Northern Cape Province
Department of Health

Northern Cape
Department of Health

Annual Report 2005/2006

N O R T H E R N C A P E P R O V I N C E

Northern Cape

Department of Health

Annual Report

for the year ended March 2006

NORTHERN CAPE PROVINCE

Department of Health

Annual Report 2005/2006

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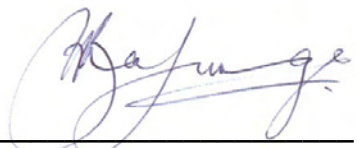
NORTHERN CAPE PROVINCE
Department of Health
Annual Report
2005/2006

Ms ES Selao
MEC for Health

I herewith submit the Annual Report of the Northern Cape Department of Health for the period 01 April 2005 to 31 March 2006.



Dr VN Mafungo
Acting Head of Department

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1 FOREWORD BY THE EXECUTIVE AUTHORITY

The performance of the department in the past financial year, 2005/06 has been great in a number of respects. We have achieved absolute results in some of the strategic areas that we have set ourselves the objective of doing so within the medium term period. The report also provides definite indicators of the ongoing interventions that we need to sustain to improve the quality of care. Plan's are in place to qualitatively bring about improved performance and service delivery.

We have done many things that in some respects have put us way ahead in terms of the implementation of the Vision 2014 Health Plan. The implications of this are that we have meaningfully accelerated the benefits of effective and efficient service delivery as indicated by our achievements. What we have done thus far must be seen as springboard on the basis of which we may build our future successes.

With the adoption of the new vision of the department, namely "Health Service Excellence for All", we put emphasis on consolidating and improving our outputs. We are satisfied that our ongoing work is moving in this direction. Correctly, our primary health care emphasis is on partnering with the community to achieve our objectives. It is for this reason that in the areas that we have achieved our goals for the year there has been direct and significant impact on the lives of the people who are the beneficiaries of our services. We are particularly pleased about the community support that our healthy lifestyles initiatives have received thus far.

Ms ES Selao
MEC for Health

2 GENERAL INFORMATION

2.1 THE MINISTRY

The Executing Authority, Ms. E.S Selao, has been responsible for the overall political and strategic direction of the department in 2005/2006. The critical achievements of the Ministry pertain to the compliance with the National Health Act of 2004. In this regard the Provincial Consultative Health Forum was convened in May 2005 in the form of the Health Summit and subsequently the MEC established the Provincial Health Council in terms of the Act. The former was able to develop a new Mission and Vision for the Department putting the organization on a sustainable plane of development in the form of the Vision 2014 Health Plan.

The MEC also spearheaded most of the major programmes, events and campaigns of the Department as tabulated in the entire report. These include the revitalization of health facilities, a number of clinics were built in the year under review. There have been increased efforts in focusing government on the health care challenges.

The Ministry was also able to strengthen ties with strategic role players in the sector and different spheres of government including with international partners. The Executing Authority visited Chicago, on the 12–20 May 2005 where a twinning agreement with the City of Chicago was agreed to. She attended the World Health Organisation, Afro Health World Region summit in Mozambique on the 19–27 August 2005 as one of the South African delegates.

2.2 MISSION STATEMENT

2.2.1 VISION

Health service excellence for all.

2.2.2 MISSION

Empowered by the Peoples' Contract, our caring and multi-skilled staff is committed to provide comprehensive quality services using evidence-based care strategies to promote a healthy society in which we care for one another.

2.2.3 CORE VALUES

- Respect (towards colleagues and clients, rule of law and cultural diversity)
- Honesty (Discipline, Integrity and Ethics)
- Excellence through effectiveness, efficiency and quality health care.
- Humanity (Caring, Institution, Facility and Community)

2.2.4 LEGISLATIVE MANDATE

The Department is governed by the following key pieces of legislation in addition to all other legislation that governs service delivery in the public sector:

- **Constitution of the Republic of South Africa Act, 108 of 1996**
  Provides for the rights of access to health care services and emergency medical treatment.
- **National Health Act, 61 of 2003**
  Provides for a transformed national health system for the entire Republic.
- **Public Finance Management Act, 1 1999**
  Provides for the administration of State Funds by functionaries, their responsibilities and incidental matters.

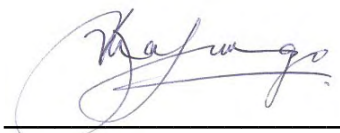
3 ACCOUNTING OFFICER'S OVERVIEW

Our compassionate and dedicated staff has clearly grasped the strategic direction that we have taken to usher in new service standards for public health entities. We have made significant strides in providing accessible and quality services to all our people. This report to the people of the Northern Cape, in particular for the financial year 2005/06, shows the magnificent achievement of the goals that we have set for ourselves in the strategic plan and budget for the 2005/06 financial year. Amongst these achievements, we count the following:

1. The successful hosting of the inaugural Health Summit in both the province and the country.
2. The strengthening of the capacity of strategic components that will strengthen monitoring and performance of the department.
3. The progress that our province is making as a leading province in hospital revitalization, we have also concluded the construction of several clinics in the previous financial year.
4. We have significantly revitalized emergency care transport services.
5. We have been able to engage communities in health promotion activities.
6. We invested greatly in the training of personnel in the various areas designated as scarce skills especially in the medical and allied professions.
7. We have also set the platform for the ongoing work related to the strengthening of the district health system.

There are many other challenges that we noted in the preceding financial year and that we tabulated in our strategic plan that we achieved. The Health Summit that we held in May 2006 resulted into a new era. We have since set ourselves tangible objectives until 2014 in a number of areas related and emanating from the targets of the Millennium Development Goals.

As accounting Officer I am certain that whatever challenges that continue to confront us, they are not insurmountable. We have set the scope for rapid advancement to meet the vision of our government, that of creating a better life for all our people.



Dr VN Mafungo
Acting Head of Department

4 PROGRAMME PERFORMANCE

MAIN APPROPRIATION R'000	ADJUSTED APPROPRIATION R'000	STATUTORY AMOUNT R'000	ACTUAL AMOUNT SPENT R'000	OVER/UNDER EXPENDITURE
R941,303	R1'037'047	R766	R1'095'817	-6%

RESPONSIBLE MEC	MEC for Health
ADMINISTERING DEPARTMENT	Department of Health
ACCOUNTING OFFICER	Deputy Director-General for Health

The population of the Northern Cape has decreased from 840'323 in 1996 to 822'728 in 2001. This reflects a 2.1% decrease in population. The province is renowned for its large area and a very low population density of only 2.3 people per km and a high urban percentage. The Northern Cape is made up of predominantly semi-dessert terrain.

Towns in the Northern Cape experience an influx from rural and commercial farming arrears. Districts such as Siyanda and the Harts Valley in Frances Baard experience this due to grape and wine farming that they specialise in.

4.1 PROGRAMME 1: ADMINISTRATION

4.1.1 AIM

This program is aimed at conducting the overall management and administration of the Department of Health by providing strategic direction. The program is also responsible for monitoring and evaluation of policies and programmes in accordance with the National Health Act, 61 of 2003 and other applicable legislation.

4.1.2 ANALYTIC REVIEW OF PROGRAMME PERFORMANCE

The office of the MEC provides political support as well as broad strategic direction to the Health Sector. The Department of Health, under the guidance of the Head of Department is then the primary implementer of health services.

The management of the department can be broadly divided in the following manner:

- Human Resource Management
- Quality Assurance
- Communication
- Policy and Planning
- Gender
- Labour Relations and Legal Services

4.1.3 HUMAN RESOURCE MANAGEMENT

4.1.3.1 AIM

To have a competent, motivated and compassionate healthcare workforce.

4.1.3.2 PROGRESS ANALYSIS

The Human Resources Management sub-directorate has been upgraded to a Directorate level. It has become a specialist division due to a changing environment and legislative requirements. During the period under review, various sub-directorates have been established viz. Resources Administration, Human Resources Development, Performance Management and Organizational Development

CONDITIONS OF SERVICE

This unit deals with the administration of Leaves, Injury on Duty, Administration of Pensions, Over Time Payments, Official deductions, Senior Management and Middle Management Salary Packages, Long Service Recognitions,

ESTABLISHMENT

This unit deals with the maintenance of the departmental establishments i.e. creation and abolishing of posts, issue out PERSAL reports, registering PERSAL users on the system.

RECRUITMENT

This unit has as its responsibility appointments, transfers, recruitment of new appointees.

PERFORMANCE MANAGEMENT

Performance of employees within the department is administered in this unit. It also deals with the implementation of the Employment Equity Plan and Human Resources Planning.

HUMAN RESOURCE DEVELOPMENT

This programme is responsible for the co-ordination and management of all training or skills development in the department.

ORGANISATIONAL DEVELOPMENT

The unit is responsible for the transformation of the department, linking the Strategic Plan with the Organizational structure.

EMPLOYEE HEALTH AND WELLNESS

The unit is responsible for the wellness of the employees through treatment, care and support interventions in order to address workplace challenges.

4.1.3.3 POLICIES

The following policies are being developed and will be consulted upon with stakeholders after which it will be referred to MEC for approval

- Overtime
- Leave Policy
- Performance Management and Development Policy
- Bursary and other forms of financial assistance
- Resettlement
- Recruitment and Selection Policy
- Affirmative Action policy
- Job evaluation policy
- Sexual Harassment policy
- HIV and AIDS policy
- Remuneration policy
- Housing policy
- Health and Safety
- Acting Allowance
- RPL
- Assessment
- Learnerships and Internships
- Service termination
- Training

4.1.3.4 PRIORITIES

- Finalization of the strategy "Investors in people standard" to ensure motivation and team building.
- Implement the provincial recruitment and retention strategy to attract and retain scarce skills.

- Development of the Service Delivery Improvement Plan and Human Resources Plan.
- Finalize Employment Equity targets and fully implement the Employment Equity Plan.
- Develop HR Policies and procedures.
- Effective coordination of all training interventions

4.1.3.5 CHALLENGES AND CONSTRAINTS

- NQF4 certificates between the department and Technikon South Africa and Further Education & Training (FET) could not be completed in time due to high failure rate of officials. Additional time was allowed for officials to do supplementary exams.
- Employment Equity Plan - The department does not have targets, therefore it is difficult to measure Employment Equity targets for training.
- District and programmes did not always submit training reports which resulted into difficulties in completing report on training conducted.
- HR Planning not completed as yet
- SDIP not in place

4.1.3.6 SUCCESSES

- ABET centres were established in the following towns:
    - Jan Kempdorp
    - Warrenton
    - Upington
    - De Aar
- KHC has a fully functional ABET Centre that started in 2001
- Internship programme was completed in June 2005. Five interns were absorbed in the department.
- Learnerships – 600 auxiliary nurses learners started in October 2004 and have finished writing their exams during the period under review.
- 494 are still on the programme
- Workplace Skills Plan is in place.
- HRM has expanded in terms of additional units in order to position itself as a strategic Directorate.

PERFORMANCE MANAGEMENT TRAINING

- All managers were trained on Performance Management in all districts and programmes.

JOB DESCRIPTIONS

90% of staff have job descriptions. Human Resources Management embarked on a project to develop generic job descriptions for the department in January 2005. The process was finalised in February 2005.

Table 1: Performance against targets for2005/06 for Human Resources

OBJECTIVES (OUTPUTS)	INDICATOR	2003/04 ACTUAL	2004/05 ACTUAL	2005/06 TARGET	2005/06 ACTUAL
To improve employees performance and productivity.	Employees' productivity and performance improved.	EAP policy in place at Kimberley Hospital Complex (KHC).	EAP policy in place at KHC.	Develop EHWP policy in line with DPSA guidelines	Developed EHWP policy in line with DPSA guideline
To improve the skills levels of employees	The skills and competencies of the workforce are enhanced.	-	Workplace Skills Plan (WSP) is in place	WSP is in place.	WSP is in place.
To provide a framework for effective recruitment and retention of scarce skills professionals.	A Recruitment and Retention Strategy is developed and implemented.	-	-	Develop a Recruitment and Retention Strategy	Recruitment and Retention Strategy is in a draft form
	Scarce skills professionals recruited and retained	-	-	200 doctors 1000 nurses 80 pharmacists	230 989 54
Develop a culture of high quality lifelong learning by upgrading education level of 70% low skilled employees to	% of employees who obtained a General Education and Training Certificate (GETC)	None	30%	60%	50%

OBJECTIVES (OUTPUTS)	INDICATOR	2003/04 ACTUAL	2004/05 ACTUAL	2005/06 TARGET	2005/06 ACTUAL
NQF level 4	% of employees who have NQF 4 qualification	None	0%	45%	
Design a database to be used in tracking staff development and training needs.	% of training proposals approved against training proposals received	40%	10%	60%	50%
	% of level 1-4 employees trained	50%	20%	45%	30%
	% of level 5-8 employees trained	40%	25%	50%	35%
	% of level 9-12 employees trained	20%	20%	60%	55%
	% of Employment Equity Programme targets met in terms of training	-	30%	40%	40%
Establish Training Committees at 17 facilities	% of institution with training committees in place	60%	20%	100%	100%
	% of institutions that submit prescribed training reports	20%	10%	100%	55%
Assist 600 new entrants into employment	% of learners taken in for workplace experiential learning.	10%	10%	40%	40%
	% of interns taken in for practical work experience.	10%	100%	30%	30%
Develop and implement an HR plan that is in line with service needs	% of staff placed appropriately according to organogram	10%	75%	100%	90%
	% of staff with finalized job descriptions	-	90%	100%	95%
	Staffing norms for health facilities to inform the realignment of the organogram	-	-	100%	90%
	% of institutions that appoint staff in line with the HR Policy manual	-	-	75%	70%
Develop accurate and reliable HR information for presentation to managers and personnel.	% of personnel reached with information sessions	-	-	100%	90%
	% of reduction in audit queries	5%	20%	100%	80%
Promote measures in handling discipline and grievance	% of reduction in turn around	-	-	75%	70%

4.1.4 COMMUNICATION

The unit's broad objective is to empower communities through public education and awareness on improved health care and responsible decisions regarding their health and improved well-beings. It aims at improving interactive communication between the department and the communities of Northern Cape.

The unit is responsible for ensuring that there is uniformity and consistency amongst communicators of other state departments within the province as well as with health sector in the country.
Internally, it is tasked with providing guidance and support to all units regarding the communication and publicity of their programmes. It also ensures that there is a continuous communication flow within the department.

The unit has established working relations with the regional media houses, both print and electronic, to ensure that the department reaches the various communities with its health messages. This initiative was informed by the geographic realities (the vastness) of the province that prohibit the officials to physically visit all the communities and provide them with the necessary information. .

Although media is supposed to be a tool to make communication easier, it has always been a challenge for the department to successfully utilize it due to the difficulty of sourcing information from the relevant units and managers.

The unit has been actively involved in the preparations and communication of various major activities, amongst others, the World Health Day, Provincial Health Summit, Move for your health Campaign, Imbizo Focus Weeks, Employment Equity, Pharmacy Week, National Women's Month, STI week and World TB Day. These activities were held at different communities, across the province, as characterized by the high prevalence of the various social ills. For example, the World Health Day was held at Khathu because of the high number of hypertensive patients in the area.

To promote the broader provincial government's priorities, the unit was actively involved with the South African Women in Dialogue (SAWID) sessions, Public Service Week and the prayer service that was conducted by the Bishop of the Zion Christian Church (ZCC) in the province.

The unit participated in the National Health Communicator's Forums that were held in Rustenburg, Durban and Bloemfontein. The sessions were aimed at ensuring that health communicators in the country communicate uniform messages to communities. There were teleconferences that were held as well, to discuss urgent matters that could not wait for the quarterly sessions. The sessions also assist communicators to exchange experiences and learn from each other.

The unit has also ensured that the good and caring image of the Member of the Executive Council (MEC) is enhanced, through designing and publishing messages for Christmas, matric students and for the 40th birthday of AMS.

PRIORITIES

- To effectively communicate with both internal and external stakeholders of the Department.
- To ensure that the corporate image of the Department is maintained at all times.
- To publicise all the projects and programmes that are implemented with the aim of improving quality of health care provision in the province.

The communication policy that was drafted has not been approved and is using the draft as the guide.

Table 2: Performance against targets from 2005/06 for Communications

OBJECTIVES (OUTPUTS)	INDICATOR	2003/04 ACTUAL	2004/05 ACTUAL	2005/06 TARGET	2005/06 ACTUAL
Develop a system to communicate the Annual Plan internally	Number of information sessions with staff	N/A	1	4	2
	Number of newsletters distributed internally/externally	N/A	4000	12 000	4 000
Develop a Management Communication Plan aimed at the media on a quarterly basis.	Number of briefing sessions with editors	N/A	N/A	4	0
	Number of articles published on print media	N/A	N/A	4 P/MTH	80%
Develop and implement a Health Ambassadors Plan.	Number of sessions involving health ambassadors	N/A	N/A	4	3
Design and implement a marketing strategy for Vision 2014	Number of newspaper articles on vision 2014	N/A	N/A	4	1
	Number of outdoor publicity activities	N/A	N/A	2	0

4.1.5 QUALITY ASSURANCE

Delivering quality health care is a major challenge for the Department amidst continually high staff turn-over and increasing health demands. The chief focus of the quality assurance program is:

- Community empowerment through popularizing the complaint procedure, institutionalizing the Patient Rights Charter and consultation through regular client satisfaction surveys.
- Capacitation of staff through training in Total Quality Management, customer care and complaints management
- Improve access through implementation of the Batho Pele principles and the Health service packages for Primary, District and Regional Health services.
- Reduce clinical errors through continuous supervision and monitoring

CHALLENGES AND CONSTRAINTS

Continuous staff turnover retards progress and consistency.

Table 3: Performance against targets from 2005/06 for Quality Assurance

OBJECTIVES (OUTPUTS)	INDICATOR	2003/04 ACTUAL	2004/05 ACTUAL	2005/06 TARGET	2005/06 ACTUAL
To implement complaints procedure at the five districts	Percentage of facilities implementing the complaints procedures in the districts.	40%	50%	60%	50%
To integrate the Total Quality Management (TQM) approach at facilities and programmes	% of facilities implementing Total Quality Management (TQM)	N / A	N / A	50%	40%
To increase client satisfaction in the districts	% of facilities conducting surveys and submitting reports on client satisfaction	40%	50%	60%	55%
	% of institutions displaying and implementing Batho Pele Principles and Patient Rights at the districts	50%	50%	60%	54%
To monitor compliance in line with the relevant standards/norms in the implementation of the PHC package.	% of Facilities implementing the complete PHC package.	60%	70%	80%	75%
To monitor compliance in the implementation of the District Health package	% of Hospitals implementing the complete District Health package	40%	50%	60%	55%
To implement a strategic supervision system in all Districts	% of Districts implementing a strategic supervision system	30%	40%	60%	60%

4.1.6 POLICY AND PLANNING

Policy and Planning unit has two primary responsibilities which are to articulate the mandate of the department according to the strategic objectives it has set itself in terms of tangible deliverables and to monitor and adapt the implementation of the policies intended to achieve those deliverables. The unit facilitates the implementation of the vision of the department and collaborates with all the units to guarantee compliance with overarching national and provincial strategic goals.

The Department of Health has made great strides in rendering quality health care. The future of health care in the province will be detailed in our Health 2014 strategy which was primarily informed by the resolutions reached at the first Provincial Health Summit of 2005. For the past three years, the Department of Health has successfully implemented the strategic plan and reporting frameworks and this has improved planning of health services. Interventions are being matched with available resources and there has been an improvement in access to health care services and the quality of health care.

PRIORITIES

- Monitor and evaluate policies and programmes.
- Monitor the implementation of strategic plans.
- Compile and produce reports.

Table 4: Performance against targets from 2005/06 for Policy and Planning

OBJECTIVES (OUTPUTS)	INDICATOR	2003/04 ACTUAL	2004/05 ACTUAL	2005/06 TARGET	2005/06 ACTUAL
Develop and submit Annual Performance Plan in accordance to the required framework	Annual Performance Plans (APP) of year one developed	submitted	submitted	APP to be submitted	APP submitted
To monitor the implementation of strategic plans	Quarterly Performance Reports (QPR)	4 quarterly reports compiled	4 quarterly reports compiled	The QPR to be submitted in line with NDOH's deadline	The QRS submitted.
	Annual report to be compiled and submitted	Report compiled and submitted	Report compiled and submitted	Annual report to be compiled and submitted	Report compiled and submitted

4.1.7 LEGAL SERVICES AND LABOUR RELATIONS

The Directorate is comprised of the Labour Relations and Legal Services Unit. The Legal Service Unit is further divided into subcomponents, namely, the compliance, medico legal and contracts units. Labour Relations, on the other hand is divided into individual labour relations and collective bargaining. The Directorate has the following strategic objectives:

- To monitor Legislative Compliance by the department and draft legislation and policies.
- To improve and co-ordinate security in the Department
- To prompt Investigation of Medico Legal and other Complaints and the reduction of Medico Legal Hazards
- To monitor compliance of all contracts
- To reduce Motor Vehicle Accidents caused by employee negligence and recovery of damages.

4.1.7.1 LEGAL SERVICES

ACHIEVEMENTS

- Managers in all districts have been trained on Promotion of Access to Information Act, Protected Disclosure Act, Employment Equity Act, Promotion of Administrative Justice Act and Occupational Health & Safety Act.
- A list of all legislation applicable within the department compiled with the view of training managers and staff on inter alia the operation, objective, applicability and the effects of the legislation.
- Finalised the first drafts for the Northern Cape Provincial Health Bill and Circumcision Bill.
- Managers taking justified decision and providing reason therefore, in terms of legislation
- Prompt responses to requests in terms of Promotion of Access to Information Act.
- Swift investigation and response to complaints.
- Backlog of medico legal cases drastically reduced.
- Training / information session explaining and identifying potential medico legal hazards held with managers.
- Drafted a number of contracts and Memorandum of Understanding, and prepared pro forma and/or standard lease agreements, and employment contracts.
- Recovered pecuniary damages occasioned by department from employees.
- Guidelines / circulars dealing with Motor Vehicle Accidents' distributed to managers.
- Prompt reporting of accidents by managers
- Decline in Motor Vehicle Accidents'

CHALLENGES

- A number of managers still to be trained on legislation applicable and relevant to the department.
- Finalisation of merit investigations taking longer than 30 days,
- Missing files and difficulty in obtaining statements from former employees, especially in old cases,
- Delay in the production of patient folders,
- Patient record completed inadequately,
- Unable to access clinical protocols which create impression that they do not exist, and
- Employees not aware of these protocols.
- Managers not explicit on what they want in the contracts this makes it difficult to draft such contracts
- Recovering damages from third parties (non-employees)
- Submission of incomplete medico-legal and Motor Vehicle Accident reports by managers
- Investigating Motor Vehicle Accidents within 30 days.

WAY FORWARD

- Training to be rolled out to all managers, especially decision makers, on all legislation relevant to the department.
- Patient folders and statements of all involved to be submitted / produced in tandem within one (1) week of the request.
- Continuous training and information sessions on medico legal issues including on protocols relevant to their workplace.
- Keep register of all clinical protocols/policies and ensuring that managers train staff on these.
- Contract management to be monitored by Legal Services.
- An audit of all the contracts be handed over to Legal Services to monitor Compliance of the contracts
- Investigation of MVA to be removed from provincial office to districts (Labour Relations).
- Prompt recovery of damages from other parties who are not employees.

Table 5: Medico-legal annual report for April 2005 – March 2006

DISTRICT	NO. OF COMPLAINTS RECEIVED	NO OF INVESTIGATIONS AND FILE CLOSED (NO LOD/SUMMONS)	NO OF LETTERS OF DEMAND / SUMMONS TOTAL AMOUNT DEMANDED	OUT OF COURT SETTLEMENT AND AMOUNT	LITIGATIONS AND OUTCOME
Frances Baard	40	14	05 TOTAL: R12 653 000	01 R243 000	0
Upper Karoo (Pixley Ka Seme)	13	03	02 TOTAL: R2 100 000	0	0
Kgalagadi	04	0	01 TOTAL: R100 000	0	0
Siyanda	17	01	02 TOTAL: R2 900 000	0	0
Namaqualand	03	01	0		0
TOTAL	**77**	**19**	**R17 753 000 PAID OUT: R243 000**	**R243 000**	**0**

Table 6: Motor Vehicle Accidents per district

CASES	FRANCES BAARD	KGALAGADI	NAMAQUA-LAND	SIYANDA	PIXLEY KA SEME	TOTAL
Motor Vehicle Accidents	11	5	7	14	5	45
Cases Pending against Department	3 (R113 617.50)	0	0	4 (R289 942.00)	0	7 (R113 907 442.00)
Cases Pending against third party	3 (R160 924.00)	1 (R20 000.0)	1 (R19 800.00)	4 (R316 600.00)	0	9 (R517 324.00)
Payments reversed from Employees	R33 765.68	R3065.00	0	0	0	R36 830.68
Matters Written off	2	0	2	3	0	7
Pending cases against employees	12	0	0	3	0	15
Payments reversed from third parties	R1 984.82	0	0	0	0	R1 984.82
Pending matters with private attorney	0	0	R20 000.00 (1)	R145 000.00 (1)	0	R165 000.00 (2)
Pending matters with State Attorney Office	R40 000.00 (1)	R7 000.00 (1)	0	0	0	R47 000.00 (2)
Payments made to third parties	R1 984.82	R3 064.00	0	0	R47 000.00	R52 048.82
Pending matters with no third party involved	1	4	1	4	5	15
Matters handled by Imperial & Pending	0	0	21	0	0	21

4.1.7.2 LABOUR RELATIONS

OBJECTIVES

- To train Managers on Labour Relations matters, reduce Misconduct and to comply with Collective Agreements

ACHIEVEMENTS

- Labour Relations forms part of the induction programme
- Managers were trained on Labour Relations, including training on the disciplinary Code & Procedure, Grievance Procedure and Incapacity Procedure.
- Prompt handling of misconduct.
- Misconduct drastically reduced.
- List of all Resolution (collective agreements) prepared with the view of providing training in respect thereof.

CHALLENGES

- Delay in reporting of misconduct by managers.
- Grievances not dealt with by immediate supervisor but referred directly to Labour Relations.
- Irregular meetings with labour.
- Appeals still taking more than a month

WAY FORWARD

- Continuous training of managers with bias on operational managers, on the disciplinary code and procedure, grievance procedure, incapacity procedure and all other collective agreements.
- Increase meetings with labour and our participation at bargaining structures.
- Increase pool of appeal authorities

4.2 PROGRAMME 2: DISTRICT HEALTH SERVICES

4.2.1 DISTRICT HEALTH

District Health System aims to provide health care delivery in a decentralized and an integrated manner. The provision of health care service is intensified through a district health system where primary health care is used as a vehicle to deliver equitable comprehensive health care to all health care consumers.

The province is divided into five health districts, each with a district office and a district manager:

- **Frances Baard**: By far the smallest yet the most densely populated
- **Pixley ka Seme**: Is the poorest of the districts with vast distances and many small municipalities.
- **Siyanda**: Has the advantage of the Orange River cutting across the district with resultant major agricultural vineyards activities. The district draws a number of diverse seasonal workforce throughout the year, including commuters from 2 neighbouring countries; Namibia and Botswana.
- **Namaqua**: Is characterized by vast distances interspersed with sparse population. The district has a walk-through boarder into Namibia and is boarded by the Atlantic Ocean on it's westerly boundary.
- **Kgalagadi**: This is by far the most rural and undeveloped district which has been extended to include a big municipal area previously in the North West Province.

Most of the health services are managed by the provincial department through district health managers. This gives effect to the requirements of Chapter Five of the Health Act 2003.

The following health policies have been implemented:

- District Health System
- Free health service policy at Primary health care level.
- Mental Health Act – 24 hours observation facilities
- Pharmacy Act for dispensing registration
- School Health Policy – School Health Programme at schools.

4.2.2 HUMAN RESOURCES

The number of health care activities in the PHC has placed challenges to the existing organizational structures of all health facilities. The numbers of health care providers have diminished due to reasons like retirement, decreased intake of trainees for the nursing profession, private sector offering better packages and finally the hype of being able to explore the international world. Nurses are extremely mobile and this affects the stability at health care facilities.

Medical doctors are not keen to work in the rural areas and the community service cadre tend to choose where they want to work citing religion and safety as reasons.

Training nurses in the management of pharmaceuticals and to acquire the dispensing certificate is a key priority of the department.

4.2.3 EQUIPMENT

The replacement of clinical equipment has been a challenge for health facilities. This affects quality care, management of health conditions and the morale of health care workers negatively.Nurses still perform clerical work and this is mainly done manually.

Critical equipment like fax machines are not available at health facilities.

There is a great need for air-conditioning at clinics especially in the dispensaries. PHC clinics need refrigerators for both vaccines to maintain the cold chain and for cold water for the health care workers (nurses).

4.2.4 REVITALIZATION

Most health care facilities do not have space to sufficiently accommodate all PHC health care activities. There is a need for more health facilities to respond to the ever increasing demands for health care provision.

4.2.5 TRANSPORT

This resource is not enough for both health care providers, community health service cadre and for patient transport.

Emergency health care vehicles (ambulances, rescue vehicles, etc) are in short supply.

It is critical to renew the mobile vehicles for mobile health services in the rural areas.

CHALLENGES AND CONSTRAINTS

- The de-establishment of the cross boundary municipality – the added municipality is rural and extends the province further.
- High mobility of staff especially professional nurses
- Community services – choose urban areas to rural areas
- Critical posts needed are: Financial & HR managers per district and district hospitals.
- Critical equipment: computers, fax machines and photo-copiers for the hospitals.
- Shortage and or delayed supply of medication to all PHC facilities especially those in the outlaying areas.
- Financial distribution amongst the districts appears unequal
- Infrastructure – there is a definite need to address space in most health facilities for efficient health care delivery.
- Sparsely populated communities

ACHIEVEMENTS

- New revitalized PHC clinics have been commissioned; build and some are ready to be operational.
- Two new level one hospitals are operational; Garies will be due soon, whilst Barkly-West is at roof level.
- Work will soon commence for the new Upington hospital.
- Plans are underway for De Aar hospital including Postmastburg.
- Upgrading of Warrenton, Hartswater and Jan Kempdorp hospitals are underway.

Table 7: Performance against targets from 2005/06 for District Health

OBJECTIVES / OUTPUTS	INDICATOR	DISTRICT	2003/04 ACTUAL	2004/05 ACTUAL	2005/06 TARGET	2005/06 ACTUAL
Ensure equal accessibility of PHC services for all communities	Population serviced per fixed PHC facility	Pixley ka Seme	4748	4748	-	5566
		Siyanda	9891	9896	9901	9901
		Namaqua	3609		4914	4331
		Frances Baard	12 373	11 387		324 799
		Kgalagadi	7 400	6 177	-	6 184
	% of clinics within a radius of 50km or more providing 24 hours health care service	Pixley ka Seme	-	-	-	44%
		Siyanda	0	0	25%	0%
		Namaqua			100%	86%
		Frances Baard	-	-	-	-
		Kgalagadi	16.67%	16.67	33%	16.67%
	Number of professional nurses in fixed public PHC facilities per 1000 people	Pixley ka Seme	-	-	-	0.48
		Siyanda	-	-	-	-
		Namaqua	-	-	91	91
		Frances Baard	.7	.7	.9	.7
		Kgalagadi	0.78	0.78		0.78
	Number of professional nurses in fixed public PHC facilities per 1000 uninsured people	Pixley ka Seme	-	-	-	0.56
		Siyanda	30	33	40	46
		Namaqua	-	-	-	-
		Frances Baard	.7	.7	.9	.7
		Kgalagadi	0.91	0.91	-	0.91
Implement PHC package and establish well defined referral system	% of fixed public facilities offering the full package of PHC services	Pixley ka Seme	50	60	70	70%
		Siyanda	100	100	83.3	100%
		Namaqua	-	-	100	77%
		Frances Baard	-	65%	100%	75%
		Kgalagadi	100%	100%	100%	100%

OBJECTIVES / OUTPUTS	INDICATOR	DISTRICT	2003/04 ACTUAL	2004/05 ACTUAL	2005/06 TARGET	2005/06 ACTUAL
	Health districts with a plan as per DHP guideline	Pixley ka Seme	100	100	100	100
		Siyanda	100	100	100	100
		Namaqua	100	100	100	100
		Frances Baard	100	100	100	100
		Kgalagadi	100	100	100	100
Ensure appropriate management of district	% of health district with appointed manager	Pixley ka Seme	100	100	100	100
		Siyanda	100	100	100	100
		Namaqua	100	100	100	100
		Frances Baard	100	100	100	100
		Kgalagadi	100	100	100	100
	% of health district with formal plan	Pixley ka Seme	100	100	100	100
		Siyanda	100	100	100	100
		Namaqua	100	100	100	
		Frances Baard	100	100	100	100
		Kgalagadi	100	100	100	100
	% of fixed public PHC facility with functioning community participation structure	Pixley ka Seme	25	25	-	14.8
		Siyanda	12.3	17.6	50	29
		Namaqua	0	0	0	0
		Frances Baard	10	40	100	0
		Kgalagadi	67%	67%	100%	16.67

4.2.6 PRIORITY PROGRAMS AND SUPPORT SERVICES

In our attempt to practice preventative health care the directorate managed to maintain the immunization coverage of children < 5 years above the 90% mark for the past 3 years. Our Acute Flaccid Paralysis (AFP) surveillance has also reached the 100% mark in this financial year. All measles cases reported tested negative.

