

ANNUAL REPORT

2020/2021

DEPARTMENT OF HEALTH

NORTHERN CAPE PROVINCE



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NORTHERN CAPE PROVINCE: DEPARTMENT OF HEALTH

ANNUAL REPORT 2020/21

I have the honour of submitting the Annual Report for the period **01 April 2020 to 31 March 2021** of the Northern Cape Department of Health.

APPROVED



Mr. M Lekwene
Member of Executive Council

31 May 2021

Date

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PART A: GENERAL INFORMATION

1. Contact Information

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2. List of Abbreviations / Acronyms

AC	Audit Committee
ACLS	Advanced Cardiovascular Life Support
ACSM	Advocacy, Communication and Social Mobilisation
AEA	Ambulance Emergency Assistant
AFS	Annual Financial Statement
AGSA	Auditor-General of South Africa
AAHA	Alliance Against HIV and AIDS
AIDS	Acquired Immune Deficiency Syndrome
ALOS	Average Length of Stay
ANC	Ante Natal Care
APP	Annual Performance Plan
ART	Anti-Retroviral Treatment
ARV	Anti-Retro Viral
AYFS	Adolescent and Youth Friendly Services
BANC	Basic Antenatal Care
BAS	Basic Accounting System
BLS	Basic Life Support
BMSF	Bristol-Myers Squibb Foundation
BUR	Bed Utilisation Rate
CAMHS	Child & Adolescent Mental Health Services
CCDU	Central Chronic Dispensing Unit
CCMDD	Central Chronic Management Dispensing and Distribution
CDC	Communicable Disease Control
CDU	Chronic Dispensing Unit
CEO	Chief Executive Officer
CFO	Chief Financial Officer
CFR	Case Fatality Rate
CHC	Community Health Centre
CHS	Community Health Services
CHW	Community Health Workers
COGHSTA	Cooperative Governance, Human Settlements and Traditional Affairs
COS	Community-based Outreach
CPD	Continuous Professional Development
CSIR	Council for Scientific & Industrial Research
CSS	Client Satisfaction Survey
CTG	Cardiotocography
CTOP	Choice on Termination of Pregnancy
DBSA	Development Bank of South Africa
DCST	District Clinical Specialist Teams
DG	Director-General
DCST	District Clinical Specialist Teams
DHIS	District Health Information System
DHMIS	District Health Management Information System
DHSH	Dr. Harry Surtie Hospital
DOH	Department of Health
DORA	Division of Revenue Act
DORT	District Outbreak Response Team
DPME	Department of Monitoring and Evaluation
DPSA	Department of Public Service and Administration
DPTC	District Pharmaceutical Therapeutic Committee
DRTB	Drug Resistant Tuberculosis
ECP	Emergency Cape Practitioner
EDVS	Electronic Data Vaccine System
EMC	Executive Management Committee
EML	Essential Medicine List

EMS	Emergency Medical Services
EMCQF	Emergency Medical Care Qualification Framework
EMSC	Emergency Medical Services College
EPI	Extended Programme Immunisation
EPMDS	Employment Performance Management Development System
ESMOE	Essential Step in the Management of Obstetric Emergency
ESST	Education Support Services Trust
ETR	Electronic TB Register
FB	Frances Baard
FDRC	Fixed Dose Combination
FET	Further Education and Training
FY	Financial Year
GDH	Galeshewe Day Hospital
HAM	Health Area Manager
HBC	Home Based Care
HCSS	Healthcare Support Services
HCT	HIV Counselling and Testing
HDP	Hypertensive Disorder in Pregnancy
HEQC	Higher Education Quality Committee
HFM	Health Facilities Management
HFRG	Health Facility Revitalisation Grant
HIS	Health Information System
HIV	Human Immunodeficiency Virus
HIVSS	HIV Self Screening
HOD	Head of Department
HPCSA	Health Professions Council of South Africa
HPTDG	Health Professional Training and Development Grant
HPV	Human Papilloma Virus
HRA	Human Resource Administration
HRD	Human Resource Development
HRM	Human Resource Management
HRP	Human Resource Plan / Hospital Revitalisation Programme
HSNC	Henrietta Stockdale Nursing College
HST	Health Sciences and Training
HTA	High Transmission Area
HTS	HIV Training Services
HVAC	Heating, Ventilation, Air-Conditioning and Cooling
IAR	Intra-Action Review
IAU	Internal Audit Unit
ICRM	Ideal Clinic Realisation and Maintenance
ICT	Information, Communication and Technology
ICU	Intensive Care Unit
IFRM	Ideal Facility Realisation and Maintenance
IMCI	Integrated Management of Childhood Illnesses
IMR	Infant Mortality Rate / Ratio
INH	Isonicotinic Acid Hydrazide (also Isoniazide)
IOD	Injury on Duty
IPC	Infection Prevention & Control
IPT	Isoniazid Preventative Treatment
IRM	Infrastructure Reporting Model
ISHP	Integrated School Health Programme
JBCC	Joint Building Contracts Committee
JTG	John Taolo Gaetsewe
LOGIS	Local Government Information System
LTF	Lost to Follow-up
M&E	Monitoring and Evaluation
MCMCP	Mandela-Castro Medical Collaboration Programme
MCWH&N	Mother, Child and Women's Health and Nutrition

MDG	Millennium Development Goal
MDR	Multi-Drug Resistant
MEC	Member of the Executive Council
MMC	Medical Male Circumcision
MMR	Maternal Mortality Ratio
MPAT	Management Performance Assessment Tool
MTCT	Mother to Child Transmission
MTEF	Medium Term Expenditure Framework
MTSF	Medium Term Strategic Framework
MUS	Male Utheritis Syndrome
NASG	Non-pneumatic Anti Shock Garment
NCD	Non-Communicable Disease
NCDOH	Northern Cape Department of Health
NECET	National Emergency Care Education and Training
NCEM	National COVID-19 Epi Model
NCS	National Core Standards
NDOH	National Department of Health
NDP	National Development Plan
NGO	Non-Governmental Organisation
NGP	New Growth Path
NHI	National Health Insurance
NHLS	National Health Laboratory Service
NICd	National Institute for Communicable Disease
NICU	Neonatal Intensive Care Unit
NIHE	National Institute for Higher Education
NIMART	Nurse Initiated and Management of Anti-Retroviral Therapy
NIOH	National Institute for Occupational Health
NPA	National Prosecuting Authority
NSDA	Negotiated Service Delivery Agreement
NTSG	National Tertiary Services Grant
OHS	Occupational Health and Safety
OPD	Out Patient Department
OSD	Occupational Special Dispensation
PAA	Public Audit Act of South Africa (Act No. 25 of 2004)
PAs	Performance Agreements
PCA	Provincial Council on AIDS
PDE	Patient Day Equivalents
PEP	Post Exposure Prophylaxis
PERSAL	Personnel and Salary Administration System
PFMA	Public Finance Management Act
PGDS	Provincial Growth and Development Strategy
PHC	Primary Health Care
PHCWBOT	Primary Health Care Ward Based Outreach Team
PHREC	Provincial Health Research and Ethics Committee
PHS	Provincial Hospital Services
PILIR	Policy on Incapacity Leave and Ill-Health Retirement
PMDS	Performance Management Development System
PMTCT	Prevention of Mother to Child Transmission
PPE	Personal Protective Equipment
PPTC	Polymetric Positive Temperature Coefficient
PrEP	Pre-Exposure Prophylaxis
PRU	Peer Review Updates
PSP	Provincial Strategic Plan
PSS	Patient Satisfaction Survey
PT	Proficiency Testing
QA	Quality Assurance
REMCO	Risk and Ethics Management Committee
RMSH	Robert Mangaliso Sobukwe Hospital

RTC	Regional Training Centre
RV	Rotavirus
SAICA	South African Institute for Chartered Accountants
SANAC	South African National AIDS Council
SANCB	South African National Council for the Blind
SAPC	South African Pharmacy Council
SAPS	South African Police Service
SAQA	South African Qualifications Authority
SCM	Supply Chain Management
SCOPA	Standing Committee on Public Accounts
SDIP	Service Delivery Improvement Plan
SLA	Service Level Agreement
SMS	Senior Management System
SOP	Standard Operating Procedures
SRH	Sexual Reproductive Health
STG	Standard Treatment Guidelines
TB	Tuberculosis
TEE	Tenofovir Emtricitabine Efavirenz
TFI	Transfer-in
TFO	Transfer-out
THP	Traditional Health Practitioners
THS	Tertiary Hospital Services
TIER	Three Integrated Electronic Registers
TLD	Tenofovir Lamivudine Dolutegravir
TMC	Traditional Male Circumcision
TROA	Total Client Remaining on ART
UAMP	User Asset Management Plan
UFS	University of the Free State
UNAIDS	United Nations Programme on HIV & AIDS
UPFS	Uniformed Patient Fees Schedule
VMMC	Voluntary Medical Male Circumcision
WBOT	Ward Based Outreach Team
WBPHCOT	Ward Based Primary Health Care Outreach Team
WESH	West-End Specialised Hospital
WHO	World Health Organisation
WMS	Warehouse Management System
WSP	Work Skills Programme
XDR	Extreme Drug Resistant
ZFM	Zwelentlanga Fatman Mgcawu
PSA	Public Service and Administration

3. Official Sign-Off

It is hereby certified that this Annual Report:

- was developed by the Provincial Department of Health in the Northern Cape Province.
- was prepared in line with the current Annual Performance Plan of the Northern Cape Department of the Health under the guidance of the MEC for Health, Honourable Mr. M Lekwene.
- accurately reflects the performance of the Department of Health in the Northern Cape Province for the **2020/21** financial year.



Mr. M Mlatha
Director: Policy & Planning

31 May 2021

Date



PP: *D Gaborone*
PS: *ALB COROTI*
Acting CFO

Mr. D Gaborone
Chief Financial Officer

31 May 2021

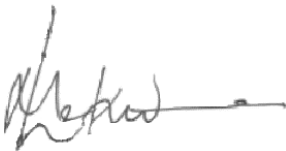
Date



Mr. R Strydom
Accounting Officer (Acting)

31 May 2021

Date



Mr. M Lekwene
Member of Executive Council

31 May 2021

Date

4. Foreword by the Member of Executive Council (MEC)



It is an honour and privilege to present the Annual Report for the Northern Cape Department of Health for the 2020/2021 financial year. First and foremost, I find it appropriate to acknowledge that the overall state of the Northern Cape Department of Health continues to battle against numerous inherent challenges, but we stand firm in our commitment to implement all steps and measures to ensure its sustainable recovery from the legacy of its past, in order to achieve “A Long and Healthy Life for All South Africans”; as collectively declared by us the citizens in our National Development Plan 2030.

At the axis around which our existence as a department rotates are the thousands of people of all kinds and ages who make use of our services in our health facilities. Without their needs dictating the health services that we provide, our relevance as a department ceases.

It is therefore critically important that while we face this unprecedented global COVID-19 pandemic that consumes all our time and resources, we must nevertheless not lose sight of those core undertakings of the Department that are crafted to bring radical change and transformation, to foster a new culture of efficiency, accountability and fiscal prudence.

We are humbled by the brave and selfless efforts demonstrated by our frontline healthcare professionals during this difficult and more challenging period in managing COVID-19 outbreak. The only way to support them is through ensuring each of us get vaccinated as soon as possible, and through continued adherence to non-pharmaceutical interventions (NPI).

The Department has undertaken a number of interventions to ensure that health outcomes are properly achieved. This among others includes;

Detailed project to finalise the organisational structure this past year so it can be approved by the Minister of Public Service and Administration.

- Realignment on management functions to better address the findings of the Auditor General.
- Appointment of an independent person to chair the Risk Management Committee.
- Replacement of personnel in critical clinical and non-clinical posts.
- -Working closely with the Special Investigation Unit and the law enforcement agencies to rid the department of corrupt and fraudulent activities.
- Strengthening of the governance structures that support and guide hospitals and clinics.
- Streamlining the systems and processes surrounding legal claims against the department.
- Improving the procurement and deployment of capital equipment (such as ambulances) and the implementation of infrastructure upgrades (such as improved oxygen delivery systems and finalisation of clinic construction).

Top on the list of priorities is the finalisation of the organisational structure of the department to ensure permanent appointments of Executive and Senior managers including hospital managers to place specific and dedicated focus on key priorities areas of our work. This includes starting a new process to reconstitute and re-orientate all clinic committees, hospital boards and establish district health committees in the Province.

Since my appointment as the Northern Cape MEC for Health in the province. I have travelled the length and breadth of the province, engaging with staff at many facilities. I have been particularly struck by the challenges confronting health care workers in the health facilities. They were able to share both their pleasures and their painful experiences on a daily basis. This time of reflection has been good for me and has helped me to reconnect with what is most important in life. It has taught me new lessons with regards to the issues our women employees face.

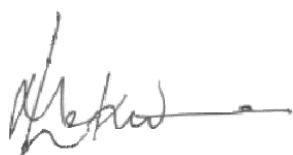
It became evident that there is a need to resume recruitment of students for the Nelson Mandela Fidel Castro Medical Scholarship Programme in the new financial year from across all the districts of the province to commence their studies in Cuba. The same initiative will be implemented with recruitment of nursing students into the Henrietta Stockdale Nursing College to relieve the current pressures on the delivery of healthcare services in communities.

We have also identified gaps resulting into poor financial performance and we collectively resolved to fortify financial management and controls contained in the Audit Action Plan. Whilst, it is pleasing to note the department achieving a qualified audit opinion for this past financial year, special focus will be dedicated towards strengthening our financial management systems to ensure that the department receives clean audits going forward.

In an effort to master a comprehensive and well-coordinated response to HIV and AIDS, government has so far coordinated a number of stakeholder engagements in order to assist sectors to align their contribution to the management of this pandemic in the province. To further accelerate the progress towards achieving the UNAIDS 90-90-90 targets for HIV, all provinces were mandated to implement the Operation Phuthuma 90-90-90 10-point plan.

The department conducted intensive and supportive supervisory visits to the 23 high caseload facilities to further assess the impact of COVID and to provide technical support to Health Care workers. Operation Phuthuma work sessions were conducted with all districts to put remedial actions in place to mitigate the impact of COVID-19 on Chronic TB, HIV, Maternal and Child services.

Whilst we are fighting HIV and AIDS, we must not forget about the COVID-19 pandemic that is still present in our country who are taking some of our loved ones. All of us we must not lower our guard in view of the fact that we have made certain advances in the fight against HIV and AIDS and together we can gain more whilst maintaining our advances.



Mr. M Lekwene
Executive Authority
Northern Cape Department of Health

31 May 2021

Date

5. Report of the Accounting Officer

5.1. Overview of the Operations of the Department



Last financial year we saw 36 256 people become infected by the virus, of which 1 714 were our own health care workers. In the same period, I am very saddened to report that, during that year, 824 people passed on due to COVID-19 complications. Of these, 26 were our own health care workers. I extend my deep and sincere condolences to the families and friends that lost loved ones due to COVID-19. Our message to these gallant fighters is that we shall continue to fight this pandemic, we shall fight with growing confidence and growing strength.

In the Northern Cape our death rate last financial year was a little under 23 for every 1 000 infected people. This was significantly lower than the national rate of just over 34 deaths per 1 000 infected people. This suggests that our investment as a province of R530 million, to strengthen the response capacity of the healthcare system, bore fruit. The department, together with our partners and stakeholders, prepared in excess of 3 300 beds, including intensive care and high care capability, with a huge investment in personnel, equipment and vehicles. This ensured that public health care had the necessary capacity to respond effectively to COVID-19.

As we progress through 2021/22, I call on the people of the Northern Cape to continue to work with government, private health providers and other partners to detect, trace, test, treat, isolate, and mobilize people in response to this raging pandemic. We must take all necessary steps to prevent cluster outbreaks. When these do occur, we must take all required precautions to prevent them from becoming a wildfire of community transmission.

The challenge of building a resilient and inclusive health care system constitutes one of the most prominent and wicked problems of our day. We are challenged by the imperative to make health care and medicine accessible, especially to the poor and vulnerable.

The worldwide solution to this pandemic is vaccination against COVID-19. Last financial year, on 17th February 2021, the country and province started Phase 1 of the vaccination programme, focussing on vaccinating health care workers. In the new financial year, on 17th May 2021, we started Phase 2 of the programme, initially with people aged 60 years and older. By the 17th June 2021 we had vaccinated 24 852 people against COVID-19. As 2021 progresses, these numbers will rise rapidly as the availability of vaccines and eligibility to be vaccinated increases. This is our compelling task for the year 2021/22.

In our quest to be part of building, “a modern, growing and successful province”, the Department is responsive to the imperative of accelerated change by embedding new technologies and modern practices for efficient and effective service delivery.

Although telemedicine has been around for many years, it has made little inroads in the Northern Cape, largely due to poor broadband communications technology. We are beginning to see significant advances in this field as faster internet speeds and depth of penetration spread across the province. In 2021/22 the Department plans to develop an electronic document management system. This will be beneficial for tracking submissions, contract management, budget management, leave management, personnel performance management, strategic planning and performance reporting, amongst others.

We have recently strengthened the risk management function with the appointment of an independent chairperson of the Risk and Compliance Committee. Among other factors, the lack of human resource capacity and competency in supply chain management are the main reason for the high incidences of unauthorised, fruitless and wasteful expenditure. Accruals, which emanate from over-commitment of the budget, remains one of the key challenges facing the Department. We have engaged Internal Audit to make a wide-ranging assessment on the control environment which will be incorporated into the re-organisation of supply chain management across the province.

Since 2016 there has been successive embargos on appointment of non-clinical posts, resulting in an increase in personnel acting into higher posts. There has also been a creeping reliance on clinical trainees to provide clinical services; this poses clinical governance risks. This year we will be strengthening finance and human resource management functions and filling critical vacancies in the support services. However, before we make any appointments the Department will undertake a comprehensive assessment and re-alignment of functions, ensuring suitability for the task at hand.

We are undertaking all of this in view of the existing perceptions, experiences, and not least, ongoing investigations by relevant bodies into allegations of corruption and wrongdoing within the department. We fully support all these investigations and attempts to root out improper practice.

We will strengthen primary healthcare with Contracting Units for Primary healthcare, known as CUPS, which we will pilot in the sub-districts of Richtersveld, Dawid Kruiper, Gasegonyana, Phokwane and Umsobomvu. In the NHI White Paper the Contracting Units for Primary healthcare are a critical component in achieving universal health coverage.

With some district hospitals not offering the full package of district hospital care, the demand for inter-facility transfers places a higher demand on the emergency medical service (EMS). The answer to this is not solely to grow the ambulance fleet, but rather to improve the package of health care available locally.

Modernisation and provision of comprehensive packages of care at all levels, requires specialised skills, knowledge, and competencies, especially in nursing. We are working around the clock to ensure that by 2023, the Henrietta Stockdale Nursing College reaches the critical milestones for designation as a higher education institution. To this effect we are partnering with the University of Stellenbosch to enrol a cadre of nurses for Masters studies. They will be drawn from the nursing college and from across the province, serving as a base for a new generation of high-calibre academics for the planned designation of the Nursing College as a higher education institution.

We will continue to upgrade the qualifications and skills of our EMS personnel. In collaboration with the University of Johannesburg we will launch a one-year programme for staff and a designated number of qualifying youth.

Since the Nelson Mandela-Fidel Castro Medical Scholarship Programme started in 2000, we have recruited young people who would otherwise not have been able to study, to be medical doctors. Since the inception of the programme, two hundred and five (205) young persons have been recruited to study medicine in Cuba. Out of the 205 young people who were recruited, 91 have qualified as doctors and are now in service – just 6 are working outside the Northern Cape. 70 students are still active on the Cuban Medical Programme – 34 are at different levels of study in Cuba and 36 are busy concluding their final year of study at different South African universities. Unfortunately, 44 students were unable to complete their studies for various reasons.

Construction of the Martha Griffiths Community Health Centre in Port Nolloth reached completion in May 2021. Heuningvlei Clinic will be completed in September 2021. Construction at Bankhara Bodulong clinic has resumed with a target to complete by the end of 2021/22. It is planned to complete Boegoeberg Clinic by end of 2021, Siyathemba Clinic by August 2021, and Glenred Clinic in 2022/23.

This Annual Report identifies the key achievements of the department, as well as the critical challenges still faced. Going forward, we will build on these achievements and face these challenges, as part of building a modern, growing and successful provincial health system.

This means improving access to the full range of healthcare services for all our people; it means having a workforce that can provide healthcare at the highest quality, with maximum effectiveness and maximum efficiency; it means having buildings and equipment that are fit for purpose, and it means providing healthcare as close to where people live as is practical and affordable.



Mr R Strydom
Accounting Officer (Acting)
Northern Cape Department of Health

31 May 2021

Date

5.2. Overview of the Financial Results of the Department

5.2.1. Departmental Receipts

Patient fees remain the main source of receipts for the Department. The tariffs charged at the applicable health facilities are derived from the Uniformed Patient Fees Schedule (UPFS) which is determined by the National Department of Health (NDOH). The annual increase in UPFS tariffs is also determined by the NDOH and implemented by Provincial Departments across the country at the beginning of each financial year.

The table below provides a breakdown of the sources of revenue and performance for:

Table 1 Departmental Receipts: 2019/20 FY vs 2020/21 FY

Receipts	2020/21			2019/20		
	Estimate	Actual Amount Collected	(Over) / Under Expenditure	Estimate	Actual Amount Collected	(Over) / Under Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000
Sale of goods and services other than capital assets	45 028	22 417	22 611	52 507	28 994	23 513
Interest, dividends and rent on land	-	15	(15)	-	14	(14)
Sale of capital assets	2 628	98	2 530	2 508	2 860	(352)
Financial transactions in assets and liabilities	-	846	(846)	-	2 292	(2 292)
TOTAL	47 656	23 376	24 280	55 015	34 160	20 855

Revenue collection target did not materialise as planned resulting in collection of 49 per cent or R23.376 million of the target which is 32% below compared to the previous financial year. The poor collection of revenue was mainly interrupted by the COVID 19 pandemic whereby there were delays in the process of disposing assets and health service rendered processes were also affected.

The debt collection project was also disrupted by National Lockdown and that resulted to a decline in recovery of previous years' expenditure compared to previous financial year.

Bad debt is written off in accordance with the department's policy and after the department has taken all reasonable steps to collect the debt owed. The department wrote off debts amounting to R30.780 million during the financial year which was prompted by inadequate information available to trace debtors such as Identity numbers, contact details etc.

The Provincial Treasury assisted the department to improve revenue collection through funding additional personnel and contracting a debt collection agent.

Future plans for collecting revenue

The future plans included the department developing a patient debt collection strategy and further planning to build capacity through on-going training to revenue personnel. The review of personnel capacity at facility level was performed and the vacancies were identified. These vacant posts will be reprioritized within the available budget.

The department is further developing revenue enhancement strategy and also planning to build capacity through ongoing training to revenue personnel. The quarterly revenue management forum was initiated by Provincial Treasury in which the department is the pivotal contributor and the department has planned to hold its own forum considering the challenges faced. A project that aims at strengthening patient administration systems and processes as a value chain, in order to maximize revenue generation and collection within the department has been undertaken by the department in collaboration with the Provincial Treasury.

The review of patient fee management policy and ICD 10 coding will receive preference.

Revenue tariff policy

The tariffs charged by the department on patient fees are based on the national tariffs as approved by the Minister. These tariffs are uniform throughout the country and are compiled by the national task team, representative of all the provinces. Tariffs charged to the public patients are determined according to their scale of income. Tariffs with regard to other sources of income, such as parking are determined by using guidelines issued by relevant national departments from time to time.

Free services

There are certain circumstances under which patients will receive services free of charge regardless of their income means. Such circumstances include primary health care services received at primary health care centres, infectious and formidable diseases, pregnant women and children under the age of six years who are not members and beneficiaries of medical aid schemes. Also patients qualifying for full government subsidy such as social pensioners and formally unemployed people receive free services. It is not possible to quantify the cost of the free services rendered.

5.2.2. Programme Expenditure

During the year under review the department was allocated an adjusted budget of R5.616 billion, which included an adjustment to the conditional grants, roll-overs and other adjustments. At the end of the financial year, the department had spent R5.537 billion resulting in an under-expenditure of R78.418 million, which resulted from administrative delays in moving the patients to the new Mental Health hospital and delays in the implementation of skills development plan.

The table below shows budget and expenditure by programme for the financial years 2020/21 and 2019/20. Please refer to Notes to the Appropriation Statements for reasons.

Table 2 Programme Expenditure: 2019/20 FY vs 2020/21 FY

Programme Name	2020/21			2019/20		
	Final Appropriation R'000	Actual Expenditure R'000	(Over) / Under Expenditure R'000	Final Appropriation R'000	Actual Expenditure R'000	(Over) / Under Expenditure R'000
Administration	227 845	229 117	(1 272)	221 283	220 060	1 223
District Health Services	2 494 750	2 541 889	(47 139)	2 493 239	2 437 876	55 363
Emergency Medical Services	425 246	405 481	19 765	365 482	337 015	28 467
Provincial Hospital Services	409 768	481 050	(71 282)	415 343	416 470	(1 127)
Central Hospital Services	1 152 590	1 116 510	36 080	1 088 431	1 058 154	30 277
Health Sciences	135 342	140 693	(5 351)	132 701	154 530	(21 829)
Health Care Support Services	406 688	236 809	169 879	115 645	161 857	(46 212)
Health Facilities Management	363 809	386 071	(22 262)	398 067	397 49	577
TOTAL	5 616 038	5 537 620	78 418	5 230 191	5 183 452	46 739

The table above summarises the budget versus actual expenditure as at 31 March 2019. The department spent 98.6% of its budget in the reporting year. The reasons for underspending of R78.418 million were:

- R7.411 million of the Conditional Grants could not be spent. The underspending occurred within the HIV, TB, Malaria and Community Outreach Grant (Health).
- There was underspending of R71.007 million within the Provincial Equitable share allocation which was earmarked for eradication of COVID-19 pandemic and procurement of emergency vehicles.

The expenditure per programme and economic classification is further analysed on the *Notes to the Appropriation Statement*.

5.2.3. Virements / Roll Overs

All virements applied are depicted on the Annual Financial Statements. Virements were applied to ensure that no unauthorised expenditure occurred per Main Division. All virements were within the same economic classification but between different programmes, thus were approved by the Accounting Officer.

The preparation of shifting and virements was guided by Section 43 of the Public Finance Management Act (PFMA) and Treasury regulation. The shifting and virements was made to the compensation of employees, goods and services, transfers and subsidies and payment for capital assets economic classifications.

5.2.4. Unauthorised, Fruitless and Wasteful Expenditure

Unauthorised Expenditure

The department incurred unauthorised expenditure amounting to R253.793 million during the current year, compared to zero in the previous financial year. This represents 4.5 per cent of the adjusted budget compared to zero (0) percent in the previous financial year.

The nature of business is such that the department is continuously faced with service delivery pressures, despite limited resources at its disposal. The management has introduced committees that will play an oversight role to ensure efficiency and identify losses; while also investigating the cause of unauthorised expenditure.

The department has implemented Cost Containment measures and extraordinary interventions to remain with available budget. A Departmental Budget Committee has been re-established and is chaired by the Accounting Officer. Programme managers have been appointed in writing and play a pivotal role in controlling expenditure within their programmes. Expenditure trends are monitored and variances between budget and expenditure are scrutinised by Executive Management.

Fruitless & Wasteful Expenditure

The department incurred fruitless and wasteful expenditure to the value of R 5.128 million during the financial year, compared to R 7.383 million in the previous financial year. This was mainly due to interest charged on overdue accounts as payments to service providers.

The department has initiated a process of negotiating with the service providers to avoid interest on overdue accounts and rationalising the available financial resources.

Irregular Expenditure

The department incurred irregular expenditure to the value of R 685,640 million during the financial year, compared to R 497,829 million in the previous financial year. The main contributor to irregular expenditure in terms of monetary value is the awarding of tenders by implementing agents, followed by expired contracts that are extended on month-to-month. The main contributor in terms of numbers of cases is violation of departmental SCM policy.

The department has developed a project plan to deal with irregular expenditure.

5.2.5. Future Plans for the Department

The department has planned to integrate strategies in order to turn around the finances of the department and improve service delivery; strengthen the health promotion activities; and strengthen clinical oversight through the clinic committees and hospital boards by providing rigorous training to ensure that these structures are efficient and fully operational in various districts.

5.2.6. Public Private Partnerships (PPP)

The department does not have any registered public-private partnerships.

5.2.7. Discontinued Activities / Activities to be Discontinued

There were no discontinued activities or activities planned to be discontinued.

5.2.8. New or Proposed Activities

The department will operationalise the newly constructed Port Nolloth CHC in the new financial year.

5.2.9. Supply Chain Management

During the year under review, no unsolicited bid proposals were concluded. Management has implemented control measures to ensure compliance with Treasury Regulations and Instruction Notes relating to deviations from normal procurement processes. The Department will ensure compliance with the applicable legislation that regulates deviations. The department plans to procure machinery including emergency vehicles, medical equipment as well as major maintenance services for various health facilities.

5.2.10. Gifts and Donations Received in kind from non-related Parties

During the year under review, the Department received in kind donations of assets and cash as been disclosed on *Annexure 1H: Statement of Gifts, Donations and Sponsorships*. The in-kind donations ranged from medical equipment, printers, computers, laptops and laminators, television sets, projectors and wound care products. The donations assist the Department with service delivery by providing assets which it is currently unable to purchase because of budget constraints.

5.2.11. Exemptions and Deviations Received from National Treasury

There was no exemptions or deviations received from Provincial Treasury for the current and/or previous financial years. However, the department is taking efforts to avoid irregular expenditure.

5.2.12. Events after the Reporting Date

No reportable events after the reporting date were identified.

5.2.13. Other

None.

5.2.14. Acknowledgement/s and Appreciation

The Department wishes to thank officials and management including implementing partners for their commitment to improving healthcare delivery in the province. The department also appreciates the immense support from the oversight by Portfolio Committee on Health, Audit Committee and the Provincial Treasury. I therefore acknowledge their immeasurable support.

5.2.15 Conclusion

The Annual Financial Statements set out under Part E of this annual report have been approved by the Accounting Officer.



Mr. R Strydom
Accounting Officer (Acting)
Northern Cape Department of Health

31 May 2021

Date

6. Statement of Responsibility and Confirmation of Accuracy

To the best of my knowledge and belief I hereby confirm the following:

- All information and amounts disclosed throughout this Annual Report are correct and consistent.
- This Annual Report is complete, accurate and free from omissions.
- This Annual Report has been prepared in accordance with the Annual Report Guide for National and Provincial Departments as issued by National Treasury.
- The Annual Financial Statements (Part E) have been prepared in accordance with the modified cash standard and the relevant frameworks and guidelines as issued by National Treasury.
- The Accounting Officer is responsible for the preparation of the Annual Financial Statements and for the judgements made in this information.
- The Accounting Officer is responsible for establishing and implementing a system of internal control that is designed to provide reasonable assurance as to the integrity and reliability of the performance information, the Human Resource information and the Annual Financial Statements.
- The external auditors are engaged to express an independent opinion on the Annual Financial Statements.
- This Annual Report fairly reflects the operations, performance information, human resources information and financial affairs of the Department for the financial year ended **31st March 2021**.



Mr. R Strydom
Accounting Officer (Acting)
Northern Cape Department of Health

31 May 2021

Date

7. Strategic Overview

7.1. Vision

A modern health system delivering quality care to a growing province.

7.2. Mission

The Department aims to provide better health care, better access and better value to the people of the Northern Cape, through community-wide, modern and individually focused initiatives to maximize wellness and prevent illness.

Better Health

Delivering better health for our people through community-wide and individually focussed initiatives.

These aim to maximize health and wellness and prevent illness.

Better Care

Delivering better care through quick access to modern services.

Care will be delivered in the most appropriate setting and in clean and infection-free facilities by well-trained, motivated & professional staff.

Better Value

Delivering better value through efficient allocation and use of resources.

7.3. Values

- Professionalism
- Teamwork
- Integrity
- Excellence

8. Legislative and Other Mandates

8.1. Constitutional Mandates

Section 27 of the Constitution of the Republic of South Africa, Act 108 of 1996, provides for right of access to health care services, including reproductive health care. The Department provides access to health care services, including reproductive health care by making sure that hospitals and clinics are built closer to communities and emergency vehicle are provided, promotion of primary health care, etc.

8.2. Legal Mandates

The legislative mandates are derived from the National Health Act, 61 of 2003.

Chapter 4

- Section 25 provides for Provincial health services and general functions of provincial departments
- Section 26 provides for Establishment and composition of Provincial Health Council
- Section 27 provides for Functions of Provincial Health Council
- Section 28 provides for Provincial consultative bodies

Chapter 5

- Section 29 provides for the Establishment of District Health System
- Section 30 provides for division of health districts into sub-districts
- Section 31 provides for establishment of district health councils
- Section 32 provides for health services to be provided by municipalities
- Section 33 provides for preparation of district health plans

8.3. Policy Mandates

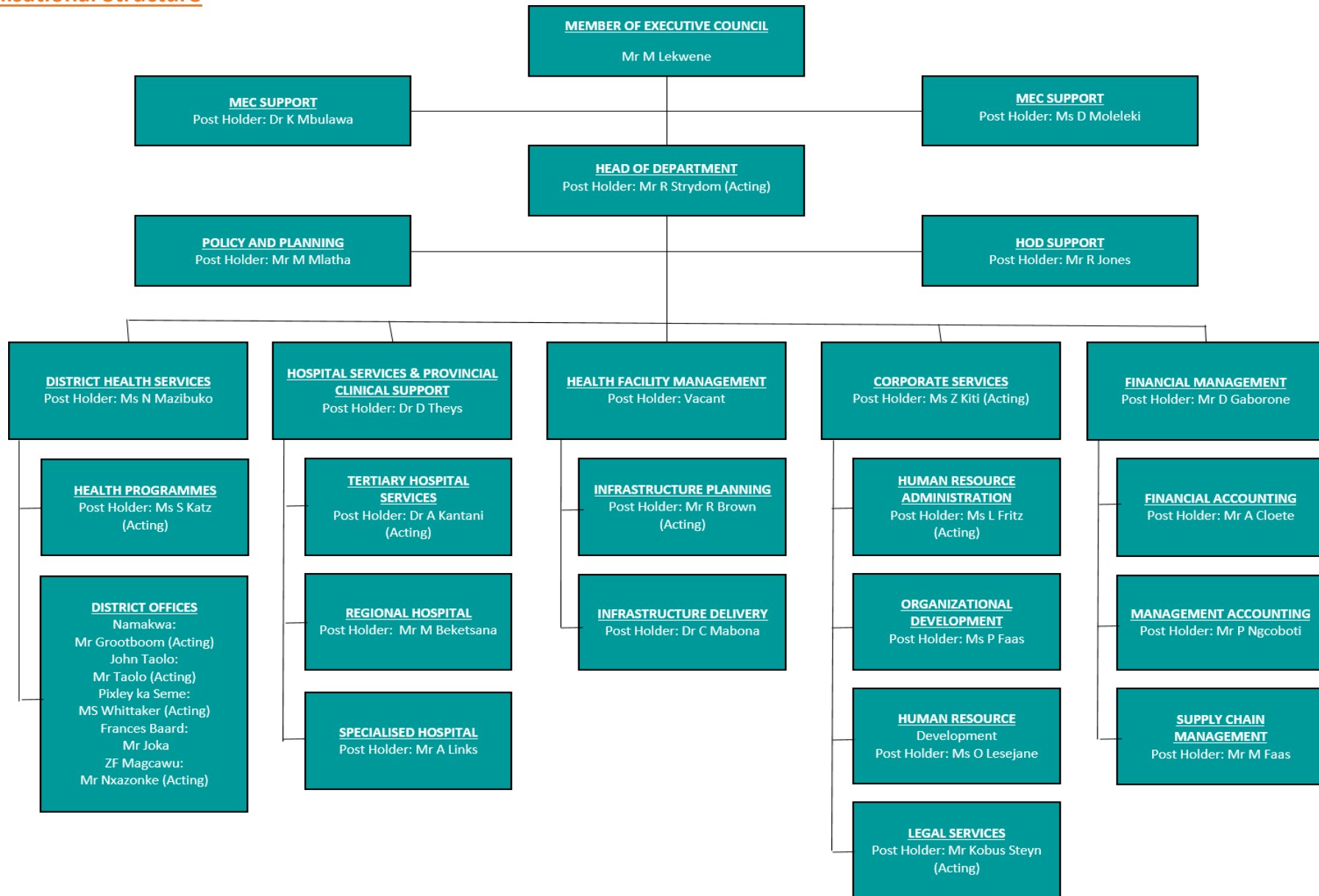
- Reclassification of Health facilities
- White Paper on Transformation of Health Service
- National Development Plan (NDP): Chapter 10
- White Paper on National Health Insurance
- The National Health Promotion Policy and Strategy

8.4. Other Mandates

- Basic Conditions of Employment (Act 75 of 1975)
- Broad Based Black Economic Empowerment (Act 53 of 2003)
- Child Care Amendment (Act 96 of 1996)
- Choice on Termination of Pregnancy (Act 92 of 1996)
- Constitution of the Republic of South Africa (Act 106 of 1996)
- Control of Access to Public Premise and Vehicles (Act 53 of 1985)
- Convention of the Rights of the Child, 1997 (Chapters 5 and 7)
- Division of Revenue (Act 7 of 2007)
- Electronic Communication and Transaction (Act 25 of 2002)
- Electronic Communications Security (Pty) Ltd (Act 68 of 2002)
- Employment Equity (Act 55 of 1998)
- Environment Conservation (Act 73 of 1989)
- Fire-arms Control (Act 60 of 2000)
- Foodstuffs, Cosmetics and Disinfectants (Act 54 of 1972)
- Hazardous Substances Control (Act 15 of 1973)
- Health Act (Chapter 10)
- Health Professions (Act 56 of 1974)
- Higher Education (Act 101 of 1997)

- Income Tax Act, 1962
- Inquest (Act 58 of 1959)
- Intimidation (Act 72 of 1982)
- Labour Relations (Act 66 of 1995)
- Maternal Death (Act 63 of 1977)
- Medicine and Related Substance Control (Act 101 of 1965)
- Mental Health Care (Act 17 of 2002)
- National Building Regulations and Building Standards (Act 103 of 1997)
- National Environmental Management (Act 107 of 1998)
- National Health Insurance
- National Youth Commission Amendment (Act 19 of 2001)
- National Development Plan (Chapter 10 of MTSF)
- Nursing (Act 50 of 1978 and Related Regulations)
- Nursing (Act 33 of 2005)
- Occupational Health and Safety (Act 85 of 1993)
- Preferential Procurement Policy Framework (Act 5 of 2004)
- Prevention and Combating of Corrupt Activities (Act 12 of 2004)
- Prevention and Treatment of Drug Dependency (Act 20 of 1992)
- Promotion of Access to Information (Act 2 of 2000)
- Promotion of Administrative Justice (Act 3 of 2000)
- Promotion of Equality and Prevention of Unfair Discrimination (Act 4 of 2000)
- Protected Disclosures (Act 26 of 2000)
- Protection of Information (Act 84 of 1982)
- Pharmacy (Act 53 of 1974 as amended)
- Public Finance Management (Act 1 of 1999 and Treasury Regulations)
- Public Service (Act 103 of 1994 and Regulations)
- South African Qualifications Authority (Act 58 of 1995)
- Sexual Offences (Act 32 of 2007)
- Skills Development (Act 97 of 1998)
- South African Schools Act, 1996
- State Information Technology (Act 88 of 1998)
- Sterilization (Act 44 of 2005)
- The International Health Regulations (Act 28 of 1974)
- Tobacco Control Amendment (Act 23 of 2007)

9. Organisational Structure



10. Entities reporting to the MEC

There are no entities reporting to the MEC.

PART B: PERFORMANCE INFORMATION

1. Auditor General's Report: Predetermined Objectives

Refer to the Auditor General's report (reporting on other legal and regulatory requirements) published as Part E: Financial Information of this Annual Report.

2. Overview of Departmental Performance

The population estimate of 85% is dependent on public healthcare service for their health care needs. It was critical to identify the health care services needs of these clients, as they have no other options. During the reporting period, comprehensive and continuous health services were provided to the community of the Northern Cape Province. The aim of this section is to try to establish what each level of health care services was achieved according to their pre-determined objective targets.

There is a total number of sixty-six (66) annual indicators, of which fifty-two (52) are customized and fourteen (14) are non-customized, and provincial predetermined objectives and final expenditure per eight (8) budgetary programmes were monitored for **2020/21** to support the implementation of the Annual and Operational Plans. An overall performance of fifty-three percent (53%) of the pre-determined objectives was achieved, while forty-seven percent (47%) was not achieved.

The performance indicators in the APP is divided into favourable health indicators and adverse health indicators. Favourable health indicators measure desirable health events (to achieve a maximum level) either in health intervention coverage or health outcome, whereas adverse health indicators measure undesirable events that are to be reduced (to achieve a minimum level) in health outcomes. This is a very important differentiation as there are implications for the calculation of summative measures for annual performance.

According to the report, the Maternal Mortality Ratio (MMR) has decreased in the current reporting period and there is an increase of Neonatal death compared to 2019/20.

Table 3 Maternal Mortality Ratio (MMR) Per 100 000 live births

Indicators	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Maternal Mortality Ratio (per 100 000 live births)	112.5	95.3	65.9	71.6	109.9	80.6
Neonatal death (per 1 000 live births)	14.3	13.4	11.6	11.7	11.7	13.8

2.1. Service Delivery Environment

The year **2020/2021** has been like a 'Black Swan' event, it bore the hallmarks of great prospect as the department sought to build on the gradual improvements in the performance outcomes. These improvements are characterised by minimal but gradual improvements in key areas of performance. For a notable duration the department was starting to consistently achieve more than fifty percent (50%) of its planned indicators. It was surmised that this will serve as the anchor for the continued improvement of performance.

The wild fire spread of COVID-19 across the globe and to the shores of our country was, however, a game changer; fundamentally redesigning what was possible, probable and impossible suddenly brought about by this 'Black Swan' experience. The creation of the 'new normal' by COVID-19 did not only bring about challenges, it also created opportunities. The Annual Report looked at in its entirety will relate how these opportunities were exploited and the frontiers challenges pushed back.

The Internal Departmental Environment

The one thing that has been an Achilles heel of the department in the latter years, including in the financial year **2020/2021**, is the continued instability and vacancies in key senior management positions. Firstly, there have been too many changes at this level and there again has been a change in the position of Head of Department; the invariability of which has had negative

extrapolations for the strategic direction of the department. There is an ever increasing realisation of the need for the stabilisation of this level of leadership in the department.

Secondly, the level of middle management, which is critical for the implementation of the Annual Plan and Strategy of the department, has been hampered by successive moratoriums on appointments, lack of proper HRM planning and execution and the absence of an organisational structure for the Department. Key areas of support in the administration are lacking either the appropriate personnel and/or skills.

The above factors have the potential to encumber the morale and performance of the organisation and the advent of COVID-19 imposed new adjustments to the mode of working. Access and travel to facilities was limited and in-year monitoring has had to be adjusted, which limited interface with key personnel. This has been evident in the quarterly performance outcomes.

Disruptions in the Internal Environment

The department also experienced disruptions of services in some of the districts, such as Frances Baard, ZFM and JTG, as a result of labour conflict and demands. The impact of these sporadic disruptions is evident in the performance outcomes with data often appearing incomplete or not credible. In some instances, facilities saw less patients than they would ordinarily have seen and this includes an increased spectre of patients that are lost to follow-up (LTFU).

The enormous adjustments that had to be made as a result of more than half of departmental staff working from home, was initially also felt as a disruption as issues of access to appropriate tools of trade in order for employees to work from home posed a great challenge. It, however, also facilitated positive changes in the mode of work, offsite working and virtual meetings are now part of the 'new normal' operations in the department and in government as a whole.

Amongst the potential threats that health systems across the world have recently faced was disruption as a result of shortage of personal protective equipment (PPE) and supply lines were stretched to the limit. The department was, however, able to manage this reality to great satisfaction.

External Environment

The onset of the period of exception characterised by COVID-19 has provided the department with an opportunity of employing more clinical staff and to improve the infrastructure at some of the facilities that were identified for COVID-19. It has also accelerated the implementation of internet connectivity at health facilities. This will hopefully result in the improvement of the management of performance information, in the mid- to long term.

The adverse impact of COVID-19 has been an exacerbation of the challenge of patients lost to follow-up in so far as TB, HIV & AIDS and immunizations are concerned. Effective tracing could not take place, especially during the period of the hard lockdown. As an example the Male Circumcision Programme which is campaign-driven could not be effected, resulting in low numbers compared to the set target.

Rapid adjustment in the population to the 'new normal' was also observed, requiring consistent wearing of masks, sanitising or handwashing and social distancing to the extent that the last flu season was successfully obviated and the COVID-19 cases in the province were comparatively manageable. These never resulted in the collapse of the health system as some of the pundits had stated.

The department has become erudite from these many lessons and it will have to take this knowledge forward from the current period of exception.

2.2. Service Delivery Improvement Plan

2.2.1. Main Services and Standards

Table 4 Main Services & Standards: 2020/21 FY

Main Services	Beneficiaries	Current / Actual Standard of Service	Desired Standard of Service	Actual Achievements
Rendering PHC Services	Patients	No Clinics are operating 24 hours and on weekends	24 Hour services to patients	-
Rendering of Quality Health Care Services	Patients	CHC fully operational	24 Hour services to patients	Policy on Infection, Prevention and Care reviewed

2.2.2. Batho Pele Arrangements with Beneficiaries

Table 5 Batho Pele Arrangements with Beneficiaries: 2020/21 FY

Current / Actual Batho Pele Arrangements	Desired Batho Pele Arrangements	Actual Achievements
Consultation	To be proactive and consult clients regularly using Health Education Awareness at facilities and conduct Outreach Programmes	Establishment of Clinic Committees and appointment Hospital Boards.
Information	Clinical staff will be able to work with patients in their care to make best decisions about diagnoses. Patients are well informed about the treatment they are about to receive	National pamphlets were distributed to facilities and Radio slots.
Openness & Transparency	- Increase trust in the patient-clinician relationship. - Equality, safety and efficiency throughout the healthcare system can be improved	Developed a Patient Satisfaction Survey and printed Corporate Culture Portraits

2.2.3. Service Delivery Information Tool

Table 6 Service Delivery Information Tool: 2020/21 FY

Current / Actual Information Tool	Desired Information Tool	Actual Achievements
Pamphlets	Multilingual	Pamphlets issued in all four common languages in the province
News letter	Issue monthly news letters	Email from programs issued through the communication unit

2.2.4. Complaints Mechanism

Table 7 Complaints Mechanism: 2020/21 FY

Current / Actual Complaints Mechanism	Desired Complaints Mechanism	Actual Achievements
Complaint Forms (supporting persons who lodge complaints)	Patient Satisfaction Survey Forms	Patient Satisfaction Survey conducted on a daily basis
Acknowledgement of complaints received	Respond in writing or telephonically within days	- Complaints and Comments Policy was approved. - All complaints received are acknowledged and responded to within the set time frame, failure to adhere an apology is issued.
Investigation of complaints	Inform District / Provincial manager if risk is high	Complaints not addressed are handed over to labour relation for further investigation.
Resolution and redress of complaints	Finalise procedure within 5 working days	Complaints not completed within five (5) days are referred to next level.
Monitoring and statistical data on complaints	Execute Terms of Reference (TOR)	SOP in place as a guiding tool.

2.3. Organisational Environment

The Achilles heel of the department in the latter years, including in the financial year **2020/2021**, has been the continued instability and vacancies in key senior management positions. Firstly, there have been many changes at the level of HOD and there was again a change in this position recently. This invariably has had negative extrapolations for the strategic direction of the department. The former Acting HOD, had been in the position for less than two years, which signifies the instability factor. There is an increased realisation of the dire need to stabilise this level of leadership within the department.

Secondly, the level of middle management, which is critical for the implementation of the Annual Plan and Strategy of the department has been hampered by successive moratoriums on appointments, lack of proper HRM planning and execution and the absence of an organisational structure. Key areas of support in the administration are lacking either the appropriate personnel or skills. In this regard we can refer to the position of the director for research and key vacancies in the office of the CFO and in Policy and Planning Directorate. These factors have the potential to encumber the morale and performance of the organisation.

The advent of COVID-19 has furthermore, imposed adjustments to the mode of working. Access and travel to facilities was limited and in year-monitoring had to be adjusted, which limited interface with key personnel. This has been evident in the quarterly performance outcomes.

The adjustment that had to be made with more than half of the staff working from home was initially also felt as a disruption as issues of access to appropriate tools of trade in order for employees to work from home pose a challenge. It however, also facilitated positive changes in the mode of work, offsite working and virtual meetings are now part of the new normal in the department and government.

Amongst the potential threats that health systems across the world faced was disruption as a result of shortage of personal protective equipment (PPE), supply lines were stretched to the limit. The department was able to manage this reality to great satisfaction.

2.4. Key Policy Developments and Legislative Changes

There were no major legislative changes in the period under review. However, in the wake of the COVID-19 pandemic, Cabinet declared a national disaster state. The Minister of Cooperative Governance and Traditional Affairs, issued regulations that brought into place a risk adjusted disaster management plan. This resulted in restrictions in travelling, necessitating a shift towards virtual working and engagements. This, as iterated above, impacted on the workings of the department. It can also be surmised that it decelerated the work that Parliament was doing in finalising the legislation for the National Health Insurance.

