) and (d) of the Public Finance Management Act, 1999 (Act No. 1 of 1999) (PFMA) and Treasury Regulations 10.1.1 (a) and 10.1.2.

4.2 Journals

A total of approximately R6 billion non-routine journals (excluding programmatic, month and year-end journals) were processed during the year under review. Based on the sample selected, a total amount of R260 918 035 was not always adequately supported by the necessary documentation. Due to lack of an audit trail, the validity, completeness and accuracy of these journals could not be verified. This is mainly due to a lack of policies and procedures to control journals.

4.3 Patient debtors

Due to a lack of integration between the BAS and the stand alone debtor systems of the hospitals a difference of R79 803 846 existed on 31 March 2006. The debtors total on the hospitals stand alone debtor systems was R375 954 246 and R296 150 400 on BAS. The department was aware of these differences and embarked on a project to reconcile the balances. However, as at 31 March 2006 these differences were not yet resolved.

5 QUALIFIED AUDIT OPINION

In my opinion, except for the effect on the financial statements of the matters referred to in paragraph 4, the financial statements present fairly, in all material respects, the financial position of the Department of Health at 31 March 2006 and the results of its operations and its cash flows for the year then ended, in accordance with the modified cash basis of accounting determined by the National Treasury of South Africa, as described in note 1.1 to the financial statements, and in the manner required by the Public Finance Management Act, 1999 (Act No. 1 of 1999) as amended.

6. EMPHASIS OF MATTER

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

6.1 Internal control

Accounting internal control systems are designed to ensure that the financial information produced by the accounting system is complete, accurate and valid. This generally includes controls such as authorisation procedures, segregation of duties, reconciliations and internal audit. The following internal control weaknesses were identified:

6.1.1 Expenditure

a) Reconciliations of creditor statements were not checked for accuracy.
b) Creditors were not always settled within 30 days from receipt of invoice.
c) The motivations for items classified as emergency purchases were not always available. These purchases should not have been classified as such.

6.1.2 Revenue - patient fees

a) Discharge dates were not timeously captured on Medicom.
b) Identity numbers were not always recorded on patient files.
c) Files did not always contain sufficient information for revenue classification of patients.
d) Invoices for services rendered were not always filed.
e) Lack of segregation of duties between personnel receiving money from patients and the capturing of patient details on the accounting system.
f) Access controls on the Medicom system appeared to be weak as the same user can be logged in on more than one computer in different locations.

6.1.3 Leave entitlement

In many instances differences existed between the applications for leave forms in the individual personnel files to that of the leave records on the Personnel and Salary Administration System (PERSAL).

Controls did not exist to confirm that all leave forms were correctly captured on the PERSAL system. This could lead to an

overstatement/understatement of leave balances on PERSAL and a possible corresponding overpayment/underpayment in respect of leave entitlements upon retirement or resignation of an employee.

6.1.4 Completeness of accruals, commitments and lease commitments

A lack of adequate controls over year-end closure accounts and processes to identify, collate and report on accruals, commitments and leasehold commitments existed.

6.1.5 Pharmacy and stores

a) Unused stock items issued from stores to wards were not included in the year end stock counts.
b) Accounting records were not always updated with shortages and surpluses identified during stock counts.
c) Physical inventory was not always reconciled with theoretical records.
d) In some instances, a bin card control system was not used. In other instances, the bin cards were not updated accurately and/or timeously.
e) Reconciliations between the pre-pack and bulk stores were not always performed.
f) Minimum and maximum inventory levels were not always adhered to.
g) Expired stock was not always regularly disposed of and inadequate controls existed over the disposal of expired stock.
h) Differences were identified between inventory unit prices on year-end stock listings and supporting documentation.
i) Supporting documentation, i.e. invoices, were not readily available due to inadequate documentation safeguarding procedures.

6.2 Asset management

6.2.1 Additions captured on BAUD after year-end

The asset register was not available for extended periods of time at various institutions. As a result additions had to be maintained on spread sheets and were not subject to the same controls as the fixed asset register. These additions were captured onto the fixed asset register at year-end. Furthermore, a support service agreement or a service level agreement with the supplier of the BAUD system was not in place during the year.

6.2.2 Low value assets

The closing balance of capital tangible assets as disclosed in annexure 3 included a significant number of assets captured with a value of R1 or with no value as the original cost of these assets could not be established.

6.3 Government garage (GG) vehicles

The following weaknesses were identified in respect of GG vehicles:

a) Log sheets were not always submitted for trips taken.
b) There were multiple fuel intakes per vehicle in one day and fuel capacity was exceeded on certain vehicles.
c) Exception reports from the electronic log system were not always followed up.

6.4 Division of Revenue Act (DoRA)

The following weaknesses and non-compliance with DoRA were identified:

6.4.1 Revitalisation

a) The final allocation for revitalisation was exceeded by R4,3 million (11,6 per cent).
b) Building sites were handed over to contractors before medical waste, sharps, expired medicine and assets were removed.
c) Evidence of timeous submission of monthly and quarterly reports was not always kept.

6.4.2 HIV/AIDS

a) Objectives as per business plans were not always met and/or evidence to substantiate

compliance could not be submitted in all cases.

b) Shortages of qualified personnel resulted in instances where procedures were not followed and the impact on service delivery was negatively affected.
c) Not all institutions performed quality assurance procedures and/or were not consistent in the application of the procedures designed for voluntary counselling and testing.
d) The standard operating procedure, draft ARV 7, was not consistently applied and Anti-Retro Viral (ARV) medication control could not substantiate that the medication did in fact reach the patient.

6.4.3 Non-Governmental Organisations (NGOs)

a) Lack of control over lay councillors' working hours and the accountability of the claimed working hours.
b) NGO staff records did not always include proof of stipends paid.
c) The financial reporting and accountability during audit visits indicated that the NGOs did not always possess adequate skills and understanding of the financial implications and responsibility of the services.
d) Inadequate budget control and allocation existed over funds received and spent by certain NGOs.

6.5 Negligent treatment of patients

During the year under review, compensation of R10 989 996 was paid for 38 cases of negligent treatment of patients in provincial hospitals.

6.6 Current and Ex-staff debtors

The current staff debtors balance of R8 906 229 at 31 March 2006, included current debtors of R2 423 024 that were outstanding for more than three years. The ex-staff debtors balance of R11 308 638 at 31 March 2006 was included in other debtors of which R2 075 165 were outstanding for more than three years.

6.7 Kyalami hospital - running cost

As reported in sub-paragraph 5.6 on page 138 of my previous report [PR142/2005], this hospital was vacant since 1997. The security costs for the past five years was approximately R3 946 492. Other costs (including maintenance) for the same period amounted to approximately R1 331 305. For the 2005/06 financial year a budget of R1 221 702 was allocated for the running and other costs of the building.

6.8 Environmental, occupational health and safety management

The regularity audit was extended to include environmental, occupational health and safety management.

During visits to certain hospitals, serious risks regarding environmental management were identified. Material waste management, occupational health and safety, facility management principles as well as infection control were not always adhered to. Furthermore, the department did not have an environmental management plan in place. Details of these shortcomings have been brought to the attention of the department by way of an audit management letter.

These shortcomings are in contravention with sections 8 and 9 of the Occupational Health and Safety Act, 1993 (Act No. 85 of 1993) and sections 12, 13 and 14 of the National Environmental Management Act, 1998 (Act No. 107 of 1998).

6.9 Contingent liabilities

Various differences between the disclosed housing loan guarantees and PERSAL existed. Furthermore, not all supporting documentation could be submitted.

6.10 Capital projects

Capital projects amounting to R8,1 million was incurred while no budget was allocated for these projects. This irregular expenditure was incurred

in an attempt by the department to prevent a negative impact on service delivery.

6.11 Payments withheld

The accruals amounting to R283 million included R18 million that was intentionally withheld for payment due to budgetary constraints. This implicated that expenditure was understated by this amount, while unauthorised expenditure could also be understated.

6.12 Financial systems

In terms of section 40(1)(a) and (b) of the PFMA, departments are required to keep full and proper records of financial affairs in accordance with the prescribes standards and prepare financial statements in accordance with generally recognised accounting practice prescribed by the National Treasury. The reporting and disclosure requirements were based on the modified cash principles while BAS only provides for the cash principles. Manual interventions were required to align portions of the accounting system with the reporting framework. These interventions increased control risk, errors and inefficiencies.

The controls over assets, salary administration, pharmacy and stores, patient administration and various other critical components were managed through stand-alone supporting systems that also required numerous manual reconciliations and journals to integrate with BAS and the accounting framework.

The systems used were limited to those prescribed by National Treasury. The limitation in systems resulted in a number of challenges for the accounting officer in complying with section 38 of the PFMA.

7. APPRECIATION

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

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Ms M.A. Masemola *for* Auditor-General

Johannesburg

31 July 2006

AUDITOR-GENERAL

ACCOUNTING POLICIES
for the year ended 31 March 2006

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 issued in terms of the Act and the Division of Revenue Act, Act 1 of 2005.

1. Presentation of the Annual Financial Statements

1.1 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 when the final authorisation is effected on the system (by no later than 31 March of the year).

1.2 Presentation currency

All amounts have been presented in the currency of the South African Rand (R), which is also the functional currency of the department.

1.3 Rounding

Unless otherwise stated all financial figures have been rounded to the nearest one thousand Rand (R'000).

1.4 Comparative figures

Prior period comparative information has been presented in the current year's Financial Statements. Where necessary figures included in the prior period Financial Statements have been reclassified to ensure that the format in which the information is presented is consistent with the format of the current year's Financial Statements.

A comparison between actual and budgeted amounts per major classification of expenditure is included in the appropriation statement.

2. Revenue

2.1 Appropriated funds

Appropriated funds are recognised in the financial records on the date the appropriation becomes effective. Adjustments to the appropriated funds made in terms of the adjustments budget process are recognised in the financial records on the date the adjustments become effective.

Total appropriated funds are presented in the statement of financial performance.

Unexpended appropriated funds are surrendered to the Provincial Revenue Fund, unless approval has been given by the Provincial Treasury to rollover the funds to the subsequent financial year. These rollover funds form part of retained funds in the annual financial statements. Amounts owing to the Provincial Revenue Fund at the end of the financial year are recognised in the statement of financial position.

2.2 Departmental revenue

All departmental revenue is paid into the Provincial Revenue Fund when received, unless otherwise stated. Amounts owing to the Provincial Revenue Fund at the end of the financial year are recognised in the statement of financial position.

2.2.1 Tax revenue

Tax revenue consists of all compulsory unrequited amounts collected by the department in accordance with laws and or regulations (excluding fines, penalties & forfeits).

Tax receipts are recognised in the statement of financial performance when received.

ACCOUNTING POLICIES
for the year ended 31 March 2006

2.2.2 Sales of goods and services other than capital assets
The proceeds received from the sale of goods and/or the provision of services is recognised in the statement of financial performance when the cash is received.

2.2.3 Fines, penalties & forfeits
Fines, penalties & forfeits are compulsory unrequited amounts, which were imposed by a court or quasi-judicial body and collected by the department. Revenue arising from fines, penalties and forfeits is recognised in the statement of financial performance when the cash is received.

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.

2.2.6 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. Amounts receivable at the reporting date are disclosed as part of the disclosure notes to the Annual Financial Statements.

Cheques issued in previous accounting periods that expire before being banked is 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.

2.2.7 Gifts, donations and sponsorship (transfer payments)
All cash gifts, donations and sponsorships are paid into the Provincial Revenue Fund and recorded as revenue in the statement of financial performance when received. Amounts receivable at the reporting date are disclosed as part of the disclosure notes to the annual financial statements.

All in-kind gifts, donations and sponsorships are disclosed at fair value in the annexures to the Annual Financial Statements.

2.3 Local and foreign aid assistance
Local and foreign aid assistance is recognised in the financial records when notification of the donation is received from the National Treasury or when the department directly receives the cash from the donor(s). The total cash amounts received during the year is reflected in the statement of financial performance as revenue.

All in-kind local and foreign aid assistance are disclosed at fair value in the annexures to the Annual Financial Statements

The cash payments made during the year relating to local and foreign aid assistance projects are recognised as expenditure in the statement of financial performance. A receivable is recognised in the statement of financial position to the value amounts expensed prior to the receipt of the funds.

A payable is raised in the statement of financial position where amounts have been inappropriately expensed using local and foreign aid assistance, unutilised amounts are recognised in the statement of financial position.

3. Expenditure

3.1 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 (by no later than 31 March of each year). Capitalised compensation forms part of one or all of the expenditure for capital assets categories in the statement of financial performance.

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.

3.1.1 Short term employee benefits

Short-term employee benefits comprise of leave entitlements (capped leave), thirteenth cheques and performance bonuses. The cost of short-term employee benefits is expensed as salaries and wages in the statement of financial performance when the final authorisation for payment is effected on the system (by no later than 31 March of each year).

Short-term employee benefits that give rise to a present legal or constructive obligation are disclosed in the notes to the financial statements. These amounts are not recognised in the statement of financial performance.

3.1.2 Long-term employee benefits

3.1.2.1 Termination benefits

Termination benefits such as severance packages are recognised as an expense in the statement of financial performance as a transfer when the final authorisation for payment is effected on the system (by no later than 31 March of each year).

3.1.2.2 Post employment retirement benefits

The department provides retirement benefits (pension 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 (by no later than 31 March of each year). No provision is made for retirement benefits in the financial statements of the department. Any potential liabilities are disclosed in the financial statements of the National/Provincial Revenue Fund and not in the statements of the employer department.

The department provides medical benefits for certain of its employees. Employer contributions to the medical funds are expensed when the final authorisation for payment to the fund is effected on the system (by no later than 31 March of each year).

3.2 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 (by no later than 31 March of each year). The expense is classified as capital if the goods and services were used on a capital project.

3.3 Interest and rent on land

Interest and rental payments are recognised as an expense in the statement of financial performance when the final authorisation for payment is effected on the system (by no later than 31 March of each year). This item excludes rental on the use of buildings or other fixed structures.

3.4 Financial transactions in assets and liabilities

Debts are written-off when identified as irrecoverable. Debts written-off are limited to

ACCOUNTING POLICIES
for the year ended 31 March 2006

the amount of savings and/or under spending of appropriated funds. The write off occurs at year-end or when funds are available. No provision is made for irrecoverable amounts but amounts are disclosed as a disclosure note.

All other losses are recognised when authorisation has been granted for the recognition thereof.

3.5 Unauthorised expenditure
When discovered unauthorised expenditure is recognised as an asset in the statement of financial position until such time as the expenditure is either approved by the relevant authority, recovered from the responsible person or written off as irrecoverable in the statement of financial performance.

Unauthorised expenditure approved with funding is recognised in the statement of financial performance when the unauthorised expenditure is approved and the related funds are received. Where the amount is approved without funding it is recognised as expenditure, subject to availability of savings, in the statement of financial performance on the date of approval.

3.6 Fruitless and wasteful expenditure
Fruitless and wasteful expenditure is recognised as an asset in the statement of financial position until such time as the expenditure is recovered from the responsible person or written off as irrecoverable in the statement of financial performance.

3.7 Irregular expenditure
Irregular expenditure is recognised as expenditure in the statement of financial performance. If the expenditure is not condoned by the relevant authority it is treated as a current asset until it is recovered or written off as irrecoverable.

3.8 Transfers and subsidies
Transfers and subsidies are recognised as an expense when the final authorisation for payment is effected on the system (by no later than 31 March of each year).

3.9 Expenditure for capital assets
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 (by no later than 31 March of each year).

4. Assets

4.1 Cash and cash equivalents
Cash and cash equivalents are carried in the statement of financial position at cost.

For the purposes of the cash flow statement, cash and cash equivalents comprise cash on hand, deposits held, other sort-term highly liquid investments and bank overdrafts.

4.2 Prepayments and advances
Amounts prepaid or advanced are recognised in the statement of financial position when the payments are made.

4.3 Receivables
Receivables included in the statement of financial position arise from cash payments that are recoverable from another party, when the payments are made.

Revenue receivable not yet collected is included in the disclosure notes. Amounts that are potentially irrecoverable are included in the disclosure notes.

4.4 Investments
Capitalised investments are shown at cost in the statement of financial position. Any cash flows such as dividends received or proceeds from the sale of the investment are recognised in the statement of financial performance.

ACCOUNTING POLICIES
for the year ended 31 March 2006

Investments are tested for an impairment loss whenever events or changes in circumstances indicate that the investment may be impaired. Any impairment loss is included in the disclosure notes.

4.5 Loans
Loans are recognised in the statement of financial position at the nominal amount. Amounts that are potentially irrecoverable are included in the disclosure notes.

4.6 Inventory
Inventories on hand at the reporting date are disclosed at cost in the disclosure notes.

4.7 Asset Registers
Assets are recorded in an asset register, at cost, on receipt of the item. Cost of an asset is defined as the total cost of acquisition. Assets procured in previous financial periods, may be stated at fair value, where determinable, or R1, in instances where the original cost of acquisition or fair value 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 of the disclosure notes, reflect the total movement in the asset register of assets with a cost equal to and exceeding R5 000 (therefore capital assets only) for the current financial year. The movement is reflected at the cost as recorded in the asset register and not the carrying value, as depreciation is not recognised in the financial statements under the modified cash basis of accounting. The opening balance as reflected on Annexure 3 will include items procured in prior accounting periods and the closing balance will represent the total cost of capital assets on hand.

5. Liabilities

5.1 Payables
Recognised payables mainly comprise of amounts owing to other governmental entities. These payables are recognised at their nominal amounts in the statement of financial position.

5.2 Lease commitments
Lease commitments represent amounts owing from the reporting date to the end of the lease contract. These commitments are not recognised in the statement of financial position as a liability or as expenditure in the statement of financial performance but are included in the disclosure notes.

Operating and finance lease commitments are expensed when the payments are made. Assets acquired in terms of finance lease agreements are disclosed in the annexures to the financial statements.

5.3 Accruals
Accruals represent goods/services that have been received, but where no invoice has been received from the supplier at the reporting date, or where an invoice has been received but final authorisation for payment has not been effected on the system.

Accruals are not recognised in the statement of financial position as a liability or as expenditure in the statement of financial performance but are included in the disclosure notes.

5.4 Contingent liabilities
A contingent liability 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 contingent liability is a present obligation that arises from past events but is not recognised because:

ACCOUNTING POLICIES
for the year ended 31 March 2006

- 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 included in the disclosure notes.

5.5 Commitments

Commitments represent goods/services that have been approved and/or contracted, but where no delivery has taken place at the reporting date.

Commitments are not recognised in the statement of financial position as a liability or as expenditure in the statement of financial performance but are included in the disclosure notes.

6. Net Assets

6.1 Capitalisation reserve

The capitalisation reserve comprises of financial assets and/or liabilities originating in a prior reporting period but which are recognised in the statement of financial position for the first time in the current reporting period. Amounts are transferred to the Provincial Revenue Fund on disposal, repayment or recovery of such amounts.

6.2 Recoverable revenue

Amounts are recognised as recoverable revenue when a payment made and recognised in a previous financial year becomes recoverable from a debtor.

7. Related Party transactions

Related parties are departments that control or significantly influence the department in making financial and operating decisions. Specific information with regards to related party transactions is included in the disclosure notes.

8. Key management personnel

Key management personnel are those persons having the authority and responsibility for planning, directing and controlling the activities of the department.

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

9. Public private partnership

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
- assumes substantial financial, technical and operational risks in connection with the performance of the institutional function and/or use of state property; and
- receives a benefit for performing the institutional function or from utilizing the state property, either by way of:
  - consideration to be paid by the department which derives from a Revenue Fund;
  - charges fees to be collected by the private party from users or customers of a service provided to them; or
  - a combination of such consideration and such charges or fees.

A description of the PPP arrangement, the contract fees and current and capital expenditure relating to the PPP arrangement is included in the disclosure notes.

GAUTENG DEPARTMENT OF HEALTH

VOTE 4

APPROPRIATION STATEMENT
for the year ended 31 March 2006

Appropriation per programme										
			2005/06						2004/05	
		Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
		R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
1.	**Health Administration**									
	Current payment	234 291	-	1 704	235 995	225 666	10 329	95 6%	247 605	247 606
	Transfers and subsidies	855	-	561	1 416	1 416	-	100.0%	980	980
	Payment for capital assets	6 950	-	5 964	12 914	12 914	-	100.0%	18 460	15 501
2.	**District Health Services**									
	Current payment	1 733 488	-	(86 425)	1 647 063	1 645 588	1 475	99.9%	1 460 460	1 459 615
	Transfers and subsidies	477 297	-	6 632	483 929	483 929	-	100.0%	443 686	443 686
	Payment for capital assets	19 770	-	3 596	23 366	23 366	-	100.0%	29 410	19 046
3.	**Emergency Medical Services**									
	Current payment	70 733	-	(4 682)	66 051	66 051	-	100.0%	72 629	72 629
	Transfers and subsidies	211 467	-	265	211 732	211 732	-	100.0%	187 526	187 526
	Payment for capital assets	47 637	-	4 031	51 668	51 668	-	100.0%	53 210	18 195
4.	**Provincial Hospital Services**									
	Current payment	2 402 578	-	(6 467)	2 396 111	2 396 111	-	100.0%	2 251 666	2 208 707
	Transfers and subsidies	188 394	-	(36 789)	151 605	151 605	-	100.0%	161 466	149 584
	Payment for capital assets	58 380	-	39 729	98 109	98 109	-	100.0%	69 619	57 701
5.	**Central Hospital Services**									
	Current payment	3 041 771	-	43 642	3 085 413	3 197 183	(111 770)	103.6%	2 936 440	2 934 650
	Transfers and subsidies	17 600	-	(4 593)	13 007	13 007	-	100.0%	14 573	14 573
	Payment for capital assets	382 799	-	21 171	403 970	445 881	(41 911)	110.4%	110 753	58 301
6.	**Health Training and Sciences**									
	Current payment	214 376	-	(5 925)	208 451	208 451	-	100.0%	177 603	176 805
	Transfers and subsidies	7 806	-	2 293	10 099	10 099	-	100.0%	10 643	9 640
	Payment for capital assets	3 050	-	(782)	2 268	2 268	-	100.0%	6 629	2 596
7.	**Health Care Support Services**									
	Current payment	121 378	-	(10 290)	111 088	95 988	15 100	86.4%	57 000	56 999
	Transfers and subsidies	281	-	394	675	675	-	100.0%	323	323
	Payment for capital assets	8 250	-	(102)	8 148	4 155	3 993	51.0%	850	555
8.	**Health Facility Management**									
	Current payment	297 724	-	12 236	309 960	311 186	(1 226)	100.4%	421 670	240 335
	Transfers and subsidies	5	-	13	18	18	-	100.0%	10	10
	Payment for capital assets	320 260	-	1 087	321 347	330 880	(9 533)	103.0%	207 009	196 103
9.	**Special Functions**									
	Current payment	-	-	13 509	13 509	13 509	-	100.0%	3 620	3 620
10.	**Internal Charges**									
	Current payment	(26 500)	-	(772)	(27 272)	(27 272)	-	100.0%	-	-
	Total	**9 840 640**	**-**	**-**	**9 840 640**	**9 974 183**	**(133 543)**	**101.4%**	**8 943 840**	**8 575 286**
	Reconciliation with Statement of Financial Performance									
	Add:									
Prior year unauthorised expenditure approved with funding					-				407 572	
	Departmental receipts				253 901				264 409	
	Local and foreign aid assistance				4 929				4 883	
Actual amounts per Statements of Financial Performance (Total revenue)					**10 099 470**				**9 620 704**	
	Add:									
Local and foreign aid assistance						3 275				1 530
Prior year unauthorised expenditure approved						-				407 572
Prior year fruitless and wasteful expenditure authorised						-				-
Actual amounts per Statements of Financial Performance (Total expenditure)						**9 977 458**				**8 984 388**

GAUTENG DEPARTMENT OF HEALTH

VOTE 4

APPROPRIATION STATEMENT
for the year ended 31 March 2006

Appropriation per economic classification									
	2005/06							2004/05	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments									
Compensation of employees	4 870 199	-	(181 533)	4 688 666	4 688 666	-	100.0%	4 560 895	4 453 088
Goods and services	3 219 640	-	123 734	3 343 374	3 429 466	(86 092)	102.6%	3 060 999	2 935 678
Financial transactions in assets and liabilities	-	-	14 329	14 329	14 329	-	100.0%	6 799	12 200
Transfers and subsidies to:									
Provinces and municipalities	450 797	-	7 431	458 228	467 571	(9 343)	102.0%	390 355	422 747
Departmental agencies and accounts	205 630	-	6 838	212 468	203 875	8 593	96.0%	242 893	198 540
Universities and technikons	650	-	-	650	588	62	90.5%	597	597
Non-profit institutions	220 859	-	(42 605)	178 254	177 566	688	99.6%	160 395	160 433
Households	25 769	-	(2 888)	22 881	22 881	-	100.0%	24 967	24 005
Payments for capital assets									
Buildings and other fixed structures	320 260	-	-	320 260	329 793	(9 533)	103.0%	207 009	189 471
Machinery and equipment	526 836	-	74 694	601 530	639 448	(37 918)	106.3%	288 931	178 527
Total	**9 840 640**	**-**	**-**	**9 840 640**	**9 974 183**	**(133 543)**	**101.4%**	**8 943 840**	**8 575 286**