Our target of training 60% of nurses on IMCI case management has been achieved.

School Health Services programme is performing well. Different health problems have been identified, treated and referred to appropriate health professionals. This can be attributed to a good relationship between the Departments of Health, Education and Agriculture.

In this financial year (2005/06) we exceeded our antenatal coverage target and the antenatal visits before 20 weeks rate is steadily increasing. We are also observing an increase in deliveries in our health facilities.

To strengthen our Sexual and Reproductive programme, the department trained five (5) professional nurses in manual vacuum aspiration procedure. We also had a successful cervical cancer campaign supported by Cancer Association of South Africa.

Our PMTCT programme is also growing and achieving the targets. The programme has been integrated in family planning with partners from Family Health International.

We have also increased our coverage on Polymerase Chain Reaction tests. The tests are being done at 4 sites in the province, namely Springbok, De Aar, Gordonia Hospital and Kimberley Hospital Complex.

In an effort to ensure a healthy and safe Northern Cape, our Environmental Health Programme has improved the surveillance programme and there is a timely reporting system.

Our Oral Health Programme is also steadily improving despite the limited resources available to run this program successfully.

Despite all the achievements mentioned above our priority programmes are still faced with several challenges to ensure provision of quality health care for a healthy living Northern Cape. Our major challenge is the shortage of district-based coordinators to run the programmes and ensure proper implementation of our policies, as well as monitoring and evaluation.

4.2.6.1 MATERNAL, CHILD & WOMEN'S HEALTH (MCWH), YOUTH & ADOLESCENT AND PMTCT

Pregnancy is a unique physiological state in that it involves two individuals – the woman and the unborn child. The MCWH sub-directorate is committed to the ideals of ensuring a new dawn of Health Service

Excellence in the Northern Cape thereby resolving to make every woman and child count, improving maternal, child, women and youth health by ensuring quality service at all service points.

Our aim is to improve the health status of mothers, babies, children, women and youth by reducing morbidity and mortality and promoting their quality of life. An emphasis is on health promotion and disease prevention.

EXTENDED PROGRAMME ON IMMUNISATIONS (EPI) POLICIES

CHILD HEALTH POLICY
Extended Programme on Immunisation protocol

Table 8: Trend in performance for Extended Programme on Immunization

OBJECTIVES	INDICATORS	TARGET	ACTUAL
Increase immunization coverage in children < 1 year to 90%	90% of children < 1 year fully immunized	90%	102.89%
	90% of children fully immunized against measles	90%	100.14%
	90% children received OPV 3 immunization	90%	105.60%

PRIORITIES

- 90% Coverage of all vaccines in the primary childhood series.
- Detect and investigate at least 2 AFP (acute flaccid paralysis) case per 100'000 in children under 5 years.
- Vaccinate 90% of all children < 5 years against measles.
- Vaccinate 90% of all children < 5 years against OPV 3.

ACHIEVEMENTS

- Full immunization coverage of children <5 years maintained above the 90% mark for the past 3 years. Increase in the immunization coverage varied between 2003 and 2004. This could have been due to the immunization campaign in Kgalagadi with an influx of cross border cases. Kgalagadi serves a large proportion of the community between North West and the Northern Cape Province.
- Acute Flaccid Paralysis (AFP) surveillance has reached 100%.
- Measles cases reported all tested negative. It was a reaction to the measles vaccine.

CONSTRAINTS / CHALLENGES

- Vast distances
- No AFP surveillance officer.
- High turn over of nursing personnel.
- No dedicated MCWH coordinator in the districts to address problems immediately.

MEASURES UNDERTAKEN TO ENSURE SERVICE DELIVERY

- EPI coordinator doing active surveillance in the province in hospitals and clinics.
- React on outbreaks within the province.
- Training given to nursing personnel formally and informally.

INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESS (IMCI)

IMCI strategy has been adopted as policy using a set of prescribed modules and chart booklets.

PRIORITIES

- To have at least 80% of IMCI saturation in all Primary Health Care Facilities in the province.
- To incorporate the IMCI strategy in the four year nursing training curriculum.
- To reduce the incidence of diarrhoea and respiratory diseases in children under 5 years.

CHALLENGES

- HIV / AIDS may increase the incidence of diarrhoea and respiratory diseases.

Table 9: Performance against targets for 2005/06 for Integrated Management of Childhood Illnesses

OBJECTIVE	INDICATOR	2003/04 ACTUAL	2004/05 ACTUAL	2005/06 TARGET	2005/06 ACTUAL
Saturate all health facilities at all districts with primary health care nurses skilled in IMCI case management	Percentage of PHC nurses on the IMCI strategy	40%	50%	60%	60%
Monitor mortality and morbidity of early childhood illness	Reduction in the incidence of morbidity and mortality cases by early childhood illness	27%	25.37%		29.2
Integrate IMCI into curriculum of the basic four year training of pre service nurses	Percentage of nurses completing the 4 year basic training skill in IMCI	70%	90%	100%	100%

ACHIEVEMENTS

- All 5 districts are implementing IMCI at different stages
- IMCI is incorporated into the primary health care course.

COMMUNITY IMCI

PRIORITIES

- Coordination, management and implementation of the household and community component of IMCI
- Training of Community Health Workers on the sixteen key household family strategies.
- To have two sites implementing the household and community component of IMCI.

CHALLENGES

- To sustain the component in all implementing sites
- Difficulty in securing mentors in the Siyanda and Namaqua districts.
- Poor support from the district health department

CONSTRAINTS

The vastness of the province impacts on the implementation, monitoring and evaluation of the programme.

Table 10: Performance against targets for 2005/06 for Community IMCI

OBJECTIVE	INDICATOR	2003/04 ACTUAL	2004/05 ACTUAL	2005/06 TARGET	2005/06 ACTUAL
Increase sites per district implementing CIMCI	Number of sites per district implementing the household and Community Component	1 Pixley ka Seme	3 Pixley ka Seme	Pixley ka Seme – 9 Frances Baard – 6 Kgalagadi – 5 Siyanda – 5 Namaqua – 5	8 3 3 0 0
Train Community Health Care workers	Number of Community Health Care Workers trained	Pixley ka Seme – 5	Pixley ka Seme – 8 Kgalagadi – 4		Pixley ka Seme – 10 Kgalagadi –7 Frances Baard – 1 Siyanda – 0 Namaqua – 0
2 Regular meetings per year at implementing sites	Number of meetings held	0	Kgalagadi – 2 Pixley ka Seme - 1	21 Meetings per site	Pixley ka Seme – 2 Frances Baard – 1 Kgalagadi – 2 Siyanda – 0 Namaqua- 0

ACHIEVEMENTS

- Steering Committees have been established in the Kgalagadi and Pixley ka Seme districts
- Advocacy sessions with Department of Education (Early Childhood Development Unit) had yielded positive results.
- Early Childhood Development programme is taking an active role in training practitioners in the 16 key household and family practices.

SCHOOL HEALTH

The unit is responsible for the promotion of optimal health and development of school going children and the communities in which they live. The programme was actively implemented in 2005.

CHALLENGES

- Three districts, namely Pixley ka Seme, Siyanda and Namaqua have not yet submitted their district plans
- Delay in establishing district school health teams in collaboration with the Health Promoting Schools and the Department of Education.
- School Health reports from districts are not coming on time.

Table 11:Performance against targets for 2005/06 for School Health

OBJECTIVE	INDICATOR	2003/04 ACTUAL	2004/05 ACTUAL	2005/06 TARGET	2005/06 ACTUAL
To provide preventative and promotive services that address the health needs of school going children	Number of primary schools within a district with fully functional school health services	Frances Baard 0 Pixley ka Seme 0 Siyanda 0 Kgalagadi 0 Namaqua 0	0 0 0 0 0	24 14 14 04 12	12 10 08 05 05
To train the educators in recognizing minor health problems for school health in children	Number of training sessions conducted	0	0	2	2
To conduct an update workshop for school health nurses	Number of workshops held	0	1	1	1
To conduct support visits during school health activities	Number of support visits done	0	0	20	16
To conduct health talks in schools	Number of health talks conducted	0	0	10	10

ACHIEVEMENTS

- Tshiamo School launched the school health promotion programme.
- School Health Services running well. Different health problems identified treated and referred to appropriate health professionals.
- Relationship between Departments of Health, Education and Agriculture successfully established to promote school health as a team.

YOUTH AND ADOLESCENT HEALTH

POLICIES

- National Youth and Adolescent Health Policy Guidelines.
- National Youth Policy.
- The Child Care Act, 1983.
- National contraceptive policy guidelines.
- Choice on Termination of Pregnancy Act (CTOP), 1996

PRIORITIES

- To provide health education training and support to the youth of the Northern Cape.
- To reduce the rate of teenage pregnancies.
- To reduce the HIV and STI infections amongst the youth.
- To train health care workers on youth friendly services.

CHALLENGES

- Expansion of youth friendly services at primary health care facilities.

Table 12: Performance against targets for 2005/06 for Youth & Adolescent Health

OBJECTIVE	INDICATOR	2003/04 ACTUAL	2004/05 ACTUAL	2005/06 TARGET	2005/06 ACTUAL
Educate teenagers about the risks of teenage pregnancy	Number of Awareness Campaigns held	0	1	3	2
Train peer educators	Number of Life Skills workshops held.	0	0	10	10
Train health care workers on youth friendly services	Number of training sessions for health care workers on youth friendly services conducted.	0	2	4	2

MATERNAL HEALTH

POLICIES

- The guidelines for Maternity Care in South Africa
- Saving mothers Report

ACHIEVEMENTS

- Ante natal coverage has exceeded expected target.
- Ante natal visits before 20 weeks rate is steadily increasing.
- Primary Health Care facilities in Frances Baard (Municipal Clinics) have initiated antenatal services except for two viz. Greenpoint and Mapule Matsepane Clinic.
- Most deliveries are occurring in health facilities.

PRIORITIES

- To ensure that services are accessible to all communities in the districts.
- The retention of experienced personnel e.g. midwives.
- To support the Traditional birth attendants in areas like Platfontein, Kuruman and Groblershoop.
- To revive the Obstetric review structures in the districts.
- To monitor the implementation of the ten recommendations

Table 13: Performance against targets for 2005/06 for Maternal Health

OBJECTIVE	INDICATOR	2003/04 ACTUAL	2004/05 ACTUAL	2005/06 TARGET	2005/06 ACTUAL
Antenatal visits before 20 weeks	% of **antenatal first visits** before 20 weeks over the total number of 1st visits	109%	104%	100%	48%
	% of **antenatal visits** before 20 weeks over the total number of first visits	40%	44.8%	100%	78%
Births in health facilities	% of births in facilities over the number of expected births	105%	86%	100%	75%
	Number of maternal deaths related to pregnancy over the number of live births	214/100,000 per annum	216/100,000 per annum	100/100,000 per annum	386/100,00 per annum
	Number of visits per annum to facilities rendering ante natal and Intrapartum care	10	25	40	30

PERINATAL HEALTH

POLICIES

- Saving babies report.
- Human Genetics management guidelines.

PRIORITIES

- To reduce avoidable factors in perinatal mortality
- To reduce low birth weight
- Upgrading skills in perinatal care focusing on genetics, perinatal education programme and the advanced midwifery programme.

CHALLENGES

- Implementation of saving babies recommendation.
- Upgrading skills amongst health workers.
- Staff rotation and high staff turn over.

ACHIEVEMENTS

- The MCWH district monthly outreach meetings are held to facilitate the implementation of recommendations.
- The implementation of the Perinatal Problem Identification Programme amongst health personnel at district level.
- Conducting of obstetric review meeting at all referral delivering facilities in the province

SEXUAL AND REPRODUCTIVE HEALTH

POLICIES

- Choice on Termination of Pregnancy Act.
- Sterilization Act.
- National Contraception Policy Guideline.
- National Cervical Cancer Screening Programme.
- National strategy for the implementation of the Cervical Cancer Screening Programme.

PRIORITIES

- Providing and promoting contraceptive use through education and service provision.
- To expand Termination of Pregnancy facilities to primary health care facilities.
- To educate and promote cervical and breast cancer screening.
- To screen 70% of women from the age of 30 with 10 years of initiating the programme.

CHALLENGES

- No dedicated reproductive health coordinators at district health level.
- Poor expansion of termination of pregnancy services.
- No commitments of health care providers to do cervical screenings on request.
- Poor coordination of sexual abuse programme between reproductive health coordinators and forensic unit.

Table 14: Performance against targets for 2005/06 for Reproductive Health

OBJECTIVE	INDICATOR	2003/04 ACTUAL	2004/05 ACTUAL	2005/06 TARGET	2005/06 ACTUAL
To facilitate the implementation of 1st trimester termination of pregnancy at primary health care facilities	% of primary health care facilities providing termination of pregnancy services	0	20%	100%	20%
To facilitate the implementation of 2nd trimester termination of pregnancy services at hospitals	% of hospitals providing termination of pregnancy services	2%	3.4%	100%	3.4%
Provide high quality contraceptive services to sexual active women aged 15 – 49 years	% of protection rate of women per year	---	35%	60%	45%
To reduce morbidity and mortality associated with cervical cancer.	% of Cervical Cancer Screening coverage	0	2.9%	7% per annum	3.5%

ACHIEVEMENTS

- Contrapception integrated into PMTCT training held and it is still continuing.
- Tri provincial cancer workshop by national department of health held.
- Five professional nurses trained in manual vacuum aspiration procedure.
- A successful cervical cancer campaign was held with the support of Cancer Association of South Africa.

PROGRAMME FOR MOTHER TO CHILD TRANSMISSION

POLICIES

- PMTCT adheres to the national HIV and AIDS strategic plan (2000 – 2005).
- Northern Cape Department of Health draft policy on PMTCT.

PRIORITIES

- To increase HIV testing uptake.
- To reduce maternal deaths due to HIV and AIDS.
- To reduce mother to child transmission of the HIV.
- To reduce mortality in children born to mothers who are HIV positive.

CHALLENGES

- To expand the programme to all ante natal sites.
- Training on coding and PCR
- Finalization of the provincial protocol.

Table 15: Performance against targets for 2005/06 for PMTCT

OBJECTIVE	INDICATOR	2003/04 ACTUAL	2004/05 ACTUAL	2005/06 TARGET	2005/06 ACTUAL
Expansion of PMTCT programme	% of sites rendering PMTCT	--	45%	60%	57%
To improve the level of skills of the staff in PMTCT	% of trained staff in PMTCT	--	40%	80%	46%
To promote HIV testing in antenatal clients	% of ante natal clients tested for HIV	--	54%	100%	74%
To fast track the distribution of Neverapine to babies	Neverapine due to baby coverage rate	--	22%	100%	37%
PCR testing to be done on infants	Number of PCR HIV tests done on infants	--	0		804

ACHIEVEMENTS

- Integration of the PMTCT programme in family planning with partners from Family Health International.
- PCR is being done at 4 sites in the province: Springbok, De Aar, Gordonia Hospital and Kimberley Hospital Complex.
- Between January and March 2006, 372 tests have been done with results showing that 85 of them being positive.

MATERNAL, CHILD AND WOMEN'S HEALTH INCLUDING NUTRITION

Table 16: Performance against targets for 2005/06 for MCWH including Nutrition

INDICATOR		2003/04 ACTUAL	2004/05 ACTUAL	2005/06 TARGET	2005/06 ACTUAL
Input					
Hospital offering TOP services	**%**	20%	20%	---	20%
CHC's offering TOP services	**%**	0	10%	---	10%
Process					
DTP – Hib vaccines out of stock	**%**	Arthur letele --	---	---	---
AFP detection rate	**%**	100%	100%	100%	100%
AFP stool adequacy rate	**%**	100%	100%	100%	50%
Output					
Schools at which phase 1 health services are being rendered	%	0%	0%	38%	415%
(Full) Immunization coverage under 1 year	**%**	91%	96.2%	>80%	103.16%
Ante natal coverage	**%**	**---**	---	100%	121%
Vitamin A coverage under 1 year	**%**	**---**	**---**	**---**	116 %
Measles coverage under 1 year	%	89%	109.1%	>80%	103.17%
Cervical cancer screening coverage	**%**	0	**---**	**---**	**---**
Quality					
Facilities certified as baby friendly	**%**	Nutrition	**---**	**---**	**---**
Facilities certified as youth friendly	**%**	**---**	**---**	**---**	**---**
PHC facilities implementing IMCI	**%**	15%	20%	34%	50%
Outcome					
Institutional delivery rate for women under 18 years	**%**	**---**	**---**	**---**	**9%**
Not gaining weight under 5 years	**%**	Nutrition	**---**	**---**	**3%**

4.2.6.2 INTERGRATED NUTRITION PROGRAMME

Nearly 40'000 clients were supplemented with enriched maize meal throughout the year. These clients include malnourished children, pregnant and lactating women, HIV/AIDS, TB and other debilitating conditions. The number will increase significantly in the financial year 2006/07 as more community service dieticians are employed to assess clients for nutrition supplementation.

Nine maternity facilities in the province are now Baby Friendly. The target for the 2006/07 financial year is thirteen facilities.

Four community service dieticians from 2005 were appointed permanently. Another three already indicated that they want to stay on permanently next year. This bodes well for the department in terms of making the services more accessible.

Sixty electronic scales were procured for PHC facilities in the province.

The following IEC material was developed: a poster and pamphlet on Management of Diabetes, High cholesterol and Complementary Food. Posters on breastfeeding and Healthy lifestyles will be printed this year by Vutha

Two thousand packets of vegetable seeds have been distributed to communities, hospitals, clinics, schools and clients to start with vegetable gardens. Communities were also assisted with gardening equipment and kitchen utensils to start with soup kitchens. The number of seeds distributed will be doubled for the next financial year.

Table 17: Performance against targets for 2005/06 for Integrated Nutrition Programme

OBJECTIVE	INDICATOR	2003/04 ACTUAL	2004/05 ACTUAL	2005/06 TARGET	2005/06 ACTUAL
To reduce the incidence of malnourished children under 5 years	% of children severely malnourished	1,5%	1,1%	0,8%	3,5%
To prevent and reduce growth faltering among children under 5 years	% of children not gaining weight	5%	4,5%	4%	3,4%
To have 60% of maternity facilities declared Baby Friendly	% of Baby Friendly Maternity facilities	20%	35%	40%	40%
To prevent and reduce micronutrient deficiencies	% of children under 12 months receiving Vitamin A	30%	50%	60%	60%

4.2.6.3 ORAL HEALTH

OVERVIEW

In order to fast track access to health care for the majority of people, especially those living in the rural areas, the district health system has been introduced as a vehicle for providing quality primary health care, of which oral health is an integral part, to everybody. Quality **Primary Oral Health Care** is characterized by effectiveness, efficiency, accessibility and equitability. Most oral diseases are not life-threatening but affect almost every individual during his and her life time, resulting in pain and discomfort, expenditure on treatment, loss of school days, productivity and work hours, and some degree of social stigma. Oral conditions are important public health concerns because of their high prevalence, their severity, or public demand for services because of their impact on individuals and society. **Secondary and Specialized Oral Health Care** is the next referral level of oral health care from Primary Health Care level. Secondary level of care is supposed to be managed and performed at District Hospital. This is the level that focuses on halting the progression of oral diseases by curative and restorative measures.

SERVICES

Oral Health Services are provided at a primary and secondary level in the province. The services are provided from all major centres including Springbok, Calvinia, Upington, De Aar, Kuruman and Kimberley. Many clinics and rural areas are served surrounding these major centres by our out reach programme by road and by red cross flights. Schools oral health services are also rendered from some major centres especially from Kimberley. One community service dentist (CSD) is based at each of these centres while five are based in Kimberley and one in Kimberly Hospital Complex, who assist the principal dentist there. All the districts have 1 permanent Dentist who mentor and support the CSD.

ANALYTIC REVIEW OF PROGRAMME PERFORMANCE POLICIES

Preventive, promotive, curative and rehabilitative oral health services should be provided in the Province.

Planning of services should be geared towards ensuring that Oral Health Services are accessible to everybody in the Northern Cape.

Increase PHC-facilities, through the province, delivering oral health care services by ensuring that these services are being made available in all district hospitals, CHC and Mobile units.

Emphasis should be on the prevent approach with health education being a priority. School oral health services should be incorporated within the primary health care approach.

Promotive services should focus on the determinants of health and disease. Oral health services should be coordinated with other health programmes within the Department namely, Health Promotion and Mother, Child and Women's Health, and with programmes offered by other departments such as Education.

In the building of clinics and upgrading programme, oral health programme managers must be consulted at the planning stage. All accommodation plans and needs for public oral health services will be dealt with in accordance with the health facilities planning directives.

The regular maintenance of oral health equipment is an essential part of our efficient oral health service. Special measures will have to be instituted to ensure the cost effective, speedily available and effective maintenance of equipment. In order to achieve this, the contracts will be drawn up with locally recommended service and maintenance companies.

SUB-PROGRAMME PRIORITIES

OBJECTIVES	CHALLENGES
To provide full package of primary oral health services to the rural and remote areas.	• We were not able to acquire dental mobile units because of budget constraints. Thus this has hampered on us being able to offer a full service package to rural and remote areas. • We were not able to employ more oral health personnel in this financial year because of budget constraints.
To ensure the availability of adequate and appropriate equipment, instruments and dental materials at all dental clinics for effective service delivery.	• Most clinics are still not properly equipped due to budgetary constraints which only cater for consumables. • Budget is decentralised thus putting a lot of pressure in the already limited budget for the districts
To maintain the Decayed, Missing, and Filled Teeth (DMFT) of 1.3 in 10-12 years in the Province.	• No survey has been done to determine exactly where we are due to the difficulty in acquiring a specialist in community dentistry.
To improve the services and upgrade dental clinics.	• Most clinics are dilapidated, still waiting for the approval of their upgrading
To have a well-trained and informed workforce.	• Most workshops and funding for studies are not approved because the HR policy surrounding this area has not been finalized.

MEASURES TO OVERCOME CHALLENGES

- To employ more dental assistants.
- To acquire 5 in built mobile dental units from donors
- To employ oral hygienists to promote oral health education in all districts- rural areas
- To audit all equipment, instruments and dental materials at dental clinics and prepare a report on the needs of the clinics.
- To purchase the necessary items with the assistants of hospital and district managers by highlighting our needs as
- To screen, educate and treat the dental anomalies in school children by on-going school oral health services.
- To ensure oral health's participation in health promoting schools
- To liaise with other units and departments to educate the community about oral hygiene.
- To have patient friendly clinics which are properly located
- To purchase new dental equipment for clinics
- To service all Dental equipment
- Staff to attend different workshops, conferences and lectures to stay abreast with the latest developments in dentistry.
- To attend relevant workshops and National meetings.
- To attend the annual Dental Congress

Table 18: Performance against targets for 2005/06 for Oral Health

OBJECTIVE	INDICATOR	2003/04 ACTUAL	2004/05 ACTUAL	2005/06 TARGET	2005/06 ACTUAL
Have a provincial Oral Health Policy.	Percentage of Oral health facilities complying with oral heath policy	-	-	2006 end	Draft policy in place
80% of District hospitals to have oral health facilities.	% of district hospitals providing oral health	0%	20%	40%	20%
100% of the Districts to each have 1 mobile unit.	Number of mobile units in each districts	0	0	3	0
100% of the Districts to have 2 health promoters or an oral hygienist each to provide public oral health care service within the district health system.	Total number of health promoters or oral hygienists in each districts	1 (Only Frances Baard)	1	3	1
Dentist: Population must be 1:100'000	Dentist: population ratio	1:170'000	1:170'000	1:100'000	1:140'000

OBJECTIVE	INDICATOR	2003/04 ACTUAL	2004/05 ACTUAL	2005/06 TARGET	2005/06 ACTUAL
Age 18: to ensure that 60% or more of those in this age group will retain all their teeth.(excluding third molar)	% of 18 year old with healthy teeth	-	-	0	0
Expose 50% of primary schools to organized school preventive programme (spp).	% of schools exposed to spp	15%	15%	50%	30%
To decrease the shortfall in facilities and personnel in rural areas from 70% to 60%.	% of facilities and personnel in rural areas	70%	69%	60%	69
Facilitate the provision of orthodontic and prosthodontic treatment in 60% of regional hospitals	% of regional hospitals providing ortho and prostho	100%	100%	100%	100%

4.2.6.4 CHRONIC DISEASE, REHABILITATION AND GERIATRICS

Non-communicable conditions and mental disorders accounted for 59% of total mortality in the world and 46% of the global burden of disease in 2000. This disease burden will increase to 60% by the year 2020. Heart disease, stroke, depression, and cancer will be the largest contributors.

GOALS

- Provide a comprehensive, accessible and affordable chronic disease, rehabilitation- and geriatric service to all individuals to enable them to live as normal as possible
- To protect and promote the rights of persons with non-communicable diseases, disabilities as well as older persons

The program integrates with amongst others:

- Communicable Diseases
- Integrated Nutrition Program
- Mental Health
- Maternal, Child and Women's Health
- Environmental Health
- Health Promotion
- Non-communicable conditions and mental disorders accounted for 59% of total mortality in the world and 46% of the global burden of disease in 2000. This disease burden will increase to 60% by the year 2020; heart disease, stroke, depression, and cancer will be the largest contributors.

According to the South African Health Review 2002 the ten leading risk factors are:

- Underweight
- Unsafe sex
- Unsafe water, sanitation and hygiene
- Indoor smoke from solid fuels
- Zinc deficiency
- Iron deficiency
- Vitamin A deficiency
- High blood pressure
- Tobacco consumption
- Cholesterol

The ten leading diseases / injuries are:

- HIV / AIDS
- Lower respiratory infections
- Diarrhoeal diseases
- Childhood cluster diseases
- Low birth weight
- Malaria
- Unipolar depressive disorders
- Ischaemic heart disease
- Tuberculosis
- Road traffic injuries

Table 19: Disability data per district

DISTRICT	POPULATION	INDIGENOUS 80%	DISABILITY 4.5%	HEARING 0.8%	MENTAL 0.5%
Frances Baard	303,239	242,591	10,917	1,941	1,213
Pixley ka Seme	164,608	131,686	5,926	1,053	658
Kgalagadi	36,881	29,504	1,328	236	148
Namaqua	108,111	86,489	3,892	692	432
Siyanda	209,889	167,911	7,556	1,343	840
TOTAL	822,728	658,181	29,619	5,265	3,291

Table 20: Age breakdown per district

DISTRICT	POPULATION GERIATRIC	INDIGENOUS		60+	65+	80+	TOTAL
Frances Baard	26,055	20,845	Male	3,147	4,678	828	8,653
			Women	3,814	6,655	1,721	12,190
Siyanda	16,220	12,976	Male	2,062	3,122	581	5,765
			Women	2,342	3,898	971	7,211
Kgalagadi	12,128	9,702	Male	1,261	2,111	398	3,770
			Women	1,722	3,329	882	5,933
Namaqua	10,687	8,550	Male	1,282	2,042	417	3,741
			Women	1,464	2,608	737	4,809
Pixley ka Seme	14,531	11,625	Male	1,674	2,594	493	4,761
			Women	2,106	3,733	1,025	6,864

Table 21: Performance against targets for 2005/06 for Chronic diseases, Rehabilitation & Geriatrics

OBJECTIVE	INDICATOR	2003/04 ACTUAL	2004/05 ACTUAL	2005/06 TARGET	2005/06 ACTUAL
Reduce morbidity and mortality related to chronic conditions, injuries and disabilities.	5% of PHC facilities with dedicated/fast lanes for chronic conditions, disabled persons and the elderly	None	15%	25%	20%
	% of PHC facilities with support group for diabetes	2%	5%	15%	10%
	% of PHC facilities with support group for hypertension	2%	5%	15%	10%
	Number of fully operational renal units	1	1	6	1
	% of old age homes with dedicated doctor	50%	80%	100%	100%
Improve, promote and maintain accessibility to facilities, drugs, medical supplies/equipment and assistive devices	% of facilities with available morphine syrup	15%	50%	100%`	80%
	% of district hospitals equipped for rehabilitation services	0%	0%	50%	50%
Develop human resources as well as knowledge and skill of all service providers and the public	Number of professionals trained in Primary Eye care	none	none	20	10
	Number of professional trained in ophthalmic nursing	None	1	2	4
	Number of parents with disabled children trained in caring	0	0	30	30
Establish a comprehensive framework for inter-sector collaboration, to expedite service delivery to persons with disabilities, chronic diseases, disabling eye conditions, cancer and older persons	Establish district older persons forums	0	0	4	4
	Establish provincial older persons forum	0	0	1	1
Ensure compliance in the implementation of the District Health package	% of Hospitals implementing the complete District Health package	40%	50%	60%	55%

4.2.6.5 HEALTH PROMOTION

SPECIFIED POLICIES, PRIORITIES AND STRATEGIC OBJECTIVES

- Development of integrated and comprehensive community awareness and empowerment programmes, the following strategic objectives assisted in achieving our desired strategic goal:
- Enhance community participation in health education activities
- Promote healthy lifestyles among our communities
- Create a health conscious community
- Implement the Health Promoting Schools initiative

- At the moment, the development of the National Health Promotion policy is nearing completion, and Provinces will align their policies in line with the finalised national policy. Other than that, the following legislations serve as some of the core guiding principles; the Tobacco Control Act, the Convention of the Rights of the Child, 1997 – Chapters 5 and 7; South African Schools Act, 1996 and Child Care Act, 1983.

PROGRESS ANALYSIS

- Provincial Health Promoting Schools initiative team established
- District Health Promoting Schools initiative teams established
- The Health Promoting Schools initiative implemented by thirteen pilot schools
- Guidelines for Community Health Promotion Forums developed
- Sound relationships with all Provincial community Radio stations have been established and is maintained, as a result continuous health talks are held on our community radio stations
- Presented various forms of health education to communities affected in various outbreaks
- In collaboration with various units within the department, the unit hosted a number of awareness and advocacy campaigns in line with the health calendar

ANALYSIS OF CONSTRAINTS

- Lack of health consciousness among communities
- Lack of strategic partnerships with other organizations and departments

MEASURES PLANNED TO OVERCOME THEM

- Regular surveillance of emerging and re-emerging diseases and strengthen health awareness campaigns in the community
- Strengthen relations with existing health organizations and other government Departments
- The use of electronic media to promote key health messages in the community, and to assist municipalities in their endeavours to establish community radio stations
- Establish community liaison linkages and hosting of regular community information sessions

DESCRIPTION OF PLANNED QUALITY IMPROVEMENT MEASURES

- Orientation of new personnel on unit strategic plan
- Interact with Human Resource development unit to facilitate skills and capacity development programmes for staff
- Allocate appropriate resources for each objective

Table 22: Performance against targets for 2005/06 for Health Promotion

OBJECTIVE	INDICATOR	2003/04 ACTUAL	2004/05 ACTUAL	2005/06 TARGET	2005/06 ACTUAL
Implement the Health Promoting Schools' (HPS) Initiative	Number of schools implementing HPS initiative in the Province	0	0	12	13
Facilitate community liaison linkages to ensure full community participation	Number of functioning facility based community health Promotion structures	2	5	12	12
Conduct health education in line with our health indicator review	Number of community information sessions held	12	14	18	16
Develop and implement healthy lifestyle programmes focusing on 5 priority areas	% of communities receiving comprehensive healthy lifestyle programmes	40%	40%	60%	60%
Raise awareness using multi-media approach i.e. radio, facility based TV's , print media etc	Percentage of communities receiving coverage	40%	40%	60%	60%

4.2.6.6 ENVIRONMENTAL HEALTH

The Environmental Health unit aims to provide a healthy and safe environment to all people of the Northern Cape Province.

ANALYTIC REVIEW OF PROGRAMME PERFORMANCE

Environmental health is a preventative service and focus on the correlation between the environment and human health. Primarily this service is been guided by legislation (international, national, provincial as well as by – laws). During the past financial year (2005/6) priority issues addressed were inter alia tackling the backlog of hazardous substances applications, rendering an on-going disinfest / fumigation services at one

of our designated ports of entry (Upington airport), collaboration with other programmes / units e.g. Health promotion and Communicable diseases during the containment, reduction and eradication of different outbreaks in the province.

Key challenges that we faced were inter alia not rendering a port health service at the designated land ports of entry due to no staff. Handlers of hazardous substances could not be serviced timeously as required by legislation as the Programme Manager was appointed on 1 September 2005. Afore-mentioned post was vacant for almost two (2) years resulting in a total backlog of environmental health indicators in comparison with the rest of the other provinces. Insufficient numbers of Environmental Health Practitioners (EHPs) throughout the province (provincial department of health, district municipalities as well as local municipalities) also contributed to these challenges.