3. Progress Towards Achievement of Institutional Impacts and Outcomes

Table 8 Strategic Outcome Orientated Goals: 2020/21 FY

	MTSF 2019-2024	Outcomes	Presidential Health Summit Compact Pillars	Progress
Survive & Thrive	Goal 1: Increase Life Expectancy improve Health and Prevent Disease	1. <i>Improve health outcomes by responding to the quadruple burden of disease of South Africa</i> 2. <i>Inter sectoral collaboration to address social determinants of health</i>	N/A	• The Northern Cape Department of Health (NCDOH) conducted an Intra-Action review (IAR) using the WHO recommended methodology for the Intra-Action review (IAR) • The IAR covered the 14 functional areas of the NCDOH as outlined in the initial Northern Cape Department of Health COVID-19 Preparedness and Response Strategy and Plan. Procurement of fifty (50) mobile ventilators in district hospitals for COVID-19 critically ill patients in ICU • The interventions have seen the appointment of ± 200 COVID-19 nurses and doctors throughout the province to enhance on service delivery during the pandemic
Transform	Goal 2: Achieve UHC by Implement NHI	3. <i>Progressively achieve Universal Health Coverage through NHI</i>	• Pillar 4: <i>Engage the private sector in improving the access, coverage and quality of health services; and</i> • Pillar 6: <i>Improve the efficiency of public sector financial management systems and processes</i>	• The UMK foundation, donated a thirty bed structure for Bendel clinic in JTG to enhance service delivery • Refurbishment of the nurse's home in Olifantshoek to accommodate clinicians • Donation from KMR of the water projects for six clinics in JTG • Establishment of the Provincial Intra-Action review (IAR) and Resurgence plan
	Goal 3: Quality Improvement in the Provision of care	4. <i>Improve quality and safety of care</i>	Pillar 5: <i>Improve the quality, safety and quantity of health services provided with a focus on to primary health care.</i>	• The first quarter of the year under review has shown a decline in the number of calls received by the emergency call centres across the province. which may be associated with the lockdown across the nation as the president of the republic declared a state of a disaster due to COVID-19 pandemic that since required the nation to be placed under alert level 5 lockdown as per the disaster management Act (Act No 57 of 2002) • The program has since been able to meet the demand of services over this period as there was a decline in the number of trauma cases and calls in general, and as a result the response improved in this quarter • The relaxation of the lockdown levels however resulted in an increased number of COVID-19 infections which in turn placed a serious burden on EMS for referrals of these patients on top of conventional cases • Over the year under review, the program had an average of 85 ambulances on a daily basis which subsequently improved towards the end of the third quarter as we managed to place 45 ambulances in the districts which had improved the operational status to 95 ambulances on average against a target of 130
		5. <i>Provide leadership and enhance governance in the health sector for improved quality of care</i>	Pillar 7: <i>Strengthen Governance and Leadership to improve oversight, accountability and health system performance at all levels</i>	• The one thing that has been an Achilles heel of the department in the latter years, including in the financial year 2020/2021 is the continued instability and vacancies in key senior management positions • There have been too many changes at this level, there was again a change in the position of Head of Department; this invariably has had negative

	MTSF 2019-2024	Outcomes	Presidential Health Summit Compact Pillars	Progress
				extrapolations for the strategic direction of the department. There is increasing realisation of the need to stabilise this level of leadership in the department
		6. <i>Improve community engagement and reorient the system towards Primary Health Care through Community based health Programmes to promote health</i>	Pillar 8: <i>Engage and empower the community to ensure adequate and appropriate community based care</i>	- The programme experienced a lot of setbacks due to COVID-19, all Community Health Workers (CHWs) were redirected to concentrate in screening for the COVID-19 pandemic - The CHWs were mainly utilised to deliver packed treatment to patients at home, the aim was to avoid traffic at facility level. The challenge was that patients are now reluctant to go back to facility for their necessary check-ups that include monitoring of bloods - The programme has encouraged all CHWs and facility managers to include programmatic work when continuing with Covid-19 screening, especially with regard to tracing patients defaulting on treatment - The adherence strategies (tracing of lost patients, adherence clubs and support groups) could not be maintained in all facilities due to strict pandemic rules, this has a negative impact on the programme. The facilities and CHWs have resumed the strategies in small groups and support in the form of refresher training by programme coordinators in districts
		7. <i>Improve equity, training and enhance management of Human Resources for Health</i>	Pillar 1: <i>Augment Human Resources for Health Operational Plan</i>	- The non-filling of administrative and support posts still has an effect on the performance of certain programmes in the Department and Hospitals. Replacement clinical posts are still done on a slow pace, due to the instruction of the HOD received on 13 January 2021 to cease the recruitment process - During this period, the department has recruited and Trained of 550 COVID-19 Brigades, 100 Basic Pharmacy Assistants 26 managers attended a 2-weeks long virtual Change Management Course 23 officials had successfully completed their CIP and had all received confirmation letters from National School of Government; and 14 medical students successfully completed MBChB degree and this resulted in the accumulated overall yield of 81 medical doctors since the inception of Mandela Castro Medical Scholarship Programme
		8. <i>Improving availability to medical products, and equipment</i>	Pillar 2: <i>Ensure improved access to essential medicines, vaccines and medical products through better management of supply chain equipment and machinery</i> Pillar 6: <i>Improve the efficiency of public sector financial management systems and processes</i>	- The average medicine availability for the province under the reporting period is 87.8% with the hospitals reporting consistently a higher medicine availability compared to the PHC's and CHC's - The provincial depot experienced various challenges with the availability of medicines due to global Active Pharmaceutical Ingredient (API) shortages and intermittent supplies of vital and essential medicines from suppliers due to cash flow constraints - The access and the availability of medicines in the districts was negatively affected by the closing of facilities due to the COVID-19 pandemic; the local municipal strikes in the sub districts; local floods in some districts; as well as

	MTSF 2019-2024	Outcomes	Presidential Health Summit Compact Pillars	Progress
				challenges with the delivery and distribution of stocks by the depot to and within the districts
		9. <i>Robust and effective health information systems to automate business processes and improve evidence based decision making</i>	Pillar 9: <i>Develop an Information System that will guide the health system policies, strategies and investments</i>	• There were gains that was orchestrated by COVID-19 pandemic that has necessitated reprioritisation of funds for permanent connection solution at Primary Health Care • Facilities through Grants or Equitable Share Funding • Grant enabled the approval to fill vacant and funded positions within the ICT Unit • Allocation of Budget to the ICT Directorate to attend to Incidents within Districts and Hospitals
	Goal 4: Build Health Infrastructure for effective service delivery	10. <i>Execute the infrastructure plan to ensure adequate, appropriately distributed and well maintained health facilities</i>	Pillar 3: <i>Execute the infrastructure plan to ensure adequate, appropriately distributed and well-maintained health facilities</i>	• No major achievements on the projects can be reported in the 2020/21 financial year due to COVID-19 lockdowns and delays in the processing of payment certificates to enable contractors to complete the outstanding works

4. Institutional Programme Performance Information

The Department submits performance reports on a quarterly basis to the National Department of Health, Provincial Legislature and Office of the Premier, through the Electronic Quarterly Performance Reporting System (EQPRS). The system utilizes national customized and non-customized performance indicators that have been identified from different budget programmes. These indicators are published by National Treasury on a quarterly basis on its website. The Department further uses an internal monitoring tool, which is the Quarterly Performance Report, (QPR) to monitor performance. At the end of the financial year an Annual Report is consolidated to account on how the budget was utilised and the state of the Department's financial management systems.

The Department Conducts Performance Information Monitoring sessions with all budget programmes to review performance on a quarterly basis, in order to monitor achievement in implementation of the Strategic Plan and Annual Performance Plan. These sessions assist the department in identifying early warning signs on poor performance. Programmes then develop action plans on indicators that were not achieved.

Each quarter, Performance Analysis Reports are developed and shared with all relevant managers on strategies to overcome areas of underperformance. The outcome of analyses requires programmes to develop risk improvement plans on how to mitigate risks of non-achieving planned targets. Programmes are also accountable to provide means of evidence for performance achieved.

In lieu of the above, the performance for the period under review for each of the eight (8) budget programmes hereby follows.

The following legend can be used for interpreting performance tables:

Outcomes, Outputs and Output Indicators are aligned with the 2020/21 APP

Strike-through areas means that the indicator is new and audited information for the previous years are thus not available

Planned annual targets are aligned with the 2020/21 APP

Table # Outcomes, Outputs, Output Indicators, Targets and Actual Achievements: Sub-Programme Name

OUTCOME	OUTPUT	OUTPUT INDICATOR	AUDITED ACTUAL PERFORMANCE 2018/19	AUDITED ACTUAL PERFORMANCE 2019/20	PLANNED ANNUAL TARGET 2020/21	ACTUAL ACHIEVEMENT 2020/21	DEVIATION FROM PLANNED TARGET TO ACTUAL ACHIEVEMENT 2020/21
Outcome	Output	Indicator			Target	Actual	Deviation (if any)
		REASONS FOR DEVIATION: • Reason 1 • Reason 2					

Reasons are provided in cases where deviation occurs between planned performance and actual achievement

Actual achievements for the year under review are reported by each Sub-Programme

Deviation occurs either when there is an over-achievement (+) or under-performance (-)



4.1. Programme 1 – Administration

PROGRAMME PURPOSE AND STRUCTURE

- To conduct the strategic management, technical support to core programmes and the overall administration of the Department of Health in the Northern Cape Province.

Office of the Member of Executive Council (MEC)

- To provide Political oversight to the Health Administration sector within the Northern Cape Province.

Office of the Head of Department (HOD)

- To conduct the strategic management and the overall administration of the Department of Health in the Northern Cape Province.

SUB-PROGRAMMES

- Sub-Programme 1.1: Policy & Planning
- Sub-Programme 1.2: Medico-Legal
- Sub-Programme 1.3: Research & Development (R&D)
- Sub-Programme 1.4: Information, Communication & Technology (ICT)
- Sub-Programme 1.5: Human Resource Management (HRM)
- Sub-Programme 1.6: Financial Management / Finance
- Sub-Programme 1.7: Employment Equity & Gender

OUTCOMES

1. Strengthening leadership and governance in the department and ensuring that there is collaborative planning at all levels
2. Management of Medico-Legal cases in the health system strengthened
3. Robust and effective health information systems to automate business process and improve evidence based decision – making
4. Staff equitably distributed and have right skills and attitudes
5. Unqualified audit opinion achieved
6. Women empowerment

4.1.1. Sub-Programme 1.1: Policy and Planning (P&P)

PRIORITIES

- Monitor the implementation of Departmental Performance Plans.
- To assist in the development and implementation of policies.

SITUATION ANALYSIS

The current reporting period **2020/2021**, the 5-year Strategic Plan 2020/2021-2024/2025 and Annual Performance Plan 2020/2021 were only finalised and tabled in the second quarter due to the COVID-19 pandemic. This resulted in the unit working on numerous documents concurrently in order to comply with the deadlines set by Office of the Premier (OTP) and National Department of Health (NDOH).

Subsequently, the unit received standardized indicators from NDOH which were utilized to develop the first draft Annual Performance Plan (APP) 2021/2022 which was submitted to OTP and NDOH in November 2020. Thereafter, in February 2021 feedback analysis on the first draft APP was received from OTP and DPME to aid the finalization of the APP. The finalized plan was submitted to both OTP and NDOH on the 12th of March 2021. Additionally, the 5-year Strategic Plan 2020/21–2024/25 was reviewed to ensure alignment to the APP 2021/2022 and included as Annexure A in the APP. The tabling of the APP 2021/22-2023/24 at Legislature and OTP took place in the first quarter of the 2021/2022 financial year (15 April 2021).

The departmental Operational Plan was developed, however costing of the various activities aligned to the output indicators was not completed fully by budget programmes. Concerns were raised by various programme managers regarding the unavailability of their respective programme budget, in consequence hindered the effective costing of the Operational Plan.

The Strategic planning unit is tasked with ensuring that infrastructural projects are included in the various Districts Integrated Developmental Plans (IDP) to ensure integrated planning across sector departments. Henceforth, the unit furnished COGHSTA with the list of projects the Health Facilities Management Programme (Programme 8) plans to complete across the province in the 2021/2022 financial year.

The M&E unit conducted Performance Monitoring Sessions with programmes to ensure that the Department achieves its set objectives, and implement intervention with the intent to improve the quality of service delivery to the Northern Cape Province.

Monitoring the implementation of the departmental policy register became a very effective tool for formulating and reviewing of policies within reasonable set timeframes. The target set in the APP of approving 16 policies was achieved. This achievement came as a result of monitoring the implementation of the annual policy development plan used as operational plan. Despite the impact of COVID-19 which resulted in employees having to work remotely, the effective use of artificial intelligence provided a platform for on-going support.

ACHIEVEMENTS

- 5 Year Strategic Plan 2020/2021 -2024/2025 reviewed and included as an annexure in the APP 2021/22
- Annual Performance Plan 2021/2022 was developed and submitted to both OTP and NDOH
- Operational Plan 2021/2022 was developed and aligned to the APP
- Development of the following Policies:
 1. Policy on Employee Wellness Management
 2. Policy on Debt Management
 3. Policy on Whistle-Blowing
 4. Policy on Budget Management
 5. Policy on Women Empowerment and Gender Equality
 6. Policy on Overtime, Night Duty and Standby Allowance
 7. Policy on Climate Change Adaptation in Rendering of Public Health in NC
 8. Policy on Climate Change Mitigation in Rendering of Public Health Service in NC
 9. Job Description Policy
 10. Policy on Dispensing of Medicine in Health Establishment
 11. Policy on Communication
 12. Policy on Policy Formulation, Implementation and Review

13. Policy on the Management of Sexual Harassment in the Workplace
14. Policy on Management of Bereavement in the Workplace
15. Policy on HIV/AIDS, STI and TB in the Workplace
16. Policy on Attraction and Retention of Employees

CHALLENGES AND MEASURES PLANNED TO OVERCOME THEM

Table 9 Challenges & Measures Planned to Overcome them: Policy & Planning

CHALLENGES	CORRECTIVE ACTION
Inadequate comments on policies distributed for consultation.	Programme internal consultation sessions to take place
Un-availability of various programme budgets to ensure appropriate costing of output indicator activities in the Operational Plan	Liaise with the budget directorate to ensure that programmes receive their respective budget timeously
Late submission of inputs from budget programmes	Request the intervention of the HOD
Delayed finalization of customized indicators by NDOH	Request the intervention of the HOD

Table 10 Outcomes, Outputs, Output Indicators, Targets and Actual Achievements: Policy & Planning

OUTCOME	OUTPUT	OUTPUT INDICATOR	AUDITED ACTUAL PERFORMANCE 2018/19	AUDITED ACTUAL PERFORMANCE 2019/20	PLANNED ANNUAL TARGET 2020/21	ACTUAL ACHIEVEMENT 2020/21	DEVIATION FROM PLANNED TARGET TO ACTUAL ACHIEVEMENT 2020/21
Strengthening leadership and governance in the department and ensuring that there is collaborative planning at all levels	Development of Strategic Plan	Reviewed 5-year Strategic Plan	Reviewed 5-year Strategic Plan	Draft Strategic Plan 2024/25 developed	Reviewed 5-year Strategic Plan	Reviewed 5-year Strategic Plan	-
		REASONS FOR DEVIATION: -					
	Development & implementation of Policies	Number of approved policies	17	11	16	16	0
		REASONS FOR DEVIATION: Monitoring implementation of the annual policy development plan					

4.1.2. Sub-Programme 1.2: Medico-Legal

PRIORITIES

- Management of Medico-legal cases in the health system strengthened.

SITUATION ANALYSIS

The Medico-legal task team was established in December 2017 and the role was to introduce systems to ensure the effective management of the medico-legal litigation risk and to control the concomitant expenditure thereof. The Minister of Health in 2016 declared Medico-legal litigation a national crisis and as a result thereof a dedicated team should be established by provincial departments to deal with the backlogs of these medico-legal cases and to furthermore implement controls and mechanisms to mitigate the imminent risk. Consequently, the Medico-legal task team was established where approval was given by Treasury for the team to be appointed on a three (3) year fixed term contract. This period would allow for proper systems to be put in place, however, it became apparent that medico-legal litigation is a constant strategic and financial risk which therefore requires a dedicated and permanent team or structure to manage the litigation in order to mitigate the risks associated therewith. The task team's contracts ended due to effluxion of time on 30th November 2020, where after the contracts were extended for a period of four (4) months, ending March 2021. At the end of March 2021 the contracts were extended for a further four (4) months, ending 31 July 2021 which would allow the Department to either advertise the posts and/or put systems in place in as far as human resources are concerned. There therefore exists a dire need for a permanent medico-legal structure to be formed and in the absence thereof human capital remains a large risk in this area.

The lack of operational budget adversely affects the turn-around time for the payments of the external legal service providers which in turn negatively impacts trial preparation. Currently, the Department has two (2) external service providers whom provides legal services for all the Department's litigation matters and therefore it is imperative that a budget is ring-fenced to ensure that payments are honoured timeously.

ACHIEVEMENTS

A reduction of the medico-legal contingent liability by R300 496 895.00 (Three Hundred Million Four Hundred Ninety-Six Thousand Eight Hundred Ninety-Five Rand) was achieved during the **2020/21** financial year.

The above reduction was achieved as a result of the proper management of the litigation, where settlements could be realized timeously before matters were set down for trial in instances where the merits of the case were very weak. Additionally, where matters are dormant for long periods of time, requests were made to the Registrar of the High Court to archive such matters.

CHALLENGES AND MEASURES PLANNED TO OVERCOME THEM

Table 11 Challenges & Measures Planned to Overcome them: Medico-Legal

CHALLENGES	CORRECTIVE ACTION
Lack of operational budget for the medico-legal litigation function	It is proposed that an operational budget be set aside for the function in the next financial year. To address the current financial challenges, it is proposed that a request be made to Provincial treasury for money to be ring-fenced in order to pay the service providers
Upcoming trials in the coming months where serious preparation needs to take place, yet there is uncertainty regarding the officials appointed to manage the medico-legal cases.	That the employee's contract's either be extended for a longer period, or in the alternative, that the positions be advertised and filled permanently due to the specialized nature of this litigation.
Slow payment of services providers.	The existence of an operational budget would go a long way in resolving this problem. Furthermore, compliance with Treasury Regulations of paying service providers within 30 days would mitigate the risks.

Table 12 Outcomes, Outputs, Output Indicators, Targets and Actual Achievements: Medico-Legal

OUTCOME	OUTPUT	OUTPUT INDICATOR	AUDITED ACTUAL PERFORMANCE 2018/19	AUDITED ACTUAL PERFORMANCE 2019/20	PLANNED ANNUAL TARGET 2020/21	ACTUAL ACHIEVEMENT 2020/21	DEVIATION FROM PLANNED TARGET TO ACTUAL ACHIEVEMENT 2020/21
Management of Medico-Legal cases in the health system strengthened	Contingent liability of Medico-Legal cases reduced by 80%	Contingent liability of current Medico-Legal cases			R 150 million	R 300 496 895.00	+R150 496 895.00
		REASONS FOR DEVIATION: - The unit over performed as a result of the archiving of matters and early settlement in instances where the merits are not good. - As the COVID-19 pandemic started in Q1 of the 2020-21 FY no matters could be archived via the court system. This refers to matters that did not proceed at court, i.e. in Q1-Q3. - Medico Legal only started receiving archiving matters in Q4, after the long delay due to COVID-19. - Certain matters were settled, also having an effect on the initial contingent liability and actual amount paid.					

4.1.3. Sub-Programme 1.3: Research and Development (R&D)

PRIORITIES

- Strengthening the health system by conducting research on ways that potentially improve efficiencies, evidence-based planning and generating credible evidence for rational decision-making.

SITUATION ANALYSIS

The unit is under resourced and is currently having one employee to ensure that the research and development function are performed. The departure of the unit's director at the end of the 2019/20 financial year, created a challenge because the most experienced researcher. The filling of post may take time due to the moratorium on administrative. This resulted in a backlog on conducting of evaluations and publishing research articles.

Taking all the above in mind the unit had only one key indicator for its performance during the reporting period "number of ethically approved research protocols to be conducted in the Northern Cape Province".

ACHIEVEMENTS

- The Directorate achieved 108% of ethically approved research protocols conducted in the Northern Cape Province and this is due to the fact that more people were interested in conducting research in our province during the reporting period.

CHALLENGES AND MEASURES PLANNED TO OVERCOME THEM

Table 13 Challenges & Measures Planned to Overcome them: Research & Development (R&D)

CHALLENGES	CORRECTIVE ACTION
Shortage of resources (both human and financial)	Strengthen the unit with the necessary resources (both financial and human)

Table 14 Outcomes, Outputs, Output Indicators, Targets and Actual Achievements: Research & Development

OUTCOME	OUTPUT	OUTPUT INDICATOR	AUDITED ACTUAL PERFORMANCE 2018/19	AUDITED ACTUAL PERFORMANCE 2019/20	PLANNED ANNUAL TARGET 2020/21	ACTUAL ACHIEVEMENT 2020/21	DEVIATION FROM PLANNED TARGET TO ACTUAL ACHIEVEMENT 2020/21
Strengthening leadership and governance in the department and ensuring that there is collaborative planning at all levels	Approved research protocols conducted	Number of ethically approved research protocols to be conducted in the Northern Cape Province	48	36	50	55	+5
		REASONS FOR DEVIATION: The Directorate achieved 108% of ethically approved research protocols conducted in the Northern Cape Province and this is due to the fact that more people were interested in conducting research in our province during the reporting period.					

4.1.4. Sub-Programme 1.4: Information, Communication and Technology (ICT)

PRIORITIES

- Provide connectivity and upgrade physical network infrastructure in all facilities.

SITUATION ANALYSIS

Currently within the ICT (Information and Communication technology) Unit a severe staff shortage exist. This is due to the centralization of ICT support to the Provincial Office.

All support (Incidents and Application availability) for Districts including Hospitals, CHC's and Clinics are done from the Provincial Office. This causes massive delays in providing support to the Districts.

This is done either by a technician visiting the Facility or the Facility sending the equipment for repairs to the Provincial Office.

Currently the Unit is Functioning with minimal staff within the Unit. The current vacancy rate in the Unit is 47%.

A request has been submitted for additional support staff through COVID-19 Funding and has been approved and advertised.

Approval has been granted for the appointment of 10 Contract Technical positions for the period of 1 year. The expected start date for the officials is 1st May/June 2021. This Officials will provide support to District with regard to all applications, Software and Hardware support.

During the 4th Quarter, the Unit managed to resolve incidents but with a very high waiting time to users.

The ICT Directorate engaged the HIV/Aids grants Manager for funding for connectivity to the John Taolo Gaetsewe District. This has been approved by the Accounting officer and the supplier has been appointed.

The project plan is currently being drafted for Implementation and Installations should start soon.

ACHIEVEMENTS

- Incident Resolution rate of 90% within an acceptable time frame
- 95% Systems Availability and Accessibility
- Appointment of Service Provider for the Connectivity of Facilities in JTG and PKS
- Approval and Appointment of Support Staff within the Districts on contract
- Successful Implementation of EVDS (Electronic Data Vaccine System) at vaccination sites

CHALLENGES AND MEASURES PLANNED TO OVERCOME THEM

Table 15 Challenges & Measures Planned to overcome them: Information, Communication & Technology (ICT)

CHALLENGES	CORRECTIVE ACTION
Lack of ICT support personnel within District Offices, Hospitals and Primary Health Care Facilities	Creation and Filling of District Support post submission submitted for approval and funding
Availability of Funds for Connectivity	Reprioritization of funds for permanent connection solution at Primary Health Care Facilities through Grants or Equitable Share Funding
Filling of current vacant positions within the ICT Unit: • 2 x Deputy Director Positions • 1 x Principal Network Controller	Grant the necessary approval to fill vacant and funded positions within the ICT Unit.
Minimized allocation of Budget to the ICT Directorate for: • Support Services / Incident Management in Districts • Procurement of Parts for the repair of Equipment (Provincial Office and Districts including Hospitals) • Information Management Functions within Districts	Allocation of Budget to the ICT Directorate to attend to Incidents within Districts and Hospitals

Table 16 Outcomes, Outputs, Output Indicators, Targets and Actual Achievements: ICT

OUTCOME	OUTPUT	OUTPUT INDICATOR	AUDITED ACTUAL PERFORMANCE 2018/19	AUDITED ACTUAL PERFORMANCE 2019/20	PLANNED ANNUAL TARGET 2020/21	ACTUAL ACHIEVEMENT 2020/21	DEVIATION FROM PLANNED TARGET TO ACTUAL ACHIEVEMENT 2020/21
Robust and effective health information systems to automate business process and improve evidence based decision -making	PHC Facilities with network access	Percentage of PHC facilities with network access	18% (29/159)	65% (104/159)	21%	69% (110 / 159)	48%
		REASONS FOR DEVIATION: - Most of the connectivity completed in the 2019/2020 Financial Year. - Speed up process within Department for the connectivity of PHC Facilities within the JTG District through Telkom proposal and Grant Funding. Awaiting approval for the Implementation to the remainder of the Sites.					

4.1.5. Sub-Programme 1.5: Human Resources Management (HRM)

PRIORITIES

- Review and align the Provincial Human Resources Plan with the service delivery platform.
- Develop an efficient and effective system to improve Performance Management.

SITUATION ANALYSIS

The non-filling of administrative and support posts still has an effect on the performance of certain programmes in the Department and Hospitals. Replacement clinical posts are still done on a slow pace, due to the instruction of the HOD received on 13 January 2021 to cease the recruitment process. Department of Treasury had control over the appointment functions and were only open for certain periods. The appointments done was the absorption of the bursary holders and the intake for 2021 for the Community Service and the Medical Interns.

The Employee Health and Wellness Unit is currently understaffed. There are no Employee Health and Wellness Units in all 5 Districts and 2 Hospitals. There is no Clinical Psychologist appointed to assist employees with Psycho-Social support. Frances Baard Psychologist is assist employee in the District on an ad-hoc basis.

The State of Emergency negatively affected the Conditions of Service Unit. The attendance of staff highly affected the operations, absence due to poor management of the COVID-19 protocols or due to quarantine as staff was continuously infected in other districts and thus offices remain vacant for longer periods.

The Department received more than 200 applications of Injury on Duty (IOD) due to COVID-19, these applications were submitted to the Department of Labour however there were challenges. A meeting was then held with the Department of Labour in February and the Department had to resubmit these documents to them. They have confirmed receipt and we are awaiting the feedback from them. The Department of Labour will conduct training in the 1st quarter of the financial year for the Department to capture its own IODs in future.

Human Resource Draft Plan

Human Resource Draft Plan was not approved due to budgetary cuts and moratorium on filling of posts.

Pensions

There has been an improvement in the pension pay-out turnaround time as these were affected by the lockdown period. The pensioners are able to receive their pay-outs within 60 days of exit if documents are submitted timely. More than 50% of the leave gratuities that were outstanding have been paid out to the employees or their beneficiaries.

Leave

Managers need to ensure that employees utilise their 2020 vacation leave credits before they expire on 30 June 2021.

Policies

The Commuted Overtime Policy has been submitted to the Policy and Planning Unit for circulation for inputs on the policy.

Overtime

About 90% of facilities have submitted their requests for the performance of overtime for 20/21. It should be noted that the Minister has not approved as yet the exceeding of 30% of basic salary for this coming year.

PILIR

Managers have the responsibility to ensure that PILIR applications are submitted within 5 days from the first day of absence and to date there are employees who have been absent for more than 30 days and no PILIR application submitted.

There were 81 applications received from the Health Risk Manager the quarter, of these 81 applications 45 were approved and 36 declined. The submission rate has improved however there are still challenges when implementing those that have not been recommended. This leads to failure in implementation of the Policy as the Policy does not have the effect it should on employees that are abusing their sick leave.

ACTIVITIES:

- Reviewing and submission of EHW policies.
- Assessment session with CSIR joined by the TB, Quality Assurance and Risk Management Unit.
- Drafted and Finalised a SHE Representative training manual
- Occupational Health and Safety Committee Meetings
- Submitted Integrating Reporting Tool to Premier's Office
- Quarterly and Annual Systems Monitoring Tool submitted.
- CSIR Risk Assessment in Namakwa and ZFM
- Inspections
- Compiling of Operational Plans 2020/2021
- Training of Health and Safety Representatives
- Mid-Year EPMDS Documents submitted and annual to be submitted
- Compliance Inspection External Department
- Attended CSIR IPC
- Training committee meeting
- Incident investigation and reporting SOP submitted for approval
- Attended NC Tech meeting with NDOH DG, HOD and executive management concerning the OHS report from NIOH.
- Issued training certificates.
- Compiled OHS report for NDOH
- Disseminated PEP guidelines

EPMDS

The break out of the noble corona virus (COVID-19) pandemic has destabilized operations in the country, and government operations and service delivery was equally negatively affected. The President's announcement of lockdown and its compulsory regulations has resulted in many challenges, whereby most administrative functions were compromised when the Department had to re-prioritize operations and concentrate most of its efforts on the fight against as well as combat the spread of COVID-19 virus. As a result of the above-mentioned, most administrative processes took a back seat and performance management was not a priority but saving lives of the Northern Cape communities was.

The minister of public service had in the interim of the national lockdown, officially granted an extension for submission of employee performance management and development (EPMDS) documents of until the end of the then lockdown for compliance. The impact of COVID-19 and national lockdown has had serious implications, namely:

- Since the initial announcement of National Lockdown due COVID-19 pandemic, and although there were easing of restrictions over time, progress of finalization of 2019/ 20 employee performance appraisal processes between employees and their supervisors was slow and still affected by the staggering of employees reporting for duty
- The due date for submission of 2020/ 21 performance documents, i.e. performance agreements, work plan & personal development plans, was further extended for additional period by DPSA until 14th September 2020
- At mid-year, i.e. 30th September 2020, the 2020/ 21 EPMDS compliance status of the Department (SL 3 - 12) was just above 50% of the total establishment, as indicated in the table below:

Description	Headcount	Percentage
Total Staff Est	6690	-
Compliant	1319	20%
Non - Compliant	5371	80%

- Fortunately, the Minister of PSA had issued a circular (Circular 32 of 2020) on 15th October 2020 that granted extension on the completion and finalization dates for PMDS processes for the previous year (2019/20) as well as the current year (2020/ 21); According to this circular, process completion and outcome implementation of 2020/ 20 performance assessments must be finalized by no later than 31st March 2021, which is a deviation from the normal due date of 31st December of each year
- The implication was that all outstanding employee performance appraisal processes, i.e. moderation as well as implementation of moderation outcomes must be finalized and completed by the due date (31st March 2021)
- Performance moderation processes were then finalized and completed in March 2021, after which the MEC granted approval for implementation of moderation outcomes accordingly

- It was unfortunate that implementation could not commence immediately, but was deferred to April 2021. This was due to the dire financial pressures and constraints the Department had found itself in
- The compliance level of the Department with respect to submission of 2020/ 21 performance agreements remained a great concern as there was no significant improvement on PERSAL
- As at the end of the performance cycle 2020/ 21, the Department's compliance remained below 50% of the total staff establishment

ACHIEVEMENTS

- Occupational Health and Safety Statutory Appointments
- The number of employees on probation has reduced from 1026 to 616, i.e. from 15% to 9% of the Department's staff establishment
- Finalization and successful completion of 2019/ 20 performance moderation processes for the entire Department

CHALLENGES AND MEASURES PLANNED TO OVERCOME THEM

Table 17 Challenges & Measures Planned to overcome them: Human Resources Management (HRM)

CHALLENGES	CORRECTIVE ACTION
Non implementation of declined PILLIR applications	Managers must enforce the decision of the Health Risk Manager, the outcomes are not implemented immediately.
Delay in payment of outstanding pension cases in Districts/Hospitals	HR Practitioners to be held accountable for not executing their duties/responsibilities
Overtime exceeding 30%	Control measures to be put in place and strict monitoring of overtime
Implementation of Recruitment and Selection Policy Directives, Legislation etc.	Managers and staff to be trained on all approved policies
Evacuation drill SHERQ	Re-schedule evacuation drill
There is no Clinical Psychologist appointed for staff for psychosocial support and intervention	• Appoint Clinical Psychologist in all 5 districts, hospitals and Provincial Office. • Psychologist to be appointed in each District and Hospital to assist employees. • Scope of work need to be amended of current psychologist and social workers to be able to assist the Employee Health and Wellness Program.
EHW activities	Once the pandemic is under control, all EHW event should be allowed to continue. Approval to be granted by HOD and adherence to COVID-19 preventative protocols.
Provincial OHS Committee meeting not held	The HOD and MEC is requested to meet with organised Labour before they will form part of the Provincial OHS Committee.
Very poor compliance to PMDS Policy by employees across the board, including SMS members	• Consequence management should be instituted for all parties that are non-compliant. • Training of staff (all levels) on EPMDS concept as well as Policy.
Delays by HR Practitioners to capture EPMDS documents on PERSAL (districts / institutions)	District managers & CEOs to ensure that PMDS function has dedicated practitioners, and are ensure Policy compliance as required.
Unavailability of adequate budget to implement performance rewards before end of financial year (2020/ 21)	For future, Provincial Office to ensure that all moderation processes for the preceding performance cycle, are completed and finalized before end of 2 nd quarter of the new cycle.

Table 18 Outcomes, Outputs, Output Indicators, Targets and Actual Achievements: Human Resource Management

OUTCOME	OUTPUT	OUTPUT INDICATOR	AUDITED ACTUAL PERFORMANCE 2018/19	AUDITED ACTUAL PERFORMANCE 2019/20	PLANNED ANNUAL TARGET 2020/21	ACTUAL ACHIEVEMENT 2020/21	DEVIATION FROM PLANNED TARGET TO ACTUAL ACHIEVEMENT 2020/21
Staff equitably distributed and have right skills and attitudes	Human Resources Plan developed	Human Resources Plan developed	Approved Human Resources Plan on 30 June 2018	Human Resources Plan developed (30 June 2018)	Reviewed Human Resources Plan	Not Approved Human Resources Plan	Human Resource draft Plan was not approved due to budgetary cuts and moratorium on filling of posts
		REASONS FOR DEVIATION: - HR Implementation Report 19/20- submitted Q3, overall score 94%. - The HR Plan for the Department is expiring on the 30 June 2021.					
	Human Resources Plan developed	Percentage of Performance Agreements signed by SMS officials	88%	26%	100%	52% (13/25)	48% (12/25)
		REASONS FOR DEVIATION: Non-compliant managers to be held accountable, and consequence management be implemented.					

4.1.6. Sub-Programme 1.6: Financial Management

PRIORITIES

- Attain an unqualified Audit Report through developing financial control systems.

SITUATION ANALYSIS

The Office of the Chief Financial Officer focused on the development of internal controls by updating the Audit Action Plan including key policies like the budget management policy and supply chain policy. These controls are informed by the Audit outcome issued by the Office of the Auditor-General. The Department received a qualified audit opinion with the emphasis of the main challenges of Asset Management, Irregular Expenditure, Revenue Management and the management and monitoring of accruals being highlighted by the Auditor General.

The Audit Action Plan has been developed to specifically address these qualification items and the other findings posing a risk of possible qualification. The office of the Chief Financial Officer is in the process to engage the Accounting Officer in dealing with some of the Key performance areas contained in the Audit Action Plan.

Financial reforms remained a priority, key policies have been finalised and some are in circulation with the aim of rolling the policies out before the financial year end.

Provincial Treasury has expanded the support to the Department with the Deployment of additional resources in some competencies such as Asset Management and Revenue Management.

An under collection of revenue has been realised during the second quarter due to structural issues especially at the different facilities. The situation is to improve given the additional resources received.

The regularization of contracts especially those that are on a month to month basis is in process with the anticipated conclusion in the fourth quarter.

Adjustment budget review processes were conducted during the second quarter with programmes providing key inputs.

ACHIEVEMENTS

- Updated Audit Action Plan for the development of internal controls
- Development of Audit Action Plan with focus on the four qualification paragraphs
- Key policies updated and in circulation
- Finalisation of the Terms of Reference for the National Health support programme
- Departmental Asset Register is at an advanced stage in the Francis Baard district
- Procurement of a revenue collection system was concluded

CHALLENGES AND MEASURES PLANNED TO OVERCOME THEM

Table 19 Challenges & Measures Planned to Overcome them: Financial Management

CHALLENGES	CORRECTIVE ACTION
Lack of controls to manage procurement related processes	Implement controls contained in the Audit Action Plan. Appoint key personnel particularly at middle management level
Filing and safe keeping of patient's information is a great concern due to unavailability of space	• Coordinating a process of destroying old files according to their age analysis including the files of the deceased • To explore a process of procuring an electronic data management system to ensure safe keeping of information
Lack of archiving facilities for the Office of the Chief Financial Officer	• Engagements currently underway with the infrastructure management to revamp the existing West End Hospital • The infrastructure unit has presented the layout of the archiving facility

CHALLENGES	CORRECTIVE ACTION
Asset Management unit currently understaffed	• Engagements currently underway with the Provincial Treasury through the intervention programme to deploy additional resources to fill the vacancies within the unit • The unit has received additional human resources from the Northern Cape Provincial Treasury • Provincial Treasury has committed to jointly review the current staff complement and assist with the deployment of senior Asset Officials to provide supervision
Asset register not accurate and complete	The unit has commenced with the capturing of the verified information on LOGIS

Table 20 Outcomes, Outputs, Output Indicators, Targets and Actual Achievements: Financial Management

OUTCOME	OUTPUT	OUTPUT INDICATOR	AUDITED ACTUAL PERFORMANCE 2018/19	AUDITED ACTUAL PERFORMANCE 2019/20	PLANNED ANNUAL TARGET 2020/21	ACTUAL ACHIEVEMENT 2020/21	DEVIATION FROM PLANNED TARGET TO ACTUAL ACHIEVEMENT 2020/21
Unqualified audit opinion achieved	Audit opinion of Provincial DOH	Audit opinion of Provincial DOH	Unqualified Audit Report	Qualified Audit Report	Unqualified Audit Report	Qualified Audit Report	100%
		REASONS FOR DEVIATION: - Lack of a framework to address internal control deficiencies. - The absence of a revenue management system at Departmental facilities has also contributed toward negative audit outcomes. - Historical irregular expenditure awaiting investigation, condonation or write-off has also contributed towards the inability to achieve a positive audit outcome. - The management and monitoring of the Departments Accruals has further contributed to negative outcome. - The lack of an asset register will continue to negatively affect the audit outcome.					

4.1.7. Sub-Programme 1.7: Employment Equity and Gender (EEG)

PRIORITIES

- Ensure gender equality, women empowerment at all levels and the promotion of diversity.

SITUATION ANALYSIS

The Change Management and Transformation unit aims to promoting a culture of servanthood, transparency, accountability, responsibility, Patient Centered Care and the effective use of resources at Galeshewe Day Hospital. The unit will continue to monitor the progress at the facility and give support where necessary.

ACHIEVEMENTS

- Drafted a Newsletter on the Management of Disability / Vulnerable Employees during COVID-19 (Reasonable Accommodation Guidelines)
- Amended the Sexual Harassment Policy in the Workplace and the Complaint form
- Developed a results based Work plan for KAIZEN model, Health Leadership and Change Management, departmental Corporate Culture, Disability and Woman

CHALLENGES AND MEASURES PLANNED TO OVERCOME THEM

Table 21 Challenges & Measures Planned to overcome them: Employment Equity & Gender (EE&G)

CHALLENGES	CORRECTIVE ACTION
Employment Equity targets not being achieved in the department	• Conduct in service training with Trade union representatives Senior Managers and Human Resource Manager • Convene Quarterly Meetings to review progress

Table 22 Outcomes, Outputs, Output Indicators, Targets and Actual Achievements: Employment Equity & Gender (EE&G)

OUTCOME	OUTPUT	OUTPUT INDICATOR	AUDITED ACTUAL PERFORMANCE 2018/19	AUDITED ACTUAL PERFORMANCE 2019/20	PLANNED ANNUAL TARGET 2020/21	ACTUAL ACHIEVEMENT 2020/21	DEVIATION FROM PLANNED TARGET TO ACTUAL ACHIEVEMENT 2020/21
Women empowerment	Women appointed in senior management	Number of women appointed in Senior Management positions			3	0	-3
		REASONS FOR DEVIATION: -There is a moratorium on the filling of posts.					

Table 23 Linking Performance with Budget: Programme 1 - Administration

Programme 1: ADMINISTRATION

	2020/21			2019/20		
	Final Appropriation	Actual Expenditure	Variance	Final Appropriation	Actual Expenditure	Variance
	R'000	R'000	R'000	R'000	R'000	R'000
Sub programme						
1 OFFICE OF THE MEC	19 169	20 209	(1 040)	15 282	18 048	(2 766)
2 MANAGEMENT	208 676	208 908	(232)	206 001	202 012	3 989
	227 845	229 117	(1 272)	221 283	220 060	1 223

Administration – overspent by R1.272 million

The programme overspent on transfers & subsidies due to civil claims against the department in respect of medical negligence. Interest on overdue accounts was also incurred due to the cash flow constraints affecting the payment of long outstanding accruals. The department will continue to strengthen its internal control processes to mitigate the impact of claims against the department due to medical negligence.



4.2. Programme 2 – District Health Services (DHS)

PROGRAMME PURPOSE AND STRUCTURE

- Comprehensive, integrated and sustainable health care services (preventative, promotive, curative and rehabilitative) based on the Re-engineered Primary Health Care (PHC) approach through the District Health Systems (DHS).

SUB-PROGRAMMES

- Sub-Programme 2.1: District Health Services (DHS)
- Sub-Programme 2.2: District Hospitals
- Sub-Programme 2.3: HIV/Aids, STI
- Sub-Programme 2.4: Tuberculosis (TB) Control
- Sub-Programme 2.5: Mother, Child & Women's Health and Nutrition (MCWH&N)
- Sub-Programme 2.6: Disease Prevention & Control (CDC)

OUTCOMES

1. Quality and safety of care improved
2. Health facilities ready for NHI accreditation
3. Leadership and governance in the health sector enhanced to improve quality of care
4. Management of patient safety incidents improved to reduce new medico-legal cases
5. Leadership and governance in the health sector enhanced to improve quality of care
6. HIV incidence among youth reduced
7. 90-90-90 targets for HIV/AIDS achieved by 2020 and 95-95-95 targets by 2024/25
8. TB Mortality reduced by 75%
9. Maternal, neonatal, infant and child mortality reduced
10. Stunting among children reduced
11. Quality facility based food services improved
12. Malaria eliminated by 2023
13. Hypertension and diabetes prevalence managed

4.2.1. Sub-Programme 2.1: District Health Services (DHS)

PRIORITIES

- Ensure accessibility to health care services.
- Ensure well-functioning health facilities.
- Improve oversight, accountability and health system performance by strengthening Governance and Leadership at all levels.
- Improve patient complaints resolution rate within the province.
- Improve patient safety incidents rate within the province.
- Improve the percentage of facilities that have conducted self-assessments.

SITUATION ANALYSIS

The delivery of Primary Health Care services remains dependant on the District Health System. The delivery of and access to primary health care is determined by defined package of services, the number of hours & days of operation, supported by uninterrupted availability of essential and appropriate resources such as staffing, equipment, infrastructure, medication and medical supplies in response to the burden of disease and social determinants of health within the catchment population.

Re-engineered PHC services have a major focus on improving the delivery of health care within the District Health System (DHS) as the major vehicle for delivering PHC. To ensure that the health outcomes are improved and the Ideal Clinic Status is attained the above requirements must be available and adequate throughout the province. The world has been struggling to control a global public health pandemic COVID-19 that is spreading very fast with diverse levels of fatalities in different regions and countries. President Cyril Ramaphosa declared a national state of disaster and announced a number of measures to be undertaken to contain the spread of the virus. Government had to put measures in place to respond effectively in the fast-evolving pandemic. The COVID-19 epidemic has several diverse implications and impacts in the society including the social, economic, health, environmental, and technological realms. The COVID-19 has affected the routine service delivery negatively. District Outbreak Response Teams (DORT) were established in all districts to monitor the spread of the virus. Daily surveillance, monitoring & evaluation has been done throughout the province, and measures are also put in place to strengthen the appointment system in all health facilities. Districts have been adhering to the appointment system to circumvent unnecessary visits in the facilities during the lockdown.

The Northern Cape Department of Health (NCDOH) conducted an Intra-Action review (IAR) using the WHO recommended methodology for the IAR. The session took place during October 2020 and was supported by representatives from the World Health Organisation (WHO). The province IAR was conducted based on the principle of open and honest discussions to analyse the functionality of systems and processes as well as identifying solutions in responding to COVID-19.

The IAR used face-to-face interactions in compliance with the physical and social distancing regulations, strict mask-wearing during sessions as well as hand sanitizing facilities. The IAR covered the 14 functional areas of the NCDOH as outlined in the initial Northern Cape Department of Health COVID-19 Preparedness and Response Strategy and Plan.

In line with the evolution of the COVID-19 pandemic throughout the world and in South Africa, the Northern Cape Department of Health also developed a plan with actions to combat a resurgence. This plan takes in to cognisance the findings, lessons learnt and recommendations of the Intra-Action Review that was conducted by the province. A resurgence is defined as an increase in incidence after a period of lower transmission.

Ideal Facility Realisation and Maintenance (IFRM)

Self-assessments were done in the 2nd quarter, the Peer Review updates for the Ideal Clinic Realisation and Maintenance was done in the 3rd quarter of 2020/21. Due to the restrictions, no inter-district peer reviews were conducted, districts were advised by NDOH to conduct their own Peer Review Updates (PRU).

The Ideal Clinic Status

Twenty-three (23) facilities achieved the Ideal Clinic Status: where 8 facilities received platinum, 9 gold and 6 silver. One hundred and fifty-nine (159) facilities in the province conducted the status determinations for the Ideal Clinic Realisation and Maintenance (ICRM).

Waiting Time

The waiting time is being monitored in the facilities throughout the province, the waiting time has improved from 4 hours to less than 2 hours (average waiting time for the province is 1hr 27min for this financial year. Facilities are monitoring the waiting time to improve on the patient experience of care.

CCMDD

Regardless of the challenges experienced throughout the province, we seeing more patients being registered on the programme: 77 200 (FB: 23730, JTG:19131, NMK:3825, PKS:21180, ZFM:9334). The province has increased the Private Pick Up points; the progress is undergoing. Number of dormant patients has increased due to the interference of the routing collection of chronic medication.

We noting an improvement on the patient experience of care at the clinics, districts still have challenges capturing the surveys. The surveys are expected to be conducted bi-annually.

Performance Indicators

The programme achieved five (4) out of thirteen (13), one indicator is annualised (Ideal Clinic Status rate) for Q4 2020/21 is 31%:

- Number of Districts with Quality Improvement; monitoring and Response Forums convened quarterly-PHC
- Number of Districts with Quality Improvement; monitoring and Response Forums convened Quarterly-District Hospital
- Severity assessment code (SAC) 1 incident reported within 24 hours' rate-PHC
- Percentage of hospitals with functional hospital boards
- Percentage of PHC facilities implementing Quality Improvement Programme
- There is slow progress made with the governance structures at the fixed PHC facilities, contracts for some governance structure members ended in June 2020, regular meetings were not convening due to this uncertainty. It's being proposed that the current members serve in the clinic committees till next year, new appointments will be done after the municipal elections

It's the prerogative of the MEC's office to appoint the governance structures and to extend their term to serve in the clinic committees. The province is depicting a negative deviation on COVID-19 cases, this is mainly attributed to the resurgence in cases during the 2nd wave due to relaxation of restrictions, re-opening of schools, emergence of new variant which is more transmissible and non-adherence of the regulation by the community.

Delegations

Table 24 Delegations to District Directors and CEO's

POSITION	FINANCE & SCM	HR APPOINTMENTS	MAINTENANCE & REPAIRS
District Director	• Quotes obtained up to R500 000 • RT tenders up to R1 000 000	No delegations	• Limited to only small repairs - broken windows, small plumbing • Air-conditioning, Cooling systems, Medical equipment, security systems etc. not covered
CEO's	• Quotes obtained up to R100 000 • RT tenders up to R500 000	No delegations	• Limited to only small repairs - broken windows, small plumbing • Air-conditioning, Cooling systems, Medical equipment, security systems etc. not covered

ACHIEVEMENTS

- Procurement of fifty (50) mobile ventilators in district hospitals for COVID-19 critically ill patients in ICU
- Appointment of ± 200 COVID-19 nurses and doctors throughout the province to enhance on service delivery during the pandemic
- Establishment of district and hospital OHS committees in PKS District
- Donation from UMK of a thirty bed structure for Bendel clinic in JTG to enhance service delivery
- Refurbishment of the nurse's home in Olifantshoek to accommodate clinicians
- Donation from KMR of the water projects for six clinics in JTG
- Establishment of the Provincial Intra-Action review (IAR) and Resurgence plan
- Establishment of the Provincial and District Incident Management Teams
- Appointment of critical staff throughout the province to enhance on service delivery
- Procurement of retractable filing cabinets to enhance on service delivery and improve on waiting time

CHALLENGES AND MEASURES PLANNED TO OVERCOME THEM

Table 25 Challenges & Measures Planned to Overcome them: District Health Services

CHALLENGES	CORRECTIVE ACTION
Human Resources	
Shortage of staff/Critical posts not filled: • Will hamper on effective good quality service delivery, - increased litigations • Will affect the health outcomes	An extensive exercise was done in collaboration with district managers prioritising costed plans for the MTEF period, all costed plans are submitted to Human Resource Management unit
ICT & Information Management	
Lack of ICT in some facilities will compromise: • Effective communication • Data quality • Decision making and late reporting	• All facilities connected in Frances Baard, ICT is in a process of rolling out the connectivity in all districts, and all facilities will be using the LTE routers • ICT unit is engaging with Supply Chain Management to increase the data bundle packages to ensure facilities have sufficient data to capture information at facility level
Infrastructure	
Lack of maintenance budget	Maintenance budget to made available for all districts by the Infrastructure unit
Finance	
• Limited Cash flow received from province impacting on accruals and commitments • Cash flow not available on time will affect efficient service delivery	Province Finance to release exact amount requested from district office to pay suppliers timeously
Leadership & Governance	
Governance structures not yet functional at all facilities	MEC's office to extend the contracts of the governance structure members

Table 26 Outcomes, Outputs, Output Indicators, Targets and Actual Achievements: District Health Services (DHS)

OUTCOME	OUTPUT	OUTPUT INDICATOR	AUDITED ACTUAL PERFORMANCE 2018/19	AUDITED ACTUAL PERFORMANCE 2019/20	PLANNED ANNUAL TARGET 2020/21	ACTUAL ACHIEVEMENT 2020/21	DEVIATION FROM PLANNED TARGET TO ACTUAL ACHIEVEMENT 2020/21
Quality and safety of care improved	Percentage of patients satisfied with their experience of care in public health facilities	Patient experience of care satisfaction rate			75%	84.5%	+9.5%
		REASONS FOR DEVIATION: Facility adhering to the reporting time frames for the Patients experience of care					
Health facilities ready for NHI	Percentage of PHC facilities that qualify as Ideal Clinics	Percentage of PHC facilities implementing Quality Improvement Programme			85%	98% (159/162)	+13%
		REASONS FOR DEVIATION: 159 facilities that conducted the status determinations, developed and are monitoring the quality improvement plans					
		Ideal Clinic Status obtained rate	64% (101/159)	35% (57/163)	85%	14% (23/159)	-71%
		REASONS FOR DEVIATION: The Ideal facility framework was de-stabilized by the effect of the pandemic					
Leadership and governance in the health sector enhanced to improve quality of care	Percentage of PHC facilities with functional clinic committees	Percentage of PHC facilities with functional clinic committees			60%	0	-60%
		REASONS FOR DEVIATION: Term of the contract for some clinic committee members expired in June 2020					
Management of patient safety incidents improved to reduce new medico-legal cases	Patient Safety Incident (PSI) case closure rate	Severity assessment code (SAC) 1 incident reported within 24 hours rate			100%	98%	-2%
		REASONS FOR DEVIATION: One incident was not supposed to be reported under SAC1 based on the guidelines					
Leadership and governance in the health sector enhanced to improve quality of care	Number of Districts with Quality Improvement; monitoring and Response Forums formalised & convened quarterly	Number of Districts with Quality Improvement; monitoring and Response Forums convened quarterly			5	5	0
		REASONS FOR DEVIATION: District Incident Management Teams established in all districts, quality improvements are discussed on a daily basis					

4.2.2. Sub-Programme 2.2: District Hospitals

Table 27 Outcomes, Outputs, Output Indicators, Targets and Actual Achievements: District Hospitals

OUTCOME	OUTPUT	OUTPUT INDICATOR	AUDITED ACTUAL PERFORMANCE 2018/19	AUDITED ACTUAL PERFORMANCE 2019/20	PLANNED ANNUAL TARGET 2020/21	ACTUAL ACHIEVEMENT 2020/21	DEVIATION FROM PLANNED TARGET TO ACTUAL ACHIEVEMENT 2020/21
Quality and safety of care improved	Percentage of patients satisfied with their experience of care in public health facilities	Patient experience of care satisfaction rate			75%	0	-75%
		REASONS FOR DEVIATION: Patient satisfaction rate not captured on the Patient Satisfaction Survey Module due to user access					
Health facilities ready for NHI	Percentage of hospitals that qualify as Ideal Clinics	Percentage of hospitals implementing Quality Improvement Programme			85%	100%	+15%
		REASONS FOR DEVIATION: Quality improvements done in all district hospitals					
		Severity assessment code (SAC) 1 incident reported within 24 hours rate			100%	35%	-65%
		REASONS FOR DEVIATION: The poor utilization of the system for monitoring by the managers resulting in the access being disabled and thus the incidents not being captured on time					
Leadership and governance in the health sector enhanced to improve quality of care		Percentage of hospitals with functional hospital boards			80%	82% (9/11)	+2%
		REASONS FOR DEVIATION: - Target achieved - Governance structures in hospitals were active during the easing of the lockdown					

2.2.3. Sub-Programme 2.3: HIV & AIDS, STI and TB Control (HAST)

PRIORITIES

- Accelerate prevention in order to reduce new HIV and TB infections, and other sexually transmitted infections (STIs) through combination preventative methods.
- Reduce illness and deaths by providing treatment, care and adherence support for all infected people in line with the 90 90 90 Strategy:
 - 90% of all people living with HIV will know their HIV status;
 - 90% of all people with an HIV diagnosis will receive sustained antiretroviral therapy;
 - 90% of all people receiving antiretroviral therapy will achieve viral suppression;
 - 90% of all people who need TB treatment are diagnosed and receive appropriate therapy as required;
 - 90% of people in key and vulnerable populations are diagnosed and receive appropriate therapy; and
 - Treatment success is achieved for least 90% of all people diagnosed with TB.
- Reach all vulnerable and key populations with comprehensive, customized and targeted interventions.
- Address social and structural drivers of HIV and TB infection and STIs (multi-sectoral approach).

SITUATION ANALYSIS

HIV/AIDS & STI

The performance for the HIV & AIDS and STI Programmes was generally poor, where only two out of 8 performance indicators that were being monitored in the **2020/2021** financial year were achieved. The impact of the COVID-19 pandemic cannot be downplayed as it has been well documented that since the focus shifted to fight the pandemic, most health programmes were neglected thus the poor outcomes.