GAUTENG DEPARTMENT OF HEALTH

VOTE 4

Detail per programme 1 – Health Administration
for the year ended 31 March 2006

Programme per subprogramme	2005/06							2004/05	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
1.1 Office of the Provincial Minister									
Current payment	3 900	-	(367)	3 533	3 533	-	100.0%	3 630	3 391
Transfer and subsidies	-	-	11	11	11	-	100.0%	-	-
Payment for capital assets	150	-	(103)	47	47	-	100.0%	460	71
1.2 Management									
Current payment	230 391	-	1 180	231 571	221 242	10 329	95.5%	241 873	242 113
Transfers and subsidies	855	-	550	1 405	1 405	-	100.0%	980	980
Payment for capital assets	6 800	-	6 067	12 867	12 867	-	100.0%	18 000	15 430
1.3 Thefts and Losses									
Current payment		-	891	891	891	-	100.0%	2 102	2 102
Total	**242 096**	**-**	**8 229**	**250 325**	**239 996**	**10 329**	**95.9%**	**267 045**	**264 087**

Economic Classification	2005/06							2004/05	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payment									
Compensation of employees	106 450	-	(32 190)	74 260	74 260	-	100.0%	100 300	98 296
Goods and Services	127 841	-	33 004	160 845	150 516	10 329	93.6%	145 174	147 179
Financial transactions in assets and liabilities	-	-	890	890	890	-	100.0%	2 131	2 131
Transfers and subsidies to:									
Provinces & municipalities	305	-	724	1 029	1 029	-	100.0%	312	312
Non-profit institutions	-	-	10	10	10	-	100.0%	629	629
Households	550	-	(173)	377	377	-	100.0%	39	39
Payments for capital assets									
Machinery & equipment	6 950	-	5 964	12 914	12 914	-	100.0%	18 460	15 501
Total	**242 096**	**-**	**8 229**	**250 325**	**239 996**	**10 329**	**95.9%**	**267 045**	**264 087**

GAUTENG DEPARTMENT OF HEALTH

VOTE 4

Detail per programme 2 – District Health Services for the year ended 31 March 2006

Programme per subprogramme	2005/06							2004/05	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
2.1 District Management									
Current payment	120 917	-	(21 530)	99 387	99 387	-	100.0%	88 158	100 019
Transfers and subsidies	135 723	-	(27 861)	107 862	107 862	-	100.0%	358 416	346 621
Payment for capital assets	3 000	-	8 039	11 039	11 039	-	100.0%	6 792	1 845
2.2 Community Health Clinics									
Current payment	363 600	-	(11 396)	352 204	352 204	-	100.0%	359 831	359 831
Transfers and subsidies	205 211	-	24 254	229 465	229 465	-	100.0%	40	401
Payment for capital assets	2 712	-	1 425	4 137	4 137	-	100.0%	3 351	1 430
2.3 Community Health Centres									
Current payment	350 842	-	(6 159)	344 683	344 683	-	100.0%	282 310	275 638
Transfers and subsidies	31 665	-	(1 894)	29 771	29 771	-	100.0%	6 683	139
Payment for capital assets	4 026	-	(3 032)	994	994	-	100.0%	3 098	1 666
2.4 Community Based Services									
Current payment	196 657	-	(55 521)	141 36	141 136	-	100.0%	93 918	132 111
Transfers and subsidies	75	-	1 903	1 978	1 978	-	100.0%	12 508	196
Payment for capital assets	-	-	728	728	728	-	100.0%	-	349
2.5 HIV/AIDS									
Current payment	266 409	-	6 113	272 522	272 522	-	100.0%	233 004	206 067
Transfers and subsidies	82 450	-	12 235	94 685	94 685	-	100.0%	66 011	79 106
Payment for capital assets	-	-	751	751	751	-	100.0%	-	3 079
2.6 Nutrition									
Current payment	7 144	-	4 269	11 413	9 938	1 475	87.1%	12 307	8 798
Transfers and subsidies	20 259	-	(1 855)	18 404	18 404	-	100.0%	-	17 197
Payment for capital assets	-	-	-	-	-	-	-	-	40
2.7 District Hospitals									
Current payment	427 919	-	(2 389)	425 530	425 530	-	100.0%	389 848	376 067
Transfers and subsidies	1 914	-	(150)	1 764	1 764	-	100.0%	28	28
Payment for capital assets	10 032	-	(4 315)	5 717	5 717	-	100.0%	16 169	10 636
2.8 Thefts and Losses									
Current payment	-	-	188	188	188	-	100.0%	1 084	1 084
Total	**2 230 555**	**-**	**(76 197)**	**2 154 358**	**2 152 883**	**1 475**	**99.9%**	**1 933 556**	**1 922 347**

Economic Classification	2005/06							2004/05	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payment									
Compensation of employees	992 666	-	(83 603)	909 063	909 063	-	100.0%	861 518	860 684
Goods and Services	740 822	-	(3 010)	737 812	736 337	1 475	99.8%	598 218	598 206
Financial transactions in assets and liabilities	-	-	188	188	188	-	100.0%	724	724
Transfers and subsidies to:									
Provinces & municipalities	225 808	-	7 693	233 501	242 782	(9 281)	104.0%	190 934	223 406
Dept agencies & accounts	74 336	-	-	74 336	65 743	8 593	88.4%	90 530	58 059
Non-profit institutions	174 153	-	-	174 153	173 465	688	99.6%	159 661	159 661
Households	3 000	-	(1 061)	1 939	1 939	-	100.0%	2 561	2 561
Payments for capital assets									
Buildings & other fixed structures	-	-	-	-	-	-	0.0%	-	274
Machinery & equipment	19 770	-	3 596	23 366	23 366	-	100.0%	29 410	18 772
Total	**2 230 555**	**-**	**(76 197)**	**2 154 358**	**2 152 883**	**1 475**	**99.9%**	**1 933 556**	**1 922 347**

GAUTENG DEPARTMENT OF HEALTH

VOTE 4

Detail per programme 3 – Emergency Medical Services for the year ended 31 March 2006

Programme per subprogramme	2005/06							2004/05	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
3.1 Emergency Transport									
Current payment	66 833	-	(784)	66 049	66 049	-	100.0%	72 405	72 405
Transfers and subsidies	211 467	-	265	211 732	211 732	-	100.0%	187 526	187 526
Payment for capital assets	47 637	-	4 031	51 668	51 668	-	100.0%	53 210	18 195
3.2 Planned Patient Transport									
Current payment	3 900	-	(3 900)	-	-	-	0.0%	169	169
3.3 Thefts and Losses									
Current payment	-	-	2	2	2	-	100.0%	55	55
Total	**329 837**	**-**	**(386)**	**329 451**	**329 451**	**-**	**100.0%**	**313 365**	**278 350**

Economic Classification	2005/06							2004/05	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payment									
Compensation of employees	6 705	-	(1 568)	5 137	5 137	-	100.0%	7 400	5 135
Goods and Services	64 028	-	(3 114)	60 914	60 914	-	100.0%	65 229	67 439
Financial transactions in assets and liabilities				-		-	0.0%	-	55
Transfers and subsidies to:									
Provinces & municipalities	211 467	-	189	211 656	211 656	-	100.0%	187 526	187 470
Non-profit institutions	-	-	-	-	-	-	0.0%	-	38
Households	-	-	76	76	76	-	100.0%	-	18
Payment for capital assets									
Machinery & equipment	47 637	-	4 031	51 668	51 668	-	100.0%	53 210	18 195
Total	**329 837**	**-**	**(386)**	**329 451**	**329 451**	**-**	**100.0%**	**313 365**	**278 350**

GAUTENG DEPARTMENT OF HEALTH

VOTE 4

Detail per programme 4 – Provincial Hospital Services for the year ended 31 March 2006

Programme per subprogramme	2005/06							2004/05	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
4.1 General Hospitals									
Current payment	1 946 568	-	18 054	1 964 622	1 964 622	-	100.0%	1 823 918	1 811 420
Transfers and subsidies	8 625	-	(859)	7 766	7 766	-	100.0%	8 464	8 464
Payment for capital assets	50 280	-	39 774	90 054	90 054	-	100.0%	57 054	47 626
4.2 Psychiatric/ Medical Hospital									
Current payment	282 759	-	(16 246)	266 513	266 513	-	100.0%	268 380	247 975
Transfers and subsidies	179 055	-	(35 821)	143 234	143 234	-	100.0%	152 937	141 055
Payment for capital assets	3 450	-	(38)	3 412	3 412	-	100.0%	6 499	3 230
4.3 Other Specialised Hospitals									
Current payment	42 187	-	(8 202)	33 985	33 985	-	100.0%	40 531	35 301
Transfers and subsidies	225	-	(53)	172	172	-	100.0%	1	1
Payment for capital assets	150	-	(74)	76	76	-	100.0%	2 513	1 477
4.4 Dental Training Hospitals									
Current payment	131 064	-	(130)	130 934	130 934	-	100.0%	118 696	113 870
Transfers and subsidies	489	-	(56)	433	433	-	100.0%	64	64
Payment for capital assets	4 500	-	67	4 567	4 567	-	100.0%	3 553	5 368
4.5 Thefts and Losses									
Current payment	-	-	57	57	57	-	100.0%	141	141
Total	**2 649 352**	**-**	**(3 527)**	**2 645 825**	**2 645 825**	**-**	**100.0%**	**2 482 751**	**2 415 992**

Economic Classification	2005/06							2004/05	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payment									
Compensation of employees	1 653 211	-	(24 527)	1 628 684	1 628 684	-	100.0%	1 580 387	1 533 251
Goods and Services	749 367	-	18 336	767 703	767 703	-	100.0%	671 279	670 110
Financial transactions in assets and liabilities	-	-	(276)	(276)	(276)	-	100.0%	-	5 346
Transfers and subsidies to:									
Provinces & municipalities	6 555	-	(1 758)	4 797	4 797	-	100.0%	5 010	5 010
Departmental agencies& accounts	131 294	-	6 838	138 132	138 132	-	100.0%	152 363	140 481
Non-profit institutions	46 706	-	(42 615)	4 091	4 091	-	100.0%	105	105
Households	3 839	-	746	4 585	4 585	-	100.0%	3 988	3 988
Payment for capital assets									
Machinery & equipment	58 380	-	39 729	98 109	98 109	-	100.0%	69 619	57 701
Total	**2 649 352**	**-**	**(3 527)**	**2 645 825**	**2 645 825**	**-**	**100.0%**	**2 482 751**	**2 415 992**

GAUTENG DEPARTMENT OF HEALTH

VOTE 4

Detail per programme 5 – Central Hospital Services for the year ended 31 March 2006

Programme per subprogramme	2005/06							2004/05	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
5.1 Chris Hani Baragwanath Hospital									
Current payment	944 799	-	8 307	953 106	1 012 652	(59 546)	106.2%	923 559	918 202
Transfers and subsidies	6 000	-	(1 539)	4 461	4 461	-	100.0%	5 804	5 804
Payment for capital assets	18 654	-	13 041	31 695	31 695	-	100.0%	15 900	14 210
5.2 Johannesburg Hospital									
Current payment	901 597	-	28 008	929 605	929 605	-	100.0%	833 583	829 600
Transfers and subsidies	5 800	-	(2 523)	3 277	3 277	-	100.0%	2 419	2 419
Payment for capital assets	82 526	-	-	82 526	86 663	(4 137)	105.0%	49 125	12 441
5.3 Pretoria Academic Hospital									
Current payment	628 300	-	2 134	630 434	682 658	(52 224)	108.3%	630 350	622 223
Transfers and subsidies	2 800	-	(503)	2 297	2 297	-	100.0%	4 008	4 008
Payment for capital assets	274 749	-	-	274 749	302 097	(27 348)	110.0%	15 000	27 346
5.4 Dr George Mukhari Hospital									
Current payment	567 075	-	5 175	572 250	572 250	-	100.0%	548 603	564 280
Transfers and subsidies	3 000	-	(28)	2 972	2 972	-	100.0%	2 342	2 342
Payment for capital assets	6 870	-	8 130	15 000	25 426	(10 426)	169.5%	30 728	4 304
5.5 Incorrect Allocations									
Current payment	-	-	-	-	-	-	0.0%	21	21
5.6 Thefts and Losses									
Current payment	-	-	18	18	18	-	100%	324	324
Total	**3 442 170**	**-**	**60 220**	**3 502 390**	**3 656 071**	**(153 681)**	**104.4%**	**3 061 766**	**3 007 524**

Economic Classification	2005/06							2004/05	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payment									
Compensation of employees	1 843 298	-	(27 864)	1 815 434	1 815 434	-	100.0%	1 799 940	1 747 849
Goods and Services	1 198 473	-	71 488	1 269 961	1 381 731	(111 770)	108.8%	1 136 176	1 186 476
Financial transactions in assets and liabilities	-	-	18	18	18	-	100.0%	324	324
Transfers and subsidies to:									
Provinces & municipalities	6 000	-	432	6 432	6 432	-	100.0%	5 901	5 901
Households	11 600	-	(5 025)	6 575	6 575	-	100.0%	8 672	8 672
Payment for capital assets									
Machinery & equipment	382 799	-	21 171	403 970	445 881	(41 911)	110.4%	110 753	58 302
Total	**3 442 170**	**-**	**60 220**	**3 502 390**	**3 656 071**	**(153 681)**	**104.4%**	**3 061 766**	**3 007 524**

GAUTENG DEPARTMENT OF HEALTH

VOTE 4

Detail per programme 6 – Health Training and Sciences for the year ended 31 March 2006

Programme per subprogramme	2005/06							2004/05	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
6.1 Nurse Training Colleges									
Current payment	189 162	-	(17 384)	171 778	171 778	-	100.0%	158 087	155 302
Transfers and subsidies	550	-	77	627	627	-	100.0%	1 723	738
Payment for capital assets	2 250	-	(710)	1 540	1 540	-	100.0%	5 779	2 001
6.2 EMS Training college									
Current payment	4 708	-	(1 483)	3 225	3 225	-	100.0%	2 771	2 771
Transfers and subsidies	2	-	5	7	7	-	100.0%	45	45
Payment for capital assets	700	-	(22)	678	678	-	100.0%	450	508
6.3 Bursaries									
Current payment	4 400	-	(2 322)	2 078	2 078	-	100.0%	2 124	2 124
Transfers and subsidies	6 600	-	2 022	8 622	8 622	-	100.0%	8 275	8 275
6.4 Primary Health Care									
Current payment	-	-	-	-	-	-	0.0%	21	21
Transfers and subsidies	-	-	-	-	-	-	0.0%	-	(16)
6.5 Other Training									
Current payment	16 106	-	15 264	31 370	31 370	-	100.0%	14 600	16 587
Transfers and subsidies	654	-	189	843	843	-	100.0%	600	598
Payment for capital assets	100	-	(50)	50	50	-	100.0%	400	87
Total	**225 232**	**-**	**(4 414)**	**220 818**	**220 818**	**-**	**100.0%**	**194 875**	**189 041**

Economic Classification	2005/06							2004/05	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payment									
Compensation of employees	189 164	-	(4 168)	184 996	184 996	-	100.0%	151 720	150 923
Goods and Services	25 212	-	(1 757)	23 455	23 455	-	100.0%	25 883	25 883
Transfers and subsidies to:									
Provinces & municipalities	540	-	28	568	630	(62)	110.9%	510	487
Universities & technikons	650	-	-	650	588	62	90.5%	597	597
Households	6 616	-	2 265	8 881	8 881	-	100.0%	9 536	8 556
Payment for capital assets									
Machinery & equipment	3 050	-	(782)	2 268	2 268	-	100.0%	6 629	2 595
Total	**225 232**	**-**	**(4 414)**	**220 818**	**220 818**	**-**	**100.0%**	**194 875**	**189 041**

GAUTENG DEPARTMENT OF HEALTH

VOTE 4

Detail per programme 7 – Health Care Support Services for the year ended 31 March 2006

Programme per subprogramme	2005/06							2004/05	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
7.1 Laundries									
Current payment	77 406	-	(7 019)	70 387	70 387	-	100.0%	50 434	50 434
Transfers and subsidies	258	-	18	276	276	-	100.0%	323	323
Payment for capital assets	250	-	(109)	141	141	-	100.0%	710	427
7.2 Food Supply Services									
Current payment	18 977	-	(3 027)	15 950	15 950	-	100.0%	6 565	6 565
Transfers and subsidies	23	-	14	37	37	-	100.0%	-	-
Payment for capital assets	-	-	-	-	-	-	0.0%	140	128
7.3 Medical Trading Account									
Current payment	7 001	-	(1)	7 000	-	7 000	0.0%	1	-
7.4 Forensic Pathology Services									
Current payment	17 994	-	(243)	17 751	9 651	8 100	54.4%	-	-
Transfers and subsidies	-	-	362	362	362	-	100.0%	-	-
Payment for capital assets	8 000	-	7	8 007	4 014	3 993	50.1%	-	-
Total	**129 909**	**-**	**(9 998)**	**119 911**	**100 818**	**19 093**	**84.1%**	**58 173**	**57 877**

Economic Classification	2005/06							2004/05	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payment									
Compensation of employees	72 510	-	(6 651)	65 859	65 859	-	100.0%	58 130	55 586
Goods and Services	48 868	-	(3 639)	45 229	30 129	15 100	66.6%	(1 130)	1 414
Transfers and subsidies to:									
Provinces & municipalities	117	-	121	238	238	-	100.0%	162	161
Households	164	-	273	437	437	-	100.0%	161	161
Payment for capital assets									
Machinery & equipment	8 250	-	(102)	8 148	4 155	3 993	51.0%	850	555
Total	**129 909**	**-**	**(9 998)**	**119 911**	**100 818**	**19 093**	**84.1%**	**58 173**	**57 877**

GAUTENG DEPARTMENT OF HEALTH

VOTE 4

Detail per programme 8 – Health Facility Management for the year ended 31 March 2006

Programme per subprogramme	2005/06							2004/05	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
8.1 Community Health Facilities									
Current payment	17 589	-	10 749	28 338	28 338	-	100.0%	88 000	22 983
Payment for capital assets	38 787	-	(1 045)	37 742	37 742	-	100.0%	10 000	398
8.2 Emergency Medical Rescue Services									
Current payment	500	-	(487)	13	13	-	100.0%	4 785	178
8.3 District Hospital Services									
Current payment	30 984	-	(8 129)	22 855	24 081	(1 226)	105.4%	73 000	27 080
Payment for capital assets	75 337	-	22 429	97 766	97 766	-	100.0%	30 000	17 698
8.4 Provincial Hospital Services									
Current payment	75 491	-	6 376	81 867	81 867	-	100.0%	79 500	78 179
Payment for capital assets	81 584	-	15 563	97 147	97 973	(826)	100.9%	70 000	52 155
8.5 Central Hospital Services									
Current payment	103 147	-	20 985	124 132	124 132	-	100.0%	90 894	63 536
Payment for capital assets	117 268	-	(37 268)	80 000	88 707	(8 707)	110.9%	80 000	68 592
8.6 Other Facilities									
Current payment	70 013	-	(17 258)	52 755	52 755	-	100.0%	85 491	48 379
Transfers and subsidies	5	-	13	18	18	-	100.0%	10	10
Payment for capital assets	7 284	-	1.408	8 692	8 692	-	100.0%	17 009	57 260
Total	**617 989**	**-**	**13 336**	**631 325**	**642 084**	**(10 759)**	**101.7%**	**628 689**	**436 448**

Economic Classification	2005/06							2004/05	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payment									
Compensation of employees	6 195	-	(962)	5 233	5 233	-	100.0%	1 500	1 364
Goods and Services	291 529	-	13 198	304 727	305 953	(1 226)	100.4%	420 170	238 971
Transfers and subsidies to:									
Provinces & municipalities	5	-	2	7	7	-	100.0%	-	-
Households	-	-	11	11	11	-	100.0%	10	10
Payment for capital assets									
Buildings & other fixed structures	320 260	-	-	320 260	329 793	(9 533)	103.0%	207 009	189 197
Machinery & equipment	-	-	1 087	1 087	1 087	-	100.0%	-	6 906
Total	**617 989**	**-**	**13 336**	**631 325**	**642 084**	**(10 759)**	**101.7%**	**628 689**	**436 448**

GAUTENG DEPARTMENT OF HEALTH

VOTE 4

Detail per programme 9 – Special Functions
for the year ended 31 March 2006

	2005/06							2004/05	
Programme per subprogramme	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
9.1 Thefts and Losses: Recoverable									
Current payment	-	-	13 509	13 509	13 509	-	100.0%	3 620	3 620
Total	**-**	**-**	**13 509**	**13 509**	**13 509**	**-**	**100.0%**	**3 620**	**3 620**

	2005/06							2004/05	
Economic Classification	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payment									
Financial transactions in assets and liabilities	-	-	13 509	13 509	13 509	-	100.0%	3 620	3 620
Total	**-**	**-**	**13 509**	**13 509**	**13 509**	**-**	**100.0%**	**3 620**	**3 620**

GAUTENG DEPARTMENT OF HEALTH

VOTE 4

Detail per programme 10 – Internal Charges for the year ended 31 March 2006

	2005/06							2004/05	
Programme per subprogramme	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
10.1 Internal Charges									
Current payment	(26 500)	-	(772)	(27 272)	(27 272)	-	100.0%	-	-
Total	**(26 500)**	**-**	**(772)**	**(27 272)**	**(27 272)**	**-**	**100.0%**	**-**	**-**

	2005/06							2004/05	
Economic Classification	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payment									
Goods and Services	(26 500)	-	(772)	(27 272)	(27 272)	-	100.0%	-	-
Total	**(26 500)**	**-**	**(772)**	**(27 272)**	**(27 272)**	**-**	**100.0%**	**-**	**-**

NOTES TO THE APPROPRIATION STATEMENT
for the year ended 31 March 2006

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

Detail of these transactions can be viewed in note 7 (Transfers and subsidies) and Annexure 1(B-F) to the Annual Financial Statements.

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

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

3. Detail on financial transactions in assets and liabilities

Detail of these transactions per programme can be viewed in note 6 (Details of Special Functions (Thefts and Losses)) to the Annual Financial Statements.

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

4.1 Per Programme	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Variance as a % of Final Appropriation %
Health Administration	250 325	239 996	10 329	4.13%
District Health Services	2 154 358	2 152 883	1 475	0.07%
Emergency Medical Services	329 451	329 451	-	0.00%
Provincial Hospital Services	2 645 825	2 645 825	-	0.00%
Central Hospital Services	3 502 390	3 656 071	(153 681)	(4.39%)
Health Training and Sciences	220 818	220 818	-	0.00%
Health Care Support Services	119 911	100 818	19 093	15.92%
Health Facility Management	631 325	642 084	(10 759)	(1.70%)
Special Functions	13 509	13 509	-	0.00%
Internal Charges	(27 272)	(27 272)	-	0.00%

The material differences between the voted funds and actual expenditure are explained in paragraph 1.6.2 of the Management Report

NOTES TO THE APPROPRIATION STATEMENT
for the year ended 31 March 2006

4.2 Per Economic classification	2005/06 R'000	2004/05 R'000
Current expenditure:		
Compensation of employees	4 688 666	4 453 088
Goods and services	3 429 466	2 935 678
Financial transactions in assets and liabilities	14 329	12 200
Transfers and subsidies:		
Provinces and municipalities	467 571	422 747
Departmental agencies and accounts	203 875	198 540
Universities and Technikons	588	597
Non-profit institutions	177 566	160 433
Households	22 881	24 005
Payments for capital assets:		
Buildings and other fixed structures	329 793	189 471
Machinery and equipment	639 448	178 527

Due to the number of vacancies in Health more services from Nursing agencies were used during 2005/2006. Health has also spent more on the maintenance of facilities than budgeted for. More equipment (Current and Capital) ordered during 2005/2006 was delivered and paid in March 2006 than projected. This was done in order to fast track the opening of the new Pretoria Academic Hospital.