Table 23: Performance against targets for 2005/06 or Environmental Health

OBJECTIVES (OUTPUTS)	INDICATOR	2004/05 ACTUAL	2005/06 TARGET	2005/06 ACTUAL
To control vector borne & zoonotic diseases	Develop, implement & update surveillance programme	Info not available	Info not available	50%
	% of actions of surveillance / education	Info not available	Info not available	50%
	% of cases investigated	Info not available	Info not available	100%
	% of locations / area sprayed	Info not available	Info not available	100%
To control hazardous substances	% of premises complied to the Act	Info not available	Info not available	80%
	% of organophosphate poisoning cases reported & subsequently investigated	Info not available	Info not available	100%
	% of education programmes	Info not available	Info not available	50%
Render an effective port health service by clearing consignments, conveyances and all people entering or leaving at designated ports of entry	% of aircrafts cleared at Upington airport	Info not available	Info not available	100%
	% of consignments cleared at two designated land ports of entry	Info not available	Info not available	100%
Health care risk waste generator compliance rate	* % of Health care risk waste generators complied to guidelines &/ legislation	Info not available	Info not available	50%
Comment on adhoc basis on applications for safe exhumations as well as developmental projects	% safe exhumations & reburials	Info not available	Info not available	100%
	% Comments on land use / developmental projects	Info not available	Info not available	100%

ACHIEVEMENTS

- Appointment of manager for the programme
- ±80% of outstanding licences for hazardous substances being issued, according to the relevant legislation.
- Strengthening of the surveillance program of Siyanda district of the prevention of Vector borne diseases.
- Revival of the Environmental Health district forums in the five districts.
- Played a supporting role in terms of the sanitation and water campaign
- Ensured a successful implementation of hand wash campaign in collaboration with Department of Water Affairs and Forestry and Department of Education.

CHALLENGES

- Appointment of EHP's at airports and land ports to monitor consignments that enter and leave the province.
- Procurement of essential equipment.
- Lack of transport for EHP's and community services EHP's.
- Lack of initiative by different municipalities to spearhead the devolution of municipal health services.

4.2.6.7 INFORMATION MANAGEMENT

A strategic view of information and knowledge management is to provide accurate and timely information to support optimal decision making in the department. The unit collates data from all the districts in the province using computerized district health information system which is nationally utilized, and implements good practices on information management to produce information on health services within the province.
It is also the key driver for achieving departmental objectives by growing the department's assets, its intellectual capital to achieve those objectives.

MEASURABLE OBJECTIVES

- Ensure program goals, targets and indicators and national minimum data sets are appropriate and effective
- Develop and manage a system for information flow
- Develop an appropriate reporting system
- Review extent to which information is being used for management
- Facilitate appropriate continued professional development
- Facilitate internship of information, communication and technology students
- Provide appropriate resources
- Support additional community structures

PROGRAMME POLICY DEVELOPMENTS

Due to the need for the unit to employ best practices in information management, the sub-programme started with a process of developing policies and protocols. Draft of information user agreement document was developed during 2004/2005 for better management of information requests. The unit will continue developing the remainder of policies.

Table 24: Performance against targets for 2005/06 for Information Management

OBJECTIVE	INDICATOR	2003/04 ACTUAL	2004/05 ACTUAL	2005/06 TARGET	2005/06 ACTUAL
Provide Disease trends reports in the districts	Number of districts producing Annual reports of Disease Health trends	0	0	0	0
Increase the percentage of facilities achieving data quality index threshold score	Percentage of facilities achieving data quality index threshold score	<10%	<10%	25%	50%
Improve facility data timeliness rate in all the PHC facilities	Number of districts submitting data on time	0	0	0	0
Instil a culture of Information Management	Number of Program managers trained on using information for action	0	0	0	0
	Percentage of health district adhering to data flow policy	25%	50%	50%	75%
	Number of facilities monitored on data management	0	0	10	10
	Percentage of facilities achieving the Data Quality Index score	25%	25%	40%	50%
	Implementation of Information management policy	No policy	No policy	Design information management policy	Policy designed and reviewed
Integrate private health facilities into the District Health Information System	Percentage of private facilities reporting by December 2006	0	0	Target-	50%
Strengthen the Provincial information Committee.	Number of meetings per year	0	0	1	2
Implement electronic health information databases in all facilities	Percentage of hospitals running computerised DHIS	<1	<1	<1	<1
E-health projects	Number of research projects conducted	No data	No data	Target-	0
Develop a strategic management monitoring system	Data Warehouse functional	Not functional	Not functional	Develop a functional management monitoring system	Not developed
	Usability rate of the system	N/A	N/A	Target-	0%
Train information Officers on health information.	No of information officers attended health information or Monitoring and Evaluation training	No data	No data	1	2
Strengthen Monitoring and Evaluating process in the department	Percentage of programmes with Monitoring and Evaluation strategies in place.	No data	No data	Target-	0%
	Average number of quarterly indicator review per programme	0	0	Strategic Plan target-	0%
	Annual Health indicator Review	0	0	1	1

CHALLENGES

- Lack of human resources at the district level has been the main challenge or weakness of the provincial Health Information system. The services were not decentralised and, as a result, the districts were incapacitated in terms of health information management.
- Though the completeness, outstanding rate, and timeliness have slightly improved, quality of data is still poor, and this is because of the lack of dedicated data managers at facility level.
- Inadequate Information Technology support at provincial and district levels emerged as one of the constraints that affected the flow of data from district to province and to national.

MEASURES TO OVERCOME THE CHALLENGES

The training programme was developed in the financial year 2005/6 to capacitate both the district information officers, facility based staff (including managers).The focus of the programme was on: Data Quality and Using Information for Action.

The unit has developed a data monitoring programme for this financial year for supportive supervision at the district level, in order to address the poor data quality problem. The source records at the facility are reviewed by both the information officers and the facility staff to check discrepancies between the monthly reports sent to the district and the source records.

The unit will be appointing additional staff in Health Information to assist the unit manager, in addressing the underperformance of the unit.

4.2.6.8 MENTAL HEALTH

Table 25: Performance against targets for 2005/06 for Mental Health

OBJECTIVE	INDICATOR	2003/04 ACTUAL	2004/05 ACTUAL	2005/06 TARGET	2005/06 ACTUAL
Develop Provincial mental health Policy guidelines	Develop 2 Policy guidelines by March 2007	1	0	2	0
Facilitate the implementation of the Mental Health Care Act of 2002 in all Districts	No of general hospitals and Community Health Centres providing 24 hour emergency psychiatric services	0	0	22	18
	Number of districts providing 72 hour observation services	0	0	1	1
	Number of staff appointed for psychiatric services - Psychiatrists	1	1	5	2
	- Medical Doctors	1.5	2.5	5	4
	- Psychologists	0.4	0.4	4	2
	- Nurse	0.6	0.6	6	0.6
	- Social workers	1	1	6	1
	- Occupational herapists [OT]	2	2	4	2
	- OT Assistants	0	0	2	0
	- Educator	0	0	2	0
	- Ombudsman	0	5 0	500	449
	Number of providers trained in the - Mental health Care Act of 2002	0	50	500	449
	- In-service and Refresher course on Psychiatry	50	50	50	30
	- Advance psychiatry	0	0	20	0
	- Child psychiatry	0	0	2	0
	- OT assistants	0	0	5	0
	Number of facilities evaluated to improve quality and performance	10	10	50	50
Facilitate the provision of Health Services for Substance Abuse	Number of nurses appropriately trained	4	12	20	10
	Number of Health districts with one functional detoxification unit	0	0	1	0
Increase coverage for Post trauma psychological services	Number of staff appropriately trained/recruited: - Psychology/ists - Victim empowerment	 2 10	 4 8	 12 15	 4 0
	Number of health facilities providing trauma counselling	16	17	21	10
Support provision of health services to the severe and profound intellectual persons	Number of districts providing services	2	2	5	3
Promote Mental Health and Prevent Mental Illness	Number of awareness activities contributed to according the Health calendar	6	8	15	20

CONSTRAINTS

- Mental health not prioritised with consequences on budget, policy planning and service development
- Critical shortage of Mental Health Care practitioners
- Inadequate Mental Health Managers
- Lack of specialized competencies and experience for service delivery
- Vastness of province and lack of transport

MEASURES TO ADDRESS CONSTRAINTS

- Lobby for higher priority on Health agenda to increase resources
- Present proposal for implementation of the Mental Health Care Act which addresses all resources' needs

4.2.6.9 COMMUNICABLE DISEASE

The Communicable Disease Directorate operates as an integrated unit for the management and control of a specific group of related infectious diseases namely; HIV and AIDS, Sexually Transmitted Diseases (STI`s), Tuberculosis and Emerging & Re-emerging Infectious Diseases (also colloquially known as Communicable Disease Control). The interrelatedness of these three sections is seen specifically with current HIV/TB co-infection rates, and to a lesser extent HIV with Hepatitis. A significant amount of training also takes place due to the intense nature of the HIV and AIDS/TB programmes. In this regard a Regional Training Centre was established.

HIV & AIDS/STI`s PROGRAMME

ANTI-RETROVIRAL THERAPY (ART)

The Comprehensive HIV and AIDS Care, Management and Treatment (CCMT) Plan provides comprehensive care and treatment for people living with HIV and AIDS and strengthens the National Health System in the Northern Cape.

OBJECTIVES

- To establish a minimum of one service point in every health district in Northern Cape by the end of the first year of implementation.
- To provide all the people in the Northern Cape who require Comprehensive Care and Treatment for HIV and AIDS equitable access to this programme within their local municipal within a period of five years.

Table 26: Performance against targets for 2005/06 for HIV & AIDS/STI

INDICATORS	2004/05 ACTUAL	2005/06 TARGET	2005/06 ACTUAL
Number of hospitals accredited as ART service points	3	8	3
Number of fixed PHC facilities accredited as ART service points	2	5	5
Percent of accredited ART service points with nutritional services	100%	100%	100%
Number ART assessment first visit	536	6035	11653
Number of HIV patients medically eligible for ART on waiting list	1327	2361	6572
Number of registered ART patients - ART start	704	5247	2992
Number of registered ART patients transferred in new	0	134	35
Number of registered ART patients total	704	5000	6353
Number of registered ART patients adult male	173	1800	1414
Number of registered ART patients adult female	60	2700	2871
Number of registered ART patients child	171	500	1476
Number of de-registered ART patients other reasons than death or transfer out	0	268	161
Number of de-registered ART patients transfer out	0	67	99
Number of de-registered ART patients due to death	0	67	188
Number of CD4 tests done	3536	26051	25010
Number of CD4 turn-around > 6 days	0%	0	0
Number of HIV viral load done	740	7968	4947
Percent of fixed PHC facilities drawing blood for CD4 testing	80%	80%	80%
Any ARV drug stock out at ART service points	0	0	4
Number of STI treated new episode among ART patients	0	124	534
Number of in-patient days of patients on ART	0	3347	38

HOME COMMUNITY BASED CARE (HCBC)

Home Community Based Care (HCBC) in the Northern Cape started in 2002/03. HCBC focuses at all levels of care and not only on people who are ill with AIDS related diseases.

OBJECTIVE

To develop and implement a Comprehensive & Integrated Community Home Based Care model targeted at all individuals infected and affected with HIV and AIDS by March 2006.

Table 27: Performance against targets for 2005/06 for Home Community Based Care

INDICATORS	2004/05 ACTUAL	2005/06 TARGET	2005/06 ACTUAL
Number of active home-based carers	1009	1200	1313
Number of active home-based carers receiving stipends	271	350	440
Number of patients served by home-based carers	60178	1750	65943
Number of home visits conducted by home-based carers	193728	252000	258719
Number of caregivers trained new	0	350	313
Number of care kits purchased/replenished	0	400	623

HIGH TRANSMISSION AREA (HTA)

This is an HIV and AIDS Prevention Project within the Sexually Transmitted Infections (STI's) programme. The project realizes the strategy of targeted intervention within areas identified as high risk areas for the transmission of HIV infection, these areas are also referred to as "hot spots". HTA's are areas where people are more likely to indulge in transactional and unprotected sex e.g. escort agency or commercial sex work, hostels, taverns, truck stops and harbours.

OBJECTIVE

- To contribute to the reduction in transmission of HIV and STI's among mobile populations and local communities by March 2006.
- To prevent the spread of STI's through Community Awareness Campaigns as well as through the Abstain, Be Faithful and (Use Condoms) Condomize messaging.
- To reduce the incidence of STI's amongst the population 15 years and older by March 2006.

Table 28: Performance against targets for 2005/06 for High Transmission Area

INDICATORS	2004/05 ACTUAL	2005/06 TARGET	2005/06 ACTUAL
Number of HTA intervention sites	1	2	1
Number of male condoms distributed	2500	17000	176167
Number of STI treated - new episode	0	2500	657
Estimated male high risk target population at intervention sites	2000	2000	2000
Estimated female high risk target population at intervention sites	4500	4500	4500
Number of female condoms distributed	1000	2000	4050
Number peer educators trained new	0	12	0
Number peer educators operating	0	12	0
Number of health education materials distributed	000	2000	18000

POST EXPOSURE PROPHYLAXIS (PEP)

OBJECTIVE

To prevent transmission of HIV and AIDS after sexual assault and needle prick injuries.

Table 29: Performance against targets for 2005/06 for Post Exposure Prophylaxis

INDICATORS	2004/05 ACTUAL	2005/06 TARGET	2005/06 ACTUAL
Number of sexual assault cases - new	434	480	709
Number of ARV prophylaxis to sexual assault case -new	230	325	381
Percent of hospitals offering PEP for sexual assault cases	100%	60%	100%

PREVENTION OF MOTHER TO CHILD TRANSMISSION (PMTCT)

The PMTCT programme was implemented in the Northern Cape Province since 2001. There were only 7 sites by then but the programme had since expanded to 84 sites in all districts of the province. PCR testing is currently being done in all Districts. 802 tests had been done in the last financial year.

OBJECTIVE

To reduce the mother to child transmission of the HIV by 8% in all mothers that take part in the programme by March 2006.

Table 30: Performance against targets for 2005/06 for PMTCT

INDICATORS	2004/05 ACTUAL	2005/06 TARGET	2005/06 ACTUAL
Number of antenatal client tested for HIV	8722	10050	210795
Proportion antenatal clients tested for HIV	79%		70%
Nevirapine dose to baby coverage rate	TBA	100%	28%
Percent of fixed PHC facilities offering PMTCT	Not collected	60%	54%
Number of PCR HIV tests done in infants	Not collected		804

Denominator Description: Expected HIV positive ANC clients = live births x ANC Prevalence

Table 31: Performance against targets for 2005/06 for Programme Management

INDICATORS	2004/05 ACTUAL	2005/06 TARGET	2005/06 ACTUAL
Percent of management positions filled against plan - provincial HQ	67%	100%	62%
Percent of management positions filled against plan - district or sub-district health management	0%	100%	60%
Number of tenders under grant awarded - provincial level	0		1
Number of tenders under grant awarded - district or sub-district level	0		0
Number of monthly expenditure reports with break down by grant condition submitted to National in time	12	12	12
Number of quarterly output reports submitted to National in time	4	4	4
Amount transferred to Districts/Metro or Sub-districts	N/A		0
Amount expended in hospitals	0	0	0
Amount expended in PHC facilities	0	0	0

Difficulty in recruiting personnel with scarce skills e.g. doctors, pharmacists and dieticians

STEP DOWN CARE

Table 32: Performance against targets for 2005/06 for Step-Down Care

INDICATORS	2004/05 ACTUAL	2005/06 TARGET	2005/06 ACTUAL
Number of Step Down Facilities/Units	1	1	1
Number of usable beds	0	90	91
Number of admissions at Step Down Facilities/Units	0	720	0
Usable bed utilization rate	0	70%	0
Number of annual SDC business plans received and certified by Province	0	1	0
Number of monthly SDC expenditure reports with break down by Standard Item submitted to Province in time	0	12	0
Number of quarterly SDC output reports submitted to Province in time	0	4	1

VOLUNTARY COUNSELLING AND TESTING (VCT)

Voluntary Counselling and Testing (VCT) is an essential component of HIV Prevention and Care programmes. However, establishing a VCT Programme requires the strengthening of Health Care System, integration of VCT into Primary Health Care, capacity building ensuring that there is proper and adequate infrastructure, supplies, access to services and good and acceptable data collection and management systems. In addition for VCT to be effective, Counselling and Testing must be voluntary and confidential and must be coupled with preparing clients to come to terms with their HIV status.

OBJECTIVE

To implement an effective and efficient Voluntary Counselling and Testing services, targeting 12,5% of population aged 14-45 years by March 2006.

Table 33: Performance against targets for 2005/06 for Voluntary Counselling & Testing

INDICATORS	2004/05 ACTUAL	2005/06 TARGET	2005/06 ACTUAL
Number of client HIV pre-test counselled (excluding antenatal)	33771	55000	37223
Proportion clients HIV pre-test counselled (excl. antenatal)	92%	80%	3%
Number of client tested for HIV (excluding antenatal)	30903	44500	32557
Any HIV rapid test kits stock out	0	0	0
Percent fixed PHC facilities offering VCT	71%	100%	91%
Number of lay counsellors receiving stipends	276	700	359
Number of lay counsellors trained new	117	200	125

According to the Business Plan of 2005/06, in 5.9 Table 5, the denominator is wrongly defined thus skewing the result and presenting an underreporting. It should read as 14-49 years and not 5 years and older as indicated in the Business Plan.

REGIONAL TRAINING CENTRE (RTC)

Table 34: Performance against targets for 2005/06 for Regional Training Centre

INDICATORS	2004/05 ACTUAL	2005/06 TARGET	2005/06 ACTUAL
Annual RTC business plan received and certified by Province	0	1	1
Number of monthly RTC expenditure reports with break down by Standard Item submitted to Province in time	0	12	6
Number of quarterly RTC output reports submitted to Province in time	0	4	4

4.2.6.10 TB CONTROL PROGRAMME

The TB incidence in the Northern Cape continues to increase and is further fuelled by the HIV/AIDS pandemic. The effective management of the TB Programme remains one of the key objectives of the provincial and district health services. The TB Control programme in the province consists of the following six components:

- **TB INPATIENTS (INCLUDES MDR TB):** Jankempdorp and Warrenton Hospitals admit TB patients from throughout the province. MDR TB patients are being admitted at the two MDR sites namely West End Hospital in Kimberley (admits patients from Karoo, Frances Baard and Kgalagadi) and Siyanda site admits patients from Siyanda and Namakwa.
- **SOCIAL MOBILIZATION AND COMMUNITY AWARENESS:** TB awareness campaigns are hosted throughout all the districts with continued utilization of print and electronic media.
- **TB IN CHILDREN:** In conjunction with the EPI programme, services are available for children with TB
- **STAKEHOLDER INVOLVEMENT:** The province has a TB Steering Committee in place made up all stakeholders involved in the control of TB in the province. The external stakeholders include other government departments like SANDF, Department of Correctional Services, Department of Education and Department of Agriculture
- **DOT SUPPORT SYSTEM:** TB patients are supported by Community Health Care Workers(CHCW) through their treatment period. The CHCW are trained in DOT Support and receive a stipend from the department
- **TRAINING:** Training of nurses, doctors, traditional healers, supporters from the farming community and the CHCW

PROGRAMME OBJECTIVES

- To reduce mortality and morbidity attributable to TB
- To prevent the development of drug resistance
- To effectively monitor and evaluate programme performance

THE DOT STRATEGY

In order for this programme to achieve the above-mentioned objectives and targets, the 5 elements of the DOT Strategy must be implemented as follows:

- Sustainable political commitment to increase human and financial resources to make TB Control an integral part of the Health system.
- Access to quality assured TB sputum microscopy for case detection

- Standardized treatment short course chemotherapy to all TB cases involving private and voluntary health care service provides
- Uninterrupted supply of quality drugs with reliable drug procurement and distribution systems
- Recording and reporting systems enabling an outcome assessment of each patient and of the overall programme performance

ANALYTIC REVIEW OF PROGRAMME PERFORMANCE

INCIDENCE RATE OF TB

The incidence rate of TB in the province has increased from **243.2 per 100'000** population to **632 per 100'000** population in 2005. This increase the identification of new cases that can be attributed to the intensive awareness campaigns conducted in 2005 to increase case findings.

TREATMENT OUTCOMES

- Cure rate: 42%.
- Defaulter rate: 14%. Problems are still experienced with case holding especially in the Siyanda and Frances Bard districts.
- Seasonal and migrant working contributes to increase in defaulter rate. The department will embark on active tracing of TB defaulters and contacts.

MULTI DRUG RESISTANT TB

A slow or non conversion of patients has been observed. 8 MDR patients died in the Namaqua District during the last quarter. Patients are discharged before conversion due to shortage of beds in the Gordonia Hospital MDR unit in Siyanda. The Siyanda District has the most MDR cases; 79 cases.

INDICATOR	Q1/2005	Q2/2005	Q3/2005	Q4/2005
Number of newly diagnose MDR cases	24	26	23	18
Number of MDR cases on treatment	135	120	173	127
Number of cases in MDR unit admitted	34	31	28	33
Number of MDR patients treated on outpatient	101	89	145	94
Number of patients converted	0	0	5	0
Number of patients transferred out	1	3	0	0
Number of patients defaulted	3	1	5	4
Number of patients cured	10	1	3	6
Number of patients died	4	2	1	8

DIRECT OBSERVED TREATMENT(DOT) SUPPORT

DOT coverage is 80.7%. The number of TB patients on DOT is 12'013 while the total number of TB patients on treatment is 14'885. The remaining 2'872 TB patients on treatment are self-supervised.

TRAINING

453 health care professionals trained in TB management and 16 officials trained in ETR.net training. They included district coordinators, information officers and clinic supervisors.

RESEARCH

A Simply pilot conducted in Frances Baard District (Betty Gaetsewe Clinic) during the financial year and a complete report is still to be submitted by the institution.

Table 35: Performance against targets for 2005/06 for the TB Control Programme

OBJECTIVE	INDICATOR	2005/06 TARGET	2005/06 ACTUAL
Achieve 65% TB cure rate by 2008	New smear positive PTB cases cured at first attempt	55%	42%
To increase DOT coverage to 100% by 2008	TB cases with a DOT supporter	80%	80.7%
To reduce mortality and morbidity attributable to TB	TB treatment interruption rate	10%	9.4
	TB sputa specimens with turnaround time > 48 hours	60%	55.8%
	New MDR TB cases reported - annual % change	0	91

4.2.6.11 COMMUNICABLE DISEASES CONTROL/ EMERGING & RE- EMERGING INFECTIOUS DISEASES

Successful control of Communicable Diseases needs good surveillance. Health workers would not be able to detect outbreaks and alert people early or identify groups at increased risk of death from communicable diseases. The Communicable Disease Control unit investigates suspected outbreaks for a variety of reasons. The primary public health reason is to control and prevent further disease and mortality. Even for diseases that are well characterized, an outbreak provides opportunities to gain additional knowledge by assessing the impact of control measures and the usefulness of epidemiology and laboratory techniques. For a newly recognized disease, field investigation provides an opportunity to define the natural history, including agent, mode of transmission, incubation period and the clinical spectrum of the disease. The investigator also attempts to characterize the populations at risk and identify risk factors. In responding to the various issues, the Communicable Disease Control unit has developed and started a surveillance network with the five districts in the Northern Cape.

SURVEILLANCE

The model specifies a list of communicable diseases to be placed progressively under surveillance. The network's main task is to monitor and track developments by ensuring the early reporting of cases, to monitor disease trends and to facilitate prompt detection and response to outbreaks.

EARLY WARNING

The second pillar of the network is an early warning and response system (EWRS) to alert public health authorities in the Communicable Disease Directorate and province on outbreaks so that a coordinated action may be taken. The national department has listed case definitions of mandatory Notifiable medical conditions and infectious diseases for surveillance. The following endemic conditions were reported through the daily / weekly surveillance system.

ANIMAL BITES

A total of 73 animal bites were recorded.

CHALLENGE

The history on the vaccination status and behaviour of domestic animals at health care facilities is not taken and the treatment guidelines are not adhered to.

INTERVENTION

The clinical/treatment guideline on rabies was distributed to all health facilities in the province.

- Rabies Contacts - 7. Anti–rabies and Immunoglobulin was given to all contacts.
- Crimean Congo Hemorrhagic Fever - 3
- Meningococcal Meningitis
- Haemophilus Influenza Type B Meningitis - 2 Cases
- Varicella (Chicken Pox) - 52 (26 males 26 females)
- Hepatitis A -113
- Hepatitis B - Five (5) cases of Laboratory confirmed Hepatitis B cases were reported with three deaths (CFR 0.6%).

DISEASES OF PUBLIC HEALTH IMPORTANCE

- Suspect Botulism and Suspect Biochemical Warfare
- Diarrhoeal Diseases
- ROTAVIRUS – Diarrhoeal Outbreak In Postmasburg - 214
- Shigella Outbreak:
    - Hopetown, Karoo District - 9 cases and 2 deaths
    - Barkley West, Frances Baard District - 1. Shigella sonnei was isolated from stools on 5 cases.
- Diarrhoea outbreak In Prieska, Karoo District - 30 cases

Table 36: Geographic distribution of diarrhoeal cases & deaths

DISTRICTS	JAN - MAR 2006	
	CASES	DEATHS
Frances Baard	15	0
Siyanda	491	21
Karoo	39	2
Namakwa	0	0
Kgalagadi	0	0
Total	**545**	**23**

EPIDEMIC PREPAREDNESS AND RESPONSE (EPR) STRATEGIES

- Health Promotion
- Networking and collaboration
- Training
- Monitoring and Evaluation
- Laboratory and Epidemiology Strengthening
- Communication
- Media

CHALLENGES

The Northern Cape borders four provinces and two SADC countries. Communicable diseases do not respect borders and can spread rapidly if actions are not taken to combat them. The absence of Port Health at borders in the province underscores the effectiveness to control such infections.

Close proximity to domestic and wild animals is a risk factor to the communities of the Northern Cape. Endemic zoonotic diseases are rabies, anthrax and Congo fever.

Late reporting and detection lead to late response. The poor reporting system at district level is due to the absence of data capturers or administrative staff at local level.

Shortages of staff lead to the reluctance of districts to release staff to attend training. No dedicated staff at three districts to coordinate CDC program and respond rapidly.The high Case Fatality Rate in the recent diarrhoeal diseases in the Siyanda district is proof that rapid response is a key strategy for reducing morbidity and mortality.

There is lack of knowledge on the management of Communicable diseases at health care facilities. Competing priorities should not delay the rapid response

ACHIEVEMENTS

FIDSSA CONGRESS

The FIDSSA Congress was attended by a delegation of seventeen (17) participants from the Northern Cape, consisting of Clinicians, Outbreak Response Teams, District CDC's, Infection Control nurses and delegates from the HIV/AIDS programme in the Northern Cape. World Health Organisation (WHO) funded four delegates and the province funded the remaining 13.

The CDC unit received an excellence award for best poster presentation on Anthrax in the Northern Cape in the non-academic public health infection control category.

TRAINING IN EPIDEMIC PREPAREDNESS AND RESPONSES

The Communicable Disease Control unit arranged a training workshop on EPR in November 2005. 67 Primary Health Care professionals, District Outbreak Response Team (DORT) and Provincial Outbreak Response staff were trained in the Namakwa district on 14 – 15 November 2005. Fourty (40) PHC staff from the Sol Plaatjie municipality, Frances Baard district was trained on 17 – 18 November 2005.

4.3 PROGRAMME 3: EMERGENCY MEDICAL SERVICES

Pre-Hospital Care has rapidly evolved to be an integral and exciting component of the health care system. Advances in medicine and technology allow us to bring highly specialised emergency care to patients in their homes, workplaces, on our roads and communities.

The training and development of our staff which will help and ensure quality assurance then becomes crucial with continuous updates and regular refresher courses. The complete establishment of a Training Academy is still on track.

Service delivery has been enhanced with the purchasing of forty-five fully equipped new ambulances and fifteen PTV's. We have started with the co-ordination of long distance trips by halving the distance Emergency Care Practitioners' (ECPs) have to travel. This will obviously minimize the risk of driver fatigue, which is a cause of accidents.

Our aim is to continuously and vigorously pursue the ideal of Excellence in Service.

4.3.1 ACHIEVEMENTS

- The 12 hour shift system has been implemented in all Districts.
- Forty Five new fully equipped Ambulances have been purchased.
- 15 Planned Patient Transport vehicles have been purchased.
- The establishment of EMS Forums for intersectoral collaboration within the Department of Health has taken place.
- A repeater has been replaced in Kimberley which has improved communication tremendously in this area.
- A new mobile has been put into Springbok which has also improved communication in this area.
- The Training Academy has been established and set up at the National Institute for Higher Education.
- 95% of the equipment has been purchased and delivered awaiting approval for the remaining 25%.
- A Driver Training Program for ECP's has been implemented which will be continuous throughout the Province.
- EMS also assisted in the organising of several major events in the Province with no major casualties reported.

4.3.2 CHALLENGES

- To finalise the Management Structure of EMS & appoint the appropriate personnel
- To complete all Policies and the Standard Operating Procedures.
- To get rid of District border conflict within EMS in the Province and closer collaboration and working relationships is needed
- To attain a 100% two person crew per ambulance.
- The recruitment of qualified ECP's in these remote areas
- Planned Patient Transport Drivers must be appointed.
- To standardise shift rosters throughout the Province so as to drastically reduce overtime.
- Better co-ordination of EMS referrals.
- The appointment of a Planned Patient Transport Co-ordinator.
- Skills development programs needs to be implemented.
- Have an Efficiency study done for EMS.
- To implement an Asset Management Program with regular audits.
- To increase public awareness campaign.
- The full implementation of the system is still a challenge.
- The planning and establishing of Control Rooms in all the Districts are continuing.
- The lack and planning of EMS facilities in conjunction with the Hospital Revitalization Program will have to be reassessed.
- Optimal use of equipment by distributing it evenly across the Province.
- Lack of sufficient office space for EMS Head Office.
- Open new Ambulance bases.

4.3.3 PRIORITIES

- The replacement of all vehicles older than 3 years or 250 000 kilometres as a policy.
- Increase the number of vehicles per base.
- Vehicles that were scrapped must be auctioned as soon as possible to prevent theft of parts from vehicles.
- All vehicles to be fitted with a Live Vehicle Tracking System.
- The procurement of more ambulances to replace the old vehicles.
- The procurement of more Planned Patient Transport vehicles.
- The procurement of Rapid Response Vehicles.
- The procurement of Rescue Vehicles.
- The prevention of fraud and theft.
- The appointment of a Provincial Fleet Manager for EMS.
- Better communication with regard to Control Centres and Two-way radios
- Voice Logging and Vehicle Tracking Devices for the monitoring of calls and the control of the movement of our vehicles
- Procuring of Uniform and Protective clothing
- Establish an organisational structure for the Training Academy.
- The recruitment of Advanced Life Support and Rescue Instructors.
- Establish a cross border, Provincial, National & International Emergency Response Team.
- Develop a new Disaster Plan in conjunction with other stakeholders.
- The appointment of a Disaster Manager within EMS.
- Generation of revenue in conjunction with the UPFS.

Table 37: Performance against targets for 2005/06 for EMS & patient transport

OBJECTIVE	INDICATOR	2003/04 ACTUAL	2004/05 ACTUAL	2005/06 ACTUAL
Implement Two crew system	100% two crew system	40%	76.2	56.6
Response time within norms and standards	Total number of vehicles	128	161	152
	Vehicles less than 300'000 km	57	68	85

Table 38: Performance indicators for the EMS & patient transport

INDICATOR	TYPE	2004/05 ACTUAL	2005/06 ACTUAL
Input			
Ambulances per 10'000 people	No	0.16	0.5
Process			
Kilometres travelled per ambulance (per annum)	Kms	475831	116438
Locally based staff with training in BLS	%	84.7	86.1
Locally based staff with training in ILS	%	15	13.7
Locally based staff with training in ALS	%	0.3	0.2
Quality			
Response times within national urban target (15 mins)	%	61	43.2
Response times within national rural target (40 mins)	%	16.4	36.4
Call outs serviced by a single person crew	%	22.8	43.4
Efficiency			
Green code patients transported by ambulance	%	57.4	64.5
Ambulances with less than 500'000 km's on the clock	%	76.4	80.6

Table 39: Performance against targets for 2005/06 for the EMS Programme

OBJECTIVES (OUTPUTS)	INDICATOR	2003/04 ACTUAL	2004/05 ACTUAL	2005/06 TARGET	2005/06 ACTUAL
Implement Two crew system	100% two crew system	40	76.2	71	56.6
Emergency transport	-	128	161	246	152
Response times within norms and standards	Total number of vehicles	-	24	-	36
Planned patient transport	Vehicles less than 300'000km	-	5	-	20

Table 40: Emergency Medical Services and Planned Patient Transport

INDICATOR		2004/05 ACTUAL	2005/06 TARGET	2005/06 ACTUAL
Input				
Ambulances per 10000 people	No	0.16	0.23	0.5
Hospitals with patient transporters	%	0	0	0
Process				
Kilometres travelled per ambulance (per annum)	Kms	475831	320000	116438
Locally based staff with training in BLS	%	84.7	66.2	86.1
Locally based staff with training in ILS	%	15.1	33.1	13.7
Locally based staff with training in ALS	%	0.63	0.66	0.2
Quality				
Response times within national urban target (15 mins)	%	61	50	43.2
Response times within national rural target (40 mins)	%	16.4	50	36.4
Call outs serviced by a single person crew	%	22.8	25	43.4
Efficiency				
Ambulance journeys used for hospital transfers	%	-	-	-
Green code patients transported as % of total	%	57.4	10	64.5
Cost per patient transported	R	563.34		546.70
Ambulances with less than 500,000 kms on the clock	%	76.4	100	80.6

Table 41: EMS Annual Personnel Report 2005/2006

DISTRICT	TOTAL PERSONNEL	AEA	BAC
Karoo	141	7	70
Siyanda	58	44	9
Kgalagadi	23	2	21
Frances Baard	150	22	118
Namaqua	43	6	38
TOTAL	**415**	**42**	**358**

EMS CASES TRANSPORTED	FRANCES BAARD	SIYANDA	NAMAQUA	KAROO	KGALAGADI	TOTAL
EMS headcount green	17'753	30'441	11'342	3'149	1'366	64'051
EMS headcount yellow	31'350	7602	6'876	444	464	46'736
EMS headcount red	1'649	981	1'576	217	194	4'617
EMS headcount blue on arrival	511	318	56	29	24	938
EMS headcount blue in Ambulance	17	32	12	16	8	85
Call serviced by a single person crew	10'900	15'620	987	2'496	505	30'508
Total kilometres travelled	4'123'303	2'104'971	1'841'572	7'806'344	101'810	159'78'000
Total cases	51'287	39'374	19'864	6'351	2'056	118'932

EMS RESPONSE TIMES	FRANCES BAARD	SIYANDA	NAMAQUA	KAROO	KGALAGADI	TOTAL
Response times within national Urban target 15 min	19'026	13991	68%	13, 4m	76%	-
Response times outside national Urban target 15 min	23'086	8799	35%	14,7m	24%	-
Response times within national Rural target 40 min	8'368	5284	25%	41..2m	51%	-
Response times outside national Rural target 15 min	1'807	4484	60%	15.2m	48,6%	-
Total No of calls	51'287	32558	39480	6351	2056	-

PPT CASES	FRANCES BAARD	SIYANDA	NAMAQUA	KAROO	KGALAGADI	TOTAL
Referral cases to Kimberley Hospital Complex	13'553	669	1896	38'976	1'205	56'299
Referral cases to Gordonia Hospital	0	17'019	7674	31	175	24'899
Referral cases Bloemfontein	1'590	52	125	336	98	2'201
Referral cases to Cape Town	0	0	219	0	0	219
Total Referrals	15'143	17'740	9'914	39'343	1'478	83'618

4.4 PROGRAMME 4: PROVINCIAL HOSPITAL SERVICES

This report covers a year in which Kimberley Hospital Complex (KHC) made great strides in taking forward its agenda for the accelerated health service delivery in the Northern Cape. In particular, substantial progress was made in implementing the strategic objectives and in securing collaborative and co-operative working within the Service and with other partners.