HIV Testing Services (HTS)

The HIV prevention programmes did not achieve set targets in the current financial year, although there was a notable improvement on the HIV Testing Services (HTS) towards the end of the financial year as a result of the easing of the COVID-19 lockdown regulations. The programme achieved 81% on HIV testing. The underperformance on HTS is largely due to the strike of the lay counsellors who were reported to be on go slow especially in (Frances Baard, PKS and JTG) and shortage of First Response test kits due to delayed orders by the Province Supply Chain Management. The HIV prevalence amongst 15-24 year olds target has been achieved despite a slight increase in Quarter 4, which could be as a result of decline on condom distribution and other reasons at societal level that are being investigated. In order to ensure that HTS targets are met, the National Department of Health has introduced monthly monitoring engagements through zoom meetings in all the provinces including Northern Cape.

HIV Self Screening (HIVSS)

The provinces have trained 107 health care workers (including lay counsellors) on HIV Self Screening. National department of Health donated additional 5 000 HIVSS test kits adding to the initial 2 625 that was donated in October 2020, and 580 test kits have been distributed to date.

Proficiency Testing (PT)

The National Health Laboratory Services (NHLS) reported the Province Proficiency Testing survey results, which showed a 40% (79 of 199) non-response rate among facilities sampled in the Province. Facilities cited various reasons such as inability to fax results. This challenged should be resolved since NHLS is in a process of migrating from paper based reporting to electronic that may improve reporting and data quality.

The 77 840 TOYO test strips were ordered and delivered at the district level. First response orders (12 840 Strips) were placed with supply chain but there were delays which led to out-of-stock in ZFM and JTG districts. The were 20 boxes (1 200 test strips) that were borrowed from Frances Baard and distributed to the needy districts.

Some of the key interventions implemented are:

- Advert for NGO funding was placed on the departmental platforms and sent out to the districts for further distribution
- The provincial integrated support visits were conducted in various facilities across all five districts and this was also followed by the external visit by the National Department of Health (NDOH) as a follow-up visit to the previous facility visits. Facilities visited by the national team were Betty Gaetsewe, GDH, Phuthanang and Dr Torres facilities

- National appointed NGOs were introduced to the districts and these NGOs are: Get Ready, Alliance Against HIV and AIDS (AAHA), Education Support Services Trust (ESST) and Ukhahlamba, where each outlined their role in the province
- In a response to under-performance shown by the districts, the prevention unit had several engagements with districts to review performance and discuss challenges. The available districts stated the following challenges as the main contributor to poor performance: inadequate support from the district directors (in ZFM and PKS), and lack of resources (laptops, 3Gs, transport and infrastructures)

Sexually Transmitted Infections (STI), High Transmission Areas Programmes

The MUS (Male Urethritis Syndrome) new episodes' performance has higher than the set targets for over 3 years, a drastic decline of MUS new episodes among males was noted in the current financial year, this is likely to be attributed to the fact that there is low STI screening at facility level and also no awareness campaigns took place including procurement of STI & HIV specific IEC material during the National COVID-19 lockdown restrictions.

In order to address the scourge of STIs in communities, the programmes monitor performance through the STI sentinel surveillance where there are selected facilities implementing this surveillance system. Frances Baard district has five (5) sentinel sites that are not capturing data on DHIS which might lead to under reporting of actual performance on STIs. There was increase in Male Urethritis Syndrome episodes from 771 in Quarter 3 to 994 against the target of 915, a 29% increase between the two quarters. The decline in distribution of condoms might have contributed as well as inadequate IEC material and awareness messages on STIs. Requisitions for procurement of Syphilis Rapid Test Kits was generated and outstanding purchase order still with SCM office.

High Transmission Areas (HTAs)

The Province (HTA sub-programme) together with National Department of Health have agreed to jointly conduct an assessment of all the existing HTA sites and map out new potential sites. The HTA programme received reports for Frances Baard and JTG districts only and PKS HTA sites are still not reporting which affects accuracy of data and planning of appropriate interventions. The sites in the ZFM district are still to be activated and reporting systems also need to be instituted. Frances Baard HTA site visits by District coordinator and Life-Line NC to FET Colleges and Sol Plaatje University are done periodically according to the schedule.

Pre-Exposure Prophylaxis Programme (PrEP)

PrEP is a combination ARV preventative therapy aimed at preventing HIV in high risk and vulnerable groups. The PrEP was supposed to be rollout in 2019 but delayed due to guideline finalisation, procurement of the drug and training. Northern Cape Province with support from National Department of Health trained 50 participants on Pre – Exposure Prophylaxis. The province and districts agreed to implement PrEP on the 16th of November 2020 for the phase 1 rollout at facility level. NDOH has identified 30 facilities in Northern Cape to implement PrEP, the sites are districts as follows: Frances Baard x 5; JTG x 5; Namakwa x 8; PKS x 7 and ZFM x 5. All five (5) Districts are still working on implementing PrEP roll-out plan for phase 1 & 2 facilities and the weekly drug stock-out reports per facility are submitted by the Dr Arthur Medical Depot on a regularly basis.

Condom Distribution & Promotion

The condom distribution target of just above 13 million was not achieved, the Province only managing to achieve 80% of the annual target. The poor performance can be largely attributed to: inadequate transport since the condom truck is not yet functional and available bakkies do not have canopies to carry more stock; delays by Supply Chain Management to procure requested condoms; impact of lockdown which negatively affected supply. There are four (4) Love-Life sites adopted as new Primary Distribution Sites for condoms, plans are in place to include some of these sites in the next condom consignment.

Advocacy, Communication and Social Mobilization (ACSM)

The province is participating on Risk, Communication and Community engagement on COVID-19, virtual online meetings taking place on Mondays. IEC material was requested and received from National Health for TB, COVID-19, PrEP and ART, it was distributed to districts. The data base of Traditional Health Practitioners (THPs) has been collated in the province according to organizations. There was engagement with some THPs in Kuruman villages to obtain their contacts for THPs data base practicing in the country: 6 x THPs were found through the coordination from Perth clinic and will be included in the JTG database; 2 x THPs from Heuningvlei were reported to be out in Ganyesa (need for another appointment). A virtual meeting was held with THPs to discuss World TB Day led by South African National AIDS Council (SANAC).

Approved Radio slots are being utilized and most interviews done by provincial officials on XK – FM, Radio Riverside, NFM and Radio Teemaneng. Topics covered included HIV, TB, other health programme, COVID-19 and Operation Phuthuma. Material on TB and COVID-19, PrEP and ART was received and shared to districts. 9000 copies of TB & COVID-19, 3000 copies of ART and 1500 copies of PrEP were distributed to Namakwa, ZFM, FB & JTG respectively.

Medical Male Circumcision (MMC)

The Male Medical Circumcision has been performed a very low scale due to the national call for suspension of both the medical and traditional male circumcision as a result of COVID-19 pandemic. The programme only managed to perform less than medical male circumcisions in the rest of the financial year, with majority done in the last quarter due to easing of restrictions. The signing of SLA with the service provider (J Galt Express) and relaxation of COVID-19 regulations has led to increased MMC activities although the target is not achieved but there was a notable improvement.

MMC outreach activities were done in PKS health facilities and J Galt Express contracted doctors' surgeries in both Frances Baard and JTG, performance reports still to be submitted for capturing. Distributed MMC surgical kit boxes for use by contracted implementing doctors.

Traditional Male Circumcision (TMC)

The TMC sub-programme embarked on preparations for the upcoming circumcision season where there was telephonic communication between the sub-programme and Initiation committees in preparation for winter/June intake. Similarly, to the medical male circumcision, TMC was also affected by the COVID-19 pandemic where enrolment of initiates was suspended as per COVID-19 lockdown regulations.

Community Based Outreach Programme (COS)

The programme experienced a lot of setbacks due to COVID-19, all Community Health Workers (CHWs) were redirected to concentrate in screening for the COVID-19 pandemic. The CHWs were mainly utilised to deliver packed treatment to patients at home, the aim was to avoid traffic at facility level. The challenge was that patients are now reluctant to go back to facility for their necessary check-ups that include monitoring of bloods. The programme has encouraged all CHWs and facility managers to include programmatic work when continuing with Covid-19 screening, especially with regard to tracing patients defaulting on treatment.

The adherence strategies (tracing of lost patients, adherence clubs and support groups) could not be maintained in all facilities due to strict pandemic rules, this has a negative impact on the programme. The facilities and CHWs have resumed the strategies in small groups and support in the form of refresher training by programme coordinators in districts.

Furthermore, the CHW programme has been experiencing challenges due to the strike that resumed in November 2020. The strike led to poor programme implementation, where adherence strategies (Tracing, adherence clubs and support groups) were not implemented in the facilities. Improvement was noticed in tracing which was done starting in March 2021, 450 TB defaulters and 873 HIV defaulters were traced back to care.

The programme also embarked on verifying CHWs (Caregivers, Peer educators and counsellors), three districts were supported (PKS, ZFM, and JTG). The outstanding two (Namakwa and Frances Baard) will be supported in May. A total of 331(ZFM), 370(PKS) and 581 (JTG) CHWs are verified, outstanding verification in these districts will be completed by district personnel.

Three districts (JTG, ZFM and PKS) procured backpacks, cooler boxes and uniforms for CHWs, distribution of these items is underway in those districts.

Antiretroviral Treatment (ART)

In response to the 90-90-90 Surge Plan, the Programme conducted facility support visits across all five districts. The persisting challenge of low initiation rates was brought to the attention of facilities. However, the COVID-19 Pandemic continues to impact adversely on the programme performance.

The transitioning of patients on TEE (Tenofovir, Efavirenz, and Emtricitabine) to TLD (Tenofovir, Lamuvadine and Dolutegravir) continues to be slow across the province but there is improvement on TLD uptake. The programme has noted with concern the low uptake of TLD specifically amongst women of child bearing age as a challenge which needs much more focus. Focus by facilities has been on transitioning illegible male and female patients who are not of child bearing age from TEE to TLD and initiating new ART naïve clients on TLD.

During this period, the following activities were noted:

- There is currently a total of 5825 patients on TLD. Frances Baard district has a total of 2151 patients on TLD followed by Namakwa on 1303, ZFM 1124 on TLD, JTG 633 and PKS district 614 on TLD. TLD weight gain management pamphlets distributed to the districts for monitoring of weight gain on patients who are on a DTG based regimen.
- The province has experience inconsistent supply of TLD fixed dose combination from the contracted suppliers due to COVID-19 lockdown regulations globally and the inconsistent supply has been countrywide, despite the challenge of TLD availability at the depot patients had access to TLD as medication circulated amongst facilities that had enough stock to those which experienced shortages.
- ZFM district M&E team has managed to support Danielskuil CHC to back capture ART data and that has cleared the backlog the facility had as there was under reporting of patients on ART.
- Welcome back campaign radio scrip developed and submitted to communications for districts to attend to welcome back campaign radio slots.

Regional Training Centre (RTC)

The Regional training centre currently operates from an office at the James Exum building and in all five districts with no fixed or dedicated training facility across the province. The staff complement for the Regional Training Centre is incomplete with the Programme Manager and a Clinical Programme Coordinator at Provincial Office without an Administrative Clerk. Frances Baard is the only district with an appointed Master Trainer without a mentor, PKS and ZFM district have appointer Mentors but no Master Trainer. JTG has assigned a Prof Nurse as a Mentor and in Namakwa there is no appointed nor assigned RTC personnel.

Trainings are conducted using the face to face approach (in line with COVID-19 regulations) as well as different online/virtual methods e.g. Knowledge hub and EMGuidance. The uptake for the use of technology is well received in Frances Baard, Namakwa and ZFM with challenges experienced in PKS and JTG.

The private sector, including mines, pharmacies and correctional centres participated in the online training via Knowledge Hub.

ACTIVITIES:

- Operation Phuthuma district workshop conducted in all districts and plans submitted
- Support visits conducted throughout the Province where focus was on addressing challenges that affected performance during the first two quarters as a result of the lockdown
- The Regional training centre trained 345 health care workers has Vaccinators, the breakdown is as follows 15 doctors, 297 Prof Nurses and 33 Pharmacist in the Public sector via Knowledge Hub and face to face training
- Province hosted successful event in JTG district, Dithakong village. The selection of the place was informed by the statistical background depicting the high teenage pregnancy rate, high STI new episodes and low condom use in the area. The event targeted a total of 200 people (45 LGBTQI + 55 Sex workers + 100 in-school youth)
- There were 79 toiletry bags distributed to the learners and province promised to still secure additional bags for the remainder of the other group that was at the event. HTS, TB and COVID-19 screenings were done

TB CONTROL

TB Screening

As part of the efforts by the TB Programme to optimise “finding TB Missing Cases” initiative of which key activities geared towards this effort is active screening in facility and in the community. These initiatives resulted in sustained improvement in TB screening from 59% during Q1 2020 (Jan-March 2020) to 62.5% during Q2 2020 yielding total of TB case finding of 911 registered TB cases. The TB screening in certain districts remains sub-optimal i.e. PKS at 57.8%, Frances Baard at 47.6% and JTG at 57.5% whilst ZFM, Namaqua and have achieved 80.6% and 80% respectively. ZFM District consistently achieved TB Screening rate above 80%. This is largely attributed to active case finding strategies.

TIER Integration Model Implementation Progress

The THIS Model (TB/HIV integrated system) is an integrated patient system which is implemented at facility level with aim to improve patient management i.e. Timeous identification of early interrupters, lost to follow up etc. The progress to date to implement the integrated system across districts has achieved 91.7%. In quarter 1, the national department developed an upgraded version (ver. 1.13.2), which the districts are currently rolling out. The following challenges are slowing the pace of rolling-out: upgrading of Tier.Net version support visit was conducted in the JTG district between 22 – 26th February 2021, with

the purpose of installing the system and upgrade; identify challenges w.r.t to practical use of Tier.Net and to provide support in a practically possible manner.

Finding TB cases Actively Separate and Treat effectively (FAST) Strategy

The FAST strategy seeks to improve TB case detection efforts particularly with focus on the TB inpatient care. The total number of TB cases registration during Q1 and Q2 performance is reported at 1 300 and 1 410 respectively, representing an increase of 8.5% in Q4 2019/20(i.e. 110 more patients). In order to further strengthen the implementation of the FAST Strategy in the Province, in-service training sessions that was scheduled to take place in May 2020 across all hospitals, did not take place due to the COVID-19 lockdown.

Drug Resistant TB Programme (DRTB) Case finding

The case finding for Drug Resistant TB (DR TB) has decreased slightly from 65 in Q3 to 61 in Q4 against a quarterly target of 95 cases. This is attributable to a decline in Extensively Drug Resistant TB (XDR-TB) cases from 6 in Q3 to only 2 reported in Q4. DR TB Treatment success rate also declined by 6% having achieved 61% in Q3 against 55% in Q4 which is attributable to a high lost to follow up rate 23% (N=23/99) in Q4 compared to 11% (n=11/90) higher than set target of less than 20%.

Facility Support Visits

Support visit was conducted in Frances Baard on 19 – 22nd January 2021. The purpose of the visit was to follow-up on the facility performance, identify the gaps and challenges and provide technical support on data quality issues. X4 facilities were visited and supported with guideline implementation, data validation. Minimal improvements in data quality were observed. The non-implementation of improvement plans at these facilities are a cause for concern and attributed largely to health systems issues as mentioned above. Support visit conducted in the JTG district on 15–19th March 2021 to provide technical support on the previous assessment to ensure proposed actions were carried out and to identify areas that are still outstanding for further support.

Drug Stock Status

No TB drug stock outs reported for the quarter ensuring no diagnosed patient remains without treatment. The Global Fund funded the procurement of Delamanide and INH (Isonicotinic Acid Hydrazide) Province received this stock from National Department of Health.

ACTIVITIES:

- Held a successful World TB Day event at West End Specialized Hospital (WESH)
- Programme providing DR TB Outreach services to Platfontein, Ritchie and Galeshewe Day Hospital to relieve pressure on WESH Outpatients department

ACHIEVEMENTS

HIV/AIDS & STI

- Strengthening of quality in the Kimberley Thuthuzela Centre where a Jo-Jo tank was procured and installed in order to address water shortages. And the centre continued with marketing and advocacy via local radio stations, made possible by Social Development
- Procurement of bakkies for the districts will alleviate inadequacy of transport for the coordinators and improve support to facilities

TB CONTROL

- Frances Baard Door-door campaigns: number screened for TB 10 004,101 were investigated for TB and was diagnosed and 11 initiated on treatment and 1 died before treatment
- 2 TB Operational Managers for hospital are appointed for Kuruman and Connie Voster Hospital
- Trained 18 Medical Doctors on DR TB Management to strengthen the Decentralization in the province with aim of increasing sub district coverage

CHALLENGES AND MEASURES PLANNED TO OVERCOME THEM

Table 28 Challenges & Measures Planned to Overcome them: HIV & AIDS, STI & TB Control (HAST)

CHALLENGES	CORRECTIVE ACTION
HIV/AIDS & STI	
Human resources	Filling of vacant posts
Poor performance of prevention programme (HTS, MMC, STIs and Condoms)	Province will continue to support district and use root cause analysis approach
Slow SCM processes that threaten the security of supply for condoms and HTS services in the Province	Supply chain director have been informed of the implication of stock outs on these commodities
Unavailability of the condom truck to support districts on the distribution plan	Transport unit to urgently address the licensing of the condom truck so that it can start supporting districts with condom distribution effort
TLD transitioning and uptake	Support district to develop quality improvement plans to upscale TLD uptake
Non-implementation of UTT for other general population	Nurse Initiated and Management of Anti-Retroviral Therapy (NIMART) training to increase number of nurses initiating
Low rate of viral load done at 12 months	Strengthen guideline implementation and generation of line list for patients due for viral loads
TB Control	
- Delays in filling of posts to improve programme management at all levels. i.e. Provincial, District and health facilities - Poor policy and guideline implementation due to shortage of staff and training	- Fast track submissions for filling of posts by awarding HR delegations to Chief Directors and District Managers - Staff shortages impacting on service delivery to be discussed with Executive Management.
Poor data quality	SCM to fast track the procurement of computers and printers for health facilities. Meeting will be held on 21 April 2021 with SCM and CFO to address issues of ICT procurement and reporting and recording tools
High lost to follow rate	- The programme conducted data validation exercises to correct data discrepancies. A virtual meeting was held with NDOH to discuss LTFU and not evaluated cases (those without treatment outcomes) - Revive District Clinical Advisory Committee for referral of complicated DRTB cases - Discussions underway with MEC and NDOH to resolve challenges of CHWs so that CHWs can resume their duties of linkage to care
Poor Surveillance & case management i.e. Patient sputum results in files and not recorded thus affected linkage to care and treatment initiation; poor screening in some facilities	- Report was submitted to the Acting HOD highlighting the impact of slow HR processes - A submission is in process to be finalised

Table 29 Outcomes, Outputs, Output Indicators, Targets and Actual Achievements: HIV/Aids & STI

Narrative: The dates of submission of Quarterly reports does not correspond to the cut-off date for updating of data on DHIS, amongst others. This may, in certain circumstances, result in the Quarterly reported data not corresponding to that in the Annual Report.

OUTCOME	OUTPUT	OUTPUT INDICATOR	AUDITED ACTUAL PERFORMANCE 2018/19	AUDITED ACTUAL PERFORMANCE 2019/20	PLANNED ANNUAL TARGET 2020/21	ACTUAL ACHIEVEMENT 2020/21	DEVIATION FROM PLANNED TARGET TO ACTUAL ACHIEVEMENT 2020/21
HIV incidence among youth reduced	HIV incidence among youth	HIV positive 15 – 24 years (excl. ANC) rate			4.5	3.1	+1.4
		REASONS FOR DEVIATION: Positive implementation of Integrated Management of Childhood Illness (IMCI) guidelines.					
90-90-90 targets for HIV/AIDS achieved by 2020 and 95-95-95 targets by 2024/25	Increase HIV testing coverage, treatment & retain clients on ART	HIV test done - total	285 915	292 938	249 165	202 905	-46 260
		REASONS FOR DEVIATION: - Effect of the National Lockdown due to COVID-19 pandemic resulting in decline in total facility headcount. - Prolonged strike among Lay Counsellors. - Interruption of services due to health workers testing positive for COVID-19 affecting HTS uptake					
		Male condom distributed	13 934 960	12 959 400	13 595 823	10 825 929	-2 769 894
		REASONS FOR DEVIATION: - SCM delays in procuring condoms as per approved submissions – most of condoms were donated from National. - Transport is still an ongoing challenge – the dedicated condom truck was not operational (went for repair) for the most part of the financial year and procured bakkies do not have canopies to facilitate distribution of condom					
		Medical male circumcision - total	10 969	7 631	6 954	967	-5 987
		REASONS FOR DEVIATION: National call for suspension of both the medical and traditional male circumcision as a result of COVID-19 pandemic. Activities only started to pick-up in Quarter 4 but not enough to address previous quarters shortfall					
		ART adult remain on ART end of period			66 200	58 714	-7 486
		REASONS FOR DEVIATION: - Effect of the National Lockdown due to COVID-19 pandemic resulting in decline in total facility headcount. - Low testing resulted in fewer HIV positive clients being recorded for treatment initiation. - Increased defaulter rate					
		ART child under 15 years remain on ART end of period			4 581	3 669	-912
		REASONS FOR DEVIATION: - Effect of the National Lockdown due to COVID-19 pandemic resulting in decline in total facility headcount. - Low testing resulted in fewer HIV positive clients being recorded for treatment initiation. - Though target was achieved, shortages of ART Clinical Stationeries is a serious challenge which affect recording and reporting.					
		ART Adult viral load suppressed rate			90%	90%	0
		REASONS FOR DEVIATION: -					
		ART Child viral load suppressed rate			90%	84%	-6%
		REASONS FOR DEVIATION: Poor recording of viral loads taken					

OUTCOME	OUTPUT	OUTPUT INDICATOR	AUDITED ACTUAL PERFORMANCE 2018/19	AUDITED ACTUAL PERFORMANCE 2019/20	PLANNED ANNUAL TARGET 2020/21	ACTUAL ACHIEVEMENT 2020/21	DEVIATION FROM PLANNED TARGET TO ACTUAL ACHIEVEMENT 2020/21
		Inadequate availability of ART Clinical Stationery					

2.2.4. Sub-Programme 2.4: Tuberculosis (TB)

Table 30 Outcomes, Outputs, Output Indicators, Targets and Actual Achievements: Tuberculosis (TB)

Narrative: The dates of submission of Quarterly reports does not correspond to the cut-off date for updating of data on DHIS, amongst others. This may, in certain circumstances, result in the Quarterly reported data not corresponding to that in the Annual Report.

OUTCOME	OUTPUT	OUTPUT INDICATOR	AUDITED ACTUAL PERFORMANCE 2018/19	AUDITED ACTUAL PERFORMANCE 2019/20	PLANNED ANNUAL TARGET 2020/21	ACTUAL ACHIEVEMENT 2020/21	DEVIATION FROM PLANNED TARGET TO ACTUAL ACHIEVEMENT 2020/21
TB Mortality reduced by 75%	All TB death rate	ALL DS-TB Client LTF rate	9.9%	9.9%	7.0%	7.4%	0.4%
		REASONS FOR DEVIATION: - Strengthen tracing of defaulters - Improve treatment adherence through patient education and capacity building among health care workers					
		ALL DS-TB Client Treatment Success rate	77.5%	74%	85%	73%	-12%
		REASONS FOR DEVIATION: - Strengthen tracing of defaulters - Improve treatment adherence through patient education and capacity building among health care workers					
		TB Rifampicin Resistant / MDR / XDR treatment success rate	41.8%	67.7%	70%	65%	-5%
		REASONS FOR DEVIATION: Review target and correct for 2021-22 cycle. Improve patient follow up through expansion on DR TB Management training to identified facilities in order to reduce high lost to follow up. Revival of District Advisory Committees under reduce COVID-19 alert levels to strengthen case presentation and prompt decision making for difficult cases					
		TB XDR Treatment start rate			65%	100%	+35%
		REASONS FOR DEVIATION: A positive implementation on case finding strategy to reduce burden of disease					
		ALL DS-TB Client Death Rate	8.7%	6.9%	7.0%	7.1%	0.1%
		REASONS FOR DEVIATION: Continue with data validation. Health Promotion and Training on adherence strategies to continue in new FY					

2.2.5. Mother, Child, Women's Health and Nutrition (MCWH&N)

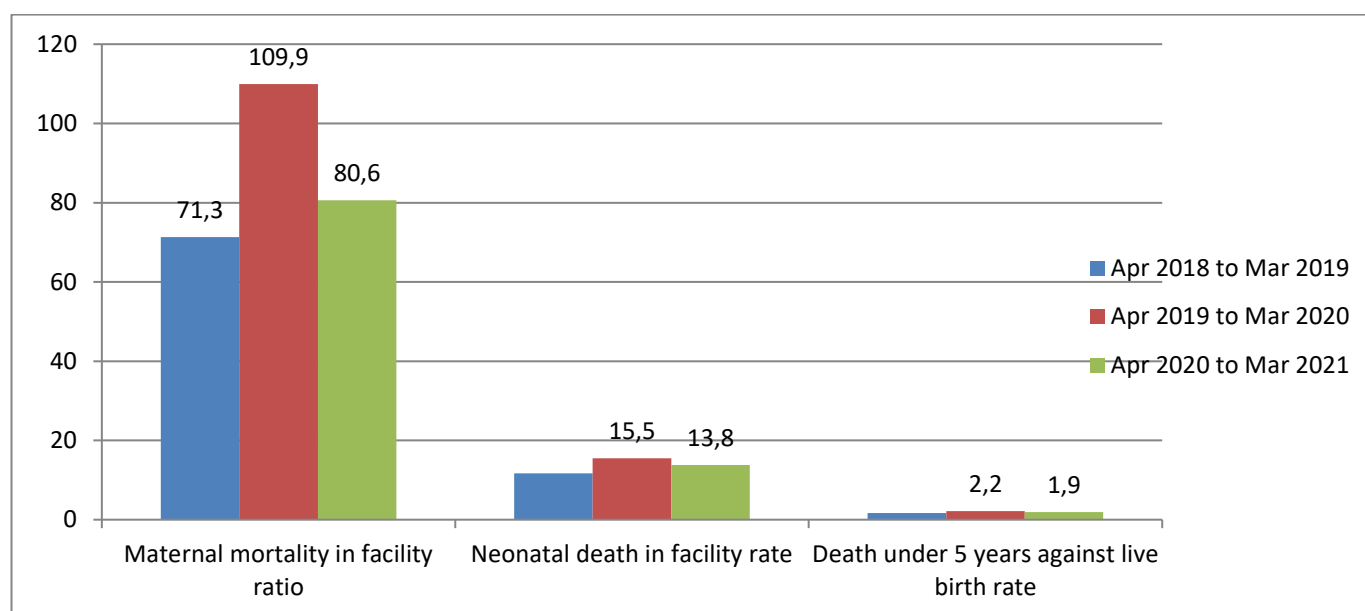
PRIORITIES

- Achievement of the SDG's by the development of 3 over-arching goals: Survive, Thrive and Transformation.
- Reduce Maternal, Neonatal and Child morbidity and mortality.
- Promote the health and wellbeing of young people age 10 - 24 years, focussing on equitable distribution of health resources and expansion of service delivery, e.g. Adolescent, Youth Friendly Services.
- Strengthen access to comprehensive sexual and reproductive health services.

SITUATION ANALYSIS

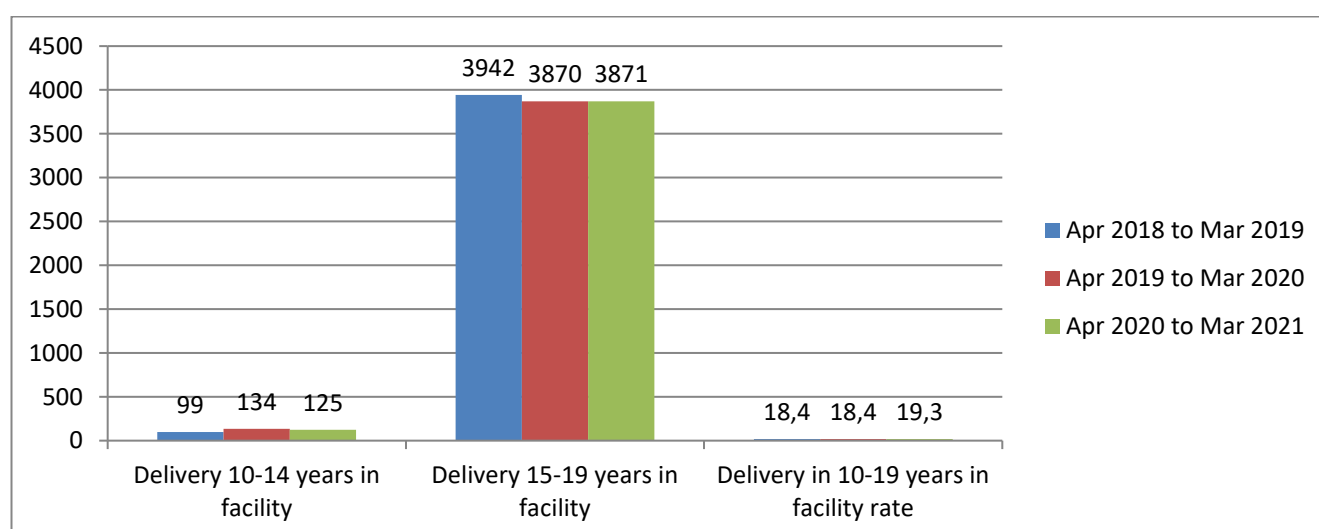
Maternal, Child, Youth, Women's Health & Nutrition

Figure 1 Maternal, Child, Youth, Women's Health & Nutrition (a comparison between 2018/19, 2019/20 & 2020/21)



Delivery 10-19 years

Figure 2 Delivery 10-19 years (a comparison between 2018/19, 2019/20 & 2020/21)



Maternal Mortality Ratio

There is a decrease in Maternal mortality ratio (80.6/100 000 live births) against the set target of 110/100 000 as compared to FY2019/2020 (109.9/100 000 live births). The following avoidable factors contributing to maternal deaths i.e. delay in seeking medical care, no antenatal care and infrequent antenatal care remain a challenge. The three (3) main conditions that are causing maternal deaths are obstetric haemorrhage (OH), Hypertensive Disorders in Pregnancy (HDP) and non-pregnancy infections, therefore there is greater need to support facilities with training on Basic Ante Natal Care plus and Essential Steps In Managing Obstetric Emergencies (ESMOE) The implementation of Non - Pneumatic Anti Shock Garment (NASG) is not optimal as expected, therefore there is a need for continuous support on the usage to manage obstetric Haemorrhage. Attendance of Ante Natal Care 1st visit before 20 weeks' rate was affected negatively by COVID-19 pandemic for the FY 2020/2021, only 58.6% was achieved against the set target of 64.5%.

Neonatal Death in Facility

A decrease is noted in neonatal death in facility rate (13.8/1000 live births) against the set target of 14/1000 as compared to the FY2019/2020 (11.7/1000 live births). Death in facility under 5 years' rate (1.9%) was achieved against the set target of 4.5% as compared to FY 19/20 2.2% respectively. Challenges still noted with regard to implementation of auditing tools of under 5 deaths i.e. capturing of PPIP and Child PIP in order to improve the quality of care for both mothers and babies, to identify and prevent avoidable deaths. Continuous training, support visits and perinatal mortality meetings were not conducted in maximum in the districts due to COVID-19 pandemic restrictions.

Immunisation < 1 year

Immunization under 1 year & Measles 2nd dose Coverage indicators were not achieved for the province. Only 2 out of 5 districts (FB & JTG) managed to achieve the set targets for both indicators and the established Public Private Partnership (PPP) contributed to the above performance. The PPP allows children to have vast opportunity to have alternative in seeking care which improves health seeking behaviour of the community. The poor performing districts will be continually supported on improving the herd immunity of their districts. The NDOH embarked on the national catch up drive in order to address the poor performance as a result of COVID-19 effects throughout the country. Stock out challenges on Vit. A resulted in the low uptake of supplementation to children under 5's.

Delivery 10-19 Years

Delivery in facility among 10 – 19 is still a concern as it has drastically increased (19.9%) as compared to FY2019/2020 (16.8%), which might be due to poor implementation of the Adolescent and Youth Friendly Services (AYFS) policy. Health system strengthening strategy will be the launching of Youth zones (Happy hour) and linking schools with facilities in the same catchment area through the school health program. Love life as a supporting partner conducted training conducted for 3 districts (FB, PKS & ZFM) on Youth Zones to empower health care workers to improve access to AYFS and utilisation of health care services.

National DOH and DBE took a decision to halt the screening of learners to prioritise curriculum, except the HPV campaign which started on the 1st March until 30th April 2021. The target was Grade 5 and mopping up of Grade 6 girls missed in the previous years and Td to both boys and girls (Grade 5). The outcome of the campaign data will be ready in Q2 2021/2022. Tshela Consulting and INNOVO has also supported with the HPV campaign in JTG and Frances Baard.

Couple Year Protection Rate

Couple Year Protection Rate achieved performance despite challenges around uptake of long acting contraceptive methods Intra Uterine Contraceptive Device (IUCD) and Sterilization. Access to CTOP services remain a challenge, only 1/13 facilities is offering the service i.e. ZFM (Dr Harry Surtie hospitals) and Frances Baard (Galeshewe Day Hospital) which might also have contributed to unwanted pregnancies, high teenage pregnancy and maternal deaths. The unprecedented COVID-19 pandemic disrupted the provision and monitoring of the MCWH&N program, resulting in limited headcounts in accessing health care services. Despite all challenges experienced, the program achieved 61.1%.

ACTIVITIES:

- MCWH&N team supported the quality assessment unit during assessment of private facilities. The objective was to support and provide guidance with the implementation and compliance to National guidelines and policies (February 2021). There is some improvement noted with regard to the implementation of guidelines; however, more effort is needed to strengthen the public private partnership

- Support visits conducted in 3 districts to evaluate food services and nutrition services (ZFM, Namakwa and JTG) Feb 2021 in order to ensure compliance according to the Office of the Health Standards
- National Nutrition and Obesity week were celebrated from (October 2020) and National Diabetes Day were celebrated on (October & November 2020). All 5 districts participated in the celebrations using different platforms and activities such as health talks, health screening, radio talks and other opportunities to provide the community with all the relevant messages
- World Breastfeeding week was celebrated from (August 2020) in all 5 districts through radio talks and talks at health facilities. The theme was "Support breastfeeding for a healthy South Africa"
- Participated in the combined National Perinatal Morbidity & Mortality and National Committee on the Confidential Enquiries into Maternal deaths to discuss finalisation of the combined saving mothers and saving babies 2017 – 2019 (August 2020)
- Participated in the Integrated Child Health, EPI and Nutrition meeting with National to discuss programme performance and the impact of COVID-19 thereof. (August 2020)
- NDOH conducted IMCI update training to the province (August 2020) in order to improve management of under 5's childhood illness
- NDOH in collaboration with WHO conducted training on framework for Sexual and Reproductive Health and Rights (SRHR) PMTCT, PreP, GBV and ISHP Comprehensive Training Package and Orientation workshop to promote and introduce on-line training for Clinicians (March 2021). Maternal and Newborn package underway, not yet finalised. 4 Programme provincial representatives attended, information was disseminated to districts and health programme managers
- Provincial representatives attended WHO - SRH Annual clinical review in Cape Town, the objectives were to discuss the updates on SRH programmes and improvement plans. Consultative meeting was held with Marie Stopes post SRH Annual clinical review to establish the public private partnership to improve access to comprehensive Sexual and Reproductive Health in the province (November 2020). Feedback was shared with the district to get the buy-in on the proposal, still awaiting the response
- NDOH in collaboration with Soul City conducted AYFS Best practices workshop whereby emphasis was to promote SRHR to reduce Teenage Pregnancies and increase access to Health services for youth (March 2021). Workshop feedback was shared with districts to ensure registration takes place before the deadline, end April 2021
- National HAST programme visited province to discuss the implementation of Youth Zones in facilities to improve access of facilities by young people (December 2020). 10 Youth Zone activated and 2 launched in Frances Baard
- HPV retraining sessions conducted in the five districts (January – February 2021) and the unit conducted support visits in (March & April 2021) in JTG and ZFM to ensure implementation of HPV
- MCWH&N performance review held in Upington to engage the district coordinators on the performance of the programme (November 2020). The objective was to develop constructive working relationship between the districts and the province

ACHIEVEMENTS

The following 11/18 indicators were achieved (61.1%):

1. Mother postnatal visit within 6 days' rate
2. Maternal Mortality in facility ratio
3. Child under 5 years diarrhoea case fatality rate
4. Children under 5 years food nutritional supplementation coverage
5. Live birth under 2500g in facility rate
6. Neonatal death in facility rate
7. Infant 1st PCR test positive around 10 weeks' rate
8. Diarrhoea case fatality under 5 years' rate
9. Pneumonia case fatality under 5 years' rate
10. Severe acute malnutrition case fatality under 5 years' rate
11. Couple year protection rate (annualised)

CHALLENGES AND MEASURES PLANNED TO OVERCOME THEM

Table 31 Challenges & Measures Planned to Overcome them: Mother, Child, Women's Health & Nutrition (MCWH&N)

CHALLENGES	CORRECTIVE ACTION
Human Resources	
Filling of vacant posts	Submissions to be fast tracked
Clinical Stationery	
Lack of clinical stationary e.g. Maternity case records , registers , etc.	Fast track the procumbent of registers
Data Management	
Quality of data. Private data is not captured	Districts to ensure that data is captured
Equipment	
Lack of basic essential equipment e.g., vaginal speculums , CTG machine and tracing paper, etc.	Fact track procurement of equipment
Tools of trade e.g. Laptops , Desktops and cell phone	Fast track procurement

Table 32 Outcomes, Outputs, Output Indicators, Targets and Actual Achievements: Mother, Child, Women's Health & Nutrition (MCWH&N)

Narrative: The dates of submission of Quarterly reports does not correspond to the cut-off date for updating of data on DHIS, amongst others. This may, in certain circumstances, result in the Quarterly reported data not corresponding to that in the Annual Report.

OUTCOME	OUTPUT	OUTPUT INDICATOR	AUDITED ACTUAL PERFORMANCE 2018/19	AUDITED ACTUAL PERFORMANCE 2019/20	PLANNED ANNUAL TARGET 2020/21	ACTUAL ACHIEVEMENT 2020/21	DEVIATION FROM PLANNED TARGET TO ACTUAL ACHIEVEMENT 2020/21
Maternal, neonatal, infant and child mortality reduced	Maternal Mortality Ration reduced	Maternal Mortality in facility ratio	71.6 / 100 000 Live births	109.9 / 100 000 Live births	110 / 100 000 Live births	88.7 / 100 000 Live births	+21.3 / 100 000 Live births
		REASONS FOR DEVIATION: Management of obstetric emergencies at district hospital remains a challenge, that is, lack of skilled staff, unavailability of essential equipment & EMS transport and poor implementation of guidelines.					
	Family Planning improved	Couple year protection rate	60.8%	56.4%	45%	50.8%	+5.8%
		REASONS FOR DEVIATION: Continued support to districts by conducting on-site training					
	Teenage pregnancy reduced	Delivery 10 to 19 years in facility rate	18.4%	18.4%	<15%	19.3%	-4.3%
		REASONS FOR DEVIATION: Facilities not Youth friendly					
	Number of clients attending Antenatal 1 st visit before 20 weeks increased	Antenatal 1 st visit before 20 weeks rate	63.1%	65.1%	64%	58.6%	-5.4%
		REASONS FOR DEVIATION: - Facilities not screening women of reproductive potential for pregnancy - Home pregnancy screening not implemented fully in all districts					
	Neonatal death reduced	Neonatal death in facility rate	11.6 / 1000 Live births	11.7 / 1000 Live births	14/1000 Live births	13.8 / 1000 Live births	+0.2/ 1000 Live births
		REASONS FOR DEVIATION: - FB and ZFM are the leading districts with deaths due to overcrowding of neonatal units and lack of skilled staff. - Optimal management of small and sick new-borns at district hospital not achieved due to lack of neonatal units - Lack of skilled health care workers in the management of sick and small New-borns staff shortage and attrition might also have contributed to the deaths throughout the province					
		Live birth under 2500g in facility rate			20%	16.7%	+3.3%
		REASONS FOR DEVIATION: - Sustain the nutritional needs by providing pregnant women with iron preparation and micronutrients - Sustain the management of hypertensive disorders during pregnancy					
	Postnatal care coverage increased	Mother postnatal visit within 6 days rate	65.3%	68.6%	63%	66.8%	+3.8%
		REASONS FOR DEVIATION: - Linkages between delivery sites and PHC's - Improved capturing of this indicator at hospital level					
	Child mortality under 5 years reduced	Death in facility under 5 years rate			4.5	1.9	+2.6
		REASONS FOR DEVIATION: Continuous monitoring of treatment guidelines at all levels					
		Infant PCR test positive around 10 weeks' rate	1.4%	1.3%	<1.4%	0.96%	+0.44%

OUTCOME	OUTPUT	OUTPUT INDICATOR	AUDITED ACTUAL PERFORMANCE 2018/19	AUDITED ACTUAL PERFORMANCE 2019/20	PLANNED ANNUAL TARGET 2020/21	ACTUAL ACHIEVEMENT 2020/21	DEVIATION FROM PLANNED TARGET TO ACTUAL ACHIEVEMENT 2020/21
		REASONS FOR DEVIATION: Few babies infected which might be attributed to the number of women who were already on ART during their first ANC visit					
		Immunisation under 1 year coverage	88.4%	89.9%	87%	79.9%	7.1%
		REASONS FOR DEVIATION: COVID-19 pandemic challenged on catch -up drive					
		Measles 2 nd dose coverage	86.4%	89.6%	90%	83.5%	6.5%
		REASONS FOR DEVIATION: COVID-19 pandemic challenged on catch -up drive					
		Child under 5 years diarrhoea case fatality rate	2.4%	1.5%	≤2.9%	2.3%	+0.6%
		REASONS FOR DEVIATION: Continuous monitoring of treatment guidelines at all levels					
		Child under 5 years pneumonia case fatality rate	2.3%	1.7%	≤2.7%	2.1%	+0.6%
		REASONS FOR DEVIATION: Continuous monitoring of treatment guidelines at all levels					
		Child under 5 years severe acute malnutrition case fatality rate	4.3%	4.7%	≤6%	5%	+1%
		REASONS FOR DEVIATION: Implementation of the Integrated Management of Acute Malnutrition plan. Progress reporting on the plan lead to constant evaluation of activities linked to severe acute malnutrition. Ongoing training, monitoring, auditing and evaluation of activities linked to the management of severe acute malnutrition					
		Infant exclusively breastfed at DTap-IPV-Hib-HBV 3 rd dose rate			58%	52.7%	5.3%
Stunting among children reduced	Stunted coverage reduced	REASONS FOR DEVIATION: Challenges on mixed feeding which leads to low exclusive rates. Gamagara is one of the sub-districts with low rates that will be supported					
		Children under 5 years food nutritional supplementation coverage			>5 / 1000	8.2 / 1000	+3.2 / 1000
		REASONS FOR DEVIATION: Children were traced back to nutritional supplementation					
		Vitamin A dose 12 – 59 months coverage	48.2%	48.4%	50%	47.7%	2.3%
Quality facility based food services improved	Improved food service units	REASONS FOR DEVIATION: Vitamin A stock outs, lack of community outreaches and ECD					
		Food service units achieving silver status (>75%) annually			34%	16%	-18%

OUTCOME	OUTPUT	OUTPUT INDICATOR	AUDITED ACTUAL PERFORMANCE 2018/19	AUDITED ACTUAL PERFORMANCE 2019/20	PLANNED ANNUAL TARGET 2020/21	ACTUAL ACHIEVEMENT 2020/21	DEVIATION FROM PLANNED TARGET TO ACTUAL ACHIEVEMENT 2020/21
		Only 5 of 31 facilities that are having a Food service reached a score of more than 75% (silver). Huge challenges regarding infrastructure, procurement of basic equipment of food, no staff, current staff is unskilled, no supervisor or manager taking responsibility for FSU.					

2.2.6. Sub-Programme 2.6: Disease Prevention and Control (CDC)

PRIORITIES

- Service delivery platform that prevents, promotes healthy lifestyles and reduce the burden of diseases.
- Develop an integrated and inter-sectoral plan for coordinated response to prevent NCD's and manage CDC.
- Improve the Public and Private Health Sector's awareness and understanding of emerging and re-emerging infectious diseases (CDC).
- Strengthen partnerships and collaborate across sectors with government and non-government agencies to influence public health outcomes.

SITUATION ANALYSIS

COMMUNICABLE DISEASES CONTROL (CDC)

Malaria

The prevalence of malaria in the Northern Cape remains at 0% for the past five (5) years there were no malaria deaths (0% case fatality rate). For the past financial year there were no cases reported. According to webDHIS there were no Bilharzia cases that were reported. Congo Fever and other communicable diseases there were no cases though the source of information is still paper based.

Chronic Diseases

- | | |
|--------------|---|
| Hypertension | <ul style="list-style-type: none">• Clients screened for hypertension 18-44 years were two hundred thousand two hundred and sixteen (202 016). Clients screened for hypertension 45 years and older were one hundred and twenty-eight thousand nine hundred and eighty-seven (128 987)• Total number of clients screened for hypertension were three hundred and thirty-one thousand and three (331 003) as against the target of 175 948• Clients treated newly diagnosed 18-44 years were four thousand two hundred and seventy-five (4 275) as against the annual target of 6 468 and with the positive deviation of 2 193. Clients 45 years and older were eight thousand and eleven (8 011) as against the target of 10 434 with positive deviation of 2 423 |
| Diabetes | <ul style="list-style-type: none">• Clients screened for diabetes 18-44 years were one hundred and forty-eight thousand and fifty-five (148 055) and clients 45 years and older were one hundred twelve thousand five hundred and seventeen (112 517). Total number of clients screened for diabetes were two hundred and sixty thousand three five hundred and seventy-two (260 572) as against the target of 250 000 with a positive deviation of 10 572• Clients treated newly diagnosed 18-44 years were four thousand one hundred and thirty-five (4135) as against the target of 1 602 with a negative deviation of -2533 and clients 45 years and older were three thousand two hundred and ninety-eight (3 298) as against the target of 3 048 with a negative deviation of -250. For both age groups there were increased number of newly diagnosed clients with diabetes, this shows that there's a challenge with diseases of lifestyle that is where health promotion and education is important to mobilise communities sharing information with the purpose of reducing the burden of chronic diseases |

These are new indicators the plan is to strengthen human capacity on data management at facilities, ensure adequate and maintenance of equipment (calibrating of BP machines), strengthen surveillance and build capacity at health promotion.

ORAL HEALTH

For the past financial year, the total headcount for the province were thirty thousand three hundred and fifty-six (30 356). Dental extraction was thirty-one thousand three hundred and sixty (31 360), thirty-three (33) fissure sealant 1st and 2nd molar (child) and five hundred and twenty-nine (329) tooth restorations. There were no other procedures that were performed for example maxilla-facial treatment, prosthodontic treatment and dental implants. These procedures were not done due to COVID-19. Only emergency procedures that were done.

REHABILITATION AND DISABILITY SERVICES

COVID-19 had overwhelmed healthcare services and healthcare workers globally. Rehabilitation services are essential: It was imperative for the Allied Health Practitioners to continue with their services even during the pandemic as they are an essential component of high-value care offered for individuals across the lifespan to optimise physical and cognitive functioning to reduce disability. During this period rehabilitation services have to be adjusted where other services for example outreach services were to be delayed or discontinued altogether to maintain that social distance to protect health care workers and society. These social distancing

and lockdown measures meant that people have fewer opportunities to be physically active. Rehabilitation clinicians were in a position to continue advocating for people facing disability, and also seeking and responding to signals of COVID-19's late effects in both COVID-19 and non-COVID-19 patients alike.

When the lockdown was instituted in March 2020, there was scaling down of rehabilitation services in the province. Therapists were placed on shifts and in some districts the therapists were used in the COVID-19 screening centres, as well as the Hub for contact tracing. Many of the chronic patients who are high risk and vulnerable opted not to come for follow-up visits at clinics and hospitals. All outreach programs were stopped and smaller communities were not visited for the last 7 months. There were a very small number of patients who were brave and came to the tertiary hospital as they were experiencing complications or postural difficulties and urgently needed attention. Many parents did not bring their children with disabilities back for therapeutic intervention as they fear COVID-19, and kept their children at home these were the challenges that were encountered.

According to the webDHIS there were one hundred and eighteen (118) hearing aid that were issued adult 19 years and older out of two hundred and twenty-seven (227) that were required. Just 51.9% was issued. Hearing aid for 0-18 years' child issued were forty-six (46) and number required were forty-three (43) this indicator has done very well (93.4%).

Wheelchairs issued adult 19 years and older were forty-five (45) and wheelchairs required 19 years and older were five thousand five hundred and fifty-two (5552). Wheelchairs issued 0-18 years were eleven (11). There is a challenge in collecting data with regards to assistive devices, most of information is paper based as result the current backlog that we have is one thousand two hundred and ninety-eight (1298).

SIOC is an NGO that is in partnership with the department, has bought wheelchairs and walking aids. Two hundred and eighty-nine (289) wheelchairs were received, Warrenton received sixteen (16), RMSH seventy-one (71), Prof. ZK. Matthews eleven (11) and JTG one hundred and ninety-one (191). JTG is the main beneficiary. Hearing aids issued 19 years and older were twenty-five (25) and for 0 – 18 years only three (3).

There were forty-seven (47) Therapist who were trained virtual by Shonaquip Uhambo Foundation in February 2021. Shonaquip Uhambo Foundation (NGO) is another partner that is assisting the department specialising in children with disabilities. They have special projects they are running viz.: Training and skilled rehabilitation teams, procuring of mobility devices and special equipped van, training and mentor Allied Health Care Professionals on outreach seating skills, mobility devices, repairs and clinical services to one hundred and fifty (150) children who were on the waiting list, capacity building and training of parents and caregivers of children with disabilities, they are in the process of procuring three vehicles fully equipped, repairing of wheelchairs and other devices for outreach services.

EYE CARE SERVICES

The first quarter of financial year was tough due to COVID-19, there were no eye care services/activities at JTG, Frances Baard and PKS Districts. Ophthalmology Nurses were actively participating on COVID-19 activities. At RMSH services were scaled down few cataract services were done only emergency procedures were done. Eye Care ward at Dr. Harry Surtie Hospital was closed down and turned into COVID-19 ward. Strictly this was happening during lockdown level 1. From quarter two (Q2) there was some relaxation and eye care services were resumed at all four districts that are providing eye care services.

Robert Mangaliso Sobukwe Hospital

There were five hundred and forty-four (544) cataract surgeries that were performed from April to March 2021. Target outcomes 442/1000 000 as against the target of 1000/1000 000. The deviation is 558/1000 000, the province has underperformed in this indicator due to COVID-19 and the challenge of not having eye care services in Namakwa and also cataract surgeries are doctor driven of which Ophthalmologists are a scarce resource. Total headcount for RMSH was three thousand eight hundred and ninety-seven (3897), three hundred and fifty-seven (157) patients were admitted, one hundred and twenty-seven (127) other ocular surgeries and forty-nine (49) laser therapy were done.

DISTRICTS

Frances Baard

There were six hundred and twenty-two (622) clients were consulted, thirty-five clients were treated, twenty-five (25) were identified with cataract, forty-one (41) were treated for other ocular diseases (glaucoma, strabismus, diabetic retinopathy and irreversible visual impairment). There were no clients referred to RMSH.

John Taolo Gaetsewe

There were one thousand one hundred and forty-one (1141) clients were consulted, four hundred and fifty-six (456) clients were treated, one hundred and forty-one (141) were identified with cataract, five hundred and one (501) were treated for other ocular diseases (glaucoma, strabismus, diabetic retinopathy and irreversible visual impairment). Twenty-nine (29) clients were referred to RMSH.

Dr Harry Surtie Hospital / ZFM District

There were eight hundred and fifty-three (853) clients were consulted, two hundred and eighty-one (281) were treated, fifty (50) clients were identified with cataract, three hundred and eighty-one (381) were treated for other ocular diseases (glaucoma, strabismus, diabetic retinopathy and irreversible visual impairment) and sixty-eight (68) were referred to RMSH.

Pixley ka Seme District

Seven hundred and thirty-six (736) clients were consulted, one hundred and seventy-three (173) were treated, three hundred and thirty-seven (337) clients were identified with cataract, three hundred and thirty-one (331) were treated for other ocular diseases (glaucoma, strabismus, diabetic retinopathy and irreversible visual impairment) and one hundred and seventy-seven (177) were referred to RMSH. There were one thousand, one hundred and seventy-three (1173) spectacles that were issued to an adult and twenty-eight (28) issued to child. South Africa National Council for the Blind (SANCB) funded by SIOC had a cataract project tour at Dr Harry Surtie, hundred and twenty-three (123) cataract surgeries were done, and thirteen (13) patients were referred to RMSH.