STATEMENT OF FINANCIAL PERFORMANCE
for the year ended 31 March 2006

	Note	2005/06 R'000	2004/05 R'000
REVENUE			
Annual appropriation	1	**9 840 640**	8 943 840
Appropriation for unauthorised expenditure approved		**-**	407 572
Departmental revenue	2	**253 901**	264 409
Local and foreign aid assistance	3	**4 929**	4 883
TOTAL REVENUE		**10 099 470**	**9 620 704**
EXPENDITURE			
Current expenditure			
Compensation of employees	4	**4 688 666**	4 453 088
Goods and services	5	**3 429 466**	2 935 678
Financial transactions in assets and liabilities	6	**14 329**	12 200
Local and foreign aid assistance	3	**3 190**	1 530
Unauthorised expenditure approved	9	**-**	407 572
Total current expenditure		**8 135 651**	**7 810 068**
Transfers and subsidies	7	**872 481**	806 322
Expenditure for capital assets			
Buildings and other fixed structures	8	**329 793**	189 471
Machinery and Equipment	8	**639 448**	178 527
Local and foreign aid assistance	3	**85**	-
Total expenditure for capital assets		**969 326**	**367 998**
TOTAL EXPENDITURE		**9 977 458**	**8 984 388**
SURPLUS/(DEFICIT)		**122 012**	636 316
Add back unauthorised expenditure	9	**164 440**	1
SURPLUS/(DEFICIT) FOR THE YEAR		**286 452**	**636 317**
Reconciliation of Net Surplus/(Deficit) for the year			
Voted Funds	14	**30 897**	368 555
Departmental Revenue	15	**253 901**	264 409
Local and foreign aid assistance	3	**1 654**	3 353
SURPLUS/(DEFICIT) FOR THE YEAR		**286 452**	**636 317**

GAUTENG DEPARTMENT OF HEALTH
VOTE 4

STATEMENT OF FINANCIAL POSITION
for the year ended 31 March 2006

	Note	2005/06 R'000	2004/05 R'000
ASSETS			
Current assets		**437 943**	498 547
Unauthorised expenditure	*9*	**324 440**	160 000
Cash and cash equivalents	*10*	**16 372**	275 227
Prepayments and advances	*11*	**903**	12 676
Receivables	*12*	**96 228**	50 644
Non Current assets			
Investments	*13*	**54 000**	54 000
TOTAL ASSETS		**491 943**	**552 547**
LIABILITIES			
Current liabilities		**437 943**	498 547
Voted funds to be surrendered to the Revenue Fund	*14*	**30 897**	368 555
Departmental revenue to be surrendered to the Revenue Fund	*15*	**22 596**	79 053
Bank overdraft	*16*	**357 308**	-
Payables	*17*	**25 488**	47 586
Local and foreign aid assistance unutilised	*3*	**1 654**	3 353
TOTAL LIABILITIES		**437 943**	**498 547**
NET ASSETS		**54 000**	**54 000**
Represented by:			
Capitalisation Reserves		54 000	54 000
TOTAL		**54 000**	**54 000**

STATEMENT OF CHANGES IN NET ASSETS
for the year ended 31 March 2006

	Note	2005/06 R'000	2004/05 R'000
Capitalisation Reserves			
Opening balance	*13*	**54 000**	54 000
Transfers		-	-
Movement in Equity		-	-
Movement in Operational Funds		-	-
Other movements		-	-
Closing balance		**54 000**	54 000
TOTAL		**54 000**	**54 000**

CASH FLOW STATEMENT
for the year ended 31 March 2006

	Note	2005/06 R'000	2004/05 R'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts		**10 092 771**	**9 620 604**
Annual appropriated funds received	*1.1*	**9 840 640**	8 943 840
Appropriation for unauthorised expenditure received	*9*	**-**	407 572
Departmental revenue received		**247 202**	264 309
Local and foreign aid assistance received	*3*	**4 929**	4 883
Net (increase) in working capital		**(55 909)**	(2 826)
Surrendered to Revenue Fund		**(678 913)**	(366 955)
Current payments		**(8 135 651)**	(7 402 496)
Transfers and subsidies paid		**(872 481)**	(806 322)
Other non cash items		**(3 353)**	(4 740)
Net cash flow available from operating activities	*18*	**346 464**	**1 037 265**
CASH FLOWS FROM INVESTING ACTIVITIES			
Payments for capital assets		**(969 326)**	(367 998)
Proceeds from sale of capital assets	*2*	**6 699**	100
Net cash flows from investing activities		**(962 627)**	**(367 898)**
Net (decrease) / increase in cash and cash equivalents		**(616 163)**	674 107
Cash and cash equivalents at the beginning of the period		**275 227**	(398 880)
Cash and cash equivalents at end of period	*19*	**(340 936)**	**275 227**

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

1. Annual Appropriation

1.1 Annual Appropriation **
Included are funds appropriated in terms of the Appropriation Act for Provincial Departments.

Programmes	Final Appropriation R'000	Actual Funds Received R'000	Funds not requested/ not received R'000	Appropriation Received 2004/05 R'000
Health Administration	250 325	250 325	-	267 045
District Health Services	2 154 358	2 154 358	-	1 933 556
Emergency Medical Services	329 451	329 451	-	313 365
Provincial Hospital Services	2 645 825	2 645 825	-	2 482 751
Central Hospital Services	3 502 390	3 502 390	-	3 061 766
Health Training & Services	220 818	220 818	-	194 875
Health Care Support Services	119 911	119 911	-	58 173
Health Facility Management	631 325	631 325	-	628 689
Special Functions	13 509	13 509	-	3 620
Internal Charges	(27 272)	(27 272)	-	-
Total	**9 840 640**	**9 840 640**	**-**	**8 943 840**

	Notes	2005/06 R'000	2004/05 R'000
**1.2 Conditional Grants ** **			
Total Grants Received	*Annexure 1A*	**2 667 719**	2 675 422

** Conditional grants are included in the amounts per the Total Appropriation in Note 1.1
The amount disclosed under 2004/05 represents the Division of Revenue Act amount and not the actual amount of R2 670 218 as disclosed in the prior year financial statements.

2. Departmental revenue to be surrendered to revenue fund

Sales of goods and services other than capital assets	*2.1*	**223 746**	245 394
Fines, penalties and forfeits		**5**	2
Interest, dividends and rent on land	*2.2*	**5 209**	2 283
Sales of capital assets	*2.3*	**6 699**	100
Financial transactions in assets and liabilities	*2.4*	**18 242**	16 630
Total revenue collected		**253 901**	264 409
Total		**253 901**	**264 409**

The 2005 note has been restated due to a duplication of transfers received in the prior year. An amount of R20 has been excluded from the above note.

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

	Notes	2005/06 R'000	2004/05 R'000
2.1 Sales of goods and services other than capital assets			
Sales of goods and services produced by the department		**223 746**	245 394
sales by market establishment		**223 746**	245 394
Total		**223 746**	**245 394**
2.2 Interest, dividends and rent on land			
Interest		5 209	2 283
Total		**5 209**	**2 283**
2.3 Sale of capital assets			
Other capital assets		**6 699**	100
Total		**6 699**	**100**

Sale of capital assets amounting to R944 in Notes 2.3 were reclassified to Sale of goods and services in Note 2.1

2.4 Financial transactions in assets and liabilities
Nature of loss recovered

Loans	**9**	564
Receivables	**16 265**	7 460
Other receipts including recoverable revenue	**1 968**	8 606
Total	**18 242**	**16 630**

The 2005 note has been restated due to a duplication of transfers received in the prior year. An amount of R20 has been excluded from the above note.

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

3. Local and foreign aid assistance

3.1 Assistance received in cash: Other

Notes	2005/06 R'000	2004/05 R'000
Local		
Opening Balance	**20**	-
Revenue	**743**	20
Closing Balance	**763**	**20**
Foreign		
Opening Balance	**3 333**	4 740
Revenue	**833**	123
Expenditure	**3 275**	1 530
Current	**3 190**	1 530
Capital	**85**	-
Closing Balance	**891**	**3 333**
Total		
Opening Balance	**3 353**	4 740
Revenue	**1 576**	143
Expenditure	**3 275**	1 530
Current	**3 190**	1 530
Capital	**85**	-
Closing Balance	**1 654**	**3 353**
Analysis of balance		
Local and foreign aid unutilised Closing balance	**1 654**	3 353
	1 654	**3 353**

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

	Notes	2005/06 R'000	2004/05 R'000
4 Compensation of employees			
4.1 Salaries and Wages			
Basic salary		**3 081 507**	2 931 794
Performance award		**73 967**	84 200
Service Based		**7 910**	8 702
Compensative/circumstantial		**486 752**	434 945
Periodic payments		**35 880**	28 896
Other non-pensionable allowances		**380 535**	322 826
Total		**4 066 551**	**3 811 363**
4.2 Social contributions			
4.2.1 Employer contributions			
Pension		**396 403**	426 504
Medical		**224 489**	214 081
UIF		**-**	1
Bargaining council		**1 221**	1 137
Insurance		**2**	2
Total		**622 115**	**641 725**
Total compensation of employees		**4 688 666**	**4 453 088**
		Employees	**Employees**
Average number of employees		**43 697**	**42 475**

5. Goods and services			
Advertising		**23 940**	14 975
Attendance fees (including registration fees)		**3 872**	5 248
Bank charges and card fees		**2 461**	1 804
Bursaries (employees)		**2 081**	2 816
Communication		**66 696**	53 281
Computer services		**23 285**	5 138

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

	Notes	2005/06 R'000	2004/05 R'000
Consultants, contractors and special services		**65 116**	103 232
Courier and delivery services		**186**	340
Tracing agents & Debt collections		**25**	-
Drivers' licences and permits		**9**	9
Entertainment		**6 565**	8 211
External audit fees	**5.1**	**8 005**	7 090
Equipment less than R5000		**55 786**	39 158
Government Motor Transport		**33 331**	34 063
Honoraria (Voluntary workers)		**9**	614
Helicopter services		**2 344**	3 824
Inventory	**5.2**	**1 773 634**	1 568 210
Legal fees		**11 211**	14 998
Maintenance, repairs and running cost		**377 859**	335 976
Medical Services		**693 288**	531 984
Operating leases		**47 129**	65 773
Personnel agency fees		**116**	216
Photographic services		**15**	2
Plant flowers and other decorations		**92**	13
Printing and publications		**67**	328
Professional bodies and membership fees		**29**	11
Resettlement cost		**484**	513
Subscriptions		**142**	321
Taking over of contractual obligations		**-**	22
Owned leasehold property expenditure		**172 569**	112 499
Translations and transcriptions		**-**	7
Transport provided as part of the departmental activities		**4 934**	4 040
Travel and subsistence	**5.3**	**14 602**	10 395
Venues and facilities		**3 846**	1 106
Protective, special clothing & uniforms		**20 005**	2 881
Training & staff development		**15 647**	6 574
Witness and related fees		**36**	6
		3 429 466	**2 935 678**

Helicopter services includes amounts paid by the department for the transportation of patients using various helicopter service provider

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

	Notes	2005/06 R'000	2004/05 R'000
5.1 External audit fees			
Regulatory audits		**7 972**	7 084
Other audits		**33**	6
Total external audit fees		**8 005**	**7 090**
5.2 Inventory			
Strategic stock		**-**	44
Domestic consumables		**107 541**	108 015
Agricultural		**93**	270
Learning and teaching support material		**275**	1 315
Food and Food supplies		**109 923**	108 801
Fuel, oil and gas		**35 300**	24 630
Laboratory consumables		**940**	5 501
Other consumables		**10 666**	8 822
Parts and other maintenance material		**4 856**	4 052
Sport and recreation		**10**	22
Stationery and printing		**50 215**	46 183
Road construction and supplies		**-**	9
Medical supplies		**1 453 815**	1 260 546
Total Inventory		**1 773 634**	**1 568 210**
5.3 Travel and subsistence			
Local		**13 779**	9 839
Foreign		**823**	556
Total travel and subsistence		**14 602**	**10 395**
6. Financial transactions in assets and liabilities			
Material losses through criminal conduct	*6.1*	**592**	980
Other material losses written off	*6.2*	**227**	762
Debts written off	*6.3*	**13 510**	10 458
Total		**14 329**	**12 200**

Other material losses of items expensed in previous periods amounting to R660 were not disclosed as there is no disclosure requirement in this regard.

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

	Notes	2005/06	2004/05
		R'000	R'000

6.1 Material losses through criminal conduct
Nature of losses

Theft of items	592	980
Total	**592**	**980**

Thefts of items is the following: Medicine, Medical and Dental equipment, Computers and related equipment, Television, Cellular phones and Dental stores

6.2 Other material losses
Nature of losses

Theft of items is the following : Medicine, Medical Equipment, Computers, Cellular phones and Sundry	**227**	762
Total	**227**	**762**

6.3 Debts written off

Nature of debts written off

Various	**13 510**	10 458
Total	**13 510**	**10 458**

7. Transfers and subsidies

Provinces and municipalities	*Annexure 1B*	**467 571**	422 747
Departmental agencies and accounts	*Annexure 1C*	**203 875**	198 540
Universities and Technikons	*Annexure 1D*	**588**	597
Non-profit institutions	*Annexure 1E*	**177 566**	160 433
Households	*Annexure 1F*	**22 881**	24 005
Total		**872 481**	**806 322**

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

	Notes	2005/06 R'000	2004/05 R'000
8. Expenditure for capital assets			
Buildings and other fixed structures	*Annexure 3*	**329 793**	189 471
Machinery and equipment	*Annexure 3*	**639 533**	178 527
Total		**969 326**	**367 998**

Capital expenditure incurred on buildings and other fixed structures include projects that were still in progress at year end. This footnote is also applicable to Annexure 3.

9. Unauthorised expenditure

9.1. Reconciliation of unauthorised expenditure		
Opening balance	**160 000**	567 571
Unauthorised expenditure - current year	**164 440**	1
Amounts approved by Parliament/Legislature (with funding)	-	(407 572)
Current expenditure	-	(407 572)
Unauthorised expenditure awaiting authorisation	**324 440**	160 000

Analysis of Current Unauthorised expenditure		**Total**
Incident	**Disciplinary steps taken/ criminal proceedings**	
Programme 5 - Central Hospitals	None	**153 681**
Programme 8 - Health Facilities	None	**10 759**
Total		**164 440**

Unauthorised expenditure amounting to R159 999 was approved by Provincial Legislature (Act. No.8 of 2005) during the 2005/06 financial year, however the funds were received in the post balance sheet period on the 8th June 2006.

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

	Notes	2005/06 R'000	2004/05 R'000
10. Cash and cash equivalents			
Domestic			
Consolidated Paymaster General Account		**16 101**	275 027
Cash receipts		**-**	(12)
Disbursements		**-**	(55)
Cash on hand		**271**	267
Total		**16 372**	**275 227**

Prior year Mineral rights account has been reclassified as Cash and Cash Equivalents

		2005/06 R'000	2004/05 R'000
11. Prepayments and advances			
Description			
Travel and subsistence		**138**	161
Prepayments		**-**	2 126
Advances paid to other entities		**765**	10 389
		903	**12 676**

An amount of R5 385 for Claims recoverable in the prior year was reclassified to Note 12 as Receivables

12. Receivables	*Notes*	Less than one year	One to three years	Older than three years	2005/06 R'000 Total	2004/05 R'000 Total
Staff debtors	*13.1*	5 542	942	2 423	**8 907**	15 750
Other debtors	*13.2*	13 555	7 945	4 330	**25 830**	24 315
Claims recoverable	*Annex 4*	61 491	-	-	**61 491**	10 579
TOTAL		**80 588**	**8 887**	**6 753**	**96 228**	**50 644**

The 2005 note has been restated due to incorrect classification of certain accounts. An amount of R5 194 previously stated under debtors has been disclosed under Claims Recoverable.

The debtors' amount owed to the department of R34 737 may not be collected in less than one year.

An amount of R55 467 (Department of Finance and Economic Affairs) included under Claims recoverable relating to a provincial infrastructure grant transfer may be forfeited as its recoverability from National Treasury is not certain due to non compliance by other provincial departments.

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

	Notes	2005/06 R'000	2004/05 R'00
12.1 Staff Debtors			
Breach of contract		**2 551**	6 873
Employee		**4 424**	4 404
Fraud		**78**	149
GG Accident		**31**	27
Other		**69**	1 469
State guarantee		**802**	2 027
Subsidised transport		**19**	-
Supplier		**692**	504
Telephones		**(10)**	(15)
Travel and subsistence		**251**	312
Total		**8 907**	**15 750**

The prior year actuals have been restated to conform with current year disclosures and as result of a prior year misstatement.

12.2 Other debtors

Debt Account		**12 765**	15 540
Disallowance miscellaneous		**192**	-
Private telephone		**26**	64
Disallowance payment fraud		**458**	872
Disallowance dishonoured cheque		**-**	3
Subsidised Transport Insurance		**1**	-
Salary : Deduction disallowance		**-**	1 365
Salary : Financial Institution study loan		**5**	-
Salary : Disallowance account		**58**	-
Salary : Reversal control		**564**	-
Health and Welfare SETA		**4 191**	-
OBP investment, current		**-**	15
Salary : Medical Aid		**14**	40
Salary : Housing		**-**	2
Salary : Bargaining councils		**-**	289
Disallowance damages and losses		**272**	488
Debtors with credit balances included in Debt Account		**7 284**	5 637
Total		**25 830**	**24 315**

An amount of R47 658 for Mineral Rights Claim Licence relating to the prior year was reclassified to Note 10. Cash and Cash Equivalents.

Balance of voted funds not received in the prior year amounting to R5 194 was reclassified to Receivables (Annexure 4 - Inter Governmental Receivables)

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

	Notes	2005/06 R'000	2004/05 R'00
13. Investments			
Non-current			
Investment in Medsas		**54 000**	**54 000**
Analysis of Non-current Investments			
Opening Balance		**54 000**	54 000
Additions in Cash		**-**	-
Disposals for Cash		**-**	-
Closing Balance		**54 000**	**54 000**
14. Voted funds to be surrendered to the Revenue Fund			
Opening balance		**368 555**	151 959
Transfer from Statement of Financial Performance		**30 897**	368 555
Paid during the year		**(368 555)**	(151 959)
Closing balance		**30 897**	**368 555**
15. Departmental revenue to be surrendered to the Revenue Fund			
Opening balance		**79 053**	29 640
Transfer from Statement of Financial Performance		**253 901**	264 409
Paid during the year		**(310 358)**	(214 996)
Closing balance		**22 596**	**79 053**

Transfers amounting to R20 for Local and Foreign Aid have been incorrectly surrended to the revenue fund in the 2005 year.

16. Bank overdraft			
Consolidated Paymaster General Account		**357 364**	-
Cash receipts		**4**	-
Disbursements		**(60)**	-
Total		**357 308**	**-**

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

	Notes	2005/06 R'000	2004/05 R'00

17. Payables - current

Description

		30 Days	30+Days	Total	Total
Amounts owing to other entities	*Annexure 5*	969	-	**969**	-
Clearing accounts	*17.1*	-	-	-	388
Other payables	*17.2*	6 032	18 487	**24 519**	47 198
		7 001	**18 487**	**25 488**	**47 586**

An amount of R11 099 in the prior year was reclassified to Note 11. Cash and Cash Equivalents

17.1 Clearing accounts

Salary : Disallowance account	**-**	44
Telephone control account	**-**	239
Telephone erroneous interface account	**-**	105
Total	**-**	**388**

17.2. Other payables

Disallowance miscellaneous	**-**	19 381
Salary : Regional Services Council	**14**	2
Medsas : Claims Recoverable	**2 776**	-
Salary : ACB recalls	**735**	117
Salary : Deduction disallowance	**49**	-
Salary : Advances : Domestic	**6**	-
Salary : Garnishee order	**6**	41
Salary : Finance other institution	**-**	59
Salary : Income tax	**2 186**	1 162
Salary : Insurance deductions	**-**	3
Salary : Official unions	**-**	2
Salary : Pension fund	**537**	101
Salary : Financial institution study loans	**-**	1
Debt receivable income	**4 405**	7 498
Debt receivable interest	**5 700**	10 407
Housing loan guarantees	**149**	1 499
Salary : Bargaining council	**15**	-
Housing key deposits	**598**	435
Salary : Tax debt	**59**	481
OBP investment capital	**-**	3
Investment account : MDF NCA	**-**	369
Debtors with credit balances included in Debt Account	**7 284**	5 637
Total	**24 519**	**47 198**

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

	Notes	2005/06 R'000	2004/05 R'00
18. Net cash flow available from operating activities			
Net surplus as per Statement of Financial Performance		**286 452**	636 317
(Increase)/decrease in receivables - current		**(45 584)**	46 816
Decrease/(Increase) in prepayments and advances		**11 773**	(6 594)
(Increase)/decrease in other current assets		**(164 440)**	407 571
(Decrease) in payables - current		**(22 098)**	(43 048)
Proceeds from sale of capital assets		**(6 699)**	(100)
Surrenders to Revenue Fund		**(678 913)**	(366 955)
Expenditure on capital assets		**969 326**	367 998
Other non-cash items		**(3 353)**	(4 740)
Net cash flow generated by operating activities		**346 464**	**1 037 265**

The 2004/5 note has been restated due to the reclassification of certain debtor and creditor balances and for the balance brought forward for Local and Foreign aid from the prior year

19. Reconciliation of cash and cash equivalents for cash flow Purposes			
Consolidated Paymaster General account		**(341 263)**	275 027
Cash and cash receipts		**(4)**	(12)
Disbursements		**60**	(55)
Cash on hand		**271**	267
Total		**(340 936)**	**275 227**

GAUTENG DEPARTMENT OF HEALTH

VOTE 4

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

	Note	2005/06 R'000	2004/05 R'000

These amounts are not recognised in the Annual Financial Statements and are disclosed to enhance the usefulness of the Annual Financial Statements.

20. Contingent liabilities

Liable to	Nature			
Motor vehicle guarantees	Employees	*Annexure 2A*	-	35
Housing loan guarantees	Employees	*Annexure 2A*	**86 435**	86 382
Claims against the department		*Annexure 2B*	**315 798**	254 345
Other departments (interdepartmental unconfirmed balances)		*Annexure 5*	**1 477**	9 360
Total			**407 310**	**339 189**

Legal claims against the department for the 04/05 financial year have been restated taking into account all legal cases open against the department from prior years.
Included in the Claims against the department is an amount of R8,73 million by the NHLS which is disputed by the Health department.

21. Commitments

Current expenditure		
Approved and contracted	**204 643**	48 361
	204 643	**48 361**
Capital expenditure		
Approved and contracted	**906 505**	230 135
Approved but not yet contracted	**2 579 823**	446 596
	3 486 328	676 731
Total Commitments	**3 690 971**	**725 092**

	Note	2005/06 R'000	2004/05 R'000

22. Accruals

Listed by economic classification

	30 Days	30+ Days	Total	Total
Goods and services	-	282 849	**282 849**	123 950
Total	-	282 849	**282 849**	**123 950**

Listed by programme level

1. Administration		**15 164**	3 385
2. District Health Services		**55 389**	12 159
3. Emergency Medical Services		**-**	19
4. Provincial Hospital Services		**66 509**	36 572
5. Central Hospital Services		**141 772**	70 923
6. Health Training and Sciences		**2 390**	388
7. Health Care Support Services		**1 625**	504
Total		**282 849**	**123 950**
Confirmed balances with other departments	*Annexure 5*	**6 359**	64
Total		**6 359**	**64**

23. Employee benefits

Leave entitlement	**134 538**	122 144
Thirteenth cheque	**138 298**	115 919
Performance bonus	**78 000**	78 000
Capped leave commitments	**322 174**	364 571
Total	**673 010**	**680 634**

The capped leave is cumulative

GAUTENG DEPARTMENT OF HEALTH

VOTE 4

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

	Note	2005/06 R'000	2004/05 R'000

24. Lease Commitments

24.1 Operating leases

	Land R'000	Buildings and other fixed structures R'000	Machinery and equipment R'000	Total	Total
Not later than 1 year	-	-	16 730	**16 730**	-
Later than 1 year and not later than 5 Years	-	-	18 759	**18 759**	65 733
Later than five years	-	-	77	**77**	-
Total present value of lease liabilities	-	-	35 566	**35 566**	**65 733**

25. Receivables for departmental revenue

Sales of goods and services other than capital assets	**296 150**	270 423
Total	**296 150**	**270 423**

An amount of R 92 530 (04/05: R 62 185) has been written off during the year.

	Note	2005/06 R'000	2004/05 R'000

26. Related party transactions

The Medical Supplies Depot in Auckland Park provides medical supplies to all Gauteng Health institutions at cost plus 5%. Goods are ordered by institutions either manually or electronically by means of the Remote Demander Module (RDM). Expenses are captured against institutions by means of an interface to the Basic Accounting System (BAS).

Revenue received/(paid)		
Sales of goods and services other than capital assets	**915 707**	822 809
Total	**915 707**	**822 809**
Movement of funds between department and related party		
Debtor balances	**4 148**	(84)
Total	**4 148**	**(84)**
Balances between department and related party		
Investment	**54 000**	54 000
Debtor balances	**47 397**	43 249
Total	**101 397**	**97 249**

GAUTENG DEPARTMENT OF HEALTH

VOTE 4

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

		2005/06 R'000	2004/05 R'000
27. Key management personnel			
Descriptions	**No. of Individuals**		
Political office bearers	1	**504**	475
Officials			
Level 15 to 16	5	**3 353**	3 492
Level 14	9	**5 089**	2 640
Family members of key management personnel			
Total		**8 946**	**6 607**

The cost of compensation in this category of employees represents payments made during the year. No other remuneration other than the prescribed senior management package and performance bonuses was provided. No loans were made to Senior management that are not widely available to persons outside senior management.