None of this progress could have been achieved without the willing co-operation and commitment of all the staff of Kimberley Hospital Complex. I am very grateful to all those whose dedication to delivering the highest quality of care to patients has ensured that the KHC provides a first class service for the people of Northern Cape.

We intend to increase spending in real terms over the coming years, enabling us to invest in modern, health services of the highest quality. We have already embarked on the biggest ever hospital service expansion programme, which will provide new service developments over the next 4 years, and we will harness modern technology, to provide better services for patients.

We want to create a Health Service where the needs and wishes of patients come first. We intend to strengthen the patient's voice and to work to ensure that patients receive prompt, high quality treatment and support throughout their programme of care. We must improve the patient's journey from admission to hospital discharge, and revise targets to speed treatment and shorten waiting times. A modern Health Service is not just about treating and caring for people when they are ill; we need to tackle the root causes of ill health and to promote better health for the people of the Northern Cape.

And we will be working in partnership with local authority, education, voluntary and private sector colleagues to mount a concerted, co-coordinated drive to improve the health and life expectancy of the people, particularly the disadvantaged.

The Northern Cape Executive will continue to support Kimberley Hospital Complex and its staff by implementing policies which will allow them to carry out their jobs to the best of their ability, and which will ensure that the people of Northern Cape are provided with a Health Service that is second to none.

The service package includes Level One services for the Frances Baard District, Secondary and some Tertiary Level services for the entire Province.

SERVICE PACKAGE			
1	Accident & Emergency	17	Lipidiology
2	Angiography	18	Maxillo-facial Surgery
3	Burn Unit	19	Medical Oncology
4	Clinical Haematology	20	MRI
5	Clinical Immunology	21	Neonatal ICU
6	Colorectal Surgery	22	Nephrology (Renal Dialysis)
7	CT Scan	23	Neurosurgery
8	Dermatology	24	Ophthalmology
9	Ear/Nose/Throat	25	Orthopaedic
10	Endoscopy Unit	26	Paediatric ICU
11	General Cardiology	27	Plastic Surgery
12	General Surgery	28	Sonar
13	Genetics	29	Spinal Injury Management
14	Hepatobiliary Surgery	30	Tertiary Obstetrics & Gynaecology
15	Intensive Care	31	Urology
16	Internal Medicine	32	Vascular Surgery

4.4.1 ANALYTIC REVIEW OF PROGRAMME PERFORMANCE

STRATEGIC THEME	OBJECTIVES
Improve our secondary hospital and outreach services	• Provide additional support for family health services • Reduce inappropriate referrals • Develop an integrated maternity service • Relieve pressure on ICU by establishing High Care beds (Neurosurgery & obstetrics and gynaecology) • Increase inpatient capacity through effective bed management • Establish an integrated mental health service

STRATEGIC THEME	OBJECTIVES
	• Improve the patient food service
Develop our tertiary services	• Provide a comprehensive oncology service (Partially achieved) • Provide a comprehensive renal service
Valuing and respecting users of our services	**Elicit views of the public to help improve services** • Improve customer care and communication with public
Valuing and developing our staff	**Elicit views of the public to help improve services** • Improve customers care and communication with the public
Improve infrastructure and technology	**Ensure a safe physical environment** The following have been improved: • Diagnostic imaging service • Information technology systems • Physical facilities for specialist services • Compliance, selection and prescribing of drugs • Revamping of facilities: • Galeshewe Day Hospital repainted • Eye clinic revamped • West End Hospital repainted • Ongoing painting of facilities at Kimberley Hospital Complex • Commissioning of standby generator for MRI and oxygen generator • Resurfacing of GDH roadway • Converting of Block A hot water system from steam to electric • Installation of air conditioners in the Main Theatre • Neonatal ICU was relocated and the facility upgraded • Upgrading of oxygen standby bank • Installation of a new oxygen generator
Make best use of our human and financial resources	• Strengthen devolved staff management

Table 42: Performance against targets for 2005/06 for Provincial Hospital Services

OBJECTIVES	ACTIVITIES	2004/05 TARGET	2004/05 ACTUAL
Improve women and family centred health services	Improve breastfeeding rate	60%	60%
	Transmission (PMTCT) service to all HIV +ve mothers	80%	98%
	Improve cancer awareness and implement an integrated cancer awareness programme	60%	60%
	Improve awareness of genetic services and pre-natal diagnosis	60%	70%
	Implement a nutrition promotion programme for pregnant women	60%	60%
	Improve hospital-based HIV/AIDS awareness activities	60%	60%
Improve nutritional status of patients	Develop nutrition awareness programs for patients in wards and clinics	70%	70%
	Provide training sessions for staff on aspects of patient nutrition	50%	50%
	Update condition-specific nutrition leaflets	80%	100%
Improve nutritional status of patients	Update programme to reduce malnutrition in children	70%	100%
	Establish food quality check system	50%	50%
Increase surgical capacity with more day case operations	Identify dedicated day theatre capacity (incl. staff) and recovery beds	80%	70%
	Identify procedures to be undertaken as day case	65%	65%
	Open additional theatre capacity	60%	60%
Develop a children's educational centre	Create a child play and development facility	70%	70%
	Establish an outdoor play area	30%	20%
	Improve facilities for mothers	40%	20%
	Create a plan for the comprehensive care of abused and/or traumatized children	70%	50%
	Explore a partnership with the Department of Education to continue education while children are at hospital	20%	20%
	Establish a programme to utilize CPAP in district hospitals for neonatal care	60%	40%
Relieve pressure on ICU by establishing High Care beds	Develop protocols for transfer to and from High Care beds	50%	50%
	Identify No. of beds required	100%	100%
Develop a comprehensive hospital rehabilitation service	Strengthen links with District and local government services	80%	80%
	Strengthen and establish rehabilitation services and other hospital clinical services	80%	80%
	Implement training programme for staff to raise awareness of rehabilitation services	70%	70%
	Agree policy and procedures for transfer into and out of the hospital rehabilitation service	80%	80%
	Identify resources required for KHC service (including assistive devices)	100%	100%
	Implement new services (e.g. Cochlear Implants etc)	40%	40%

OBJECTIVES	ACTIVITIES	2004/05 TARGET	2004/05 ACTUAL
Provide a comprehensive oncology service	Introduce chemotherapy treatment at Kimberley Hospital	100%	100%
	Develop and implement cancer awareness education programme	100%	100%
	Develop cancer research projects	60%	60%
Provide a comprehensive coronary care service	Establish a coronary care unit (CCU) - staffing and equipment	40%	20%
	Introduce Coronary Awareness Programme	40%	20%
Provide a comprehensive specialised tertiary orthopaedic service	Strengthen links with national and international institutions	60%	60%
	Develop opportunities for non-medical staff to gain knowledge	40%	30%
	Strengthen relationship with academic institution(s) in South Africa and internationally clinical, non-clinical areas	55%	60%
Establish a Quality Improvement Programme	Develop a continuous Quality Improvement programme	80%	80%
Elicit views of the public to help improve services	Undertake questionnaire exercise (Part 1 common to all patients, part 2 specific to each department)	70%	70%
Improve customer care and communication with public	Strengthen relationship with local media	60%	60%
Establish a Quality Improvement Programme)	Establish a Quality Improvement Programme Board to meet monthly	40%	40%
Improve the health and wellbeing of our staff	Promote HIV/AIDS prevention and VCT for staff	60%	60%
	Develop and implement wellness programme for staff	80%	80%
	Debriefing and counselling service for traumatized or stressed staff (improve mental wellbeing)	60%	60%
	Establish a staff cafeteria	20%	0%
Provide appropriate incentives for staff	Provide for recognition of performance of existing staff (non-monetary)	55%	55%
	Encourage and support multidisciplinary departmental staff meetings	75%	75%
	Strengthen the induction process for new staff. This includes appropriate protocols for welcoming staff	60%	60%
Establish staff competencies	Review programme for promoting continuous professional development	(Ongoing)	
	Create opportunities for mentoring	60%	60%
	Establish an assessment, moderation and internal quality assurance systems	30%	40%
	Support training of mid-level workers (nursing)	40%	60%
	Intensify induction and refresher programmes	60%	80%
Develop Telemedicine to support clinical decision making	Expand telemedicine service	50%	50%
	Develop skills of technical team to support clinicians with equipment and procedures	50%	30%
	Develop a Business Case for creating radiology telemedicine links with specific hospitals	20%	20%
Improve physical facilities for specialist services	Improve physical facilities for oncology	20%	30%
	Improve physical facilities for renal medicine	20%	20%
	Improve physical facilities for cardiology, including developing a coronary care unit (CCU)	20%	0%
	Improve physical facilities for burns unit	20%	10%
	Complete plans for a Joint Replacement Unit (Laminar Flow Theatre)	20%	0%
Ensure a safe physical environment	Replace lifts (Block A)	30%	0%
	Implement comprehensive security plan	50%	50%
	Waste management and disposal plan	60%	60%
	Outsourcing of maintenance of grounds	60%	40%
	Implement fire detection equipment	30%	30%
	Convert air conditioning and hot water heating mechanism to electricity	30%	30%
	Medical gas reticulation system	100%	100%
	Install patient-nurse call system	30%	30%
The mortuary service	Construction of cold room	30%	30%
Improve patient record systems	Improved filing facilities and system for medical records	50%	50%
	Link medical record filing to Electronic Patient Record	20%	20%
Improve the information technology systems	Provide, install and maintain two computers in each ward	70%	90%
	Implement and maintain KHC Web Page	50%	50%
	Update and implement the IT maintenance programme5	80%	80%
Improve telecommunication services	Integrate hospital radio and PA system	70%	50%
	Update internal telephone directory	75%	75%
Improve parking and housing	Provide additional staff housing	60%	60%
	Improve parking arrangements for visitors	60%	60%
	Improve parking arrangements for staff	60%	60%

OBJECTIVES	ACTIVITIES	2004/05 TARGET	2004/05 ACTUAL
Strengthen financial management capacity within a devolved structure	Improve processes for expenditure and income forecasting	60%	40%
	Improve financial information and reporting systems Provide training to Cost Centre	60%	40%
	Managers on budget management and planning 6/60 7/70 8/80	-	10%
Improve asset management and procurement processes	Annual audit of compliance with procurement rules	50%	50%
	Link procurement team and systems closely with new medical equipment prioritization group	70%	70%
	Implement/update asset register (Ongoing)	60%	60%
	Produce a scheme of delegated responsibilities for ordering and authorising	60%	60%
Increase private patient income	Improve the billing process, supported by a billing system	55%	65%
	Seek new patient groups for income generation	50%	50%
Promote improved staff performance management	Proper management of sick leave	70%	70%
	Implement a Management Development programme	Ongoing	Ongoing
	Formalization and documentation of organisational development	50%	50%

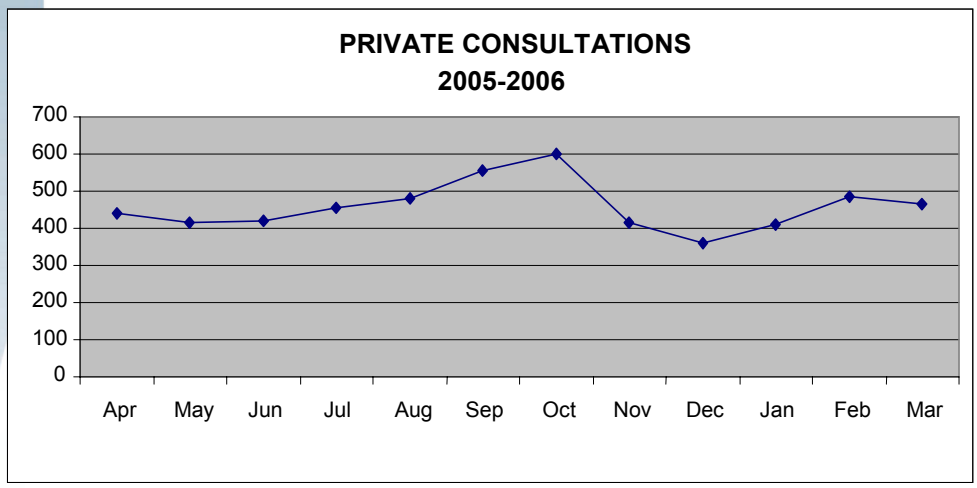
4.4.2 REPORTING ON STANDARD NATIONAL INDICATORS

Table 43: Regional Hospitals

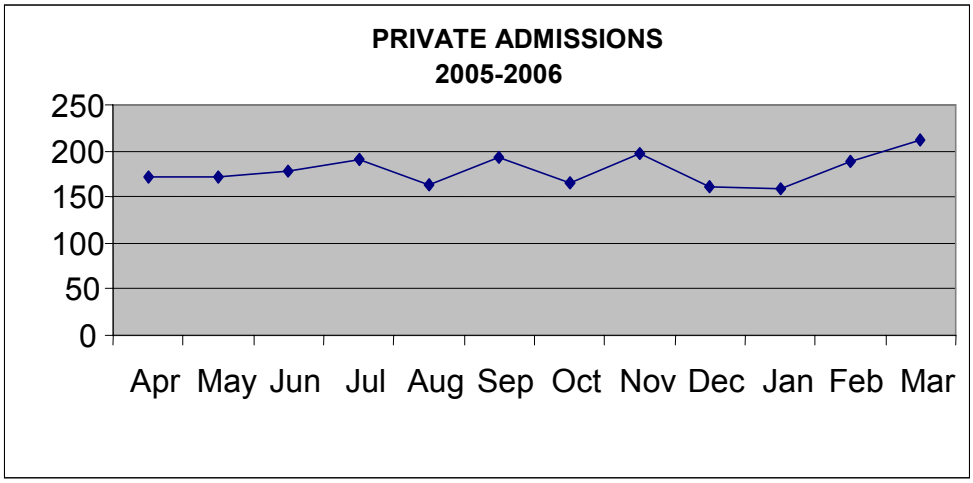
INDICATOR		2003/04 ACTUAL	2004/05 ACTUAL	2005/06 TARGET	2005/06 ACTUAL
Input					
Expenditure on hospital staff as percentage of total hospital expenditure	%	63.14	71.31	-	-
Expenditure on drugs for hospital use as percentage of total hospital expenditure	%	8.06	1.9	-	-
Hospital expenditure per uninsured person	R	R1008	R1 535	-	-
Useable beds	-	1.15 per 1000 people	837	-	799
Process					
Hospitals with operational hospital board	%	Yes	Yes	Yes	Yes
Hospitals with appointed (not acting) CEO in place	%	Yes	Yes	Yes	Yes
Facility data timeliness rate	%				
Output					
Caesarean section rate	%	38.4%	46.47%	-	46.93%
Quality					
Hospitals with a published nationally mandated patient satisfaction survey in last 12 months		Yes	Yes	Yes	Yes
Hospitals with clinical audit (M&M) meetings at least once a month		Yes	Yes	Yes	Yes

4.4.3 STATISTICS FOR REPORTING YEAR 2005 - 2006

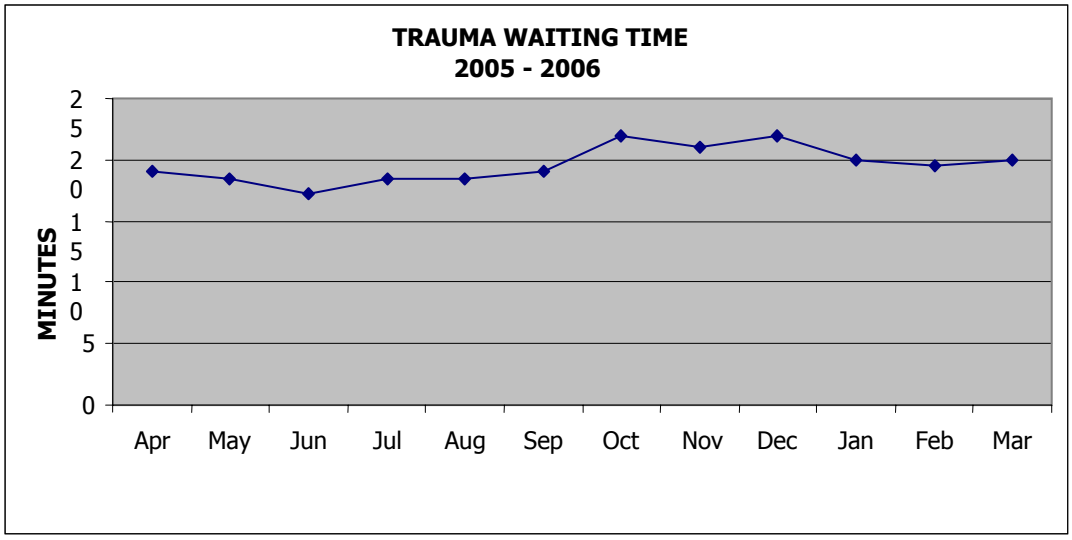
PRIVATE PATIENT CONSULTATIONS



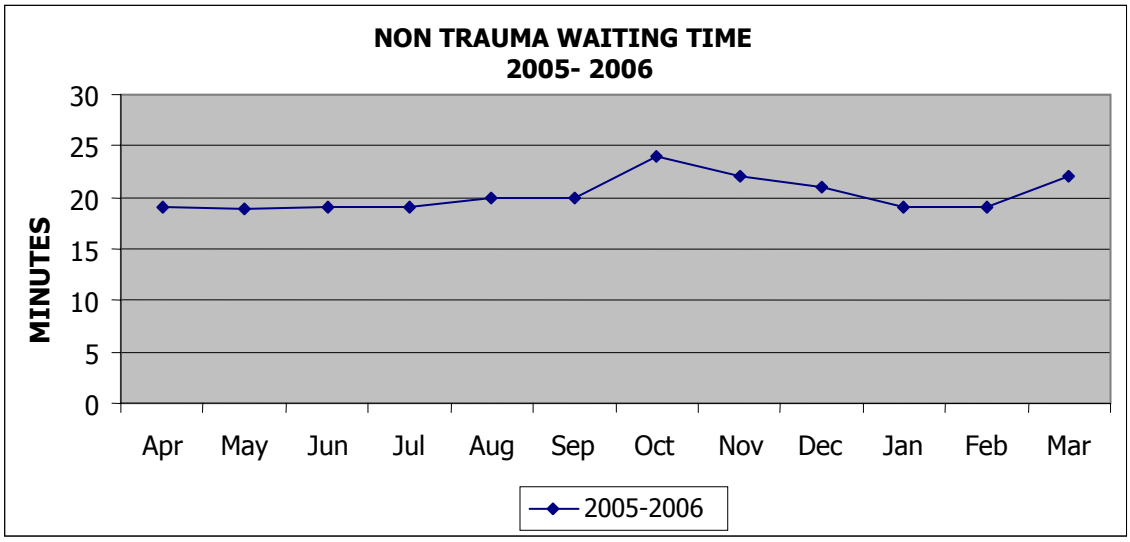
PRIVATE PATIENT ADMISSIONS



AVERAGE WAITING TIME IN SURGICAL CASUALTY



AVERAGE WAITING TIME IN MEDICAL CASUALTY



4.5 PROGRAMME 5: HEALTH SCIENCES AND TRAINING

4.5.1 HENRIETTA STOCKDALE NURSING COLLEGE

The Nursing College, the only one in the Northern Cape is the training institution for health workers mainly nurses.

The staff capacity and student intake of the College within the National Institution for Higher Education has increased. There has been an intake of three hundred first year student in 2005 of which currently stands at two hundred and seventy nine due to resignations and candidates taking up long awaiting employment. These students signed contracts at the commencement of training to pledge service to the Department on completion of training.

There are currently 279 1st-year students and nine 2nd-year students of group C in 2003. These are repeats of students from previous groups as there was no student intake in 2004 hence no pure 2nd-year students. There are 49 3rd-year students of group B of 2003. There are 25 4th-year students of Group A of 2003 and 57 students are currently on bridging course training.

The South African Nursing Council has placed a moratorium on student intake until Quality Assurance issues are addressed. For example, student intake should match available resources. There has been no intake in 2004 for the following programmes:

- Diploma in Midwifery.
- Diploma in Clinical Nursing Science, Health Assessment Treatment and Care.
- Diploma in Community Health Science.
- Certificate in Auxiliary Nursing.

4.5.2 POLICIES

- Recruitment policy.
- Assessment policy.
- Disciplinary Policy.

4.5.3 PRIORITIES

- Ensure that all curricula are South African Qualifications Authority compliant as soon as Nursing Council improves the standards.
- Incorporate all health priorities in all curricula.
- Ensure that student intake matches available resources.
- Establish quality management system in Nursing Education Institutions.
- Ensure an increase in student pass rate.
- Uphold the image of the profession.
- Ensure Asset Management System.

4.5.4 STRATEGIC OBJECTIVES

- Identify and establish retention strategy for nurse educators
- Plan for cross-border nurse training programmes
- Identify student learning opportunities especially for Midwifery and Psychiatry disciplines
- Negotiate for the establishment of a Forensic Nursing Programme at a Diploma level

Table 44: Performance against targets for 2005/06 for Health Sciences and Training

OBJECTIVE	INDICATOR	MAIN CATEGORY	2003/04 ACTUAL	2004/05 ACTUAL	2005/06 TARGET	2005/06 ACTUAL
Improve representation of disadvantaged groups and students of rural origin	Number (and % change) intake of students by main categories (at least medical courses, and mid level worker training	4 Year students	183	221	300	300
		Enrolled Nurses (Bridging Course)	130	72	40	40
		Nursing Auxiliaries	513	600	50	50
		Midwifery	35	35	40	40
		Post Basic Community	30	5	20	20
		Primary Clinical Care	40	7	30	30

OBJECTIVE	INDICATOR	MAIN CATEGORY	2003/04 ACTUAL	2004/05 ACTUAL	2005/06 TARGET	2005/06 ACTUAL
		Forensic Nursing	25	-	25	25
		IMCI	20	61	37	60
	Promotion of mid level training programmes accredited		8	10	12	
		Students	18	21	100	50
		Enrolled Nurses (Bridging Course)	153	62	140	140
		Nursing Auxiliaries	120	619	600	
		Community	5	5	20	20
		Primary Clinical Care	19	-	25	25
		IMCI	17	61	37	60
To reduce attrition rate per course per year for formal training by main category	Attrition rate per year for formal training courses by main category of course	Student Nurses	0	0	0	
		Enrolled Nurses Bridging Course	0	0	0	0
		Nursing Auxiliaries	0	0	0	0
		Community Post Basic	0	0	0	0
		Primary Clinical Care	0	0	0	0
Ensure quality training programmes	Percentage of 1st year entrants who graduated from formal training courses by main category	Student Nurses	100%	97%	100%	100%
		Enrolled Nurses (Bridging Course)	68%	71%	100%	100%
		Nursing Auxiliaries	62%	100%	100%	100%
		Post Basic Community	56%	100%	100%	100%
		Primary Clinical Care	100%	100%	100%	100%
		Forensic Nursing	100%	100%	100%	100%
		IMCI	100%	100%	100%	100%

4.6 PROGRAMME 6: HEALTH CARE SUPPORT SERVICES

The Forensic Medical Services Unit is divided into pathology and clinical medicine components.

Clinical forensic services refer to the examination of live cases of sexual and indecent assaults, domestic violence as well as drunken driving and common assault for the purpose of presentation of evidence in a court of law.

Pathology services refer to medico-legal autopsies performed in cases of unnatural deaths, sudden unexpected death and "anaesthetic" deaths.

4.6.1 VISION

The Forensic Medical Service aims to render a standardised, objective, impartial and scientifically accurate service (following nationally uniform protocols and procedures) for the medico-legal investigation of death and the clinical investigation that serves the judicial process in Northern Cape Province.

4.6.2 MISSION

- To effect ultimate transfer of all provincial medico-legal mortuaries from South African Police Services (SAPS) to the provincial (Department of Health DOH) in accordance with guidelines as set out in the "Framework Implementation Plan" developed nationally.
- To take full responsibility for the rendering of an adequate, equitable forensic pathology and forensic medicine service in the Province.
- Ensure the prompt performance and adequate recording of medico-legal autopsies as and where required in the province, in terms of the Inquests Act and any other relevant legislation.
- Ensure that all personnel engaged in clinical and morbid forensic services are adequately trained.
- Conduct training seminars and workshops, for all categories relevant to the Service.
- Develop and strengthen the human resource pool in clinical forensic medicine.

4.6.3 VALUES

Rooted in a sense of common decency and the need for a more ethical and professional approach to dealing with unnatural deaths and deaths of questionable cause, as well as attending to survivors of social fabric crimes, such as rape, child sexual abuse and violence against women and children.

4.6.4 OBJECTIVES

- Accessible forensic medical services based on the principle of major centres with satellite facilities
- Restructuring of morbid forensic services
- Assist the criminal justice system through improved diagnosis, investigation and evidence collection
- Continue with training of doctors and nurses in clinical forensic medicine in other regions of the province
- Deployment of already trained forensic nurses
- Improve the completeness of domestic violence and sexual assault information through the development of a database

4.6.5 ACHIEVEMENTS

- Following the approval by Budget Council on transfer of mortuaries from South African Police Services (SAPS) to Department of Health, the transfer has been effected and the office is ready for the take-over on 01st April 2006.
- Funds from the National Conditional Grant (R32,5m) were transferred to SAPS National to commission capital works assessments and to procure urgent mortuary equipment and vehicles to sustain the services during the transitional period.
- Of this amount, Northern Cape received R4,363million

- Capital works consultants (Rabana Consultants) were appointed by National Department of Public Works (NDPW) to evaluate urgent capital needs in NDPW facilities used by SAPS. (Kimberley, Upington and De Aar mortuaries).
- One Principal Specialist has been appointed for Kimberley

Table 45: Post Mortems in the Northern Cape for 2005/06

AREA	MURDER	SUICIDES	ACCIDENTS	NATURAL	MVA	UNDETERMINED	TOTAL
Kimberley	143	56	68	53	93	42	455
Upington	92	30	45	127	70	20	384
De Aar	35	11	16	8	22	10	102
Douglas	21	6	7	30	12	3	72
Hopetown	1	2	7	1	5	1	17
Warrenton	6	2	2	0	6	0	16
Kuruman	1	1	2	3	9	2	18
Barkly West	9	7	6	4	15	0	41
TOTAL	**308**	**115**	**154**	**223**	**232**	**78**	**1105**

4.6.6 CLINICAL FORENSIC

Lectures were offered to SAPS on the management of assault survivors in May 2005. All delegates at the lectures were working in the family violence units for domestic violence and abuse. Lectures were also offered at the National Institute for Higher Education from 16-19 May 2005 to post-basic nurses as part of their training.

4.6.7 CHALLENGES

- The department of Social Services terminated their financial support to the Thuthuzela Centre as from 01st April 2005.
- Statistics from the NPA were presented at the Justice Crime Prevention Committee Meeting and the following were revealed on the Northern Cape Region court cases:
    - 18% of the sexual assault cases seen are above the age of 16 years.
    - Two thirds of all cases are withdrawn by the complainant. (On a national level there are currently 205'600 sexual offence cases on the roll awaiting trial, of which 47 000 are for the regional courts).
- To create a 24 hour forensic service at the relevant facilities (on a stand-by basis).
- The shortage and unavailability of nurses to undergo forensic training

4.6.8 CLINICAL CASES IN THE NORTHERN CAPE PROVINCE 2005/06

Common assault	97
Sexual Assault	1058
Sexual assault minor	279
DNA testing	172
HIV counselling and Testing	398
VCT	126
HIV negative	97
HIV positive	15
Domestic Violence	2650
Drunken Driving	295
Referrals	138
PEP	245
TOTAL	**3805**

4.6.9 CHALLENGES AND CONSTRAINTS FACING PATHOLOGY SERVICES

- The shortage of forensic medical officers in the Provinces
- Poor infrastructure – buildings, equipment, vehicles
- The vast distances and conditions of the roads in the province make transporting corpses risky
- Communication – poor cell phone coverage in the remote areas; IT networking
- Recruitment and retention of all categories of staff (especially medical officers) to the province, especially the remote rural areas.
- To create a database on all unnatural deaths and clinical forensic cases in the province

4.7 PROGRAMME 7: HEALTH FACILITIES MANAGEMENT

The funding for Hospital Revitalization projects are made available via a national grant. The projects funded by this grant include: Colesberg, Calvinia, New Mental Health,_Upington, De Aar, Barkly West

The clinic-building programme is funded through the Provincial infrastructure grant and the equitable share. The replacement of Garies hospital and the Galeshewe Recreation clinic, Galeshewe Phutanang clinic, Noupoort – Eurekaville and Noupoort – Kwazamuxolo are the clinics funded from the Infrastructure Grant.

The constitution defines the purpose of this strategic overview of Northern Cape hospitals, which is to provide an equitable, accessible, affordable service to the inhabitants of South Africa. The Northern Cape Department of Health is in the process of aligning the development of health services with the Northern Cape strategic position statement (SPS). The hospital revitalization programme of the province emphasizes the strengthening of all hospitals with a spread of scarce resources to all areas through a realistic capital development programme.

The development of the provincial strategic position statement (SPS) for the Northern Cape Department of Health involved a high-level assessment of the existing services and their adequacy.

4.7.1 COLESBERG

Colesberg Hospital was completed in 2004/05 financial year. The accommodation for clinical staff was the second phase of the project which was completed in the 2005/ 06 financial year. Due to expanded service package, the design of additional accommodation to house rehabilitative services is now receiving attention.

4.7.2 CALVINIA

Calvinia Hospital was completed in 2004/05 financial year. The accommodation for clinical staff was the second phase of the project which was completed in the 2005/ 06 financial year. Due to expanded service package, the design of additional accommodation to house rehabilitative services is now receiving attention.

4.7.3 NEW MENTAL HEALTH FACILITY

The Northern Cape Department of Health will be the first province to have a 21st century mental health facility. The Business case was approved by the National Department of Health. All earthworks platforms were handed over on 28 February 2006.

4.7.4 GARIES

- The contractor is busy with finishing trades.
- Painting is in progress and the remainder of the specialist trades are commencing on site.

4.7.5 UPINGTON

- Good progress is being made with the detail planning.
- The earthworks are progressing well and the concrete retaining wall is on programme.
- The quantity surveyors are preparing documentation for the building tender

4.7.6 DE AAR

- Initial conceptual planning is nearing completion.
- The earthworks is progressing well.

4.7.7 BARKLY-WEST

- The building contractor is progressing well.

4.7.8 NEW REVITALIZATION PROJECTS FOR 2005/06 AND 2006/07

- Business cases for the new KH and Postmasburg hospitals have been submitted to national for approval and funding for the next financial year.
- A joint business case between North West and Northern Cape is currently being prepared for the replacement of Kuruman/Tshwaragano hospitals.
- A new site for Postmasburg hospital has been finalised and consultants will be appointed shortly.
- A meeting is being convened to consider the appointment of technical consultants on the new Kimberley Hospital.

4.7.9 CLINICS

The following clinics are at the following status:

- Galeshewe Recreation – final inspection required.
- Galeshewe Phutanang – work progressing slowly towards completion.
- Prieska – handed over and to be operationalised this week.
- Petrusville – contractor dealing with snagging list prior to final inspection.
- Noupoort – Eurekaville
- Noupoort – Kwazamuxolo

ARV CLINICS

The following clinics are receiving attention

- Springbok – work in progress – nearing completion
- Upington – work in progress – nearing completion
- GDH – additional work required, to be determined
- De Aar – work required to be determined
- Kuruman – design to be finalised during site visit to be arranged.
- Jan Kempdorp – planning to be finalised
- KH paediatrics clinic – planning finalised, implementation to proceed immediately.