ENVIRONMENTAL HEALTH

Malaria campaign following the recent rains and floods malaria vector surveillance and community education campaigns were held in ZFM and JTG. Information sharing on issues that include Congo fever, clean environments, tick bites, hand and personal hygiene, etc. Collaboration with municipalities as far as monitoring water availability and water quality at NCDOH health care facilities was formalized and is running smooth.

According to webDHIS information there were two thousand two hundred and ninety-eight domestic water samples collected and one thousand six hundred (2298) and thirty-two (1632) water samples were compliant. For any water samples that are not compliant are referred to the district concerned to be addressed. DOH is working well with district municipalities, they do food handling premises inspections, four thousand six hundred and eighty-nine (4689) were inspected and two thousand and eighteen (2018) premises were compliant. The department does hazardous substance inspection, seventy-four (74) dealers were inspected and forty-eight (48) were compliant. The province is no longer issuing licenses, the National Department of Health is the one that issues licenses for those dealers who are compliant. This unit is also monitoring points of entry where they do inspections. Ensuring compliance with yellow fever vaccination for international travellers who visit these yellow fever endemic countries. Is also responsible to investigate and report all the notifiable conditions.

The draft climate change adaptation and mitigation policies for the NCDOH were presented to the policy committee.

MENTAL HEALTH

The Mental Health Care Act No. 17 of 2002 and the National Mental Health Policy Framework and Strategic Plan 2013-2020 require that a mental health services should be community-based. A community-based mental health care is realised when services of mental health are available at community level, district, regional hospital as well as tertiary and specialised level. Mental health services in the Northern Cape are still not adequately community-based due to lack of proper infrastructure, human resource at primary, secondary and tertiary level.

Current Situation

- There is not enough mental health human resource at the primary and general hospitals
- Infrastructure in both clinics and general hospitals is not fit for purpose
- District Specialist Mental Health Teams are not yet appointed (Psychiatrists, psychologists, social workers, occupational therapist and psychiatric nurses)
- Mental Health Directorate is not yet in place, the status quo Mental Health still a Sub-Directorate of Non-Communicable Diseases
- Mental Health Units in general hospitals are not yet in place still a long way to go, though table B5 was approved the issue is the implementation

- Community based mental health services are lacking, they are only provided by the NGOs which the department have an obligation to assess and licence them if they have five or more persons with intellectual disability, the process is underway currently most of them are not even funded only Helen Bishop that receive a subsidy from the department.
- Primary health care still does not have proper mental health infrastructure
- Mental Health Review Boards not in all districts, the process of appointment of these MHRB is underway call for nomination was done

There were five hundred and twenty-four (524) involuntary admissions and seven hundred and ninety-eight separations (798) 18 years and older and eighty-seven (87) under 18 years.

Mental health visits 18 years and older were fifty thousand and sixty-four (50064), and under 18 years were one thousand seven hundred and ninety-eight (1798).

At PHC level new clients who were treated for mental disorders were one thousand one hundred and sixty-eight (1168) This sub-directorate has received grant to support mental health services by contracting Psychologist, Psychiatrist and Registered Councillors. The challenge these cadres are scarce resource; the department has not employed a single category.

ACTIVITIES:

- Virtual training of forty-seven (47) Therapist by Shonaquip Uhambo Foundation
- The Provincial Mental Health Strategic Plan currently at a stage of consultation
- Provincial Mental Health Bed Master Plan currently at a stage of consultation

ACHIEVEMENTS

- Appointment of Program Manager for Chronic Diseases, and Rehabilitation & Disability
- Receipt of wheelchairs and other walking aids from SIOC
- The revival of mental health outreach services to the districts
- Appointment of some Environmental Practitioners for the districts

CHALLENGES AND MEASURES PLANNED TO OVERCOME THEM

Table 33 Challenges & Measures Planned to Overcome them: Disease Prevention & Control (CDC)

CHALLENGES	CORRECTIVE ACTION
Absence of Mental Health Review Board due to resignations of three members and death of one member, this has not been resolved	Urgent appointment of the new members, the process is underway, letters of appointment are still at MEC's office.
Poor infrastructure for mental health services in all hospitals, no mental health units, 72 hour observation non-compliant	To fast-track the renovations/revamping of the hospitals
Shortage of mental health personnel at provincial level	Appointment and build capacity at this unit
Challenge of attracting skilled personnel (Psychiatrists, Ophthalmologist) for the districts	Engage HR for headhunting, the submissions for these two categories were approved but there no applicants
NDOH has not yet issue any 2021 licenses to dealers in the Northern Cape	Environmental Unit to engage with NDOH

Table 34 Outcomes, Outputs, Output Indicators, Targets and Actual Achievements: Disease Prevention & Control (CDC)

OUTCOME	OUTPUT	OUTPUT INDICATOR	AUDITED ACTUAL PERFORMANCE 2018/19	AUDITED ACTUAL PERFORMANCE 2019/20	PLANNED ANNUAL TARGET 2020/21	ACTUAL ACHIEVEMENT 2020/21	DEVIATION FROM PLANNED TARGET TO ACTUAL ACHIEVEMENT 2020/21
Malaria eliminated by 2023	Malaria inpatient case fatality rate	Malaria case fatality rate	0%	0%	0%	0%	0%
		REASONS FOR DEVIATION: -					
Hypertension and diabetes prevalence managed	Hypertension & Diabetes treatment new	Hypertension client treatment new 18-44 years			175 948	4275	-171 673
		REASONS FOR DEVIATION: • Unrealistic targets set in the APP 2020/21					
		Hypertension client treatment new 45 years older			250 000	8 011	-241 989
		REASONS FOR DEVIATION: • Unrealistic targets set in the APP 2020/21					
		Diabetes client treatment new 18- 44 years			175 948	4 135	-171 813
		REASONS FOR DEVIATION: • Unrealistic targets set in the APP 2020/21					
		Diabetes client treatment new 45 years and older			250 000	3 298	-246 702
		REASONS FOR DEVIATION: • Unrealistic targets set in the APP 2020/21					

Table 35 Linking Performance with Budget: Programme 2 – District Health Services (DHS)

Programme 2: DISTRICT HEALTH SERVICES

	2020/21			2019/20		
	Final Appropriation	Actual Expenditure	Variance	Final Appropriation	Actual Expenditure	Variance
	R'000	R'000	R'000	R'000	R'000	R'000
Sub programme						
1 DISTRICT MANAGEMENT	174 462	263 108	(88 646)	240 917	289 610	(48 693)
2 COMMUNITY HEALTH CLINICS	534 678	533 072	1 606	495 850	519 361	(23 511)
3 COMMUNITY HEALTH CENTRES	364 281	395 972	(31 691)	326 716	369 414	(42 698)
4 OTHER COMMUNITY SERVICES	57 627	39 954	17 673	115 617	42 344	73 273
5 HIV/AIDS	708 777	588 753	120 024	638 370	548 306	90 064
6 NUTRITION	5 574	3 994	1 580	5 284	3 202	2 082
7 DISTRICT HOSPITALS	649 351	717 036	(67 685)	670 485	665 639	4 846
	2 494 750	2 541 889	(47 139)	2 493 239	2 437 876	55 363

District Health Services – overspent by R47.139 million

The programme overspent on compensation of employees due to existing budget pressures resulting from the implementation of OSD. Interest on overdue accounts was also incurred due to the cash flow constraints affecting the payment of long outstanding accruals. This programme further overspent due to unexpected personnel exist resulting in leave gratuity payments and claims against the department for medical negligence.

The department will continue to strengthen its internal control processes to mitigate the impact of claims against the department due to medical negligence and monitor the impact of personnel costs including termination of services.



4.3. Programme 3 – Emergency Medical Services (EMS)

PROGRAMME PURPOSE & STRUCTURE

- To render Emergency Medical Services through the implementation of ambulance services, special operations, communications, planned patient transport, as well as providing disaster management services in the Province.

SUB-PROGRAMMES

- Sub-Programme 3.1: Emergency Medical Services (EMS)

OUTCOMES

1. Render an effective and efficient Emergency Medical Service

4.3.1. Sub-Programme 3.1: Emergency Medical Services (EMS)

PRIORITIES

- Improve on response times.
- Gradually increase employment of staff to realise the two persons' crew.
- Increase the number of operational ambulance to ensure full coverage of EMS service.

SITUATION ANALYSIS

The first quarter of the year under review has shown a decline in the number of calls received by the emergency call centres across the province which may be associated with the lockdown across the nation as the president of the republic declared a state of a disaster due to COVID-19 pandemic that since required the nation to be placed under alert level 5 lockdown as per the disaster management Act (Act No 57 of 2002). The program has since been able to meet the demand of services over this period as there was a decline in the number of trauma cases and calls in general, and as a result the response improved in this quarter. The relaxation of the lockdown levels however resulted in an increased number of COVID-19 infections which in turn placed a serious burden on EMS for referrals of these patients on top of conventional cases. Over the year under review, the program had an average of 85 ambulances on a daily basis which subsequently improved towards the end of the third quarter as we managed to place 45 ambulances in the districts which had improved the operational status to 95 ambulances on average against a target of 130.

Since the reviewing of performance targets the program have since achieved all its targets, however there are still problems with our response times and in some cases fail to respond due to high volume of calls against available resources. Furthermore, this program has also experience a constant increase on referrals from the district hospitals which have created a lack of availability of ambulances. COVID-19 did not spare our employees as a number of our emergency service employees have been infected and some succumbed to the virus, this has not only slowed down our response to needy communities but have also exacerbated the one person crews in the province.

In an effort to address the staff shortages, the program was able to at least appoint 10 emergency care practitioners in the PKS district as part of the COVID-19 response. The program is still understaffed as a number of employees have left the service and some passed on. Since the beginning of the assessment period the operational staff have been in the order of 697 against a target of 1040. Unfortunately, the same cannot be said about the service demands as the call rate have since rose after the relaxation of lockdown levels. The difficulties to achieve or decline to the quality of performance of the program has been as a results of the shortage of personnel and ambulances as well as patient transport vehicles.

Our challenges to meet the required level of operational ambulances and personnel is due to limited budget allocated to the program despite numerous reports citing insufficient funding to the program. The second challenge that affected our situation was and still is the licensing of vehicles.

In spite of all these challenges the program continues to achieve the set targets but this however does not amount to acceptable levels of performance. This has been as a results of low targets. The above average operational resources have a target of a little more than 1.2m population to serve who are scattered all over the province. Over 70% of the households in the province depend on state ambulances to access health services. This magnitude of population has a number of service demands that outweighs the available resources as the program requires 1800 staff members operating with 184 vehicles at any given time across the province as a long-term plan. EMS personnel is still featuring at less than 50% of this target.

ACHIEVEMENTS

- Appointment of 10 Emergency Care Practitioners for PKS District
- Distributed 45 ambulances

CHALLENGES AND MEASURES PLANNED TO OVERCOME THEM

Table 36 Challenges & Measures Planned to Overcome them: Emergency Medical Services (EMS)

CHALLENGES	CORRECTIVE ACTION
Shortage of operational staff due to limited staff establishment and delays on replacement of vacant funded posts continues to contribute to one-person crew situation in the program as well as personnel shortage in the Admin section. The requests for transfers to other provinces are also creating a serious problem.	• Vacant funded posts need to be replaced within 6 weeks. • Approval to appoint more staff including vacant funded posts
No posts for Data Captures	Source funding for appointment of more data capturers with computers
Shortage of Ambulances and patient transporters due to breakdowns.	Replace and procure additional Ambulances. Improve turnaround time of authorization for repairs by Transit Solutions Fleet Management.
Licencing and registration of current and new fleet	SLA with Government Garage and Roads and safety to ensure vehicles are registered correctly and timeously
Paper based call centres	Automate all call centres in the province.
Unresponsive Supply chain processes and loss of valuable documents	Identify a dedicated employee for EMS in the SCM unit

Table 37 Outcomes, Outputs, Output Indicators, Targets and Actual Achievements: Emergency Medical Services (EMS)

OUTCOME	OUTPUT	OUTPUT INDICATOR	AUDITED ACTUAL PERFORMANCE 2018/19	AUDITED ACTUAL PERFORMANCE 2019/20	PLANNED ANNUAL TARGET 2020/21	ACTUAL ACHIEVEMENT 2020/21	DEVIATION FROM PLANNED TARGET TO ACTUAL ACHIEVEMENT 2020/21
Render an effective and efficient Emergency Medical Service	Improved response times of EMS in rural & urban areas	EMS P1 urban response under 30 minutes rate			40%	79%	+39%
		REASONS FOR DEVIATION: -					
		EMS P1 rural response under 60 minutes rate			50%	80%	+30%
		REASONS FOR DEVIATION: Since the review on response time from 30 min to 60min the program has since been able to achieve this target.					

Table 38 Linking Performance with Budget: Programme 3 – Emergency Medical Services (EMS)

Programme 3: EMERGENCY MEDICAL SERVICES

	2020/21			2019/20		
	Final Appropriation	Actual Expenditure	Variance	Final Appropriation	Actual Expenditure	Variance
	R'000	R'000	R'000	R'000	R'000	R'000
Sub programme						
1 EMERGENCY TRANSPORT	421 968	405 091	16 877	362 375	333 920	28 455
2 PLANNED PATIENT TRANSPORT	3 278	390	2 888	3 107	3 095	12
	425 246	405 481	19 765	365 482	337 015	28 467

Emergency Medical Services – underspent by R19.765 million

The programme experienced service delivery pressures which resulted in additional personnel being appointed, this further affected the limited budget of the department. The goods & services overspend due to accruals paid on the aeromedical services and fleet services; while the capital budget underspend due to cash flow constraints. Interest on overdue accounts was also incurred due to the cash flow constraints affecting the payment of long outstanding accruals.

The budget will be reprioritised to align spending trends to available funds. A budget roll over will be requested.



4.4. Programme 4 – Provincial Hospital Services

PROGRAMME PURPOSE AND STRUCTURE

- Rendering of hospital services at a general and specialist level and provide a platform for the training of health workers and research.

SUB-PROGRAMMES

- Sub-Programme 4.1: Regional Hospital - Dr. Harry Surtie Hospital (DHS)
- Sub-Programme 4.2: Specialised Hospital - West End Specialised Hospital (WESH)

OUTCOMES

1. Management of patient safety incidents improved to reduce new medico-legal cases

4.4.1. Sub-Programme 4.1: Regional Hospital - Dr. Harry Surtie Hospital (DHS)

PRIORITIES

- To improve accountability to regional hospital services by addressing resource challenges.
- To improve clinical governance in the hospital to safeguard high standards of care.

SITUATION ANALYSIS

Dr Harry Surtie Hospital is the only Regional Hospital serving the western side of the Northern-Cape Province. It was never fully commissioned since the Hospital opened. The facility services the whole western part of the province, namely ZFM and Namakwa Districts.

The COVID-19 epidemic has had an impact on how services were rendered throughout the year. Facility reorganization and prioritization had to take place to prepare the facility in managing COVID-19 patients. The Dr Harry Surtie hospital had to allocate 85% of beds and commission wards in preparation for admission of COVID-19 patients including those that would need to be admitted in the intensive Care unit. Theatre cold cases were cancelled, Outpatients bookings were limited and patient visiting hours were cancelled. The COVID-19 epidemic had put a strain on the available limited resources and also shown the gaps in healthcare service delivery including occupational health and safety compliance.

The facility had been able to appoint 60 COVID-19 nurses, Medical officers and Social workers on contract, which had positive spinoffs for the facility in mitigating the impact of COVID-19, however, we also lost some officials due to COVID-19. The better part of the reporting year, activities were mainly on managing COVID-19 cases in the facility. Dr Harry Surtie hospital is committed to rendering an acceptable standard of health care services within the limited resources.

ACHIEVEMENTS

- The Ukwanda project also involves rotation of other allied health professional for shorter periods at the facility. The project is a vital injection to the hospital and aids in introducing a learning climate in the hospital. Traditional treatment practices are critically challenged and replaced by more innovative techniques with the final year students being the driving force behind these projects. This project is still on going.
- The Paediatric specialist still continues with Paediatric outreach services and was joined by the local Obstetrician. Since February 2019. The outreach services are done at both Keimoes and Kakamas hospital and increase. Accessibility of Paediatric and Obstetrics and Gynaecological services for patients from these areas as well as the transfer of knowledge and skills to medical officers employed at these hospitals.
- There is Psychiatric assistance from Stellenbosch University by means of a Psychiatrist visiting the Hospital on a Monthly basis also seeing the patients from the districts which are being presented to the Psychiatrist by the district Mental Health Coordinator. The initiative is currently being funded by the Discovery Health Foundation Company paying travelling and accommodation cost of the doctor.
- The hospital had a visit from a team of health professionals led by Professor Goldberg from Grootte Schuur hospital
- in the Western Cape, on a surveillance tour (25-30 August) accompanied by the staff from the Pink Drive initiative. This is an annual occurrence aimed at improving Cancer screenings in rural areas. The team performed a range of physical and radiological examinations on patients and volunteers to test for Cancer in the body. The following are the totals for the various test performed by this teams; (i) Mammograms = 46, Breast Sonars = 48; Breast biopsies = 8; Colonoscopies = 80; Gastroscopies = 18; Gynaecological sonars = 53; Uroscopies = 54; Cystoscopies = 16 and abdominal sonars = 47
- Appointment of key personnel for various departments as Specialist Dr H Hendricks in Casualty., Appointment of Dr. Kolongi in the Surgery Department. Two Doctors on a 1year contract appointed.
- Permanent appointed Medical Officers (3), contract appointment of COVID-19 Nurses (60) and social workers (5).
- Vaccine site established and 10 Vaccinators trained and registered.
- Improved findings on audit opinion of the AG.
- Successful Eye Clinic Drive supported by the South African National Council, and funded by SIOC CDT. A total of 383 patients were screened and 123 had successful cataract operations.

CHALLENGES AND MEASURES PLANNED TO OVERCOME THEM

Table 39 Challenges & Measures Planned to Overcome them: Regional Hospital – Dr. Harry Surtie Hospital (DHS)

CHALLENGES	CORRECTIVE ACTION
- Continued Acting of CEO - Absence of approved Management structure/organogram at the hospital - Absence of crucial senior management positions Facility Manager, Clinical support Manager and Human resource Manager	- Recruitment processes for the vacant and funded posts to be finalised. - Organisational structure of hospital management team to be finalised and recruitment processes to follow. - The absence of this vital roles in the absence of immediate supervisors, most unit don't even have supervisors
Unrealistic nurse: patient ratios in the wards resulting into poor nursing care to patients and increased complaints against quality of care delivery.	- Appointment of additional nursing staff to meet quality standards of care delivery. - Redress of shortcomings in clinical knowledge and skill of nursing professionals through in-service training.
- Delayed response to addressing needs for repairs in the hospital by current maintenance company. Having to wait months on end for repair of "URGENT REQUESTS" as a result of prolonged processes. - Current arrangement does not cater for immediate repairs such as flooding due to pipe bursts; breakdown in HVAC systems. - Hospital to use operational budget for repairs or movable furniture and equipment without approved maintenance budget.	Shortened response to requests for repairs to be implemented. Appointment of facility manager which is crucial for the maintenance of the hospital.
- Growing impatience of staff with resultant introduction of different types of industrial action and increased absenteeism emanating from Non- payment of overtime and delayed payment of allowances, Backlog in leave approvals leading to wrong leave credits. - Failure to fill vacant posts of support staff who exited the service	- Registration of two more officials on supervisory levels for approvals of leave, overtime – and allowance payments. The urgent need for appointment of the HR DD post, which has been vacant and funded for the past 2 years. - Motivations to Provincial HR to approve block advert/adverts for replacement of vacant and funding posts of all support staff.
Absence of Rural Allowance	Reclassification of DHS as rural.
Absence of IPC and Quality Assurance coordination's	These posts to be funded, created, advertised and filled as matter of urgency
- Centralizing of HR functions - Lack of HR plan - Absence of Labour Relations Services at facility level - Exodus of health professionals and staff coupled with delayed filling of posts. - Ailing support staff and challenge to maintain optimal level of cleanliness	- Decentralisation of signing powers for posts at level 2-4 - Participation in compilation of Provincial HR plan. - Prioritising the creation, funding and advertising of the posts. - Compiling Recruitment and retention plan. Addressing issues such as centralised HR functions, rural allowance, affordable housing, and English medium schools. - Outsourcing of cleaning services by the hospital. - Re allocation of staff from other sections. - Advertising and filling of vacant and funded posts.
Revenue Generation / Suspension of Admission Clerks	- Suspensions of Admission Clerks had a negative impact on revenue, resulting on classifications done incorrectly. - Shortage of clerks let to current station clerks being deployed to other stations for assistance. - For a way forward we would like to propose for Awareness Posters to be visible throughout the hospital pertaining billing procedures / income classifications / admission fees. - Supervisor / Revenue Manager to be appointed.
Gross absenteeism's / Intoxication on duty	- Follow up to be done with Provincial and Labour Relations Department regarding the absenteeism's. - Disciplinary measures to taken.
Poor complaints management	- Quality Assurance Co-ordinator appointed urgently. - SOP to be developed and implemented. - In-service training to be conducted.
- Need for expansion and commissioning more of services; Postnatal and Gynaecology unit services to accommodate the demand; Susceptible TB – to allow for proper isolation and reducing risks of transmission to other patients and staff in the ward.	- Appointment of additional staff from various categories including doctors, nurses, social workers, psychologist, cleaners, housekeepers, porters to commission these units. - Funding of refurbishment of dedicated section within the Mental Health care unit.

CHALLENGES	CORRECTIVE ACTION
• Mental Health ward – additional 4 beds needed to accommodate for both genders and meet the need expressed by Department of Justice for placement of offenders requiring mental health observation.	

Table 40 Outcomes, Outputs, Output Indicators, Targets and Actual Achievements: Regional Hospital - Dr. Harry Surtie Hospital (DHSB)

OUTCOME	OUTPUT	OUTPUT INDICATOR	AUDITED ACTUAL PERFORMANCE 2018/19	AUDITED ACTUAL PERFORMANCE 2019/20	PLANNED ANNUAL TARGET 2020/21	ACTUAL ACHIEVEMENT 2020/21	DEVIATION FROM PLANNED TARGET TO ACTUAL ACHIEVEMENT 2020/21
Management of patient safety incidents improved to reduce new medico-legal cases	Patient Safety Incident (PSI) case closure rate	Severity assessment code (SAC) 1 incident reported within 24 hours rate			80%	0	-80%
		REASONS FOR DEVIATION: No SAC1 incidents have occurred in the Annual Financial Year 2020/21					

4.4.2. Sub-Programme 4.2: Specialised Hospital – West End Specialised Hospital (WESH)

PRIORITIES

- Improve specialised hospital services by gradually increasing employment of staff.
- Improve accessibility to mental health service in the specialised hospital.

SITUATION ANALYSIS

Nursing

Goal in the Nursing Division is to give every Mental Health Care User the best quality nursing care within legal framework and with competence and skill. As previously reported the shortage of Professional Nurses put an enormous challenge in ensuring safe coverage of the eleven wards/units. Enrolled Nursing Assistants are allocated to the Forensic observation unit and isolation ward at night being indirectly supervised by the Professional Nurse in P1 (acute male admission ward) and Preadmission ward respectively. SANC Regulation No. 43305 of Nursing Act, 2005 (Act No. 33 of 2005).

Limitations of scope of practice of auxiliary nurse:

An auxiliary nurse -

- may only render basic nursing care that is based on a prescribed plan of care and set standards
- must be supervised by a professional nurse. staff nurse

The distance between the two wards posed a safety risk for both observandis and staff due, to the Enrolled Nursing Assistant (ENA) lack of professional competency and in-depth knowledge of the aetiology of mental illness in case of an emergency/management of mental health care user.

In January 2021, 26 Contract Nurses (PN-2; EN-10; ENA-14) were relocated to RMSH. One Operational Manager transferred/relocated to Western Cape.

Infrastructure

- Preadmission ward, mixing of genders posing an inherent safety risk of vulnerable mental health care users.
- Ongoing Infrastructural challenge - mainly malfunctioning of the electronic doors that pose a risk in an emergency to reach an observandi.
- Malfunctioning of air conditioners in the facility.

Psychology and Clinical Support

The Departments of Psychology and Clinical Support Services remains hugely understaff since the migration from the former West End Specialised Hospital to the new Northern Cape Mental Health Hospital. No priority has been given towards the recruitment and filling of critical vacant and funded post as well as the creation, funding, filling and advertisement of new posts.

The following posts are currently vacant and funded and the hospital as a facility has been unable to fill these posts:

- Clinical Psychology x2

The following category of posts should be prioritized in the event of additional budget allocation for OSD posts to enhance and improve service efficiency and accessibility to mental health care service:

- Clinical Psychologist x2
- Social Worker x1
- Occupational Therapist x2
- Chief Occupational Therapist x1
- Pharmacist x1

The Hospital has been seen an increase in the admission of Children and Adolescents, Urgent attention must be given to the approval of the business case to operationalize the Child and Adolescent Unit (CAMHS). Financial injection is a high priority. The departments of Psychology and Clinical Support Services are also considering to undertake a benchmarking visits to similar

and well established Child and Adolescents Units in the Western Cape Province. A submission was drafted and is awaiting funding and approval towards achieving this goal.

Human Resource

The Mental Health Human Resources is grossly understaffed and this has a negative effect on the overall service delivery of the Hospital.

Psychiatry

The department of psychiatry is fairly staffed in relation to hospital needs at current patient load. There are factors that are negatively affecting the clinician efficiency like:

- Lack of medications at times lead to frequent change in treatment
- Pressure to discharge patient due to high intake of admission/readmission
- Difficulties with down referral due lack of infrastructure and system to accommodate patient that need ongoing care.
- The limitation of forensic services due to shortage man power to operationalise a new ward for patient who are housed at correctional services.
- Long forensic observation waiting list

There are ongoing mental health care service issues that need to be addressed with the referring institutions. There is a need for retraining of mental health care providers at primary health centres and district hospitals regarding mental health care act and forms, and management of acutely ill mental health patients.

The COVID-19 pandemic also had massive impact in how the department operate. The social distancing between clinicians and patients a has made communication difficult, thus affecting the service delivery. The new platform has allowed us to use time more efficiently than before. Some of short The departmental financial challenges in the midst of pandemic affected the desired service delivery. The need for employees to work staggered shifts to safe guard the continued service delivery in cased of undesired occurrences also had negative impact on services.

Security

Security section is dire need additional Security Officers. The current staff is overstretched because we have to cover many areas with a very limited staff. This poses a serious security risk to the patients, staff and the facility itself. Sometimes we find ourselves in a situation where we can't deploy securities in some areas. This issue of under staff personnel concerns us as a unit and we appeal to our principals to look into this matter to rescue the situation.

ACHIEVEMENTS

Psychology and Clinical Support

Despite resource constraints both Departments of Psychology and Clinical Support Services were able to successfully execute their respective operational plans in line with their Key Performance Areas (KPA's).

Some of the achievements accomplished were:

- Reducing the Average Length of Stay of our chronic mental health care users.
- A higher rate was achieved in the family reintegration of mental health care users.
- Greater participation was achieved in family involvement with users post discharge
- Greater accessibility towards health care services was accomplished despite human resources constraints.
- Increase in the total of usable beds allocated towards Child and Adolescent Services.
- Greater percentage output was achieved in Forensics Observation Services in comparison with previous years.

Human Resources

- There is 1 skilled additional member to the Human Resource Administration Unit.
- Conditions of Services transactions are now captured on site.
- Staff has undergone Persal training which simplifies the workflow in the unit.
- 1 Medical Officer awaiting translation to Medical Specialist.
- 2 Professional Nurses awaiting translation to Specialty Nursing.

- 5 Staff Nurses shall soon be completing Bridging Course to Professional Nursing

Psychiatry

- The service delivery was able to continue amidst the ongoing pandemic challenges.
- We have received two community medical officers who express big interest in mental health.
- The new group of interns will be rotating two months in our department instead of one month like before.
- The medical interns will also be doing calls in psychiatry.
- The COVID-19 pandemic has also allowed us to introduce the virtual platform amongst clinicians.
- When we started doing our CME program virtually, we were able to involve more clinicians than before.
- This was also introduced to patient care to assist those who couldn't come to hospital

Security

- No incident has been reported thus far.

CHALLENGES AND MEASURES PLANNED TO OVERCOME THEM

Table 41 Challenges & Measures Planned to Overcome them: Specialised Hospital – West End Specialised Hospital (WESH)

CHALLENGES	CORRECTIVE ACTION
Nursing	
Telephones- unable to make outside calls e.g. contacting the doctors' afterhours or other stakeholders.	Follow up on progress to regain connectivity outside the hospital.
Admission of mental health care users from private hospitals without the necessary legal documents required guidelines/protocols not being followed.	Emphasize the importance of following the prescribed guidelines and protocols to
Unilateral decisions being made on increase on the number of forensic observandis.	Strengthen of relationships between stakeholders.
Gross understaffing of Cleaners increase risk of infection.	Appoint of permanent cleaners or extension of contracts of current contract workers.
Admission of minors in adult wards presenting constant medico-legal risk to the institution.	Admission of children to a suitable unit to minimise any risk.
CAMHS unit not operational due to lack of staff, the unit is currently used as the isolation ward for the COVID-19 + mental health care users	To operationalize the CAMHS unit.
Lack of dedicated Medical Health technology.	Follow up on progress.
Lack of adequate Professional Nurses to ensure safe coverage of all units.	Appointment of suitable qualified Nursing personnel.
Gross understaffing of Security personnel in all units except for M-Block(state patient unit) compromise patient and staff safety.	Follow up on progress with regard to appointment of security officers.
Lack of resources to do on – line training	
Mashing of windows T-block to prevent patient abscondment.	Submission was already generated follow up on progress.
Lack of oxygen	Follow up on requisition done on 14 December 2020.
Transportation of patients' afterhours and weekends.	For discussion with CEO, Mr. Tolie and Mr. Letebele.
Psychology & Clinical Support	
COVID-19 remains the biggest threat to effective service delivery in respect to operations and service interventions	• Strict adherence to COVID-19 protocols in the workplace. • Rendering psycho-social support to staff where needed. • Managing workflow and work programmes of staff. • Continuous training and awareness of the pandemic. • Encouraging staff to register for vaccination. • Monitor the amount of staff vaccinated/not vaccinated. • Regular debriefing and Supervision of staff within Psychology and Clinical Support.
Extreme lack of Human Resource	• Priority must be given to the appointment of additional staff. • Vacant and funded post must be filled as matter of urgency. • Creation, funding and filling are advertising of near posts. • Additional financial allocation must be prioritized.
Moratorium of post	• Biggest threat to effective service delivery. • Urgent EMC intervention is needed to see lifting of moratorium of critical posts both Clinical and Non-Clinical. •

CHALLENGES	CORRECTIVE ACTION
Increasing in admissions of Child and Adolescent Services.	- Approval of business case. - Financial allocation towards business case. - Appointment of identified staff. - Opening up of the overnight facility for parents
Human Resources	
Lack of Personnel in the HR unit	Recruitment process of approved support personnel submission should commence.
Acting positions for support personnel recommended to avail.	Acting submission in the HOD's office should be approved.
Lack of Human Resources capacity in the Institution	- Contract and permanent appointment submissions should be approved. - Moratorium against the filling of posts should be suspended.
Psychiatry	
Forensic Observation waiting list	There is currently a trial of taking six observandis instead of previous three. There is acknowledged risk of sustainability due human resource challenges. This can be sustained with allocation of full time personnel in the units.
Disorganised short courts evaluation	Centralise the management of bookings to our clerk at outpatient department with support from psychiatry admin clerk. We have also started to train medical officers to assist with evaluations.
Admission of minors in adult wards presenting constant medico-legal risk to the institution	Urgent need to operationalize Child and adolescent mental health service ward as soon as necessary staff is appointed. The appointment of our head of department who is also a child psychiatrist had brought some system in management of children who are still treated in adult wards
Human resource - We have three specialist psychiatrists with one registrar waiting to register as specialist. - Medical officers- Two contract medical officers (very competent), Two community service medical officers, and five permanent medical officers.	- The ongoing need to retain both contract, and community service medical officers. - The need to renegotiate the registrar training program
Forensic Services - Need to cater for the patient who are at correctional facility due to human right violation of placing patient in prison system instead of hospital - Long forensic observation waiting list negatively affect justice system leading to cases being struck off the court roll.	Submission for employment of staff (security, nursing, social worker, clinical psychologist and occupational therapist) to operationalise the state patient ward and increase observation unit output to at least observandis per month.
District outreach services - The district mental health outreach service has resumed but at very limited rate. - Other districts don't have mental health coordinators to follow up on.	- There is urgent need to appoint mental health coordinators at district level to allow the program to run smoothly. - The need for more medical staff will also allow the desired frequency of outreach visits.
Security	
Shortage of Staff	Employ more personnel
Training on how to handle Mental Health Patients	Training security officers(Priority)

Table 42 Outcomes, Outputs, Output Indicators, Targets and Actual Achievements: Specialised Hospital – West End Specialised Hospital (WESH)

OUTCOME	OUTPUT	OUTPUT INDICATOR	AUDITED ACTUAL PERFORMANCE 2018/19	AUDITED ACTUAL PERFORMANCE 2019/20	PLANNED ANNUAL TARGET 2020/21	ACTUAL ACHIEVEMENT 2020/21	DEVIATION FROM PLANNED TARGET TO ACTUAL ACHIEVEMENT 2020/21
Management of patient safety incidents improved to reduce new medico-legal cases	Patient Safety Incident (PSI) case closure rate	Severity assessment code (SAC) 1 incident reported within 24 hours rate			80%	40%	-40%
		REASONS FOR DEVIATION: Out of the 2 reported cases, one is still pending due to the mental healthcare user being on abscondment. The Mental Health Care Act form 25 (abscondment form) was completed on 26/04/2021					

Table 43 Linking Performance with Budget: Programme 4 – Provincial Hospital Services

Programme 4: PROVINCIAL HOSPITAL SERVICES

	2020/21			2019/20		
	Final Appropriation	Actual Expenditure	Variance	Final Appropriation	Actual Expenditure	Variance
	R'000	R'000	R'000	R'000	R'000	R'000
Sub programme						
1 GENERAL(REGIONAL) HOSPITALS	301 807	343 684	(41 877)	315 258	293 751	21 507
2 TUBERCULOSIS HOSPITALS	23 745	17 856	5 889	18 288	14 172	4 116
3 PSYCHIATRIC/MENTAL HOSPITAL	84 216	119 510	(35 294)	81 797	108 547	(26 750)
	409 768	481 050	(71 282)	415 343	416 470	(1 127)

Provincial Hospital Services – overspent by R71.282 million

The programme overspent on goods & services due to the impact of accruals, mainly, on computers services, medical supplies and property payments; while the transfers to municipalities was also overspent. Interest on overdue accounts was also incurred due to the cash flow constraints affecting the payment of long outstanding accruals.

The budget will be reprioritised to align spending to available funding.



4.5. Programme 5 – Tertiary Hospital Services

PROGRAMME PURPOSE AND STRUCTURE

- To deliver tertiary services which are accessible, appropriate, effective and provide a platform for training health professionals.

SUB-PROGRAMMES

- Sub-Programme 5.1: Robert Mangaliso Sobukwe Hospital (RMSH)

OUTCOMES

1. Management of patient safety incidents improved to reduce new medico-legal cases

4.5.1. Sub-Programme 5.1: Robert Mangaliso Sobukwe Hospital (RMSH)

PRIORITIES

- Ensure compliance with the national core standards for effective health service delivery.
- Improve efficiencies and quality of care at Tertiary Hospital.
- Implement effective referral systems by ensuring a close relationship between all levels of the health system (e.g. Regional and Specialised Hospitals; District Hospitals and PHC facilities).

SITUATION ANALYSIS

The hospital has performed satisfactorily during the year under review taking into consideration the challenges being experienced.

Overcrowding is still experienced in the Accident and Emergency unit due to the lack of health services after 16:00 and during public holidays where we end up with a mixture of Primary, District and Tertiary patients. The over load weighs heavily on the limited number of staff available as well as increase possibility of adverse incidents occurring. District services need to be capacitated to deliver the services

The filling of vacant posts remains a challenge as the recruitment does not equal the exists, most appointments frozen since mid-2015 which affects service delivery in a negative way putting tremendous strain on the functionality of the hospital towards achieving its desired goals. It also leads to staff burnout which further decreases capacity and staff satisfaction. The Obstetrics and Gynaecology unit is under extreme pressure due to the shortage of senior doctors. The absence of a Clinical Head of Unit puts tremendous strain on the junior doctors. The lack of proper supervision, support and guidance has a negative impact on the quality of care, thus threatening the outcomes on maternal and peri-natal morbidity and mortality making room for adverse events and potential medico legal litigation. The continued demand for high risk ante natal care puts tremendous pressure on the available staff and bed capacity.

There is a need to seriously look at the capabilities of Primary Health Care in delivering effective quality Ante Natal Care to reduce the high incidence of high risk pregnancies and adverse labour outcomes.

Ten (10) maternal deaths reported for the year, due to Brain Haemorrhage, Pulmonary Embolism as well as Severe Irreversible Brain damage and Cardiac arrest. These cases are from Kuruman (1), Colesburg (1), Jankempdorp (1), Pampierstad (1), De Aar (1), Taung (1), Platfontein (2) and Kimberley (2).

The COVID-19 pandemic has also put tremendous strain on an already over stretched health system, especially on nursing where there is already a huge staff shortage. The units continued carrying the burden of the pandemic with the same staff members in nursing.

The registrar programme is viewed as one of the key strategies aimed at enhancing a pool of specialist within various disciplines. Over the past few years its impact was visible towards improved patient experience of care. An emphasis also needs to be made regarding equipping the institution with necessary medical equipment to enable these professionals to deliver health care services to the best of their ability.

The standard of care and quality of working life has been improved through the procurement of Clinical and support equipment. The procurement of all this clinical equipment goes a long way to ensuring compliance with the Health Technology life cycle; it also addresses some of the issues raised by the Auditor General; it assists with compliance to the National Core standards; and addresses the National Minister of Health's priorities. The following critical equipment has been ordered through SCM, amongst others:

- Equipment for the COVID-19 units and other areas has been received which will positively impact patient treatment and care (ventilators, CPAP machines, AED machines Vital signs monitors, patient lockers)
- Ventilator
- Ultrasound Machine
- Sterrad Velocity Biological Indicator Reader with Printer
- C-Mac Electronic Videoscope
- Fumigation Fogging Machines
- C-Mac Electronic Videoscope
- Patient Monitoring Systems with Printer

- Office furniture

ACHIEVEMENTS

The following Infrastructural upgrades were completed:

- Refurbishment of ward A3 which is a surgical ward successfully completed and fully functional
- Adult Intensive Care Unit (ICU) renovations completed, with an addition of two (2) beds
- The Smile foundation supported the institution by donating, medical equipment, surgical instruments and consumables for the Smile Week held during the week of 15 -19 March 2021. Nineteen (39) patients received constructive surgery. This will lead to a dramatic improvement in patient management and care within the Northern Cape Province.

CHALLENGES AND MEASURES PLANNED TO OVERCOME THEM

Table 44 Challenges & Measures Planned to Overcome them: Tertiary Hospital – Robert Mangaliso Sobukwe Hospital (RMSH)

CHALLENGES	CORRECTIVE ACTION
• High demand for services versus inadequate budget with a further budget cut for the current financial year ○ Inability to service current debt and operational costs as well as increased accruals and delay in payments to suppliers in line with instruction note 34 of treasury. • Projected budget cut of R475, 102M over the MTEF period.	• Streamline the budget baseline and review current budget allocation in line with hospital service package. • Availability of cash flow in line with budget allocation letter • Full Financial Delegations to be given to the CEO.
• Delay in the procurement of items above R500 thousand due to dysfunctional Departmental Bid Committees ○ Inability to procure as per the procurement plan and to spend grants within the financial year.	• Review of Departmental Bid Committees and implementation of the procurement plan
• No approved organogram for the institution ○ Vacant funded posts are abolished with no replacement in especially the administrative areas. ○ Instability within the management system	• Finalise and implement the Organogram.
• Chronic shortage of staff ○ Hampers efficient and effective health care services. • Continued exodus of clinical professionals ○ Certain services might collapse if the exodus of staff continues ○ Low staff morale • Litigations in regard to: ○ Increase in adverse events ○ Increased complaints ○ Compromised Infection Prevention and Control (IPC)	• Fill most critical vacant posts in line with the functional organogram, urgently to prevent the increase in medico-legal cases. • Full HR delegations to be given to the CEO.
Late referrals from peripheral hospitals contribute to Patients not receiving prompt medical care and these increase maternal deaths and infant mortality.	• Strengthening and Capacitation of districts • Strict adherence to protocol of referral.
Influx of Patients leading to Patients over-crowded in the Emergency unit waiting for beds and Patients waiting longer for surgery with possible clinical complications	• Strengthen and the Out-Reach program to support the districts • Implement effective referral systems
Infrastructure Maintenance (leaking roofs, Backup electricity, Heating and Ventilation (HVAC), Backup water supply etc)	• Development and Implementation of a funded Infrastructure Plan to deal with backlog maintenance

Table 45 Outcomes, Outputs, Output Indicators, Targets and Actual Achievements: Tertiary Hospital – Robert Mangaliso Sobukwe Hospital (RMSH)

OUTCOME	OUTPUT	OUTPUT INDICATOR	AUDITED ACTUAL PERFORMANCE 2018/19	AUDITED ACTUAL PERFORMANCE 2019/20	PLANNED ANNUAL TARGET 2020/21	ACTUAL ACHIEVEMENT 2020/21	DEVIATION FROM PLANNED TARGET TO ACTUAL ACHIEVEMENT 2020/21
Management of patient safety incidents improved to reduce new medico-legal cases	Patient Safety Incident (PSI) case closure rate	Severity assessment code (SAC) 1 incident reported within 24 hours rate			80%	100%	+20%
		REASONS FOR DEVIATION: Four (4)(1) SAC 1 incident was reported during the quarter under review and same were reported within 24 hour					

Table 46 Linking Performance with Budget: Programme 5 – Tertiary Hospital Services

Programme 5: CENTRAL HOSPITAL SERVICES

	2020/21			2019/20		
	Final Appropriation	Actual Expenditure	Variance	Final Appropriation	Actual Expenditure	Variance
	R'000	R'000	R'000	R'000	R'000	R'000
Sub programme						
1 PROVINCIAL TERTIARY HOSPITAL SERVI	1 152 590	1 116 510	36 080	1 088 431	1 058 154	30 277
	1 152 590	1 116 510	36 080	1 088 431	1 058 154	30 277

Central Hospital Services – underspent by R36.080 million

The programme underspent compensation of employees' allocation, due to the moratorium on filling of posts and incorrect linking of personnel on PERSAL. The goods & services allocation and the payments for capital assets budget were underspent due to the cash flow constraints affecting the payment of long outstanding accruals.

The budget will be reprioritised to align spending to available funding.



4.6. Programme 6 – Health Sciences and Training

PROGRAMME PURPOSE AND STRUCTURE

- Develop a dedicated ethical educated workforce to acquire knowledge and principles in the provision of nursing, emergency medical care and other health professions, empowering them to translate their knowledge, skills and attitude to complement a comprehensive health care service in the Province.

SUB-PROGRAMMES

- Sub-Programme 6.1: Health Sciences & Training (HST)

OUTCOMES

1. Strengthen collaborative and multidisciplinary training approach towards capacitation of health workforce to deliver quality service

4.6.1. Sub-Programme 6.1: Health Sciences & Training (HST)

PRIORITIES

- Continuous staff development through CPD points and WSP.
- Academic and support staff development.
- To invest in human capital in order to enhance healthcare service delivery through allocation of bursaries.
- To identify and address scarce and critical skills in the public Health Sector through research and development.

SITUATION ANALYSIS

HUMAN RESOURCE DEVELOPMENT

Section 2 of the Skills Development Act, 1999 provides for the development of the skills of the South African workforce and the improvement of the employment prospects of persons previously disadvantaged by unfair discrimination and to redress those disadvantages through training and education. In complying with these provisions and other related overarching policy imperatives, namely the National Development Plan-2030 (NDP), New Growth Path (NGP), the Human Resource Development (HRD) Strategy for SA, Provincial Growth and Development Strategies (PGDSs) and Integrated Development Plans (IDPs), HRD prioritised the implementation of training interventions for both the employed staff and unemployed youth.

The training interventions include developmental programmes for the unemployed youths and skills development programmes for employed staff. It was however unfortunate that the world was hit by the COVID-19 pandemic, which had then resulted in South Africa under-going national lockdown of various levels with very strict regulations. This had also resulted in reprioritisation of departmental objectives, of which the delivery and implementation of planned trainings could not be implemented thereby resulting in non-implementation of the 2020/ 21 Workplace Skills Plan (WSP).

Developmental Programmes for the unemployed youth

a. Bursaries and Mandela-Castro Medical Collaboration Scholarship

Operationalisation of key departmental priorities of the South African (SA) government as expressed above were realised through the continuation of awarded bursaries and scholarships to 98 students studying medicine. For the past five (5) years, i.e. since 2015, the department has not had any new intake for bursaries/ scholarships owing to the financial constraints the department found itself in.

Of the remaining and recurring ninety-eight (98) students, four (4) were locally trained in RSA whereas the bulk of ninety-four (94) were trained in Cuba through the Mandela-Castro Medical Collaboration Programme (MCMCP) scholarship.

Table 47 Bursary/ Scholarship beneficiaries in terms of race and gender

INTERVENTION	MALE				FEMALE				TOTAL
	A	C	W	I	A	C	W	I	
MCMCP (still in Cuba)	14	4	0	0	12	4	0	0	34
MCMCP (back in RSA since 2019)	15	6	0	0	8	3	0	0	32
MCMCP (returned to RSA in August 2020)	7	2	0	0	16	3	0	0	28
Studying Medicine Locally (in RSA)	0	0	0	0	2	2	0	0	4
SUM OF BURSARIES	36	12	0	0	38	12	0	0	98

The table above depicts the breakdown of NC bursary beneficiaries in terms race and gender for each category of interventions. The picture above indicates that there has been a skewed focus on the training of medical professionals whereas other health related fields such as allied health professionals had received minimal attention. This has, therefore, resulted in an imbalance of output of health professionals where there is a dire shortage of one against the other and this has a direct negative bearing on health care service delivery.

b. Experiential Training and COVID-19 Screening Tests

In an effort to strengthen capacity in health care facilities, the department recruited unemployed youth across all the five (5) municipal districts of the province to undertake training as Pharmacy Assistants for the period of twelve (12) months. Added to this, the department had also created training opportunities for unemployed youths who were skilled as COVID-19 brigades.

These brigades play a significant role in the screening of employees, patients and visitors at the points of entry of every departmental facility. Developmental programmes such as Internship, Artisan Development and Work Integrated Learning were also implemented. Table 2 below depicts the details of these developmental programmes.

Table 48 Youth Developmental Programmes

Developmental Programme	MALE				FEMALE				TOTAL
	A	C	W	I	A	C	W	I	
Learnership - Pharmacy Assistants	28	10	0	0	42	20	5	0	105
Internship	5	8	4	3	12	10	11	6	59
Artisan Development	3	3	1	0	2	1	0	0	10
Work Integrated Learning	12	0	0	0	40	10	0	0	62
COVID-19 Brigades (Screeners)	89	23	0	0	98	40	0	0	250
COVID-19 Brigades (Hygiene Assistants)	106	34	0	0	115	45	0	0	300
Sub - Total	243	78	5	3	309	126	16	6	786

All these efforts and interventions do not only enhance health care service delivery but had also created job opportunities for the unemployed youths. These efforts have been contributing immensely towards the reduction of the unemployment rate in the province and the country.

c. Skills Development and Training

The advent of COVID-19 had a negative impact on the performance outcomes of skills development activities for the employed staff. Although Workplace Skills Plan (WSP) was compiled and submitted to Public Sector Training and authority (PSETA), there was minimal implementation of planned trainings due to diversion of focus from skills development to mainly developmental programmes as elucidated in the preceding paragraphs. The only key training intervention that was conducted, is a virtual Change Management Course for middle and senior management service category of employees.

d. Change Management Training intervention

To provide the trainees with essential knowledge that will enable them to become change management strategists, HRD intensified the recruitment drive of 26 managers across the various levels of management from Assistant Directors to Senior Management Service. The objectives of this training were:

- To design change management strategy to enhance organisational performance;
- To design communication strategy to meet change management goals;
- To sponsor change agents and creating a network of leaders who support and own change initiatives and
- To design activities, processes and procedures to implement change management strategy.

e. Compulsory Induction Programme

The delayed implementation of WSP over the past three years has created a backlog on the implementation of CIP in the Department. This may prolong the probation period of employees unnecessarily.

f. Establishment and Assignment of Training Committee

In order to strengthen organisational support initiatives, the unit had successfully facilitated the establishment of Provincial Office Training Committee (TC). The long overdue implementation of PSCBC Resolution 1 of 2012 on Improved Qualifications was finalised by most of district committees (TCs) except for JTG.

The unit had also participated in the Provincial HRD Forums hosted online by Office of the Premier and Public Service Trainers' Forum coordinated by the National School of Government. Of particular interest was PSTF conference where issues pertaining to the professionalisation of the Public Service and leveraging technology for the fourth Industrial Revolution were extensively deliberated upon.

g. Internship Community Service Programme (ICSP)

Table 49 Internship Community Service Programme (ICSP)

Annual Gazetted Posts	Filled Annual Posts	Late Annual Appointment (Apr-June 2020/21)	Mid-year Posts (2021/ 22)
297	279	9	9

A total of 297 Posts were gazetted for the year. Only 279 could be filled, leaving a discrepancy of 18 posts. Of the 18 ICSP posts that were not filled in **2020/ 21**, nine (9) posts were deferred to be filled later between April – June 2021/22, due to delayed internship period of some professionals (i.e. 7x Pharmacists & 2x Medical Officers). Lastly, the other nine (9) posts, i.e. 3x MOs, 1x Medical Intern, 2x Pharmacists & 3x Clinical Psychologists) have been moved to the mid-year intake period of July - October 2021/22.

HENRIETTA STOCKDALE NURSING COLLEGE (HSNC)

Teaching and Learning

The college was closed for almost the whole semester with effect from March 2020 until August/September following lockdown regulations. Semester examinations could therefore not be written as planned. South African Nursing Council (SANC) May examinations were also postponed. The implications are that all students will have to extend training with at least one semester. The new semester that was supposed to commence in July 2020, only commenced in January 2021.

Although all examinations were postponed, the college tried its best to save the academic year for students and made it possible for the final year students to exit and become part of the workforce. Examinations that were postponed from May 2020 was conducted in September/October 2020. The South African Nursing Council (SANC) May examinations that were also postponed were written in October 2020. The Tablets were received in January and the e-books were loaded and given to students.

The SANC still has to conduct a verification visit for accreditation of the new campus in Tshwaragano. The proposed time was January 2021, however, this was affected by the new adjusted level 3 lockdown and lack of other requirements like staffing. The final teach-out dates for the legacy qualifications has been released by the SANC. The one-year Diploma in Midwifery final SANC examinations is November in 2022, the two year bridging course final SANC examination is November 2023 and the four-year course is the four years and an additional two years to phase out, which end in December 2025.

The new academic year successfully commenced on the 25th January 2021. Not all groups could attend classes at the same time due to inadequate classroom space. There have been no untoward COVID-19 incidents since the beginning of the semester. Strict adherence to COVID-19 control measures strictly adhered to.

The online application for Higher Certificate in Nursing has been successfully submitted to CHE. The College has since received conditional accreditation for the Diploma in nursing curriculum from SANC. An online application is being prepared for submission to CHE.

The Advanced Diploma in Midwifery curriculum is nearing completion, the College is looking forward to submit to the South African Nursing by the end of April 2021.

The process of accreditation of Tshwaragano as an additional campus is still continuing.

The total number of COVID-19 infections for the year 2022/21 was forty-eight (48) inclusive of thirteen (staff members) and thirty-five (35) students. All has since recovered.

Governance

The call for nominations for members of the community for appointment to serve on the new College Council is in progress. The College together with the office of the Member of Executive Council is preparing to commence with the process of advertisement. The New College Senate has been successfully constituted in January 2021. The Student Representative Council elections are also in progress.