28. Public Private Partnership
Description of the arrangements

In the prior year, the department had identified the need to investigate a feasibility and affordability of entering into a Private Public Partnership to finance, procure, replace and maintain medical equipment at the new Pretoria Academic and Johannesburg hospitals. The cost of this phase was R1,2 m paid for by the Provincial Treasury, however the PPP was cancelled due to it not being economically viable to the department. In the current financial year, the department had identified the need to investigate a feasibility and affordability of entering into a Private Public Partnership to perform the revitalisation and upgrading of the Chris Baragwanath Hospital. The department is in the process of appointing a transaction advisor to perform the feasibility study. No expenses were incurred to date.

Public Private Partnership (cont.)	2005/06 R'000	2004/05 R'000
Contract fee received		
Current Expenditure		
Goods and services (excluding lease payments)	-	1 200
TOTAL	**-**	**1 200**

29. Provisions and write-offs

Potential irrecoverable debts		
Other debtors	**4 498**	10 547
TOTAL	**4 498**	**10 547**

Debt amounting to R4 498 (04/05: R10 547) may not be recoverable but has not been written off in the Statement of Financial Performance.

GAUTENG DEPARTMENT OF HEALTH

VOTE 4

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

ANNEXURE 1A
STATEMENT OF CONDITIONAL GRANTS RECEIVED

NAME OF DEPARTMENT	GRANT ALLOCATION					SPENT			2004/05	
	Division of Revenue Act/ Provincial Grants	Roll Overs	DORA Adjustments	Other Adjustments	Total Available	Amount received by department	Amount spent by department	% of available funds spent by department	Division of Revenue Act	Amount spent by department
	R'000	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Division of Revenue Act										
Tertiary Services	1 760 465	-	-	-	1 760 465	1 760 465	1 760 465	100.0%	1 727 736	1 727 736
Health Professions Training and Development	554 039	-	-	-	554 039	554 039	554 039	100.0%	560 788	560 788
Hospital Revitalisation Grant	17 955	3 222	-	71 000	92 177	102 891	102 891	111.6%	155 126	61 204
Comprehensive HIV/AIDS	185 048	-	-	-	185 048	185 048	185 151	100.1%	134 231	134 000
Integrated Nutrition Programme	11 333	-	-	-	11 333	11 333	9 858	87.0%	10 307	9 848
Hospital Management and Quality Improvement	18 510	(192)	-	-	18 318	18 510	8 019	43.8%	20 776	20 526
Forensic Pathology Services	16 944	-	-	-	16 944	16 944	7 879	46.5%	-	-
Provincial Grants										
Provincial Infrastructure	73 955	8 826	-	-	82 781	18 489	82 781	100.0%	66 458	57 632
	2 638 249	**11 856**		**71 000**	**2 721 105**	**2 667 719**	**2 711 083**		**2 675 422**	**2 571 734**

GAUTENG DEPARTMENT OF HEALTH

VOTE 4

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

ANNEXURE 1B
STATEMENT OF CONDITIONAL GRANTS TO MUNICIPALITIES

NAME OF MUNICIPALITY	GRANT ALLOCATION				TRANSFER		SPENT			2004/05
	Division of Revenue Act	Roll Overs	Adjustments	Total Available	Actual Transfer	% of Available Funds Transferred	Amount received by municipality	Amount spent by municipality	% Available funds spent by municipality	Division of Revenue Act
	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000	R'000	R'000
Primary Health Care										
Category A										
City of Johannesburg Metro	62 110	-	(18 810)	43 300	43 300	100.0%	43 300	43 300	100.0%	56 050
City of Tshwane Metro	26 190	-	(2 425)	23 765	23 765	100.0%	23 765	23 765	100.0%	75 000
Ekurhuleni Metro	83 050	-	(4 175)	78 875	78 875	100.0%	78 875	78 875	100.0%	23 630
Category C										
West Rand District Council	17 150	-	14 060	31 210	40 553	129.9%	40 552	40 552	100.0%	15 480
Sedibeng District Council	31 320	-	17 007	48 327	48 327	100.0%	48 327	48 327	100.0%	28 280
Metsweding District Council	2 100	-	2 429	4 529	4 529	100.0%	4 529	4 529	100.0%	1 900
Emergency Medical Services										
Category A										
City of Johannesburg Metro	56 467	-	-	56 467	56 467	100.0%	56 467	56 467	100.0%	46 593
City of Tshwane Metro	29 864	-	(15)	29 849	29 849	100.0%	29 849	29 849	100.0%	27 059
Ekurhuleni Metro	72 635	-	-	72 635	72 635	100.0%	72 635	72 635	100.0%	60 017
Category C										
West Rand District Council	20 874	-	(31)	20 843	20 843	100.0%	20 843	20 843	100.0%	18 939
Sedibeng District Council	23 407	-	-	23 407	23 407	100.0%	23 407	23 407	100.0%	20 625
Metsweding District Council	8 215	-	(18)	8 197	8 197	100.0%	8 197	8 197	100.0%	8 767
Levies and Municipal Services	17 415	-	(591)	16 824	16 824	100.0%	16 824	16 824	100.0%	-
	450 797	**-**	**7 431**	**458 228**	**467 571**		**467 570**	**467 570**		**382 340**

GAUTENG DEPARTMENT OF HEALTH

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

ANNEXURE 1C
STATEMENT OF TRANSFER TO DEPARTMENTAL AGENCIES AND ACCOUNTS

DEPARTMENTS/AGENCY/ ACCOUNT	TRANSFER ALLOCATION				TRANSFER		2004/05
	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
Lifecare-Mental Hospitals	131 294	-	6 838	138 132	138 132	100.0%	165 100
Lifecare-Tuberculosis Hospitals	46 836	-	-	46 836	40 836	87.2%	33 100
SANTA – Tuberculosis Hospital	27 500	-	-	27 500	24 907	90.6%	29 860
Alexandra Health Care Centre	-	-	-		-	0.0%	20 000
Witkoppen Clinic	-	-	-	-	-	0.0%	1 400
Philip Moyo Clinic	-	-	-	-	-	0.0%	6 520
	205 630	**-**	**6 838**	**212 468**	**203 875**		**255 980**

ANNEXURE 1D
STATEMENT OF TRANSFERS TO UNIVERSITIES AND TECHNIKONS

UNIVERSITY/TECHNIKON	TRANSFER ALLOCATION				TRANSFER			2004/05
	Adjusted Appropria-tion Act	Roll Overs	Adjustments	Total Available	Actual Transfer	Amount not Transferred	% of Available Funds Transferred	Final Appropriation Act
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000
University of Wits	200	-	-	200	187	13	93.5%	195
University of Johannesburg	220	-	-	220	212	8	96.4%	225
University of Limpopo	80	-	-	80	52	28	65.0%	51
University of Pretoria	150	-	-	150	137	13	91.3%	129
	650	**-**	**-**	**650**	**588**	**62**		**600**

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

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

NON PROFIT ORGANISATION	TRANSFER ALLOCATION				EXPENDITURE		2004/05
	Adjusted Appropriation Act	Roll Overs	Adjustments	Total Available	Actual Transfer	% of Available Transferred	Final Appropriation Act
	R'000	R'000	R'000	R'000	R'000	%	R'000
Transfers							
Mental Health	87 665	-	(53 867)	33 798	33 110	98.0%	59 613
Community Based Services	-	-	1 959	1 959	1 959	100.0%	75 032
HIV/AIDS (provincial)	82 450	-	11 287	93 737	93 737	100.0%	38 393
Nutrition	20 259	-	(1 855)	18 404	18 404	100.0%	-
Alexandra Health Care Centre	21 600	-	-	21 600	21 600	100.0%	-
Phillip Moyo	7 365	-	(109)	7 256	7 256	100.0%	-
Witkoppen	1 520	-	(20)	1 500	1 500	100.0%	-
TOTAL	**220 859**	**-**	**(42 605)**	**178 254**	**177 566**		**173 038**

R10 was allocated to an HIV/AIDS NGO as an award during the Khanyisa award ceremony in the current financial year.

ANNEXURE 1F
STATEMENT OF TRANSFERS / SUBSIDIES TO HOUSEHOLDS

HOUSEHOLDS	GRANT ALLOCATION				EXPENDITURE		2004/05
	Adjusted Appropriation Act	Roll Overs	Adjustments	Total Available	Actual Transfer	% of Available Transferred	Final Appropriation Act
	R'000	R'000	R'000	R'000	R'000	%	R'000
H/H Employee Social benefit	18 537	-	(5 191)	13 346	13 346	100.0%	6 990
Bursaries non employee	6 600	-	2 143	8 743	8 743	100.0%	-
Claims against state households	632	-	160	792	792	100.0%	-
TOTAL	**25 769**	**-**	**(2 888)**	**22 881**	**22 881**		**6 990**

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

ANNEXURE 1G
STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED FOR THE YEAR ENDED 31 March 2006

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIIP	2005/06	2004/05
		R'000	R'000
Received in cash			
Various individual donors	Cash donations	**743**	20
Subtotal		**743**	**20**
Received in kind			
Various individual donors	Various items in kind	**511**	-
Subtotal		**511**	-
Total		**1 254**	**20**
Received in cash			
Various individual donors	Cash donations	**20**	26
Total		**20**	**26**

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

ANNEXURE 1H
STATEMENT OF LOCAL AND FOREIGN AID ASSISTANCE RECEIVED FOR THE YEAR ENDED 31 March 2006

NAME OF DONOR	PURPOSE	OPENING BALANCE	REVENUE	EXPENDITURE	CLOSING BALANCE
		R'000	R'000	R'000	R'000
Received in cash					
Local					
Various donations	For Expenditure on Various Health Projects	20	743	-	763
Foreign					
European Union (DPHC)	Primary health care and HIV/AIDS	3 269	-	2 824	445
Belgium Technical Co-operation	TB/HIV collaboration	64	833	451	446
Subtotal		3 353	1 576	3 275	1 654
Total		**3 353**	**1 576**	**3 275**	**1 654**

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

ANNEXURE 2A
STATEMENT OF FINANCIAL GUARANTEES ISSUED AS AT 31 March 2006

Guarantor institution	Guarantee in respect of	Original Guaranteed capital Amount	Opening Balance 01/04/2005	Guarantees issued during the year	Guarantees released/paid/ Cancelled/ Reduced during the year	Guaranteed interest outstanding as at 31 March 2006	Closing Balance 31/03/2006	Realised losses not recoverable
		R'000	R'000	R'000	R'000	R'000	R'000	R'000
	Motor Vehicles							
Stannic	Bonnecwe GC	204	-	-	-	-	-	-
Stannic	Kenoshi ME	190	35	-	35	-	-	-
Stannic	Van Os BE	204	-	-	-	-	-	-
Stannic	Zipp PA	180	-	-	-	-	-	-
		778	**35**	**-**	**35**	**-**	**-**	**-**
	Housing							
ABSA	1 890	25 770	24 960	85	70	-	24 975	-
BOE Bank Limited	30	783	503	-	-	-	503	-
Community Bank	33	302	282	-	-	-	282	-
First Rand Bank (FNB)	716	9 654	10 770	46	-	-	10 816	-
First Rand Bank Limited (FNB)	599	7 157	7 157	-	-	-	7 157	-
Green Start Home Loans	8	129	129	-	-	-	129	-
Hlano Financial Services	13	80	102	-	-	-	102	-
Mercantile Savings & Loans	1	11	29	-	-	-	29	-
Mpumalanga Housing Finance Co	1	4 411	11	-	-	-	11	-

GAUTENG DEPARTMENT OF HEALTH

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

Guarantor institution	Guarantee in respect of	Original Guaranteed capital Amount	Opening Balance 01/04/2005	Guarantees issued during the year	Guarantees released/paid/ Cancelled/ Reduced during the year	Guaranteed interest outstanding as at 31 March 2006	Closing Balance 31/03/2006	Realised losses not recoverable
		R'000	R'000	R'000	R'000	R'000	R'000	R'000
Nedbank Limited	293	84	5 349	19	-	-	5 368	-
Old Mutual Bank	1 022	1 221	11 016	-	-	-	11 016	-
Old Mutual Finance Limited	67	1 297	1 297	-	-	-	1 297	-
People's Bank Limited (FBC)	235	3 568	3 590	-	-	-	3 590	-
SA Home Loans (PTY) LTD	1	11	11	-	-	-	11	-
Standard Bank	857	12 148	12 209	17	44	-	12 182	-
Standard Bank Building Society	8	81	91	-	-	-	91	-
Unique Finance	77	1 183	1 183	-	-	-	1 183	-
VBS Mutual Bank	12	189	213	-	-	-	213	-
Yskor Landgoed	1	18	18	-	-	-	18	-
Nedbank Limited	624	7 348	7 348	-	-	-	7 348	-
Nedcor Inv Bank	4	84	84	-	-	-	84	-
Nedbank Inc	2	30	30	-	-	-	30	-
		75 559	**86 382**	**167**	**114**	**-**	**86 435**	**-**
Total		**76 337**	**86 417**	**167**	**149**	**-**	**86 435**	**-**

Opening Balances for Housing Guarantees have been restated due to duplication of housing guarantees in certain employees.

GAUTENG DEPARTMENT OF HEALTH

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

ANNEXURE 2B
STATEMENT OF CONTINGENT LIABILITIES AS AT 31 March 2006

Nature of Liability	Opening Balance 01/04/2005	Liabilities incurred during the year	Liabilities paid/cancelled/reduced during the year	Liabilities recoverable (Provide details hereunder)	Closing balance 31 March 2006
	R'000	R'000	R'000	R'000	R'000
Claims against the department					
Medico – Legal	239 485	89 124	29 211	-	299 398
Civil	5 595	2 259	865	-	6 989
EMS	535	281	135	-	681
NHLS	8 730	-	-	-	8 730
Total	**254 345**	**91 664**	**30 211**	**-**	**315 798**

GAUTENG DEPARTMENT OF HEALTH

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

ANNEXURE 3
CAPITAL TANGIBLE ASSET MOVEMENT SCHEDULE FOR THE YEAR ENDED 31 MARCH 2006

	Opening Balance R'000	Additions R'000	Disposals R'000	Closing Balance R'000
BUILDING AND OTHER FIXED STRUCTURES	**189 471**	**329 793**	**6 699**	**512 565**
Non-residential Buildings	189 471	329 793	6 699	512 565
MACHINERY AND EQUIPMENT	**349 042**	**639 533**	**-**	**988 575**
Transport assets	9 425	53 878	-	63 303
Computer equipment	36 512	13 349	-	49 861
Furniture and Office equipment	56 991	7 819	-	64 810
Other machinery and equipment	246 114	564 487	-	810 601
TOTAL CAPITAL ASSETS	**538 513**	**969 326**	**6 699**	**1 501 140**

ANNEXURE 3.1
ADDITIONS MOVEMENT SCHEDULE FOR THE YEAR ENDED 31 MARCH 2006

	Cash R'000	In-kind R'000	Total R'000
BUILDING AND OTHER FIXED STRUCTURES	**329 793**	**-**	**329 793**
Non-residential Buildings	329 793	-	329 793
MACHINERY AND EQUIPMENT	**639 533**	**-**	**639 533**
Transport assets	53 878	-	53 878
Computer equipment	13 349	-	13 349
Furniture and Office equipment	7 819	-	7 819
Other machinery and equipment	564 487	-	564 487
TOTAL CAPITAL ASSETS	**969 326**	**-**	**969 326**

GAUTENG DEPARTMENT OF HEALTH

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

ANNEXURE 3.2
DISPOSAL MOVEMENT SCHEDULE FOR THE YEAR ENDED 31 MARCH 2006

	Cost/Carrying Amount R'000	Cash R'000	Profit/(loss) On Disposal R'000
BUILDING AND OTHER FIXED STRUCTURES	**6 699**	**6 699**	**-**
Non-residential Buildings	6 699	6 699	-
TOTAL CAPITAL ASSETS	**6 699**	**6 699**	**-**

ANNEXURE 3.3
CAPITAL TANGIBLE ASSET MOVEMENT SCHEDULE FOR THE YEAR ENDED 31 MARCH 2005

	Additions R'000	Disposals R'000	Total Movement R'000
BUILDING AND OTHER FIXED STRUCTURES	**189 471**	**-**	**189 471**
Non-residential Buildings	189 471	-	189 471
MACHINERY AND EQUIPMENT	**178 527**	**100**	**178 427**
Transport assets	16 942	100	16 842
Other machinery and equipment	161 585	-	161 585
TOTAL CAPITAL ASSETS	**367 998**	**100**	**367 898**

ANNEXURE 4
INTER-GOVERNMENTAL RECEIVABLES

Government Entity	Confirmed balance		Unconfirmed balance		Total	
	31/03/2006	31/03/2005	31/03/2006	31/03/2005	31/03/2006	31/03/2005
	R'000	R'000	R'000	R'000	R'000	R'000
Department						
Education	-	-	114	-	114	-
Transport and Public Works	-	-	3	-	3	-
Department of Agriculture, Env & Land Affairs	-	-	3	-	3	-
Department of Social Services	4	-	-	-	4	-
Office of the Premier	-	-	5	-	5	-
North West Health	-	-	7	-	7	-
Health – Limpopo	-	-	95	-	95	-
South African National Defence Force	-	22	-	-	-	22
Kwa Zulu Natal Health	-	-	1	-	1	-
Johannesburg Hospital	-	-	16	-	16	-
Claims Recover Gauteng	-	4 965	-	-	-	4 965
Salary Recoverable	-	234	-	-	-	234
Advances from Gauteng	-	164	-	-	-	164
Free state Department of Health	-	-	9	-	9	-
Statistics South Africa	-	-	9	-	9	-
Department of Finance & Economic Affairs	-	5 194	55 470	-	55 470	5 194
Medical supplies Depot	-	-	6	-	6	-
Department of National Defence	-	-	5	-	5	-
North West Provincial Administration	-	-	27	-	27	-
Jhb Cancer Research	-	-	868	-	868	-
Johannesburg Hospital & Folateng	-	-	3 938	-	3 938	-
Johannesburg Provincial Laundry	-	-	619	-	619	-
Masakhane Cookfreeze factory	-	-	292	-	292	-
TOTAL	**4**	**10 579**	**61 487**	**-**	**61 491**	**10 579**

Claims Recover Gauteng – An amount R234 was paid in April 2005. Intergovernmental receivables have been disclosed in note 11.

ANNEXURE 5
INTER-GOVERNMENTAL PAYABLES

GOVERNMENT ENTITY	Confirmed balance outstanding		Unconfirmed balance outstanding		Total	
	31/03/2006	31/03/2005	31/03/2006	31/03/2005	31/03/2006	31/03/2005
	R'000	R'000	R'000	R'000	R'000	R'000
Department						
Amounts not included in Statement of financial position						
Current						
Gauteng Shared Services Centre	3 127	-	-	2 346	3 127	2 346
Department of Justice	2 011			5 983	2 011	5 983
Department of National Health	995	-	-	987	995	987
SAMDI	-	-	-	44	-	44
Free State Province	226	-	-	-	226	-
South African Police Services	-	-	3	-	3	-
National Treasury	-	-	21	-	21	-
Department of Foreign Affairs	-	-	1 453	-	1 453	-
Advances from National Dept	-	64	-	-	-	64
Total	**6 359**	**64**	**1 477**	**9 360**	**7 836**	**9 424**
Amounts included in Statement of financial position						
Current						
Transport and Public Works	969	-	-	-	969	-
Total	**969**	**-**	**-**	**-**	**969**	**-**

ADDENDUM A

MEDICAL SUPPLIES DEPOT

DEPARTMENT OF HEALTH
MEDICAL SUPPLIES DEPOT

MANAGEMENT REPORT
For the year ended 31 MARCH 2006

The Accounting Officer of the Gauteng Department of Health hereby submits the annual report for the Medical Supplies Depot, to the Executive Authority of the Department of Health, and the Gauteng Provincial Legislature of the Republic of South Africa.

1. General review of the state of affairs

The Medical Supplies Depot is responsible for the supply of essential medicines and disposable surgical sundry items to Provincial Health Care Facilities in Gauteng. The Depot operates as a trading entity and charges a levy of 5 per cent on stock issues to the Provincial Health Care Facilities.

The Depot operates as a trading entity and prepares financial statements for each financial year in accordance with generally recognized accounting practice (GRAP). Sections 40(1)(b) and 89(1)(a) of the Public Finance Management Act prescribes generally recognized accounting practice. This prescribed practice can be found in chapter 18.4 of the Treasury Regulations and the approved GRAP 1, where it is stated that annual financial statements for trading entities must conform to Generally Accepted Accounting Practice (GAAP). The financial report is prepared and reported accordingly. Refer to note 2 of the financial statements.

The pre-packing function is outsourced and site handover occurred on 8 February 2006. Management still needs to consider an appropriate increase in the levy to recover these additional pre-packing expenses. It is expected that a trend to calculate expected income and expenses by means of regression analysis will only be available towards the end of February 2007 as monthly expansion of line items for repacking occur. To accommodate for the repacking expenses the Department has set out an amount of R7 million for the 2006/2007 financial year. Refer to paragraphs 2 and 8 for more detail. To accommodate the expected changes in recording expenses relating to the pre-packing of items for the store, the depot has started with the identification of cost centres. Managers for each cost centre have been identified and procedures to ensure the completeness of stock requisitioning and receiving have been designed. The cost centre implementation will be further enhanced with the monitoring of some expense items through a budget process in the next financial year.

The Depot procures medicine and medical related items on contract, and either stock these items at the Depot, or orders are placed with suppliers on behalf of institutions for direct delivery to the various institutions. Accurate usage of items, as well as money spent by hospitals, can be obtained from Medsas, the Economic Order Quantity (EOQ) system is applied which ensures that correct stock levels are maintained.

The Medicines and Related Substances Control Act came into effect on 1 July 2005, and hence a decision was taken to review the key performance areas of the post of a Depot manager and to strengthen pharmaceutical services in the whole province. The Director: Clinical Support Services was appointed as the chief executive officer of the Depot. The chief executive officer's duties are time-apportioned in an equal split (50:50). The department carries the compensation expenses of the chief executive officer. Refer to note 14 of the financial statements.

A summary of major spending trends indicates that medicines increase at a rate higher than the consumer price index (CPI). This has the effect that revenue increases at a higher rate and has a favourable influence on the net profit of the depot.

MANAGEMENT REPORT
For the year ended 31 MARCH 2006

Major accounts

Description	2005/2006 Amount R	Variance from Prior Year %	2004/2005 Amount R	Variance from Prior Year %	2003/2004 Amount R	Variance from Prior Year %
Revenue	915 706 507	11.40	822 035 159	3.06	797 601 506	14.85
Expenditure: Personnel	11 759 059	27.37	9 231 899	2.42	9 014 097	(2.11)
Expenditure: General	15 345 116	37.15	11 188 225	(9.02)	12 297 446	22.44
Net Profit	16 601 891	(47.87)	31 845 832	4.18	13 251 194	36.31

It is expected that personnel expenses will increase as the filled posts on the staff establishment was increased to accommodate for the expected changes in control procedures regarding accrual accounting and for the pre-pack store. Refer paragraph 3, 8 and 13. Please note that the per cent variance of the 2003/2004-financial year does not include accruals of the 2002/2003-financial year, and is therefore not the same measurement as for the previous and current year.

The Depot is currently in the process of identifying areas where career development constraints exist and where risks identified need to be addressed. This exercise is specifically to address shortcomings in Human Resource Management.

2. Services rendered

The Medical Supplies Depot is responsible for the effective and efficient procurement, quality testing, storage and distribution of medicines and medical related items to all the Provincial Health Care Facilities in Gauteng. The Depot ensures that Essential Drug List (EDL) medicine and medical related items are available to our clients at all times. This involves the evaluation of medicine and surgical sundry items for tender purposes, participation in tender adjudication meetings, procurement and distribution of these items, as well as quality control of medicines distributed to our institutions.

Quality control is carried out in a fully equipped laboratory, where samples are tested from each batch of medicines received.

Tariff policy

The tariff policy for the trading account was approved on 1 April 1992 as per the Exchequer Act, Act No. 66 of 1975. Approval was granted for a 5 per cent levy on the average carrying value of stock issued to customer hospitals.

MANAGEMENT REPORT
For the year ended 31 MARCH 2006

Free Service

The Depot does not provide any free service. The quality control of the medicines performed by the laboratory on site is part of the administration expenses of the depot.