4.7.10 NURSES HOME

The old Nurses Home was upgraded at the Kimberley Hospital Complex for office space for the Provincial Head Office of the Department. The offices were occupied in June 2005. The capital expense for the upgrading is offset by the rental leases the department had. The Old Nurses Home was named the James Exum Building.

INDICATOR	TYPE	2003/04 ACTUAL	2004/05 ACTUAL	2005/06 ACTUAL	2007/08 TARGET
Input					
Equitable share capital programme as percentage of total health expenditure	%	6.5%	7.1%	7.2%	2.5%
Hospitals funded on revitalisation programme	%	20%	25%	30%	25%
Expenditure on facility maintenance as percentage of total health expenditure	%	1%	1%	2%	4%
Expenditure on equipment maintenance as percentage of total health expenditure	%	1%	1%	2%	4%
Process					
Hospitals with up to date asset register	%	60%	70%	95%	100%
Districts with up to date PHC asset register (excluding hospitals)	Y/N	55%	70%	90%	100%
Quality					
PHC facilities with access to basic infrastructural services:					
Piped water	%	100%	100%	100%	100%
Mains electricity	%	100%	100%	100%	100%
Fixed line telephone	%	100%	100%	100%	100%
Average backlog of service platform by programme:					
PHC facilities	%			30%	15%
District hospitals	%			45%	15%
Regional hospitals	%				15%

5 REPORT OF THE AUDIT COMMITTEE

Report of the Audit Committee in terms of regulations 27 [1] [10] [b] and [c] of the PFMA, Act 1 of 1999, as amended.

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

AUDIT COMMITTEE MEMBERS AND ATTENDANCE

The following persons served as members of the Provincial Audit Committee during the period under review, and their attendance record at formal Audit Committee meeting is as follows:

Name of member	Number of meetings attended
Independent members:	
Prof. JE Kleynhans [chair]	7 out of 7
Ms KM Mogotsi	3 out of 7
Mr G Oberholster	3 out of 7
Mr H Ramage	1 (resigned 6 June 2005)
Internal members:	
SE Mokoko	1 out of 7
Adv. H Botha	6 out of 7
Mr T Moraladi	6 out of 7

AUDIT COMMITTEE RESPONSIBILITY

The Audit Committee adopted appropriate terms of reference as its Audit Committee Charter. The Charter is regularly updated with principles of good governance and with the requirements of the PFMA. The Audit Committee is accountable to the Provincial Executive Committee and has an oversight function with regard to:

- Financial management;
- Risk Management
- Compliance with laws, regulations and good ethics;
- Reporting practices; and
- Internal and External audit functions.

REPORT ON THE OPERATIONS OF THE AUDIT COMMITTEE

During the period under review, the following key activities were undertaken:

- Considering internal audit plans.
- Monitored the effectives of the internal audit function.
- Monitored the independence and objectives of both internal and external auditors.
- Considered external audit reports.
- Monitored Management's follow-up of matters previously reported on the external auditors.

THE EFFECTIVENESS OF INTERNAL CONTROL AND RISK MANAGEMENT.

The audit committee is not satisfied that:

- A risk managing process is **not** in place and that the major risks under the control of the Department of Health are **not** properly managed;
- The internal control systems are in-effective; and
- Matters requiring Management attention have **not** been adequately addressed.

EVALUATION OF FINANCIAL STATEMENTS

The Audit Committee has:

- Reviewed and discussed with the External Auditor and Management the audited Annual Financial Statements to be included in the Annual Report;
- Reviewed the External Auditor's management letter and management's response thereto; and
- Reviewed significant adjustments resulting from the audit.

The Audit Committee concurs and accepts the conclusions of the External Auditor 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 auditors. The Audit Committee wishes to draw attention to the issuing of a disclaimer of audit opinion, and note the qualification in paragraph 4, as well as the emphasis of matter raised in paragraph 6 of the audit report.

QUALIFICATION, PARAGRAPH 4:

- Receivables for departmental revenue (patient debtors):
    - Receivables for services delivered amounting to R56,477 million but were overstated by R5,068 million according to note 25.
    - The recoverability of debtors older that 150 days, amounting to approximately R43'492'402 could not be verified.
    - No disclosure notes was made in terms of irrecoverable amounts. The accounting policy states "amounts that are potentially irrecoverable are included in the disclosure notes".
    - Receivables, payments and advances: due to a lack of formal policies the completeness, existence, valuation and ownership of a staff debt amounting to R2,698 million included in note 13.3 of the financial statements could not be confirmed.

- Irregular payments:
    - Four duplicate payments amounting to R93'960 were made due to supporting documentation being presented twice for payments.
    - Fraudulent and suspected fraudulent transaction:
        - Officials were suspended after allegedly attempting to defraud the department of R1,7 million, altering bank details of an existing supplier and then compiling a batch for a second payment into a private bank account.
    - Existence of other possible fraudulent payments.

- Non-compliance and irregularities during procurement processes:
    - No tender processes were followed:
        - For the procurement of food parcels to the value of R1'827'259.00
        - For the procurement of antennas and mobile radios amounting to R459'804.00. With the exception of the successful supplier, the existence of the other companies who submit quotations could not be confirmed. An existing security company's detail was used to compile one of the invalid quotations received by the department. The owner of the existing security company confirmed that he never quoted to the department for the specific goods.
        - For the supply of promotional material and clothing to the department totalling R410'000, payments were split to avoid exceeding the R200'000 threshold set by the Tender Board to obtain tenders. Some quotations received were from companies whose existence could not be verified. More than one quotation was faxed from the successful supplier's fax number.

- Bank account not disclosed.
    - The department operates a bank account other than the official bank account and did not record the transactions of this account on the accounting system or the financial statements. The existence of this bank account is in contravention of section 7 (2) of the PFMA and paragraph 15.10.3.1 of the Treasury regulations.

- Gifts, donations and sponsorships.

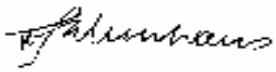
- Donations are paid into the separate bank account and due to non-inclusion into the financial statements and the absence of a register the completeness of donations received by the department could not be confirmed.

EMPHASIS OF MATTER, PARAGRAPH 6:

- Weaknesses in internal control:
  - Patient fee management.
  - Income and receipting.
  - Compensation of employees.
  - Payment for goods and services.
  - Subsistence and traveling.
  - Assets.
  - Inventory.
  - Journals.
  - Budget.
  - Transfer payments.

MATTERS OF PUBLIC INTEREST.

- Rental income.
- Oxygen unit procured.
- Division of Revenue Act.
  - Medical waste management.
  - Hospital revitalisation grant.
  - HIV/Aids grant.
- Non-Compliance with laws and regulations.
- Performance information.



Prof JE Kleynhans
Chairperson: Shared Provincial Audit Committee

6 FINANCIAL INFORMATION

6.1 REPORT OF THE ACCOUNTING OFFICER

Report by the Accounting Officer to the Executive Authority and Provincial Legislature of the Northern Cape Province.

1. General review of the state of financial affairs

The Northern Cape Department of Health hosted its first health summit in May 2005 the outcome of which was meant to contribute towards the 2014 health plan of the Department. The Vision 2014 is a 14 plan document with clear targets for the Northern Cape Department of Health was launched in February 2006. The plan prioritises the following areas of service delivery:

- Maternal, Child and Women Health
- Communicable Diseases
- Quality of Care
- Emergency Medical Services
- Human Resources
- District Health Services
- Forensic Medical Services
- Health Promotion & Communication
- Monitoring & Evaluation of Vision 2014
- Hospital Revitalisation & Infrastructure
- Information, Communication & Technology.
- Finance
- Black Economic Empowerment
- Legal Services

The main aim of the Department in developing this strategic vision is to live to its vision of "Health Service Excellence for All.

Major Projects
The Department continues to better its health services by increasing access to health services through its infrastructure programme. A significant number of major projects where launched in the 2005/06 financial year and construction have already started with these projects. The major projects started in the reporting financial year are in Kimberley, De Aar, Upington and Barkly-West.

Budget Outcome
The Department of Health was allocated an adjusted budget of R1,037, 813 million for the 2005/06 financial year. This allocation includes roll over on committed projects and services amounting to R49,481 million.

The Department exceeded its allocation for the 2005/06 financial by R58,762 million. This over expenditure amounts to 5.7% of the adjusted budget of R1,037 813 million. Below is a tabular presentation of the budget versus expenditure and the variance per programme.

PROGRAMME	BUDGET	EXPENDITURE	VARIANCE	% VARIANCE
MEC STATUTORY FUND	766	758	8	1.0%
PROG 1: ADMINISTRATION	56,818	55,733	1,085	1.9%
PROG 2: DISTRICT HEALTH SERVICES	432,234	421,305	10,929	2.5%
PROG 3: EMERGENCY MEDICAL SERV.	69,178	72,688	-3,510	-5.1%
PROG 4: PROV. HOSPITAL SERVICES	292,933	295,230	-2,297	-0.8%
PROG 5: HEALTH SCIENCES&TRAINING	26,694	26,749	-55	-0.2%
PROG 6: HEALTH CARE SUPPORT SER.	18,598	87,809	-69,211	-372.1%
PROG 7: HEALTH FACILITIES MAN.	140,592	136,303	4,289	3.1%
TOTAL EXPENDITURE	**1,037,813**	**1,096,575**	**-58,762**	**-5.7%**

2. Service rendered by the department

2.1 A list of services rendered by the Department will be discussed in the General Information section of the Annual Report.

2.2 Tariff policy

The tariffs charged by the Department on patient fees are based on the national tariffs as approved. These tariffs are uniform throughout the country and are compiled by a national task team representative of all provinces. Tariffs charged to public patients are determined according to their scale of income.

2.3 Free Services

Free services are rendered at Primary Health Care level in accordance with the national decision to promote preventative health care. These services are mainly provided at clinic level.

2.4 Inventories

The value of stock on hand disclosed below is for the provincial pharmaceutical depot and includes stock held at institution level amounting to R2,602 million.

- Pharmaceutical stock R33,280 million
- Costing method First-in-first-out

The increase in the stock figure compared to the figure of R15,688 million in the previous financial year is due to the correction of the minimum stock levels both at the Depot and the institutions.

3. Capacity constraints

The Department continues to feel the challenges of operating in a rural province in terms of the difficulty in attracting skilled personnel. These challenges are increased by the competing demands on the financial resources of the Department by the service delivery sectors.

The Department developed interventions through bursary schemes in clinical areas and remunerative incentives. These interventions have seen a number of professional remaining in the Province after the completion of their community service.

4. Utilisation of donor funds

The utilisation of donor funds has improved significantly within the Department. The only active donor fund currently operational is the Belgium funding which funds interventions in TB. The expenditure patterns on this fund increased significantly due to improved management from both the Province and National Health.

5. Organisations to whom transfer payments have been made

Transfers payments within the Department are made to two sectors namely, Non-Governmental Organisations and Municipalities. Transfers to NGO's are mainly for HIV & AIDS programmes and those to Municipalities are for Primary Health Care and Environmental Health Services provided on behalf of the Department.

These entities account on a monthly and quarterly basis on the utilisation of these transfer payments.

6. Corporate governance arrangements

Liaison with the central internal audit unit in the Premiers Office is being improved to ensure that the Department is abreast of developments within the internal control environment. The Department is also developing a professional corporate image in an effort to instil a professional approach in its workforce. A risk assessment exercise will be undertaken on an annual basis to determine the areas of risk within the Department and to develop an informed fraud prevention plan.

7. Asset management

The Department is on track in terms of its milestones with respect to the asset management reforms. There is significant progress made with regard to capturing of the assets. However, the size of the Department relative to the asset management unit poses some challenges. The finance directorate has been elevated to a chief directorate to enable the unit to develop a structure that will meet the reporting needs of the Public Sector.

8. Performance information

The policy and planning unit has been strengthened with the appointment of additional staff. This allowed the unit to establish the strategic planning component and the monitoring and evaluation component. These components within the policy and planning unit will ensure that the strategies of the Department are monitored for implementation.

The information management unit has also been strengthened by the appointment of information officer in the districts to ensure credible information for decision making.

9. Scopa resolutions

Reference to previous audit report and SCOPA resolutions	Subject	Findings on progress
Receivables for services rendered.	Lack of policy framework for debtor management	A task team have been established to address the challenges relating to debtors.
Suspense account management	Lack of processes to manage suspense accounts	Suspense account approval has been delegated to senior official only.
Conditional grant expenditure	Distinction between conditional grant expenditure and normal expenditure.	Separate funds have been developed in the system to record conditional grant expenditure.
Gifts, donations and sponsorships	Lack of controls in the management of donations.	Donation registers have been developed to manage donations.
Bank account not disclosed.	Existence of a separate bank account not disclosed.	Treasury approval has been sought for the continued operation of this account.

10. Other

The Department operated a separate bank account which was opened in 1997 through the Kimberley Hospital Board and was later relinquished from the KHC Board and managed by officials within KHC both at clinical and administrative levels.

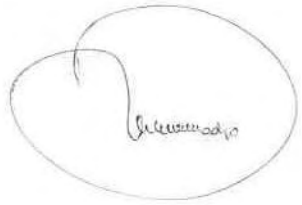
The primary objective for operating a separate account was to receive donations mainly from pharmaceutical companies which were sponsoring research. These companies were not prepared to pay in funds into the normal bank account of the Department and insisted on a separate account.

The transactions of this account do not form part of the financial statement. However, this information will be supplied to the Office of the Auditor-General for audit The balances on this account are as follows;

- Opening balance (01/01/2005) R136,482.38
- Closing balance (31/12/2005) R152,992.93

Approval

The Annual Financial Statements set out on pages 72 to 117 have been approved by the Accounting Officer.



Mr DD Madyo
Accounting Officer
31 May 2005

6.2 REPORT OF THE AUDITOR-GENERAL

REPORT OF THE AUDITOR-GENERAL TO NORTHERN CAPE PROVINCIAL LEGISLATURE ON THE FINANCIAL STATEMENTS OF VOTE 10 – DEPARTMENT OF HEALTH FOR THE YEAR ENDED 31 MARCH 2006

1 AUDIT ASSIGNMENT

The financial statements as set out on pages 72 to 117 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 asset 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, the maintenance of effective control measures and compliance with relevant laws and regulations are the responsibility of the accounting officer. My responsibility is to express an opinion on these financial statements, based on the audit.

2 SCOPE

The audit was conducted in accordance with 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, as well as
- 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 the accounting policy to the financial statements.

4 QUALIFICATION

4.1 Receivables for departmental revenue (patient debtors)

Due to the lack of an appropriately documented policy and procedure framework for patient debtor management, the following were noted:

- Receivables for services delivered amounting to R56,477 million (2004-05: R56,110 million) disclosed in note 25 to the financial statements, were possibly overstated by as much as R5,068 million. This resulted from patients not indicated as discharged on the debtor system after being discharged from hospital.
- The recoverability of debtors older than 150 days, amounting to approximately R43 492 402 (2004/05: R28 398 205) at year-end, could not be verified. A selection of 160 debtor accounts amounting to R2 229 421 was made to determine whether payment was received on the account after year-end. Only 5% of the sample made payments after year-end. The recoverability of these debtor balances could therefore not be confirmed. It was also noted that no regular follow-up and review of patient accounts and the age analysis were done for the year under review.
- Contrary to the accounting policy which states that "Amounts that are potentially irrecoverable are included in the disclosure notes", no disclosure was made in terms of irrecoverable amounts.

- Receivables for services delivered are overstated with various receipts not being captured against a specific debtor account.
- The amounts mentioned above may be incomplete as the detailed debtor ageing for four hospitals were not received for audit purposes.
- Also refer to paragraph 6.1.1 and the rest of this paragraph for control weaknesses identified which impacts on the accuracy of amounts billed to patient accounts, which in turn influence the accuracy and completeness of receivables for services delivered.

The department did not have documented and approved policies for the identification, recovery and billing of receivables for departmental revenue. The accuracy and completeness of patient fee income could not be confirmed as a result of the following:

- Income assessment cards are not used by various hospitals visited. The classification of patients as being H1, H2 and H3 could therefore not be accurately determined, hence billing to these patients could not be verified as being accurate and complete.
- Even though income assessment cards are used by the Kimberley Hospital Complex, various assessment cards were found to be inaccurate or incomplete.
- At most hospitals visited no register or similar control is implemented to ensure that all high value medical procedures are billed to private or H2 or H3 patients.
- In various instances admission forms were not accurate regarding admission and discharge dates.
- One entire receipt book for outpatients could not be provided at the Kuruman Hospital.
- Instances were noted where patients were inaccurately billed.
- Instances were noted where receipts were not captured onto BAS.
- Instances were noted where receipts were captured into the incorrect financial period, resulting in the understatement of revenue for the year under review.

4.2 Receivables, prepayments and advances

As a result of no formal policies and procedures being documented and approved for the management of suspense accounts the following were found:

- I could not confirm the completeness, existence, valuation and ownership of staff debt amounting to R2,698 million included in note 13.1 to the financial statements. No monthly statements sent to these debtors could be provided for audit purposes.
- As a result of no documentation being provided I could not confirm the existence, ageing and valuation of debtors amounting to R315 545.
- We could not obtain sufficient documentation to verify the existence of the balances in respect of prepayments and advances amounting to R113 024.
- Advances granted to employees amounting to R151 023 showed no movement for the year under review.
- In general suspense accounts are not cleared on a monthly basis resulting in suspense accounts not being cleared at year-end.

4.3 Irregular payments

4.3.1 Duplicate payments

Due to severe shortcomings in internal controls four duplicate payments amounting to R93’960 were made by supporting documentation being presented twice for payment.

4.3.2 Fraudulent and suspected fraudulent transactions

- Officials of the department were suspended during the year under review after allegedly attempting to defraud the department of R1,7 million by means of altering bank details of an existing supplier and then compiling a batch for a second payment into a private bank account.
- A payment amounting to R102 680 appears to have been made in a fraudulent manner when one of the suspended officials allegedly altered banking details and created a second payment into a private bank account.

- The internal investigation done into other transactions where these employees were involved has not been completed at the time of compiling this report. It was however confirmed that various payments in excess of R1,5 million were made in a suspected fraudulent manner by colluding with service providers. Criminal proceedings instituted against these officials have not been completed at the time of compiling this report.

4.3.3 Non-compliance and irregularities during procurement processes

During the year under review the department did not follow tender procedures when it was required to do so in terms of tender legislation. Practice note number SCM2 of 2005 issued by Provincial Treasury states that competitive bids should be invited for all procurement exceeding R200 000 inclusive of value-added tax (VAT).

(i) No tender processes followed

In the following instances the required procurement process were not followed by the department:

- No tender process was used for the procurement of food parcels to the value of R1 827 259.
- The procurement of antennas and mobile radios for emergency services vehicles amounting to R459 804 were done without following tender processes.
  - With the exception of the successful supplier, the existence of the other companies who submitted quotations could not be confirmed.
  - It was confirmed with an established security company that his company detail was used to compile one of the invalid quotations received by the department. He also indicated that he never quoted the department for these goods but that he did in fact quote the owner of the successful supplier for the exact mobile radios and antennas. The supplier provided an updated quote to our office and would have quoted at least R60'000 less than the successful supplier.
  - Another quotation submitted, from a competitive service provider, was signed and submitted by the operational manager of the successful supplier.
  - The format used to compile the quotations was suspiciously similar.
- Four payments amounting to R410 000 were made for the supply of promotional material and clothing to the department. During the procurement of these items the following is of concern:
  - The four payments made were split in order to avoid exceeding the R200'000 threshold set by the tender board for obtaining tenders.
  - Quotations received for the promotional items were from possible non-existing companies, ie. companies having the same contact details as the successful supplier and some of the quotations were faxed from the successful supplier's fax number. One of the comparative quotations submitted was submitted by the same contact person as the successful supplier.
  - An overpayment of R26 000 was made to the successful supplier on one of the payments as the invoice was not mathematically correct.
  - Discrepancies were noted between ordered quantities and actual quantities paid for.
  - Discrepancies were noted on the dates of the quotations.
  - No purchase order, internal requisition or delivery notes were attached to some of the payments made.
  - It could not be ascertained if the entity was registered for VAT, as none of the invoices supplied to the department contained a VAT number.

The amounts mentioned in this sub-paragraph should be regarded as being irregular expenditure.

(ii) Irregularities noted during procurement

- A request was done to the provincial tender board on 15 September 2005 to deviate from tender procedures for the procurement of a launch manager amounting to R2 415 145. This request was granted on 26 September 2005. Not following a competitive bidding process as approved by the tender board resulted in the department procuring on the strength of quotations. The validity of the competing companies could not be confirmed

and all three quotations received by the department were faxed from the same fax number, being the fax number of the successful supplier.

- The following regarding the procurement of a closed circuit television system for Dr Arthur Letele Medicine Depot amounting to R1 717 511 is of concern:
  - A request to deviate from tender procedures was submitted to the tender board on 19 August 2005 and approved on 29 August 2005. The department is currently paying for the services of a security company stationed at the depot and an armed response company for an alarm system activated at night.
  - Of the three quotations received by the department one of the quotations was not valid as the company was confirmed not to exist. The other two quotations came from two companies who merged in November 2003 of which one became the successful competitor.
- The department procured a number of furniture items amounting to R726 600 from one supplier during March 2005 on the strength of tender board approval dated 6 January 2005 to deviate from tender procedures. Quotations were received during July 2004 and August 2004 for the mentioned goods. A competitive bidding process could thus have been followed if it was started in July 2004. In addition the following with regards to this payment is of concern:
  - Advance payment was made for television sets and DVD players that were only delivered to the department on 24 July 2006. The supplier procured these goods from a national retail store partially in May 2005 and February 2006, having been already paid by the department in March 2005.
  - Storage costs amounting to R117 600 were paid to the supplier to store 70 television sets, 70 DVD players and 70 steel cabinets. The supplier stored the television sets and DVD players at the national retail store free of charge only to charge the department R4 per day per item stored. Storage costs amounting to R117 600 should therefore be regarded as being fruitless.
  - The guarantee on 36 of the DVD players already expired whilst still being stored at the national retail store.
  - The department paid R201 600 for the television sets and DVD players. The supplier bought these items for R100 374.
  - It was also confirmed from the tax clearance certificate that the company is not registered for VAT whilst this one transaction exceeded the R300 000 threshold which requires registration as a VAT vendor.
  - The department did not accept the lowest quote when they procured catering services amounting to R102 600. It is also concerning that the invoice date is 7 November 2005 and the quotation was dated 11 November 2005.

4.4 Limitation of scope

The following documentation or transactions, not provided for audit purposes or supported by insufficient supporting documentation, placed a limitation on the scope of audit work:

- Journals totalling R109 078 and payments amounting to R3 894 686 were not provided for audit purposes.
- The entire sample of subsistence claims processed via Persal, amounting to R353 744 could not be provided for audit purposes. We could therefore not verify the accuracy and validity of the claims.
- No supporting documentation could be provided to validate payables amounting to R184 072.
- Journals amounting to R12 562 160 were processed without having sufficient supporting documentation attached. The validity of the journals processed could therefore not be determined.
- Insufficient supporting documentation was attached to payments totalling R232 700.
- Insufficient supporting documentation was provided to verify payables amounting to R315 215. Management comments revealed that some of these balances would be written-off after being analysed.
- Payments totalling R3 812 167 were made with copies of invoices being attached as supporting documentation. The validity of these payments could not be confirmed.

4.5 Bank account not disclosed

As reported in the prior year audit report paragraph 3.5, the department is in possession of a bank account, other than the bank account used for its normal operations. The transactions in this account were not recorded on the accounting system or the financial statements. The balance of this account at year-end was also not included on the statement of financial position on 31 March 2006. The existence of this bank account was in contravention of section 7(2) of the Public Finance Management Act, 1999 (Act No. 1 of 1999) (PFMA) and paragraph 15.10.3.1 of the Treasury Regulations.

4.6 Gifts, donations and sponsorships

As highlighted in the previous paragraph of this report, the transactions relating to the undisclosed bank account were not included in the financial statements nor subjected to auditing. As the department previously received donations into this account, the completeness of donations received by the department could therefore not be confirmed.

In addition the register to record the receipt of gifts, donations and sponsorships was not adequately maintained during the financial year.

5 DISCLAIMER OF AUDIT OPINION

Because of the significance of the matters referred to in paragraph 4, I do not express an opinion on the financial statements.

6 EMPHASIS OF MATTER

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

6.1 Weaknesses in internal control

The responsibility to institute and maintain a system of internal control is clearly defined in section 38 of the PFMA. The department did not document and approve policies for all their processes and several policies were outdated. A risk assessment for the 2005-2006 year was also not done. The officials did not implement the prescriptions of section 38(1)(a)(i) of the PFMA dealing with internal control measures, systems and risk management, including the fraud prevention plan.

In addition, the following weaknesses in internal control were identified:

6.1.1 Patient fee management

As a result of no documented policies and procedures, and a lack of an approved management and control framework for the management of patient fees, the following shortcomings were identified:

- Instances were noted where, due to billing sheets not being reviewed, patients were billed incorrectly.
- No admission and discharge dates were completed on various admission forms. This placed a limitation on the scope of the audit work which was necessary to confirm the accuracy of the amount invoiced to the patient.
- Various patient files, patient admission forms, and midnight lists could not be presented for audit purposes.
- It was found that no review or checking was done of billing sheets before and after processing on the financial system.
- Various instances were noted where the patient did not sign the admission form to acknowledge the details recorded on the admission form.
- Various instances were found where billing sheets were not completed in detail to ensure that all procedures performed, medication used/issued and days admitted were charged to the debtor account.
- It was found that no review of invoices was done before sending thereof to patients/ medical aids.

- Instances were noted where admission forms were not handed to the fee office timeously for capturing on the financial system after the discharge of the patients.
- It was noted that several state patient accounts were included on the debtor age analysis of Kimberley Hospital. It is unclear why these accounts were captured on the debtor system, as these accounts are manually managed by all other hospitals in the province due to the nominal fee charged to the patients and low recoverability of these accounts.

6.1.2 Income and receipting

Due to policies and procedures not being documented and approved for income and receipting, the following shortcomings were identified:

- Instances were noted where no remittance register was in use, or not maintained adequately, to record payments received via post.
- The cashier position at the fee office of Kimberley Hospital, as well as the provincial office is vacant, resulting in inadequate segregation of duties and service delivery, due to other officials having to perform dual duties in the absence of a cashier.
- Instances were noted where differences existed between amounts receipted and amounts banked.
- Instances were noted where no registers were maintained to record unused out patient receipt books.
- Instances were noted where deposits were not reviewed before being banked.
- Instances were noted where receipts were incorrectly captured on BAS.
- Instances were noted where no face-value registers were maintained, or not maintained adequately to control un-issued deposit, receipt and requisition books.

6.1.3 Compensation of employees

Internal controls relating to the compensation of employees were lacking in some respects due to the non-adherence to prescribed policies and procedures, and as a result the following shortcomings were identified:

- Instances were noted whereby personnel files of employees were not adequately maintained, in that not all correspondence and documentation were placed on the files of the employees.
- Eight salary runs were not approved for the financial year under review.
- Seven instances were noted where the qualifications of officials were not captured on Persal.
- Eight instances were noted where leave was only captured on Persal after the leave was taken by the officials.
- Twenty-one instances were noted where the leave forms of the employees were not in the file of the employee.
- Employees were not notified of their remaining leave balances, resulting in annual leave balances from the previous leave cycle possibly being forfeited by several employees.
- No formalised overtime policy exists at the department.
- Several key positions at the department have not been filled during the year.
- Seventeen employees who resigned were still included on the list of housing guarantees issued.

6.1.4 Payments for goods and services

Management policies and procedures were not adequately followed and this resulted in the following:

- From a selected sample, payment batches totalling R4 687 278 were found which were not stamped paid after payment was effected. This increased the risk of fraudulent or erroneous double payments taking place.
- Instances were found where no certification was made by officials to verify that goods were received in a satisfactorily condition.
- Instances were found where the payment advices were captured before they were authorised by the appropriate official in accordance with the assigned delegations.
- An instance was noted where the department did not pay the total amount due on an invoice due to cash flow problems.
- Differences were noted between information on the batch register and the financial system.

- An instance was noted where the department did not effect the correct payment as on the invoice, resulting in an overpayment of R10 000 being made to a supplier.
- An instance was noted whereby the department made an overpayment of R735 900 to a Non-Governmental Organisation (NGO).
- Instances was noted where VAT was charged and paid by the department on an invoice which did not contain a VAT registration number, therefore not constituting a valid tax invoice.
- Instances were noted where the payment allocation attachment was not completed in full for a selection of payment batches.
- Instances were noted where invoices were not sufficiently detailed to indicate the services rendered/ goods supplied to the department.
- Instances were noted where the date of authorisation was not captured on the payment batches.

6.1.5 Subsistence and travelling

Due to the lack of an approved policy and procedure framework for subsistence and travelling, the following matters were identified:

- In contradiction with guidelines issued by the department regarding the clearing of advances with an expense claim after returning from travel, several instances were noted where employees were granted further advances although they still had outstanding advances. This resulted in several employees having large outstanding advance accounts at year-end.
- Instances were noted where authorisation for trips was only provided after the trip was undertaken.
- From a sample selected, four instances amounting to R441 070 were noted where foreign subsistence and travel incurred were classified as local subsistence and travel on BAS and the financial statements.
- From a sample selected, two instances amounting to R67 800 were noted where local subsistence and travel incurred were classified as foreign subsistence and travel on BAS and the financial statements.
- Instances were noted where the purpose of foreign trips conducted were not attached to the payment advices.
- The accuracy and completeness of expenditure disclosed in the financial statements in respect of foreign subsistence and travel could not be confirmed as foreign subsistence and travel expenditure was consistently misallocated to local subsistence and travel expenditure during the financial year under review.

6.1.6 Assets

Due to the lack of an appropriately documented and approved policy and procedure framework for asset management, the following matters were identified:

- Several instances were noted where assets at hospitals were not optimally utilised or was not in a working condition.
- Various instances were noted where the physical assets per the room inventory list could not be traced to the floor and where the physical assets per the floor could not be traced to the room inventory list.
- Contrary to the requirement of section 38(1)(d) of the PFMA, and as reported in the previous year, no complete and centralised asset register was maintained and updated for the department.
- Instances were noted where no asset count was done of the room inventory of offices.
- Various instances were noted where trip sheets for departmental vehicles and ambulances were incorrectly completed, or not completed at all. This resulted in differences in the opening and closing kilometer readings.
- No maintenance plan/ schedule is maintained at the department for repairs and maintenance to assets of the department.
- Insufficient documentation was attached to the receipts in respect of the selling of old and disposed assets, resulting in us being unable to determine if the assets were sold at the most economical value for the department.
- Instances were noted at regional hospitals where the assets of the hospital are not safeguarded due to inadequate fencing and inadequate monitoring of entrances to the hospitals.

- Various instances were noted where the assets of the department were not marked with a unique identification number to indicate that the assets belonged to the department.

6.1.7 Inventory

Due to the lack of an approved policy and procedure framework for inventory management, the following matters were identified:

- Various shortcomings were identified in the medicinal stock system at the hospitals and medical depot, which included stock records not being up to date, differences between actual and theoretical stock levels and weaknesses in the stock count procedures.
- Instances were noted where stock requisitions and orders were not signed or authorized for the issuing and receiving of goods. Instances were also noted where stock requisitions were not completed in full.
- Instances were noted where expired and obsolete stock was not disposed on time.
- Instances were noted where medicines (including scheduled medicines) were not stored properly and safeguarding was not adequate to prevent losses, redundant stock, damage and theft.

6.1.8 Journals

Due to the lack of an approved policy and procedure framework for the management of journals, the following matters were identified:

- Instances were noted where journals were not signed by an official as proof of being checked and verified before processing took place.
- Instances were noted where journals were authorised by the same official who checked and verified the journal.
- An instance was noted where a journal was not authorised before capturing took place.
- Instances were noted where journals were incorrectly processed.

6.1.9 Budget

Due to a shortage of staff at the department responsible for budget management, the adjusted budget as outlined in the adjusted estimate for provincial expenditure was only captured in March 2006 on the BAS system.

6.1.10 Transfer payments

- Insufficient documentation is maintained on correspondence files to indicate why transfer payments were not made to municipalities.
- Sufficient controls are not implemented to ensure that payments made to NGOs are spent as intended.

6.2 Matters in the public interest

6.2.1 Rental income

(i) Instances were noted where medical staff in the service of the department occupy privately owned houses which are rented by the department. The officials pay the department a nominal rental fee on a monthly basis. Instances were however noted where officials did not pay the monthly rental as required. The fact that the officials pay less than market-related rental also constitutes a taxable fringe benefit. This fringe benefit was however not declared for income tax purposes by the department.

(ii) An instance was also noted where a departmental official was appointed in August 2005, and he was offered housing by the department, as per a departmental agreement, for a three month period. It was however noted that the official was still occupying this house as at July 2006, thereby exceeding the three month agreement. This official has also never paid the monthly rental fee to the department as required, and did not pay income tax on the taxable benefit received.