Infrastructure

A report has been received that the contractor is on site for completion of the new students' residence which is envisaged to be November 2021. There are regular two weekly meetings between the Department of Health (Infrastructure, Nursing College and EMS College) and Department of Public Works and Architects of the project in relation to progress on the residence and plans for implementation of another phase (administration and lecture halls) of the new College building.

ACHIEVEMENTS

HUMAN RESOURCE DEVELOPMENT (HRD)

- Recruitment and Training of 550 COVID-19 Brigades;
- Recruitment and Training of 100 Basic Pharmacy Assistants;
- 26 managers attended a 2-weeks long virtual Change Management Course;
- 23 officials had successfully completed their CIP and had all received confirmation letters from National School of Government; and
- 14 medical students successfully completed MBChB degree and this resulted in the accumulated overall yield of 81 medical doctors since the inception of Mandela Castro Medical Scholarship Programme.

HENRIETTA STOCKDALE NURSING COLLEGE (HSNC)

- Approval of the Higher Certificate in Nursing curriculum by SANC
- Accreditation of seventy-eight (78) clinical facilities by the SANC for clinical placement of students for the Higher Certificate in Nursing in the Francis Baard, JTG and ZFM districts
- Thirty-two (32) students has been released in December 2020 for commencement with community service in January and three (3) released in February 2021.
- The Higher Certificate in Nursing R.169 online application have been successfully submitted to HEQC.
- Launch of two Computer laboratories in November 2020 funded and established by MTN
- The tablets project has been implemented successfully, all e-books have been loaded and the tablets have been issued to students.

CHALLENGES AND MEASURES PLANNED TO OVERCOME THEM

Table 50 Challenges & Measures Planned to Overcome them: Health Sciences & Training (HST)

CHALLENGES	CORRECTIVE ACTION
HRD	
Non implementation of 2020/21 Workplace Skills Plan	Review and re-prioritize training budget allocation for 2021/ 22.
SCM turn-around times for students travelling logistics	SCM to allocate 2 SCM officials to exclusively handle HRD requisitions
Lack of adequate tools of trade (e.g. cell phones, data, etc.)	Immediate allocation of necessary tools of trade to certain officials as per need.
HSNC	
Appointment of the new College Council	• Call for nominations to be advertised • Appointment of Representatives from the Department of Health
Provision of budget information on the expenditure and regular budget review meetings	• College budget must be reviewed to include developmental plans • Funding to be earmarked
Delayed provision and payments on pre-planned activities	• Autonomy in the management and control of college budget • Provision of monthly expenditure statements
Teaching and learning materials not acquired on time	• Compliance to the early submission of the requests for text books for students
Using of college class rooms for storage of PPE's	• PPEs to be removed from classrooms
Non-accreditation of Tshwaragano as an additional campus	• The Department to appoint campus head and academic staff for the new campus as required by the SANC • Infrastructural improvement, particularly simulation laboratory and library to meet the minimum accreditation requirements • The SANC to conduct site visit

CHALLENGES	CORRECTIVE ACTION
Difficulty to engage in blended/remote teaching and learning methodologies and proper information system due to lack of tools of trade	• Development and implementation of the virtual learning platform • Development and implementation of the student management system • Development of the College website
Inability to commence with new qualifications in the 2021/22 financial year	• Funding plans for the new qualifications to be put in place

Table 51 Outcomes, Outputs, Output Indicators, Targets and Actual Achievements: Health Sciences & Training (HST)

OUTCOME	OUTPUT	OUTPUT INDICATOR	AUDITED ACTUAL PERFORMANCE 2018/19	AUDITED ACTUAL PERFORMANCE 2019/20	PLANNED ANNUAL TARGET 2020/21	ACTUAL ACHIEVEMENT 2020/21	DEVIATION FROM PLANNED TARGET TO ACTUAL ACHIEVEMENT 2020/21
Strengthen collaborative and multidisciplinary training approach towards capacitation of health workforce to deliver quality service	Nursing students graduating & bursaries awarded	Basic nurse students completing	50	59	67	52	15
		REASONS FOR DEVIATION: • 2 Deaths • 1 Resignation • 12 Failures					
		Proportion of bursary holders permanently appointed	90.2%	27%	100%	88% (49/56)	12% (7/56)
		REASONS FOR DEVIATION: • Some of the newly qualified doctors since 2019 are still on internship programme outside Northern Cape, and will only return to the Province on their 3rd year for Community Service Programme					

Table 52 Linking Performance with Budget: Programme 6 - Health Sciences & Training (HST)

Programme 6: HEALTH SCIENCES AND TRAINING

	2020/21			2019/20		
	Final Appropriation	Actual Expenditure	Variance	Final Appropriation	Actual Expenditure	Variance
	R'000	R'000	R'000	R'000	R'000	R'000
Sub programme						
1 NURSE TRAINING COLLEGE	74 563	94 167	(19 604)	74 826	97 166	(22 340)
2 EMS TRAINING COLLEGE	2 259	795	1 464	1 752	1 092	660
3 BURSARIES	27 312	31 347	(4 035)	43 170	43 170	-
4 PRIMARY HEALTH CARE TRAINING	-	-	-	33	33	-
5 TRAINING OTHER	31 208	14 384	16 824	12 920	13 069	(149)
	135 342	140 693	(5 351)	132 701	154 530	(21 829)

Health Science and Training – overspent by R5.351 million

The programme overspent its budget on compensation of employees' allocation due to the incorrect linking of personnel on PERSAL. The transfers and subsidies were overspent due to misalignment between budget and expenditure.

The linking of personnel and budget alignment will be corrected in the new financial year.



4.7. Programme 7 – Health Care Support Services (HCSS)

PROGRAMME PURPOSE AND STRUCTURE

- To render health care support services and specialised forensic medical and medico-legal services to meet the objectives of the Department.

SUB-PROGRAMMES

- Sub-Programme 7.1: Forensic Medical Services (FMS)
- Sub-Programme 7.2: Pharmaceuticals

OUTCOMES

1. Render health care support service through specialised forensic medical and medico-legal services
2. Improve availability and access of medicine

4.7.1. Sub-Programme 7.1: Forensic Medical Services (FMS)

PRIORITIES

- Reduced turn-around time on completion of autopsies.
- Improve turnaround time of submission of autopsy reports to stakeholders (SAPS).

SITUATION ANALYSIS

Forensic Pathology Services

The unit continues to operate with skeletal staff, with the Provincial office staff completely depleted.

The post-retirement contract for the Forensic Specialist is terminating on 31 May 2021. The contract was extended twice for a period of three years and cannot be extended further according to Public Service Act. The submission for replacement has been halted due to the moratorium in place on filling vacant posts. Non-filling of this post is detrimental for Forensic Services in the department. Services at facilities without medical practitioners will collapse, as they rely entirely on the Specialist for post-mortems and complex cases that require Specialist attention for the province. This will negatively impact on the entire Justice system of the province.

Alterations and refurbishments at Kuruman Forensic mortuary commenced on 03 September 2020 with completion dated estimated to be in June 2021. However, disruptions by community members at to appoint local contractors have caused delays which might extend completion date to July 2021.

Six new vehicles were delivered and launched in September 2020. Upon operationalisation, numerous defects and challenges were reported on the conversion of vehicles. A team undertook inspections on the vehicles for a consolidated report. Challenges have been communicated to the company responsible for the conversion.

Moreover, the unit is facing challenges of shortage of vehicles. Most vehicles except the new 6, has reached their lifespan with kilometres exceeding 300 000. For optimum functionality, the service requires 31 vehicles. However, this is not the case as there is currently only 15 operational vehicles and the Capital budget for Forensic Services can only accommodate procurement of 2 vehicles, including conversion per year.

Clinical Forensic Services

Clinical Forensic facilities (Thuthuzela Care Centres) continued with their duties as usual during Lockdown with adherence to Health and Safety regulations. Personnel worked in teams in order to minimise the risk of spreading the infection. Facilities provided care and support services with the assistance of NGO's. At Robert Mangaliso Sobukwe, Kimberley Thuthuzela Centre and Harry Surtie Hospital, Lifeline offered extended victim support services. The Kuruman Thuthuzela Centre park-home has been replaced with a more suitable building. Kimberley Thuthuzela was provided with a JoJo-tank in order to address possible water challenges in the area. Comfort packs and PEP kits were available for supply during the year and no stock outs were reported by facilities.

The lack of dedicated forensically trained health care professionals however remained a bottleneck in the service provision. Only Kimberley Thuthuzela and Harry Surtie Hospital are equipped with fulltime professional services of forensically trained professional nurses. No new appointments were made during this year; no forensic trainings were conducted or other activities performed due to a lack of resources. Kimberley and Springbok Thuthuzela are currently awaiting the appointment of site-coordinators. Internet connectivity remains a big challenge at facilities, thus resulting in late and non-reporting.

Victims of sexual assault continue to access services after 72 hours, thus not eligible for post exposure prophylaxis. This results in a number of victims not receiving the prophylactic treatment that may lead to sero-conversion. Robust marketing and advocacy programmes are necessary to educate communities on crucial matters such as the importance of PEP after rape. Due to the lack of available budget, this also remains a challenge.

Table 53 Indicator 1 - Percentage of autopsies completed in 4 days: Comparison between 2019/20 FY and 2020/21 FY

2019/20 FY			
Quarter	% of Autopsies over 4 Days (90%)	Deviation	Number of Cases in Quarter
Q1	91%	+1%	(368/404)
Q2	89%	-1%	(391/437)
Q3	91%	+1%	(441/483)
Q4	87%	-3%	(377/433)
TOTAL			(1577/1757)

2020/21FY			
Quarter	% of Autopsies over 4 Days (90%)	Deviation	Number of Cases in Quarter
Q1	93%	+3%	(237/254)
Q2	87%	-3%	(337/386)
Q3	92%	+2%	(452/489)
Q4	91%	+1%	(373/411)
TOTAL			(1399/1540)

Table 54 Indicator 2 - Percentage of autopsy reports submitted in 10 days to stakeholders: Comparison between 2019/20 FY and 2020/21 FY

2019/20 FY			
Quarter	% of Autopsy reports within 10 Days	Deviation	Number of Cases in Quarter
Q1	92%	+12%	(370/404)
Q2	82.37%	+2.37	(360/437)
Q3	84%	+4%	(405/483)
Q4	79%	-1%	(342/433)
TOTAL			(1477/1757)

2020/21FY			
Quarter	% of Autopsy reports within 10 Days	Deviation	Number of Cases in Quarter
Q1	90%	+10%	(229/254)
Q2	74%	-6%	(287/386)
Q3	81%	+1%	(396/489)
Q4	77%	-3%	(317/411)
TOTAL			(1229/1540)

Table 55 Post-mortems: April 2020 –March 2021

Types of PM's	Kimberley	Upington	De Aar	Calvinia	Springbok	Kuruman	TOTAL
Murder	127	55	41	12	17	57	309
Accident	93	60	15	6	18	34	226
MVA	103	61	31	4	30	100	329
Suicide	82	29	16	17	22	52	218
Undetermined	2	12	6	0	11	27	58
Natural	105	147	62	19	23	11	367
Decomposed	2	1	0	0	0	1	4
Bones	1	0	3	0	0	1	5
Foetus	4	0	0	0	0	3	7
Anaesthetic	0	0	0	0	1	0	1
Other	3	11	1	0	0	1	16
TOTAL	522	376	175	58	122	287	1540

Table 56 Clinical Forensic number of cases April 2020 – March 2021

District Reporting	Frances Baard	PKS	ZFM	Namakwa	JTG	TOTAL
Sexual Assault/new	398	105	189	68	88	848
HIV Counselling & testing	290	101	101	62	80	634
HIV Positive clients	34	1	16	3	15	69
Clients on ARV (PEP)	197	87	92	52	36	464
DNA testing perpetrators	0	0	1	0	0	1
Domestic violence	26	4	62	10	34	136
Common Assault	5	0	519	0	0	524
Drunken driving	6	0	58	0	12	76
TOTALS	956	298	1038	195	265	2752

ACTIVITIES:

- The Clinical Forensic unit continued to support marketing initiatives of other stakeholders such as Thuthuzela Care Centres, Correctional Services and Social Development, despite lack of budget for travelling and accommodation.

ACHIEVEMENTS

- 4 days and reports produced within 10 days
- Personal protective clothing, sanitisers and cleaning chemicals were distributed to all Forensic Pathology and Clinical Forensic facilities.
- Comfort packs and replacement clothing were distributed to survivors of sexual assault.
- After-hours victim support services have been established and are currently offered by Lifeline at Robert Sobukwe Hospital.
- The Lifeline Victim support team has been absorbed by the department and challenges of office space, nametags for access for the team and a General Assistant for cleaning and admin were resolved.

CHALLENGES AND MEASURES PLANNED TO OVERCOME THEM*Table 57 Challenges & Measures Planned to Overcome them: Forensic Medical Services (FMS)*

CHALLENGES	CORRECTIVE ACTION
Shortage of doctors and staff and delays in filling replacement posts	• Continue to headhunt doctors • Human Resources to expedite the process to fill replacement posts.
Shortage of vehicles due to inadequate budget to replace old fleet. Service is currently in crisis mode.	Request budget shift from Goods & Services to Capital to allow procurement of capital equipment including vehicles.
Service delays and disruptions due to inactive Cellphone lines for mortuary standby purposes	Supply Chain to expedite activation of lines with Vodacom.
Lack of dedicated available budget for Clinical Forensic Services for permanent recruitment of Clinical Forensic nurses and procurement of required resources	A dedicated budget to be allocated for Clinical Forensic Services under Forensic Medical Service
Dedicated staff and internet connectivity at facilities in the districts	Allocate budget for recruitment and internet connectivity.

Table 58 Outcomes, Outputs, Output Indicators, Targets and Actual Achievements: Forensic Medical Services (FMS)

OUTCOME	OUTPUT	OUTPUT INDICATOR	AUDITED ACTUAL PERFORMANCE 2018/19	AUDITED ACTUAL PERFORMANCE 2019/20	PLANNED ANNUAL TARGET 2020/21	ACTUAL ACHIEVEMENT 2020/21	DEVIATION FROM PLANNED TARGET TO ACTUAL ACHIEVEMENT 2020/21
Render health care support service through specialised forensic medical and medico-legal services	Autopsies completed & reported to SAPS	Percentage of autopsies completed within 4 working days	90%	90%	90%	91%	+1%
		REASONS FOR DEVIATION: Indicator is over-achieved with positive deviation of 1%. Post-mortems are performed within the turnaround time of 4 days.					
		Percentage of autopsy reports submitted in 10 days to stakeholders (SAPS)	81%	84%	80%	80%	0
		REASONS FOR DEVIATION: Though a decline in performance due to decreased number of doctors, in relation to 2019/20, the indicator is achieved. Post-mortem reports are produced within the turnaround time of 10 days.					

4.7.2. Sub-Programme 7.2: Pharmaceuticals

PRIORITIES

- Improve availability and accessibility of medicine.
- Improve quality of service including clinical governance and patient safety.

SITUATION ANALYSIS

Pharmaceutical Services performed consistently over the reporting period under the demands of the COVID-19 pandemic.

The Disaster Management Regulations affected the operations and delivery of pharmaceutical services at all levels but new initiatives such as the delivery of medicines by the WBOTS was explored, to ensure that the patients receive their medication. Minimal pharmacy staff contracted the COVID-19 virus but unfortunately 1 Pharmacist Assistant in JTG succumbed due to COVID-19.

The average medicine availability for the province under the reporting period is 87.8% with the hospitals reporting consistently a higher medicine availability compared to the PHC's and CHC's. The provincial depot experienced various challenges with the availability of medicines due to global Active Pharmaceutical Ingredient (API) shortages and intermittent supplies of vital and essential medicines from suppliers due to cash flow constraints. The access and the availability of medicines in the districts was negatively affected by the closing of facilities due to the COVID-19 pandemic; the local municipal strikes in the sub districts; local floods in some districts; as well as challenges with the delivery and distribution of stocks by the depot to and within the districts.

The weekly reporting of medicine availability at healthcare facilities varied over the reporting period due to staff shortages at the local clinics under COVID-19; technical challenges with the reporting device or connectivity. This negatively affected the overall medicine availability for the province. Stocks were redistributed to local facilities to minimise any stock shortages. Alternative methods by which patients could access medicines (such as the CCMDD programme), was enhanced to minimise patient visits and risks of transmission of the COVID-19 virus at facilities. The regulations of the Medicine Act were amended to enable prescribers on the CCMDD programme to script repeat prescriptions for 6 to 12 months, which enabled the stable, chronic patients to receive their medicine supplies at 2 or 3 months' intervals.

COVID-19 remained the primary focus of all activities including the clinical and therapeutic management of patients. Various guidelines were amended with the National Department of Health providing full guidance and support with the medicine reviews and rationale use of medicines for COVID-19. This was shared through the Provincial Pharmaceutical Therapeutic Committee (PPTC) and across other clinical platforms for implementation within the province. The pharmacists in the districts and hospitals were involved with the implementation with the SISONKE study and the vaccination of healthcare workers in phase 1 of the COVID-19 vaccination rollout in the province.

ACHIEVEMENTS

- Consistent performance by pharmacy and ancillary staff throughout the lockdown periods to render pharmaceutical services.
- 86 learners completed the Basic Pharmacist Assistant training in the province; they still need to continue to attain Post Basic Pharmacist qualifications to be appointed at facilities throughout the province.
- 13 learners completed the Post Basic Pharmacist Assistant training in the province and will be placed at primary health care facilities during the year.
- The annual stocktakes were successfully completed at health establishments in Quarter 4 2020/21.
- The Memorandum of Understanding (MOUs) with the Farming groups in the ZFM district were successfully concluded and signed off.

CHALLENGES AND MEASURES PLANNED TO OVERCOME THEM

Table 59 Challenges & Measures Planned to Overcome them: Pharmaceuticals

CHALLENGES	CORRECTIVE ACTION
The Warehouse Management System (WMS) is not fully functional with the end user reports not available.	Engage with the relevant stakeholders to improve the current WMS or procure a different system.
Erratic cash flow with restrictions for the procurement of medicines and SCM activities	Implement ring fenced budgeting at the depot and in the districts.
CCMDD- Poor monitoring and awareness of the program in the districts.	Improve marketing of the CCMDD program to improve access and knowledge about the program.
District PTCs were not functional during the reporting period.	Action District PTCs in the districts as virtual or physical meetings.
Shortage of pharmacy personnel	• Fill vacant posts. • Complete the training of the Post Basic Pharmacist Assistants, with absorption of this cadre of pharmacy personnel at PHC's.
Maintenance of infrastructure and equipment connectivity at pharmacies	Engage with the relevant stakeholders at district and provincial level.
Information and Communication (ICT) connectivity at facilities	Engage with the relevant stakeholders at district and provincial level.

Table 60 Outcomes, Outputs, Output Indicators, Targets and Actual Achievements: Pharmaceuticals

OUTCOME	OUTPUT	OUTPUT INDICATOR	AUDITED ACTUAL PERFORMANCE 2018/19	AUDITED ACTUAL PERFORMANCE 2019/20	PLANNED ANNUAL TARGET 2020/21	ACTUAL ACHIEVEMENT 2020/21	DEVIATION FROM PLANNED TARGET TO ACTUAL ACHIEVEMENT 2020/21
Improve availability and access of medicine	Improved availability of medicine in facilities	Percentage availability of medication (EML and STG) in the health facilities and institutions	83.3%	84.6%	90%	87.8%	-2.2%
		REASONS FOR DEVIATION: • Cash flow constraints • API shortages of medicines due to the COVID-19 pandemic. • Shortage of drivers and transport vehicles. • Poor or incomplete reporting of medicine availability on stock management systems (SVS; RX solution or stock cards) due to technical challenges or inadequate human resources. • Disaster management such as COVID-19 pandemic; local municipal strikes and heavy flooding impacted on the delivery and reporting of medicine availability.					

Table 61 Linking Performance with Budget: Programme 7 – Health Care Support Services (HCSS)

Programme 7: HEALTH CARE SUPPORT SERVICES

	2020/21			2019/20		
	Final Appropriation	Actual Expenditure	Variance	Final Appropriation	Actual Expenditure	Variance
	R'000	R'000	R'000	R'000	R'000	R'000
Sub programme						
1 LAUNDRY SERVICES	8 940	20 789	(11 849)	7 901	15 366	(7 465)
2 ENGINEERING	17 556	15 768	1 788	17 090	27 061	(9 971)
3 FORENSIC SERVICES	44 480	45 125	(645)	43 725	38 966	4 759
4 ORTHOTIC AND PROSTHETIC SERVICES	10 206	4 818	5 388	11 039	8 762	2 277
5 MEDICINE TRADING ACCOUNT	325 506	150 309	175 197	35 890	71 702	(35 812)
	406 688	236 809	169 879	115 645	161 857	(46 212)

Health Care Support Services – underspent by R169 879

The programme underspent its budget due to the anticipated expenditure that would have emanated from the COVID-19 pandemic, which were not eventually realised. An earmarked fund had been allocated but could not be fully spent, although the certain orders had not been paid at year end.

A budget roll over has been requested and the remaining funds will be surrendered to the Provincial Treasury.



4.8. Programme 8 – Health Facilities Management (HFM)

PROGRAMME PURPOSE AND STRUCTURE

- Effective and efficient delivery of infrastructure and provision of technical support services to the Department.

SUB-PROGRAMMES

- Sub-Programme 8.1: Health Facilities Management (HFM)

OUTCOMES

1. Health facilities refurbished and adequately maintained to ensure effective service delivery

4.8.1. Sub-Programme 8.1: Health Facilities Management (HFM)

PRIORITIES

- Improve the quality of health service by implementing the Hospital Revitalization Programme.
- Implementation of Infrastructure Grants for Provinces.
- Implementation of Capital Maintenance Programme.
- Implementation of Clinical Engineering (Health Technology) Maintenance Programme.

SITUATION ANALYSIS

A budget of R346 mill was requested from the National Department of Health to fund projects on the Annual Implementation Plan. During the fourth quarter the progress on construction of ongoing project were as follows:

- Boegoeberg Clinic: The project is behind schedule. The NCDOH has on several occasions failed to pay the contractor within 30 days. The contractor suspended works in October 2020 due to delayed payments and even after he was paid all the outstanding certificates in December 2020 he still has not returned to site to complete the works since January 2021. DRPW has started negotiations with the contractor to go back to project site. The project requires 60 days to complete outstanding works.
- Port Nolloth CHC: The project is behind schedule. The NCDOH has on several occasions failed to pay the contractor within 30 days. A meeting between IDT, DOH and GVK Sita Zama Construction (Contractor) took place on the January 2021 and the contract indicated they will reach Practical Completion in March 2021. The Practical Completion is projected for mid May 2021.
- Bankhara Bodulong Clinic: The project is behind schedule. The NCDOH has on several occasions failed to pay the contractor within 30 days. Contractor has not been on site since January 2020. The DRPW made several unsuccessful attempts to engage the contractor to return to site. DRPW has started negotiations with the contractor to go back to project site. The project requires 6 months to complete outstanding works.
- Springbok Hospital Pharmacy: The project is behind schedule. The NCDOH has on several occasions failed to pay the contractor within 30 days. There is no revised program from the contractor currently. The project requires 60 days to complete outstanding works.
- Glenred Clinic: The contractor did not return to project site from the beginning of 2020. Infrastructure Planning requested IDT to align the design used by the contractor on site as the works executed is different from the approved design. IDT has not yet responded on how the impact of the awarding of the tender without approved designs and additional costs as a results will be resolved so that construction activities can resume.
- Heuningvlei Clinic: The contractor is back to site to complete the outstanding works. The project is targeted for completion end of June 2021.

ACHIEVEMENTS

- No major achievements on the projects can be reported in the 2020/21 financial year due to COVID-19 lockdowns and delays in the processing of payment certificates to enable contractors to complete the outstanding works.

CHALLENGES AND MEASURES PLANNED TO OVERCOME THEM

Table 62 Challenges & Measures Planned to Overcome them: Health Facilities Management (HFM)

CHALLENGES	CORRECTIVE ACTION
Slow payments to contractors	Extension of time for contractors delayed by slow payment processes in the Department of Health need to be attended to by the office of the CFO
Default interests claims from Contractors and prolongation fee claims from consultants.	A schedule of payment certificate produced on monthly basis should be processed within a reasonable period to reduce contractor claims on default interest and prolongation fees by the consultants
Risks of contract termination by the contractors due to default by the employer	Pay contractors within 21 work days as per the JBCC.

Table 63 Outcomes, Outputs, Output Indicators, Targets and Actual Achievements: Health Facilities Management (HFM)

OUTCOME	OUTPUT	OUTPUT INDICATOR	AUDITED ACTUAL PERFORMANCE 2018/19	AUDITED ACTUAL PERFORMANCE 2019/20	PLANNED ANNUAL TARGET 2020/21	ACTUAL ACHIEVEMENT 2020/21	DEVIATION FROM PLANNED TARGET TO ACTUAL ACHIEVEMENT 2020/21
Health facilities refurbished and adequately maintained to ensure effective service delivery	Percentage of health facilities with major refurbishment or rebuild	Percentage of health facilities with major refurbishment or rebuild			3.5% (3/161)	35%	31.5%
		REASONS FOR DEVIATION: - We have upgraded / refurbished 34 facilities. - Total project that we had was 95.					

Table 64 Linking Performance with Budget: Programme 8 - Health Facilities Management (HFM)

Programme 8: HEALTH FACILITIES MANAGEMENT

	2020/21			2019/20		
	Final Appropriation	Actual Expenditure	Variance	Final Appropriation	Actual Expenditure	Variance
	R'000	R'000	R'000	R'000	R'000	R'000
Sub programme						
1 DISTRICT HOSPITAL SERVICES	304 241	110 083	194 158	175 010	155 406	19 604
2 PROVINCIAL HOSPITAL SERVICES	59 568	275 988	(216 420)	223 057	242 084	(19 027)
	363 809	386 071	(22 262)	398 067	397 490	577

Health Facilities Management – overspent by R22.272 million

The programme overspent its goods & services allocation due to the misalignment of budget between payments of capital assets and good & services affecting contractors for repairs and maintenance services; while the transfers and subsidies were overspent due to the claim against the department for breach of contract.

The infrastructure planning will be reviewed for the allocation of work to implementing agents and internal professional service provider. The budget will be aligned to expenditure.

5. Institutional Response to the COVID-19 Pandemic

Table 65 Progress on Institutional Response to the COVID-19 Pandemic

Budget Programme	Intervention	Geographic Location (District / Local Municipality)	Number Of Beneficiaries	Disaggregation Of Beneficiaries	Total Budget Allocation Per Intervention R'000	Budget Spent Per Intervention	Contribution To Outputs (App)	Immediate Outcomes
	Surveillance, monitoring & evaluation	All Districts	N/A	N/A	-	-	Number of symptomatic people tested positive for COVID-19 (2944/100 000) -Resurgence in cases during the 2nd wave due to relaxation of restrictions, re-opening of schools, emergence of new variant which is more transmissible and non-adherence of the regulation by the community Number of COVID-19 general hospital admissions (13/100 000) Number of COVID-19 intensive hospital admissions (1.6/100 000) Number of COVID-19 related deaths (33/100 000)	Reduction of the spread of COVID-19
	Preparation - Communication and information sharing and hygiene promotion			N/A	-	-	District IMTs established throughout the province – RCCE pillar reports progress on a weekly basis The community is being reached via the Radio stations, community newspapers and	Talk shows on “Welcome Back Campaign” were done at 4 radio stations. *114284 people reached Script on “Healthy Lifestyle” was sent to districts for this

Budget Programme	Intervention	Geographic Location (District / Local Municipality)	Number Of Beneficiaries	Disaggregation Of Beneficiaries	Total Budget Allocation Per Intervention R'000	Budget Spent Per Intervention	Contribution To Outputs (App)	Immediate Outcomes
							interviews, e.g. MEC was interviewed by Radio Riverside on 31 March 2021 Re: COVID-19 Vaccines SABC interview focusing on the clinic in Namakwa done on 31 March 2021	week's radio talk shows.
	Training as per National Standards (Facilities, HCW, Clinical staff, SOP for EMS, Port Health facilities)	All Districts		CHWs Clinicians EMS EHPs	-	-	Capacity building for all clinicians on COVID-19 protocols	Training conducted for clinicians to administer the COVID-19 vaccination
	Facility readiness (Hospital-, isolation-, intensive care-, quarantine beds)	All Districts			-	-		Facilities were identified for quarantine. All hospitals have dedicated beds for COVID-19 cases
	Contact tracing (Screening teams, tracing teams)	All Districts			-	-	Track & trace all index cases and their contacts.	Contact tracing is ongoing throughout the province, teams are established to do daily contact tracing monitoring on the index cases
	Data management processes	All Districts			-	-	Reporting and recording	DORT reports submitted to the provincial office on a daily basis Surveillance monitoring and evaluation done
	Isolation space at ports identified and equipped	All Districts			-	-	Port of entry (borders)	All port of entry cases utilise our quarantine facilities
	Hotspot identification	All Districts			-	-	Identifying possible resurgence areas	Surveillance, Monitoring & Evaluation done daily

Budget Programme	Intervention	Geographic Location (District / Local Municipality)	Number Of Beneficiaries	Disaggregation Of Beneficiaries	Total Budget Allocation Per Intervention R'000	Budget Spent Per Intervention	Contribution To Outputs (App)	Immediate Outcomes
								to identify resurgence and possible hotspots. Cluster outbreak identified, cases are mapped according to their respective areas
	Testing in-lying patients	All Districts			-	-	Increase testing rate	Testing ramped up in all possible hotspots
	Effective ambulance system				-	-		
	Field hospitals for triage	All Districts			-	-	Field hospitals for the overflow of patients at facilities	Department is currently utilising our facilities. Triage is of patients managed well during observation in all our respective facilities. Screening is done to all patients visiting health facilities. One field hospital was identified for mine workers in Mapoteng (JTG).
	Expand ICU bed and ventilator numbers.				-	-		
	Capacity of morgues in the province.				-	-		

6. Transfer Payments

6.1. Transfer Payments to Public Entities

The Department does not have any Public Entity.

6.2. Transfer Payments to All Organisations other than Public Entities

The table below reflects the transfer payments made for the period 1 April 2020 to 31 March 2021.

Table 66 Transfer Payments to All Organisations other than Public Entities: 1 April 2020 – 31 March 2021

Transferee Name	Type of Organisation	Purpose of Funds Used	Compliance with s38(1)(j) of the PFMA	Amount Transferred (R'000)	Amount Spent by the entity	Reason for Unspent Funds
Various	Universities	Bursaries for non-employees	Yes	30 388	30 388	Not applicable
Various	Employees	Injury on duty	Yes	1	1	Not applicable
Various	Employees	Gifts and donations	Yes	344	344	Not applicable
Various	Employees	Leave gratuity and arbitration awards	Yes	11 356	11 356	Not applicable
Various	Private entities and individuals	Claims against the state	Yes	34 327	34 327	Not applicable
Hantam Municipality	Municipality	Municipal services	Yes	1	1	Not applicable
Nama Khoi Municipality	Municipality	Municipal services	Yes	0	0	Not applicable
Karoo Hoogland Municipality	Municipality	Municipal services	Yes	25	25	Not applicable
Emthanjeni Municipality	Municipality	Municipal services	Yes	0	0	Not applicable
Rightersveld Municipality	Municipality	Municipal services	Yes	3	3	Not applicable
South African Post Office	Municipality	Municipal services	Yes	225	225	Not applicable
Ga-Segonyana Municipality	Municipality	Municipal services	Yes	12	12	Not applicable
Standard Bank	Municipality	Municipal services	Yes	0	0	Not applicable
Northern Cape Fleet Services	Municipality	Municipal services	Yes	0	0	Not applicable
Sol Plaatje Municipality	Municipality	Municipal services	Yes	260	260	Not applicable
Ubuntu Municipality	Municipality	Municipal services	Yes	2	2	Not applicable
Khara Hais Municipality	Municipality	Municipal services	Yes	34	34	Not applicable
Other	Municipality	Municipal services	Yes	16	16	Not applicable
TOTAL				578	578	

6.3. Transfer Payments budgeted for, but no payments made

The table below reflects the transfer payments which were budgeted for in the period 1 April 2020 to 31 March 2021, but no transfer payments were made.

Table 67 Transfer Payments budgeted for, but no payments made: 1 April 2020 – 31 March 2021

Transferee Name	Type of Organisation	Purpose of Funds Used	Amount Budgeted (R'000)	Amount Transferred (R'000)	Reasons for Untransferred Funds
Sol Plaatjie Municipality	Municipality	Primary Health Care services	13 792	-	Administrative delays
TOTAL			13 792	-	

The department underspend on transfers to municipalities due to delays on the finalisation of provincialisation at Sol Plaatjie Municipality. There was a need to consult extensively with the trade unions for the placement of staff from the municipalities to the department, specifically due to disparity on pension fund contributions and benefits.

7. Conditional Grants

7.1. Conditional Grants and Earmarked Funds Paid and Received

7.1.1. HIV, TB, Malaria and Community Outreach Grant (Health)

Table 68 Conditional Grants & Earmarked Funds (1 April 2020 – 31 March 2021): HIV, Malaria & Community Outreach Grant

Department Transferring the Grant	National department of health
Purpose of the grant	To enable the health sector to develop and implement an effective response to HIV and AIDS and TB
Expected Outputs of the grant	• Number of new patients started on ART • Total number of patients on ART remaining in care • Number of male condoms distributed • Number of female condoms distributed • Number of exposed infants; HIV positive at 10 weeks Polymerase Chain Reaction (PCR) test • Number of clients tested for HIV (including antenatal) • Number of MMC performed • Number of patients on ART initiated on Isoniazid Preventative Therapy (IPT) • Number of clients newly initiated on Bedaquiline • Number of adherence clubs • TB new smear positive client success rate
Actual Outputs Achieved	-
Amount per amended DORA (R'000)	718,230
Amount Transferred (R'000)	718,230
Reasons if amount as per DORA not received	100% received
Amount Spent by the Department (R'000)	711,221
Reasons for funds unspent by the entity	The department has spent 99 per cent of the allocated funds in line with the approved business plan
Reasons for the deviations on performance	-
Measures taken to improve performance	-
Monitoring Mechanism by the receiving Department	Monthly and quarterly review

7.1.2. Health Facility Revitalisation Grant

Table 69 Conditional Grants & Earmarked Funds (1 April 2020 – 31 March 2021): Health Facility Grant

Department Transferring the Grant	National department of health
Purpose of the grant	• To help accelerate construction, maintenance, upgrading and rehabilitation of new and existing infrastructure in health including, health technology, organisational development systems and quality assurance • To enhance capacity to deliver health infrastructure
Expected Outputs of the grant	• Number of new facilities completed • Number of facilities maintained • Number of facilities upgraded, and renovated • Number of facilities commissioned
Actual Outputs Achieved	-
Amount per amended DORA (R'000)	357,033
Amount Transferred (R'000)	357,033
Reasons if amount as per DORA not received	100% received
Amount Spent by the Department (R'000)	356,637
Reasons for funds unspent by the entity	The department has spent all the allocated funds in line with the approved business plan.
Reasons for the deviations on performance	-
Measures taken to improve performance	-
Monitoring Mechanism by the receiving Department	Monthly and quarterly review.

7.1.3. National Health Insurance Grant

Table 70 Conditional Grants & Earmarked Funds (1 April 2020 – 31 March 2021): National Health Insurance Grant

Department Transferring the Grant	National department of health
Purpose of the grant	To expand health care service benefits through the strategic purchasing of health services from health care providers
Expected Outputs of the grant	• Number of health professionals contracted (Total and by discipline) • Number of health professionals contracted through capitation arrangement • Number of patients seen at PHC level • Number of surgical procedures performed
Actual Outputs Achieved	-
Amount per amended DORA (R'000)	13,400
Amount Transferred (R'000)	13,400
Reasons if amount as per DORA not received	100% received
Amount Spent by the Department (R'000)	13,399
Reasons for funds unspent by the entity	The department has spent all the allocated funds in line with the approved business plan.
Reasons for the deviations on performance	-
Measures taken to improve performance	-
Monitoring Mechanism by the receiving Department	Monthly and quarterly review.

7.1.4. National Tertiary Services Grant

Table 71 Conditional Grants & Earmarked Funds (1 April 2020 – 31 March 2021): National Tertiary Services Grant

Department Transferring the Grant	National department of health
Purpose of the grant	• Ensure provision of tertiary health services for all South African citizens (including documented foreign nationals) • To compensate tertiary facilities for the additional costs associated with provision of these services
Expected Outputs of the grant	• Number of inpatient separations • Number of day patient separations • Number of outpatient first attendances • Number of outpatient follow up attendances • Number of inpatient days • Average length of stay by facility
Actual Outputs Achieved	Yes
Amount per amended DORA (R'000)	402,404
Amount Transferred (R'000)	402,404
Reasons if amount as per DORA not received	100% received
Amount Spent by the Department (R'000)	402,399
Reasons for funds unspent by the entity	The department has spent all the allocated funds in line with the approved business plan.
Reasons for the deviations on performance	-
Measures taken to improve performance	-
Monitoring Mechanism by the receiving Department	Monthly and quarterly review.

7.1.5. Statutory Human Resources, Training and Development Grant (Health)

Table 72 Conditional Grants & Earmarked Funds (1 April 2020 – 31 March 2021): Statutory Human Resources, Training and Development Grant (Health)

Department Transferring the Grant	National department of health
Purpose of the grant	Support provinces to fund service costs associated with clinical training and supervision of health science trainees on the public service platform
Expected Outputs of the grant	- The following categories of health professionals, associated with clinical training and supervision, are funded on the public health service delivery platform: - Number of specialists - Number of registrars - Number of medical officers - Number of clinical supervisors/trainers per category in nursing, EMS and allied health and pharmacy - Number of grant administration staff
Actual Outputs Achieved	-
Amount per amended DORA (R'000)	129,813
Amount Transferred (R'000)	129,813
Reasons if amount as per DORA not received	100% received
Amount Spent by the Department (R'000)	129,813
Reasons for funds unspent by the entity	The department has spent all the allocated funds in line with the approved business plan.
Reasons for the deviations on performance	-
Measures taken to improve performance	-
Monitoring Mechanism by the receiving Department	Monthly and quarterly review.

7.1.6. Extended Public Works Programme (EPWP) Incentive Grant for Provinces

Table 73 Conditional Grants & Earmarked Funds (1 April 2020 – 31 March 2021): Extended Public Works Programme (EPWP) Incentive Grant for Provinces

Department Transferring the Grant	National department of public works
Purpose of the grant	- To incentivise provincial departments to expand work creation efforts through the use of labour intensive delivery methods in the following identified focus areas, in compliance with EPWP guidelines: - Road maintenance and the maintenance of buildings - Low traffic volume roads and rural roads - Other economic and social infrastructure - Tourism and cultural industries - Sustainable land based livelihoods
Expected Outputs of the grant	Number of Full-time Equivalent Jobs the Department must aim to create with its EPWP projects in a particular financial year
Actual Outputs Achieved	-
Amount per amended DORA (R'000)	2,302
Amount Transferred (R'000)	2,302
Reasons if amount as per DORA not received	100% received
Amount Spent by the Department (R'000)	2,302
Reasons for funds unspent by the entity	The department has spent all the allocated funds in line with the approved business plan.
Reasons for the deviations on performance	-
Measures taken to improve performance	-
Monitoring Mechanism by the receiving Department	Monthly and quarterly review.

7.1.7. Social Extended Public Works Programme Incentive Grant for Provinces

Table 74 Conditional Grants & Earmarked Funds (1 April 2020 – 31 March 2021): Extended Public Works Programme (EPWP) Incentive Grant for Provinces

Department Transferring the Grant	National department of health
Purpose of the grant	To incentivise provincial social sector departments, identified in the 2016 social sector EPWP log-frame to increase job creation by focusing on the strengthening and expansion of social sector programmes that have employment potential
Expected Outputs of the grant	Number of Full-Time Equivalent jobs the Department must aim to create with its EPWP projects in a particular financial year
Actual Outputs Achieved	-
Amount per amended DORA (R'000)	6,138
Amount Transferred (R'000)	6,138
Reasons if amount as per DORA not received	100% received
Amount Spent by the Department (R'000)	6,138
Reasons for funds unspent by the entity	The department has spent all the allocated funds in line with the approved business plan.
Reasons for the deviations on performance	-
Measures taken to improve performance	-
Monitoring Mechanism by the receiving Department	Monthly and quarterly review.

8. Donor Funds

8.1. Donor Funds Received

Table 75 Donor Funds Received: 1 April 2020 – 31 March 2021

Name of Donor	National Skills Fund Growth and Development Strategy
Full Amount of the Funding	R5 471
Period of Commitment	Two years
Purpose of the Funding	Donation (cash)
Expected Outputs	Number of employed persons trained
Actual Outputs Achieved	Officials were trained
Amount Received (R'000)	R5 471
Amount Spent (R'000)	R1 710
Reason for Unspent Funds	R3.761 million is still unutilised as the end of March 2021, but will be spent in the 2021 academic year.
Monitoring Mechanism by the Donor	Bi-annual reports
Name of Donor	De Beers Group
Full Amount of the Funding	R207
Period of Commitment	Once-off
Purpose of the Funding	Donation in kind
Expected Outputs	Upgrade of K3-ward at RMS Hospital
Actual Outputs Achieved	Upgrade of K3-ward at RMS Hospital
Amount Received (R'000)	R207
Amount Spent (R'000)	R nil
Reason for Unspent Funds	R207 000 is still unutilised as the end of March 2021, but will be spent in the 2021 academic year.
Monitoring Mechanism by the Donor	One report

9. Capital Investment

9.1. Capital Investment, Maintenance and Asset Management Plan

Table 76 Capital Investment, Maintenance & Asset Management Plan: 1 April 2020 – 31 March 2021

Infrastructure Project	2020/2021 FY			2019/2020 FY		
	Final Appropriation	Actual Expenditure	(Over) / Under Expenditure R'000	Final Appropriation	Actual Expenditure	(Over) / Under Expenditure R'000
	R'000	R'000		R'000	R'000	
New infrastructure assets: Capital	197 023	110 030	86 993	225 406	114 987	110 419
Existing infrastructure assets	161 300	37 191	124 109	161 300	311 659	-(150 359)
Maintenance and repair	146 700	32 779	113 921	146 700	273 016	126 316
Upgrading and additions	10 500	2 909	7 591	10 500	33 513	-(23 013)
Rehabilitation and refurbishment	4 100	1 503	2 597	4 100	5 130	-(1 030)
Infrastructure transfers	-	18 722	-18 722	-	-	-
• Capital	-	-	-	-	-	-
• Current	-	18 722	-18 722	-	-	-
Infrastructure leases	-	36 187	-36 187	-	-	-
• Capital infrastructure	211 623	114 442	97 181	240 006	153 630	86 376
• Current infrastructure	146 700	87 688	113 921	146 700	273 016	-(126 316)
TOTAL	358 323	202 130	156 193	386 706	426 646	-(39 940)

PART C: GOVERNANCE

1. Introduction

Governance and Accountability focus on a select number of management practices that underpin good governance and promote accountability in public administration. Effective governance and accountability are necessary to ensure the adequate checks and balances are in place to minimise mismanagement and corruption and also improve efficiencies in delivery of services. This area promotes the value add of oversight structures as well as encouraging that the leadership in departments actively respond to their recommendations and findings.

The Northern Cape Department of Health (NCDOH), like any organisation, faces a variety of internal and external risks, for example, operational risks, financial risks, and reputational risks. Hence it is essential for NCDOH to proactively identify, assess, manage and report on risks to enhance its organisational performance. Risk management is also central to good governance in the department.

2. Risk Management

Introduction

Risk Management remains one of the areas that the Department of Health continues to prioritize in its quest to ensure the improvement of corporate governance, service delivery and audit outcomes, and this will further ensure that the Risk Management Strategy is fully implemented by the Department.

Background

In terms of the PFMA section 38 a (i), the Accounting Officer must ensure that an effective, efficient and transparent system of financial and risk management and internal control are in place.

The Department developed a risk management strategy, a risk management policy and a risk register that is linked to the Department's objectives. The risk register contains both strategic and operational risks identified, mitigating controls, the risk owners and target dates for completion.

Risk Management Structures & Resources

A new Chief Risk Officer was appointed by the Accounting Officer in November 2020. The Unit functions with an Assistant Director, Deputy Director, and a Chief Risk Officer. During this financial year there was no Risk and Ethics Committee held as the Chairperson position was vacant. The department are currently in the process to appoint an external chairperson with the assistance from Provincial Treasury.

The Unit reports to the Audit Committee on a quarterly basis on performance and progress. The role of the Audit Committee is to advise and monitor the effectiveness of the risk management system.

Risk Management Governing Documents

The status of the relevant Governance Documents is that the Risk Management Charter and Risk Management Policy and Strategy has been reviewed and approved by the Accounting Officer and are only due for review in 2022.

Table 77 Risk Management Governing Documents

POLICY DOCUMENT	STATUS	PLANNED DATE TO REVIEW & APPROVE
Risk Management Policy	Approved	April 2022
Risk Management Strategy	Approved	October 2022
Risk and Ethics Management Committee Charter	Approved	March 2022

Risk Assessments

The Risk Management unit conducted several risk assessments/reviews within the Provincial Office, with just six units not complying. Furthermore, the Risk Management unit has completed risk assessments at the following institutions:

- West End Specialized Hospital
- Connie Voster Hospital
- New Mental Hospital

The district offices and district hospitals previous risk registers are due for review. The unit will embark on this process during the financial year 2021/22.

The Risk Unit embarked on a process to assist the Council for Scientific and Industrial Research (CSIR) to conduct Risk assessments throughout the province. The assessments focused on COVID-19 and TB Compliance, which include the following areas: Administration, Personal Protection Controls, Environmental Controls, Engineering Controls and TB Risk Controls.

The following facilities were assessed during this process:

- Kakamas Hospital
- De Aar Hospital
- Montana Clinic
- Town Clinic
- Kuruman Hospital
- Kaghiso CHC
- Prof ZK Matthews Hospital
- West End Hospital
- New Mental Health Hospital
- GDH CHC
- Richie Clinic
- Phutanang Clinic
- Abraham Esau Hospital
- Nieuwoudville PHC

The unit was also involved in the development of the Intra- Action Review for the COVID-19 response conducted by WHO. Risk Management was part of the Pillar 9 Team: Maintaining Essential Health Services.

Continued Challenges

The Risk Management Unit continued to experience challenges regarding the personnel limitations within, considering the size of the Department and the personnel within the Unit. We have however made proposals for the expansion of the Unit in light of the over-all budget constraints. The Unit also struggles very often to secure meetings with different Directorates due to non-response to requests for meetings and at times their schedules.

Although the risk monitoring tool was implemented to track the progress of risks, it is not being effectively achieved as yet, as managers are currently still managing their risks on paper and the lack of implementing their mitigation plans are not yielding results for the department. Management should take responsibility to effectively implement their mitigation plans and to report on the progress thereof.

These challenges have however not stopped the Unit from trying to achieve its objectives and in creating a positive Risk Management culture within the Department.

Way Forward

It is the Risk Management unit's desire to continue with the improvement of Risk Management in the Department, and we believe this will now gain momentum because the Unit has implemented a risk monitoring tool which will assist in monitoring the progress of risks and the unit will operate with the assistance of its combined assurance providers, Provincial Internal Auditors and the Risk and Ethics Management Committee. It is also vital that the Risk and Ethics Management Committee (REMCO) be revived by filling the vacant Chairperson position. REMCO plays an important oversight role in assisting the department in mitigation key risks in the department.

Use of other assurance providers.
Use of Compliance Unit.
Establishment of Risk Champions in the Districts.

3. Fraud and Corruption

Fraud and corruption represents significant potential risks to the Department's assets and can negatively impact on service delivery and reputation.

The National Anti-Corruption Strategy 2020-2030 has been implemented in conjunction with the Provincial Anti-Fraud & Corruption Policy which confirms the Province's zero-tolerance towards fraud, theft and corruption. Therefore, vigorously pursues and prosecutes by all legal means available, any parties who engage in such practices or attempts to do so.

The Department also implemented an Ethics Management Strategy, Financial Disclosure and Gift Policy with Implementation Plans which also outlines clear direction for prevention.

Various channels of reporting allegations of fraud, theft and corruption are available for employees to use, which are described in details in the Anti-Fraud & Corruption Policy. No new cases were reported to Public Service Commissioner's National Anti-Corruption Hotline (NACH hotline contact number 0800 701 101) during the year and the department has no pending cases currently outstanding. All cases reported are registered in a Case Management System which is used as management tool for reporting progress. During the period the Internal Fraud Unit recorded 8 cases in total on the register.

Employees who blows the Whistle on suspicious activities are protected in the Whistle-Blowing Policy, if the disclosure meets the requirement of disclosed in good faith. The opportunity to remain anonymous is afforded to any person and their identities will be kept confidential. Once cases are finalised, relevant employees who participated in these acts are subjected to a disciplinary hearing to ensure accountability and recommendations implemented to address issues effectively to curb corruption. Where *prima facie* evidence of criminal conduct is detected, the criminal matter is report to the South African Police Service (Hawks) and/or Special Investigation Unit (SIU). SIU is currently conducting an investigation in terms of Proclamation No. R.23 of 2020 (Published in Government Gazette No 43546 dated 23 July 2020), into the procurement of or contracting of goods during national state of disaster. This includes any irregularities in Supply Chain Processes (SCM) linked to COVID-19 procurement.

The Department did not embark on any Ethics Awareness Roadshows during **2020/2021** as a result of COVID-19 impacting negatively on normal operations. Other methods are being exploited to enhance Corporate Governance Culture of Professional Behaviour of public servants, like retraining senior management through programmes implemented. Extensive emphasis is still placed on regulatory compliance through annual disclosures used during Ethical reporting periods e.g. other remunerative work applications outside public service (earning extra income), financial disclosures and public servants regulated not to conduct any business with the state.

4. Minimising Conflict of Interest

In all procurement thresholds as detailed in the National Treasury Practice Note 2 of 2005 reviewed in 2008 /2009, are areas of transactions that potential conflict of interest can occur. In this context, the Department has therefore instructed the following measures:

As requested in terms of National Treasury Practice notes, all transactions between R10 000.00 until R30 000.00 the service providers bidding through quotation are expected to submit declaration, herein referred to as "SBD forms" to confirm whether owners of the companies are government employees.

In light of the Department's approved policy on Supply Chain Management, in terms of clause 20 of the same policy all SCM officials sign a code of conduct received from National Treasury requiring declaration of interest as well as disclosing any gifts received.

With respect to bids / tenders, both committees at Evaluation and Adjudication level, all members sign a declaration of interest to attest to the best knowledge of their conscience as individuals in that they do not have conflict of interest with respect to the bids serving before them.

As a further measure to address conflict of interest, transaction that were conducted in light of threshold values below R500 000.00, the following measure has been instituted:

Transaction assessment and profiling to assess full compliance in terms of the undermentioned National Treasury Practice notes.

Compliance Requirements Relative to This Transaction Threshold Value

*Compliance requirements to be adhered to:

1. National Treasury Practice Note 8 of 2007/2008 – Applicable sections in terms of this authority:
 - 1a) Section: 2.1, 3.3.1, 3.3.2 as well as 3.3.3 (about quotations).
 - 2a) Section: 6.1 (about Tax Clearance requirements).
2. National Treasury Practice Note 3 of 2006 – Applicable section in terms of this authority:
 - 1b) Section: 1 (about Tax Clearance requirements).
3. National Treasury Practice Note 4 of 2006 – Applicable section in terms of this authority:
 - 1c) Section: 3 (about submission of SBD 8 form)
4. National Treasury Practice Note 7 of 2009/2010 – Applicable section in terms of this authority:
 - 1d) Section: 2.3 (about submission of SBD 4 form).
5. National Treasury Practice Note of 21 July 2010 – Applicable sections in terms of this authority:
 - 1e) Section: 3.1.2 (about submission of SBD 9 form).

Through the above indicated Practice Notes from National Treasury, the specific sections indicated per each Practice Note are a requirement that SCM operationally and practically considers to address potential conflict of interests as well as necessary compliance to be adhered to in each transaction requisitioned by varying end users in the department to further and give effect to their operational requirements accordingly.

5. Code of Conduct

The department adheres to the Code of Conduct as set out in the Public Service Regulations, 2016, Chapter 2, Part 1, on Adherence to Constitution and other laws, Relationship with public, Ethical conduct, Performance of official duties and Employees as candidates for elections.

The Department issues the Code of Conduct as a declaration to new employees to abide and uphold the Public Service Code of Conduct.