Inventory

The valuation method used by the Medical Supplies Depot is the moving weighted average method as per the Medsas system:

Medicine and related items

	2005/2006	2004/2005	2003/2004
	R	R	R
Closing stock	75 915 277	44 855 208	29 009 238

Please note that no provision for obsolete stock is made. Refer to note 1.11 and 8 of the financial statements. The value of breakages and expired stock for the 2005/2006-financial year combined represents 15/1000 of a per cent (0.015%) of turnover.

Medicine and related items

	2005/2006	2004/2005
	R	R
Breakages	7 611	15 004
Expire stock	130 819	263 593

3. Capacity constraints

The Medical Supplies Depot delivers a vital service to all the Health Care Institutions in Gauteng.

Currently the Medical Supplies Depot has 190 posts on the approved staff establishment, with 65 vacant. The vacancies are as a result of the need to comply with Resolution 7 of 2003 of the Public Service Bargaining Council. Measures have been taken to strengthen the operations of the Depot and management.

The average service level of stock availability and distribution to clients for the 2005/2006-financial year was 84.72 per cent. The decrease from 89.8 per cent when compared with the previous year can be attributed to international raw material shortages, as well as the lack of finalised national and provincial contracts.

A constraint to ensure effective, economical and efficient reporting exists in that information from various systems needs to be manually collated. Information from the following systems is used and involves time-consuming reconciliation procedures to enable compliance with GAAP for disclosure purposes:

- Basic Accounting System (BAS)
- Personnel and Salary Administration System (Persal)
- Medical Stock Administration System (Medsas)
- Asset Management System (BAUD)
- Manual systems to perform reconciliation procedures and accrual based accounting

This hampers the corporate governance arrangements and financial management improvement process as mentioned in paragraph 7 and 10.

MANAGEMENT REPORT
For the year ended 31 MARCH 2006

4. Utilisation of donor funds

The Depot receives a donation of Nevirapine Solution and Tablets from Boehringer Ingelheim for the Prevention of Mother-to-Child Transmission of HIV, and a further donation of Fluconazole from Pfizer Laboratories for use by AIDS patients with Oesophagael Candidiasis and Cryptococcal Meningitis. This type of donor funding is received on a continuous basis.

The quantity of medicine, received and issued, and the approximate value of the donations for the financial year under review are as follows:

Description	Issue measurement/ Dosage	Quantity Received/ Issued	Current Market Value per Unit (Single Exit Price) R	Total Value Received R
Nevirapine Solution 50mg/5ml	20ml Bottles	720	29.47	21 218
Nevirapine Tablets 60's/200mg	60's Bottles	210	636.71	133 709
Diflucan Suspension 50mg/5ml	35ml Bottles	418	596.15	249 191
Diflucan Tablets 28's/200mg	28's Bottles	29 238	2 226.09	65 086 419
TOTAL		**30 586**		**65 490 537**

The current market value of the donation received is approximately R65 490 537 for the tablets, solution and suspension. This medicine was issued and charged at a value of one-hundredth of one cent (R0.0001) to all clients of the depot. The total charge to health institutions for donations received amounted to R3.06.

Please note that the Depot does not account for the economic benefit received in the income statement, as the Depot is considered to be only a conduit for hospitals and to control the receipt of donations for the department. Refer to note 1.2 of the financial statements.

5. Trading entities

The Medical Supplies Depot operates as a trading entity, known as "The Central Medical Trading Account" since 1 April 1992. The trading entity acts as shared supply chain for the procurement and provisioning of pharmaceutical and surgical sundry items to the department's Health Care Institutions in Gauteng.

Accountability arrangements

Special delegations, approved by the Head of Department are in place for the authorisation of payments. Appropriate segregation of related duties, delegations and policies ensure security of functions in both finance and procurement. System access to MEDSAS, PERSAL and BAS is restricted via profiles and passwords, which further enhances the control measures.

The safekeeping of stock is achieved by limiting access to storage areas to authorized personnel only. This is controlled by means of a computerised system monitored by own security personnel. In addition extensive security by an outsourced company is in place throughout the Depot property.

The implementation of approved tenders occurs much quicker to compensate for the limitations in the Medsas-system regarding backdated price increases. Refer to paragraph 13. The summary of the financial performance of the trading entity is outlined in the attached Financial Statements - see the Balance Sheet, Income Statement, Statement of Changes in Equity, Cash Flow Statement and Notes to the Financial Statements.

6. Public/Private Partnership (PPP)

No Public Private Partnership has been entered into by the Depot in this financial year.

The following non-core services have been outsourced to the private sector:

- Maintenance and support of the MEDSAS computer system
- Distribution of stock to health care institutions.
- Security of the property and vehicle access control.
- Maintenance, pest control and minor landscaping of the garden at the Depot.
- General maintenance contracts, such as lifts, air conditioners, stand-by generator, fire equipment and access control mechanisms.
- The repacking of bulk medicine into patient ready packs. Refer paragraph 8 for detail.

Refer to note 13 of the financial statements for operating lease and commitments detail.

7. Corporate governance arrangements

Management, with the objective of safeguarding the assets of the Depot and ensuring a high quality of service delivery, did a risk assessment. The following financial risks were prioritised:

- A system was developed to reconcile creditors and to ensure that no over- or under- payments were made (Refer to note 11 of the financial statements)
- Debtors control was introduced to ensure that revenue is collected timeously and outstanding orders are cleared. (Refer to note 8.1 of the financial statements)
- A reconciliation procedure was implemented whereby hospitals reconcile stock received, with charges on their accounting system (BAS) and MEDSAS (Budget Expenditure Report).
- The BAUD asset management was implemented and all assets were recorded and capitalized. (Refer to note 6 of the financial statements)

Management uses risk assessments and reports of both internal and external audit on a monthly basis in order to identify areas for improvement of the operations of the Depot. Updated reports made available are being used to strengthen the implementation of risk management and fraud prevention plans at the Medical Supplies Depot. An updated risk assessment for all operations at the Depot was completed on 8 April 2006. This risk assessment with implemented procedures will further enhance controls and operations at the Depot.

8. New/proposed activities

Pre-pack unit

Bulk packed medicine is repacked into patient ready packs by this unit. The Department has finalised the tender process and a service level agreement was signed with a contractor for the outsourcing of this function in September 2005. The registration requirements of the Medicine Control Council (MCC) have been updated resulting in improved equipment and premises that is required to ensure that the registration requirements of the Medicine Control Council are adhered to. The Medicine Control Council has granted a preliminary licence for the current facilities. The level of operation at the end of the 2005/2006-financial year was approximately 21 per cent. The business plan of the Depot indicated that the level of operation at the end of the 2005/2006 financial year is 60 per cent, and by the end of the 2006/2007 financial year it will be 100 per cent. The business plan for the achievement of 100% level of operations at the end of the

2006/2007-financial year will remain the same, subject to additional requirements of the Medicine Control Council for registration.

Drug Supply Management System (DSMS)

The National Department of Health has finalised a tender process to replace MEDSAS. This system, Drug Supply Management System (DSMS), is required as needs and reporting requirements have evolved since first implementation of MEDSAS in 1992. It is envisaged that this new system will improve operations and provide management information required for more effective decision making processes. The planned date of going live per the project plan is 1 September 2006.

9. Events after the reporting date

No material events affecting the financial reporting for the period under review took place after the reporting date. A contingent matter is that the Depot is awaiting an approval to increase the capital to R90 million.

10. Progress with financial management improvement

The pharmaceutical manager position has been filled. Adherence to the PFMA and other financial legislation and delegations systems are being implemented on a continuous basis to ensure better controls and to assist with the financial reporting on an accrual basis of accounting.

The necessary adjustments and manual systems have been put in place at the Medical Supplies Depot to ensure compliance with GAAP. This is in line with the Public Finance Management Act, Chapter 9, section 76(2).

11. Performance information

The key performance indicators per the strategic plan based on constraints and our achievement against targets are reflected in the table below:

Key performance indicator	Target for financial year ending 31 March 2006	Percentage of target achieved at financial year ending 31 March 2006	Detail on achievement of target
Percentages spend on BEE compared to total expenditure.	40%	58.88%	Refer paragraph 6.
Percentage of orders supplied to institutions on first requests.	98%	84.72%	Refer to paragraph 3 for detail.
Percentage of procurement of goods and services via tenders and contracts.	35%	90%	
Percentage hospitals supplied with pre-pack medication.	100%	11.76%	One region 100%. Started with second region of four.

Key performance indicator	Target for financial year ending 31 March 2006	Percentage of target achieved at financial year ending 31 March 2006	Detail on achievement of target
Percentage of top management posts filled.	100%	85.7%	Refer paragraph 1, regarding the Depot manager post.
Percentage of bulk medication prepacked	60%	21%	Refer to paragraph 8 for detail.

12. SCOPA Resolutions

The audit report findings and the related SCOPA resolutions with the progress in addressing these matters are reflected in the table below:

Reference to previous audit report and SCOPA resolutions	Subject	Findings on progress
Report Of The Auditor-General - Emphasis Of Matter SCOPA Resolution - No. 77 of 2004; Paragraph 1.6.2	1. Non-recovery of price increases	System enhancements not done. Tender process to replace system was finalised. Procedure changes effective from 1 April 2005 to implement adjusted contract prices much quicker. Expenses regarding non-recovery now immaterial.
SCOPA Resolution - No. 77 of 2004; Paragraph 1.6.2	2. Budget process	As above. Refer to paragraph 13.
None.	3.Weaknesses identified in the stores	Sticker control system was implemented to improve the identification of the period and enhance FEEFO. A verification officer was appointed from 1 November 2005.
None.	4. Lack of a disaster recovery plan	In process regarding information technology. None.
None.	5. Risk assessment	Refer paragraph 7 for detail.
None.	6. Supply chain management	Procedures were implemented to ensure that conflict of interest declaration occurs.

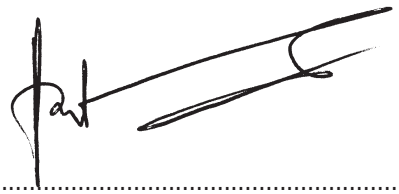
MANAGEMENT REPORT
For the year ended 31 MARCH 2006

13. Other

The procedure changes that was implemented effective from 1 April 2005 has resulted in price increases of only R4 939 not being recovered in the year under review. The new DSMS will be able to accommodate price adjustments that are backdated and provide improved management information.

14. Approval

The annual financial statements set out on pages 214 to 226 have been approved by the Accounting Officer.



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DR. A. RAHMAN
ACTING: HEAD OF DEPARTMENT
31 MAY 2006

REPORT OF THE AUDITOR-GENERAL TO THE GAUTENG PROVINCIAL LEGISLATURE ON THE FINANCIAL STATEMENTS OF THE MEDICAL SUPPLIES DEPOT FOR THE YEAR ENDED 31 MARCH 2006

1. AUDIT ASSIGNMENT

The financial statements as set out on pages 214 to 226 for the year ended 31 March 2006 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) and section 40(2) of the Public Finance Management Act, 1999 (Act No. 1 of 1999) as amended. These financial statements are the responsibility of the accounting officer. My responsibility is to express an opinion on these financial statements, based on the audit.

2. SCOPE

The audit was conducted in accordance with the International Standards on Auditing read with General Notice 544 of 2006, issued in Government Gazette No. 28723 of 10 April 2006 and General Notice 808 of 2006, issued in Government Gazette No. 28954 of 23 June 2006. 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;
- evaluating the overall financial statement presentation.

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

3. AUDIT OPINION

In my opinion, the financial statements present fairly, in all material respects, the financial position of the Medical Supplies Depot (MSD) at 31 March 2006 and the results of its operations and cash flows for the year then ended, in accordance with South African Statements of Generally Accepted Accounting Practice and in the manner required by the Public Finance Management Act, 1999 (Act No. 1of 1999) (PFMA) as amended.

4. EMPHASIS OF MATTER

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

4.1 Internal control - Leave

The following internal control weaknesses in respect of leave were identified:

- Leave records were not always timeously captured on the Personnel and Salary Administration System (PERSAL)
- In some instances vacation leave was approved after the leave was taken.
- Leave was not always approved.

4.2 Environmental matters

MSD did not have an environmental plan in place. Furthermore, waste management, occupational health and safety as well as facility management principles were not always adhered to.

4.3 Financial systems

In terms of section 40(1)(b) of the PFMA, trading entities are required to report on the accrual basis of accounting. The current accounting system utilised is Basic Accounting System (BAS) which is based on cash principles. Manual interventions were required to align the accounting reporting framework with the accounting system used. These manual interventions increased control risk and inefficiencies.

5. APPRECIATION

The assistance rendered by the staff of the Medical Supplies Depot during the audit is sincerely appreciated.

Ms M. A. Masemola for Auditor-General

Johannesburg

28 July 2006

AUDITOR-GENERAL

DEPARTMENT OF HEALTH
MEDICAL SUPPLIES DEPOT

BALANCE SHEET
As at 31 MARCH 2006

	Note	2005/2006 R	2004/2005 R
ASSETS			
Non-current assets			
Property, plant and equipment	6	**1 793 838**	2 247 006
Current assets			
Inventories	7	**75 915 277**	44 855 208
Trade and other receivables	8.1	**47 396 670**	43 248 768
Cash and cash equivalents	9	**84 135 791**	69 526 604
		207 447 738	157 630 580
Total assets		**209 241 576**	**159 877 586**
EQUITY AND LIABILITIES			
Capital and reserves			
Medsas capital account	10	**54 000 000**	54 000 000
Retained earnings		**77 899 329**	61 297 439
Total equity		**131 899 329**	115 297 439
Current liabilities			
Provisions	8.2	**958 010**	641 065
Trade and other payables	11	**76 384 237**	43 939 083
Total liabilities		**77 342 247**	44 580 147
Total equity and liabilities		**209 241 576**	**159 877 586**

DEPARTMENT OF HEALTH
MEDICAL SUPPLIES DEPOT

INCOME STATEMENT
For the year ended 31 MARCH 2006

	Note	2005/2006 R	2004/2005 R
Revenue	3	**915 706 507**	822 035 159
Cost of sales		**872 035 103**	770 543 466
Gross profit		**43 671 404**	51 491 693
Other income	3	**34 661**	774 263
Distribution costs	4	**(4 590 828)**	(4 261 295)
Administrative expenses	4	**(21 463 977)**	(15 386 540)
Other expenses	4	**(1 049 370)**	(772 289)
Profit before tax	5	**16 601 890**	**31 845 832**
Income tax expense	1.15	**-**	-
Profit for the year		**16 601 890**	**31 845 832**
Attributable to:			
Equity holders		**16 601 890**	31 845 832
		16 601 890	**31 845 832**

DEPARTMENT OF HEALTH
MEDICAL SUPPLIES DEPOT

STATEMENT OF CHANGES IN EQUITY
For the year ended 31 MARCH 2006

	NOTE	R RETAINED CAPITAL	R EARNINGS	R TOTAL
Balance as at 1 April 2004		54 000 000	29 451 607	**83 451 607**
Net Profit For the Year			31 845 832	**31 845 832**
Balance as at 1 April 2005	10	**54 000 000**	**61 297 439**	**115 297 439**
Net Profit For the Year		-	16 601 890	**16 601 890**
Balance as at 1 April 2006		**54 000 000**	**77 899 329**	**131 899 329**

DEPARTMENT OF HEALTH
MEDICAL SUPPLIES DEPOT

CASH FLOW STATEMENT
For the year ended 31 MARCH 2006

	Note	2005/2006 R	2004/2005 R
Cash flows from operating activities			
Profit before taxation		**16 601 890**	31 845 832
Adjustments for:			
Depreciation	12	**957 291**	685 993
Provisions	8.2	**316 945**	89 986
		17 876 126	**32 621 811**
(Increase) / Decrease in inventories		**(31 060 069)**	(15 845 970)
(Increase) / Decrease in trade and other receivables		**(4 147 902)**	84 132
Increase / (Decrease) in trade and other payables		**32 445 154**	(26 896 863)
Cash (utilised) / generated from operations		**(2 762 817)**	**(10 036 890)**
Net cash from operating activities		**15 113 309**	**(10 036 890)**
Cash flows from investing activities			
Purchase of property, plant and equipment	6	**(504 122)**	(488 779)
Leave paid from provision	8.2	**-**	(2 688)
Net cash used in investing activities		**(504 122)**	**(491 467)**
Net cash used in financing activities			-
Net (decrease) / increase in Cash and Cash Equivalents		**14 609 187**	(10 528 357)
Cash and cash equivalents at beginning of the year		**69 526 604**	80 054 961
Cash and cash equivalents at end of the year		**84 135 791**	**69 526 604**

NOTES TO THE FINANCIAL STATEMENTS
For the year ended 31 MARCH 2006

1. ACCOUNTING POLICIES

The annual financial statements have been prepared in accordance with Statements of Generally Accepted Accounting Practice.

The following are the principle accounting policies of the Depot which are, in all material respects, consistent with those applied in the previous year, except as otherwise indicated:

1.1 Basis of preparation

The financial statements have been prepared on the historical cost basis, except as modified for the capitalization of furniture and equipment.

1.2 Revenue recognition

Revenue is recognised when it is probable that future economic benefits will flow to the enterprise and these benefits can be measured reliably.

Revenue from the sale of goods is recognised when significant risks and rewards of ownership of the goods have been transferred to the buyer.

Interest income is not recognised as revenue, as surplus cash is kept for the account of the Provincial Government (Department of Finance).

Donations received are not recognized as an increase in economic benefit as items are charged at R0.0001 per item to clients.

1.3 Irregular and fruitless and wasteful expenditure

Irregular expenditure means expenditure incurred in contravention of, or not in accordance with, a requirement of any applicable legislation, including:

- The PFMA, or
- Any provincial legislation providing for procurement procedures in that provincial government.

Fruitless and wasteful expenditure means expenditure that was made in vain and would have been avoided had reasonable care been exercised.

All irregular and fruitless and wasteful expenditure is charged against income in the period in which they are incurred.

1.4 Short-term employee benefits

The cost of short-term employee benefits is expensed in the income statement in the reporting period when the payment is made. Short-term employee benefits, that give rise to a present legal or constructive obligation, are deferred until they can be reliably measured and then expensed. Details of these benefits and the potential liabilities are disclosed as a disclosure note to the financial statements where applicable and are not recognised in the income statement.

1.5 Termination benefits

Termination benefits are recognised and expensed only when the payment is made.

1.6 Retirement benefit costs

The depot provides retirement benefits for 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 money is paid to the fund. No provision is made for retirement benefits in the financial statements.

1.7 Medical benefits

The depot provides medical benefits for its employees through defined benefit plans. These benefits are funded by employer and employee contributions. Employer contributions to the fund are expensed when money is paid to the fund. No provision is made for medical benefits in the financial statements.

NOTES TO THE FINANCIAL STATEMENTS
For the year ended 31 MARCH 2006

1.8 Property, plant and equipment

In order to comply with GAAP, the depot capitalized assets, which previously had been written off on acquisition. The value of the assets capitalized was determined by reference to the original cost price with a suitable depreciation adjustment from the date of acquisition until 1 April 2003.

Equipment and furniture are stated in the balance sheet at their depreciated cost, being their cost price at date of purchase, less any subsequent accumulated depreciation.

Fully depreciated or expensed items are valued at R1.00.

An asset for the depot's asset register is an item which:

- has a life expectancy of more than one year, and
- cost more than R250, and
- has been charged to a valid capital cost center (i.e. capitalized) that is - it has been purchased against such a cost center.

The gain or loss arising from the disposal or retirement of an asset is determined as the difference between the sales proceeds and the carrying amount of the asset and is recognised in income when money is received.

Depreciation is charged so as to write off the cost or valuation of assets, over their estimated useful lives, using the straight-line method, on the following bases:

Classification of Assets	Depreciation Rates (Straight line method)
Equipment and furniture	
Air-conditioning	15%
Alarm system	20%
Computer equipment	33.30%
Furniture and fittings	15%
Kitchen equipmen	15%
Office equipment	20%
Radio equipment	15%
Telephone system	15%

1.9 Impairment

At each balance sheet date, the Depot reviews the carrying amounts of its tangible assets to determine whether there is any indication that those assets may be impaired. If any such indication exists, the recoverable amount of the asset is estimated in order to determine the extent of the impairment loss (if any). Where it is not possible to estimate the recoverable amount for an individual asset, the recoverable amount is determined for the cash-generating unit to which the asset belongs.

If the recoverable amount of an asset (cash-generating unit) is estimated to be less than its carrying amount, the carrying amount of the asset (cash-generating unit) is reduced to its recoverable amount. Impairment losses are immediately recognised as an expense, unless the relevant asset is carried at a revalued amount under another standard, in which case the impairment loss is treated as a revaluation decrease under the standard.

Where an impairment loss subsequently reverses, the carrying amount of the asset (cash-generating unit) is increased to the revised estimate of its recoverable amount, but so that the increased carrying amount does not exceed the carrying amount that would have been determined had no impairment loss been recognised for the asset (cash-generating unit) in prior years. A reversal of an impairment loss is recognised as income immediately, unless the relevant asset is carried at a revalued amount under another standard, in which case the reversal of the impairment loss is treated as a revaluation increase under that other standard.

1.10 Leasing/Operating contracts

Leases are classified as finance leases whenever the terms of the lease transfer substantially all the risks and rewards of ownership to the lessee. All other leases are classified as operating leases.

The Depot has no finance leases. Maintenance contracts as arranged by the Department of

Transport, Roads and Public Works is recognized as commitments, but not as payables. Refer to note 13.

Rentals payable under operating leases are charged to the income statement on a straight-line basis over the term of the relevant lease.

1.11 Inventories

Inventories are stated at the weighted average moving basis. No provision is made for obsolete stock, as it will be a contravention of chapter 9 of the Treasury Regulations. Refer to note 1.3.

1.12 Financial instruments

a Recognition

Financial assets and financial liabilities are recognised on the Depot's balance sheet when the Depot becomes a party to the contractual provisions of the instrument.

b Financial assets

The depot's principle financial assets are accounts receivable and cash and cash equivalents.

c Trade receivables

Trade receivables are stated at their nominal value as reduced by appropriate allowances for estimated irrecoverable amounts.

d Cost and amortized cost are inclusive of any impairment loss recognised to reflect irrecoverable amounts. The financial assets are subject to review for impairment at each balance sheet date.

e Trade payables

Trade and other payables are stated at their nominal value.

1.13 Provisions

Provisions are recognised when the Depot has a present obligation as a result of a past event and it is probable that this will result in an outflow of economic benefits that can be estimated reliably.

The Depot is not exposed to environmental liabilities relating to its operations.

1.14 Comparative figures

Where necessary, comparative figures have been adjusted to conform to changes in presentation in the current year, limited to audited figures. Reasonably, calculated, comparative figures are disclosed in the notes to the Annual Financial Statements for better understanding of changes that have occurred in presentation.

1.15 Taxation

In terms of section 10.1 of the Income Tax Act, Act Number 59 of 1962, the Depot as a government institution, does not pay any normal taxation over to the South African Revenue Service. Employee tax is paid over by the Gauteng Shared Service Center at the time when the employee expenses are programmatically recognised.

2. ADOPTION OF SOUTH AFRICAN ACCOUNTING STANDARDS

During the financial year under review the Depot has adopted the following Generally Accepted Accounting Standards, which has been incorporated from the relevant International Accounting Standards:

AC 111 (IAS 18) - Revenue
AC 116 (IAS 19) - Employee benefits
AC 118 (IAS 7) - Cash flow statements
AC 128 (IAS 36) - Impairment of assets
AC 130 (IAS 37) - Provisions, contingent liabilities and contingent assets

NOTES TO THE FINANCIAL STATEMENTS
For the year ended 31 MARCH 2006

3. REVENUE

An analysis of the depot's revenue

	2005/2006 R	2004/2005 R
Other Revenue	**34 661**	774 263
Medsas Revenue - Sale of medical supplies	**915 706 507**	822 035 159
Total revenue	**915 741 168**	**822 809 422**

There were no discontinued operations for the period under review.

4. OPERATING EXPENSES

An analysis of the Depot's expense is as follows:

Distribution costs:	**4 590 828**	4261 295
- Fees for distribution costs	**4 487 543**	4204 581
- Rental of vehicles	**103 285**	56 714
Administrative expenses:	**21 463 977**	15 386 540
Compensation of employees: Medsas	**11 759 059**	9 231 899
Communication	**402 638**	284 024
Maintenance and repairs	**3 446 052**	1 556 779
Stationery and printing	**492 279**	276 651
Other administrative expenses	**223 032**	1 200 790
Fees for services:		
- Lease rentals of equipment	**54 649**	61 701
- Audit	**565 794**	482 706
- Technical	**3 331 927**	993 458
- Security	**1 188 547**	1 298 532
Other expenses:	**1 049 370**	772 289
- Depreciation	**957 290**	685 993
- External training	**88 880**	13 133
- Thefts and losses	**-**	42 760
- Staff entertainment	**3 200**	30 403
Total	**27 104 175**	**20 420 124**

NOTES TO THE FINANCIAL STATEMENTS
For the year ended 31 MARCH 2006

5. NET PROFIT FOR THE YEAR

Profit from operations has been arrived at after taking into account the following statutory disclosures:

	2005/2006 R	2004/2005 R
Specialised computer services	**1 413 593**	926 880
Security services	**1 188 547**	1 298 532
Auditors' remuneration	**565 794**	482 706
Losses due to criminal activity - section 40(3)(b)	**-**	42 760
Depreciation	**957 290**	685 993
Price increases not recovered	**4 939**	1 405 768

Losses incurred due to theft during a break-in. The matter was reported to the police, with case number 445/06/2001 (R42 760). The amount is only expensed (written-off), when the correct approval is obtained.