(iii) The completeness of revenue received in respect of accommodation could not be confirmed as no amounts in respect of accommodation were deducted from the employees' selected salaries. No reconciliation is done on a monthly basis of the rentals received from officials and business enterprises. Furthermore, it was noted that accounts are not sent on a monthly basis to the entities occupying office space at the department.

6.2.2 Oxygen unit procured

Approval for special deviation from tender procedures for the procurement of an oxygen unit was received from the tender board. However I found that the supply of oxygen to hospitals is already performed by a different supplier in accordance with a standing national tender issued previously. This supplier was therefore appointed in contradiction with the national tender.

6.3 Division of Revenue Act (DoRA)

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

(i) General

- For some of the selected funds business plans, project implementation plans and business cases were found not be approved by the National Department of Health.
- No service level agreement could be provided for the national tertiary services conditional grant.
- Payments were made to suppliers not having a valid VAT number.
- During the visits to institutions we found the following regarding medical waste:
  - Medical waste of Greenpoint Clinic is collected by Sol Plaatje.
  - Medical waste kept in waste boxes at the Warrenvale Clinic is burnt in a container and not disposed of in the required manner.
  - At Kuruman Hospital medical waste was noticed among municipal waste.

(ii) Hospital Revitalisation Grant

- The following deficiencies were noted with regards to a visit done at the Abraham Esau Hospital:
  - The capacity of the hospital is of concern as maternity and emergency beds are being utilized for patients.
  - The pharmacy of the hospital had various shortcomings ranging from inadequate workspace and facilities to bad workmanship resulting in water leakages.
- The following deficiencies were noted with regards to a visit done at the Manne Dipico Hospital:
  - Various problems were identified relating to bad workmanship.
  - The average bed occupancy from January 2004 to June 2005 has been 80-95%. This is possibly an indication that the number of beds provided for does not cater for the community.
- It was found that certain payment certificates and orders in respect of the Hospital Revitalisation payments were not signed by all the delegated officials indicated on the payment certificate.
- Business cases and project implementation plans in respect of hospital revitalization grants were found not to include a detailed budget of equipment and construction costs. In the absence of a detailed budget we could not evaluate the progress on the hospitals being constructed.
- The Project Implementation Plans for the Kimberley Mental Health Facility, Barkley West Hospital, Gordonia Hospital and De Aar Hospital have not been approved by the provincial and national accounting officers.
- Objectives set out in the project implementation plans in respect target dates for certain sections of the construction work to be completed were in various instances not met.
- The tender documentation for hospital revitalisation projects did not include environmental impact studies.

- Payments amounting to R753'040 were made that does not meet the objective of the hospital revitalization grant.

(iii) HIV/AIDS Grant

- Inaccuracies and shortcomings were identified in the business plan for the *Comprehensive HIV and AIDS Conditional Grant* relating to the differences in budgeted amounts, details of number or amount of stipends to be paid.
- In the business plan relating to HIV/AIDS various targets, objectives and outcomes in respect of training, site visits, reporting and establishment of new services were not met.
- Monthly and quarterly reports in respect of the HIV and Hospital Revitalisation grant were not always done in time as prescribed.
- Rapid test kits used during the initial testing part of the *Voluntary Councelling and Testing (VCT)* process were found to have been out of stock at 3 facilities visited. Statistics at the VCT sites in respect of VCT provided or patients tested were found not to agree to statistics found at provincial level.
- The following weaknesses related to *Anti Retroviral Treatment* (ARV) clinics:
  - There are no pre-determined re-order levels for ARV drugs at any of the sites.
  - At some sites visited the amount of medication available was insufficient to last a 14 day period until the next stock is received.
  - Stock-outs of drugs were experienced at various sites.
  - At various sites visited no stock cards of any medication is maintained.
  - Some medication inspected was close to expiry date.
  - In the management comments it was indicated that the Anti Retroviral(ARV) Chief Pharmacist position as well and the District ARV pharmacist position would be advertised shortly.
- The department does not have an approved *Prevention-of-mother-to-child transmission (PMTCT)* programme. At the Warrenvale clinic no CD4 counts are done on pregnant women.
- Voluntary Counseling and testing sites visited had the following weaknesses:
  - No designated counseling rooms are available at some sites visited.
  - No replacement staff has been trained if counselors are absent.
  - Various counselors at the sites visited do not appear on the training record provided.
  - Counseling guidelines regarding the pre-test, post-test and ongoing counseling could not be found at some of the sites visited.
- Various drugs used to treat sexually transmitted diseases (STDs) were found to be out of stock at some of the institutions visited. It was also found that only 20 professional nurses were trained in STDs for year under review.

6.4 Non-compliance with laws and regulations

- On various days selected revenue received were not banked timeously in accordance with Treasury Regulation 15.5.1
- As reported in previous financial years, and contrary to section 11.5 of the Treasury Regulations, no interest was charged to outstanding private patient debtor balances.
- As reported in the previous financial year, fringe benefits arising from house rental payments that were less than the market-related house rentals have not been recognised as such in the IRP5's of the officials. This was in contravention with paragraphs 2(d) and 9 of schedule 7 of the Income Tax Act, 1993 (Act No. 113 of 1993)
- Payments amounting to R27'035'058 were not made within 30 days. This constituted non-compliance with section 8.2.3 of the Treasury Regulations.
- The performance contract of the Accounting Officer was not aligned with the provisions as set by sections 38 – 42 of the PFMA. The performance contract for the 2005-2006 year was also only signed and finalised in October 2005 by the Accounting Officer and the MEC.
- As reported in the previous year, no approved, updated organogram could be submitted for audit purposes and the submitted organogram did not correspond with the Persal system. This was in non-compliance with chapter 1, part III, B2(c) of the Public Service Regulations, 2001 (Government Notice No. R.1 of 5 January 2001 as amended).
- The department did not develop and implement an environmental implementation plan as required by section of 11(1) of NEMA.

6.5 Internal audit function

The internal audit function is performed by a centralised internal audit department, which resides under the Office of the Premier.

An overview was performed on the functionality of the internal audit department. Various shortcomings rendered the functionality of the internal audit department inefficient and ineffective during the year under review:

- The internal audit charter, as required by Treasury Regulation 3.2.5 and the Institute of Internal Auditors (IIA) 1000-1, was only approved on 15 August 2005.
- The current staffing component, as well as the available funds, seems to be inadequate to efficiently and effectively service all the provincial departments of the Northern Cape Province. No formal training and development plan was in place to ensure continuous training and development of existing staff.
- No approved annual internal audit plan and three-year strategic plan exist for the internal audit department.
- The audit committee did not evaluate the performance of the internal audit during the year.
- Internal audit did not report functionally directly to the audit committee during the year.
- Internal audit did not submit quarterly reports to the audit committee detailing its performance against the annual internal audit plan.

Some of the above findings were also highlighted in the audit report of the 2004-05 financial year.

As a result of the above, no reliance could be placed on the work performed by internal audit for external audit purposes.

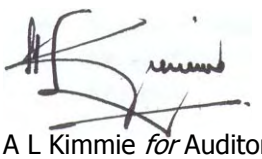
6.6 Performance information

In terms of section 20(2)(c) of the Public Audit Act of 2004 the Auditor-General must draw a conclusion on the reported information relating to the performance of the department against predetermined objectives. Although the guideline for the preparation of annual reports clearly requests the department to submit the details to the Auditor-General by no later than 15 June 2006, the department amended draft information submitted during July 2006. The final performance information was not available for audit purposes at the reporting date and I could therefore not verify if:

(i) the reported performance was supported by source documentation.
(ii) all predetermined objectives as defined in the strategic and performance implementation plans were reported on.
(iii) pre-determined objectives were included in the performance report that was part of the strategic planning documents of the department.
(iv) the reported predetermined objectives were measurable, specific and time bound.

7 APPRECIATION

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



A L Kimmie *for* Auditor-General

Kimberley

30 August 2006

AUDITOR-GENERAL

6.3 ANNUAL FINANCIAL STATEMENTS

ACCOUNTING POLICIES
for the year ended 31 March 2006

The 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 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), and the Treasury Regulations issued in terms of the Act and the Division of Revenue Act, Act 1 of 2005.

1. Presentation of the Financial Statements

1.1 Basis of preparation

The 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 or when the final authorisation for payment is effected on the system (by no later than 31 March of each 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.

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 in the disclosure notes to the annual financial statements.

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

2.2.7 Gifts, donations and sponsorships (transfers received)

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 in the disclosure notes to the financial statements.
All in-kind gifts, donations and sponsorships are disclosed at fair value in the annexures to the financial statements.

2.2.8 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 of the 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 the expenditure for capital assets in the statement of financial performance[1].

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).

[1] This accounting policy is only relevant where the department elects to capitalise the compensation paid to employees involved on capital projects.

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 financial 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 for 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 the amount of savings and/or underspending 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 an 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 made that are recoverable from another party.

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

4.4 Inventory

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

4.5 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 4 and 5 of the disclosure notes, reflect the total movement in the asset register of assets with a cost equal to and exceeding R5000 (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 recognized in the financial statements under the modified cash basis of accounting. The opening balance reflected on Annexure 4 and 5 will include items procured in prior accounting periods and the closing balance will represent the total cost of the register for 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 historical cost 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:

- 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 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. 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, is included in the disclosure notes.

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. Administration									
Current payment	52,284	-	872	53,156	51,983	1,173	97.8%	49,150	49,226
Transfers and subsidies	88	-	-	88	175	(87)	198.9%	220	219
Payment for capital assets	1,300	-	2,274	3,574	3,575	(1)	100.0%	796	467
2. District Health Services									
Current payment	393,641	-	-	393,641	394,863	(1,222)	100.3%	329,780	325,763
Transfers and subsidies	23,830	-	-	23,830	18,722	5,108	78.6%	15,780	13,070
Payment for capital assets	16,871	-	(2,108)	14,763	7,720	7,043	52.3%	8,841	2,033
3. Emergency Medical services									
Current payment	54,031	-	-	54,031	57,399	(3,368)	106.2%	42,797	42,324
Transfers and subsidies	105	-	-	105	115	(10)	109.5%	187	187
Payment for capital assets	14,200	-	842	15,042	15,174	(132)	100.9%	10,489	10,875
4. Provincial Hospital Services									
Current payment	285,595	-	1,700	287,295	287,217	78	100.0%	242,199	242,740
Transfers and subsidies	638	-	-	638	975	(337)	152.8%	1,723	1,068
Payment for capital assets	5,000	-	-	5,000	7,038	(2,038)	140.8%	1,747	1,097
5. Health Sciences									
Current payment	26,024	-	428	26,452	26,453	(1)	100.0%	17,857	16,407
Transfers and subsidies	15	-	-	15	69	(54)	460.0%	65	672
Payment for capital assets	1,235	-	(1,008)	227	227	-	100.0%	1,035	-
6. Health Care Support Services									
Current payment	18,592	-	-	18,592	87,765	(69,173)	472.1%	42,835	59,194
Transfers and subsidies	6	-	-	6	15	(9)	250.0%	25	25
Payment for capital assets	-	-	-	-	29	(29)	0.0%	-	-
7. Health Facilities Management									
Current payment	6,628	-	(3,000)	3,628	223	3,405	6.1%	6,145	637
Transfers and subsidies	-	-	-	-	-	-	0.0%	-	-
Payment for capital assets	136,964	-	-	136,964	136,080	884	99.4%	102,384	69,293
Subtotal	1,037,047	-	-	1,037,047	1,095,817	(58,770)	**105.7%**	874,055	835,297
Statutory Appropriation									
Current payments	766	-	-	766	758	8	99.0%	784	725
Transfers and subsidies				-		-	0.0%		
Payment for capital assets				-		-	0.0%		
Total	1,037,813	-	-	1,037,813	1,096,575	(58,762)	**105.7%**	874,839	836,022
Reconciliation with Statement of Financial Performance									
Add: Prior year unauthorised expenditure approved with funding				-				94,871	
Departmental receipts				-				13,745	
Local and foreign aid assistance				1,374				362	
Actual amounts per Statement of Financial Performance (Total Revenue)				1,039,187				983,817	
Add: Local and foreign aid assistance					1,230				887
Prior year unauthorised expenditure approved					-				94,871
Prior year fruitless and wasteful expenditure authorised									
Actual amounts per Statement of Financial Performance Expenditure					1,097,805				931,780

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	527,248	-	-	527,248	521,829	5,419	99.0%	472,887	470,632
Goods and services	309,547	-	-	309,547	383,090	(73,543)	123.8%	257,876	265,418
Interest and rent on land	-	-	-	-	-	-	0.0%	-	-
Financial transactions in assets and liabilities	-	-	-	-	984	(984)	0.0%	-	241
Transfers & subsidies									
Provinces & municipalities	10,282	-	-	10,282	5,430	4,852	52.8%	9,213	4,197
Departmental agencies & accounts	-	-	-	-	-	-	0.0%	40	628
Universities & technikons	-	-	-	-	-	-	0.0%	-	-
Foreign governments & international organisations	-	-	-	-	-	-	0.0%	-	-
Public corporations & private enterprises	-	-	-	-	-	-	0.0%	-	22
Non-profit institutions	14,400	-	-	14,400	13,622	778	94.6%	7,644	8,861
Households	-	-	-	-	1,019	(1,019)	0.0%	1,103	1,533
Payment for capital assets									
Buildings & other fixed structures	135,938	-	60	135,998	126,696	9,302	93.2%	58,300	40,949
Machinery & equipment	39,632	-	(60)	39,572	43,060	(3,488)	108.8%	66,992	42,714
Biological or cultivated assets	-	-	-	-	-	-	0.0%	-	-
Software & other intangible assets	-	-	-	-	87	(87)	0.0%	-	102
Land & subsoil assets	-	-	-	-	-	-	0.0%	-	-
Total	1,037,047	-	-	1,037,047	1,095,817	(58,770)	105.7%	874,055	835,297

Statutory Appropriation

	2005/06							2004/05	
Direct charge against Provincial Revenue Fund	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
Member of executive committee/parliamentary officers	766	-	-	766	758	8	99.0%	784	725
Total	766	-	-	766	758	8	**99.0%**	784	725

DETAIL PER PROGRAMME 1 - 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 MEC									
Current payment	2,609	-	-	2,609	1,755	854	67.3%	2,247	2,169
Transfers and subsidies	5			5	5	-	100.0%	5	27
Payment for capital assets	500			500	494	6	98.8%	26	11
1.2 Management									
Current payment	49,675		872	50,547	50,228	319	99.4%	46,903	47,057
Transfers and subsidies	83			83	170	(87)	204.8%	215	192
Payment for capital assets	800		2,274	3,074	3,081	(7)	100.2%	770	456
Total	53,672	-	3,146	56,818	55,733	1,085	**98.1%**	50,166	49,912

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	32,319			32,319	29,587	2,732	91.5%	25,201	25,108
Goods and services	19,965		872	20,837	22,066	(1,229)	105.9%	23,949	23,879
Interest and rent on land				-	-	-	0.0%		
Financial transactions in assets and liabilities				-	330	(330)	0.0%		239
Transfers & subsidies									
Provinces & municipalities	88			88	137	(49)	155.7%	100	86
Departmental agencies & accounts				-		-	0.0%		
Universities & technikons				-		-	0.0%		
Foreign governments & international organisations				-		-	0.0%		
Public corporations & private enterprises				-		-	0.0%		22
Non-profit institutions				-		-	0.0%		
Households				-	38	(38)	0.0%	120	111
Payments for capital assets									
Buildings & other fixed structures				-		-	0.0%		14
Machinery & equipment	1,300		2,274	3,574	3,575	(1)	100.0%	796	369
Biological or cultivated assets				-		-	0.0%		
Software & other intangible assets				-		-	0.0%		84
Land & subsoil assets				-		-	0.0%		
Total	53,672	-	3,146	56,818	55,733	1,085	**98.1%**	50,166	49,912

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	16,874			16,874	24,719	(7,845)	146.5%	13,454	15,278
Transfers and subsidies	32			32	44	(12)	137.5%	-	122
Payment for capital assets	250		-103	147	141	6	95.9%	250	90
2.2 Community Health Clinic Services									
Current payment	81,049			81,049	61,957	19,092	76.4%	57,831	55,927
Transfers and subsidies	7,098			7,098	2,838	4,260	40.0%	5,717	1,914
Payment for capital assets	500		-440	60	60	-	100.0%	288	136
2.3 Community Health Centres									
Current payment	60,586			60,586	47,161	13,425	77.8%	39,718	43,482
Transfers and subsidies	95			95	172	(77)	181.1%	-	248
Payment for capital assets	800		-478	322	116	206	36.0%	300	81
2.4 Community Based Services									
Current payment	-			-	6	(6)	0.0%	-	13
Transfers and subsidies	1,900			1,900	909	991	47.8%	1,600	1,197
Payment for capital assets	-			-		-	0.0%	-	-
2.5 Other Community Services									
Current payment	29,992			29,992	32,515	(2,523)	108.4%	27,124	24,290
Transfers and subsidies	3,684			3,684	2,523	1,161	68.5%	3,219	2,081
Payment for capital assets	-			-		-	0.0%	-	-
2.6 HIV/AIDS									
Current payment	32,450			32,450	36,362	(3,912)	112.1%	21,134	20,720
Transfers and subsidies	10,600			10,600	10,760	(160)	101.5%	4,244	5,446
Payment for capital assets	9,588			9,588	6,192	3,396	64.6%	6,503	747
2.7 Nutrition									
Current payment	4,977			4,977	4,014	963	80.7%	8,158	4,490
Transfers and subsidies	5			5	6	(1)	120.0%	-	42
Payment for capital assets	299		-299	-		-	0.0%	-	102
2.8 Coroner Services									
Current payment	2,370			2,370	768	1,602	32.4%	1,292	884
Transfers and subsidies	2			2	2	-	100.0%	-	-
Payment for capital assets	3,434			3,434		3,434	0.0%	-	-
2.9 District Hospitals									
Current payment	165,343			165,343	187,361	(22,018)	113.3%	161,069	160,679
Transfers and subsidies	414			414	1,468	(1,054)	354.6%	1,000	2,020
Payment for capital assets	2,000		-788	1,212	1,211	1	99.9%	1,500	877
Total	434,342	-	(2,108)	432,234	421,305	10,929	**97.5%**	354,401	340,866

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									
Compensation of employees	246,535			246,535	242,811	3,724	98.5%	222,040	221,530
Goods and services	147,106			147,106	152,052	(4,946)	103.4%	107,740	104,234
Interest and rent on land				-		-	0.0%		
Financial transactions in assets and liabilities				-		-	0.0%		-1
Transfers & subsidies									
Provinces & municipalities	9,430			9,430	4,470	4,960	47.4%	8,136	3,357
Dept agencies & accounts				-		-	0.0%		
Universities & Technikons				-		-	0.0%		
Foreign governments & international organisations				-		-	0.0%		
Public corporations & private enterprises				-		-	0.0%		
Non-profit institutions	14,400			14,400	13,622	778	94.6%	7,644	8,809
Households				-	630	(630)	0.0%		904
Capital									
Buildings & other fixed structures	5,741		60	5,801	303	5,498	5.2%		306
Machinery & equipment	11,130		-2,168	8,962	7,417	1,545	82.8%	8,841	1,727
Biological or Cultivated assets				-		-	0.0%		
Software & other intangible assets				-	-	-	0.0%		
Land & subsoil assets				-		-	0.0%		
Total	434,342	-	(2,108)	432,234	421,305	10,929	**97.5%**	354,401	340,866

DETAIL PER PROGRAMME 3 – EMEGERNCY 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	54,031			54,031	57,399	(3,368)	106.2%	42,797	42,324
Transfers and subsidies	105			105	115	(10)	109.5%	187	187
Payment for capital assets	14,200		842	15,042	15,174	(132)	100.9%	10,489	10,875
Total	68,336	-	842	69,178	72,688	(3,510)	**105.1%**	53,473	53,386

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									
Compensation of employees	31,051			31,051	31,093	(42)	100.1%	26,518	25,280
Goods and services	22,980			22,980	26,306	(3,326)	114.5%	16,279	17,044
Interest and rent on land				-		-	0.0%		
Financial transactions in assets and liabilities				-		-	0.0%		
Transfers & subsidies									
Provinces & municipalities	105			105	99	6	94.3%	187	120
Dept agencies & accounts				-		-	0.0%		
Universities & Technikons				-		-	0.0%		
Foreign governments & international organisations				-		-	0.0%		
Public corporations & private enterprises				-		-	0.0%		
Non-profit institutions				-	-	-	0.0%		46
Households				-	16	(16)	0.0%		21
Capital									
Buildings & other fixed structures				-		-	0.0%		
Machinery & equipment	14,200		842	15,042	15,174	(132)	100.9%	10,489	10,875
Biological or Cultivated assets				-		-	0.0%		
Software & other intangible assets				-		-	0.0%		
Land & subsoil assets				-		-	0.0%		
Total	68,336	-	842	69,178	72,688	(3,510)	**105.1%**	53,473	53,386

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	266,262		1,700	267,962	272,241	(4,279)	101.6%	225,743	226,051
Transfers and subsidies	596			596	932	(336)	156.4%	1,672	973
Payment for capital assets	5,000			5,000	7,038	(2,038)	140.8%	1,747	1,093
4.2 TB Hospitals									
Current payment	8,581			8,581	4,943	3,638	57.6%	7,656	5,682
Transfers and subsidies	16			16	15	1	93.8%	23	45
Payment for capital assets	-			-		-	0.0%	-	
4.3 Psychiatric/Mental Hospitals									
Current payment	10,752			10,752	10,033	719	93.3%	8,800	11,007
Transfers and subsidies	26			26	28	(2)	107.7%	28	50
Payment for capital assets	-			-		-	0.0%	-	4
Total	291,233	-	1,700	292,933	295,230	(2,297)	**100.8%**	245,669	244,905

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									
Compensation of employees	192,261			192,261	194,937	(2,676)	101.4%	181,660	181,657
Goods and services	93,334		1,700	95,034	91,628	3,406	96.4%	60,539	61,080
Interest and rent on land				-		-	0.0%		
Financial transactions in assets and liabilities				-	652	(652)	0.0%	-	3
Transfers & subsidies									
Provinces & municipalities	638			638	644	(6)	100.9%	750	579
Dept agencies & accounts				-		-	0.0%		
Universities & Technikons				-		-	0.0%		
Foreign governments & international organisations				-		-	0.0%		
Public corporations & private enterprises				-		-	0.0%		
Non-profit institutions				-		-	0.0%	-	6
Households				-	331	(331)	0.0%	973	483
Capital									
Buildings & other fixed structures				-	3	(3)	0.0%	-	21
Machinery & equipment	5,000			5,000	7,034	(2,034)	140.7%	1,747	1,058
Biological or Cultivated assets				-		-	0.0%		
Software & other intangible assets				-	1	(1)	0.0%	-	18
Land & subsoil assets				-		-	0.0%		
Total	291,233	-	1,700	292,933	295,230	(2,297)	**100.8%**	245,669	244,905

DETAIL PER PROGRAMME 5 – HEALTH 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
5.1 Nursing Training College									
Current payment	16,007		428	16,435	20,251	(3,816)	123.2%	10,240	10,189
Transfers and subsidies	15			15	49	(34)	326.7%	25	29
Payment for capital assets	1,235		-1,008	227	227	-	100.0%	1,035	-
5.2 Other Training									
Current payment	10,017			10,017	6,202	3,815	61.9%	7,617	6,218
Transfers and subsidies	-			-	20	(20)	0.0%	40	643
Payment for capital assets	-			-		-	0.0%		
Total	27,274	-	(580)	26,694	26,749	(55)	**100.2%**	18,957	17,079

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									
Compensation of employees	21,590			21,590	19,734	1,856	91.4%	13,814	13,653
Goods and services	4,434		428	4,862	6,719	(1,857)	138.2%	4,043	2,754
Interest and rent on land				-		-	0.0%		
Financial transactions in assets and liabilities				-		-	0.0%		
Transfers & subsidies									
Provinces & municipalities	15			15	69	(54)	460.0%	25	44
Dept agencies & accounts				-		-	0.0%	40	628
Universities & Technikons				-		-	0.0%		
Foreign governments & international organisations				-		-	0.0%		
Public corporations & private enterprises				-		-	0.0%		
Non-profit institutions				-		-	0.0%		
Households				-		-	0.0%		
Capital									
Buildings & other fixed structures				-		-	0.0%		
Machinery & equipment	1,235		-1,008	227	227	-	100.0%	1,035	-
Biological or Cultivated assets				-		-	0.0%		
Software & other intangible assets				-		-	0.0%		
Land & subsoil assets				-		-	0.0%		
Total	27,274	-	(580)	26,694	26,749	(55)	**100.2%**	18,957	17,079

DETAIL PER PROGRAMME 6 – 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
6.1 Laundries									
Current payment	2,803			2,803	2,975	(172)	106.1%	2,864	2,455
Transfers and subsidies	6			6	11	(5)	183.3%	20	21
Payment for capital assets	-			-	20	(20)	0.0%	-	-
6.2 Engineering									
Current payment	1,957			1,957	238	1,719	12.2%	1,504	256
Transfers and subsidies	-			-		-	0.0%	-	-
Payment for capital assets	-			-		-	0.0%	-	-
6.3 Forensic Services									
Current payment	-			-	71	(71)	0.0%	-	-
Transfers and subsidies	-			-		-	0.0%	-	-
Payment for capital assets	-			-	1	(1)	0.0%	-	-
6.4 Orthotic & Prosthetic Services									
Current payment	1,832			1,832	1,880	(48)	102.6%	1,815	1,895
Transfers and subsidies	-			-	4	(4)	0.0%	5	4
Payment for capital assets	-			-	8	(8)	0.0%	-	-
6.5 Medicine Trading Account									
Current payment	12,000			12,000	82,601	(70,601)	688.3%	36,652	54,588
Transfers and subsidies	-			-	-	-	0.0%		
Payment for capital assets	-			-	-	-	0.0%		
Total	18,598	-	-	18,598	87,809	(69,211)	472.1%	42,860	59,219

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									
Compensation of employees	3,492			3,492	3,667	(175)	105.0%	3,654	3,404
Goods and services	15,100			15,100	84,098	(68,998)	556.9%	39,181	55,790
Interest and rent on land				-		-	0.0%		
Financial transactions in assets and liabilities				-		-	0.0%		
Transfers & subsidies									
Provinces & municipalities	6			6	11	(5)	183.3%	15	11
Dept agencies & accounts				-		-	0.0%		
Universities & Technikons				-		-	0.0%		
Foreign governments & international organisations				-		-	0.0%		
Public corporations & private enterprises				-		-	0.0%		
Non-profit institutions				-		-	0.0%		
Households				-	4	(4)	0.0%	10	14
Capital									
Buildings & other fixed structures				-	12	(12)	0.0%		
Machinery & equipment				-	17	(17)	0.0%		
Biological or Cultivated assets				-		-	0.0%		
Software & other intangible assets				-		-	0.0%		
Land & subsoil assets				-		-	0.0%		
Total	18,598	-	-	18,598	87,809	(69,211)	**472.1%**	42,860	59,219

DETAIL PER PROGRAMME 7 – HEALTH FACILITIES 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
7.1 District Health Services									
Current payment	2,993		-2,993	-	2	(2)	0.0%	6,145	637
Transfers and subsidies	-			-		-	0.0%	-	-
Payment for capital assets	70,019	1,093		71,112	81,078	(9,966)	114.0%	30,865	45,387
7.2 Provincial Hospital Services									
Current payment	3,635		-7	3,628	221	3,407	6.1%	-	-
Transfers and subsidies	-			-		-	0.0%	-	-
Payment for capital assets	66,945	-1,093		65,852	55,002	10,850	83.5%	71,519	23,906
Total	143,592	-	(3,000)	140,592	136,303	4,289	**96.9%**	108,529	69,930

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									
Compensation of employees				-		-	0.0%	-	-
Goods and services	6,628		-3,000	3,628	221	3,407	6.1%	6,145	637
Interest and rent on land				-		-	0.0%		
Financial transactions in assets and liabilities				-	2	(2)	0.0%		
Transfers & subsidies									
Provinces & municipalities				-		-	0.0%		
Dept agencies & accounts				-		-	0.0%		
Universities & Technikons				-		-	0.0%		
Foreign governments & international organisations				-		-	0.0%		
Public corporations & private enterprises				-		-	0.0%		
Non-profit institutions				-		-	0.0%		
Households				-		-	0.0%		
Capital									
Buildings & other fixed structures	130,197			130,197	126,378	3,819	97.1%	58,300	40,608
Machinery & equipment	6,767			6,767	9,616	(2,849)	142.1%	44,084	28,685
Biological or Cultivated assets				-		-	0.0%		
Software & other intangible assets				-	86	(86)	0.0%		
Land & subsoil assets				-		-	0.0%		
Total	143,592	-	(3,000)	140,592	136,303	4,289	**96.9%**	108,529	69,930

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 8 (Transfers and subsidies) and Annexure 1 (A-H) 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 7 (Financial transactions in assets and liabilities) to the Annual Financial Statements.

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

4.1 Per Programme	Final Appropriation	Actual Expenditure	Variance R'000	Variance as a % of Final Appropriation
District Health Services	432,234	421,305	10,929	3%

There was under spending in two conditional grants namely HIV&AIDS and Forensic Pathology Services. The savings were in the capital components of these grants and these funds were commited in terms of equipment orders and contracts.

PFMA requires of Municipalities to supply the Department with a number of issues before the funds are transferred to Municipalities. Failure to comply with these requirements resulted in the funds budgeted for municipalities being withheld by the Department.

Per Programme	Final Appropriation	Actual Expenditure	Variance	Variance as a % of Final Appropriation
Emergency Medical Services	69,178	72,688	-3,510	-5%

This programme exceeded its budget in the area of repairs and maintenance. This is because of the large number of old vehicles in the Department's emergency vehicles fleet.

Per Programme	Final Appropriation	Actual Expenditure	Variance	Variance as a % of Final Appropriation
Provincial Hospital Services	18,598	87,809	-69,211	-372%

This programme is utilised as the provincial pharmaceutical depot procuring pharmaceuticals for distribution to all health facilities. This programme exceeded its budget because of the stockholding and increased demand in health services.

Per Programme	Final Appropriation	Actual Expenditure	Variance	Variance as a % of Final Appropriation
Health Facilities Management	140,592	136,303	4,289	3%

The under spending in this programme was mainly due the delay in the finalisation of the final claims for the 2005/06 financial year.

4.2 Per Economic Classification	R'000
Current Expenditure	
Compensation of Employees	5,419
Goods & Services	-73,543

The under spending in compensation of employees is caused by the non filling of vacant post due to a number of reasons and staff turnover. The Department operates with scarce skills and attracting these professionals to the province is a challenge.

Transfers and subsidies	**R'000**
Provinces and municipalities	4,852

The PFMA requires of Municipalities to supply the Department with certain information before funds are transferred to these Municipalities. Failure to comply with these requirements results in the Department withholding funds budgeted for Municipalities.

Payments for capital assets	**R'000**
Buildings & other fixed structures	9,302
Machinery & equipment	-3,488

The under spending on buildings and other fixed structures is mainly due to the delay in the finalisation of renovation plans for the HIV & AIDS treatment sites. Furthermore, the business plan for Forensic Pathology Services was finalised only through the adjustment estimate process resulting in the delay for its implementation.

The over expenditure on machinery and equipment is due to the acquisition of emergency and specialised equipment in the institutions.