6. Health Safety and Environmental Issues

The Department has established Occupational Health and Safety Committees to address the occupational health and safety matter in the Province, Districts and Hospitals. A few of these committees are functional and report on a bi-weekly basis.

The Provincial Occupational Health and Safety Committee reports to the National Department of Health on a weekly basis.

Environmental factors that impact on human health

The two major concerns currently are the COVID-19 pandemic and climate change.

The department has a role to play in "Epidemiological Preparedness and Response" as the NCDOH must ensure that preventative and curative health care services are rendered, that our facilities are not putting our staff members, clients and patients at risk of contracting or spreading COVID-19 and that the NCDOH, in performing this function, has a low an impact on our environment as possible.

Health Care Risk Waste are generated as part of rendering health care services, whether related to COVID-19 or not, when vaccination and other campaigns are implemented, etc. The NCDOH has a contract with a private service provider who manages health care risk waste from "cradle to grave" on behalf of the NCDOH.

The department also has 2 climate change related policies: The one deals with mitigation and the other with adaptation.

Mitigation is concerned with limiting our department's contribution to climate change (for example: waste generation, waste minimization, "green procurement", solar electricity, etc.) whereas adaptation is concerned with protecting our staff members, clients, patients, etc. against the effects of climate change, adapting our services to a changing environment, etc. (for example: Pharmaceuticals for heat related health conditions, planning new facilities to be cooler in summer, providing water to clients and patients waiting to receive services, health promotion, adapting hours of operation to allow for services at cooler times of the day).

7. Portfolio Committees

7.1. Committee Recommendations

The Department of Health acknowledges the Recommendations of the Portfolio Committee on Health and Social Development, based on the Annual Report 2019/20, as tabled in the House on Tuesday, 30 March 2021. The House recommended that the Department must:

1. Implement the recommendations of the Auditor General in order to improve its Audit Outcomes.
2. Drastically improve its operations to ensure provision of health care services in the province.
3. Speedily employ skilled and competent personnel in the Finance and Human Resource units to address the challenges in terms of effective service delivery.
4. Strengthen and monitor current financial systems to curb the over- and under-expenditure in some programmes.
5. Implement the necessary interventions to eradicate historic accruals and avoid recurrence of accruals.
6. Always abide by Treasury regulations to ensure that service providers are paid within the 30-day prescribed time frame.
7. Ensure that the Asset register is in place so that assets can be accounted for.

7.2. Department's Responses

7.2.1. Implement the recommendations of the Auditor General in order to improve its Audit Outcomes

- The Recommendations of the Auditor General are implemented through the development of an Audit Action Plan.
- This action plan prioritises the findings of the Auditor General and develop actions to address them.
- The activities in the actions plan are allocated to champions who report progress on a monthly and quarterly basis

7.2.2. Drastically improve its operations to ensure provision of health care services in the province

This will be improved through a range of initiatives, including:

- Reprioritize posts in line with the current budget reductions, while making the case to treasury to review the funding mechanisms for the health sector in the Northern Cape.
- Maximise the way that Conditional Grants are used to support and stabilise priority services such as those for vulnerable groups including Children under 5 years, Pregnant Women, mentally ill, older persons, as well as those suffering from Chronic Diseases
- Monitor routine service delivery during the period of the COVID-19 epidemic, to avoid the risk of "system collapse" and compromising health outcomes in future. This will be done by ensuring catch-up drives in-between COVID-19 Waves, for services such as HIV, TB and under 5s services
- Obtain community buy-in for the realignment of primary health care services within the same catchment areas to maximize on available resources without compromising service delivery

7.2.3. Speedily employ skilled and competent personnel in the Finance and Human Resource units to address the challenges in terms of effective service delivery

- The department is committed to strengthening the healthcare delivery system in line with the strategic objective of the department of effective human resources for health, as articulated in the national policy framework informing the public health service.

- The department however, operates in an extremely precarious financial situation where significant budgetary cuts were experienced by the department. The department is further constrained by successive recruitment freezes and moratoriums adopted by provincial government since 2015, with an emphasis on non-clinical staff.
- This is further compounded by our slow processes in finalising the departmental organisational structure. The changes in the policy framework guiding the public health space is rapidly evolving necessitating review of the most recently proposed structure in order to strategically position the department to deliver universal health coverage through NHI. To mitigate this the department is in the process of finalizing the organogram. Amongst the processes that informs the project and will follow, the department is looking at the report of the workforce inventory and the strategy to redirect resources that are available to areas that they would add value in terms of skills and competency.

7.2.4. Strengthen and monitor current financial systems to curb the over- and under-expenditure in some programmes

The Department is strengthening the financial management control environment by introducing and implementing the minimum control to manage finances:

- Appointment of programme managers to manage and account on the activities of budget programmes.
- Established a Budget Committee chaired by the Accounting Officer and representation from key stakeholders like programme managers, CFO office and Corporate services.
- Monthly sitting of the Budget Committee to monitor the output of programmes based on the budget spend.

7.2.5. Implement the necessary interventions to eradicate historic accruals and avoid recurrence of accruals

- Streamlining of planning and budgeting through the Budget Committee to ensure that activities are planned within the resources available.
- Improve the budget pre-approval system for procurement of goods and services to curb overspending on the budget.
- Ensure that the payment process is efficient and supported by a standard operating procedure that regulated payments.

7.2.6. Always abide by Treasury regulations to ensure that service providers are paid within the 30-day prescribed time frame

- Ensure that the payment process is efficient and supported by a standard operating procedure that regulated payments.
- Monthly reporting at the Budget Committee on payment progress to identify inefficiencies in settling accounts.

7.2.7. Ensure that the Asset register is in place so that assets can be accounted for

- The Department is developing an asset register as part of the activities of the Audit Action Plan.
- The plan is that this process should be finalised in the fourth quarter of the 2021/22 financial year.
- Asset verification is already done and loading the assets on LOGIS is underway.

An Audit rectification plan for finance was developed and presented to the Audit Committee.

8. SCOPA Resolutions

8.1. Introduction

The Standing Committee on Public Accounts received and considered the Annual Report including the Auditor-General's report of the Department of Health for the year ending 31 March 2021. A virtual hearing was conducted on Friday, 26th March 2021 during which the Committee heard evidence from the Department on issues raised in the Annual Report by Auditor-General for the year under review.

The Auditor-General issued a *qualified audit opinion* with findings on the financial statements of the Department.

8.2. Committee Recommendations

The Department of Health acknowledges the Resolutions of the Standing Committee on Public Accounts, based on the Annual Report 2019/20, as tabled in the House on Tuesday, 30 March 2021. The committee recommends that the Department must:

1. The department must improve its controls which had led to material misstatement and limitation in the financial statements and Annual Report.
2. The department must provide the committee with a report on all instances of consequence management arising from non-compliance with PFMA regulations within the department for the past five years.
3. The department must adhere to legislation fully implement SCOPA resolutions.

8.3. Department's Responses

Table 78 SCOPA Resolutions specific to the Department

RES. NO.	SUBJECT	DETAILS	DEPARTMENT'S RESPONSE	RESOLVED (Y/N)
1	The department must improve its key controls which has led to material misstatements and limitations in the financial statements and annual performance report	• Good financial management is a prerequisite for an efficient and effective public service. A public financial management unit that performs well can help the Department to improve governance, enhance the quality of service delivery, obtain greater value for money in public spending, and combat corruption. • In the contrary the absence of sound financial management undermines governance, damages public accountability and corrodes service delivery. • Many factors contribute to effective financial management, including the institutional environment, organisational culture, leadership, management, and the skills and competence of all officials whose duties touch on financial management. This suggests the level of complexity involved in strengthening financial management within the context of a broader skills shortage. • The underlying challenges which led to material misstatements and limitations in the financial statements that needs urgent attention are the following: ○ Weak control environment ▪ Lack of policies and related standard operating procedures ▪ Weak internal controls/processes ▪ Lack of monitoring ○ Lack of consequence management	• The Department has developed procedures to ensure non-occurrence of the issues raised by the Auditor-General. The following will henceforth be implemented; ○ All necessary policies for the improved regulation of financial management activities will be developed. ○ Support implementation of policies by developing standard operating procedures. ○ Implement a monthly reporting procedure of key financial management issues ○ Strengthen monthly monitoring of reports and feedback ○ Strengthen the process of quarterly financial statement preparation ○ Improve storage and filing of financial documents ○ Apply consequence management were policies and procedures are transgressed • These controls will be implemented both at district and provincial level. However, the province will play a supervisory and monitoring role. • This plan promotes a phased approach that responds to the status and need of each unit within the Finance Chief Directorate by adoption of short to medium term solutions. • Implementation of this improvement plan will be monitored by the Departmental Budget Committee and Internal Audit Unit.	-
2	The department must provide the committee with a report on all instances of consequence management arising from non-compliance with PFMA regulations within the department for the past five years	2014 / 2015 There were 3 financial misconduct cases reported 2015 • In October, the former MEC Collen Mac Jack, sanctioned the formation of a special investigation team on fraud and corruption matters as reported by community and service providers. • The task team amongst others investigated the matters in front of it and made recommendations of their findings. • Subsequently disciplinary processes unfolded against officials who were	• 1 x Settlement agreement reached. • 2 x Final written issued as sanctions. Chief Director • The chief director (corporate services) was charged on numerous charges amongst others dishonesty for identity fraud and misrepresentation, circumvention of SCM processes as well as failure to declare conflict of interest in the execution of his duties when advising on the contracting of mind matter against his former employer who had	Yes

RES. NO.	SUBJECT	DETAILS	DEPARTMENT'S RESPONSE	RESOLVED (Y/N)
		found to have cases to answer, as well as criminal cases were opened with the hawks. The team worked with the forensic investigation company Price Water Coopers led by Mr. Mulder Jansen van Vuuren. The disciplinary processes were concluded with majority running up to the dispute resolution process with the relevant bargaining council, some of the matters are in court.	terminated(dismissed) his employment. District managers - Namakwa was charged and found guilty and subsequently dismissed, matter referred for unfair dismissal as well as unfair suspension. The matter of unfair suspension was found to be procedurally fair and substantively fair. The unfair dismissal dispute was withdrawn on the day of set down as scheduled by the council. - ZFM resigned after he was furnished with a charge sheet. CEO - Tshwaragano CEO was charged and dismissed, he however appealed his dismissal and was reinstated. He was given a new role to report to at the district office. Deputy Directors - Deputy Director Budget was dismissed, appeal not condoned, lodged dispute at the bargaining council matter found in his favour against overwhelming evidence. Former HOD declined application to review matter. Matter in court, few appearances. - Deputy Director Infrastructure Projects found guilty with 3 months' suspension without salary and a final written warning, officials appealed matter, appeal never confirmed it lapsed by default. Sanction never implemented as it will be against the principles of natural justice. Official lodged a dispute for unfair suspension the official was granted compensation over 700K it was reviewed by the department the court reduced it to less than 100k. Matter in court , official off on bail.	
		2016 9 Officials were charged for various financial misconducts	1 x settlement agreement 1 x 1-month suspension without salary 7 x final written warnings. No criminal cases opened	Yes
		2017 15 Officials were charged for various financial misconducts	1 x dismissal 2 x not guilty 12 x final written warnings 1 x criminal case.	Yes
		2018 6 Officials were charged for various financial misconducts.	1 x matter withdrawn 3 x final written warnings 1 x written warning 1 x resignation. - No criminal case.	Yes
		2019	14 x matters withdrawn	Yes

RES. NO.	SUBJECT	DETAILS	DEPARTMENT'S RESPONSE	RESOLVED (Y/N)
		15 Officials were charged for various financial misconducts	1 x Final written warning - No criminal case.	
		2020 243 Officials were charged with failure to comply with e-disclosure	- All issued with final written warnings - Some have lodged appeals	-
		2021 - In 2020/21 the General Manager Medical Services was acting HOD. - He was arrested in March 2021 and charged for alleged PFMA transgressions during an earlier appointment as acting HOD, circa 10 years previous.	The current appointment as Acting HOD was not extended by the Premier beyond March 2021.	-
3	The department must adhere to Legislation to fully implement SCOPA resolutions	- The Department of Health recognises the role of SCOPA to exercise oversight over Provincial and Local Government, on behalf of the Northern Cape Provincial Legislature, to ensure accountable utilization of resources and prudent financial management, and to make recommendations to the Legislature. - This role is complemented by the Auditor-General, whose mandate is to conduct audits of National and Provincial state departments, Local Government and other public sector bodies, and to submit reports to the Legislature.	- The Department commits to adhere to Legislation and to fully implement SCOPA resolutions. - Taking cognisance of the recurring themes raised by SCOPA and the AGSA over recent years, the Department commits to reviewing its key corporate functions and management appointments in order to strengthen financial management, people management, strategic coordination and compliance management.	-

9. Prior Modification to Audit Reports

Table 79 Prior Modification to the Audit Reports

Nature of qualification, disclaimer, adverse opinion and matters of non-compliance.	Financial year in which it first arose	Progress made in clearing/Resolving the matter
Movable Tangible Capital Assets		
I was unable to obtain sufficient appropriate audit evidence that management had properly accounted for movable tangible capital assets and minor assets in the current year and the previous year, as the process for completing the asset register was not completed at year-end in support of these assets. I was unable to confirm these assets by alternative means. Consequently, I was unable to determine whether any adjustment was necessary to movable tangible capital assets stated at R1 207 753 000 (2019: R1 162 265 000) and machinery and equipment included in minor assets stated at R190 715 000 (2019: R187 437 000) in note 29 to the financial statements.	2012 and beyond	- The Department has undertaken a project to address the asset management and accounting challenges. - The project consists of the following areas: -Policy development -Verification of the Departmental Assets -Capturing of Assets onto the Departmental LOGIS Asset Management applications, -Valuations of Assets without cost. - The Department is currently at the conclusion of the capturing phase with only the Robert Mangaliso Sobukwe Hospital facility remaining, - The Department intends to conduct the second level of verification of the captured assets against those in facilities in order to effect the valuation of the assets. - The valuation of the assets is intended to commence in September 2021 where this process will concurrently run with the second phase of the verification process.
Irregular Expenditure		
The department did not disclose all irregular expenditure in the notes to the financial statements, as required by section 40(3)(b)(i) of the PFMA. The department incurred expenditure in contravention with supply chain management	2012 and beyond	- The Loss Management Committee was established to ensure that effective and appropriate investigations of irregular expenditure. - The Compliance & Reporting Unit has completed training of all supply chain units in the department

(SCM) requirements that was not included in the irregular expenditure disclosed in note 24 to the financial statements. I was unable to determine the full extent of the understatement for the current as well as previous years as it was impractical to do so.		on the implementation of register of irregular expenditure, supply chain checklists and control registers in the department. Financial Unit is identifying irregular transactions and reporting on a monthly basis.
Accruals and Payables not Recognised		
The department did not disclose all outstanding amounts meeting the definition of accruals and payables not recognised in accordance with chapter 9, General departmental assets and liabilities in the MCS, the department did not perform adequate and regular reconciliations for accruals and payables not recognised. I was unable to determine the full extent of the understatement of accruals and payables not recognised for the current and prior years as it was impracticable to do so. The department incorrectly classified accruals as payables not recognised in accordance with chapter 9, General departmental assets and liabilities in the MCS. As the department did not have adequate systems to account for accruals and payables not recognised. Consequently, I was unable to determine the full extent of these misstatements for the current and previous years as it was impracticable to do so.	2012 and beyond	- The department has significantly improved utilisation of LOGIS system. - Management has also developed a reporting mechanism where district offices provided a report on a monthly basis on the state of the departmental accruals. - Centralisation and reconciliation of certain key accounts has been introduced for sound financial management and monitoring accounts.
Accrued Departmental Revenue		
I was unable to obtain sufficient appropriate audit evidence to substantiate the accrued departmental revenue disclosed in note 23 to the financial statements. The department did not have adequate internal controls to maintain patient records of accrued departmental revenue in the current year and previous year. I could not confirm accrued departmental revenue by alternative means. Additionally, there was an impact on the impairment of accrued departmental revenue. Consequently, I was unable to determine whether any adjustment was necessary to accrued departmental revenue stated at R73 615 000 (2019: R147 553 000) in note 23 to the financial statements.	2012 and beyond	- The department continues to operate sub banks accounts for each revenue generating facility to ease reconciliation and identification of amounts received. - Speed points devices have been installed for 6 hospitals to minimise cash handling risk at the facilities. - The collection of staff and patient debt by the consultants appointed by Provincial Treasury has commenced. - The department has reviewed policies and standard operating procedures in respect of patient revenue and debt management.

10. Internal Control Unit

Project Executive Summary

The overall project starting date is January 2020 and the end date is 30 April 2021.

Table 80 Project Executive Summary: Internal Control Unit

NO.	DESCRIPTION	SUMMARY	STATUS
1	Start-up phase	The problem identified is that the department has over a number of years being unable to fully prevent and disclose cases of irregular expenditure. The project objective to turn the unfavourable audit outcomes, in terms of both the financial and non-financial performance through managing, advise, guiding, monitoring and conducting oversight covering all aspects of audit related issues of the department. The project team has received project start up documents, in terms of reference, latest audit reports as agreed upon with relevant stakeholders to clarify matters surrounding the outcomes of the audit management report. Project overview Management did not ensure that prior year control weaknesses that gave rise to irregular expenditure, fruitless and wasteful expenditure were sufficiently addressed in the current year, although various follow ups (telephonically, via email, letters etc.) were made with all districts but the information remains outstanding or is submitted late, and district managers and team committed on several occasions to ensure that non-compliance is addressed. Furthermore, processes to investigate irregular expenditure and fruitless and wasteful expenditure were not conducted during 2018/2019 and 2019/2020 financial years. No audit plans or progress reports on addressing issues raised in the audit reports were submitted for the audit outcomes of the 2018/19 and 2019/20 financial years. The project approach is two –fold: - To review the management of audit General's reports on all matters to design and support improvement strategy document and its implementation thereof. - Highlighting the importance of preventative controls to the accounting officer and authorities to address the increased risk to and significant changes in their operation as such controls are by their nature a deterrent to abuse. Verification of all supporting documents including originals to the payment batch for 2015/16 and 2016/17, financial years and improving internal control environment effective from October 2020 and going into the future. Unique audit approach - Throughout the work done, compliance team found that the rapid implementation of the initiatives already compromised control environments and which by the way created significant risk that most auditees were not able to address. - Processes, criteria, needs and controls were not well considered and in hast of implementation, mistakes were made and opportunities created for abuse. - Provide direction and oversight on financial and non-financial performance reporting so as to enhancing accountability and oversight support visits were done to all five districts and various meetings were held with Provincial Treasury, Internal auditors, senior management, supply chain and Finance team during this process, were all aspects of audit related issues of the department were discussed and presented. - Support to programmes and sub-programmes in developing audit outcome mitigation strategies such as policy development, review process flows, standard operational procedure (SOPs), development of new checklists, new contractual register, donations register, payment register, controls and monitoring of internal systems. - Irregular expenditure resulting from awarding of tenders to implementing agent, irregular expenditure resulting from expired contracts that are extended on month to month, irregular resulting from contravene of the PSA, fruitless and wasteful expenditure, accruals & commitments were discussed & agreed on implementation as outlined in the management action plans to ensure strict compliance across the board.	In progress / on track

NO.	DESCRIPTION	SUMMARY	STATUS
2	Internal Control Deficiency	- Department did not implement the action plans to address the prior year supply chain management findings, this might result in prior year material non-compliance re-occurring. - The department relies on treasury to inform them about new changes on the act instead of visiting the treasury website on regular basis. - It was noted that the department did not submit or file the audited annual financial statements on time and the annual report compiled in terms of section 13G (1), with the Commission, in the prescribed FORM B-BBEE 1 pertaining to the 2017-18 financial year to the B-BBEE Commission. - The risk management committee did not operate functionally throughout the whole year due to instability and non-availability of management. - While completing inventory management check list and understanding of the processes around safeguarding of inventory at the depot, the auditor noted that the warehouse cage was not fully fenced to ensure the safeguarding of inventory. - While completing inventory management check list, the auditors noted that the Inventory management policy was not reviewed for the current year under review as per the procedures on the development, writing & implementation of policy documents. - The employees of the department did not complete e-disclosure which allows for them to disclose interests of close family members doing business with the department - The no controls designed to ensure that all the employees complete the e-disclosure are not effective as they are not properly implemented. - Approval for remunerative work was not approved by the executive authority due to some employees not declaring their interests. - Poor control environment resulting in subsistence and travelling allowance claims not being paid according to policy and SARS requirements. - The Department has a trend of late or not submitting prescribed information as required, for 2019/20 financial year, ten (10) of the twelve compliance certificate were submitted late while June 2019 and February 2020 compliance certificates is still outstanding and for 2020/2021 financial year, only April 2020 compliance certificate was submitted.	In progress / on track
3	Key findings on supply chain policies and Standard operating procedure (SOP)	- Items not addressed in supply chain management policy because it was identified that the department's supply chain management policy does not address the following:- Rejection of any bid from a supplier who fails to provide written proof from the South African Revenue Service that supplier either has no outstanding tax obligations or has made arrangements to meet outstanding tax obligations as required by TR16A9.1. - Disclosure by SCM officials and other role players of any conflict of interest that may arise including if the SCM officials and other role players, or any close family member, partner or associate of such official or other role player, has any private or business interest in any contract to be awarded & withdrawal from participating in any manner whatsoever in the process relating to that contract TR16A8.3(a) & 8.4. - No quarterly reporting on procurement plan while obtaining an understanding of the SCM operation through the business processes, it was noted that the department did not submit quarterly procurement reports to treasury. - The department does not have processes in place to prevent or detect deliberate splitting of orders, furthermore, the deliberate splitting of orders is done by officials to fast track the process of procuring in order to avoid the lengthy processes of following competitive bidding processes i.e. Out of Africa, Ophemetse Kamohau and MMCRK. - There are no controls in place or designed to ensure that all supply chain management officials sign declaration of interests and gift registers to avoid quotations being awarded unfairly - The control of detecting that supplier is tax compliant is in place which is the CSD report but management did not implement Treasury Regulation 16A 3 to ensure that MMCRK is not awarded with the quotation even though the supplier was not tax compliant. - The department made a duplicate payment to a service provider based on the same invoice. It was noted that supporting documents for the second payment consists of copies of the original payment batch invoices. The above mentioned transactions relating to the service provider were both paid during the month of March 2019. - Management did not fully implement controls of stamping all documents in the payments batch indicating that the respective payment batch has been paid to avoid source documents being used again. - Upon verification of supporting documents to the payment batch, management does not check that the supporting documents included are originals. - Due care is not applied by delegated officials to ensure that services have been rendered and that supporting documents are authentic before payments are processed, i.e. (three quotation obtained, competitive bidding was not followed, preferential procurement policy framework was not applied in evaluating and Unauthorised expenditure incurred.	In progress / on track

NO.	DESCRIPTION	SUMMARY	STATUS
		- During the testing of procurement expenditure, while testing the completeness of irregular expenditure, unauthorised expenditure and fruitless and wasteful expenditure, the auditors noted that expenditure was made in contravention of the objective of the vote. - No contract in place between the department and the Independent Development Trust and Goods were procured using an expired transversal contract. - Goods procured using a transversal contract were not included in the catalogue of goods to be provided by the supplier and Payments not made within the 30 days. Lack of proper monitoring and implementation of effective controls because management did not adequately review supporting documents of payment batches before capturing transactions on the general ledger. - No controls are in place to ensure that the price point are correctly calculated, senior supply chain management (SCM) officials do not review that the points were correctly calculated, i.e. Supplier declaration not tax compliant, and reasons not justifiable /reasonable, lowest supplier not selected, three quotations not obtained and reasons were not recorded and SDB4: Declaration of interest not attached. - The control designed for detecting that a supplier is tax compliant is in place which is the CSD report but management does not implement the control adequately to ensure that suppliers that are not tax compliance are not awarded. - The supply chain management checklists are not being used by the officials in the unit to ensure that for all payments below 500 000, quotations are sourced and there are no proper controls in place to ensure that reasons are provided for deviating (not sourcing three quotations) and are recorded before a transaction takes place. - The department do not always make use of the supply chain management batch control sheet and checklist to ensure that all the documents in the batch are complete and the senior personnel to have signed approving the batch.	
4	Service level agreements with implementing agents	- There is no valid contract in place between the department and the Independent Development Trust as the contract expired in the 2017/2018 financial year and was not renewed for the 2018/2019 financial year. - The department did not follow procurement processes as outlined in the Treasury regulation and the PPFA. - Preference points not applied for quotations above R 30 000 transactions between R30 000 and R500 00 were selected for testing whether the contracts were awarded based Preferential Procurement Policy Framework. It was identified that PPPF was not applied. - During the testing of procurement processes followed for transactions of a value between R10 000 to R500 000 the following issues were identified: Three quotations not obtained, Deviation reasons provided not justifiable/reasonable, CSD reports not attached to the batch, no batch control, sheet, Quotations awarded to suppliers that are not tax compliant, Tax Clearance certificate not obtained, Declaration of interest (SBD4) was not submitted, completed and signed by the winning supplier. - There are no controls in place to ensure that all the deviations are recorded in the deviation register after approval and evaluated to determine whether the reasons provided are justifiable and the department should always make use of the supply chain management batch control sheet and checklist to tick to confirm that all the documents in the batch are complete. - The department should print the CSD reports which indicates the supplier's tax status however the department does not inspect the CSD reports of the sourced quotations to ensure that they are tax compliant and some CSD reports are not included in the payment batch, the official who checks and verifies supporting documents should check that CSD reports are attached. - Management did not reconcile and perform follow ups on requested information. No proper record keeping ensuring that information can be retrieved with a reasonable time and the contracts are not all kept at the same place to ensure they can be submitted timeously upon request and performance monitoring of contracts not performed. - During the audit of contract management, it was noted that there are no performance monitoring measures in place to monitor whether suppliers are performing as per the contract and that could possibly assist the department to prevent the occurrence of fruitless and wasteful expenditure. - It was noted that the department does not have a proper contract monitoring tools that should be used or reports that are drafted with regards to the performance on the service providers for the duration of the contract. - No controls in place to ensure proper and safe guarding of information relating to tenders, information is not centrally kept. - Management sourced the quotations from the SITA Data base with the impression that since the supplier are from SITA they do not have to follow competitive bid process and lack	In progress / on track

NO.	DESCRIPTION	SUMMARY	STATUS
		of proper monitoring and implementation of effective controls relating to contract management. Contract register is incomplete and expired contracts not included in the contract register and tenders awarded in the current year – No service level agreements, Tenders awarded to service providers in the 2018/19 financial year - contracts not yet concluded and signed and some contracts incorrectly included in the contract register. Management did not design and/or implement effective internal controls over rental dwelling and boarding contracts and no controls are in place to monitor the rental dwellings income and the receipts thereof.	
5	Regularise all procurement where there is no tender or the tender expired	- No bid specification committee minutes and the tender bid process for Supply, Delivery and installation of specialised mental health furniture: 008/2018 did not include the minutes for bid specification committee, therefore we could not confirm whether the advert was as per the requirements of the end user and could not confirm whether the requirements were of end user and were assessed for correctness and compliance, and whether the bid specifications were developed by the bid specification committee. - Management does not have effective controls in place to ensure that all the submitted bids and winning bids are publicised in the department's website - Department does not request the facilities to submit the deviation registers to provincial department, controls are not designed to ensure the reporting of approved deviations is performed and Competitive bidding processes not followed. - The competitive bidding processes were not followed in the appointment of the below listed suppliers. Furthermore, it was noted that the two suppliers were appointed for the conditions based assessment projects that deals with the maintenance (repairs and refurbishment) of the identified health facilities. 20 TWENTY PROJECTS MODITI CONSULTING ENGINEERS, Tender documentation was not provided for audit; Bigen Africa (NCDOH/008/2015), Angelo Kater (NCDOH/EMS/026/2017), the department did not calculate Preference Preferential Points for the tenders below; Phillips (NCDOH/KHC/023/2017, Aerocare(NCDOH/EMS/0092018), Tshenolo resources(NCDOH/ENV/005/2018) BEE points was incorrectly allocated in the below tender NCDOH/WESH/007/2018, STIEGELMEYER AFRICA (PTY) LTD. - The department paid interest to the suppliers due to delay in payment of the supplier's invoice within 30 days after receipt of invoice. This constituted fruitless and wasteful expenditure incurred by the Department as the expenditure was made in vain and would have been avoided had reasonable care been exercised. - The following deficiencies/non-compliance were identified during the testing of procurement and contract management: No evidence obtained to confirm that the bid was compiled by the bid specification committee. - The bid specification committee minutes were not received or not included in the tender files, therefore we could not confirm whether the winning bidder or director of the bidder was not involved in the bid specifications committee. - The names of bidders that submitted bids were not published on the auditees website within 10 days after closing date for at least 30 days. - Inspected national treasury e tender publication and identified that the bid was not advertised on the websites tender. - There is no evidence that the bid evaluation committee members signed the declaration. - The following non-compliances were identified in testing the below mentioned tender: No evidence could be obtained that names of bidders that submitted bids were published on the auditees website within 10 days after closing date for at least 30 days and there was no evidence that the tender was advertised.	In progress / on track
6	Regularise all appointment of staff where formal recruitment processes were not followed	- Reasons for leave gratuity pay out could not be confirmed and during the testing of transfers and subsidies, the auditors performed procedures to confirm the validity of leave gratuity pay-outs. However, supporting documentation (e.g. death certificate or resignation letter) was not submitted for the following transactions. - During the testing of transfers and subsidies, the auditors recalculated the amount of leave gratuity paid out in order to confirm the accuracy of the amount paid out. However, differences were identified for the following contract. - Function of PERSAL system administrator must be reviewed; and exemption from "overtime beyond 30%" rule for certain categories must be requested from DPSA. No feedback was given in this regard. - Challenges related to the departmental organisational structure have been numerous, further frustrated by severe financial constraints that could possibly be implemented going forward. - Strategic engagements cited critical issues affecting human resources such as vacant positions are not filled within prescribed times. Acting letters are not issued to all acting officials, thus non-payment of certain officials, posts are abolished without consultation.	In progress / on track

NO.	DESCRIPTION	SUMMARY	STATUS
		There is no clarity on the application of moratorium on filling of posts and retention strategy for health professionals. Poor turn – around time on signing of submissions has a direct impact to service delivery.	
7	Frontline services and health response: COVID-19	- Due to a National State of Disaster that was declared by the President of South Africa owing to the COVID-19 pandemic, the team selected frontline and health response initiatives, through conduct district oversight support visits so as to check the level of compliance in order respond to Government call to create a relative understanding of strengthening screening, testing, tracing, social distance and mass screening programme in communities and that was also forming part of screening of all health workers including front line staff at all facilities and at roadblocks. - As can be observed from all the initiatives started this far, there are significant risk that point to internal deficiencies as well as the exposure to external risk on the funds. To-date, less than half of the appropriated funds have been spent and this alone suggest that a heightened level of oversight will be required as more programmes are rolled out. - In addition to PPE procurement, we call on oversight structures to use this opportunity to direct their oversight actions and call accounting officers and authorities as well as executive authorities to account for the implementation of the initiatives related to the pandemic and management of the funds entrusted to them and the team audit work in these area only started recently and will reported on the upcoming reports.	In progress / on track
8	A Compromised control environment	We are concerned about the indicators of high risk of non-compliance and abuse of power we observe, not only in areas where we were able to audit but also where information for auditing was not forthcoming, which could be a deliberate tactic to frustrate our audit effort. The pre-existing deficiencies in the supply chain processes were amplified by the introduction of the emergency procurement processes allowed for personal protective equipment and base on what was audited to-date, there are clear signs of overpricing, unfair processes, potential fraud and supply chain legislation being sidestepped Key Audit Findings Observation - Most Contract utilized for procurement have expired and haven't been renewed and this resulted in an increase of deviations which contributes to irregular expenditure. No monthly creditors reconciliations are performed and reviewed resulting department paying for services not rendered (ghost service providers). - Most districts if not all did not record all payments that were made in contravention of the SCM requirements, resulting in irregular expenditure being understated. - The department paid a total amount of R6 750 807 (2016/2017) in penalties and interest to the contractor due to delays in payment of the contractor's invoice within 30 days as required by section 8.2.3TR. This constitute fruitless and wasteful. - The continued pressure of accruals on cash flow results in the department prioritising paying major suppliers to have continued service delivery with payment of SMEs to ensure their stability and cash flow were prioritised on a monthly basis to ensure sustainability of SMEs. - There is an existing tendency for districts to work in "silos" – with little coordination between them and this is compounded by a lack of policy coherence across province and very often, districts are not on the "same page". - The department does not hold the unit (irregular expenditure committee/integrity unit) responsible for conducting investigations and accountable for not conducting the investigations on the unauthorised, irregular, fruitless and wasteful expenditure. - Monitoring tools are not developed to monitor the turnaround time of investigations conduct It was noted that, department is using an excel listing/ schedule to record accruals and payables, however there are no controls in place to control access, changes, accuracy as well as completeness of the listing. While the document gets sent to the different responsible officials for preparation and reviews, changes made to the document cannot be tracked - Assets as per the Asset register were overstated due to overpayment of supplier and Assets not included in the Immovable Asset Register and reconciliation of assets procured against BAS was not performed. Recommendations - The Auditor-General has identified that the effective and appropriate disciplinary steps were not taken against officials who made or permitted unauthorised expenditure, irregular expenditure, as required by section 38(1)(h)(iii) of the Public Finance Management Act and Treasury Regulation 9.1.3.	In progress / on track

NO.	DESCRIPTION	SUMMARY	STATUS
		- Improving our Information Communication Technology for effective engagement with stakeholders, in order to create conducive environments, assess risks and opportunities to promote information exchanges to bring about positive social change for the speedy transformation of our people. - Instead of concentrating efforts on setting up elaborate and often parallel reporting structures, the appointment of a Persal controller could play a support role in leading improvement in the quality of data emanating from systems in the province. The Office of the CFO must ensure that sufficient guidance is provided to districts and support provided to improve the performance of all directorates and that district managers are adhering to performance management frameworks and policies. - For this to be achieved clear roles, responsibilities and delegations must be effective and therefore must be reviewed, and oversight within the province will provide a good platform for integrated planning as well as improved communication and collaboration between districts and the provincial office in improving service delivery. - The internal controls must drive the government wide change agenda and ensure that improved service delivery remains the focus of the department within the province. - Implementation of SCM checklist as a management tool to support separation of duties, listing of all possible irregular expenditure in a register and report it on monthly basis. - Ensure all irregular expenditure is recorded in the register are Investigated and condoned so as to strengthen internal controls to avoid the re-occurrence. - Where there are no contracts in place, the tender can be issued immediately using all the documents and processes provided to suit internal requirements, Review of policies and procedures and implementation thereof. - Appointment system controller to monitor the LOGIS system, cash flow between the district and provincial office, ensure that suspense account is been cleared by the closure date, identify any differences to be investigated or resolved by the department, primarily with better utilization of LOGIS. - Developed an organisational structure for SCM in line with Treasuries and DPSA guidelines to address the current shortage of staff challenge in SCM especially middle management. - Re-alignment of Supply Chain Management, Budget Management and HR officials to meet the current needs of the department and this may include movement of officials within the department and province. - Significance of ongoing support and training to districts so as to strengthen internal control environment and for better audit outcomes. - To enhance efficiency, accountability and transparency through the implementation of sound Records Management Systems (internal). Conclusion We urge all role players to heed our call for a shift in thinking towards prevention and design and implement controls measures that will prevent fraud and corruption errors and abuse of power. Even in the midst of crisis, transparency and accountability for government spending to the benefit of the citizens cannot take a backseat.	

Current Project Status

Table 81 Current Project Status: Internal Control Unit

Task	Sub-task	Comments and progress	Responsible person	% completed	Status
Start-up phase	Initiate a meeting with the Audit Outcome Advisory Chair to agree on the approach.	The project plan has been approved after consultation with the Budget & Strategy Management Committee and Audit Outcome Advisory Committee.	Mr Letebele	30%	Behind Schedule
Establish Compliance & Reporting Unit	Establish the unit which will prevent, detect, report and make recommendations to Accounting Officer incidents of thefts and losses including irregular expenditure.	The unit was re-established on the 30 November 2017. 4 x Officials are permanently employed, and another 1 x official were placed as temporary workers on this irregular expenditure project.	Mr Ngcoboti	100%	Completed

Task	Sub-task	Comments and progress	Responsible person	% completed	Status
	Develop the operational plan and streamline the relations of this unit with other units. Review and align to job descriptions to the operational plan.	- The Operational Plan was developed, agreed to with Audit Outcome Advisory Chair and signed off. - The job descriptions were reviewed and aligned to the operational plan; and also signed off by incumbents.	Mr Cloete	100%	Completed
Policy and Standard Operating Procedures	Develop, review and implement standard operating procedure on the identification, recording and reporting of irregularities incurred.	- The existing SOP was discussed during the first quarter and inputs were given to the Audit Committee. - The revised SOP aligned to <i>Updated Guideline on Irregular Expenditure of 2015</i> is still to be presented to the Audit Committee and Departmental Policy Committee for adoption.	Ms Molokoane	60%	Partially completed
	Conduct training on the identification, recording and reporting of Audit findings, audit rectification plans including irregular expenditure etc.	- Compliance & Reporting Unit has since 3 Sept 2019, placed officials in both SCM and Financial Accounting Directorates in order to provide on-the-job training. - This approach is enforcing the implementation of register of irregular expenditure, SCM checklists and control registers in the SCM Directorate.	Ms Molokoane	40%	Behind schedule
	Assign officials to collate, coordinate irregular expenditure from the districts and submit consolidated information in the irregular expenditure, on a monthly basis.	Supervisory officials have been assigned to maintain the registers on monthly basis.	Ms Moranye	30%	Behind Schedule
4. Service Level Agreements with Implementing Agents	Finalise service level agreements between NCDOH and the Department of Public Works including Independent Development Trust (IDT).	The revised SLA aligned to inputs is still to be presented to the Audit Outcome Advisory Committee and Legal Services for consideration.	Dr Mabona	60%	Partially completed
	Enforce compliance to the SLA through use of checklist and reporting requirements by holding / attending monthly progress PDW meetings.	This activity has not yet started.	Dr Mabona	0%	Not started
5. Regularise all procurement where supply chain processes were not followed or the tender expired.	Regularise all procurement where services are obtained where supply chain processes were not followed or the tender expired.	One official from Compliance Unit was currently tasked to determine whether contractual commitment register or database is accurate, complete and reviewed on a regular basis to identify any contracts that will end in the short term.	Ms Baleni Mr Faas	40%	Behind schedule

Task	Sub-task	Comments and progress	Responsible person	% completed	Status
		- Registers supporting report Items for accrual and commitment including irregular expenditure listing for this current circle were not provided as requested. - Draft updated contract management register, checklist and Contract Performance Form - It's been compiled by Compliance Unit and will be submitted to management for comments.			
	Training of all SCM staff on the laws and regulations governing supply chain.	Meetings between various districts, SCM, Finance, HRC, SAICA, and Compliance took place during the first quarter, were presentations were done on laws and regulations governing supply chain, Audit findings were raised and recommendations were discussed as agreed in the management action plan.	Ms Kgano	60%	Partially completed
	A detailed SOP on procurement will be developed, implemented and that will then form the basis for identification of IRR expenditure	- Both Finance and SCM are in a process of reviewing and implementing these policies, SOPs, Process Flow, Checklist, Payment Registers, Faulty register, register of irregular expenditure, Fruitless & Wasteful expenditure and Contractual Commitment Register as per resolutions of the meeting held on the February 20with Compliance Unit. - Non-Compliance issues including the implementation of management action plans and agreed with Auditors and the way forward were discussed, so as to ensure strict compliance.	Mr Faas Mr Faas	40%	Behind schedule
6. Regularise all appointment of staff where formal recruitment processes were not followed.	Identify instances where the department contravened Public Service Act such as acting appointment beyond 12 months and overtime exceeding 30% of individual's monthly salary.	- The listing of Acting positions was presented to the previous Project Committee on the 07 Dec 2017, and the committee agreed that intervention is required on the 4xcases that were identified to ensure compliance but until to-date nothing has happened - And further recommended that monthly compliance reporting mechanism must be developed for HR; functions of PERSAL system administrator must be reviewed; and exemption from "overtime beyond 30%" rule for certain categories	Ms Fritz	60%	Partially completed

Task	Sub-task	Comments and progress	Responsible person	% completed	Status
		must be requested from DPSA. - Intervention meeting with HR Compliance should be held to discuss the policy and SOP overtime, claims, archiving of overtime plans, terminations, and staff debts and acting allowance policy. - Strategic engagements cited critical issues affecting human resources such as vacant positions are not filled within prescribed times. Acting letters are not issued to all acting officials, thus non-payment of certain officials, posts are abolished without consultation. There is no clarity on the application of moratorium on filling of posts and retention strategy for health professionals.			
	Implement corrective measures as advised by the Executive Authority.	The committee agreed that intervention is required on the 4x cases that were identified to ensure compliance.	Ms Kiti	60%	Partially completed
7. Verification	Finance & SCM including Districts to submit irregular expenditure registers on a monthly basis. Where there are no inputs of irregular expenditure registers, district managers must submit blank signed copies of the registers.	- There was lack of cooperation from both SCM and Finance, due to inconsistent understanding of the roles of stakeholders; which affected the progress in this area. Brief meetings were held by the Project Champion to resolve this issue but still there's no developments - Challenges were raised with regard financial delegations, tools of trade, delays on procurement processes are having serious bearing on service delivery.	District Directors Mr Faas	40%	Behind schedule
	The irregular expenditure register to be reviewed and feedback given to relevant Managers, on a monthly basis.	No feedback was provided until to date by both SCM and Financial Accounting on progress made with regards to implementation of and submission of consolidation information on irregular expenditure.	Mr Mothapo	40%	Behind schedule
	Provide final recommendations of corrective measures monthly to the Accounting Officer on all cases that needs investigation.	This activity has not yet started.	Mr Cloete	0%	Not started
	Prepare quarterly compliance report to the Audit Outcome Advisory Committee for consideration and decision making.	There are regular update meetings, however the meetings have not been recorded. This will be corrected in the next reporting month.	Mr Riet	0%	Not started

Task	Sub-task	Comments and progress	Responsible person	% completed	Status
	Submit the letters of condonement to the relevant authorities.	The approach to address audit outcomes is in two phases: Compliance Unit to focus on improving internal control environment by identifying and reporting irregularities and secondly PT to investigate and eventually condone /write off irregular expenditure.	Mr Cloete	0%	Not started

Status Colour Key

	Behind: Need stakeholder involvement
	Partially Completed
	In progress/ On track
	Not started
	Completed

Project Risks and Areas of Concern

Table 82 Project Risks and Areas of Concern: Internal Control Unit

Risk	Description	Mitigation solution	Mitigation status	Occurrence	Impact	Risk rating
Supply chain capacity	Lack of human resource capacity.	- Appoint Team of experts to investigate irregularities resulting from: awarding of tenders by implementing agents, irregular resulting from expired contracts that are extended on month-to-month; - Controversial appointments resulting non-compliance to Public Service Act; and - Violation of departmental SCM policy.	Institute investigation to expose corruption in the Department Training is to be scheduled.	Always	High	60%

Scheduled Meetings and Project Report

Meetings are scheduled on a monthly basis.

11. Internal Audit and Audit Committees

11.1. Key Activities and Objectives of Internal Audit

The Executive Council of the Northern Cape Provincial Government has established an Internal Audit Unit (IAU) to provide internal audit services to all 12 departments within the province. The shared PIAU is divided into 4 clusters, Department of Health being serviced by the IAU - Health Cluster. The IAU is an independent, objective assurance and consulting activity designed to add value and improve the client's operations.

11.2. Summary of Audit Work Done

The following internal audit work was completed during the year under review:

- COVID-19 Data Analytics
- BACS user account management
- Key risks in working from home
- Emergency Procurement (COVID-19)
- Annual Financial Statements
- Performance Information
- Transfer Payments – HIV & AIDS
- Follow up
- Asset Management
- Conditional Grant – Health Facilities Revitalization Grant
- COVID-19 Expenditure Report
- Risk, Fraud & Ethics Management
- Adequacy on rectification plans

The internal audit unit also attended and contributed to the departmental risk management committee meetings and ad hoc management meetings as and when requested.

11.3. Key Activities and Objectives of the Audit Committee

The Executive Council of the Northern Cape Provincial Government has established Cluster Audit Committees for the 12 Provincial Departments. The Health Cluster Audit Committee deals with 3 departments including the Department of Health. The Audit Committee assists the department by providing advice relating to the reporting process, the system of internal control, the risk management processes, the internal and external audit process and the departments processes for monitoring compliance with laws and regulations and the code of conduct.

The Audit Committee consists of the members listed below. It meets as frequent as mandated by the approved Audit Committee charter and as often as it deems necessary. The AC also provided the MEC with a written report subsequent to the AC meetings to ensure the executive is informed about matters of concern.

11.4. Attendance of Audit Committee Meetings by Audit Committee Members

During the financial year under review, 4 meetings were convened as per its charter.

Table 83 Audit Committee Meeting Attendance

Name	Qualification	Internal / External Member	Position In Department (If Internal)	Date Appointed	Date Resigned	No. Of Meetings Attended
Charles Motau	B Com (Accounting and Economics), Higher Diploma in Computer auditing, Masters Degree in Business Leadership and Masters Degree in Information Technology	External	n/a	2 Dec 2014 Renewed: 29 November 2017	n/a	3
R Mnisi	LLB, Post Graduate Certificate in Compliance management	External	n/a	29 November 2017	n/a	2
S Calitz	Registered Government Auditor (RGA), Certified Government Audit Professional (CGAP), Certified Fraud Examiner (CFE), Advanced Certificate Forensic Examination,	External	n/a	01 April 2019	n/a	3

Name	Qualification	Internal / External Member	Position In Department (If Internal)	Date Appointed	Date Resigned	No. Of Meetings Attended
	National Diploma Government Auditing					
L Wyngaard	Masters in Social Science	Internal	Executive Manager	29 November 2017	n/a	3
O Gaoraelwe	Bachelor of law, Conflict Management, Project Management, Certificate in Environmental law	Internal	Acting Chief Director	01 April 2019	n/a	2

The following audit committee members attended 1 meeting as their term started on 01 December 2020 and their first meeting was on 04 March 2021:

Table 84 Audit Committee Meetings Attendance (new term as of 1 Dec 2020)

Name	Qualification	Internal / External Member	Position In Department (If Internal)	Date Appointed	Date Resigned	No. Of Meetings Attended
Charles Motau	B Com (Accounting and Economics), Higher Diploma in Computer auditing, Masters Degree in Business Leadership and Masters Degree in Information Technology	External	n/a	01 December 2020	n/a	1
S Calitz	Registered Government Auditor (RGA), Certified Government Audit Professional (CGAP), Certified Fraud Examiner (CFE), Advanced Certificate Forensic Examination, National Diploma Government Auditing	External	n/a	01 December 2020	n/a	1
D Padayachy	Bsc Degree, Executive Development Programme, Post Graduate HDE, Information Technology Management, Leadership in the Connection Economy Certificate, Capability Maturity Integration and Software and Project Management Certificate	External	n/a	01 December 2020	n/a	1
L Wyngaard	Masters in Social Science	Internal	Executive Manager	01 December 2020	n/a	1
O Gaoraelwe	Bachelor of law, Conflict Management, Project Management, Certificate in Environmental law	Internal	Acting Chief Director	01 December 2020	n/a	1

12. Audit Committee Report

We are pleased to present our report for the financial year ended 31 March 2021.

12.1. Audit Committee's responsibility

The Audit Committee has complied with its responsibilities arising from section 38(1)(a)(ii) of the Public Finance Management Act and Treasury Regulation 3.1.13. The Audit Committee also reports that it has adopted appropriate formal terms of reference as its Audit Committee Charter, has regulated its affairs in compliance with this charter and has discharged all its responsibilities as contained therein, except that we have not reviewed changes in accounting policies and practices.

12.2. The Effectiveness of Internal Control

Our review of the findings of the Internal Audit work, which was based on the risk assessments conducted in the department revealed certain weaknesses, which were then raised with the Department.

The following internal audit work was completed during the year under review:

- COVID-19 Data Analytics
- BACS user account management
- Key risks in working from home
- Emergency Procurement (COVID-19)
- Annual Financial Statements
- Performance Information
- Transfer Payments – HIV & AIDS
- Follow up
- Asset Management
- Conditional Grant – Health Facilities Revitalization Grant
- COVID-19 Expenditure Report
- Risk, Fraud & Ethics Management
- Adequacy on rectification plans

12.3. In-Year Management and Monthly/Quarterly Report

The department has been reporting monthly and quarterly to Treasury as is required by the PFMA.

12.4. Evaluation of Financial Statements

We have reviewed the annual financial statements prepared by the department.

12.5. Auditor General's Report

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



Mr. Roy Mnisi
Chairperson of the Audit Committee
Department of Social Development
27 August 2021

13. B-BBEE Compliance Performance Information

Table 85 Compliance of B-BBEE Requirements

Has the Department / Public Entity applied any relevant Code of Good Practice (B-BBEE Certificate Levels 1 – 8) with regards to the following:		
Criteria	Response (Y/N)	Discussion
Determining qualification criteria for the issuing of licences, concessions or other authorisations in respect of economic activity in terms of any law?	N/A	Normally an Economic Development/affairs department has this function.
Developing and implementing a preferential procurement policy?	Yes	In bids advertised, the requirements of the PPPF are applied with respect to calculation of points as well as assessing compliance to the same.
Determining qualification criteria for the sale of state-owned enterprises?	N/A	The does not have any administrative and or operations with respect to the SALE of SOE's.
Developing criteria for entering into partnerships with the private sector?	N/A	In year under review, no transaction of this nature was ever engaged/entered into
Determining criteria for the awarding of incentives, grants and investment schemes in support of Broad Based Black Economic Empowerment?	N/A	Our SCM processes only engages in soliciting bids for ensuing service delivery requirements of the Department.

PART D: HUMAN RESOURCE MANAGEMENT

1. Introduction

1.1. Status on Human Resource Administration in the Department

The Department provides efficient and effective human resource systems and administrative services. The Recruitment Process has been decentralized to the District and Hospital Human Resource Management, however only the appointments have been centralized to the Provincial Office.

The Department has not been able to fill non-clinical posts since 2016. A moratorium was imposed on all Departments in the Province in November 2016. The Department however has approval for clinical and non-clinical COVID-19 pandemic posts on a contractual basis. We are still struggling to attract Clinical Psychologists and Counsellors to the Province.

The National Department of Health has developed a Human Resource Information System (HRIS) through a partnership between the Health Information Systems, the Centre for disease Control and Prevention. The aim of the Human Resource Information system is to use Human Resource for Health data as evidence based decision making on health workforce management and strategic planning in Provincial Departments. The Department has been identified as change management change sponsors and champions to support the implementation of the HRIS. The HRIS will have linkages to the private sector, professional bodies as well as municipalities and will track and assess Human Resource for Health information utilisation for decision making.

1.2. Priorities and Impact

To render efficient and effective human resource administration services.

1.3. Workforce Planning and Key Strategies

The DPSA regularly monitors the vacancy rate of the Department and the period it takes to fill a funded vacancy within 6 months. The Department has filled mostly health professional posts in the **2020/2021** financial year. The Department will be prioritizing priority posts for the 2021/2022 financial year.

1.4. Employee Performance Management

Our performance was constrained by the COVID-19 challenges in our own section and that of the other units that should be assessed. The performance management unit is in the process to consider other alternatives we can deploy to effect compliance to the 2020/21 performance assessments.

1.5. Employee Health and Wellness

Employee Health and wellness in the Public Service is rapidly transforming the nature of holistic support provided to employees to ensure risk management, occupational health and safety, productivity and wellness of employees. The Province and Districts currently do not have a Clinical Psychologist/Counsellor to assist in psychosocial support and intervention for employees. The Department has advertised sessional Clinical Psychologist posts but we are currently unable to attract Clinical Psychologists/Counsellors for the Province.

1.6. Achievements, Challenges and Future Plans / Goals

No major achievements for the year under review.

Table 86 Challenges and Future Plans / Goals

Challenges	Proposed Remedial Plans
Vacancies not filled in 6 months due to the moratorium	Moratorium to be uplifted
Employee Health and Wellness	Once the pandemic is under control, all EHW event should be allowed to continue. Approval to be granted by HOD and adherence to COVID-19 preventative protocols.
Psychosocial support and intervention.	Appoint Clinical Psychologist in all 5 districts, hospitals and Provincial Office. Psychologist to be appointed in each District and Hospital to assist employees. Scope of work need to be amended of current psychologist and social workers to be able to assist the Employee Health and Wellness Program.
Non implementation of declined PILLIR applications	Managers must enforce the decision of the Health Risk Manager, the outcomes are not implemented immediately.