Price increases not recovered are where suppliers made deliveries to customers of the depot, the depot paid the new price but charged customers at the old price. The amount disclosed is the difference between the amount paid to suppliers and the amount, before the 5% levy, charged to customers.

6. PROPERTY, PLANT AND EQUIPMENT

Equipment & Furniture	Year ended 31 March 2005 R	Total R
Opening net carrying amount	**2 444 221**	2 444 221
Acquisitions	**488 782**	488 782
Disposals	**(4)**	(4)
Depreciation	**(685 993)**	(685 993)
Closing net carrying amount	**2 247 006**	**2 247 006**
Gross carrying amount	**4 101 553**	4 101 553
Accumulated depreciation	**(1 657 332)**	(1 657 332)
Year ended 31 March 2006		
Opening net carrying amount	**2 247 006**	2 247 006
Acquisitions	**504 122**	504 122
Disposals	**-**	-
Depreciation	**(957 290)**	(957 290)
Closing net carrying amount	**1 793 838**	**1 793 838**

For operating leases utilized and contractual commitments by the depot refer to note 13.

NOTES TO THE FINANCIAL STATEMENTS
For the year ended 31 MARCH 2006

7. INVENTORIES

	2005/2006 R	2004/2005 R
Finished goods - Medsas	**75 915 277**	44 855 208
Total	**75 915 277**	**44 855 208**

The valuation method used by the depot was the weighted average moving basis. No provision for obsolete stock is made. Refer to note 1.11. Stock losses expensed are as follows:

Breakages	**7 611**	15 004
Due to criminal activity	**-**	42 760
Total	**7 611**	**57 764**

Refer to note 4 and 5.

8.1 TRADE AND OTHER RECEIVABLES

Trade receivables	**47 396 670**	43,248,768
Less: Provision for doubtful debts	**-**	-
Total	**47 396 670**	**43,248,768**

No provision for doubtful debts was determined as management considers the carrying amount to approximate to their fair value.

8.2 PROVISIONS

Leave pay provision

Opening balance	**641 065**	553 767
Utilisation during the year	**-**	(2 687)
Increase / (Decrease) in provision for leave	**316 945**	89 985
Closing balance	**958 010**	**641 065**

Provisions consist of the full leave days due to employees as a result of services rendered, calculated on the individual pay rate as at year-end.

NOTES TO THE FINANCIAL STATEMENTS
For the year ended 31 MARCH 2006

	2005/2006 R	2004/2005 R

9. CASH AND CASH EQUIVALENTS

Bank balance	**84 134 291**	69 526 604
Petty cash	**1 500**	-
Total	**84 135 791**	**69 526 604**

Cash and cash equivalents comprise cash at a registered banking institution and petty cash.

The carrying amount of these assets approximates to their fair value.

10. CAPITAL ACCOUNT

The depot operated on a capital account of R54, 000,000.

Capital is used for operating expenses and the purchasing of inventory. The Gauteng Department of Health provided the capital, after Treasury approval was obtained.

11. TRADE AND OTHER PAYABLES

Trade payables	**46 463 463**	43 897 510
Supplier payment control	**27 683 996**	41 573
Sundry	**2 236 778**	-
Total	**76 384 237**	**43 939 083**

Management considers the carrying amount of trade and other payables to approximate their fair value.

12. RECONCILIATION OF PROFIT FOR THE YEAR TO CASH GENERATED FROM OPERATIONS

Net profit per income statement	**16 601 890**	31 845 832
Adjusted for:		
Fixed assets acquisition expensed in the year		-
Depreciation on property, plant and equipment	**957 291**	685 993
Increase / (Decrease) in provision for leave	**316 945**	89 986
	17 876 126	**32 621 811**

NOTES TO THE FINANCIAL STATEMENTS
For the year ended 31 MARCH 2006

13. OPERATING LEASE/CONTRACT ARRANGEMENTS

The depot as lessee/contracted
At the balance sheet date the depot had outstanding commitments under non-cancellable operating leases and/or contracts, which fall due as follows:
Operating leases/contracts

	2005/2006	
	Maintenance Contracts R	Total R
Up to 1 year	3 979 855	3 979 855
1 to 5 years	4 023 933	4 023 933
More than 5 years	-	-
	8 003 788	8 003 788

The depot has an immaterial leasing contract for equipment from “Safika” Gestetner for a period of three years effective from 1 January 2004. The lease agreements are not renewable at the end of the lease term and the depot does not have the option to acquire the equipment. The lease agreements do not impose any restrictions. The lease agreements’ escalation rate is 0%.

Maintenance contracts as negotiated by the Department of Roads, Transport and Public Works, as well as the repacking of bulk medicine into patient ready packs, constitutes the bulk of future commitments. The major maintenance contract became effective 9 December 2005 and the contract regarding repacking in September 2005. The two-year repacking contract was extended to be effective from February 2006.

The Depot utilises vehicles provided by the Department of Roads, Transport and Public Works. Two vehicles are rented on a permanent basis, while other means of transport is arranged on a needs basis and is expensed when paid.

14. KEY MANAGEMENT PERSONNEL EMOLUMENTS

The Medicines and Related Substances Control Act came into effect on 1 July 2005, and hence a decision was taken to review the key performance areas of the post of a Depot manager and to strengthen pharmaceutical services in the whole province. The position of the financial manager was filled from 27 September 2004. The position of the pharmaceutical manger was filled from 1 November 2005. No loan, or profit sharing, or schemes are available to key personnel and are not considered as office holders as defined.

Year ended 31 March 2006	Salary performance payments	Bonuses allowance	Expense contrbutions	Pension	Total
	R	R	R	R	R
Depot manager: Dr. D C Mondzanga (50:50 split)	137 507	17 741	139 145	17 876	**312 269**
Financial manager: J M Smidt	191 174	15 854	59 687	24 892	**291 607**
Pharmaceutical manager: S Choma	95 881	-	24 246	12 464	**132 591**
	424 562	**33 595**	**223 078**	**55 232**	**736 467**

ADDENDUM B

HUMAN RESOURCE OVERSIGHT REPORT

GAUTENG PROVINCIAL GOVERNMENT
DEPARTMENT OF HEALTH
VOTE 4
HUMAN RESOURCE MANAGEMENT (OVERSIGHT) REPORT AS FROM 1 APRIL 2005 TO 31 MARCH 2006

Table 2.1 - Personnel costs by Programme

Programme	Total Expenditure (R'000)	Personnel Expenditure (R'000)	Training Expenditure (R'000)	Professional and Special Services (R'000)	Personnel cost as percent of Total Expenditure	Average Personnel Cost per Employee (R'000)	Employment (b)
1. Health administration	239 996	74 260	1 457	56 144	30.94%	30	2 440
2. District health services	2 152 883	909 063	4 314	4 488	42.23%	82	11 063
3. Emergency Medical Services	329 451	5 137	6	0	1.56%	177	29
4. Provincial health services	2 645 825	1 628 684	1 020	1 228	61.56%	118	13 758
5. Academic health services	3 656 071	1 815 434	867	712	49.66%	133	13 698
6. Health Training & Sciences	220 818	184 996	7 923	1 350	83.78%	64	2 875
7. Health care support services	100 818	65 859	50	1	65.32%	72	913
8. Health facility management	642 084	5 233	10	1 243	0.82%	327	16
- Special Function (c)	13 509	0	0	0	0.00%	0	0
- Internal Charges	(27 272)	0	0	0	0.00%	0	0
Medsas Trading Account	899 139	11 759	89	4 521	1.30%	93	127
Total	**10 873 322**	**4 700 425**	**15 736**	**69 687**	**43.23%**	**105**	**44 919**

Notes:

a. Financial data extracted from Basic Accounting System (BAS).
   - Personnel numbers extracted from the PERSAL system
b. Employment = employees as 31 March 2006 on the PERSAL System.
c. Special function: amount written off.
d. The average cost per employee in Programme 3 and 8 does not reflect correctly due to incorrect allocations on the PERSAL system.
e. Report compiled by the Directorate Financial Management

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Table 2.2 - Personnel costs by Salary band (a)

Salary Bands	Personnel Expenditure (R'000)	Percentage of Total Personnel Cost	Average Personnel Cost per Employee R ('000)	Total Personnel Expenditure (R'000)	Number of Employees (b)
Lower skilled (Levels 1-2)	526 945	12.35%	42	4 763 999	12 682
Skilled (Levels 3-5)	904 365	21.20%	65	4 763 999	13 848
Highly skilled production (Levels 6-8)	1 618 047	37.93%	120	4 763 999	13 517
Highly skilled supervision (Levels 9-12)	1 013 374	23.76%	211	4 763 999	4 807
Senior management (Levels 13-16)	152 723	3.58%	2 350	4 763 999	65
Other	49 974	1.17%		4 763 999	
TOTAL	**4 265 428**	**100.00%**	**95**	4 763 999	**44 919**
	(e)			(d) (e)	(c)

Notes :

a. Data extracted from Vulindlela
b. Number of employees on the table refers to a head count of current employees on Vulindlela.
c. Total Personnel Cost on this table differ from Table (2.3) as the data sources differ (i.e. BAS and Vulindlela).
   - The BAS system does not cater for Salary bands, but expenditure per item.
d. The total for Personnel Expenditure (Column 2) differ from the Total Personnel Expenditure (Column 5) as the total was rounded off to nearest thousand.
e. Information was compiled by the Directorate Finanacial Management

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

Programme	Salaries (R'000)	Salaries as % of Personnel Cost	Overtime (R'000)	Overtime as % of Personnel Cost	HOA (R'000)	HOA as % of Personnel Cost	Medical Ass. (R'000)	Medical Ass. as % of Personnel Cost	Total Personnel Cost (R'000)
1. Health administration	48 776	65.68%	3 266	4.40%	720	0.97%	2 774	3.74%	74 260
2. District health services	631 798	69.50%	40 933	4.50%	13 618	1.50%	45 426	5.00%	909 063
3. Emergency Medical Service	3 261	63.48%	773	15.05%	41	0.80%	215	4.19%	5 137
4. Provincial health services	1 062 303	65.22%	133 492	8.20%	25 472	1.56%	81 064	4.98%	1 628 684
5. Central Hospital Services	1 155 348	63.64%	182 014	10.03%	24 603	1.36%	81 544	4.49%	1 815 434
6. Health Training & Sciences	130 361	70.47%	287	0.16%	645	0.35%	9 891	5.35%	184 996
7. Health care support services	45 797	69.54%	3 263	4.95%	1 815	2.76%	3 418	5.19%	65 859
8. Health facility management	3 863	73.82%	9	0.17%	77	1.47%	157	3.00%	5 233
Medsas Trading Accoun	7 911	67.28%	879	7.48%	290	2.47%	571	4.86%	11 759
Total	**3 089 418**	**65.73%**	**364 916**	**7.76%**	**67 281**	**1.43%**	**225 060**	**4.79%**	**4 700 425**

(b)

Notes:

a. Data extracted from Basic Accounting System (BAS).
b. Total Personnel Cost on this table differ form Table (2.2) as the data source differ (i.e. BAS and Vulindlela). BAS does not cater for salary bands, but expenditure per item.
c. The overtime % for Emergency Medical Services (EMS) is high due to the fact that the staff doing overtime is predominantly on higher salary notches (e.g. Medical Practitioners). Furthermore, the unit was understaffed at the time of reporting.

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Table 2.4 - Salaries, Overtime, Home Owners Allowance and Medical Aid by Salary Band (a)

Salary bands	Salaries (R'000)	Salaries as % of Personnel Cost	Overtime (R'000)	Overtime as % of Personnel Cost	HOA (R'000)	HOA as % of Personnel Cost	Medical Ass. (R'000)	Medical Ass. as % of Personnel Cost	Total Personnel Cost (R'000)
Lower skilled (Levels 1-2)	376 113	71.4%	9 348	1.8%	16 937	3.2%	28 947	5.5%	526 945
Skilled (Levels 3-5)	650 545	71.9%	15 282	1.7%	17 880	2.0%	59 055	6.5%	904 365
Highly skilled production (Levels 6-8)	1 164 107	71.9%	48 279	3.0%	20 959	1.3%	84 540	5.2%	1 618 047
Highly skilled supervision (Levels 9-12)	555 901	54.9%	225 298	22.2%	4 936	0.5%	25 508	2.5%	1 013 374
Senior management (Levels 13-16)	73 212	47.9%	21 572	14.1%	1 607	1.1%	4 391	2.9%	152 723
Other	31	0.1%	692	1.4%	0	0.0%	0	0.0%	49 974
TOTAL (b)	**2 819 909**	**66.1%**	**320 471**	**7.5%**	**62 319**	**1.5%**	**202 441**	**4.7%**	**4 265 428**

Notes :

a. Data extracted from Vulindlela
b. All totals on this table differ from Table (2.3) as the data sources differ (i.e. BAS vs Vulindlela).BAS does not cater for salary bands, but expenditure per item.
c. Information compiled by the Directorate Financial Management

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Table 2.4 - Salaries, Overtime, Home Owners Allowance and Medical Aid by Salary Band (a)

Salary bands	Salaries (R'000)	Salaries as % of Personnel Cost	Overtime (R'000)	Overtime as % of Personnel Cost	HOA (R'000)	HOA as % of Personnel Cost	Medical Ass. (R'000)	Medical Ass. as % of Personnel Cost	Total Personnel Cost (R'000)
Lower skilled (Levels 1-2)	376 113	71.4%	9 348	1.8%	16 937	3.2%	28 947	5.5%	526 945
Skilled (Levels 3-5)	650 545	71.9%	15 282	1.7%	17 880	2.0%	59 055	6.5%	904 365
Highly skilled production (Levels 6-8)	1 164 107	71.9%	48 279	3.0%	20 959	1.3%	84 540	5.2%	1 618 047
Highly skilled supervision (Levels 9-12)	555 901	54.9%	225 298	22.2%	4 936	0.5%	25 508	2.5%	1 013 374
Senior management (Levels 13-16)	73 212	47.9%	21 572	14.1%	1 607	1.1%	4 391	2.9%	152 723
Other	31	0.1%	692	1.4%	0	0.0%	0	0.0%	49 974
TOTAL (b)	**2 819 909**	**66.1%**	**320 471**	**7.5%**	**62 319**	**1.5%**	**202 441**	**4.7%**	**4 265 428**

Notes :

a. Data extracted from Vulindlela
b. All totals on this table differ from Table (2.3) as the data sources differ (i.e. BAS vs Vulindlela).BAS does not cater for salary bands, but expenditure per item.
c. Information compiled by the Directorate Financial Management

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Table 3.2. Employment and Vacancies by salary bands at end of period

Salary Band Description	Number of posts	Number of posts filled	Vacant	Vacancy Rate	Number of posts filled additional to the establishment
1. Lower Skilled (Level 1 - 2)	14 312	13 353	959	6.7%	56
2. Skilled (Level 3 - 5)	14 649	12 569	2 080	14.2%	73
3. Highly Skilled Production (Level 6 - 8)	14 253	11 632	2 621	18.4%	449
4. Highly Skilled Supervision (Level 9 - 12)	4 260	3 540	720	16.9%	197
5. Senior Management (Level 13 - 16)	424	292	132	31.1%	9
Grand Total	**47 898**	**41 386**	**6 512**	**13.6%**	**784**
	(a)				(b)

Notes:

a. The approved staff establishment for 2005/ 2006 are 119 posts more than the previous report.
b. The additional number of posts are with the revision of the following:
- Amendment of the Central Office structure
- Ad hoc approvals on the Institutions approved structures

c. The 784 posts identified as additional to the staff establishment are already included in the total number of posts under (a) above.

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Table 3.3. Employment and Vacancies by Critical Occupation at end of period

Occupational Class (b)	Number of posts	Number of posts filled	Vacant	Vacancy Rate	Number of posts filled additional to the establishment
Dental Practitioner	150	146	4	2.7%	4
Dental Specialist	158	106	52	32.9%	
Medical Practitioner	1 787	1 350	437	24.5%	434
Medical specialist	1 861	1 488	373	20.0%	12
Nursing Assistant	5 739	5 185	554	9.7%	8
Professional Nurse	10 225	7 870	2 355	23.0%	60
Staff Nurse	3 284	3 097	187	5.7%	5
Grand Total	**23 204**	**19 242**	**3 962**	**17.1%**	**523**
	(a) + (b)				(c)

Notes:

a. The above table indicates only critical occupations as identified in the guideline document
b. The critical posts identified constitute 46,2% of the approved posts.
c. The 523 posts identified as additional to the staff establishment are already included in the total number of posts (i.e. 23,204)

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Table 4.1 Job Evaluation

Salary Band	Number of posts	Number of Jobs Evaluated	% of posts evaluated by salary band	Post Upgraded		Post Downgraded	
				Number	% of post evaluated	Number	% of post evaluated
1. Lower Skilled (level 1 - 2)	14 312	10	0.07%	0	0.00%		
2. Skilled (Level 3 - 5)	14 649	230	1.57%	1	0.43%		
3. Highly Skilled Production (6 - 8)	14 253	201	1.41%	4	1.99%		
4. Highly Skilled Supervision (9 - 12)	4 260	867	20.35%	790	91.12%		
Senior Manager Salary Band A	284	5	1.76%		0.00%		
Senior Manager Salary Band B	134	5	3.73%		0.00%		
Senior Manager Salary Band C	5	2	40.00%		0.00%		
Senior Manager Salary Band D	1	0	0.00%		0.00%		
Grand Total	**47 898**	**1 320**	2.76%	**795**	**60.23%**		

(a)

Notes:

a. Number of posts are based on the new approved staff establishment

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Table 4.2 Profile of employees (up or down graded)

Beneficiaries	African	Asian	Coloured	White	Total
Female	130	94	4	185	413
Male	152	99	5	126	382
Total	**282**	**193**	**9**	**311**	**795**

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Table 4.3 Employees whose salary level exceed the grade determined by job evaluation

Occupation	Number of employees	Job evaluation level	Remuneration level	Reason for deviation
N/A	N/A	N/A	N/A	N/A

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Table 4.4 Profile of employees whose salary level exceed the grade

[If there were no cases where the remuneration bands exceeded the grade determined by job evaluation,

Total Number of Employees whose salaries exceeded the level determined by job
None

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Table 5.1. Annual turnover rates by Salary Band

Salary Band		Number of employees per band (a)	Appointments and Transfers into the Department	Terminations and transfers out of the Department	Turnover rate (b)
1. Lower Skilled (Level 1 - 2)	Permanent	10 567	944	461	4.36
	Temporary	430	2 782	1 287	299.30
2. Skilled (Level 3 - 5)	Permanent	13 232	987	414	3.13
	Temporary	39	98	36	92.31
3. Highly Skilled Production (Level 6 - 8)	Permanent	13 414	1 379	1 625	12.11
	Temporary	194	104	52	26.80
4. Highly Skilled Supervision (Level 9 - 12)	Permanent	3 348	484	361	10.78
	Temporary	952	236	113	11.87
5. Senior Management (Level 13 - 16)	Permanent	279	15	24	8.60
	Temporary	20	3	3	15.00
Grand Total		**42 475**	**7 032**	**4 376**	**10.30**

Notes:

a. Number of current employees is as at the beginning of the reporting period (1 April 2005) and not the end (i.e. 31 March 2006) as required by the guideline document, hens the difference in the grand total

b. Turnover rate is calculated as number of terminations divided by the number of employees multiply by 100.

c. Annual turnover rate of salay band 1 to 2 (temporary appointments) is more than 100% due to the fact that there were more terminations than the number of appointees at the beginning of the period.

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Table 5.2. Annual turnover rates by Critical Occupation

Occupational Class (c)		Number of employees per band (a)	Appointments and Transfers into the Department	Terminations and transfers out of the Department	Turnover rate ©
DENTAL PRACTITIONER	Permanent	132	39	27	20.5
	Temporary	87	50	15	17.2
DENTAL SPECIALIST	Permanent	100	9	3	3.0
	Temporary	69	36	5	7.2
MEDICAL PRACTITIONER	Permanent	1 199	304	234	19.5
	Temporary	394	142	104	26.4
MEDICAL PRACTITIONER (INTERN)	Permanent	389	362	189	48.6
	Temporary	2	2	1	50.0
MEDICAL SPECIALIST	Permanent	1 399	118	150	10.7
	Temporary	337	126	55	16.3
NURSING ASSISTANT	Permanent	5 120	336	159	3.1
	Temporary	0	0	0	0.0
PHARMACIST	Permanent	252	90	101	40.1
	Temporary	20	3	3	15.0
PHARMACIST (INTERN)	Permanent	41	35	20	48.8
	Temporary	1	0	0	0.0
PROFESSIONAL NURSE	Permanent	7 969	408	709	8.9
	Temporary	43	35	3	7.0
STAFF NURSE	Permanent	3 041	85	101	3.3
	Temporary	0	0	0	0.0
Grand Total		**20 595**	**2 180**	**1 879**	**9.1**

Notes:

a. Number of current employees is as at the beginning of the reporting period (1 April 2005) and not the end (i.e. 31 March 2006) as required by the guideline document.
b. Turnover rate is calculated as number of terminations divided by the number of employees multiply by 100.
c. This table is a selective as it reflects critical occupational classes only, but not all occupations in the Department.

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Table 5.3. Reasons why staff are leaving the Department

Termination Type (a)	Number	% of Total terminations	% of Total Employment
1. Resignation	1 898	43.4%	4.5%
2. Expiry of contract	1 702	38.9%	4.0%
3. Dismissal Operational Changes	8	0.2%	0.0%
4. Dismissal - Misconduct	33	0.8%	0.1%
5. Discharged due to ill-health	10	0.2%	0.0%
6. Retirement	514	11.7%	1.2%
7. Other (b)	211	4.8%	0.5%
Total	**4 376**	**100.0%**	**10.3%**

Terminations as % of Employment	**10.3%**

Notes:

a. Item 1 - 7 indicate the nature of the termination type
b. Termination type "other" include 211employees (4,8% of total terminations) that passed away.

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Table 5.4. Promotions by Critical Occupation

Occupational Class (b)	Employment at Beginning of Period	Promotions to another salary level	Salary level promotions as a % of Employment	Progression to another notch within a salary level	Notch progression promotions as a % of Employment
DENTAL PRACTITIONER	219	8	3.65%	55	0.13%
DENTAL SPECIALIST	169	2	1.18%	3	0.01%
MEDICAL PRACTITIONER	1 984	128	6.45%	306	0.72%
MEDICAL SPECIALIST	1 736	141	8.12%	475	1.12%
NURSING ASSISTANT	5 120	21	0.41%	4 337	10.26%
PHARMACIST	314	26	8.28%	226	0.53%
PROFESSIONAL NURSE	8 012	263	3.28%	6 210	14.70%
STAFF NURSE	3 041	50	1.64%	2 465	5.83%
Total	**20 595**	**639**	**3.10%**	**14 077**	**33.32%**

Notes:

a. Data is extracted from Vulindlela
b. This table is selective as it reflects critical occupational categories only.
c. Table include all types of Appointments (i.e. permanent, sesional, part-time etc.)
d. Information is as at the end of March 2006, but the number of employees is as at the beginning of April 2005 as required by the reporting guide.

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Table 5.5. Promotions by Salary Band

Salary Band		Employment at Beginning of Period (a)	Promotions to another salary level	Salary level promotions as a % of Employment	Progression to another notch within a salary level	Notch progression promotions as a % of Employment
1. Lower Skilled (Level 1 - 2)	Permanent	10 567	41	0.39%	9 486	89.77%
	Temporary	430	0	0.00%	0	0.00%
2. Skilled (Level 3 - 5)	Permanent	13 232	228	1.72%	9 815	74.18%
	Temporary	39	0	0.00%	2	5.13%
3. Highly Skilled Production (Level 6 - 8)	Permanent	13 414	560	4.17%	10 294	76.74%
	Temporary	194	0	0.00%	54	27.84%
4. Highly Skilled Supervision (Level 9 - 12)	Permanent	3 348	444	13.26%	1 247	37.25%
	Temporary	952	1	0.11%	18	1.89%
5. Senior Management (Level 13 - 16)	Permanent	279	29	10.39%	2	0.72%
	Temporary	20	0	0.00%	0	0.00%
Grand Total		**42 475**	**1 303**	**3.07%**	**30 918**	**72.79%**

Notes:

a. • Number of current employees is as at the beginning of the reporting period (1 April 2005) and not the end (i.e. 31 March 2006).
• Casual Workers are not allocated to a specific salary level and / or Salary Band.
• Table include all types of Appointments (i.e. permanent, sesional, part-time etc.)

b. • Salary level promotion as a % of employment refers to the % of employees who were promoted from one salary level to another (e.g. from Professional Nurse to Senior Professional Nurse - i.e. level
• Notch progression pomotions as a % of employment refers to the % of employees who progressed within the same salary level by getting notches linked to their salary scales (e.g. Senior Professional Nurse progressing a notch higher within the same salary level 7).