STATEMENT OF FINANCIAL PERFORMANCE
for the year ended 31 March 2006

	Note	2005/06 R'000	2004/05 R'000
REVENUE			
Annual appropriation	1.	1,037,047	874,055
Statutory appropriation	2.	766	784
Appropriation for unauthorised expenditure approved		-	94,871
Departmental revenue	3.	-	13,745
Local and foreign aid assistance	4.	1,374	362
TOTAL REVENUE		1,039,187	983,817
EXPENDITURE			
Current expenditure			
Compensation of employees	5.	522,587	471,357
Goods and services	6.	383,090	265,418
Financial transactions in assets and liabilities	7.	984	241
Local and foreign aid assistance	4.	1,230	478
Unauthorised expenditure approved	10.	-	94,871
Total current expenditure		907,891	832,365
Transfers and subsidies	8.	20,071	15,241
Expenditure for capital assets			
Buildings and other fixed structures	9.	126,696	40,949
Machinery and Equipment	9.	43,060	42,714
Software and other intangible assets	9.	87	102
Local and foreign aid assistance	4.	-	409
Total expenditure for capital assets		169,843	84,174
TOTAL EXPENDITURE		1,097,805	931,780
SURPLUS/(DEFICIT)		(58,618)	52,037
Add back unauthorised expenditure	10.	76,295	16,360
SURPLUS/(DEFICIT) FOR THE YEAR		17,677	68,397
Reconciliation of Net Surplus/(Deficit) for the year			
Voted Funds	14.	17,533	55,177
Departmental revenue	15.	-	13,745
Local and foreign aid assistance	4.	144	(525)
SURPLUS/(DEFICIT) FOR THE YEAR		17,677	68,397

STATEMENT OF FINANCIAL POSITION
at 31 March 2006

	Note	2005/06 R'000	2004/05 R'000
ASSETS			
Current assets		270,131	191,513
Unauthorised expenditure	*10.*	264,252	187,652
Cash and cash equivalents	*11.*	15	5
Prepayments and advances	*12.*	1,212	735
Receivables	*13.*	4,356	2,596
Local and foreign aid assistance receivable	*4.*	296	525
TOTAL ASSETS		270,131	191,513
LIABILITIES			
Current liabilities		270,035	191,371
Voted funds to be surrendered to the Revenue Fund	*14.*	16,395	52,555
Departmental revenue to be surrendered to the Revenue Fund	*15.*	2,222	7,486
Bank overdraft	*16.*	220,834	130,723
Payables	*17.*	30,573	511
Local and foreign aid assistance repayable	*4.*	11	96
TOTAL LIABILITIES		270,035	191,371
NET ASSETS		96	142
Represented by:			
Recoverable revenue		96	142
		96	142

STATEMENT OF CHANGES IN NET ASSETS
for the year ended 31 March 2006

	Note	2005/06 R'000	2004/05 R'000
Recoverable revenue			
Opening balance		142	1,781
Transfers		(46)	(1,639)
Debts recovered		(46)	-
Debts revised			(1,639)
Balance at 31 March		96	142
TOTAL		96	142

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		1,088,602	1,000,568
Annual appropriated funds received	1.1	1,035,909	874,055
Statutory appropriated funds received		766	784
Appropriation for unauthorised expenditure received	10.	29,391	94,871
Departmental revenue received		21,162	30,496
Local and foreign aid assistance received	4.	1,374	362
Net (increase)/ decrease in working capital		(1,917)	(124)
Surrendered to Revenue Fund		(78,983)	(93,925)
Current payments		(907,891)	(735,754)
Transfers and subsidies paid		(20,071)	(15,241)
Net cash flow available from operating activities	18.	79,740	155,524
CASH FLOWS FROM INVESTING ACTIVITIES			
Payments for capital assets		(169,843)	(84,174)
Proceeds from sale of capital assets	3.	2	
Net cash flows from investing activities		(169,841)	(84,174)
CASH FLOWS FROM FINANCING ACTIVITIES			
Net cash flows from financing activities		-	-
Net increase/ (decrease) in cash and cash equivalents		(90,101)	71,350
Cash and cash equivalents at beginning of period		(130,718)	(202,068)
Cash and cash equivalents at end of period	19.	(220,819)	(130,718)

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
Administration	56,818	56,818	-	50,166
District Health Services	432,234	432,234	-	351,779
Emergency Medical services	69,178	69,178	-	53,473
Provincial Hospital Services	292,933	292,933	-	245,669
Health Sciences	26,694	26,694	-	18,957
Health Care Support Services	18,598	18,598	-	42,860
Health Facilities Management	140,592	139,454	(1,138)	108,529
Total	1,037,047	1,035,909	(1,138)	871,433

An amount of R2,788 million was withheld by Provincial Treasury on the Provincial Infrastructure Grant.The fourth quarter transfer due to the Province from National Treasury was not transferred.

	Note	2005/06 R'000	2004/05 R'000
1.2 Conditional grants			
Total grants received	*ANNEXURE 1A*	318,331	227,283
Provincial Grants included in Total grants received			

2. Statutory Appropriation

Member of executive committee/parliamentary officers	766	784
Total	766	784
Actual Statutory Appropriation received	766	784

3. Departmental revenue to be surrendered to Revenue Fund

Tax revenue		-	-
Sales of goods and services other than capital assets	*3.1*	21,162	30,496
Sales of capital assets	*3.2*	2	-
Total revenue collected		21,164	30,496
Less: Departmental revenue budgeted	*15*	21,164	16,751
Total		-	13,745

3.1 Sales of goods and services other than capital assets

Sales of goods and services produced by the department	21,113	30,491
Other sales	21,113	30,491
Sales of scrap, waste and other used current goods	51	5
Total	21,164	30,496

3.2 Sales of capital assets

Land and subsoil assets		
Other capital assets	2	-
Total	2	-

4. Local and foreign aid assistance	*Note*	2005/06 R'000	2004/05 R'000
4.1 Assistance received in cash from RDP			
Local			
Opening Balance		37	95
Revenue		-	-
Expenditure		53	58
Current		53	58
Closing Balance		(16)	37
Assistance received in cash: Other			
Local			
Opening Balance		1	1
Revenue		403	-
Expenditure		393	-
Current		393	-
Closing Balance		11	1
Foreign			
Opening Balance		(467)	-
Revenue		971	362
Expenditure		784	829
Current		784	420
Capital		-	409
Closing Balance		(280)	(467)
Total			
Opening Balance		(429)	96
Revenue		1,374	362
Expenditure		1,230	887
Current		1,230	478
Capital		-	409
Closing Balance		(285)	(429)
Analysis of balance			
Local and foreign aid receivable		296	525
Local foreign aid payable to RDP fund/donors		11	96
Closing balance		285	429

5. Compensation of employees

5.1 Salaries and wages

Basic salary	354,852	326,599
Performance award	25	165
Service Based	1,030	112
Compensative/circumstantial	44,072	13,698
Periodic payments	4,206	1,789
Other non-pensionable allowances	52,574	62,183
Total	456,759	404,546

	Note	2005/06 R'000	2004/05 R'000
5.2 Social contributions			
5.2.1 Employer contributions			
Pension		43,421	45,753
Medical		22,271	20,923
Bargaining council		136	135
Total		65,828	66,811
Total compensation of employees		522,587	471,357
Average number of employees		5,146	5,225

6. Goods and services

Advertising		4,448	980
Attendance fees (including registration fees)		824	271
Bank charges and card fees		240	314
Bursaries (employees)		158	-
Communication		13,911	10,068
Computer services		9,299	9,943
Consultants, contractors and special services		4,331	2,440
Courier and delivery services		379	283
Tracing agents & debt collections		1	-
Drivers licences and permits		4	19
Entertainment		13	12
External audit fees	*6.1*	2,113	1,068
Equipment less than R5 000		6,113	990
Freight service		7	2
Honoraria (Voluntary workers)		59	35
Inventory	*6.2*	190,041	135,425
Legal fees		2,041	696
Maintenance, repair and running costs		6,874	7,487
Medical services		46,408	34,932
Operating leases		27,427	15,053
Personnel agency fees		-	2
Photographic services		66	16
Plant flowers and other decorations		480	103
Printing and publications		4	1,251
Professional bodies and membership fees		104	70
Resettlement costs		754	433
Road worthy tests		3	1
Subscriptions		27	1
Owned and leasehold property expenditure		34,216	29,846
Transport provided as part of the departmental activities		76	101
Travel and subsistence	*6.3*	26,757	10,740
Venues and facilities		1,143	634
Protective, special clothing & uniforms		2,141	-
Training & staff development		2,628	2,202
Total		383,090	265,418
6.1 External audit fees			
Regulatory audits		2,113	1,068
Total external audit fees		2,113	1,068

		Note	2005/06 R'000	2004/05 R'000
6.2	**Inventory**			
	Construction work in progress		-	34
	Other inventory		-	160
	Strategic stock		7	-
	Domestic Consumables		8,605	6,460
	Agricultural		93	-
	Learning and teaching support material		809	11
	Food and Food supplies		25,038	18,998
	Fuel, oil and gas		14,663	9,810
	Laboratory consumables		276	43
	Other consumables		397	472
	Parts and other maint mat		12,246	6,718
	Stationery and Printing		5,306	4,173
	Medical Supplies		122,601	88,546
	Total Inventory		190,041	135,425
6.3	**Travel and subsistence**			
	Local		26,669	10,717
	Foreign		88	23
	Total travel and subsistence		26,757	10,740
7.	**Financial transactions in assets and liabilities**			
	Material losses through criminal conduct	*7.1*	104	-
	Other material losses written off	*7.2*	880	241
	Total		984	241
7.1	**Material losses through criminal conduct**			
	Nature of losses			
	Incident	**Disciplinary steps taken/criminal proceedings**		
	Fraud	Internal & criminal Proceedings	104	-
	Total		104	-
7.2	**Other material losses**			
	Nature of losses			
	Claims against the State		880	241
	Total		880	241
8.	**Transfers and subsidies**			
	Provinces and municipalities	*ANNEXURE 1B*	5,430	4,197
	Departmental agencies and accounts	*ANNEXURE 1C*	-	628
	Public corporations and private enterprises	*ANNEXURE 1D*	-	22
	Non-profit institutions	*ANNEXURE 1E*	13,622	8,861
	Households	*ANNEXURE 1F*	1,019	1,533
	Total		20,071	15,241

9. Expenditure on capital assets

	Note	2005/06 R'000	2004/05 R'000
Buildings and other fixed structures	*ANNEXURE 3*	126,696	40,949
Machinery and equipment	*ANNEXURE 3*	43,060	42,714
Biological or cultivated assets	*ANNEXURE 3*	-	-
Land and subsoil assets	*ANNEXURE 3*	-	-
Software and other intangible assets	*ANNEXURE 4*	87	102
Total		**169,843**	**83,765**

10. Unauthorised expenditure

10.1 Reconciliation of unauthorised expenditure

Opening balance	187,652	266,191
Unauthorised expenditure – current year	76,295	16,360
Amounts approved by Parliament/Legislature (with funding)	-	(94,871)
Current Expenditure	-	(94,871)
Transfer to receivables for recovery (not approved)	305	(28)
Unauthorised expenditure awaiting authorisation	264,252	187,652

10.2 Analysis of current unauthorised expenditure

Incident	Disciplinary steps taken/criminal proceedings	Total
Over-expenditure		29,696
Over-expenditure		141,599
Over-expenditure		16,360
Over-expenditure		76,295
Transfer to		302
Total		264,252

11. Cash and cash equivalents

Cash receipts	10	3
Cash on hand	5	2
Total	15	5

12. Prepayments and advances

Description		
Travel and subsistence	1,212	735
Total	1,212	735

13. Receivables

		Less than one year R'000	One to three years R'000	Older than three years R'000	2005/06 Total R'000	2004/05 Total R'000
Staff debtors	*13.1*		4,250		4,250	2,504
Other debtors	*13.2*		106		106	92
Total		-	4,356	-	4,356	2,596

		Note	2005/06 R'000	2004/05 R'000
13.1	**Staff debtors**			
	Salary recoverable		659	-
	Salary disallowance		389	
	Salary tax debt		158	90
	Salary ACB recalls		256	-
	Debt receivable		2,698	2,065
	Other staff debt		90	349
	Total		4,250	2,405
13.2	**Other Debtors**			
	Disallowance miscellaneous		93	83
	Salary deduction accounts		8	-
	Miscellaneous suspense accounts		5	9
	Total		106	92

14. Voted funds to be surrendered to the Revenue Fund

	Note	2005/06 R'000	2004/05 R'000
Opening balance		52,555	68,622
Transfer from Statement of Financial Performance		17,533	55,177
Voted funds not requested/not received	*14.1*	(1,138)	(2,622)
Paid during the year		(52,555)	(68,622)
Closing balance		16,395	52,555

14.1 Voted funds not requested/not received

	2005/06 R'000	2004/05 R'000
Funds not to be requested	1,138	
	1,138	-

15. Departmental revenue to be surrendered to the Revenue Fund

	Note	2005/06 R'000	2004/05 R'000
Opening balance		7,486	2,293
Transfer from Statement of Financial Performance		-	13,745
Departmental revenue budgeted	*3*	21,164	16,751
Paid during the year		(26,428)	(25,303)
Closing balance		2,222	7,486

16. Bank overdraft

	2005/06 R'000	2004/05 R'000
Consolidated Paymaster General Account	220,834	130,723
Total	220,834	130,723

17. Payables – current

Description		30 Days R'000	30+ Days R'000	2005/06 Total R'000	2004/05 Total R'000
Advances received	*17.1*		36	36	106
Clearing accounts	*17.2*		1,128	1,128	404
Other payables	*17.3*	29,391	18	29,409	1
Total		29,391	1,182	30,573	511

	Note	2005/06 R'000	2004/05 R'000
17 Advances received			
Subsistence and travelling		36	106
Total		36	106
17 Clearing accounts			
Description			
Cancel Cheque/Re-issue		89	1
Salary ACB recalls		621	308
Salary pension debt		100	15
Salary related payables		126	80
Salary deduction accounts		192	-
Total		1,128	404
17 Other payables			
Description			
Penalty charges		5	
Debt receivable		-	
Miscellaneous debt		13	1
Inter-Department payable		29,391	-
Total		29,409	1

18. Net cash flow available from operating activities

Net surplus/(deficit) as per Statement of Financial Performance	17,754	68,397
Non-cash movements	(231)	
(Increase) in receivables – current	(1,902)	(295)
(Increase)/decrease in prepayments and advances	(477)	171
(Increase)/decrease in other current assets	(47,057)	78,014
Increase in payables – current	767	4,859
Surrenders to revenue fund	(78,983)	(93,925)
Expenditure on capital assets	169,843	84,174
Voted funds not requested/not received	(1,138)	(2,622)
Other non cash items	21,164	16,751
Net cash flow generated by operating activities	79,740	155,524

19. Reconciliation of cash and cash equivalents for cash flow purposes

Consolidated Paymaster General Account	(220,834)	(130,723)
Cash receipts	10	3
Cash on hand	5	2
Total	(220,819)	(130,718)

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	Note	2005/06 R'000	2004/05 R'000
Claims against the Department			390	-
Housing loan guarantees	Employees	*ANNEXURE 2*	8,160	9,129
Other departments (interdepartmental unconfirmed balances)		*ANNEXURE 6*	999	5,070
Total			9,549	14,199

21. Commitments

	2005/06 R'000	2004/05 R'000
Capital expenditure		
Approved and contracted	371,958	10,676
	371,958	10,676
Total Commitments	371,958	10,676

22. Accruals

			2005/06 R'000	2004/05 R'000
By economic classification	**30 Days**	**30+ Days**	**Total**	**Total**
Compensation of employees		3	3	-
Goods and services	17,874	17,980	35,854	23,871
Transfers and subsidies	7	203	210	-
Buildings and other fixed structures	2,143	596	2,739	-
Machinery and Equipment	3,512	505	4,017	-
Total			42,823	23,871
Listed by programme level				
Administration			2,289	6,020
District Health Services			13,076	5,501
Emergency Medical Services			1,176	15
Provincial Hospital Services			9,478	-
Health Sciences			409	1,606
Health Care Support Services			11,835	10,729
Health Facilties Management			4,560	-
Total			42,823	23,871
Confirmed balances with other departments		*ANNEXURE 6*	5,926	2,172
Total			5,926	2,172

23. Employee benefit provisions

	2005/06 R'000	2004/05 R'000
Leave entitlement	13,008	12,415
Thirteenth cheque	15,097	13,735
Capped leave commitments	26,176	27,846
Total	54,281	53,996

24. Lease Commitments

24 Operating leases	Land R'000	Buildings & other fixed structures R'000	Machinery and equipment R'000	2005/06 Total R'000	2004/05 Total R'000
Not later than 1 year		725	170	895	4,247
Later than 1 year and not later than 5 years			72	72	
Total present value of lease liabilities	-	725	242	967	4,247

25. Receivables for departmental revenue

	2005/06 Total R'000	2004/05 Total R'000
Sales of goods and services other than capital assets	56,477	56,110
Total	56,477	56,110

26. Key management personnel

Description	No of Individuals	2005/06 Total R'000	2004/05 Total R'000
Political Office Bearers (provide detail below)	1	758	725
Officials			
Level 15 to 16	1	776	746
Level 14	2	1,348	1,000
Chief Financial Officer	1	473	472
Family members of key management personnel		373	519
Total		3,728	3,462

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 departments
	R'000	R'000		R'000	R'000	R'000	R'000	%	R'000	R'000
Division of Revenue Act					-			0.0%		
Hospital Management & Quality Improvement	10,083	-	-	-	10,083	10,083	10,083	100.0%	12,148	14,770
Integrated Nutrition Programme	3,299	-	-3,299	-	-	-	-	0.0%	6,037	6,037
Comprehensive HIV & AIDS	48,050	4,588	-	-	52,638	52,638	48,559	92.3%	31,881	27,293
Health Professional Training & Development	41,069	-	-	-	41,069	41,069	41,069	100.0%	34,444	34,444
National Tertiary Services	76,353	-	-	-	76,353	76,353	76,353	100.0%	35,109	35,109
Hospital Revitalisation	69,651	20,908	20,000	-	110,559	110,559	109,076	98.7%	79,154	58,246
Forensic Pathology Services	-	-	4,363	-	4,363	4,363	256	5.9%	935	935
Drought Relief (Malaria & Cholera Prevention)	-	-	-	-	-	-	-	0.0%	6,000	6,000
Provincial Grants					-			0.0%		
Provincial Infrastructure	11,993	11,273	-	-	23,266	22,128	23,266	100.0%	21,575	10,302
	260,498	36,769		-	318,331	317,193	308,662		227,283	193,136

ANNEXURE 1B

STATEMENT OF CONDITIONAL GRANTS PAID 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	% of available funds spent by	Division of Revenue Act
	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000	%	R'000
Sol Plaatje Municipality	1,814	592		2,406	1,996	83.0%	1,996	1,996	100.0%	1,237
Phokwane Municipality	190			190	130	68.4%	130	130	100.0%	43
Frances Baard Disrict Council	75	59		134	-	0.0%	-	-	0.0%	71
Ubuntu Municipality	108	127		235	27	11.5%	27	27	100.0%	39
Emthanjeni Municipality	700	826		1,526	-	0.0%	-	-	0.0%	-
Renosterberg Municipality	21			21	-	0.0%	-	-	0.0%	-
Umsobomvu Municipality	26			26	-	0.0%	-	-	0.0%	-
Siyathemba Municipality	21			21	-	0.0%	-	-	0.0%	-
Kareeberg Municipality	21	5		26	-	0.0%	-	-	0.0%	14
Siyancuma Municipality	26	18		44	-	0.0%	-	-	0.0%	6
Karoo District Council	34	59		93	500	537.6%	500	500	100.0%	-
Nama Khoi Municipality	21	19		40	42	105.0%	42	42	100.0%	-
Karoo Hoogland Municipality	32	40		72	-	0.0%	-	-	0.0%	7
Hantam Municipality	76			76	19	25.0%	19	19	100.0%	-
Namakwa District Council	110	245		355	-	0.0%	-	-	0.0%	25
Gamagara Municipality	57			57	-	0.0%	-	-	0.0%	26
Ga-Segonyane Municipality	129			129	-	0.0%	-	-	0.0%	13
Kgalagadi District Council	29			29	200	689.7%	200	200	100.0%	7
Kai!Garib Municipality	530	92		622	482	77.5%	482	482	100.0%	-
Tsantsabane Municipality	654	428		1,082	300	27.7%	300	300	100.0%	541
Khara Hais Municipality	879			879	-	0.0%	-	-	0.0%	-
Kgatelopele Municipality	337			337	-	0.0%	-	-	0.0%	-
Kheis	11			11	-	0.0%	-	-	0.0%	-
Mier	11			11	-	0.0%	-	-	0.0%	-
Siyanda District Council	48	200		248	-	0.0%	-	-	0.0%	-
Magareng Municipality				-	-	0.0%	-	-	0.0%	500

ANNEXURE 1B (continued)

STATEMENT OF CONDITIONAL GRANTS PAID 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	% of available funds spent by	Division of Revenue Act
	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000	%	R'000
MUNICIPAL RATES & TAXES										
Sol Plaatje Municipality				-		0.0%			0.0%	3
Umsombomvu Municipality				-		0.0%			0.0%	14
Dikgatlong Municiplaity				-		0.0%			0.0%	6
Tsantsabane Municiplaity				-		0.0%			0.0%	3
Kgalagadi District Council				-		0.0%			0.0%	1
Kai!Garib Municiplaity				-		0.0%			0.0%	3
Khara Hais Municiplaity				-		0.0%			0.0%	53
RSC LEVIES				-		0.0%			0.0%	
Kgalagadi District Council	42			42	62	147.6%	62	62	100.0%	49
Lower-Orange District Council	176			176	227	129.0%	227	227	100.0%	206
Namakwa District Council	130			130	194	149.2%	194	194	100.0%	189
Karoo District Council	165			165	225	136.4%	225	225	100.0%	208
Frances Baard District Council				-	991	100.0%	991	991	100.0%	908
VEHICLE LICENCES										
Sol Plaatje Municipality				-		0.0%			0.0%	9
Nama Khoi Municipality				-		0.0%			0.0%	2
Hantam Municipality				-		0.0%			0.0%	1
Ga-Segonyane Municipality				-		0.0%			0.0%	1
Khara Hais Municipality				-		0.0%			0.0%	12
Other				-	35	100.0%	35	35	100.0%	
	6,473	2,710	-	9,183	5,430		5,430	5,430		4,197

ANNEXURE 1C

STATEMENT OF TRANSFERS TO DEPARTMENTAL AGENCIES AND ACCOUNTS

DEPARTMENTS/AGENCY /ACCOUNT	TRANSFER ALLOCATION				TRANSFER		2004/05
	Adjusted Appropriation Act R'000	Roll Overs R'000	Adjustments R'000	Total Available R'000	Actual Transfer R'000	% of Available Funds Transferred %	Final Appropriation Act R'000
Health & Welfare SETA				-		0.0%	628
	-	-	-	-	-		628

ANNEXURE 1D

STATEMENT OF TRANSFERS/SUBSIDIES TO PUBLIC CORPORATIONS AND PRIVATE ENTERPRISES

	TRANSFER ALLOCATION				EXPENDITURE				2004/05
(NAME OF PUBLIC CORPORATION /PRIVATE ENTERPRISE)	Adjusted Appropriation Act	Roll Overs	Adjustments	Total Available	Actual Transfer	% of Available Funds Transferred	Capital	Current	Total Available
	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000	R'000
Private Enterprises									
Non Prem Insurance Premiums				-		0.0%			22
Subtotal	-	-	-	-	-		-	-	22
TOTAL	-	-	-	-	-		-	-	22

ANNEXURE 1E

STATEMENT OF TRANSFERS TO NON-PROFIT ORGANISATIONS

	TRANSFER ALLOCATION				EXPENDITURE		2004/05
NON PROFIT ORGANISATION	**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**
Subsidies							
Planned Parenthood Association of SA	1,700.00	-	-	1,700	909	53.5%	1,197
Helen Bishop Orthopaedic After-Care Home	2,100.00	-	-	2,100	2,100	100.0%	1,500
Thabisho NGO	1,000.00		850.00	1,850	1,834	99.1%	2,505
Nightingale Hospice	1,000.00		-	1,000	990	99.0%	1,047
Ancra	1,000.00		-	1,000	919	91.9%	224
Legatus	2,000.00		1,600.00	3,600	3,249	90.3%	158
Namaqua Support Organisation	1,000.00			1,000	746	74.6%	595
Northern Cape Aids Forum	1,000.00		1,150.00	2,150	2,023	94.1%	918
Other				-	852	#DIV/0!	717
TOTAL	10,800	-	3,600	14,400	13,622		8,861

ANNEXURE 1F

STATEMENT OF TRANSFERS TO HOUSEHOLDS

	TRANSFER ALLOCATION				EXPENDITURE		2004/05
HOUSEHOLDS	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 Empl Social Benefit-Cash Res				-	940	100.0%	1,504
Claims against the state				-	79	100.0%	29
Total	-	-	-	-	1,019		1,533

ANNEXURE 1G

STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2005/06 R'000	2004/05 R'000
Received in cash			
First National Bank	Donation for a wheelchair	10	-
Karibuni Security Services	Department Health Summit	100	20
Hantam Municipality	District team building	1	-
Lategan Architects	Department Health Summit	10	-
Hospital Design Group	Department Health Summit	200	-
First National Bank	Department Health Summit	10	-
B. Maclahlan	Department Health Summit	3	-
Medi-Clinic	Department Health Summit	70	-
First National Bank	Department Health Summit	10	-
Oracle	HISA Conference	-	25
T-Systems	HISA Conference	-	15
MIP	HISA Conference	-	13
Interpharm	HISA Conference	-	10
HST/Siemens	HISA Conference	-	10
Meditech	HISA Conference	-	3
Inter Systems	HISA Conference	-	8
Electronic Patient Records	HISA Conference	-	20
Delta 9	HISA Conference	-	7
Electronic Patient Records	Kimberley Hospital - CEO Awards	-	150
Pfizer	Kimberley Hospital - CEO Awards	-	60
Ton Arts	Kimberley Hospital - CEO Awards	-	20
KH Board	Kimberley Hospital - CEO Awards	-	10
Biogaran	Kimberley Hospital - CEO Awards	-	10
Africon	Kimberley Hospital - CEO Awards	-	10

ANNEXURE 1G (continued)

STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2005/06 R'000	2004/05 R'000
Old Mutual	Kimberley Hospital - CEO Awards	-	10
Tyco	Kimberley Hospital - CEO Awards	-	10
Rennies Travel	Kimberley Hospital - CEO Awards	-	2
Fabric World	Kimberley Hospital - CEO Awards	-	2
Small World Net Café	Kimberley Hospital - CEO Awards	-	1
Noordkaap Skryfbehoeftes	Kimberley Hospital - CEO Awards	-	1
Norvatis	Kimberley Hospital - CEO Awards	-	10
Standard Bank	Kimberley Hospital - CEO Awards	-	10
Subtotal		414	437
Received in kind			
Erie Medical	Equipment & stationery for EMS	75	
Subtotal		75	-
Total		489	437

ANNEXURE 1H

STATEMENT OF LOCAL AND FOREIGN AID ASSISTANCE RECEIVED

NAME OF DONOR	PURPOSE	OPENING BALANCE R'000	REVENUE R'000	EXPENDITURE R'000	CLOSING BALANCE R'000
Received in cash					
Poverty alleviation	Poverty relief projects	**(58)**	**-**	**-**	(58)
Surveillance	HIV & AIDS funding	**8**	**-**	**8**	-
Human Resources Development	Human resource training	**29**	**-**	**29**	-
National Health Information System of South Africa	Information systems upgrading	**40**	**-**		40
Termination of pregnancy	Training on reproductive health	**18**		**18**	-
Belgium Funding	TB interventions	**(27)**	**971**	**739**	205
European Union	Training and information technology	**(440)**	**-**	**45**	(485)
Pharmacy depot	Team building exercise	**1**	**-**	**-**	1
Subtotal		(429)	971	839	(297)
Total		(429)	971	839	(297)

ANNEXURE 2

STATEMENT OF FINANCIAL GUARANTEES ISSUED AS AT 31 MARCH 2006 – LOCAL

Guarantor institution	Guarantee in respect of	Original Guaranteed capital amount R'000	Opening Balance 01/04/2005 R'000	Guarantees issued during the year R'000	Guarantees released/paid/cancelled/reduced during the year R'000	Guaranteed interest outstanding as at 31 March 2006 R'000	Closing Balance 31/03/2006 R'000	Realised losses not recoverable R'000
	Housing							
Standard Bank		1,270	1,172	46	73		1,145	
Nedbank Ltd		466	369	-	78		291	
Firstrand Bank		1,105	1,493	88	292		1,289	
Nedbank Ltd Inc. BOE		63	63	-	-		63	
ABSA		4,352	4,054	195	677		3,572	
Old Mutual Finance Ltd		16	16	-	-		16	
Peoples Bank Ltd (FBC)		29	29	-	-		29	
Peoples Bank Ltd Inc.		748	640	-	49		591	
Firstrand Bank (FNB)		294	265	-	25		240	
Old Mutual Bank Div.		1,142	1,009	-	104		905	
Hlano Financial Services		15	15	-	-		15	
Company Unique Finance		10	4	-	-		4	
		9,509	9,129	329	1,298	-	8,160	-
	Total	9,509	9,129	329	1,298	-	8,160	-

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	76,080	126,696	-	202,776
Non-residential buildings	42,281	126,696	-	168,977
Other fixed structures	33,799	-	-	33,799
MACHINERY AND EQUIPMENT	85,954	43,060	-	129,014
Transport assets	16,534	20,083	-	36,617
Computer equipment	11,786	2,589	-	14,375
Furniture and Office equipment	1,562	948	-	2,510
Other machinery and equipment	56,072	19,440	-	75,512
TOTAL CAPITAL ASSETS	162,034	169,756	-	331,790

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	126,696	-	126,696
Non-residential buildings	126,696		126,696
MACHINERY AND EQUIPMENT	43,060	-	43,060
Transport assets	20,083		20,083
Computer equipment	2,589		2,589
Furniture and Office equipment	948		948
Other machinery and equipment	19,440		19,440
TOTAL CAPITAL ASSETS	169,756	-	169,756

ANNEXURE 3.2

DISPOSALS MOVEMENT SCHEDULE FOR THE YEAR ENDED 31 MARCH 2006

	Cost/Carrying Amount R'000	Cash R'000	Profit/(loss) on Disposal R'000
MACHINERY AND EQUIPMENT	-	2	2
Other machinery and equipment		2	2
TOTAL CAPITAL ASSETS	-	2	2

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	40,949	-	40,949
Dwellings	40,913		40,913
Other fixed structures	36		36
MACHINERY AND EQUIPMENT	42,714	-	42,714
Transport assets	10,851		10,851
Computer equipment	1,025		1,025
Furniture and Office equipment	1,536		1,536
Specialised military assets	29,302		29,302
TOTAL CAPITAL ASSETS	83,663	-	83,663

ANNEXURE 5

SOFTWARE AND OTHER INTANGIBLE ASSETS MOVEMENT SCHEDULE AS AT 31 March 2006

	Opening balance R'000	Additions R'000	Disposals R'000	Closing balance R'000
Computer Software	**102**	**87**	**-**	189
TOTAL	102	87	-	189

ANNEXURE 5.1

ADDITIONS MOVEMENT SCHEDULE FOR THE YEAR ENDED 31 MARCH 2006

	Cash R'000	In-Kind R'000	Total R'000
Computer Software	87		87
TOTAL	87	-	87

ANNEXURE 5.2

CAPITAL INTANGIBLE ASSET MOVEMENT SCHEDULE FOR THE YEAR ENDED 31 MARCH 2005

	Additions R'000	Disposals R'000	Total Movement R'000
Computer Software	102		102
TOTAL	102	-	102

ANNEXURE 5

INTER-GOVERNMENT 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						
Dept. of Health (Free State)			463	-	463	-
Dept. of Education (Free State)			21	-	21	-
Dept. of Health (Western Cape)			132	-	132	-
Dept. of Education (Western Cape)			61	-	61	-
Dept. of Health (Eastern Cape)			192	-	192	-
Dept. of Health (Gauteng)			59	-	59	-
Dept. of Health (North West)			100	-	100	-
Dept. of Transport, Roads and Public Works			10	-	10	-
Dept. of Social Services and Population Development			12	-	12	-
Dept. of Safety and Liaison			51	-	51	-
TOTAL	-	-	1,101	-	1,101	-

ANNEXURE 6

INTER-GOVERNMENT PAYABLES

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
DEPARTMENTS						
Current						
Dept. of Health (National)			967	-	967	-
South African Police Service			2	-	2	-
Dept. of Health (Free State)			18	-	18	-
Dept. of Social Services and Population Development			12	-	12	-
Dept. of Transport, Roads and Public Works	3,274	-	-	5,070	3,274	5,070
Office of the Premier	2,652	2,172	-	-	2,652	2,172
Provincial Treasury	29,391	-	-	-	29,391	
Total	35,317	2,172	999	5,070	36,317	7,242

7 HUMAN RESOURCES

7.1 EXPENDITURE

Departments budget in terms of clearly defined programmes. The following tables summarise final audited expenditure by programme (Table 7.1.1) and salary bands (Table 7.1.2). In particular, it provides an indication of the amount spent on personnel costs in terms of each of the programmes or salary bands within the department.

PROGRAMME	TOTAL VOTED EXPENDITURE (R'000)	COMPENSATION OF EMPLOYEES (R'000) TRAINING	EXPENDITURE (R'000)	PROFESSIONAL & SPECIAL SERVICES (R'000) COMPENSATION OF EMPLOYEES AS % OF TOTAL EXPENDITURE	AVERAGE COMPENSATION OF EMPLOYEES COST PER EMPLOYEE	(R'000)	EMPLOYMENT
MEC Statutory Fund	758	758	0	0	100	0	1
Administration	55'633	29'587	0	0	53.2	6	223
District Health Services	420'018	242'828	0	0	57.8	52	2'316
Emergency Medical Services	69'310	31'093	0	0	44.9	7	346
Provincial Hospital Services	292'888	193'937	0	0	66.6	42	1'623
Health Sciences and Training	26'694	19'734	0	0	73.9	4	114
Health Care Support Services	18'598	3'667	0	0	19.7	1	56
Health Facilities Management	136'303	0	0	0	0	0	0
TOTAL	**1'020'201**	**522'604**	**0**	**0**	**51.2**	**112**	**4'679**

TABLE 7.1.2 - PERSONNEL COSTS BY SALARY BAND

SALARY BANDS	COMPENSATION OF EMPLOYEES COST (R'000)	PERCENTAGE OF TOTAL PERSONNEL COST FOR DEPARTMENT	AVERAGE COMPENSATION COST PER EMPLOYEE (R)	TOTAL PERSONNEL COST FOR DEPARTMENT INCLUDING GOODS AND TRANSFERS (R'000)	NUMBER OF EMPLOYEES
Lower skilled (Levels 1-2)	51'360	9.7	50'952	531'054	1'026
Skilled (Levels 3-5)	110'199	20.8	75'634	531'054	1'419
Highly skilled production (Levels 6-8)	227'220	42.8	132'182	531'054	1'720
Highly skilled supervision (Levels 9-12)	82'225	15.5	266'964	531'054	335
Senior Management (Levels 13-16)	16'534	3.1	533'355	531'054	26
Other	86	0	17'200	531'054	2
Contract (Levels 1-2)	1'556	0.3	59'846	531'054	26
Contract(Levels 3-5)	1'796	0.3	94'526	531'054	20
Contract (Levels 6-8)	5'352	1	75'380	531'054	70
Contract (Levels 9-12)	13'307	2.5	380'200	531'054	35
Contract (Levels 13-16)	430	0.1	0	531'054	0
Periodical Remuneration	1'637	0.3	32'098	531'054	0
Abnormal Appointment	11'804	2.2	12'625	531'054	0
TOTAL	**523'506**	**98.6**	**92'411**	**531'054**	**4'679**

The following table provides a summary by programme (Table 7.1.3) and salary bands (Table 7.1.4), of expenditure incurred as a result of salaries, overtime, home-owners allowances, and medical assistance. In each case, the table provides an indication of the percentage of the personnel budget that was used for these items.