2. Human Resources Oversight Statistics

2.1. Personnel Related Expenditure

Table 87 Personnel expenditure by programme (1 April 2020 – 31 March 2021)

Programme	Total Expenditure (R'000)	Personnel Expenditure (R'000)	Training Expenditure (R'000)	Professional and Special Services Expenditure (R'000)	Personnel Expenditure as a % of Total Expenditure	Average Personnel Cost per Employee (R'000)
Administration	315471	152408	0	0	48	542
Central hospital services	1108410	781276	0	0	71	520
District health services	2532302	1565606	0	0	62	255
Emergency medical services	404407	244809	0	0	61	315
Health care support services	211100	77756	0	0	37	442
Health facilities management	354348	11174	0	0	3	588
Health sciences and training	140728	61304	0	0	44	333
Provincial hospital services	471913	305897	0	0	65	356
TOTAL (BAS)	5538679	3200230	0	0	391	3351

Table 88 Personnel costs by salary band (1 April 2020 – 31 March 2021)

Salary Band	Personnel Expenditure including Transfers (R'000)	% of Total Personnel Cost	Number of Employees	Average Personnel Cost per Employee (R)
01 Lower skilled (Levels 1-2)	101	0	0	0
02 Skilled (Levels 3-5)	827301	26	3298	250849
03 Highly skilled production (Levels 6-8)	647497	20	1549	418010
04 Highly skilled supervision (Levels 9-12)	1150469	36	1356	848428
05 Senior management (Levels >= 13)	29439	1	24	1226625
09 Other	2673	0	0	0
11 Contract (Levels 3-5)	33791	1	203	166458
12 Contract (Levels 6-8)	86637	3	280	309418
13 Contract (Levels 9-12)	276678	9	324	853944
14 Contract (Levels >= 13)	4572	0	3	1524000
18 Contract Other	564	0	0	0
19 Periodical Remuneration	46429	1	175	265309
20 Abnormal Appointment	111542	4	2731	40843
TOTAL	3217693	101	9943	5903884

Table 89 Salaries, overtime, home owners allowance & medical aid by programme (1 April 2020 – 31 March 2021)

Programme	Salaries		Overtime		Home Owners Allowance		Medical Aid	
	Salaries (R'000)	Salaries as a % of Personnel Costs	Overtime (R'000)	Overtime as a % of Personnel Costs	HOA (R'000)	HOA as a % of Personnel Costs	Medical Aid (R'000)	Medical Aid as a % of Personnel Costs
Administration	127319	82	3467	2	3291	2	6757	4
Central hospital services	608515	74	113641	14	14722	2	25837	3
District health services	1299028	82	52442	3	40922	3	59645	4
Emergency medical services	177346	72	18978	8	11472	5	17537	7
Health care support services	57728	74	6456	8	2476	3	5275	7
Health facilities management	10093	82	0	0	116	1	245	2
Health sciences and training	27884	82	1020	3	697	2	1285	4
Provincial hospital services	230886	75	27171	9	10351	3	16707	5
TOTAL	2538799	623	223175	747	84047	21	133288	36

Table 90 Salaries, overtime, home owners allowance & medical aid by salary band (1 April 2020 – 31 March 2021)

Salary Band	Salaries		Overtime		Home Owners Allowance		Medical Aid	
	Salaries (R'000)	Salaries as a % of Personnel Costs	Overtime (R'000)	Overtime as a % of Personnel Costs	HOA (R'000)	HOA as a % of Personnel Costs	Medical Aid (R'000)	Medical Aid as a % of Personnel Costs
01 Lower skilled (Levels 1-2)	68	67	0	0	9	9	17	17
02 Skilled (Levels 3-5)	600070	72	33703	4	49766	6	71575	9
03 Highly skilled production (Levels 6-8)	509174	78	18834	3	20916	3	37072	6
04 Highly skilled supervision (Levels 9-12)	900126	78	112242	10	13212	1	24397	2
05 Senior management (Levels ≥ 13)	26468	88	0	0	146	1	217	1
09 Other	2673	100	0	0	0	0	0	0
11 Contract (Levels 3-5)	33308	98	450	1	0	0	0	0
12 Contract (Levels 6-8)	85383	98	1172	1	0	0	0	0
13 Contract (Levels 9-12)	219325	79	56773	21	0	0	11	0
14 Contract (Levels ≥ 13)	4429	97	0	0	0	0	0	0
18 Contract Other	564	100	0	0	0	0	0	0
19 Periodical Remuneration	45671	97	0	0	0	0	0	0
20 Abnormal Appointment	111542	100	0	0	0	0	0	0
TOTAL	2538801	1152	223174	40	84049	20	133289	35

2.2. Employment and Vacancies

Table 91 Employment & vacancies by programme as on 31 March 2021

Programme	Number of Posts on Approved Establishment	Number of Posts Filled	Vacancy Rate (Includes Frozen Posts)	Number of Employees Additional to the Establishment
Administration, permanent	319	272	15%	28
Central hospital services, permanent	1711	1484	13%	281
Central hospital services, temporary	2	2	0%	0
District health services, permanent	3974	3395	15%	309
District health services, temporary	4	4	0%	0
Emergency medical services, permanent	871	775	11%	8
Health care support services, permanent	211	175	17%	0
Health facilities management, permanent	24	19	21%	4
Health sciences and training, permanent	62	57	8%	4
Provincial hospital services, permanent	953	854	10%	112
TOTAL	8131	7037	13.45%	746

Table 92 Employment & vacancies by salary band as on 31 March 2021

Salary Band	Number of Posts on Approved Establishment	Number of Posts Filled	Vacancy Rate (Includes Frozen Posts)	Number of Employees Additional to the Establishment
02 Skilled (Levels 3-5), Permanent	3790	3298	13%	1
03 Highly Skilled Production (Levels 6-8), Permanent	1807	1548	14%	7
03 Highly Skilled Production (Levels 6-8), Temporary	1	1	0%	0
04 Highly Skilled Supervision (Levels 9-12), Permanent	1678	1351	20%	8
04 Highly Skilled Supervision (Levels 9-12), Temporary	5	5	0%	0
05 Senior Management (Levels ≥ 13), Permanent	40	24	40%	1
11 Contract (Levels 3-5), Permanent	203	203	0%	184
12 Contract (Levels 6-8), Permanent	280	280	0%	268
13 Contract (Levels 9-12), Permanent	324	324	0%	275
14 Contract (Levels ≥ 13), Permanent	3	3	0%	2
TOTAL	8131	7037	13.45%	746

Table 93 Employment & vacancies by critical occupation as on 31 March 2021

Critical Occupation	Number of Posts on Approved Establishment	Number of Posts Filled	Vacancy Rate (Includes Frozen Posts)	Number of Employees Additional to the Establishment
Administrative related, permanent	173	146	16%	12
All artisans in the building metal machinery etc., permanent	10	9	10%	0
Ambulance and related workers, permanent	821	740	10%	8
Archivists curators and related professionals, permanent	1	1	0%	0
Artisan project and related superintendents, permanent	5	0	100%	0
Auxiliary and related workers, permanent	53	38	28%	0
Building and other property caretakers, permanent	1	0	100%	0
Bus and heavy vehicle drivers, permanent	26	19	27%	0
Cleaners in offices workshops hospitals etc., permanent	755	627	17%	5

Critical Occupation	Number of Posts on Approved Establishment	Number of Posts Filled	Vacancy Rate (Includes Frozen Posts)	Number of Employees Additional to the Establishment
Client inform clerks(switchb recept inform clerks), permanent	25	22	12%	0
Community development workers, permanent	1	1	0%	0
Computer programmers., permanent	1	1	0%	0
Dental practitioners, permanent	44	40	9%	14
Dental specialists, permanent	2	1	50%	0
Dental technicians, permanent	1	1	0%	0
Dental therapy, permanent	26	24	8%	0
Dieticians and nutritionists, permanent	68	64	6%	13
Dieticians and nutritionists, temporary	1	1	0%	0
Emergency services related, permanent	5	4	20%	0
Engineering sciences related, permanent	2	1	50%	1
Engineers and related professionals, permanent	9	7	22%	3
Environmental health, permanent	29	21	28%	9
Financial and related professionals, permanent	13	10	23%	0
Financial clerks and credit controllers, permanent	106	94	11%	0
Food services aids and waiters, permanent	68	52	24%	0
Food services workers, permanent	2	2	0	0
General legal administration & rel. Professionals, permanent	1	0	100%	0
Health sciences related, permanent	10	7	30%	0
Household and laundry workers, permanent	132	101	24%	0
Housekeepers laundry and related workers, permanent	8	8	0%	0
Human resources & organisat developm & relate prof, permanent	1	1	0%	0
Human resources clerks, permanent	14	12	14%	0
Human resources related, permanent	2	2	0%	0
Information technology related, permanent	1	1	0%	0
Leather workers, permanent	2	1	50%	0
Legal related, permanent	3	3	0%	0
Library mail and related clerks, permanent	4	4	0%	0
Light vehicle drivers, permanent	33	22	33%	0
Material-recording and transport clerks, permanent	1	1	0%	0
Medical practitioners, permanent	517	449	13	180
Medical practitioners, temporary	1	1	0%	0
Medical research and related professionals, permanent	1	1	0%	0
Medical specialists, permanent	65	40	39%	0
Medical specialists, temporary	2	2	0%	0
Medical technicians/technologists, permanent	8	4	50%	0
Messengers porters and deliverers, permanent	90	75	17%	0
Motor vehicle drivers, permanent	5	3	40%	0
Nursing assistants, permanent	986	891	10%	79
Occupational therapy, permanent	67	55	18%	23
Optometrists and opticians, permanent	2	2	0%	0
Oral hygiene, permanent	2	2	0%	0
Other administrat & related clerks and organisers, permanent	939	845	10%	46
Other administrative policy and related officers, permanent	21	19	10%	0
Other information technology personnel., permanent	9	5	44%	0
Other occupations, permanent	8	4	50%	0
Pharmaceutical assistants, permanent	71	63	11%	0
Pharmacists, permanent	171	160	6%	53

Critical Occupation	Number of Posts on Approved Establishment	Number of Posts Filled	Vacancy Rate (Includes Frozen Posts)	Number of Employees Additional to the Establishment
Pharmacologists pathologists & related professions, permanent	44	40	9%	0
Physiotherapy, permanent	73	60	18%	29
Printing and related machine operators, permanent	2	2	0%	0
Professional nurse, permanent	1926	1673	13%	174
Professional nurse, temporary	2	2	0%	0
Psychologists and vocational counsellors, permanent	26	17	35%	2
Radiography, permanent	108	94	13%	17
Secretaries & other keyboard operating clerks, permanent	2	2	0%	0
Security guards, permanent	71	68	4%	0
Security officers, permanent	1	1	0%	0
Senior managers, permanent	31	17	45%	2
Shoemakers, permanent	1	0	100%	0
Social work and related professionals, permanent	40	38	5%	6
Speech therapy and audiology, permanent	37	30	19%	15
Staff nurses and pupil nurses, permanent	323	268	17%	55
Supplementary diagnostic radiographers, permanent	1	1	0%	0
Trade labourers, permanent	17	14	18%	0
Trade/industry advisers & other related profession, permanent	1	0	100%	0
TOTAL	8131	7037	13.45%	746

2.3. Filling of SMS Posts

Table 94 SMS post information as on 31 March 2021

SMS Level	Total number of funded posts	Total number of SMS posts filled	% of SMS posts filled	Total number of SMS posts vacant	% of SMS posts vacant
DG / HOD*	-	-	-	-	-
Salary Level 16	1	1	100%	0	0%
Salary Level 15	1	1	100%	0	0%
Salary Level 14	8	3	37,5%	5	62,5%
Salary Level 13	33	21	63,63%	12	36,36%
TOTAL	43	26	60,46%	17	39,53%

*The HOD is appointed on Salary Level 15.

Table 95 SMS post information as on 30 September 2020

SMS Level	Total number of funded posts	Total number of SMS posts filled	% of SMS posts filled	Total number of SMS posts vacant	% of SMS posts vacant
DG / HOD*	-	-	-	-	-
Salary Level 16	1	1	100%	0	0%
Salary Level 15	1	1	100%	0	0%
Salary Level 14	8	3	37,5%	5	62,5%
Salary Level 13	33	21	63,63%	12	36,36%
TOTAL	43	26	60,46%	17	39,53%

*The HOD is appointed on Salary Level 15.

Table 96 Advertising & filling of SMS post (1 April 2020 – 31 March 2021)*

SMS Level	Advertising	Filling of Posts	
	Number of vacancies per level advertised in 6 months of becoming vacant	Number of vacancies per level filled in 6 months of becoming vacant	Number of vacancies per level not filled in 6 months but filled in 12 months
DG / HOD	0	0	0
Salary Level 16	0	0	0
Salary Level 15	0	0	0
Salary Level 14	0	0	0
Salary Level 13	0	0	0
TOTAL	0	0	0

*No posts were advertised and filled during the period under review due to the Moratorium for the filling of posts in 2020/21 (see ANN E).

Table 97 Reasons for not having complied with the filling of funded vacant SMS – Advertised within 6 months and filled within 12 months after becoming vacant (1 April 2020 – 31 March 2021)

Reasons for vacancies not advertised within 6 months	Reasons for vacancies not filled within 12 months
Moratorium on the filling of all posts (see ANN E)	Moratorium on the filling of all posts (see ANN E)

Table 98 Disciplinary steps taken for not complying with the prescribed timeframes for filling SMS posts within 12 months (1 April 2020 – 31 March 2021)

Reasons for vacancies not advertised within 6 months	Reasons for vacancies not filled within 6 months
Moratorium on the filling of all posts (see ANN E)	Moratorium on the filling of all posts (see ANN E)

2.4. Job Evaluation

There has been no performance regarding Job Evaluations as a result of Circular 31 of 2020, “Directive on the termination of the web-enabled evaluate Job evaluation system in the public service, interim system and transitional measures” (see ANN F).

Table 99 Job evaluation by salary band (1 April 2020 – 31 March 2021)

Salary Banc	No. of posts on approved establishment	Number of Jobs Evaluated	% of Posts evaluated by salary band	Posts Upgraded		Posts Downgraded	
				No.	% of Posts evaluated	No.	% of Posts evaluated
Skilled (Levels 3-5)	3790	0	0	0	0	0	0
Highly Skilled Production (Levels 6-8)	1808	0	0	0	0	0	0
Highly Skilled Supervision (Levels 9-12)	1683	0	0	0	0	0	0
SMS Band A	31	0	0	0	0	0	0
SMS Band B	8	0	0	0	0	0	0
SMS Band D	1	0	0	0	0	0	0
Contract (Levels 3-5)	203	0	0	0	0	0	0
Contract (Levels 6-8)	280	0	0	0	0	0	0
Contract (Levels 9-12)	324	0	0	0	0	0	0
Contract Band A	2	0	0	0	0	0	0
Contract Band C	1	0	0	0	0	0	0
TOTAL	8131	0	0	0	0	0	0

Table 100 Profile of employees whose positions were upgraded due to posts being upgraded (1 April 2020 – 31 March 2021)

Gender	African	Asian	Coloured	White	Total
Female	0	0	0	0	0
Male	0	0	0	0	0
TOTAL	0	0	0	0	0
Employees with Disability	0	0	0	0	0

Table 101 Employees with salary levels higher than those determined by job evaluation by occupation (1 April 2020 – 31 March 2021)

Occupation	No. of Employees	Job Evaluation Level	Remuneration Level	Reason for Deviation
None	0	0	0	0
Total number of employees whose salaries exceeded the level determined by job evaluation				0
Percentage of Total Employed				0

Table 102 Profile of employees who have salary levels higher than those determined by job evaluation (1 April 2020 – 31 March 2021)

Gender	African	Asian	Coloured	White	Total
Total number of employees whose salaries exceeded the grades determined by job evaluation					None

2.5. Employment Changes

Table 103 Annual turnover rates by salary band (1 April 2020 – 31 March 2021)

Salary Band	Number of Employees at Beginning of Period – 1 April 2020	Appointments and Transfer into the Department	Terminations and Transfers out of the Department	Turnover Rate
01 Lower Skilled (Levels 1-2) Permanent	1	0	0	0
02 Skilled (Levels 3-5) Permanent	3393	81	134	4
03 Highly Skilled Production (Levels 6-8) Permanent	1562	94	117	8
03 Highly Skilled Production (Levels 6-8) Temporary	1	0	0	0
04 Highly Skilled Supervision (Levels 9-12) Permanent	1309	116	97	7
04 Highly Skilled Supervision (Levels 9-12) Temporary	5	0	0	0
05 Senior Management Service Band A Permanent	20	0	2	10
06 Senior Management Service Band B Permanent	3	0	0	0
08 Senior Management Service Band D Permanent	1	0	0	0
09 Other Permanent	1	0	1	100
09 Other Temporary	14	5	14	100
11 Contract (Levels 3-5) Permanent	10	209	11	110
12 Contract (Levels 6-8) Permanent	173	291	174	101
13 Contract (Levels 9-12) Permanent	277	256	201	73
14 Contract Band A Permanent	3	0	1	33
16 Contract Band C Permanent	1	0	0	0
TOTAL	6774	1052	752	546

Table 104 Annual turnover rates by critical occupation (1 April 2020 – 31 March 2021)

Critical Occupation	Number of Employees at Beginning of Period – 1 April 2020	Appointments and Transfer into the Department	Terminations and Transfers out of the Department	Turnover Rate
Administrative related permanent	145	7	4	3
All artisans in the building metal machinery etc. Permanent	10	0	1	10
Ambulance and related workers permanent	738	28	24	3
Architects town and traffic planners permanent	1	0	1	100
Archivists curators and related professionals permanent	1	0	0	0
Artisan project and related superintendents permanent	1	0	0	0
Auxiliary and related workers permanent	41	2	6	15
Bus and heavy vehicle drivers permanent	20	0	1	5
Cleaners in offices workshops hospitals etc. Permanent	659	5	33	5
Client inform clerks (switchboard recept inform clerks) permanent	23	0	1	4
Community development workers permanent	1	0	0	0
Computer programmers. Permanent	1	0	0	0
Dental practitioners permanent	37	17	14	38
Dental specialists permanent	1	0	0	0
Dental technicians permanent	1	0	0	0
Dental therapy permanent	24	0	0	0

Critical Occupation	Number of Employees at Beginning of Period – 1 April 2020	Appointments and Transfer into the Department	Terminations and Transfers out of the Department	Turnover Rate
Dieticians and nutritionists permanent	62	16	14	23
Dieticians and nutritionists temporary	1	0	0	0
Emergency services related permanent	4	0	0	0
Engineering sciences related permanent	1	1	1	100
Engineers and related professionals permanent	3	3	0	0
Environmental health permanent	25	10	13	52
Financial and related professionals permanent	12	0	2	17
Financial clerks and credit controllers permanent	97	0	4	4
Food services aids and waiters permanent	55	0	3	6
Food services workers permanent	2	0	0	0
Health sciences related permanent	6	2	1	17
Household and laundry workers permanent	109	1	9	8
Housekeepers laundry and related workers permanent	10	0	2	20
Human resources & organisat developm & relate prof permanent	1	0	0	0
Human resources clerks permanent	13	0	1	8
Human resources related permanent	2	0	0	0
Information technology related permanent	1	0	0	0
Leather workers permanent	2	0	1	50
Legal related permanent	3	0	0	0
Library mail and related clerks permanent	4	0	0	0
Light vehicle drivers permanent	22	0	2	9
Material-recording and transport clerks permanent	1	0	0	0
Medical practitioners permanent	393	218	161	41
Medical practitioners temporary	11	1	10	91
Medical research and related professionals permanent	1	0	0	0
Medical specialists permanent	38	3	2	5
Medical specialists temporary	6	4	4	67
Medical technicians/technologists permanent	6	0	2	33
Messengers porters and deliverers permanent	77	0	2	3
Motor vehicle drivers permanent	3	0	0	0
Nursing assistants permanent	820	133	56	7
Occupational therapy permanent	52	26	23	44
Optometrists and opticians permanent	1	1	0	0
Oral hygiene permanent	2	0	0	0
Other administrat & related clerks and organisers permanent	806	56	18	2
Other administrative policy and related officers permanent	19	0	0	0
Other information technology personnel. Permanent	6	0	1	17
Other occupations permanent	4	0	0	0
Pharmaceutical assistants permanent	65	4	2	3
Pharmacists permanent	142	62	43	30
Pharmacologists pathologists & related professiona permanent	41	0	1	2
Physiotherapy permanent	56	31	26	46
Printing and related machine operators permanent	2	0	0	0
Professional nurse permanent	1573	298	207	13
Professional nurse temporary	2	0	0	0
Psychologists and vocational counsellors permanent	16	3	2	13
Radiography permanent	88	22	16	18
Secretaries & other keyboard operating clerks permanent	2	0	0	0
Security guards permanent	71	0	2	3
Security officers permanent	1	0	0	0
Senior managers permanent	17	0	1	6
Social work and related professionals permanent	33	6	1	3
Speech therapy and audiology permanent	26	17	13	50
Staff nurses and pupil nurses permanent	237	75	19	8

Critical Occupation	Number of Employees at Beginning of Period – 1 April 2020	Appointments and Transfer into the Department	Terminations and Transfers out of the Department	Turnover Rate
Supplementary diagnostic radiographers permanent	1	0	0	0
Trade labourers permanent	16	0	2	13
TOTAL	6774	1052	752	1015

Table 105 Reasons why staff left the department (1 April 2020 – 31 March 2021)

Termination Type	Number	% of Total Resignations	% of Total Employment
01 Death, Permanent	72	10	1
02 Resignation, Permanent	182	24	3
03 Expiry of contract, Permanent	362	48	5
03 Expiry of contract, Temporary	10	1	0
06 Discharged due to ill health, Permanent	8	1	0
07 Dismissal-misconduct, Permanent	11	2	0
09 Retirement, Permanent	103	14	2
10 Other, Temporary	4	1	0
TOTAL	752	100	11

Table 106 Promotions by critical occupation (1 April 2020 – 31 March 2021)

Occupation	Number of Employees at Beginning of Period	Promotions to another Salary Level	Salary Level Promotions as a % of Employees by Occupation	Progressions to another Notch within a Salary Level	Notch Progression as a % of Employees by Occupation
Administrative related	145	0	0	0	0
All artisans in the building metal machinery etc.	10	0	0	0	0
Ambulance and related workers	738	1	0	2	0
Architects town and traffic planners	1	0	0	0	0
Archivists curators and related professionals	1	0	0	0	0
Artisan project and related superintendents	1	0	0	0	0
Auxiliary and related workers	41	0	0	0	0
Bus and heavy vehicle drivers	20	0	0	0	0
Cleaners in offices workshops hospitals etc.	659	0	0	0	0
Client inform clerks (switchboard reception clerks)	23	0	0	0	0
Community development workers	1	0	0	0	0
Computer programmers.	1	0	0	0	0
Dental practitioners	37	0	0	1	3
Dental specialists	1	0	0	0	0
Dental technicians	1	0	0	0	0
Dental therapy	24	0	0	0	0
Dieticians and nutritionists	63	1	2	0	0
Emergency services related	4	0	0	0	0
Engineering sciences related	1	0	0	0	0
Engineers and related professionals	3	0	0	1	33
Environmental health	25	0	0	0	0
Financial and related professionals	12	0	0	0	0
Financial clerks and credit controllers	97	0	0	0	0
Food services aids and waiters	55	0	0	0	0
Food services workers	2	0	0	0	0
Health sciences related	6	0	0	0	0
Household and laundry workers	109	0	0	0	0
Housekeepers laundry and related workers	10	0	0	0	0
Human resources & organisational development & related professions	1	0	0	0	0
Human resources clerks	13	0	0	0	0
Human resources related	2	0	0	0	0
Information technology related	1	0	0	0	0
Leather workers	2	0	0	0	0
Legal related	3	0	0	0	0

Occupation	Number of Employees at Beginning of Period	Promotions to another Salary Level	Salary Level Promotions as a % of Employees by Occupation	Progressions to another Notch within a Salary Level	Notch Progression as a % of Employees by Occupation
Library mail and related clerks	4	0	0	0	0
Light vehicle drivers	22	0	0	0	0
Material-recording and transport clerks	1	0	0	0	0
Medical practitioners	404	5	1	9	2
Medical research and related professionals	1	0	0	0	0
Medical specialists	44	2	5	0	0
Medical technicians/technologists	6	0	0	0	0
Messengers porters and deliverers	77	0	0	0	0
Motor vehicle drivers	3	0	0	0	0
Nursing assistants	820	0	0	17	2
Occupational therapy	52	0	0	1	2
Optometrists and opticians	1	0	0	0	0
Oral hygiene	2	0	0	0	0
Other administrat & related clerks and organisers	806	0	0	1	0
Other administrative policy and related officers	19	0	0	0	0
Other information technology personnel.	6	0	0	0	0
Other occupations	4	0	0	0	0
Pharmaceutical assistants	65	0	0	1	2
Pharmacists	142	1	1	1	1
Pharmacologists pathologists & related professional	41	0	0	0	0
Physiotherapy	56	0	0	1	2
Printing and related machine operators	2	0	0	0	0
Professional nurse	1575	33	2	17	1
Psychologists and vocational counsellors	16	1	6	0	0
Radiography	88	1	1	0	0
Secretaries & other keyboard operating clerks	2	0	0	0	0
Security guards	71	0	0	0	0
Security officers	1	0	0	0	0
Senior managers	17	0	0	0	0
Social work and related professionals	33	0	0	1	3
Speech therapy and audiology	26	0	0	0	0
Staff nurses and pupil nurses	237	0	0	4	2
Supplementary diagnostic radiographers	1	0	0	0	0
Trade labourers	16	0	0	0	0
TOTAL	6774	45	18	57	53

Table 107 Promotions by salary band (1 April 2020 – 31 March 2021)

Salary Band	Number of Employees at Beginning of Period	Promotions to another Salary Level	Salary Level Promotions as a % of Employees by Salary Band	Progressions to another Notch within a Salary Level	Notch Progression as a % of Employees by Salary Band
Lower Skilled (Levels 1-2), Permanent	1	0	0	0	0
Skilled (Levels 3-5), Permanent	3393	0	0	18	1
Highly Skilled Production (Levels 6-8), Permanent	1562	2	0	14	1
Highly Skilled Production (Levels 6-8), Temporary	1	0	0	0	0
Highly Skilled Supervision (Levels 9-12), Permanent	1309	43	3	16	1
Highly Skilled Supervision (Levels 9-12), Temporary	5	0	0	0	0
Senior Management (Levels ≥ 13), Permanent	24	0	0	0	0
Other, Permanent	1	0	0	0	0
Other, Temporary	14	0	0	0	0
Contract (Levels 3-5), Permanent	10	0	0	3	30
Contract (Levels 6-8), Permanent	173	0	0	2	1
Contract (Levels 9-12), Permanent	277	0	0	4	1
Contract (Levels ≥ 13), Permanent	4	0	0	0	0
TOTAL	6774	45	3	57	35

2.6. Employment Equity

Table 108 Total number of employees (incl. those with disabilities) in each of the following occupational categories as on 31 March 2021

Occupational Category	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Senior Officials And Managers	8	3	0	2	4	0	0	1	18
Professionals	178	81	46	135	138	137	19	179	913
Technicians And Associate Professionals	250	91	2	10	884	764	13	202	2216
Clerks	196	108	0	2	441	215	2	16	980
Service Shop And Market Sales Workers	324	278	5	16	824	503	2	30	1982
Craft And Related Trade Workers	2	4	0	4	0	0	0	0	10
Plant And Machine Operators And Assemblers	25	19	0	0	2	0	0	0	46
Labourers And Related Workers	219	101	0	0	349	201	0	2	872
TOTAL	1202	685	53	169	2642	1820	36	430	7037
Employees with disabilities	5	5	1	2	3	2	0	5	23

Table 109 Total number of employees (incl. those with disabilities) in each of the following occupational bands as on 31 March 2021

Occupational Band	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Top Management, Permanent	1	0	0	0	0	0	0	0	1
Senior Management, Permanent	10	3	0	3	5	0	0	2	23
Professionally qualified and experienced specialists and mid-management, Permanent	194	87	28	84	387	379	18	174	1351
Professionally qualified and experienced specialists and mid-management, Temporary	0	0	0	1	0	0	0	4	5
Skilled technical and academically qualified workers, junior management, supervisors, foremen, Permanent	206	115	2	17	569	518	4	117	1548
Skilled technical and academically qualified workers, junior management, supervisors, foremen, Temporary	0	0	0	0	0	0	0	1	1
Semi-skilled and discretionary decision making, Permanent	682	433	0	9	1393	761	1	19	3298
Contract (Top Management), Permanent	0	1	0	0	0	0	0	0	1
Contract (Senior Management), Permanent	1	1	0	0	0	0	0	0	2
Contract (Professionally Qualified), Permanent	52	20	22	51	60	44	8	67	324
Contract (Skilled Technical), Permanent	22	17	1	4	94	91	5	46	280
Contract (Semi-Skilled), Permanent	34	8	0	0	134	27	0	0	203
TOTAL	1202	685	53	169	2642	1820	36	430	7037

Table 110 Recruitment (1 April 2020 – 31 March 2021)

Occupational Band	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Professionally qualified and experienced specialists and mid-management, Permanent	24	9	8	19	18	16	1	21	116
Skilled technical and academically qualified workers, junior management, supervisors, foremen, Permanent	18	4	0	1	42	23	0	6	94
Semi-skilled and discretionary decision making, Permanent	5	12	0	1	36	26	0	1	81
Not Available, Temporary	0	0	1	3	0	0	0	1	5
Contract (Professionally qualified), Permanent	47	17	14	41	48	28	6	55	256
Contract (Skilled technical), Permanent	19	18	1	4	104	94	5	46	291
Contract (Semi-skilled), Permanent	34	9	0	0	135	31	0	0	209
TOTAL	147	69	24	69	383	218	12	130	1052
Employees with disabilities	0	0	1	0	0	0	0	0	1

Table 111 Promotions (1 April 2020 – 31 March 2021)

Occupational Band	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
03 Professionally qualified and experienced specialists and mid-management, Permanent	14	3	2	2	22	11	0	5	59
04 Skilled technical and academically qualified workers, junior management, supervisors, foremen, Permanent	1	2	0	0	4	7	0	2	16
05 Semi-skilled and discretionary decision making, Permanent	1	1	0	0	6	10	0	0	18
10 Contract (Professionally qualified), Permanent	3	0	0	0	0	0	0	1	4
11 Contract (Skilled technical), Permanent	0	0	0	0	1	1	0	0	2
12 Contract (Semi-skilled), Permanent	1	1	0	0	1	0	0	0	3
TOTAL	20	7	2	2	34	29	0	8	102

Table 112 Terminations (1 April 2020 – 31 March 2021)

Occupational Band	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
02 Senior Management, Permanent	0	0	0	0	1	1	0	0	2
03 Professionally qualified and experienced specialists and mid-management, Permanent	5	7	4	7	30	28	0	16	97
04 Skilled technical and academically qualified workers, junior management, supervisors, foremen, Permanent	18	3	1	0	51	37	0	7	117
05 Semi-skilled and discretionary decision making, Permanent	25	21	0	2	51	34	0	1	134
07 Not Available, Permanent	1	0	0	0	0	0	0	0	1
07 Not Available, Temporary	1	2	1	7	0	0	0	3	14

09 Contract (Senior Management), Permanent	1	0	0	0	0	0	0	0	1
10 Contract (Professionally qualified), Permanent	27	14	12	40	16	22	8	62	201
11 Contract (Skilled technical), Permanent	8	8	1	4	40	63	3	47	174
12 Contract (Semi-skilled), Permanent	3	1	0	0	5	2	0	0	11
TOTAL	89	56	19	60	194	187	11	136	752
Employees with Disabilities	0	0	0	0	0	0	0	0	0

Table 113 Disciplinary action (1 April 2020 – 31 March 2021)

Disciplinary Action	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
No Outcome	1	0	0	0	0	0	0	0	1
TOTAL	1	0	0	0	0	0	0	0	1

Table 114 Skills development (1 April 2020 – 31 March 2021)

Occupational Classification	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Legislators, Senior Officials and Managers	8	3	-	-	16	2	-	-	29
Professionals	62	18	1	-	72	15	-	-	168
Technicians and Associate Professionals	49	26	-	-	67	39	-	-	181
Clerks	-	-	-	-	1	-	-	-	-
Service and Sales Workers	-	-	-	-	-	-	-	-	-
Skilled Agriculture and Fishery Workers	-	-	-	-	-	-	-	-	-
Craft and related Trades Workers	-	-	-	-	-	-	-	-	-
Plant and Machine Operators and Assemblers	-	-	-	-	-	-	-	-	-
Elementary Occupations	-	-	-	-	-	-	-	-	-
Employees with disabilities	-	-	-	-	-	-	-	-	-
TOTAL	119	47	1	-	156	56	-	-	378

2.7. Signing of Performance Agreements by SMS Members

Table 115 Signing of Performance Agreements by SMS members as on 31 March 2021

SMS Level	Total no. of funded SMS Posts	Total no. of SMS Members	Total no. of Signed PAs	Signed Pas as % of Total no. of SMS Members
DG / HOD	-	-	-	-
Salary Level 16	0	0	0	0%
Salary Level 15	1	0	0	0%
Salary Level 14	7	5	2	40%
Salary Level 13	26	23	12	52%
TOTAL	34	28	14	92%

*The HOD is appointed on Salary Level 15.

Table 116 Reasons for not having concluded Performance Agreements for all SMS members as on 31 March 2021

Reasons
- The Department does not have a permanently appointed Head of Department, and according to DPSA requirements, an Acting HOD does not have to submit a Performance Agreement (PA) - With reference to DPSA Circular 32 of 2020, Minister of Public Service had granted an extension for submission of Pas to 31st October 2020

- Most of the managers have been involved in the fight against COVID-19 pandemic, and this had affected their availability to conclude the Pas on time

Table 117 Disciplinary actions taken against SMS members for not having concluded Performance Agreements as on 31 March 2021

Steps Taken
To date, no disciplinary action has been taken against any of the SMS members that did not comply by the extended deadline of 31st October 2020

2.8. Performance Rewards

Table 118 Performance rewards by race, gender & disability (1 April 2020 – 31 March 2021)

Race & Gender	Beneficiary Profile			Cost	
	No. of Beneficiaries	No. of Employees	% of Total within Group	Amount R'000	Average cost per Employee
AFRICAN	1 560	3 730	42%	R 5 780 139	R 3 705
Male	552	1 180	47%	R 1 977 369	R 3 582
Female	1 008	2 550	40%	R 3 802 770	R 3 773
ASIAN	21	89	24%	R 293 916	R 13 996
Male	10	53	19%	R 190 356	R 19 036
Female	11	36	31%	R 103 560	R 9 415
COLOURED	1 028	2 482	41%	R 4 524 081	R 4 401
Male	350	677	52%	R 1 248 687	R 3 568
Female	678	1 805	38%	R 3 275 394	R 4 831
WHITE	152	597	25%	R 1 519 338	R 9 996
Male	35	160	22%	R 484 938	R 13 855
Female	117	437	27%	R 1 034 400	R 8 841
TOTAL	2 761	6 898	40%	R 12 117 474	R 4 389

Table 119 Performance rewards by salary band for personnel below SMS (1 April 2020 – 31 March 2021)

Salary Band	Beneficiary Profile			Cost		
	No. of Beneficiaries	No. of Employees	% of Total within Salary Bands	Amount R'000	Average cost per Employee	Total cost as a % of Total Personnel Expenditure
Salary Level 3	813	1328	61%	R 1 700 718,00	R 2 066,00	14%
Salary Level 4	320	854	37%	R 842 943,00	R 2 554,00	7%
Salary Level 5	749	1284	58%	R 2 184 909,00	R 2 879,00	18%
Salary Level 6	96	529	18%	R 389 412,00	R 3 674,00	3%
Salary Level 7	199	853	23%	R 1 140 210,00	R 5 730,00	9%
Salary Level 8	209	404	51%	R 1 172 991,00	R 5 612,00	10%
Salary Level 9	137	520	3%	R 1 219 872,00	R 8 904,00	10%
Salary Level 10	84	389	21%	R 1 149 021,00	R 13 679,00	9%
Salary Level 11	70	494	14%	R804 228	R11 489	7%
Salary Level 12	84	243	34%	R1 513 170	R18 014	12%

Table 120 Performance rewards by critical occupation (1 April 2020 – 31 March 2021)

Critical Occupation	Beneficiary Profile			Cost	
	No. of Beneficiaries	No. of Employees	% of Total within Occupation	Total Cost R'000	Average cost per Employee
Administrative Related	108	122	86%	R 716 745	R 6 637
All Artisans in the Build	4	10	40%	R 12 564	R 3 141
Ambulance and Related Work	268	736	36%	R 704 688	R 2 629
Archivists Curators and related work	1	1	100%	R 6 558	R 6 558
Auxiliary and Related Work	20	42	48%	R 51 924	R 2 596
Bus and Heavy Vehicle Driver	15	21	71%	R 34 041	R 2 269
Cleaners in Offices Workshop	568	649	88%	R 1 128 447	R 1 987

Critical Occupation	Beneficiary Profile			Cost	
	No. of Beneficiaries	No. of Employees	% of Total within Occupation	Total Cost R'000	Average cost per Employee
Client inform Clerks (Switchboard)	20	29	69%	R 47 730	R 2 387
Community Development Worker	1	4	25%	R 8 445	R 8 445
Computer Programmers	1	1	100%	R 13 422	R 13 422
Dental Practitioners	17	39	43%	R 253 068	R 14 886
Dental Specialist	1	1	100%	R 17 088	R 17 088
Dental Technicians	1	1	100%	R 14 076	R 14 076
Dental Therapy	17	24	70%	R 52 227	R 3 072
Dietitians and Nutrition	32	69	46%	R 170 754	R 5 336
Emergency Services Relate	1	4	25%	R 3 975	R 3 975
Engineers and related Professional	2	4	50%	R 1 890	R 945
Environmental Health	9	25	36%	R 48 270	R 5 363
Financial and Related Professional	1	9	11%	R 3 975	R 3 975
Finance Clerk and Credit controllers	85	137	62%	R 281 295	R 3 309
Food Services Aid and Waiters	45	56	80%	R 89 907	R 1 998
Food Service Workers	2	3	67%	R 7 287	R 3 644
Household and Laundry Workers	77	104	74%	R 163 719	R 2 126
Housekeepers Laundry and Related Workers	8	8	100%	R 19 131	R 2 391
Human Resource & Organisational Development & Related Prof	1	1	100%	R 6 273	R 6 273
Human Resources Clerks	11	12	91%	R30 672	R 2 788
Human Resources Related	1	1	100%	R 4 491	R 4 491
Information Technology Related	1	1	-	R 8 061	R 8 061
Leather Workers	1	2	50%	R 5 199	R 5 199
Legal Related	2	3	67%	R 18 918	R 9 459
Library Mail and Related Clerks	3	5	60%	R 8 334	R 2 778
Light Vehicle Drivers	15	25	60%	R 41 154	R 2 744
Material Recording & Transport Clerks	1	1	100%	R 3 273	R 3 273
Medical Practitioners	46	420	11%	R 749 724	R 16 298
Medical Research and Related Professionals	1	1	100%	R 11 760	R 11 760
Medical Specialists	16	44	36%	R 377 574	R 23 598
Medical Technicians/Technologists	3	5	60%	R 22 167	R 7 389
Messengers Porters and Deliverers	72	72	100%	R 145 677	R 2 023
Motor Vehicle Drivers	1	4	25%	R 2 184	R 2 184
Nursing Assistants	136	841	16%	R 642 723	R 4 726
Occupational Therapy	20	55	36%	R 93 630	R 4 682
Optometrists and Opticians	1	2	50%	R 4 821	R 4 821
Oral Hygiene	1	2	50%	R 4 971	R 4 971
Other Administrative & Related Clerks	640	828	75%	R 1 954 887	R 3 055
Other Administrative Policy & Related Office	17	33	52%	R 80 916	R 4 760
Other Information Technology Personnel	4	5	80%	R 14 895	R 3 724
Other Occupations	2	8	25%	R 6 042	R 3 021
Pharmaceutical Assistants	25	70	36%	R 80 562	R 3 222
Pharmacists	46	150	30%	R 450 153	R 9 786
Pharmacologist & Pathologist	12	43	27%	R 38 592	R 3 216
Physiotherapist	19	56	33%	R 90 975	R 4 788
Professional Nurse	242	1603	15%	R 2 700 555	R 11 159
Psychologists and Vocational Counsellors	6	19	32%	R 70 545	R 11 758

Critical Occupation	Beneficiary Profile			Cost	
	No. of Beneficiaries	No. of Employees	% of Total within Occupation	Total Cost R'000	Average cost per Employee
Radiography	44	89	49%	R 233 868	R 5 315
Secretaries & Other Keyboard Operating Clerks	1	3	33%	R 2 676	R 2 676
Security Guards	1	70	1%	R 4 035	R 4 035
Social Work and Related Professionals	12	30	40%	R 109 122	R 9 094
Speech Therapy and Audiology	6	25	24%	R 30 114	R 5 019
Staff Nurses and Pupil Nurses	36	254	14%	R 194 178	R 5 394
Trade Labourers	11	16	69%	R 22 527	R 2 048
TOTAL	2761	6898	%	R 12 117 474	R 4 389

Table 121 Performance related rewards (cash bonus) by salary band for SMS (1 April 2020 – 31 March 2021)

Salary Band	Beneficiary Profile			Cost		Total cost as a % of Total Personnel Expenditure
	No. of Beneficiaries	No. of Employees	% of Total within Salary Bands	Total Coat R'000	Average cost per Employee	
• The Department has not implemented performance rewards for the SMS level since 2017/ 18, to date • Therefore, no performance bonus was implemented either.						

2.9. Foreign Workers

Table 122 Foreign workers by salary band (1 April 2020 – 31 March 2021)

Salary Band	Employment at Beginning of Period	Percent age of Total at Beginning of Period	Employment at End of Period	Percent age of Total at End of Period	Change in Employment	Percent age of Total	Total Employment at Beginning of Period	Total Employment at End of Period	Total Change in Employment
Highly skilled production (Levels 6-8)	6	5	11	7	5	11	116	163	47
Highly skilled supervision (Levels 9-12)	108	93	148	91	40	85	116	163	47
Other	1	1	2	1	1	2	116	163	47
Senior management (Levels 13-16)	1	1	1	1	0	0	116	163	47
Skilled (Levels 3-5)	0	0	1	1	1	2	116	163	47
TOTAL	116	100	163	100	47	100	116	163	47

Table 123 Foreign workers by major occupation (1 April 2020 – 31 March 2021)

Major Occupation	Employment at Beginning of Period	Percent age of Total at Beginning of Period	Employment at End of Period	Percent age of Total at End of Period	Change in Employment	Percent age of Total	Total Employment at Beginning of Period	Total Employment at End of Period	Total Change in Employment
Elementary occupations	0	0	0	0	0	0	116	163	47
Professionals and managers	115	99	161	99	46	98	116	163	47
Social natural technical and medical sciences + sup.	0	0	1	1	1	2	116	163	47
Technicians and associated professionals	1	1	1	1	0	0	116	163	47
TOTAL	116	100	163	100	47	100	116	163	47

2.10. Leave Utilisation

Table 124 Sick Leave (1 January 2020 – 31 December 2020)

Salary Band	Total Days	% Days with Medical Certification	Number of Employees using Sick Leave	% of Total Employees using Sick Leave	Average Days per Employee	Estimated Cost (R'000)
Contract (Levels 3-5)	301	76	86	2	4	263
Contract (Levels 6-8)	720	76	161	3	4	874
Contract (Levels 9-12)	659	84	121	3	5	1592
Highly skilled production (Levels 6-8)	9354	85	1167	25	8	13788
Highly skilled supervision (Levels 9-12)	7340	87	884	19	8	19640
Lower skilled (Levels 1-2)	1	100	1	0	1	1
Senior management (Levels 13-16)	84	83	8	0	11	353
Skilled (Levels 3-5)	18563	85	2308	49	8	15240
TOTAL	37022	85	4736	100	8	51751

Table 125 Disability Leave: Temporary & Permanent (1 January 2020 – 31 December 2020)

Salary Band	Total Days	% Days with Medical Certification	Number of Employees using Disability Leave	% of Total Employees using Disability Leave	Average Days per Employee	Estimated Cost (R'000)
Contract (Levels 6-8)	22	100	3	2	7	26
Contract (Levels 9-12)	57	100	3	2	19	116
Highly skilled production (Levels 6-8)	2365	100	49	24	48	3310
Highly skilled supervision (Levels 9-12)	2112	100	48	24	44	6041
Skilled (Levels 3-5)	3844	100	99	49	39	3247
TOTAL	8400	100	202	100	42	12740

Table 126 Annual Leave (1 January 2020 – 31 December 2020)

Salary Band	Total Days Taken	Number of Employees using Annual Leave	Average per Employee
Contract (Levels 13-16)	22	2	11
Contract (Levels 3-5)	755	91	8
Contract (Levels 6-8)	2992	217	14
Contract (Levels 9-12)	4185	302	14
Highly skilled production (Levels 6-8)	30830	1569	20
Highly skilled supervision (Levels 9-12)	26293	1329	20
Lower skilled (Levels 1-2)	20	1	20
Senior management (Levels 13-16)	401	24	17
Skilled (Levels 3-5)	65572	3253	20
TOTAL	131070	6788	144

Table 127 Capped leave (1 January 2020 – 31 December 2020)

Salary Band	Total Days of Capped Leave Taken	Number of Employees using Capped Leave	Average Number of Days Taken per Employee	Average Capped Leave per Employee as on 31 March 2021
Contract (Levels 13-16)	0	0	0	0
Contract (Levels 3-5)	0	0	0	0
Contract (Levels 6-8)	0	0	0	2
Contract (Levels 9-12)	1	1	1	33
Highly skilled production (Levels 6-8)	29	10	3	32
Highly skilled supervision (Levels 9-12)	66	11	6	33

Senior management (Levels 13-16)	0	0	0	37
Skilled (Levels 3-5)	5	3	2	17
TOTAL	101	25	4	27

Table 128 Leave payouts (1 April 2020 – 31 March 2021)

Reason	Total Amount (R'000)	Number of Employees	Average per Employee (R'000)
Annual - Discounting With Resignation (Work Days)	3306	132	25045
Annual - Discounting: Contract Expiry (Work Days)	15	1	15000
Annual - Discounting: Unused Vacation Credits (Work Days)	34	1	34000
Annual - Gratuity: Death/Retirement/Medical Retirement(Work	4202	134	31358
Capped - Gratuity: Death/Retirement/Medical Retirement(Work	3259	59	55237
TOTAL	10817	327	160640

2.11. HIV/AIDS & Health Promotion Programmes

Table 129 Steps taken to reduce the risk of occupational exposure

Units/Categories of employees identified to be at high risk of contracting HIV & related diseases (if any)	Key steps taken to reduce the risk
Employees in clinical areas, i.e. doctors, nurses, medical students, general workers and paramedics are more at risk of contracting HIV and related diseases.	- The HIV and AIDS, STI and TB in the workplace policy was approved, which identifies the prevention of occupational exposure to potentially infectious blood and blood products as a key focus area. - Protocols are in place on infection control measures - Implementation of targeted awareness and education initiatives. - Implemented strategies for mainstreaming HIV and AIDS and human rights issues. - Implemented initiatives to reduce alcohol and substance abuse amongst employees.

Question	Yes	No	Details, if yes
1. Has the department designated a member of the SMS to implement the provisions contained in Part VI E of Chapter 1 of the Public Service Regulations, 2001? If so, provide her/his name and position	✓		Mrs. CV Solo Acting Director: Human Resources
2. Does the department have a dedicated unit or has it designated specific staff members to promote the health and well-being of your employees? If so, indicate the number of employees who are involved in this task and the annual budget that is available for this purpose	✓		Provincial Office - M De Freitas - CB Jardine RMSH - T Mfengu - Sr D. Petersen - Sr V. Itebogeng There is unfortunately no budget for this programme except the compensation budget.
3. Has the department introduced an Employee Assistance or Health Promotion Programme for your employees? If so, indicate the key elements/services of this Programme	✓		Key Elements - Counselling- Provincial Office (assistance given to Districts and hospitals) - Incident Investigation for injuries on duty- Provincial Office (assistance given to Districts and hospitals) - Chronic disease management – Wellness Centre Robert Mangaliso Sobukwe Hospital Complex - Joint events – Awareness Programmes/ Health Screening events
4. Has the department established (a) committee(s) as contemplated in Part VI E.5 (e) of Chapter 1 of the		✓	-

Question	Yes	No	Details, if yes
Public Service Regulations, 2001? If so, please provide the names of the members of the committee and the stakeholder(s) that they represent			
5. Has the department reviewed its employment policies and practices to ensure that these do not unfairly discriminate against employees on the basis of their HIV status? If so, list the employment policies/practices so reviewed	✓		The HIV/AIDS, STI and TB in the Workplace policy covers all employees. It will be up for review between 2017 and 2019. For protection reasonable accommodation guaranteed under the policy as well confidentiality and protection of employees' personal data.
6. Has the department introduced measures to protect HIV-positive employees or those perceived to be HIV-positive from discrimination? If so, list the key elements of these measures.	✓		Except for the Policy, no other measures in place. The policy gives guidance with the necessary action that needs to be taken by the affected employee.
7. Does the department encourage its employees to undergo Voluntary Counselling and Testing? If so, list the results that you have you achieved	✓		As part of all Health Screening events held HCT is included and employees are encouraged to test. Wellness Centre Testing • 99 Employees • 38 Males • 61 Females • 9 Positive • 90 Negative
8. Has the department developed measures/indicators to monitor & evaluate the impact of its health promotion programme? If so, list these measures/indicators.	✓		• Number of Healthy lifestyle campaigns / activities / programs conducted • Number of people reached • Number of schools assessed as Health Promoting Schools • Number of schools initiated into the Health Promoting Schools programme • Number of district health promoters supported • Number of PHCWBOT's supported • Number of health Governance structures supported

2.12. Labour Relations

Table 130 Collective agreements (1 April 2020 – 31 March 2021)

Subject Matter	Date
PHSDSBC Resolution 02 of 2020- Amendment to Resolution 02 of 2019: Agreement on the Standardization of Remuneration for Community Health Workers in the Department of Health.	18 June 2020.
PHSDSBC Resolution 01 of 2020 - Framework Agreement on Uniform Provision for Nurses.	19 June 2020.
PSCBC Resolution 01 of 2020- Agreement on the amendment of the PSCBC Resolution 05 of 2001- Annual Leave.	29 June 2020.

Table 131 Misconduct & disciplinary hearings (1 April 2020 – 31 March 2021)

Outcome of Disciplinary Hearings	Number	% of Total
Corrective counselling	4	1.2
Verbal warning	0	0
Written warning	4	1.2
Final written warning	268	80.4
Suspended without pay	3	1
Fine	0	0
Demotion	0	0
Dismissal	10	3
Not guilty	0	0
Case withdrawn	44	13.2
TOTAL	333	100

Table 132 Types of misconduct addressed at disciplinary hearings (1 April 2020 – 31 March 2021)

Type of Misconduct	Number	% of Total
Abuse of sick leave	2	2.2
Dishonesty	13	14.9
Assault	3	3.4
Insolence	1	1.1
Intoxication	5	5.7
Gross Insubordination	2	2.2
Insubordination	4	4.5
Abuse of government vehicle	3	3.4
Dereliction of duty	4	4.5
Theft	6	6.8
Fraud	3	3.4
Misrepresentation	4	4.5
Abuse of State Property	2	2.2
Bringing the name of the department into disrepute	3	3.4
Absenteeism	26	29.8
Negligence	4	4.5
Racism	1	1.1
Sexual Harassment	1	1.1
TOTAL	87	98

Table 133 Grievances logged (1 April 2020 – 31 March 2021)

Grievances	Number	% of Total
Grievances resolved	57	73
Grievances unresolved	21	27
TOTAL	78	100

Table 134 Disputes logged with Councils (1 April 2020 – 31 March 2021)

Disputes	Number	% of Total
Conciliations Lodged	27	24
Conciliations Finalised	25	23
Arbitrations Lodged	28	25
Arbitrations Finalised	31	28
TOTAL	111	100

Table 135 Strike actions (1 April 2020 – 31 March 2021)

Total no. of persons working days lost	0
Total cost working days lost	0
Amount recovered as a result of no work no pay (R'000)	R 0.00

Table 136 Precautionary suspensions (1 April 2020 – 31 March 2021)

Number of people suspended	1
Number of people whose suspension exceeded 30 days	1
Average number of days suspended	67
Cost of suspension (R'000)	R 169 785.00

2.13. Skills Development

No information is loaded onto the PERSAL System.