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Table 6.1 Total number of employees per occupational categories (SASCO)

	Male					Female					
Occupational Category	African	Coloured	Indian	Total Black (b)	White	African	Coloured	Indian	Total Black (b)	White	Total (a)
1. Legislators, Senior Officials and Managers	44	3	8	55	16	45	4	2	51	21	143
2. Professionals	883	22	426	1 331	1 150	646	32	350	1 028	918	4 427
3. Technicians and Associate Professionals	1 207	37	46	1 290	175	9 263	354	259	9 876	1 486	12 827
4. Clerks	1 480	48	16	1 544	151	3 937	74	14	4 025	716	6 436
5. Service Workers and Shop and Market Sales Workers	949	17	8	974	60	8 030	284	21	8 335	315	9 684
7. Craft and Related Trades Workers	2			2		1			1	3	6
8. Plant and Machine Operators and Assemblers	321	9	2	332	22	48			48	1	403
9. Elementary Occupations	2 855	57	11	2 923	149	7 482	195	5	7 682	239	10 993
Grand Total	**7 741**	**193**	**517**	**8 451**	**1 723**	**29 452**	**943**	**651**	**31 046**	**3 699**	**44 919**

Notes:

a. • Total number of employees is as the end of the reporting period (31 March 2006).
   • Include Sessional and Periodical Appointments
   • Data extracted from PERSAL at the end of March 2006
   • This table count current employees and not filled posts.

b. Black in terms of the Employment Equity Act, 1998 where it refers to African, Coloured and Indian.

c. Classification legend:

• **Legislators, Senior Officials and Managers:**	Officials responsible for determining and formulating policy and strategy, planning, directing and coordinating the policies and activities of the organisation e.g CEOs, Senior Managers, College Principals, etc.
• **Professionals**:	Include officials whose main task require a high level of professional knowledge e.g. Clinical Psychologists, Medical & Dental Practitioners, etc
• **Technicians and Associate Professionals:**	This group includes occupations whose main tasks require technical knowledge and experience e.g. Clinical Technologists, Industrial Technicians, Environmental Health Officers, Professional Nurses, etc.
• **Clerks**:	This group includes occupations whose tasks require the knowledge and experience necessary to organise, store, compute and retrieve information e.g. Acounting Clerks, Stores Officers, Administration Clerks
• **Service Workers and Shop and Market Sales Workers:**	This group includes occpations whose main tasks require the knowledge and experience necessary to provide personal and protective services e.g. Auxilairy Services Officers (ward attendants), Emergency Care Practitioners, Firefighters, Food Services Aids, etc.
• **Craft and Related Trades Workers:**	This group includes occupations whose main tasks require the knowledge and experience of skilled trades and handicrafts e.g. Clinical Photogrpahers, plumbers, electricians, etc.
• **Plant and Machine Operators and Assemblers:**	The main tasks of this occupational grouping involve the use of automated industrial machinery and equipment e.g. Drivers, Tradesmans Aids, etc.
• **Elementary Occupations**:	This group covers occupations which require relatively low / elementary levels of knowledge and experience necessary to perform mostly simple and routine tasks, involving the use of hand held tools and in some cases considerable physical effort, and, with few exceptions, limited personal initiative and judgement e.g. Cleaners, Groundsmen,

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Table 6.2 Total number of employees per occupational bands

Occupational Bands (c)	Male					Female					Total (a)
	African	Coloured	Indian	Total Black (b)	White	African	Coloured	Indian	Total Black (b)	White	
1.Top Management			1	1		2			2		3
2. Senior Management	21	3	4	28	11	8	3	2	13	9	61
3. Professionally qualified and experienced specialists and mid-management	971	33	416	1 420	1 145	914	48	310	1 272	970	4 807
4. Skilled technical and academically qualfied workers, junior management, supervisors	1 406	43	69	1 518	286	9 172	384	290	9 846	1 867	13 517
5. Semi Skilled and discretionary decision making	2 143	53	19	2 215	152	10 325	334	42	10 701	780	13 848
6. Unskilled and defined decision making	3 200	61	8	3 269	129	9 030	174	7	9 211	73	12 682
Total	**7 741**	**193**	**517**	**8 451**	**1 723**	**29 451**	**943**	**651**	**31 045**	**3 699**	**44 918**

Notes:

a. • Total number of employees is as at the end of the reporting period (31 March 2006).
   • Include Sessional and Periodical Appointments
   • Data extracted from PERSAL at the end of March 2006
   • This table count current employees and not filled posts.

b. Black in terms of the Employment Equity Act, 1998 where it refers to African, Coloured and Indian.

c. Classification legend

1. Top Management	Deputy Director General and upwards, but excludes the MEC.
2. Senior Management	Chief Directors and Director
3. Professionally Qual. …….	Level 9 to 12 and professionals level 13 and 14
4. Skilled technical and …..	Levels 6 to 8
5. Semi-skilled and disc. ….	Levels 3 to 5
6. Unskilled and ……	Levels 1 to 2

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Table 6.3 Recruitment

	Male					Female					
Occupational Bands (c)	African	Coloured	Indian	Total Black (b)	White	African	Coloured	Indian	Total Black (b)	White	Total (a)
1.Top Management				-					-		-
2. Senior Management	4	1	1	6	3	1	1	2	4	5	18
3. Professionally qualified and experienced specialists and mid-management	135	5	51	191	186	123	2	64	189	154	720
4. Skilled technical and academically qualfied workers, junior management, supervisors	201	6	45	252	110	625	36	125	786	335	1 483
5. Semi Skilled and discretionary decision making	212	6	7	225	28	760	11	8	779	53	1 085
6. Unskilled and defined decision makin	827	13	1	841	37	2 813	8	2	2 823	25	3 726
Total	**1 379**	**31**	**105**	**1 515**	**364**	**4 322**	**58**	**201**	**4 581**	**572**	**7 032**

Notes:

a. ▪ Total number of employees is as the end of the reporting period (31 March 2006).
▪ Include Sessional and Periodical Appointments
▪ Data extracted from PERSAL at the end of March 2006
▪ This table count current employees and not filled posts.

b. Black in terms of the Employment Equity Act, 1998 where it refers to African, Coloured and Indian.

c. Classification legend

1. Top Management	Deputy Director General and upwards, but excludes the MEC.
2. Senior Management	Chief Directors and Director
3. Professionally Qual. …….	Level 9 to 12 and professionals level 13 and 14
4. Skilled technical and …..	Levels 6 to 8
5. Semi-skilled and disc. ….	Levels 3 to 5
6. Unskilled and ……	Levels 1 to 2

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Table 6.4 Promotions

Occupational Bands (b)	Male					Female					Total
	African	Coloured	Indian	Total Black	White	African	Coloured	Indian	Total Black	White	
1.Top Management	0	0	0	0	0	0	0	0	0	0	0
2. Senior Managemen	10	0	2	12	6	6	0	1	7	5	30
3. Professionally qualified and experiencec specialists and mid-management	270	13	162	445	317	378	18	136	532	418	1 712
4. Skilled technical and academically qualfied workers, junior management, supervisors	1 068	33	18	1 119	167	7,744	334	130	8,208	1,422	10 916
5. Semi Skilled and discretionary decisior making	1 523	36	15	1 574	138	7,503	243	20	7,766	575	10 053
6. Unskilled and defined decision makin	2 491	46	3	2 540	103	6,661	161	3	6,825	62	9 530
Grand Total	**5 362**	**128**	**200**	**5 690**	**731**	**22,292**	**756**	**290**	**23,338**	**2,482**	**32 241**

Notes:

a. Table includes both level and notch promotions:
- Level promotion = promotions from one salary level to another (Professional Nurse to Senior Professional Nurse - i.e. level 6 to 7)
- Notch promotion = promotion from one notch to another within the same salary level (i.e. pay progression).

b. Classification legend

1. Top Management	Deputy Director General and upwards, but excludes the MEC.
2. Senior Management	Chief Directors and Director
3. Professionally Qual.	Level 9 to 12 and professionals level 13 and 14
4. Skilled technical and	Levels 6 to 8
5. Semi-skilled and disc.	Levels 3 to 5
6. Unskilled and	Levels 1 to 2

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Table 6.5 Terminations

	Male					Female					
Occupational Bands (a)	African	Coloured	Indian	Total Black	White	African	Coloured	Indian	Total Black	White	Total
1.Top Management				0	1		1		1		2
2. Senior Management	6			6	16	1			1	4	27
3. Professionally qualified and experienced specialists and mid-management	86	2	37	125	117	92	2	31	125	107	474
4. Skilled technical and academically qualfied workers, junior management, supervisors	194	6	34	234	90	761	45	82	888	465	1 677
5. Semi Skilled and discretionary decision making	69	2	3	74	22	263	17	3	283	71	450
6. Unskilled and defined decision making	293	10	1	304	20	1 388	13	2	1 403	21	1 748
Grand Total	**648**	**20**	**75**	**743**	**266**	**2 505**	**78**	**118**	**2 701**	**668**	**4 378**

Notes:

a. Classification legend

1. Top Management	Deputy Director General and upwards, but excludes the MEC.
2. Senior Management	Chief Directors and Director
3. Professionally Qual.	Level 9 to 12 and professionals level 13 and 14
4. Skilled technical and	Levels 6 to 8
5. Semi-skilled and disc.	Levels 3 to 5
6. Unskilled and	Levels 1 to 2

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Table 6.6 Disciplinary Action

Disciplinary Action	Male					Female					Total (b)
	African	Coloured	Indian	Total Black	White	African	Coloured	Indian	Total Black	White	
Correctional counselling	1	0	0	1	0	0	0	0	0	0	1
Verbal warning	1	0	0	1	0	0	0	0	0	0	1
Written warning	7	0	0	7	1	8	2	0	10	0	18
Final written warning	31	0	0	31	4	28	0	0	28	3	66
Suspended without pay	22	1	0	23	1	15	1	0	16	1	41
Fine	0	0	0	0	0	0	0	0	0	0	0
Demotion	3	1	0	4	1	2	1	0	3	0	8
Dismissal	19	1	0	20	1	26	0	0	26	3	50
Not guilty	1	0	0	1	0	0	0	0	0	0	1
Case withdrawn	1	0	0	1	0	0	0	0	0	0	1
Total	**86**	**3**	**0**	**89**	**8**	**79**	**4**	**0**	**83**	**7**	**187**

Notes:

a. The suspension without pay are four of the final written warnings which include suspension without pay. Seventeen of the cases were hearings heald but the outcome is still to be approved by the HOD.

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Table 6.7 Skills Development

	Male					Female					
Occupational Bands	African	Coloured	Indian	Total Black	White	African	Coloured	Indian	Total Black	White	Total
1. Legislators, Senior Officials and Managers	100	5	10	115	10	112	5	10	127	30	282
2. Professionals	434	16	41	491	72	745	200	219	1 164	340	2 067
3. Technicians and Associate Professionals	1 074	20	40	1 134	180	9 436	301	200	9 937	876	12 127
4. Clerks	1 192	38	11	1 241	145	2 598	63	9	2 670	630	4 686
5. Service Workers and Shop and Market Sales Workers	758	51	5	814	67	4 257	208	160	4 625	315	5 821
7. Craft and Related Trades Workers	2	0	0	2	2	1	0	0	1	0	5
8. Plant and Machine Operators and Assemblers	272	5	2	279	20	40	1	0	41	2	342
9. Elementary Occupations	573	52	10	635	60	2 181	200	5	2 386	250	3 331
TOTAL	**4 405**	**187**	**119**	**4 711**	**556**	**19 370**	**978**	**603**	**20,951**	**2 443**	**28 661**

Notes:

a. Total number different to table 12.2 as the learnership profile is not included

b. Classification legend:

• **Legislators, Senior Officials and Managers:**	Officials responsible for determining and formulating policy and strategy, planning, directing and coordinating the policies and activities of the organisation e.g CEOs, Senior Managers, College Principals, etc.
• **Professionals**:	Include officials whose main task require a high level of professional knowledge e.g. Clinical Psychologists, Medical & Dental Practitioners, etc
• **Technicians and Associate Professionals:**	This group includes occupations whose main tasks require technical knowledge and experience e.g. Clinical Technologists, Industrial Technicians, Environmental Health Officers, Professional Nurses, etc.
• **Clerks**:	This group includes occupations whose tasks require the knowledge and experience necessary to organise, store, compute and retrieve information e.g. Acounting Clerks, Stores Officers, Administration Clerks
• **Service Workers and Shop and Market Sales Workers:**	This group includes occpations whose main tasks require the knowledge and experience necessary to provide personal and protective services e.g. Auxilairy Services Officers (ward attendants), Emergency Care Practitioners, Firefighters, Food Services Aids, etc.
• **Craft and Related Trades Workers:**	This group includes occupations whose main tasks require the knowledge and experience of skilled trades and handicrafts e.g. Clinical Photogrpahers, plumbers, electricians, etc.
• **Plant and Machine Operators and Assemblers:**	The main tasks of this occupational grouping involve the use of automated industrial machinery and equipment e.g. Drivers, Tradesmans Aids, etc.
• **Elementary Occupations**:	This group covers occupations which require relatively low / elementary levels of knowledge and experience necessary to perform mostly simple and routine tasks, involving the use of hand held tools and in some cases considerable physical effort, and, with few exceptions, limited personal initiative and judgement e.g. Cleaners, Groundsmen, etc.

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Table 7.1 Performance Rewards by Race,Gender and Disability (a)

RACE & GENDER	Number of Beneficiaries (c)	Total Employment (b)	% of Total Employment	Cost (R'000)	Average Cost per Beneficiary (R)
African, Female	20 813	27 740	75.03%	50 515	2 427
African, Male	4 784	7 294	65.59%	10 245	2 142
Asian, Female	228	627	36.36%	740	3 246
Asian, Male	144	484	29.75%	506	3 514
Coloured, Female	715	933	76.63%	1 937	2 709
Coloured, Male	111	178	62.36%	273	2 459
Total Blacks, Female	21 756	29 300	74.25%	53 192	2 445
Total Blacks, Male	5 039	7 956	63.34%	11 024	2 188
White, Female	2 241	3 561	62.93%	7 062	3 151
White, Male	682	1 453	46.94%	2 211	3 242
Employees with a disability	48	59	81.36%	139	2 896
Grand Total	**29 766**	**42 329**	**70.32%**	**73 628**	**2 474**

Notes:

a. Data extracted from Vulindlela
b. BAS does not have figures of beneficiaries broken down in terms of race and gender.
c. Table include beneficiaries at all salary levels (i.e. 1 - 16)

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Table 7.2 Performance Rewards by Salary Band for personnel below Senior Management Services (a)

Salary Band	Number of Beneficiaries (b)	Total Employment	Percentage of Total Employment	Cost (R'000)	Average Cost per Beneficiary (R)
1. Lower skilled (Levels 1-2)	8 846	10 698	82.69%	13 837	1 564
2. Skilled (Levels 3-5)	9 117	14 059	64.85%	19 852	0
3. Highly skilled production (Levels 6-8)	10 109	13 435	75.24%	33 881	3 352
4. Highly skilled supervision (Levels 9-12)	1 606	3 813	42.12%	4 911	3 058
5. Abnormal Appointment	0	3 907	0.00%	0	0
6. Periodical Remuneration	0	918	0.00%	0	0
7. Other	0	26	0.00%	0	0
TOTAL	**29 678**	**46 856**	**63.34%**	**72 481**	**2 442**

Notes:

a. Data extracted from Vulindlela
b. Information exclude officials in Senior Management Services (levels 13 - 16).

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Table 7.3 Performance Rewards by Critical Occupations

Critical Occupations (b)	Number of Beneficiaries	Total Employment	Percentage of Total Employment	Cost (R'000)	Average Cost per Beneficiary (R)
Dental Practitioner	82	212	39%	235	2 866
Dental Specialist	6	17	35%	17	2 833
Medical Practitioner	459	2 012	23%	1 266	2 758
Medical specialist	468	1 358	34%	1 506	3 218
Nursing Assistant	4 101	5 260	78%	8 987	2 191
Professional Nurse	6 181	7 525	82%	21 157	3 423
Staff Nurse	2 469	3 003	82%	6 337	2 567
Pharmacist	78	279	28%	276	3 538
Grand Total	**13 844**	**19 666**	**70%**	**39 781**	**2 874**

Notes:

a. Data extracted from Vulindlela
b. Information exclude Administrative, Support and Allied Health Occupations (i.e. Physiotherapists, Radiographers, etc.)
c. Only selected critical occupations as indicated in the oversight report guide have been identified

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Table 7.4 Performance related rewards (cash bonus), by salary band, for SMS

SMS Band	Number of Beneficiaries	Total Employment	Percentage of Total Employment	Cost (R'000)	Average Cost per Beneficiary (R)	Total cost as % of the total personnel expenditure	Personnel Cost SMS (R'000)
Band A	57	23	247.8%	637	11 175	0.9	111 509
Band B	30	194	15.5%	455	15 167	1.6	64 257
Band C	0	80	0.0%	0	0	0.0	0
Band D	1	1	100.0%	52	52 000	4.2	1 228
TOTAL	**88**	**298**	**29.5%**	**1 144**	**13 000**	**0.7**	**176 994**

Notes:

a. Data extracted from Vulindlela

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Table 8.1 - Foreign Workers by Salary Band

Salary Band	Employment at Beginning Period	Percentage of Total	Employment at End of Period	Percentage of Total	Change in Employment	Percentage of Total
Lower skilled (Levels 1-2)	35	8.27%	4	0.87%	-31	-83.78%
Skilled (Levels 3-5)	20	4.73%	12	2.61%	-8	-21.62%
Highly skilled production (Levels 6-8)	69	16.31%	82	17.83%	13	35.14%
Highly skilled supervision (Levels 9-12)	290	68.56%	355	77.17%	65	175.68%
Senior management (Levels 13-16)	9	2.13%	7	1.52%	-2	-5.41%
TOTAL	**423**	**100.00%**	**460**	**100.00%**	**37**	**100.00%**

Notes:

a. Data extracted from PERSAL at the end of March 2006.
b. Change in employment does not differentiate between nett gains and losses
c. Total Headcount = 402 (56 staff members have 2 or more appointments).

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Table 8.2 - Foreign Workers by Major Occupation

Major Occupation	Employment at Beginning Period	Percentage of Total	Employment at End of Period	Percentage of Total	Change in Employment	Percentage of Total
Administrative office workers	4	1.0%	6	1.3%	2	5.41%
Elementary occupations	6	1.4%	7	1.5%	1	2.70%
Information technology personnel	1	0.2%	1	0.2%	0	0.00%
Professionals and managers	403	95.3%	437	95.0%	34	91.89%
Social natural technical and medical sciences+supp	8	1.9%	6	1.3%	-2	-5.41%
Technicians and associated professionals	1	0.2%	3	0.7%	2	5.41%
TOTAL	**423**	**100.0%**	**460**	**100.0%**	**37**	**100.00%**

Notes:

a. Data extracted from PERSAL at the end of March 2006.
b. Change in employment does not differentiate between nett gains and losses
c. Total Headcount = 402 (56 staff members have 2 or more appointments).

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Table 9.1 - Sick Leave 1 January 2005 to 31 December 2005

Salary Band	Total Days	% Days with Medical Certification	Number of Employees using Sick Leave	% of Total Employees using Sick Leave	Average Days per Employee (b)	Estimated Cost (R'000)	Total number of days with medical certification
1. Lower skilled (Levels 1-2)	54 721	93.42%	6 712	24.11%	8.2	7 976	51 118
2. Skilled (Levels 3-5)	67 581	92.17%	9 248	33.22%	7.3	13 513	62 288
3. Highly skilled production (Levels 6-8)	70 901	87.47%	10 207	36.67%	6.9	24 884	62 016
4. Highly skilled supervision (Levels 9-12)	10 123	80.62%	1 584	5.69%	6.4	6 693	8 161
5. Senior management (Levels 13-16)	557	82.59%	85	0.31%	6.6	971	460
Not Available	11	0.00%	2	0.00%	5.5	3	0
Grand Total	**203 893**	**90.26%**	**27 838**	**100.00%**	**7.3**	**54 037**	**184 043**

Notes:

a. Data extracted from Vullindlela.
b. Format of data is on calender and not financial year.
c. % days with medical certification refers to days that employees took as sick leave and were covered by a medical certificate.
d. % number of employees using sick leave days refer to employees using sick leave against the total staff in the employ of the department as at the end of the calender year.
e. Average days per employee = per annum / year.

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Table 9.2 - Disability Leave (Temporary and Permanent) 1 January 2005 to 31 December 2005

Salary Band	Total Days	% Days with Medical Certification	Number of Employees using Disability Leave	% of Total Employees using Disability Leave	Average Days per Employee (b)	Estimated Cost (R'000)	Total number of days with medical certification
Lower skilled (Levels 1-2)	1 964	99.8%	132	31.4%	15	284	1 961
Skilled (Levels 3-5)	2 810	99.8%	127	30.2%	22	578	2 803
Highly skilled production (Levels 6-8)	2 833	99.9%	146	34.7%	19	1 047	2 829
Highly skilled supervision (Levels 9-12)	487	99.8%	16	3.8%	30	321	486
Grand Total	**8 094**	**99.8%**	**421**	**100.0%**	**19**	**2 230**	**8 079**

Notes:

a. Data extracted from Vullindlela.
b. Format of data is on calender and not financial year.
c. Average days per employee = per annum / year.

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Table 9.3 - Annual Leave 1 January 2005 to 31 December 2005

Salary Band	Total Days Taken	Average per Employee (b)
Lower skilled (Levels 1-2)	239 854	23.4
Skilled (Levels 3-5)	338 481	26.6
Highly skilled production (Levels 6-8)	390 519	28.3
Highly skilled supervision (Levels 9-12)	71 940	19.5
Senior management (Levels 13-16)	6 452	21.4
Not Available	28	7.0
TOTAL	**1 047 273**	**25.7**

Notes:

a. Data extracted from Vullindlela.
b. Format of data is on calender and not financial year.
c. Average days per employee = per annum / year.