TABLE 7.1.3 - SALARIES, OVERTIME, HOME OWNERS ALLOWANCE AND MEDICAL AID BY PROGRAMME

PROGRAMME	SALARIES		OVERTIME		HOME OWNER'S ALLOWANCE		MEDICAL ALLOWANCE	
	AMOUNT (R'000)	AS % OF PERSONNEL COST	AMOUNT (R'000)	AS % OF PERSONNEL COST	AMOUNT (R'000)	AS % OF PERSONNEL COST	AMOUNT (R'000)	AS % OF PERSONNEL COST
MEC Statutory Fund	514	67	0	0	0	0	28	3.7
Administration	21'927	70.2	209	0.7	319	1	1'165	4.3
District Health Services	172'577	70.7	7'471	3.1	2'581	1.1	10'615	4.3
Emergency Medical Services	20'487	65.2	2'139	6.8	357	1.1	1'676	5.3
Provincial Hospital Services	130'433	65.4	16'347	8.2	2'634	1.3	7'978	4
Health Sciences and Training	6'909	34.1	1	0	77	0.4	540	2.7
Health Care Support Services	2'685	72.6	20	0.5	88	2.4	268	7.2
TOTAL	**355'532**	**66.9**	**26'187**	**4.9**	**6'056**	**1.1**	**22'270**	**4.2**

TABLE 7.1.4 - SALARIES, OVERTIME, HOME OWNERS ALLOWANCE AND MEDICAL AID BY SALARY BAND

SALARY BAND	SALARIES		OVERTIME		HOME OWNER'S ALLOWANCE		MEDICAL ALLOWANCE	
	AMOUNT (R'000)	AS % OF PERSONNEL COST	AMOUNT (R'000)	AS % OF PERSONNEL COST	AMOUNT (R'000)	AS % OF PERSONNEL COST	AMOUNT (R'000)	AS % OF PERSONNEL COST
Lower Skilled (Levels 1-2)	37'809	73	553	1.1	1'225	2.4	2'674	5.2
Skilled (Levels 3-5)	79'560	71.2	2'848	2.5	1'879	1.7	6'831	6.1
Highly skilled production (Levels 6-8)	165'811	71.9	4'448	1.9	2'486	1.1	10'686	4.6
Highly skilled supervision (Levels 9-12)	50'249	60.1	12'978	15.5	288	0.3	1'557	1.9
Senior Management (Levels 13-16)	7'813	46.4	2'552	15.1	157	0.9	347	2.1
Other	65	75.6	0	0	3	3.5	3	3.5
Contract (Levels 1-2)	1'178	75	9	0	3	3.5	3	3.5
Contract (Levels 3-5)	1'448	79.4	2	0.6	2	0.1	1	0.1
Contract (Levels 6- 8)	3'985	73.8	39	0.1	3	0.2	3	0.2
Contract (Levels 9-12)	7'451	55.4	2'609	0.7	13	0.2	77	1.4
Contract (Levels 13-16)	159	36.9	84	19.4	0	0	81	0.6
Periodical remuneration	0	0	0	19.5	0	0	9	2.1
Abnormal Appointment	3	0	63	0.5	0	0	0	0
TOTAL	**355'531**	**66.9**	**26'185**	**4.9**	**6'059**	**1.1**	**22'272**	**4.2**

7.2 EMPLOYMENT AND VACANCIES

The following tables summarise the number of posts on the establishment, the number of employees, the number of employees, the vacancy rate, and whether there are any staff that are additional to the establishment. This information is presented in terms of four key variables: programme (Table 7.2.1), salary band (Table 7.2.2) and critical occupations (Table 7.2.3).

Departments have identified critical occupations that need to be monitored. Table 7.2.3 provides establishment and vacancy information for the key critical occupations of the department.

The vacancy rate reflects the percentage of posts that are not filled.

TABLE 7.2.1 - EMPLOYMENT AND VACANCIES BY PROGRAMME

PROGRAMME	NUMBER OF POSTS	NUMBER OF POSTS FILLED	VACANCY RATE	NUMBER OF POSTS FILLED ADDITIONAL TO THE ESTABLISHMENT
Health- Vote 10 (Pr2), Permanent	9	0	100	0
MEC Statutory Fund, Permanent	1	1	0	0
Administration, Permanent	446	223	50	0
District Health Services, Permanent	3'958	2'255	43	0
District Health Services Temporary	56	61	-8.9	0
Emergency Medical Services, Permanent	461	346	24.9	0
Provincial Hospital Services, Permanent	2'040	1'604	21.4	1
Provincial Hospital Services, Temporary	9	19	-111.1	0
Health Sciences and Training, Permanent	230	114	50.4	0
Health Care Support Services, Permanent	61	56	8.2	0
TOTAL	**7'271**	**4'679**	**35.6**	**1**

TABLE 7.2.2 - EMPLOYMENT AND VACANCIES BY SALARY BAND

SALARY BAND	NUMBER OF POSTS	NUMBER OF POSTS FILLED	VACANCY RATE	NUMBER OF POSTS FILLED ADDITIONAL TO THE ESTABLISHMENT
Lower Skilled (Levels 1-2), Permanent	1'660	1'026	38.2	0
Skilled (Levels 3-5), Permanent	2'017	1'414	29.9	0
Skilled (Levels 3-5), Temporary	5	5	0	0
Highly skilled production (Levels 6-8) Permanent	2'645	1'716	35.1	0
Highly skilled production (Levels 6-8), Temporary	4	4	0	0
Highly skilled supervision (Levels 9-12), Permanent	693	266	61.6	0
Highly skilled supervision (levels 9-12), Temporary	54	69	-27.8	0
Senior Management (Levels 13-16), Permanent	40	26	35	0
Other, Temporary	2	2	0	0
Contract (Levels1-2), Permanent	26	26	0	0
Contract (Levels 3-5), Permanent	20	20	0	0
Contracts (Levels 6-8), Permanent	70	70	0	0
Contract (Levels 9-12), Permanent	35	35	0	1
TOTAL	**7'271**	**4'679**	**35.6**	**1**

TABLE 7.2.3 - EMPLOYMENT AND VACANCIES BY CRITICAL OCCUPATION

CRITICAL OCCUPATIONS	NUMBER OF POSTS	NUMBER OF POSTS FILLED	VACANCY RATE	NUMBER OF POSTS FILLED ADDITIONAL TO THE ESTABLISHMENT
Dental practitioners,	37	23	37.8	0
Dental therapy	5	2	60	0
Dieticians & Nutritionists	35	27	22.9	0
Environmental health	53	23	56.6	0
Medical practitioner	526	212	59.7	0
Medical specialist	35	14	60	0
Occupational therapy	30	17	43.3	0
Pharmacists	85	54	36.5	0
Physiotherapy	42	27	35.7	0
Professional nurse	1 449	953	34.2	0
Psychologists and vocational counselors	12	6	50	0
Radiography	80	51	36.3	0

The information in each case reflects the situation as at 31 March 2006. For an indication of changes in staffing patterns over the year under review, please refer to section 7.3 of this report.

7.3 EMPLOYMENT CHANGES

This section provides information on changes in employment over the financial year. Turnover rates provide an indication of trends in the employment profile of the department. The following tables provide a summary of turnover rates by salary band (Table 7.3.1) and by critical occupations (Table 7.3.2).

TABLE 7.3.1 - ANNUAL TURNOVER RATES BY SALARY BAND

SALARY BAND	EMPLOYMENT AT BEGINNING OF PERIOD (APRIL 2005)	APPOINTMENTS	TERMINATIONS	TURNOVER RATES
Lower skilled (Levels 1-2), Permanent	984	92	56	5.7
Lower skilled (Levels 1-2) Temporary	13	0	1	7.7
Skilled (Levels 3-5), Permanent	1 487	66	95	6.4
Skilled (Levels 3-5), Temporary	5	1	0	0
Highly skilled production (Levels 6-8), Permanent	1 624	241	183	11.3
Highly skilled production (Levels 6-8), Temporary	23	3	7	30.4
Highly skilled supervision (Levels 9-12), Permanent	237	91	68	28.7
Highly skilled supervision (Levels 9-12), Temporary	41	4	1	2.4
Senior Management service Band A, Permanent	20	2	0	0
Senior Management service Band B, Permanent	3	0	0	0
Senior Management service Band C, Permanent	1	0	0	0
Other, Permanent	0	0	1	0
Other, Temporary	0	2	2	0
Contract (Levels 1-2), Permanent	29	37	56	193.1
Contract (Levels 3-5), Permanent	37	64	56	151.4
Contract (Levels 6-8), Permanent	39	77	39	100
Contract (Levels 9-12), Permanent	40	22	23	57.5
Contract (Band A) , Permanent	1	1	0	0
TOTAL	**4'584**	**703**	**588**	**12.8**

TABLE 7.3.2 - ANNUAL TURNOVER RATES BY CRITICAL OCCUPATION

CRITICAL OCCUPATION	EMPLOYMENT AT BEGINNING OF PERIOD (APRIL 2005)	APPOINTMENTS	TERMINATIONS	TURNOVER RATES
Dental practitioners,	16	14	6	37.5
Dental therapy	1	0	0	0
Dieticians & Nutritionists	14	11	1	7.1
Environmental health	16	20	10	62.5
Medical practitioner	192	94	61	31.8
Medical specialist	11	4	1	9.1
Occupational therapy	15	11	7	46.7
Pharmacists	35	31	17	48.6
Physiotherapy	15	21	4	26.7
Professional nurse	966	110	105	10.9
Psychologists and vocational counselors	7	7	6	85.7
Radiography	45	21	18	40

TABLE 7.3.3 - REASONS WHY STAFF ARE LEAVING THE DEPARTMENT

TERMINATION TYPE	NUMBER	PERCENTAGE OF TOTAL RESIGNATIONS	PERCENTAGE OF TOTAL EMPLOYMENT
Death permanent	24	4.1	0.5
Resignation, Permanent	259	44	5.7
Resignation, Temporary	8	1.4	0.2
Expiry of contract, Permanent	178	30.3	3.9
Expiry of contract Temporary	2	0.3	0
Discharge due to ill health, Permanent	27	4.6	0.6
Dismissal misconduct, permanent	38	6.5	0.8
Dismissal misconduct, temporary	1	0.2	0
Retirement, Permanent	46	7.8	1
Other, Permanent	5	0.9	0.1
TOTAL	**588**	**100**	**12.8**

Total number of employees who left as a percentage of total employment is 12.8%.

TABLE 7.3.4 - PROMOTION BY CRITICAL OCCUPATION

OCCUPATION	EMPLOYMENT AT BEGINNING OF PERIOD (APRIL 2006)	PROMOTIONS TO ANOTHER SALARY LEVEL	SALARY LEVELS PROMOTIONS AS A % OF EMPLOYMENT	PROGRESSION TO ANOTHER NOTCH WITHIN SALARY LEVEL	NOTCH PROGRESSIONS AS A % OF EMPLOYMENT
Dental practitioners,	16	1	6.3	3	18.8
Dental therapy	1	0	0	2	200
Dieticians & Nutritionists	14	5	35.7	4	28.6
Environmental health	16	0	0	3	18.8
Medical practitioner	251	24	9.6	2	0.8
Medical specialist	18	4	22.2	2	11.1
Occupational therapy	15	2	13.3	2	13.3
Pharmacists	35	1	2.9	11	31.4
Physiotherapy	15	1	6.7	0	0
Professional nurse	970	17	1.8	755	77.8
Psychologists and vocational counselors	7	2	28.6	0	0
Radiography	46	1	2.2	17	37

TABLE 7.3.5 - PROMOTIONS BY SALARY BAND

SALARY BAND	EMPLOYMENT AT BEGINNING OF PERIOD (APRIL 2006)	PROMOTIONS TO ANOTHER SALARY LEVEL	SALARY LEVEL PROMOTIONS AS A % OF EMPLOYMENT	PROGRESSION TO ANOTHER NOTCH WITHIN SALARY LEVEL	NOTCH PROGRESSIONS AS A % OF EMPLOYMENT
Lower skilled (Levels 1-2), Permanent	984	5	0.5	822	83.5
Lower skilled (Levels 1-2), Temporary	13	0	0	4	30.8
Skilled (Levels 3-5), Permanent	1'487	4	0.3	1'090	73.3
Skilled (Levels 3-5), Temporary,	5	0	0	0	0
Highly skilled production (Levels 6-8), Permanent	1'624	54	3.3	1'198	73.8
Highly skilled production (Levels 6-8), Temporary	23	0	0	4	17.4
Highly skilled supervision (Levels 9-12), Permanent	237	27	11.4	46	19.4
Highly skilled supervision (Levels 9-12), Temporary	41	0	0	0	0
Senior Management (Levels 13-16), Permanent	24	5	20.8	0	0
Contract (Levels 1-2), Permanent	29	0	0	0	0
Contract (Levels 3-5), Permanent	37	0	0	1	2.7
Contract (Levels 6-8), Permanent	39	0	0	0	0
Contract (Levels 9-12), Permanent	40	11	27.5	0	0
Contract (Levels 13-16), Permanent	1	0	0	0	0
TOTAL	**4'584**	**106**	**2.3**	**3'165**	**69**

7.4 EMPLOYMENT EQUITY

The tables in this section are based on the formats prescribed by the Employment Equity Act, 55 of 1998.

TABLE 7.4.1 - TOTAL NUMBER OF EMPLOYEES (INCLUDING EMPLOYEES WITH DISABILITIES) PER OCCUPATIONAL CATEGORY

OCCUPATIONAL CATEGORIES	MALE					FEMALE					TOTAL
	AFRICAN	COLOURED	INDIAN	WHITE	TOTAL	AFRICAN	COLOURED	INDIAN	WHITE	TOTAL	
Legislators, Senior Officials and Managers, Permanent	4	1	1	-	6	4	-	-	1	5	11
Professionals, Permanent	171	104	23	106	404	440	646	20	364	1,470	1,874
Professionals, Temporary	2	10	1	43	56	-	1	-	17	18	74
Clerks, Permanent	51	45	-	4	100	101	83	1	69	254	354
Clerks, Temporary	-	-	-	-	-	-	-	-	1	1	1
Service and Sales Workers, Permanent	126	164	2	32	324	293	531	-	73	897	1,221
Craft and related trades workers, Permanent	3	21	-	5	29	-	-	-	-	-	29
Plant and machine operators and assemblers, Permanent	27	26	-	1	54	4	3	-	-	7	61
Elementary occupations, Permanent	184	165	1	6	356	307	359	-	25	691	1,047
Elementary occupations, Temporary	-	2	-	-	2	-	2	-	-	2	4
Other, Permanent	-	-	-	1	1	1	-	-	-	1	2
Other, Temporary	-	-	-	1	1	-	-	-	-	-	1
TOTAL	**568**	**538**	**28**	**199**	**1,333**	**1'150**	**1'625**	**21**	**550**	**3'346**	**4'679**
Employees with Disabilities	1	2	-	-	3	-	-	-	1	1	4

TABLE 7.4.2 - TOTAL NUMBER OF EMPLOYEES (INCLUDING EMPLOYEES WITH DISABILITIES) PER OCCUPATIONAL BANDS

OCCUPATIONAL BANDS	MALE					FEMALE					TOTAL
	AFRICAN	COLOURED	INDIAN	WHITE	TOTAL	AFRICAN	COLOURED	INDIAN	WHITE	TOTAL	
Senior Management, Permanent	7	2	5	11	25	3	0	0	1	4	29
Professionally qualified and experienced specialists and mid-management, Permanent	33	27	13	57	130	30	27	8	69	134	264
69P264rofessionally qualified and experienced specialists and mid-management, Temporary	1	6	0	33	40	0	0	0	3	3	43
Skilled technical and academically qualified workers, junior management, supervisors, foremen, Permanent	105	102	2	34	243	396	713	10	337	1456	1699
Skilled technical and academically qualified workers, junior management, supervisors, foremen, Temporary	1	2	0	8	11	0	1	0	8	9	20
Semi-skilled and discretionary decision making, Permanent	211	225	1	32	469	363	533	2	89	987	1456
Semi-skilled and discretionary decision making, Temporary	0	1	1	0	2	0	0	0	5	5	7
Unskilled and defined decision making, Permanent	176	163	1	4	344	322	332	0	5	659	1003
Not Available, Permanent	0	0	0	1	1	1	0	0	0	1	2
Not Available, Temporary	0	1	0	2	3	0	0	0	2	2	5
Contract (Professionally qualified), Permanent	5	2	5	12	24	3	3	0	5	11	35
Contract (Skilled technical), Permanent	7	4	0	5	16	13	15	1	26	55	71
Contract (Semi-skilled), Permanent	8	0	0	0	8	10	1	0	0	11	19
Contract (Unskilled), Permanent	14	3	0	0	17	9	0	0	0	9	26
TOTAL	**568**	**538**	**28**	**196**	**1'333**	**1'150**	**1'625**	**21**	**550**	**3'346**	**4'679**

TABLE 7.4.3 - RECRUITMENT

OCCUPATIONAL BANDS	MALE					FEMALE					TOTAL
	AFRICAN	COLOURED	INDIAN	WHITE	TOTAL	AFRICAN	COLOURED	INDIAN	WHITE	TOTAL	
Senior Management, Permanent	1	0	0	1	2	0	0	0	0	0	2
Professionally qualified and experienced specialists and mid-management, Permanent	16	11	4	22	53	9	10	1	18	38	91
Professionally qualified and experienced specialists and mid-management, Temporary	1	0	0	1	2	0	0	0	2	2	4
Skilled technical and academically qualified workers, junior management, supervisors, foremen, Permanent	20	13	0	7	40	73	66	4	61	204	244
Skilled and academically qualified worker	0	0	0	2	2	0	0	0	2	2	4
Semi-skilled and discretionary decision making, Permanent	21	8	0	0	29	31	10	0	1	42	71
Semi-skilled and discretionary decision making, Temporary	0	0	1	0	1	0	0	0	0	0	1
Unskilled and defined decision making, Permanent	33	9	0	0	42	37	13	0	0	50	92
Not Available, Temporary	0	0	0	0	0	0	0	0	2	2	2
Contract (Senior Management), Permanent	0	0	0	0	0	1	0	0	0	1	1
Contract (Professionally qualified), Permanent	6	3	3	0	12	5	3	0	2	10	22
Contract (Skilled technical), Permanent	11	3	0	5	19	19	13	0	26	58	77
Contract (Semi-skilled), Permanent	20	11	0	0	31	33	0	0	0	33	64
Contract (Unskilled), Permanent	18	1	0	0	19	18	0	0	0	18	37
TOTAL	**147**	**59**	**8**	**38**	**252**	**226**	**115**	**5**	**114**	**460**	**712**

TABLE 7.4.4 – PROMOTIONS

OCCUPATIONAL BANDS	MALE					FEMALE					TOTAL
	AFRICAN	COLOURED	INDIAN	WHITE	TOTAL	AFRICAN	COLOURED	INDIAN	WHITE	TOTAL	
Senior Management, Permanent	0	2	1	1	4	0	0	0	1	1	5
Professionally qualified and experience specialists and mid-management, Permanent	3	9	1	10	23	22	11	0	17	50	73
Skilled technical and academically qualified workers, junior management, supervisors, foremen, Permanent	69	81	3	20	173	282	570	4	226	1082	1255
Skilled technical and academically qualified workers, junior management, supervisors, foremen, Temporary	0	0	0	0	0	0	0	0	4	4	4
Semi-skilled and discretionary decision making, Permanent	127	159	1	17	304	252	459	1	79	791	1095
Unskilled and defined decision making, Permanent	132	126	1	4	263	277	283	0	4	564	827
Unskilled and defined decision making, Temporary	0	2	0	0	2	0	2	0	0	2	4
Contract (Professionally qualified), Permanent	0	0	1	7	8	0	0	0	3	3	11
Contract (Semi-skilled), Permanent	0	0	0	0	0	0	1	0	0	1	1
TOTAL	**331**	**379**	**8**	**59**	**777**	**833**	**1326**	**5**	**334**	**2498**	**3275**
Employees with Disabilities	1	0	0	0	1	0	0	0	1	1	2

TABLE 7.4.5 - TERMINATIONS

OCCUPATIONAL BANDS	MALE					FEMALE					TOTAL
	AFRICAN	COLOURED	INDIAN	WHITE	TOTAL	AFRICAN	COLOURED	INDIAN	WHITE	TOTAL	
Professionally qualified and experienced specialists and mid-management, Permanent	7	11	0	24	42	5	6	2	13	26	68
Professionally qualified and experienced specialists and mid-management, Temporary	0	0	0	2	2	0	0	0	0	0	2
Skilled technical and academically qualified workers, junior management, supervisors, foremen, Permanent	14	8	1	9	32	30	75	3	48	156	188
Skilled technical and academically qualified workers, junior management, supervisors, foremen, Temporary	0	0	0	5	5	0	0	0	2	2	7
Semi-skilled and discretionary decision making, Permanent	10	21	1	3	35	16	35	1	8	60	95
Unskilled and defined decision making, Permanent	14	7	0	0	21	13	21	0	1	35	56
Unskilled and defined decision making, Temporary	0	0	0	0	0	1	0	0	0	1	1
Not available, Permanent	1	0	0	0	1	0	0	0	0	0	1
Not available, Temporary	0	0	0	1	1	0	0	0	1	1	2
Contract (Professionally qualified), Permanent	3	3	0	4	10	6	1	1	5	13	23
Contract (Skilled technical), Permanent	10	1	0	0	11	11	4	0	13	28	39
Contract (Semi-skilled), Permanent	15	12	0	0	27	25	1	0	1	27	54
Contract (Unskilled), Permanent	30	3	0	0	33	23	1	0	0	24	57
TOTAL	**104**	**66**	**2**	**48**	**220**	**130**	**144**	**7**	**92**	**373**	**593**

7.5 PERFORMANCE REWARDS

TABLE 7.5.1 - PERFORMANCE REWARDS BY RACE, GENDER AND DISABILITY

	NUMBER OF BENEFICIARIES	TOTAL EMPLOYMENT	PERCENTAGE OF TOTAL EMPLOYMENT	COST (R'000)	AVERAGE COST PER BENEFICIARY (R)
African, Female	0	1'150	0	0	0
African, Male	0	568	0	0	0
Asian, Female	0	21	0	0	0
Asian, Male	0	28	0	0	0
Coloured, Female	2	1'625	0.1	11	5'553
Coloured, Male	0	538	0	0	0
White, Female	0	550	0	0	0
White, Male	0	199	0	0	0
Total Female	2	3'346	0.1	11	5'553
Total Male	0	1'333	0	0	0
Employees with Disabilities	0	4	0	0	0
TOTAL	**2**	**4'679**	**0**	**11**	**5'553**

TABLE 7.5.2 - PERFORMANCE REWARDS BY SALARY BAND FOR PERSONNEL BELOW SENIOR MANAGEMENT SERVICE

SALARY BAND	NUMBER OF BENEFICIARIES	TOTAL EMPLOYMENT	PERCENTAGE OF TOTAL EMPLOYMENT	COST (R'000)	AVERAGE COST PER BENEFICIARY (R)
Lower skilled (Levels 1-2)	0	1'026	0	0	0
Skilled (Levels 3-5)	0	1'419	0	0	0
Highly skilled production (Levels 6-8)	2	1'720	0.1	11	5'500
Highly skilled supervision (Levels 9-12)	0	335	0	0	0
Other	0	28	0	0	0
Contract (Levels 1-2)	0	26	0	0	0
Contract (Levels 3-5)	0	20	0	0	0
Contract (Levels 6-8)	0	70	0	0	0
Contract (Levels 9-12)	0	35	0	0	0
TOTAL	**2**	**4'679**	**0**	**11**	**5'500**

TABLE 7.5.3 - PERFORMANCE REWARDS BY CRITICAL OCCUPATION

CRITICAL OCCUPATIONS	NUMBER OF BENEFICIARIES	TOTAL EMPLOYMENT	PERCENTAGE OF TOTAL EMPLOYMENT	COST (R'000)	AVERAGE COST PER BENEFICIARY (R)
Dental practitioners	0	23	0	0	0
Dental therapy	0	2	0	0	0
Dieticians and Nutritionists	0	24	0	0	0
Environmental health	0	24	0	0	0
Medical practitioners	0	271	0	0	0
Medical specialists	0	24	0	0	0
Occupational therapy	0	18	0	0	0
Pharmacists	0	54	0	0	0
Physiotherapy	0	33	0	0	0
Professional nurse	1	988	0.1	5	5 000
Psychologists and vocational counselors	0	5	0	0	0
Radiography	0	48	0	0	0

7.6 FOREIGN WORKERS

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

TABLE 7.6.1 - FOREIGN WORKERS BY SALARY BAND

SALARY BAND	01 APRIL 2005		31 MARCH 2006		CHANGE	
	NUMBER	% OF TOTAL	NUMBER	% OF TOTAL	NUMBER	% OF TOTAL
Lower skilled (Levels 1-2)	2	3.3	1	1.5	-1	-20
Skilled (Levels 3-5)	5	8.3	5	7.7	0	0
Highly skilled production (Levels 6-8)	6	10	8	12.3	2	40
Highly skilled supervision (Levels 9-12)	29	48.3	30	46.2	1	20
Senior Management (Levels 13-16)	2	3.3	3	4.6	1	20
Contract (Level 6-8)	1	1.7	0	0	-1	-20
Contract (Level 9-12)	14	23.3	18	27.7	4	80
Contract (Level 13-16	1	1.7	0	0	-1	-20
TOTAL	**60**	**100**	**65**	**100**	**5**	**100**

TABLE 7.6.2 - FOREIGN WORKERS BY MAJOR OCCUPATION

MAJOR OCCUPATION	01 APRIL 2005		31 MARCH 2006		CHANGE	
	NUMBER	% OF TOTAL	NUMBER	NUMBER	% OF TOTAL	NUMBER
Elementary Occupations	2	3.3	1	1.5	-1	-20
Professionals and Managers	53	88.3	59	90.8	6	120
Social natural technical and medical sciences	5	8.3	5	7.7	0	0
TOTAL	**60**	**100**	**65**	**100**	**5**	**100**

7.7 LABOUR RELATIONS

COLLECTIVE AGREEMENTS, 01 APRIL 2005 TO 31 MARCH 2006

Only one collective agreement was signed in the PHWSBC (National) on uniforms allowance for nursing categories, Resolution 1 of 2005. None were signed in the Provincial Chamber for the period under review.

MISCONDUCT/DISCIPLINARY HEARINGS

The following tables summarise the outcome of disciplinary hearings conducted within the department for the year under review.

TABLE 7.7.1 - MISCONDUCT/DISCIPLINARY HEARING FINALISED

NO.	OFFENCE	NUMBER	% OF TOTAL
1	Correctional Counselling	7	4.43
2	Verbal Warnings	12	7.59
3	Written Warnings	21	13.29
4	Final Written Warnings	26	16.45
5	Suspension without pay	24	15.18
6	Employee resign	8	5.06
7	Demotion	0	0.00
8	Suspended dismissals	4	2.53
9	Dismissals	28	17.72
10	Not guilty	0	0
11	Case withdrawn	24	15.18
12	Recommended Rehabilitation	0	0
13	Ex-lege terminations	2	1.26
14	Grievances solved	2	1.26
TOTAL		**158**	**100**

TABLE 7.7.2 - TYPES OF MISCONDUCT ADDRESSED AT DISCIPLINARY HEARINGS

NO.	TYPE OF MISCONDUCT	NUMBER	% OF TOTAL
1	Absenteeism / Late coming	31	27.92
2	Intoxication	5	4.50
3	Negligence	14	12.61
4	Dishonesty / Misappropriation / Theft/ Fraud	21	18.91
5	Abuse of sick leave	0	0
6	Insubordination	7	6.30
7	Insolence	5	4.50
8	Dereliction of duty	2	1.81
9	Racism	0	0
10	Sexual harassment	6	5.40
11	Assaults / Threats	5	4.50
12	Abusing Government Vehicles / Property	12	10.81
13	Incapacity / Poor performance	0	0
14	Unprofessional/ Disgraceful conduct	2	1.81
15	Use of abusive language	1	0.9
TOTAL		**111**	**100**

TABLE 7.7.3 - GRIEVANCES LODGED

NO.	GRIEVANCES	NUMBER	% OF TOTAL
1	Grievances Resolved	2	16.66
2	Grievances Not Resolved	10	83.33
TOTAL		**12**	**100**

TABLE 7.7.4 - DISPUTES LODGED WITH COUNCIL

NO.	DISPUTES	NUMBER	% OF TOTAL
1	Disputes Upheld	1	5.88
2	Disputes Dismissed	5	29.41
3	Disputes Pending/Not Finalised	11	64.70
TOTAL		**17**	**100**

TABLE 7.7.5 - PRECAUTIONARY SUSPENSIONS

NO.	PRECAUTIONARY SUSPENSIONS	NUMBER
1	Total number of people suspended	9
2	Total number of people whose suspensions exceeded 30 Days	9
3	Average number of days suspended	483
4	Cost (R'000) of Suspensions	**R1'250'859.50**

7.8 SKILLS DEVELOPMENT

This section highlights the efforts of the department with regard to skills development.

TABLE 7.8.1 - TRAINING NEEDS IDENTIFIED

OCCUPATIONAL CATEGORIES	GENDER	EMPLOYMENT	LEARNERSHIPS
Legislators, senior officials and managers	Female	1 620	0
	Male	55	0
Professionals	Female	0	0
	Male	0	0
Technicians and associate professionals	Female	612	0
	Male	75	0
Clerks	Female	76	0
	Male	25	0
Service and sales workers	Female	28	0
	Male	68	0
Elementary occupations	Female	22	0
	Male	15	0
Gender sub-totals	Female	0	0
	Male	0	0
TOTAL		**2 596**	**0**

TABLE 7.8.2 - TRAINING PROVIDED

OCCUPATIONAL CATEGORIES	GENDER	EMPLOYMENT	LEARNERSHIPS
Legislators, senior officials and managers	Female	25	0
	Male	19	0
Professionals	Female	65	0
	Male	72	0
Technicians and associate professionals	Female	1 086	0
	Male	203	0
Clerks	Female	59	0
	Male	18	0
Elementary occupations	Female	38	0
	Male	11	0
Gender sub-totals	Female	0	0
	Male	0	0
TOTAL		**1 596**	**0**

Note: Learners were on the following Learnership Pogrammes that were offered by PSETA and co-ordinated by Department of Education.

- Ninety (90) learners were placed in the Department of Health and completed the Learnership on 31 March 2006.
- National Certificate in Human Resource Management 14
- National Certificate in Information Technology 7 (No theoretical training)
- National Certificate in Project Management 5
- National Certificate in Public Accounting 16
- National Certificate in Secretarial and Administration 48

7.9 INJURY ON DUTY

NATURE OF INJURY ON DUTY	NUMBER	% OF TOTAL
Required basic medical attention only	29	35.80
Temporary Total Disablement	10	12.34
Permanent Disablement	1	1.23
Fatal	2	2.47
Needle Prick	37	45.69
Occupational Disease	2	2.47
TOTAL	**81**	**100**

8 LIST OF ACROMYMS

AIDS	Acquired Immuno Deficiency Syndrome
ART	Anti-Retroviral treatment
ARV	Anti-Retro Virals
BAS	Basic Accounting System
BOR	Bed Occupancy Rate
CBO	Community-based Organisation
CEO	Chief Executive Officer
CTOP	Choice on Termination of Pregnancy
DHIS	District Health Information System
DOT	Direct Observed Treatment
EPR	Electronic Patient Record
FTE	Full-Time Employment
GETC	General Education and Training Certificate
HIS	Health Information Systems
HIV	Human Immuno Virus
IHPF	Integrated Health Planning Framework
MDR	Multi-Drug Resistant
NDOH	National Department of Health
NGO	Non-Governmental Organisations
NQF	National Qualification Framework
PERSAL	Personnel Salary Administration System
PFMA	Public Finance Management Act
PHC	Primary Health Care
PMTCT	Prevention of Mother to Child Transmission
PTB	Pulmonary Tuberculosis
RTC	Regional Training Centre
STI	Sexually Transmitted Diseases
TAT	Turn around Time
TB	Tuberculosis
VCT	Voluntary Counselling and Testing
IMCI	Integrated management of Childhood Illnesses
PCR	Polymerase Chain Reaction
CANSA	Cancer Association of South Africa
MCWH	Maternal, Child and Women's Health
SANDF	South African National Defence Force
OPV	Oral Polio Vaccine