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Table 9.4 - Capped Leave 1 January 2005 to 31 December 2005

Salary Band	Total days of capped leave taken	Average number of days taken per employee	Average capped leave per employee as at 31 December 2004	Total number of capped leave available at 31 December 2004	Number of Employees as at 31 December 2004 (b)
Lower skilled (Levels 1-2)	4 725	4.6	25	204 794	8 340
Skilled (Levels 3-5)	5 651	4.8	33	255 278	7 635
Highly skilled production (Levels 6-8)	11 317	6.9	45	418 741	9 257
Highly skilled supervision (Levels 9-12)	1 695	7.6	42	65 078	1 533
Senior management (Levels 13-16)	225	7.5	76	16 722	221
Grand Total	**23 613**	**5.7**	**36**	**960 613**	**26 986**

Notes:

a. Data extracted from Vullindlela.
b. Format of data is on calender and not financial year.
c. Number of employees refers to those with capped leave between 01/01 - 31/12/2005

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Table 9.5 - Leave Payouts for the period 1 January 2005 to 31 December 2005

Reason	Total Amount (R'000)	Number of Employees	Average Payment per Employee (R)
Leave payout for 2005/06 due to non-utilisation of leave for the previous cycle	141	37	3 811
Capped leave payouts on termination of service for 2005/06	6 162	1 804	3 416
Current leave payout on termination of service for 2005/06	2 366	882	2 683
Grand Total	**8 669**	**2 723**	**3 184**

Notes:

a. Format of data is on calender and not financial year
b. Data extracted from Vulindlela

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

Units/categories of employees identified to be at high risk of contracting HIV & related diseases (if any)	Key steps taken to reduce the risk
▪ Doctors ▪ Nurses ▪ Laboratory Workers ▪ Cleaners working in Clinical areas ▪ Laundry Workers ▪ Mortuary Workers ▪ Health Care Wast Officers	▪ Policy approved and implemented for prophylaxis for accidental exposure to blood borne pathogens ▪ Guidelines for prophylaxis for accidental exposure to blood borne pathogens ▪ Protective clothing ▪ Survey on risk assesment ▪ Training of officers ▪ A Directorate of Health Care Wast & Occupational Hygiene Managementhas been created

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

Question	Yes	No	Details, if yes
1. Has the department designated a member of the SMS to implement the provisions contained in Part VI E of Chapter 1 of the Public Service Regulations, 2001? If so, provide her/his name and position.	X		• Ms. Marion Borcherds (Director: Integrated Employee Wellness Programme)
2. Does the department have a dedicated unit or have you designated specific staff members to promote health and well being of your employees? If so, indicate the number of employees who are involved in this task and the annual budget that is available for this purpose.	X		• The HIV Workplace programme is part of the overall GPG HIV / AIDS programme. • The policy was approved by the Provincial Executive Council in 2002. • The Department has filled the post of Director: Integrated Employee Wellness Programme that includes HIV/AIDS in the Workplace. • A Directorate for Occupational Hygiene and Safety is in place since February 2006.
3. Has the department introduced an Employee Assistance or Health Promotion Programme for your employees? If so, indicate the key elements/services of the programme.	X		• The Department has rolled out an integrated workplace health & wellness programme for employees • Its elements comprise of employee assistance programme (EAP), HIV/AIDS workplace programme as well as Occupational Health and Safety. • A counselling and support system is accesible to employees for 24 hours a day throughout the yea
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		• There are Provinical, Regional and Institutional Committees in place. These are under the leadership of the Director: Wellness Programme (Ms. Marion Borcherds). • These Committees comprise of Departmental Representataives M. Borcherds, A Mbalati ; DG Joseph ; N Methapi ; T. Mengwa; T Nhlapo ; T Chaane & C Dhlamini. All recognised Unions (PSA, NEHAWU, HOSPERSA, NUPSAW & DENOSA).
5. Has the department reviewed the employment policies and practices of your department to ensure that these do not unfairly discriminate against employees on the basis of their HIV status? If so, list the employment policies/ practices so reviewed.	X		• The HIV/ AIDS Workplace policy and the Recruitment and Selection policy have been ratified and implemented. • The Employment Equity statement is clear on no discrimination.
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		• Post-exposure prophylaxis available and policy in place. • HIV / AIDS prevention / awareness programme effectively implemented. • Treatment, care and support is available in the Department. • Social mobilisation programmes are in place through out the Department.
7. Does the department encourage its employees to undergo Voluntary Counseling and Testing? If so, list the results that you have achieved.	X		• As part of VCT programme the Department encourages employees to undergo voluntary testing. • Due to the sensitive nature of the process, it is difficult to measure achievements.
8. Has the department developed measures/indicators to monitor & evaluate the impact of your health promotion programme? If so, list these measures/indicators.		X	• Systems to measure disclosure not yet inplace, hence it is difficult to measure results. However, quarterly reports are available from the Directorate Integrated Employee Wellness Programme which are beginning to show trends.

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Table 11.1 - Collective agreements

Subject Matter	Date
None	

Notes:

a. No collectice agreements were entered between the Department and the representative unions at Departmental level.
b. Data supplied by Directorate Labour Management

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Table 11.2 - Misconduct and disciplinary hearings finalised

Outcomes of disciplinary hearings	Number	% of total
Final written warning	99	48.53%
Suspended without pay	55	26.96%
Fine	0	0.00%
Demotion	8	3.92%
Dismissal	39	19.12%
Not guilty	1	0.49%
Case withdrawn	2	0.98%
Total	**204**	**100.00%**

Notes:

a. Some final written warnings include suspension without pay.
b. Data supplied by Directorate Labour Management

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Table 11.3 - Types of misconduct addressed at disciplinary hearings

Type of misconduct	Number	% of total
Theft and fraud	66	37.29%
Others	111	62.71%
Total	**177**	**100.00%**

Notes:

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Table 11.4 - Grievances lodged

Type	Number	% of Total
Number of grievances resolved	89	78.07%
Number of grievances not resolved	25	21.93%
Total number of grievances lodged	114	100.00%

Notes:

a. Data supplied by Directorate Labour Management

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Table 11.5 - Disputes lodged

Disputes addressed	Number	% of Total
Number of disputes settled	17	15.74%
Number of disputes ruled in favour of Department	20	18.52%
Number of disputes ruled in favour of Applicant	4	3.70%
Number of disputes dismissed	6	5.56%
Total number of disputes lodged	108	100.00%

Notes:

a. From the 108 lodged, 14 were deadlocked. 28 are pending and 19 were withdrawn.
b. Data supplied by Directorate Labour Management

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Table 11.6 - Strike actions

Strike Action	Number
Total number of person working days lost	163
Total cost (R'000) of working days lost	19 901
Amount (R'000) recovered as a result of no work no pay	19 901

Notes:

a. Recovered amount based on institutional statistics.
b. Data supplied by Directorate Labour Management

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Table 11.7 - Precautionary suspensions

Precautionary suspensions	Number
Number of people suspended	20
Number of people whose suspension exceeded 30 days	14
Average number of days suspended	112.3
Cost (R'000) of suspensions	490

Notes:

a. Data supplied by Directorate Labour Management
b. Cost of suspensions not readily available.

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Table 12.1 Training needs identified 1 April 2005 to 31 March 2006

Occupational Categories	Gender	Number of employees as at 1 April 2005	Learnerships	Skills Programmes & other short courses (b)	Other forms of training	Total
1. Legislators, Senior Officials and Managers	Female	71		400	10	410
	Male	72		300	45	345
2. Professionals	Female	2 481		4 518	68	4 586
	Male	1 946		3 594	65	3 659
3. Technicians and Associate Professionals	Female	1 465		1 896	813	2 709
	Male	11 362		1 776	197	1 973
4. Clerks	Female	1 695	110	1 604	703	2 417
	Male	4 741	70	946	726	1 742
5. Service Workers and Shop and Market Sales Workers	Female	1 034	119	4 405	944	5 468
	Male	8 650	10	906	620	1 536
7. Craft and Related Trades Workers	Female	2		10	7	17
	Male	4		3	3	6
8. Plant and Machine Operators and Assemblers	Female	354	40	224	87	351
	Male	49	60	750	77	887
9. Elementary Occupations	Female	3 072	70	1 901	483	2 454
	Male	7 921	30	2 198	123	2 351
Total		**44 919**	**509**	**25 431**	**4 971**	**30 911**

Notes:

a. Number of employees is as at the beginning of the reporting period (i.e. April 2005) as required by the reporting guideline.
b. Learnerships, Skills Prorammes and other forms of training are trainining needs identified as per Workplace Skills Plan of 2005/ 2006
c. Data provided by the Directorate Human Resource Development

d. Classification legend:

• **Legislators, Senior Officials and Managers:**	Officials responsible for determining and formulating policy and strategy, planning, directing and coordinating the policies and activities of the organisation e.g CEOs, Senic Managers, College Principals, etc.
• **Professionals**:	Include officials whose main task require a high level of professional knowledge e.g. Clinical Psychologists, Medical & Dental Practitioners, etc
• **Technicians and Associate Professionals:**	This group includes occupations whose main tasks require technical knowledge and experience e.g. Clinical Technologists, Industrial Technicians, Environmental Health Officers, Professional Nurses, etc.
• **Clerks**:	This group includes occupations whose tasks require the knowledge and experience necessary to organise, store, compute and retrieve information e.g. Acounting Clerks, Stores Officers, Administration Clerks
• **Service Workers and Shop and Market Sales Workers:**	This group includes occpations whose main tasks require the knowledge and experience necessary to provide personal and protective services e.g. Auxilairy Services Officers (ward attendants), Emergency Care Practitioners, Firefighters, Food Services Aids, etc.
• **Craft and Related Trades Workers:**	This group includes occupations whose main tasks require the knowledge and experience of skilled trades and handicrafts e.g. Clinical Photogrpahers, plumbers, electricians, etc.
• **Plant and Machine Operators and Assemblers:**	The main tasks of this occupational grouping involve the use of automated industrial machinery and equipment e.g. Drivers, Tradesmans Aids, etc.
• **Elementary Occupations**:	This group covers occupations which require relatively low / elementary levels of knowledge and experience necessary to perform mostly simple and routine tasks, involving the use of hand held tools and in some cases considerable physical effort, and, with few exceptions, limited personal initiative and judgement e.g. Cleaners, Groundsmen, etc

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Table 12.2 Training provided 1 April 2005 to 31 March 2006

Occupational Categories	Gender	Number of employees as at 1 April 2005	Learnerships (b)	Skills Programmes & other short courses (b)	Other forms of training	Total
1. Legislators, Senior Officials and Managers	Female	71	0	134	23	157
	Male	72	0	114	11	125
2. Professionals	Female	2 481	0	1 260	244	1 504
	Male	1 946	0	489	74	563
3. Technicians and Associate Professionals	Female	1 465	0	10 580	233	10 813
	Male	11 362	0	1 300	14	1 314
4. Clerks	Female	1 695	0	3 000	300	3 300
	Male	4 741	0	1 286	100	1 386
5. Service Workers and Shop and Market Sales Workers	Female	1 034	47	1 844	266	2 157
	Male	8 650	4	2 977	734	3 715
7. Craft and Related Trades Workers	Female	2	0	2	0	2
	Male	4	0	2	1	3
8. Plant and Machine Operators and Assemblers	Female	354	107	229	7	343
	Male	49	56	100	6	162
9. Elementary Occupations	Female	3 072	0	2 536	100	2 636
	Male	7 921	0	665	30	695
Total		**44 919**	**214**	**26 518**	**2 143**	**28 875**

Notes:

a. Number of employees is as at the beginning of the reproting period (i.e April 2005) as required by the reporting guideline.
b. Learnerships, Skills Prorammes and other forms of training is trainining provided as per Annual Training Report of 2005/ 2006
c. Data provided by the Directorate Human Resource Development

d. Classification legend:

• **Legislators, Senior Officials and Managers:**	Officials responsible for determining and formulating policy and strategy, planning, directing and coordinating the policies and activities of the organisation e.g CEOs, Senior Managers, College Principals, etc.
• **Professionals**:	Include officials whose main task require a high level of professional knowledge e.g. Clinical Psychologists, Medical & Dental Practitioners, etc
• **Technicians and Associate Professionals:**	This group includes occupations whose main tasks require technical knowledge and experience e.g. Clinical Technologists, Industrial Technicians, Environmental Health Officers, Professional Nurses, etc.
• **Clerks**:	This group includes occupations whose tasks require the knowledge and experience necessary to organise, store, compute and retrieve information e.g. Acounting Clerks, Stores Officers, Administration Clerks
• **Service Workers and Shop and Market Sales Workers:**	This group includes occpations whose main tasks require the knowledge and experience necessary to provide personal and protective services e.g. Auxilairy Services Officers (ward attendants), Emergency Care Practitioners, Firefighters, Food Services Aids, etc.
• **Craft and Related Trades Workers:**	This group includes occupations whose main tasks require the knowledge and experience of skilled trades and handicrafts e.g. Clinical Photogrpahers, plumbers, electricians, etc.
• **Plant and Machine Operators and Assemblers:**	The main tasks of this occupational grouping involve the use of automated industrial machinery and equipment e.g. Drivers, Tradesmans Aids, etc.
• **Elementary Occupations**:	This group covers occupations which require relatively low / elementary levels of knowledge and experience necessary to perform mostly simple and routine tasks, involving the use of hand held tools and in some cases considerable physical effort, and, with few exceptions, limited personal initiative and judgement e.g. Cleaners, Groundsmen, etc.

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Table 13.1 - Injury on duty

Nature of injury on duty	Number	% of total
Required basic medical attention only	301	83.61%
Temporary Total Disablement	59	16.39%
Permanent Disablement	0	0.00%
Fatal	0	0.00%
Total	**360**	**100.00%**

Notes:

a. Data provided by the Health Institutions.

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Table 14. 1: Report on consultant appointments using appropriated funds

Project Title	Total number of consultants that worked on the project	Duration: WorkDays	Contract value in Rand
Renewal of the existing Oracle Licences for the Support and Maintenance of the Medicom / ECIS Database at our hospitals and clinics.	1: SITA		2 239 360
Review the business cases for 14 Revitalisation projects.	1: CAG Steyn		1 450 000
Assess the security aspect of the PPP's for medical equipment at the new Pretoria Academic Hospital.	1: Ignis Project & Finance Solutions		74 396
Develop the new Mental Health legislation) to conduct 2 information sessions on the Mental Health Care Act No.17 of 2002.	1: Professor Melvyn Freeman		5 000
Behaviour Surveillance Surveys (BSS) for Youth (In and Out of School) in Ekurhuleni West and Taxi Drivers in Gauteng.	1: Development Research Africa		927 008
Commission Expert Training for 20 Managers on Monitoring and Evaluation (M & E) for the Multi-Sectoral AIDS Programme from 30 May 2005 03 June 2005.	1: Health Economic and HIV/AIDS Research Division (HEARD)		102 369
Phase one of the project to develop and implement a model to decrease the waiting times in three Community Health Centres.	1: Dr GD Nzanira Phase one of the project		28 470
Extension of the period and the increasing of the total cost in respect of the appointed consultant for the facilitation of the conclusion of a Memorandum of Agreement with three Gauteng universities regarding matters of mutual interest in Health Services and Teaching.	1: Yezo Consultant cc		140 000
Institutional Renewal Project at the Gauteng Department of Health.	1: Moeketsi Shai Strategic Consulting International		1 368 000
Implement MEDICOM in the Folateng Ward at Sebokeng Hospital. Total cost: R 481 070.09	1: SITA		481 070
Violence in the Workplace Programme (VETO).	1: Dr. S Steinman		90 000
Implementation of the incorporation / exclusion of Cross Boundary Areas health services in Gauteng Health from 01 December 2005 until 30 April 2006.	1: Wendy Ovens & Associates		232 104
Management of the SCOPA and Health Committee Issues.	1: KPMG		490 314
Phase two of the project to develop and implement a model to decrease the waiting times in three community health centres.	1: Dr. G D Nzanira		115 000
Waiting times project (Q-matic needs analysis) for Helen Joseph Hospital.	1: Project Options		51 870
Drafting of the Broad Asset Implementation Plan for the Gauteng Department of Health.	1: KPMG		445 402
Roll-out of The Mindset Health Channel into all Gauteng Department of Health institutions.	1: Mindset		2 221 350
a. Update the asset register with all current purchases / disposals per institution for the Gauteng Department of Health 2005 / 2006 financial year. b. Asset management support for the new Pretoria Academic and for the Tswane District Hospital.	1: Combined Systems		1 208 562
Assist the Gauteng Department of Health with the compilation of the 2005 / 2006 financial year financial statements. Service provider: SAB & T Inc Estimated total cost: R 1 750 000.00	1: SAB & T Inc		1 750 000
Total number of projects	**Total individual consultants**	**Total duration: Workdays**	**Total contract value in Ranc**
19	**19**		**13 420 276**

Notes:

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Table 14.2: Analysis of consultant appointments using appropriated funds , in terms of Historically Disadvantaged Individuals (HDIs)

Project Title	Percentage ownership by HDI groups	Percentage management by HDI groups	Number of Consultants from HDI groups that work on the project
	Not Applicable		

Notes:

a. Data supplied by the Directorate: Supply Chain Management
b. 60.33% of appropriated funds for goods and services were spent on Black Economic Empowerement (BEE) companies.

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Table 14.3 Report on consultant appointments using Donor funds

Project Title	Total Number of consultants that worked on the project	Duration: Work days	Donor and Contract value in Rand
Not Applicable			
Total number of projects	**Total individual consultants**	**Total duration: Work days**	**Total contract value in Rand**
Not Applicable			

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Table 14.4 Analysis of consultant appointment using Donor funds, i.t.o. HDI's

Project Title	Percentage ownership by HDI groups	Percentage management by HDI groups	Number of Consultants from HDI groups that work on the project
Not Applicable			

ADDENDUM C

SERVICE EXCELLENCE AWARDS, MENTAL HEALTH SERVICES AND MANDATES

ADDENDUM C:

ADDENDUM C (A) SERVICE EXCELLENCE AWARDS

Category	Hospital Winners	Project
KHANYISA AWARDS		
Academic Hospitals	Chris Hani Baragwanath Hospital	Chronic Disease Outreach Primary Prevention
	Pretoria Academic Hospital	Upgrading course for Auxiliary nursing
	Pretoria Academic Hospital	Stress management workshop
Regional and District Hospitals		
	Kalfong Hospital	Stimela Philani Life Train
	Pretoria West Hospital	Improving the Down-referral system
	Kalafong Hospital	Folateng Food Garden
Specialised Hospitals		
	Weskoppies Hospital	Child Therapy Centre outreach at Pretoria Academic Hospital
	Sizwe Tropical hospital	Multi-drug TB resistance
	Sterkfontein Hospital	Independent living Units
District Health Services	Mandisa Shiceka	Youth Friendly Service
	Ladium CHC	Youth Friendly Services
	Johannesburg Metro Orlando Dental Clinic	Oral Health Services
Nursing Colleges		
	SG Lourence Nursing College	Skill Laboratory
	Garankuwa Nursing College	Upgrading of Foyer at entrance
	Ann Latsky Nursing College	Food for the Soul
Support Services		
	Dr George Mukhari Hospital	Hospital Radio Station
	Dr George Mukhari Hospital	Breast Prosthesis
	Johanesburg Hospital	Cleaning Department
INDIVIDUAL AWARDS		
Doctors	Dr LM Mpye	West Rand Region
	Dr A Rios	Sedibeng Region

Category	Hospital Winners	Project
INDIVIDUAL AWARDS		
	Dr L Pein	Lilian Ngoyi Community Health Centre (CHC)
Oral Health Workers		
	Dr Z Ismail	JCDI
	Ms M Ndinisa	Lilian Ngoyi CHC
	Ms P Ramela	Orlando Dental Clinic
Allied Health Professionals		
	Ms M Shaku	Laudium CHC
	Mr P Silwimba	Soshanguve CHC
	Ms J Visser	West Rand District
Support Staff		
	Mr E Khoza	Tara Hospital
	Ms M Nkwakesi	City of Tshwane
	J Mahlangu	Mamelodi Hospital
Administrative Staff		
	Ms H Ngwenya	Levai Mbatha CHC
	Ms F Khwela	Sterkfontein Hospital
	Mr J Molefe	Leratong Hospital
Emergency Medical Services		
	Leonard Pretorius	Ekhuruleni Metro
	Francois Strydom	Ekhuruleni Metro
KICKSTART AWARDS PRESSURE CARE		
Pressure Care	Chris Hani Baragwanath Hospital	
	Johannesburg Hospital	
Patient Safety	Levai Mbatha CHC	
	Laudium CHC	
OUTSTANDING FACILITIES		
Best Hospital	Edenvale Hospital	

Category	Hospital Winners	Project
Best Community Health Centre	Laudium CHC	Accreditation evaluation
	Discoverers CHC	Peer group evaluation
Best Emergency Medical Services	Sedibeng District Municipality	
Best Sub-District	City of Joburg Region 1 & 2	
	Tshwane Southern Sub-district	
	Kungwini Sub-district	
CECILIA MAKIWANE NURSES AWARDS		
First	Ms L Shibambo	South Rand Hospital
Second	Ms S Khoto	Leratong Hospital
Third	Ms M Mzoto	Levai Mbatha CHC
Fourth	Ms H Strydom	Pretoria West Hospital

ADDENDUM C (B)

List of Health Establishments administered under the auspices of the state designated as psychiatric hospitals or care and rehabilitation centres in terms of section 5

Name of Hospital	Region	Telephone number	Fax number
Sterkfontein Hospital	Johannesburg/West Rand	(011) 951 8000	(011) 956 6907
Tara Hospital	Johannesburg/West Rand	(011 535 3000	(011) 535 3026
Johannesburg Hospital	Johannesburg/West Rand	(011) 488 3300	(011) 488 3753
Chris Hani Baragwanath Hospital	Johannesburg/West Rand	(011) 933 8000	(011) 933 1335
Helen Joseph Hospital	Johannesburg/West Rand	(011) 489 1011	(011) 726 5425
Leratong Hospital	Johannesburg/West Rand	(011) 411 3500	(011) 410 8421
Natalspruit Hospital	Ekurhuleni/Sedibeng	(011) 389 0500	(011) 909 3015
Tembisa Hospital	Ekurhuleni/Sedibeng	(011) 923 2000	(011) 920 1195
Kopanong Hospital	Ekurhuleni/Sedibeng	(016) 428 7000	(016) 428 1148
Dr. George Mukhari Hospital	Tshwane/Metsweding	(012) 529 3111	(012) 560 0099
Weskoppies Hospital	Tshwane/Metsweding	(012) 319 9500	(012) 319 9633
Cullinan Rehabilitation Care	Tshwane/Metsweding	(012) 305 2385	(012) 734 0957

List of Health establishments designated to care, treat and provide rehabilitation services to state patients and mentally ill prisoners in terms of sections 41 and 49

Name of Hospital	Region	Telephone number	Fax number
Sterkfontein Hospital	Johannesburg/West Rand	(011) 951 8000	(011) 956 6907
Weskoppies Hospital	Tshwane/Metsweding	(012) 319 9500	(012) 319 9633

List of health establishments provide assessment of mental health status in terms of regulation 12 of the Mental Health Care Act No. 17 of 2002

Johannesburg/West Rand Region

Name of Hospital	Telephone number	Fax number
JOHANNESBURG METRO		
Johannesburg Hospital	(011) 488 3300	(011) 717 2423
Chris Hani Baragwanath Hospital	(011) 933 8000	(011) 933 1335

Johannesburg/West Rand Region (cont.)

Name of Hospital	Telephone number	Fax number
Helen Joseph Hospital	(011) 489 1011	(011) 726 5425
Edenvale Hospital	(011) 321 6157	(011) 433 6162
South Rand Hospital	(011) 681 2003	(011) 681 2140
WEST RAND DISTRICT		
Leratong Hospital	(011) 411 3500	(011) 410 8421
Carletonville Hospital	(018) 787 2111	(018) 788 2726
Yusuf Dadoo Hospital	(011) 951 6132	(011) 953 4726

Ekurhuleni/Sedibeng Region

Name of Hospital	Telephone number	Fax number
EKURHULENI METRO		
Natalspruit Hospital	(011) 389 0500	(011) 909 3015
Far East Rand Hospital	(011) 812 8311	(011) 813 1411
Tembisa Hospital	(011) 923 2000	(011) 920 1195
Germiston Hospital	(011) 345 1267/69	(011) 825 5425
Pholosong Hospital	(011) 812 5155	(011) 738 3000
Tambo Memorial Hospital	(011) 898 9318	(011) 892 2719
SEDIBENG DISTRICT		
Kopanong Hospital	(016) 428 7000	(016) 428 1148
Heidelburg Hospital	(016) 341 1201	(016) 349 5907/5259
Sebokeng Hospital	(016) 903 3306	(016) 988 1964

Tshwane/Metsweding Region

Name of Hospital	Telephone number	Fax number
Dr. George Mukhari Hospital	(012) 529 3111	(012) 560 0099
Kalafong Hospital	(012) 318 65 01	(012) 373 4710
Mamelodi Hospital	(012) 841 8302	(012) 841 8412
Pretoria Academic Hospital	(012) 354 2222	(012) 354 1548
Pretoria- West Hospital	(012) 380 1205	(012) 386 3720

ADDENDUM C (C): CONSTITUTIONAL, NATIONAL AND PROVINCIAL LEGISLATIVE MANDATES

The following national legislation and policy documents form the legal and policy framework for the work of the Gauteng Department of Health:
- The department receives its mandate from Section 27 of the Constitution
- The Health Act (63 of 1977), currently under revision, defines in more detail the role of the various spheres of government in health service provision.
- The National Health Act 61 of 2003
- The Public Service Act 14 of 1994
- The Labour Relations Act 65 , 1995 as amended
- The Public Finance Management Act 1 of 1999
- The Employment Equity Act 55 of 1998
- The Skills Development Act, Act No 99 of 1998
- The Access to Information Act, Act No 2 of 2000
- The Criminal Procedure Act 51 of 1977
- The Inquest Act 58 of 1959
- The Mental Health Act 17 of 2002
- The Medical, Dental and Supplementary Health Services Professions Act 87 of 1995
- The Child Care amendment Act 96 of 1996
- Domestic Violence Act, 116 of 1998
- The Human Tissue Act 21 of 1983
- The Sterilisation Act, Act 44 of 1988
- The Choice of Termination of Pregnancy Act 92 of 1996
- The Nursing Act 5 of 1995
- The Medicines and Related Substance Control Act 101 of 1965 as amended in 1997
- The Pharmacy Act 53 of 1953 as amended in 1997
- The Medical Schemes Act 131 of 1998
- The Patients' Rights Charter, 2000
- The White Paper on the Transformation of the Health Sector.
- The Batho Pele principles of social service delivery
- Preferential Procurement Policy Framework No 5 of 2000

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