Table 137 Training needs identified (1 April 2020 – 31 March 2021)

Occupational Category	Gender	No. of Employees as at 1 April 2020	Training Needs Identified at start of Reporting Period			
			Learnerships	Skills Programmes & Other Short Courses	Other forms of Training	Total
Legislators, Senior Officials & Managers	Female	5	0	30	0	30
	Male	13	0	30	0	30
Professionals	Female	473	0	269	0	269
	Male	440	0	213	0	213
Technicians & Associate Professionals	Female	963	0	63	0	63
	Male	353	0	62	0	62
Clerks	Female	674	0	45	0	45
	Male	306	0	40	0	40
Service & Sales Workers	Female	1359	0	0	0	0
	Male	632	0	0	0	0
Craft & Related Trade Workers	Female	0	0	0	0	0
	Male	10	0	0	0	0
Plant & Machine Operators & Assemblers	Female	2	0	0	0	0
	Male	44	0	0	0	0
Elementary Occupations	Female	552	0	0	0	0
	Male	320	0	0	0	0
Sub-Total	Female	4028	0	407	0	407
	Male	2118	0	345	0	345
TOTAL		6146	0	752	0	752

Table 138 Training provided (1 April 2020 – 31 March 2021)

Occupational Category	Gender	No. of Employees as at 1 April 2020	Training Provided within the Reporting Period			
			Learnerships	Skills Programmes & Other Short Courses	Other forms of Training	Total
Legislators, Senior Officials & Managers	Female		0	47	0	47
	Male		0	20	0	20
Professionals	Female		0	55	0	55
	Male		0	14	0	14
Technicians & Associate Professionals	Female		0	25	0	25
	Male		0	7	0	7
Clerks	Female		0	15	0	15
	Male		0	4	0	4
Service & Sales Workers	Female		0	0	0	0
	Male		0	0	0	0
Craft & Related Trade Workers	Female		0	0	0	0
	Male		0	0	0	0
Plant & Machine Operators & Assemblers	Female		0	0	0	0
	Male		0	0	0	0
Elementary Occupations	Female		0	0	0	0
	Male		0	0	0	0
Sub-Total	Female		0	142	0	142
	Male		0	45	0	45
TOTAL		-	0	187	0	187

2.14. Injury on Duty

Table 139 Injury on duty (1 April 2020 – 31 March 2021)

Nature of injury on duty	Number	% of Total
Required basic medical attention only	411	93,2%
Temporary total disablement	4	0,9%
Permanent disablement	0	0%
Fatal	26	5,9%
Total	441	100%

2.15. Utilisation of Consultants

The Department has not employed consultants for the period 01 April 2020 to 31 March 2021.

Table 140 Report on consultant appointments using appropriated funds (1 April 2020 – 31 March 2021)

Project Title	Total number of consultants that worked on the project	Duration: Work days	Contract value: Rands
-	-	-	-
Total No. of Projects	Total individual consultants	Total Duration: Work days	Total Contract value: Rands
-	-	-	-

Table 141 Analysis of consultant appointments using appropriated funds, in terms of Historically Disadvantaged Individuals (HDI) (1 April 2020 – 31 March 2021)

Project Title	Percentage ownership by HDI groups	Percentage management by HDI groups	Number of consultants from HDI groups that work on the project
-	-	-	-

Table 142 Report on consultant appointments using donor funds (1 April 2020 – 31 March 2021)

Project Title	Total number of consultants that worked on the project	Duration: Work days	Donor and contract value: Rands
-	-	-	-
Total No. of Projects	Total individual consultants	Total Duration: Work days	Total Contract value: Rands
-	-	-	-

Table 143 Analysis of consultant appointments using donor funds, in terms of Historically Disadvantaged Individuals (HDI) (1 April 2020 – 31 March 2021)

Project Title	Percentage ownership by HDI groups	Percentage management by HDI groups	Number of consultants from HDI groups that work on the project
-	-	-	-

2.16. Severance Packages

The Voluntary Severance Package under the agreement on the transformation and restructuring of the public service was terminated in 2002. The revised determination on employee-initiated severance packages for employees in the Public Service came into effect in January 2006. The purpose of the determination was to allow employees who affected by transformation and restructuring to apply for employee-initiated severance packages. The Northern Cape Department of Health did not grant any employee-initiated severance packages for the period 01 April 2020 to 31 March 2021.

Table 144 Granting of employee initiated severance packages (1 April 2020 – 31 March 2021)

Category	No of applications received	No of applications referred to the MPSA	No of applications supported by MPSA	No of Packages approved by Department
02 Skilled (Levels 3-5)	0	0	0	0
03 Highly Skilled Production (Levels 6-8)	0	0	0	0
04 Highly Skilled Supervision (Levels 9-12)	0	0	0	0
05 Senior Management Service Band A	0	0	0	0
06 Senior Management Service Band B	0	0	0	0
08 Senior Management Service Band D	0	0	0	0
11 Contract (Levels 3-5)	0	0	0	0
12 Contract (Levels 6-8)	0	0	0	0
13 Contract (Levels 9-12)	0	0	0	0
14 Contract Band A	0	0	0	0
16 Contract Band C	0	0	0	0
TOTAL	0	0	0	0

PART E: FINANCIAL INFORMATION

1. Report of the Auditor-General

1.1. Report on the Annual Financial Statements

1.1.1 Qualified opinion

1. I have audited the financial statements of the Department of Health set out on pages **193 - 262**, which comprise the appropriation statement, statement of financial position as at 31 March 2021, the statement of financial performance, statement of changes in net assets and cash flow statement for the year then ended, as well as notes to the financial statements, including a summary of significant accounting policies.
2. In my opinion, except for the possible effects of the matters described in the basis for qualified opinion section of this auditor's report, the financial statements present fairly, in all material respects, the financial position of the Department of Health as at 31 March 2021, and its financial performance and cash flows for the year then ended in accordance with Modified Cash Standard (MCS) prescribed by National Treasury and the requirements of the Public Finance Management Act of South Africa, 1999 (Act No. 1 of 1999) (PFMA) and the Division of Revenue Act of South Africa, 2020 (Act No. 4 of 2020) (DoRA).

1.1.2 Basis for Qualified Opinion

Movable Tangible Capital Assets

3. I was unable to obtain sufficient appropriate audit evidence that the department had properly accounted for movable tangible capital assets and minor assets in the current year and the previous year, as the process for completing the asset register was not completed at year end in support of these assets. I was unable to confirm these assets by alternative means. Consequently, I was unable to determine whether any adjustment was necessary to movable tangible capital assets stated at R1 314 600 000 (2020: R1 207 753 000) in note 28 and machinery and equipment included in minor assets stated at R195 237 000 (2020: R190 715 000) in note 28.4 to the financial statements.

Immovable Tangible Capital assets and Capital work in progress

4. I was unable to obtain sufficient appropriate audit evidence regarding the balances for immovable tangible capital assets and capital work in progress as the fixed asset register did not reconcile to the amounts presented in the annual financial statements. I was unable to confirm the balances by alternative means. Consequently, I was unable to determine whether any adjustments to immovable tangible capital assets stated at R2 589 853 000 and capital work in progress stated at R584 739 000 in note 30 to the financial statements were necessary.
5. I was unable to obtain sufficient appropriate audit evidence for accruals and payables not recognised relating to capital work in progress as the department did not have adequate systems to maintain records for these transactions. I was unable to confirm these amounts disclosed by alternative means. Consequently, I was unable to determine whether any adjustment was necessary to accruals and payables not recognised relating to capital work in progress, stated at R60 869 000 (2020: R91 543 000) in note 30.4 to the financial statements.

Accruals and Payables not recognised

6. The department did not disclose all outstanding amounts meeting the definition of accruals and payables not recognised, in accordance with chapter 9, General departmental assets and liabilities in the MCS. The department did not perform adequate and regular reconciliations for accruals and payables not recognised. I was unable to determine the full extent of the understatement of accruals and payables not recognised for the current and prior years as it was impracticable to do so.
7. I was unable to obtain sufficient appropriate audit evidence for accruals and payables not recognised as the department did not have adequate systems to maintain records for these transactions. I was unable to confirm these amounts disclosed by alternative means. Consequently, I was unable to determine whether any adjustment was necessary to accruals and payables not recognised stated at R304 416 000 (2020: R200 701 000) and R285 770 000 (2020: R302 971 000) respectively in note 20 to the financial statements.

Irregular expenditure

8. The department did not disclose all irregular expenditure in the notes to the financial statements, as required by section 40(3)(b)(i) of the PFMA. The department incurred expenditure in contravention of supply chain management (SCM) requirements that was not included in the irregular expenditure disclosed in note 24 to the financial statements. I was unable to determine the full extent of the understatement for the current as well as previous years as it was impractical to do so.

Accrued departmental revenue and Impairment of accrued departmental revenue

9. I was unable to obtain sufficient appropriate audit evidence to substantiate the accrued departmental revenue and impairment of accrued departmental revenue as disclosed in note 23 to the financial statements. The department did not have adequate internal controls to maintain records of accrued departmental revenue and impairment of accrued departmental revenue in the current year and previous year. I could not confirm accrued departmental revenue and impairment of accrued departmental revenue by alternative means. Consequently, I was unable to determine whether any adjustments were necessary to accrued departmental revenue stated at R59 026 000 (2020: R73 615 000) and impairment of accrued departmental revenue stated at R51 401 000 (2020: R61 239 000) in note 23 to the financial statements.

Context for the opinion

10. I conducted my audit in accordance with the International Standards on Auditing (ISAs). My responsibilities under those standards are further described in the auditor-general's responsibilities for the audit of the financial statements section of my report.
11. I am independent of the department in accordance with the International Ethics Standards Board for Account-ants' International code of ethics for professional accountants (including International Independence Standards) (IESBA code) as well as other ethical requirements that are relevant to my audit in South Africa. I have fulfilled my other ethical responsibilities in accordance with these requirements and the IESBA code.
12. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my qualified opinion.

Material uncertainty relating to going concern

13. I draw attention to the matter below. My opinion is not modified in respect of this matter.
14. I draw attention to note 37 to the financial statements, which indicates that as at 31 March 2021 the department's current liabilities exceeded its total current assets by R20 631 000. Furthermore, in note 37 the amount of accruals and payables not recognised is stated at R590 186 000 and bank overdraft is stated at R100 455 000, which indicates that the department does not have sufficient cash flow to pay for their debts as and when they become due. These events or conditions, along with the other matters indicate that a material uncertainty exists that may cast significant doubt on the department's ability to continue as a going concern.

Emphasis of matters

15. I draw attention to the matters below. My opinion is not modified in respect of these matters.

Unauthorised expenditure

16. As disclosed in note 9 to the financial statements, the department incurred unauthorised expenditure of R253 793 000 during the year under review mainly due to overspending of the budget. The total amount of unauthorised expenditure recorded in the annual financial statements at 31 March 2021 amount to R406 926 000 (2019-20: R482 779 000).

An uncertainty relating to the outcome of several lawsuits

17. With reference to note 18.1 to the financial statements, the department is the defendant in several lawsuits. The ultimate outcomes of the matters could not be determined as there is an uncertainty relating to the future outcomes of the claims against the department.

A significant subsequent event that occurred between the date of the financial statements and the date of the auditor's report

18. I draw attention to note 27 in the financial statements, which deals with subsequent events. The HAWKS arrested the former Head of Department and the Chief Financial Officer on 23 August 2021 on allegations surrounding the procurement of personal protective equipment (PPE). Management have also described how they plan to deal with these events and circumstances.

Restatement of corresponding figures

19. As disclosed in note 32 to the financial statements, the corresponding figures for the year ended 31 March 2020 were restated as a result of an error in the financial statements of the department at, and for the year ended, 31 March 2021.

Underspending of the vote

20. As disclosed in the appropriation statement, the department materially underspent the budget by R 169 879 000 on programme 7.

Other matter

21. I draw attention to the matter below. My opinion is not modified in respect of this matter.

Unaudited supplementary schedules

22. The supplementary information set out on pages 263-270 does not form part of the financial statements and is presented as additional information. I have not audited these schedules and, accordingly, I do not express an opinion on them.

Responsibilities of the accounting officer for the financial statements

23. The accounting officer is responsible for the preparation and fair presentation of the financial statements in accordance with MCS prescribed by National Treasury and the requirements of the PFMA and DoRA, and for such internal control as the accounting officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.
24. In preparing the financial statements, the accounting officer is responsible for assessing the department's ability to continue as a going concern, disclosing, as applicable, matters relating to going concern and using the going concern basis of accounting unless the appropriate governance structure either intends to liquidate the department or to cease operations, or has no realistic alternative but to do so.

Auditor-general's responsibilities for the audit of the financial statements

25. My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with the ISAS will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.
26. A further description of my responsibilities for the audit of the financial statements is included in the annexure to this auditor's report.

1.2. Report on the Audit of the Annual Report

Introduction and scope

27. In accordance with the Public Audit Act of South Africa, 2004 (Act No. 25 of 2004) (PAA) and the general notice issued in terms thereof, I have a responsibility to report material findings on the reported performance information against predetermined objectives for the selected programme presented in the annual performance report. I was engaged to perform procedures to identify findings but not to gather evidence to express assurance.

28. I was engaged to evaluate the usefulness and reliability of the reported performance information in accordance with the criteria developed from the performance management and reporting framework, as defined in the general notice, for the following selected programme presented in the annual performance report of the department for the year ended 31 March 2021.

Programme	Pages in the Annual Report
Programme 2 — District Health Services	53 - 79

29. The material findings on the usefulness and reliability of the performance information of the selected programme are as follows:

Programme 2 — District health services

i. Ideal clinic status obtained rate

30. I was unable to obtain sufficient appropriate audit evidence that clearly defined the predetermined evidence or that related systems and processes were established to enable consistent measurement and reliable reporting of the actual achievement for the indicator. This was due to insufficient measurement definitions and processes. I was unable to test whether the indicator was well defined and verifiable by alternative means. As a result, I was unable to audit the reliability of the achievement and the reason for variance of the indicator reported in the annual performance report.

ii. Various indicators

31. I was unable to obtain sufficient appropriate audit evidence for the reported achievements as well as the reasons for the variances between the planned targets and the reported achievements of the indicators listed below. This was due to a lack of accurate and complete reconciliations and limitations placed on the scope of my work. I was unable to confirm the reported achievements and reasons for the variances by alternative means. Consequently, I was unable to determine whether any adjustments were required to the reported achievements and the reasons for variances:

Indicator	Planned target	Reported achievement
TB Rifampicin Resistant / MDR / XDR treatment success rate	70%	65%
Maternal Mortality in facility ratio	110 / 100 000 Live births	88.7 / 100 000 Live births
Couple ear protection rate	45,00%	50,80%
Antenatal 1st visit before 20 weeks' rate	64%	58,60%
Neonatal death in facility rate	14 / 1000 Live births	13.8 / 1000 Live births
Live birth under 2500 in facility rate	20,00%	16,70%
Mother postnatal visit within 6 days rate	63,00%	66,80%
Death in facility under 5 years rate	4,5	1.9
HIV positive 15 — 24 years excl. ANC rate	4.5	3.1
TB XDR Treatment start rate	65%	100%

iii. Various indicators

32. I was unable to obtain sufficient appropriate audit evidence for the reported achievements of the indicators relating to programme 2. This was due to a lack of accurate and complete reconciliations. Due to the limitation placed on the reported achievements, I was also unable to confirm the reasons for variances between the planned targets and these reported achievements. I was unable to confirm the reported achievements or reasons for the variances by alternative means. Consequently, I was unable to determine whether any adjustments were required to the reported achievements and the reasons for variances of the indicators listed below:

Indicator	Planned target	Reported achievement
ART adult remain on ART end of period	66 200	58 714
ART child under 15y ears remain on ART end of period	4 581	3 669
ART Adult viral load suppressed rate	90%	90%
ART Child viral load suppressed rate	90%	84%
All DS-TB Client LTF rate	7,00%	7,40%
All DS-TB Client Treatment Success rate	85%	73%
All DS-TB Client Death Rate	7%	7,10%
Infant PCR test positive around 10 weeks rate	<1.4%	0.96%
Immunisation under 1 year coverage	87%	79,90%

Indicator	Planned target	Reported achievement
Measles 2nd dose coverage	90%	83,50%
Child under 5 years diarrhoea case fatality rate	≤2.9%	2,30%
Child under 5 years pneumonia case fatality rate	≤2.7%	2,10%
Child under 5 years severe acute malnutrition case fatality rate	≤6%	5,00%

Other matters

33. I draw attention to the matters below:

Achievement of planned targets

34. Refer to the annual performance report on pages 32-121 for information on the achievement of planned targets for the year and management's explanations provided for the under or over achievement of targets. This information should be considered in the context of the material findings on the usefulness and reliability of the reported performance information in paragraphs 27-37 of this report.

Adjustment of material misstatements

35. I identified material misstatements in the annual performance report submitted for auditing. These material misstatements were in the reported performance information of district health services. As management subsequently corrected only some of the misstatements, I raised material findings on the usefulness and reliability of the reported performance information. Those that were not corrected are reported above.

1.3. Report on the Audit of Compliance with Legislation

Introduction and scope

36. In accordance with the PAA and the general notice issued in terms thereof, I have a responsibility to report material findings on the department's compliance with specific matters in key legislation. I performed procedures to identify findings but not to gather evidence to express assurance.

37. The material findings on compliance with specific matters in key legislation are as follows:

38. Included below are material findings on compliance with selected specific requirements of applicable legislation, as set out in the general notice issued in terms of the PAA.

Annual financial statements

39. The financial statements submitted for auditing were not prepared in accordance with the prescribed financial reporting framework and supported by full and proper records as required by section 40(1)(a) and (b) of the PFMA. Material misstatements of expenditure and disclosure items identified by the auditors in the submitted financial statements were corrected and the supporting records were provided subsequently, but the uncorrected material misstatements resulted in the financial statements receiving a qualified opinion.

Revenue management

40. I was unable to obtain sufficient appropriate audit evidence that appropriate processes were implemented to provide for the identification and collection, recording and reconciliation and safeguarding of information about revenue, as required by treasury regulation 7.2.1.

Expenditure management

41. Effective and appropriate steps were not taken to prevent irregular expenditure, as required by section 38(1) (c) (ii) of the PFMA and treasury regulation 9.1.1. As reported in the basis for qualified opinion, the value as disclosed in note 24 of the financial statements does not reflect the full extent of the irregular expenditure incurred. The majority of the irregular expenditure disclosed in the financial statements was caused by contravention of SCM requirements.

42. Effective steps were not taken to prevent fruitless and wasteful expenditure amount to R5 128 000, as disclosed in note 25 to the annual financial statements, as required by section 38(1)(c)(ii) of the PFMA and treasury regulation 9.1.1. The majority of the fruitless and wasteful expenditure was caused by interest on overdue accounts.
43. I was unable to obtain sufficient appropriate audit evidence that public money was spent with the approval of the accounting officer or a properly delegated officer or authorised officer as required by treasury regulation 8.2.1.
44. Payments were not made within 30 days or an agreed period after receipt of an invoice, as required by treasury regulation 8.23.

Asset management

45. Proper control systems were not in place at the department to ensure the safeguarding and maintenance of assets, as required by treasury regulation 10.1.1(a).
46. Preventative mechanisms were not in place to eliminate theft, loss, wastage, and misuse of assets, as required by treasury regulation 10.1.1(a).
47. Processes and procedures were not in place at the department for the effective, efficient, economical and transparent use of the institution's assets, as required by treasury regulation 10.1.2.

Strategic planning and performance management

48. Specific information systems were not implemented to enable the monitoring of progress made towards achieving targets, core objectives and service delivery as required by public service regulation 25(1)(e)(i) and (iii).

Procurement and contract management

49. Some of the goods and services with a transaction value below R500 000 were procured without obtaining the required price quotations, as required by Treasury Regulation 16A6.1 and paragraph 3.3.1 of Practice Note 8 of 2007/08. Similar non-compliance was also reported in the prior year.
50. Some of the quotations were awarded to suppliers whose tax matters had not been declared by the South African Revenue Services to be in order as required by Treasury Regulation 16A9.1(d). Similar non-compliance was also reported in the prior year.
51. Goods and services of a transaction value above R500 000 were procured without inviting competitive bids as required by Treasury Regulation 16A6.1 and paragraph 3.4.1 of Practice Note 8 of 2007/2008 and TR 16A6.4. Similar non-compliance was also reported in the prior year.
52. The preference point system was not applied in procurement of goods and services above R30 000 as required by section 2(a) of the PPPFA and Treasury Regulation 16A6.3(b). Similar noncompliance was also reported in the prior year.
53. Bid documentation for procurement of commodities designated for local content and production, did not stipulated the minimum threshold for local production and content as required by the 2017 Procurement Regulations 8(2). Similar non-compliance was also reported in the prior year.
54. IT related goods and services, classified as mandatory, were not procured through SITA as required by Treasury Regulation 16A6.3(e) and section 7(3) of the SITA Act. Similar noncompliance was also reported in the prior year.
55. I was unable to obtain sufficient appropriate audit evidence that all extensions or modifications to contracts were approved by a properly delegated official as required by section 44 of the PFMA and Treasury Regulations 8.2.1 and 8.22. Similar limitation was also reported in the prior year.
56. In some instances, persons in service of the department whose close family members, partners or associates had a private or business interest in contracts awarded by the department failed to disclose such interest, as required by Treasury Regulation 16A8.4. Similar non-compliance was reported in the previous year and disciplinary action was not taken against the officials involved.

57. The COVID-19 Personal Protective Equipment items were procured using the emergency deviation but were not designed to respond to the pandemic in contravention of paragraph 3.2 of National Treasury instruction note 5 of 2020/21.
58. The contracts to procure COVID-19 Personal Protective Equipment items were expanded in excess of the prescribed thresholds without obtaining prior written approval from relevant treasury as required by paragraph 3.2 of National Treasury instruction note 5 of 2020/21.
59. The prices of COVID-19 Personal Protective Equipment items were higher than prescribed prices on Annexure A of National Treasury instruction note 5 of 2020/21 in contravention of paragraph 4.3 of same instruction note.
60. The suppliers of COVID-19 Personal Protective Equipment items were not registered with the Department of Small Business Development as required by paragraph 4.6 (d) of National Treasury instruction note 5 of 2020/21.
61. The COVID-19 Personal Protective Equipment items procured through the quotations did not comply with local content requirements as required by paragraph 4.6 of National Treasury Instruction note No 5 of 2020/21.

Consequence management

62. I was unable to obtain sufficient appropriate audit evidence that disciplinary steps were taken against officials who had incurred unauthorised, irregular, fruitless and wasteful expenditure as required by section 38(1)(h)(iii) of the PFMA. This was due to proper and complete records that were not maintained as evidence to support the investigation to unauthorised, irregular, fruitless and wasteful expenditure.
63. Allegations of financial misconduct against the accounting officer were not investigated, as required by treasury regulation 4.1.3.

Other Information

64. The accounting officer is responsible for the other information. The other information comprises the information included in the annual report. The other information does not include the financial statements, the auditor's report and the selected programme presented in the annual performance report that have been specifically reported in this auditor's report.
65. My opinion on the financial statements and findings on the reported performance information and compliance with legislation do not cover the other information and I do not express an audit opinion or any form of assurance conclusion thereon.
66. In connection with my audit, my responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements and the selected programme presented in the annual performance report, or my knowledge obtained in the audit, or otherwise appears to be materially misstated.
67. I did not receive the other information prior to the date of this auditor's report. When I do receive and read this information, if I conclude that there is a material misstatement therein, I am required to communicate the matter to those charged with governance and request that the other information be corrected. If the other information is not corrected, I may have to retract this auditor's report and re-issue an amended report as appropriate. However, if it is corrected this will not be necessary.

1.4. Internal Control Deficiencies

68. I considered internal control relevant to my audit of the financial statements, reported performance information and compliance with applicable legislation; however, my objective was not to express any form of assurance on it. The matters reported below are limited to the significant internal control deficiencies that resulted in the basis for the qualified opinion, the findings on the annual performance report and the findings on compliance with legislation included in this report.
69. Leadership did not ensure that the organisational structure of the department was finalised and implemented to promote effective human resource management to ensure that adequate and sufficiently skilled resources are in place.

70. Leadership compiled an action plan based on the audit report findings, however they did not adequately monitor the existing action plan due to capacity constraints. This resulted in material findings recurring in the current financial year. Additionally, the numerous material adjustments to the submitted financial statements and annual performance report are indicative of the lack of review processes.
71. The collation of different information from various units for incorporation to the financial statements and annual performance report was not done in time to allow for sufficient and adequate reviews, which resulted in material amendments to the financial statements and annual performance report.
72. The underlying systems and controls were inadequate to provide reliable evidence to support the reporting on predetermined objectives for the programme selected for auditing. The relevant staff did not accurately count the data elements in the registers. The facility managers did not appropriately review to ensure that the counting was done accurately and the totals per the registers were accurately captured on the reporting systems such as District Health Information System (DHIS). Furthermore, information was not adequately stored to ensure that it was easily retrievable.
73. Leadership did not ensure that the department complied with applicable legislation due to capacity constraints in the compliance unit. Material findings on compliance with legislation were raised in the year under review. The department's internal processes and systems did not prevent material non-compliance from occurring.
74. The asset management unit is understaffed, resulting in basic disciplines such as physical verifications at all facilities and updating of the asset register on time was not done to ensure compliance with the applicable accounting reporting framework.
75. Regular reconciliations were not always prepared for accruals and payables not recognised, and work in progress accruals and payables not recognised. This resulted in reliance on manual reconciliations at the end of the year. Due to the volume of the manual reconciliations required, a number of errors were identified in the reconciliations by the external auditors.
76. The department conducted a risk assessment as required by the PFMA; however, the risk assessment performed by the department was not adequately suitable to detect or prevent the number of control deficiencies identified, as communicated in this report.
77. The leadership did not implement and follow up on the recommendations made by the internal audit unit, which negatively affected its effectiveness as an assurance provider to the department.
78. Internal audit and the audit committee did not have sufficient time to review the financial statements as the department did not meet the target date for submission to internal audit and the audit committee before submitting to the external auditors.

1.5. Material Irregularities

79. In accordance with the PAA and the Material Irregularity Regulations, I have a responsibility to report on material irregularities identified during the audit and on the status of the material irregularities reported in the previous year's auditor's report.

Status of previously reported material irregularities

Evaluation criteria applied in medical waste award different from original bidding invitation

80. In November 2018, a three-year contract for medical waste collection, for R4 278 000 per month, was awarded to a supplier based on criteria applied in the evaluation process that were different from those included in the original bidding invitation, in contravention of treasury regulation 16A3.2(a).
81. The non-compliance is likely to result in a material financial loss because the fixed monthly pricing awarded to the supplier differs significantly from the variable cost pricing included in the original bidding invitation.
82. The accounting officer was notified of the material irregularity on 18 July 2019. The accounting officer responded that by disagreeing that there was non-compliance with legislation in awarding the contract.

83. I referred the material irregularity to the National Treasury on 06 October 2019 for investigation as provided by section 5(1A) of the PAA. On 13 March 2020, after discussions and engagements, National Treasury accepted the referral for investigation. The delay in accepting the referral was caused by a delay in engagements on the memorandum of understanding to facilitate the referral.
84. The National Treasury provided feedback on 30 June 2021 that it is investigating the matter however the progress of the investigation has been delayed by COVID lock down restrictions. I will follow up on the status of the investigation during my next audit.

Overpayment for radiology services

85. The department entered into a contract for radiology service on 1 November 2013. The total expenditure relating to the contract and extension was RI 7 428 920. Payments were made for radiology services even though the contract had a mathematical error that resulted in an overpayment, as effective internal controls were not in place for approving and processing payments, as required by treasury regulation 8.1.1. The overpayment is likely to result in a material financial loss, if not recovered from the supplier. The payments were made in respect of the first extension of the contract, which was effective from 1 April 2014 to 31 March 2015, and payments also were made in respect of the fourth extension of the contract, which was effective from 1 October 2018 to 30 September 2019 (the contract is not signed).
86. Furthermore, payments were also made to the radiologist to perform mammograms, although the hospital did not have a mammogram machine. It is likely that there will be a material financial loss if the payments are not recovered from the supplier. Payments were made in respect of the first extension of the contract, which was effective from 1 April 2014 to 31 March 2015, and also in respect of the third extension of the contract, which was effective from 1 October 2015 to 30 September 2018.
87. The accounting officer was notified of the material irregularity on 17 July 2019.
88. The accounting officer instituted a full-scale investigation on 23 August 2019 based on the outcome of the preliminary investigation performed.
89. On 1 March 2020 the accounting officer was moved to the office of the premier and an acting accounting officer was appointed. This meant that the acting accounting officer was not aware of this material irregularity. The lockdown measures implemented in response to covid-19 caused additional delays in this process of completing the previous investigation that was started. On 21 August 2020, the acting accounting officer informed the AGSA of the reasons for delay and the proposed course of action to re-appoint an investigation team to complete the investigation. The internal investigation that was instituted by the accounting officer was concluded on 23 October 2020, the following actions took place:
 - The case was referred to the Hawks on 20 January 2021 for criminal prosecution and possible recovery of loss. The case is ongoing.
 - No actions were taken against the officials as per the internal investigations. The officials involved in the process were requested to respond to the allegations of misconduct where the hospital manager responded that all payments went through the office of the CEO. The CEO responsible failed to respond prior to taking retirement at the end of February 2021.
 - In addition to the investigations by the Hawks, on 20 May 2021 the accounting officer wrote to the supplier requesting a proposal for a payback payment plan failing which further legal steps would be instituted.
90. I will follow up on the investigation and recovery process during my next audit.

1.7. Other Reports

91. In addition to the investigations relating to material irregularities, I draw attention to the following engagements conducted by various parties which had, or could have, an impact on the matters reported in the department's financial statements, reported performance information, compliance with applicable legislation and other related matters. These reports did not form part of my opinion on the financial statements or my findings on the reported performance information or compliance with legislation.
92. The directorate for Priority Crime Investigation (Hawks) is investigating allegations of irregularities in the SCM processes applied by the department. These proceedings were in progress at the date of this report.

1.8. Undersigned

AUDITOR GENERAL

Kimberley

13 September 2021



AUDITOR GENERAL
SOUTH AFRICA

Adding to build public confidence

ANNEXURE — AUDITOR-GENERAL'S RESPONSIBILITY FOR THE AUDIT

1. As part of an audit in accordance with the ISAs, I exercise professional judgement and maintain professional scepticism throughout my audit of the financial statements and the procedures performed on reported performance information for selected programmes and on the department's compliance with respect to the selected subject matters.

Financial statements

2. In addition to my responsibility for the audit of the financial statements as described in this auditor's report, I also:
 - Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error; design and perform audit procedures responsive to those risks; and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal control.
 - Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the department's internal control.
 - Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the accounting officer.
 - Conclude on the appropriateness of the accounting officer's use of the going concern basis of accounting in the preparation of the financial statements. I also conclude, based on the audit evidence obtained, whether a material uncertainty exists relating to events or conditions that may cast significant doubt on the ability of the Department of Health to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial statements about the material uncertainty or, if such disclosures are inadequate, to modify my opinion on the financial statements. My conclusions are based on the information available to me at the date of this auditor's report. However, future events or conditions may cause a department to cease operating as a going concern.
 - Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and determine whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

Communication with those charged with governance.

3. I communicate with the accounting officer regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.
4. I also provide the accounting officer with a statement that I have complied with relevant ethical requirements regarding independence, and to communicate with them all relationships and other matters that may reasonably be thought to bear on my independence and, where applicable, actions taken to eliminate threats or safeguards applied.

2. Annual Financial Statements for the Northern Cape Department of Health

2.1 APPROPRIATION STATEMENTS FOR THE YEAR ENDED 31 MARCH 2021

Table 145 Appropriation per Programme

APPROPRIATION PER PROGRAMME									
2020/21								2020/21	
	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
Programme									
1. Administration	228,215	-	(370)	227,845	229,118	(1,273)	100.6%	221,283	220,060
2. District Health Services	2,458,013	-	36,737	2,494,750	2,541,888	(47,138)	101.9%	2,493,239	2,492,815
3. Emergency Medical Services	425,246	-	-	425,246	405,481	19,765	95.4%	365,482	338,893
4. Provincial Hospital Services	379,415	-	30,353	409,768	481,050	(71,282)	117.4%	415,343	415,343
5. Central Hospital Services	1,177,107	-	(24,517)	1,152,590	1,116,510	36,080	96.9%	1,088,431	1,071,171
6. Health Sciences	147,111	-	(11,769)	135,342	140,695	(5,353)	104.0%	132,701	132,518
7. Health Care Support Services	441,596	-	(34,908)	406,688	236,809	169,879	58.2%	115,645	115,162
8. Health Facilities Management	359,335	-	4,474	363,809	386,071	(22,262)	106.1%	398,067	397,490
Subtotal	5,616,038	-	-	5,616,038	5,537,622	78,416	98.6%	5,230,191	5,183,452
Statutory Appropriation	-	-	-	-	-	-	-	-	-
TOTAL	5,616,038	-	-	5,616,038	5,537,622	78,416	98.6%	5,230,191	5,183,452
				2020/21				2019/20	
				Final Appropriation	Actual Expenditure			Final Appropriation	Actual Expenditure
TOTAL (brought forward)									
Reconciliation with statement of financial performance									
ADD									
Departmental receipts									
NRF Receipts									
Aid assistance				207				411	
Actual amounts per statement of financial performance (total revenue)				5,616,245				5,230,602	
ADD									
Aid assistance									17
Prior year unauthorised expenditure approved without funding									
Actual amounts per statement of financial performance (total expenditure)					5,537,622				5,183,469

ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH: VOTE 10

Table 146 Appropriation per economic classification

APPROPRIATION PER ECONOMIC CLASSIFICATION								2019/20	
2020/21	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
Economic classification									
Current payments	5,175,072	-	-	5,175,072	5,231,147	(56,075)	101.1%	4,850,424	4,910,413
Compensation of employees	3,123,291	4,801	-	3,128,092	3,199,504	(71,412)	102.3%	3,082,887	3,070,796
Salaries and wages	2,803,847	4,801	-	2,808,648	2,839,725	(31,077)	101.1%	2,791,589	2,722,801
Social contributions	319,444	-	-	319,444	359,779	(40,335)	112.6%	291,298	347,995
Goods and services	2,051,781	(4,801)	-	2,046,980	2,026,520	20,460	99.0%	1,767,537	1,832,234
Administrative fees	5,707	-	(720)	4,987	817	4,170	16.4%	2,353	1,871
Advertising	6,138	-	(370)	5,768	2,855	2,913	49.5%	5,819	3,459
Minor assets	25,317	-	-	25,317	5,436	19,881	21.5%	17,122	4,317
Audit costs: External	16,265	(2,664)	-	13,601	15,667	(2,066)	115.2%	15,417	14,577
Bursaries: Employees	2,473	-	-	2,473	360	2,113	14.6%	1,209	95
Catering: Departmental activities	5,687	-	-	5,687	9,269	(3,582)	163.0%	5,254	10,480
Communication (G&S)	16,735	437	-	17,172	17,716	(544)	103.2%	17,762	21,917
Computer services	14,418	-	-	14,418	38,286	(23,868)	265.5%	13,366	35,454
Consultants: Business and advisory services	2,546	-	-	2,546	1,493	1,053	58.6%	1,826	2,421
Infrastructure and planning services	21	-	-	21	-	21	-	20	-
Laboratory services	158,377	-	-	158,377	126,897	31,480	80.1%	146,464	136,361
Scientific and technological services	-	-	-	-	-	-	-	-	-
Legal services	6,051	-	-	6,051	10,348	(4,297)	171.0%	5,213	13,058
Contractors	271,839	-	-	271,839	293,334	(21,495)	107.9%	270,999	277,470
Agency and support / outsourced services	127,911	-	-	127,911	145,709	(17,798)	113.9%	127,313	125,020
Entertainment	275	-	-	275	-	275	-	261	-
Fleet services (incl. government motor transport)	123,074	-	-	123,074	110,489	12,585	89.8%	108,773	71,063
Housing	-	-	-	-	-	-	-	-	-
Inventory: Clothing material and accessories	4,457	-	-	4,457	3,545	912	79.5%	4,226	1,892
Inventory: Farming supplies	33	-	-	33	53	(20)	160.6%	32	447
Inventory: Food and food supplies	48,047	-	(1,575)	46,472	29,881	16,591	64.3%	41,213	34,998
Inventory: Fuel, oil and gas	45,868	-	(1,405)	44,463	7,345	37,118	16.5%	24,538	8,614
Inventory: Learner and teacher support material	127	-	-	127	-	127	-	120	-
Inventory: Materials and supplies	7,023	-	-	7,023	3,220	3,803	45.8%	6,657	3,139
Inventory: Medical supplies	269,368	-	5,947	275,315	253,528	21,787	92.1%	149,502	192,457
Inventory: Medicine	443,765	-	18,483	462,248	406,728	55,520	88.0%	326,138	376,726
Medsas inventory interface	-	-	-	-	-	-	-	-	-
Inventory: Other supplies	-	-	-	-	21,214	(21,214)	-	-	13,351
Consumable supplies	38,475	-	-	38,475	94,639	(56,164)	246.0%	35,523	38,305
Consumable: Stationery, printing and office Supplies	24,821	-	-	24,821	26,713	(1,892)	107.6%	22,558	26,516
Operating leases	76,321	-	-	76,321	43,536	32,785	57.0%	89,599	51,398
Property payments	176,443	-	-	176,443	286,475	(110,032)	162.4%	232,566	274,148
Transport provided: Departmental activity	2,225	-	-	2,225	22,308	(20,083)	1002.6%	12,110	30,717

ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH: VOTE 10

APPROPRIATION PER ECONOMIC CLASSIFICATION									
2020/21								2019/20	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
Travel and subsistence	53,290	(2,574)	(1,648)	49,068	29,223	19,845	59.6%	42,821	42,938
Training and development	41,437	-	(4,694)	36,743	13,041	23,702	35.5%	23,143	11,461
Operating payments	6,263	-	-	6,263	4,779	1,484	76.3%	4,040	2,378
Venues and facilities	2,341	-	-	2,341	1,009	1,332	43.1%	2,220	4,277
Rental and hiring	28,643	-	(14,018)	14,625	607	14,018	4.2%	11,360	909
Interest and rent on land	-	-	-	-	5,123	(5,123)	-	-	7,383
Interest	-	-	-	-	5,123	(5,123)	-	-	7,383
Rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	38,437	-	-	38,437	76,993	(38,556)	200.3%	94,185	90,978
Provinces and municipalities	14,033	(359)	-	13,674	578	13,096	4.2%	6,116	934
Provinces	10,508	(1,081)	-	9,427	395	9,032	4.2%	7	400
Provincial Revenue Funds	10,508	(1,081)	-	9,427	395	9,032	4.2%	7	400
Provincial agencies and funds	-	-	-	-	-	-	-	-	-
Municipalities	3,525	722	-	4,247	183	4,064	4.3%	6,109	534
Municipal bank accounts	3,525	722	-	4,247	183	4,064	4.3%	6,109	534
Municipal agencies and funds	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	33
Public corporations	-	-	-	-	-	-	-	-	29
Other transfers to private enterprises	-	-	-	-	-	-	-	-	29
Private enterprises	-	-	-	-	-	-	-	-	4
Other transfers to private enterprises	-	-	-	-	-	-	-	-	4
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	24,404	359	-	24,763	76,415	(51,652)	308.6%	88,069	90,011
Social benefits	9,309	359	-	9,668	11,357	(1,689)	117.5%	9,209	9,211
Other transfers to households	15,095	-	-	15,095	65,058	(49,963)	431.0%	78,860	80,800
Payments for capital assets	402,529	-	-	402,529	229,482	173,047	57.0%	285,582	182,061
Buildings and other fixed structures	83,214	34,037	683	117,934	113,328	4,606	96.1%	157,184	138,785
Buildings	83,214	34,037	683	117,934	113,328	4,606	96.1%	157,184	138,785
Other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	319,315	(34,037)	(683)	284,595	115,734	168,861	40.7%	128,398	43,276
Transport equipment	65,272	-	1,661	66,933	59,988	6,945	89.6%	29,739	11,065
Other machinery and equipment	254,043	(34,037)	(2,344)	217,662	55,746	161,916	25.6%	98,659	32,211
Software and other intangible assets	-	-	-	-	420	(420)	-	-	-
Total	5,616,038	-	-	5,616,038	5,537,622	78,416	98.6%	5,230,191	5,183,452

ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH: VOTE 10

Table 147 Appropriation: Programme 1 – Administration

PROGRAMME1 - ADMINISTRATION								2019/20	
2020/21	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
Sub programme									
Office of the MEC	12,624	6,545	-	19,169	20,209	(1,040)	105.4%	15,282	18,134
Management	215,591	(6,545)	(370)	208,676	208,909	(233)	100.1%	206,001	201,926
Total for sub programmes	228,215	-	(370)	227,845	229,118	(1,273)	100.6%	221,283	220,060
Economic classification									
Current payments	225,795	-	(370)	225,425	214,279	11,146	95.1%	218,991	218,503
Compensation of employees	147,183	4,801	-	151,984	151,984	-	100.0%	142,879	142,878
Salaries and wages	135,050	4,801	-	139,851	133,408	6,443	95.4%	130,795	124,697
Social contributions	12,133	-	-	12,133	18,576	(6,443)	153.1%	12,084	18,181
Goods and services	78,612	(4,801)	(370)	73,441	62,036	11,405	84.5%	76,112	75,460
Administrative fees	917	-	-	917	212	705	23.1%	869	762
Advertising	1,174	-	(370)	804	23	781	2.9%	1,113	366
Minor assets	361	-	-	361	83	278	23.0%	342	142
Audit costs: External	16,265	(2,664)	-	13,601	15,667	(2,066)	115.2%	15,417	14,577
Bursaries: Employees	-	-	-	-	-	-	-	-	15
Catering: Departmental activities	258	-	-	258	515	(257)	199.6%	109	1,222
Communication (G&S)	12,271	437	-	12,708	8,912	3,796	70.1%	13,890	10,192
Computer services	6,094	-	-	6,094	235	5,859	3.9%	5,776	295
Consultants: Business and advisory services	721	-	-	721	1,493	(772)	207.1%	683	1,820
Infrastructure and planning services	17	-	-	17	-	17	-	16	-
Laboratory services	-	-	-	-	213	(213)	-	-	-
Scientific and technological services	-	-	-	-	-	-	-	-	-
Legal services	6,035	-	-	6,035	10,348	(4,313)	171.5%	5,198	12,851
Contractors	2,020	-	-	2,020	669	1,351	33.1%	1,915	363
Agency and support / outsourced services	-	-	-	-	572	(572)	-	-	6,088
Entertainment	275	-	-	275	-	275	-	261	-
Fleet services (incl. government motor transport)	12,148	-	-	12,148	1,553	10,595	12.8%	11,514	3,194
Housing	-	-	-	-	-	-	-	-	-
Inventory: Clothing material and accessories	-	-	-	-	-	-	-	-	-
Inventory: Farming supplies	-	-	-	-	-	-	-	-	-
Inventory: Food and food supplies	-	-	-	-	614	(614)	-	-	634
Inventory: Fuel, oil and gas	-	-	-	-	-	-	-	-	-
Inventory: Learner and teacher support material	-	-	-	-	-	-	-	-	-
Inventory: Materials and supplies	-	-	-	-	199	(199)	-	-	303
Inventory: Medical supplies	-	-	-	-	1,039	(1,039)	-	-	723
Inventory: Medicine	-	-	-	-	-	-	-	-	-
Medsas inventory interface	-	-	-	-	-	-	-	-	-
Inventory: Other supplies	-	-	-	-	371	(371)	-	-	33

ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH: VOTE 10

PROGRAMME1 - ADMINISTRATION									
2020/21								2019/20	
	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
Consumable supplies	1,294	-	-	1,294	3,065	(1,771)	236.9%	1,226	2,483
Consumable: Stationery, printing and office supplies	2,410	-	-	2,410	3,075	(665)	127.6%	2,284	2,560
Operating leases	4,357	-	-	4,357	1,355	3,002	31.1%	4,130	1,838
Property payments	3,727	-	-	3,727	6,919	(3,192)	185.6%	3,532	4,503
Transport provided: Departmental activity	-	-	-	-	-	-	-	-	-
Travel and subsistence	7,310	(2,574)	-	4,736	4,593	143	97.0%	6,929	8,870
Training and development	174	-	-	174	10	164	5.7%	165	387
Operating payments	423	-	-	423	232	191	54.8%	401	164
Venues and facilities	361	-	-	361	53	308	14.7%	342	1,037
Rental and hiring	-	-	-	-	16	(16)	-	-	38
Interest and rent on land	-	-	-	-	259	(259)	-	-	165
Interest	-	-	-	-	259	(259)	-	-	165
Rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	126	-	-	126	9,877	(9,751)	7838.9%	119	1,368
Provinces and municipalities	-	-	-	-	217	(217)	-	-	119
Provinces	-	-	-	-	217	(217)	-	-	119
Provincial Revenue Funds	-	-	-	-	217	(217)	-	-	119
Provincial agencies and funds	-	-	-	-	-	-	-	-	-
Municipalities	-	-	-	-	-	-	-	-	-
Municipal bank accounts	-	-	-	-	-	-	-	-	-
Municipal agencies and funds	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	126	-	-	126	9,660	(9,534)	7666.7%	119	1,249
Social benefits	126	-	-	126	177	(51)	140.5%	119	351
Other transfers to households	-	-	-	-	9,483	(9,483)	-	-	898
Payments for capital assets	2,294	-	-	2,294	4,962	(2,668)	216.3%	2,173	189
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Buildings	-	-	-	-	-	-	-	-	-
Other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	2,294	-	-	2,294	4,712	(2,418)	205.4%	2,173	189
Transport equipment	-	-	-	-	973	(973)	-	-	-
Other machinery and equipment	2,294	-	-	2,294	3,739	(1,445)	163.0%	2,173	189
Software and other intangible assets	-	-	-	-	250	(250)	-	-	-
Total	228,215	-	(370)	227,845	229,118	(1,273)	100.6%	221,283	220,060

ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH: VOTE 10

Table 148 Appropriation: Programme 1.1. Office of the MEC

1.1. Office of the MEC									
2020/21								2019/20	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	12,624	6,545	-	19,169	19,169	-	100.0%	15,282	18,031
Compensation of employees	6,517	6,108	-	12,625	12,625	-	100.0%	7,371	9,807
Goods and services	6,107	437	-	6,544	6,544	-	100.0%	7,911	8,219
Interest and rent on land	-	-	-	-	-	-	-	-	5
Transfers and subsidies	-	-	-	-	67	(67)	-	-	97
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	-	-	67	(67)	-	-	97
Payments for capital assets	-	-	-	-	973	(973)	-	-	6
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	-	-	-	-	973	(973)	-	-	6
Intangible assets	-	-	-	-	-	-	-	-	-
Total	12,624	6,545	-	19,169	20,209	(1,040)	105.4%	15,282	18,134

Table 149 Appropriation: Programme 1.2. Management

1.2. Management									
2020/21								2019/20	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	213,171	(6,545)	(370)	206,256	195,110	11,146	94.6%	203,709	200,472
Compensation of employees	140,666	(1,307)	-	139,359	139,359	-	100.0%	135,508	133,071
Goods and services	72,505	(5,238)	(370)	66,897	55,510	11,387	83.0%	68,201	67,241
Interest and rent on land	-	-	-	-	241	(241)	-	-	160
Transfers and subsidies	126	-	-	126	9,810	(9,684)	7785.7%	119	1,271
Provinces and municipalities	-	-	-	-	217	(217)	-	-	119
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	126	-	-	126	9,593	(9,467)	7613.5%	119	1,152
Payments for capital assets	2,294	-	-	2,294	3,989	(1,695)	173.9%	2,173	183
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	2,294	-	-	2,294	3,739	(1,445)	163.0%	2,173	183
Intangible assets	-	-	-	-	250	(250)	-	-	-
Total	215,591	(6,545)	(370)	208,676	208,909	(233)	100.1%	206,001	201,926

ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH: VOTE 10

Table 150 Appropriation: Programme 2 – District Health Services

PROGRAMME 2 - DHS								2019/20	
2020/21	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
Sub programme									
District Management	173,419	1,043	-	174,462	263,108	(88,646)	150.8%	240,917	287,870
Community Health Clinics	535,348	(1,081)	411	534,678	533,072	1,606	99.7%	495,850	519,361
Community Health Centres	329,616	-	34,665	364,281	395,972	(31,691)	108.7%	326,716	369,414
Other Community Services	57,615	12	-	57,627	39,954	17,673	69.3%	115,617	42,344
HIV/Aids	707,116	-	1,661	708,777	588,753	120,024	83.1%	638,370	605,124
Nutrition	5,574	-	-	5,574	3,994	1,580	71.7%	5,284	3,202
District Hospitals	649,325	26	-	649,351	717,035	(67,684)	110.4%	670,485	665,500
Total for sub programmes	2,458,013	-	36,737	2,494,750	2,541,888	(47,138)	101.9%	2,493,239	2,492,815
Economic classification									
Current payments	2,424,603	-	34,665	2,459,268	2,518,002	(58,734)	102.4%	2,462,706	2,476,006
Compensation of employees	1,483,399	-	16,182	1,499,581	1,565,454	(65,873)	104.4%	1,537,858	1,501,103
Salaries and wages	1,316,634	-	16,182	1,332,816	1,392,768	(59,952)	104.5%	1,387,764	1,334,802
Social contributions	166,765	-	-	166,765	172,686	(5,921)	103.6%	150,094	166,301
Goods and services	941,204	-	18,483	959,687	949,303	10,384	98.9%	924,848	973,031
Administrative fees	616	-	-	616	94	522	15.3%	583	252
Advertising	3,410	-	-	3,410	2,676	734	78.5%	3,233	3,076
Minor assets	6,805	-	-	6,805	2,946	3,859	43.3%	6,450	1,506
Audit costs: External	-	-	-	-	-	-	-	-	-
Bursaries: Employees	171	-	-	171	82	89	48.0%	163	1
Catering: Departmental activities	4,521	-	-	4,521	6,636	(2,115)	146.8%	4,284	4,789
Communication (G&S)	1,738	-	-	1,738	8,494	(6,756)	488.7%	1,510	9,536
Computer services	2,895	-	-	2,895	19,962	(17,067)	689.5%	2,743	23,979
Consultants: Business and advisory services	330	-	-	330	-	330	-	313	110
Infrastructure and planning services	-	-	-	-	-	-	-	-	-
Laboratory services	109,317	-	-	109,317	109,763	(446)	100.4%	100,800	106,593
Scientific and technological services	-	-	-	-	-	-	-	-	-
Legal services	-	-	-	-	-	-	-	-	-
Contractors	41,675	-	-	41,675	20,430	21,245	49.0%	45,141	23,462
Agency and support / outsourced services	68,125	-	-	68,125	81,563	(13,438)	119.7%	67,325	69,542
Entertainment	-	-	-	-	-	-	-	-	-
Fleet services (incl. government motor transport)	11,501	-	-	11,501	10,196	1,305	88.7%	15,460	13,010
Housing	-	-	-	-	-	-	-	-	-
Inventory: Clothing material and accessories	1,483	-	-	1,483	2,142	(659)	144.4%	1,406	337
Inventory: Farming supplies	5	-	-	5	18	(13)	360.0%	5	447
Inventory: Food and food supplies	34,741	-	-	34,741	21,688	13,053	62.4%	32,903	26,590

ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH: VOTE 10

PROGRAMME 2 - DHS									
2020/21								2019/20	
	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
Inventory: Fuel, oil and gas	5,135	-	-	5,135	2,729	2,406	53.1%	4,867	4,724
Inventory: Learner and teacher support material	-	-	-	-	-	-	-	-	-
Inventory: Materials and supplies	3,654	-	-	3,654	427	3,227	11.7%	3,464	1,744
Inventory: Medical supplies	60,448	-	-	60,448	79,128	(18,680)	130.9%	66,030	80,423
Inventory: Medicine	352,749	-	18,483	371,232	303,750	67,482	81.8%	270,829	331,869
Medsas inventory interface	-	-	-	-	-	-	-	-	-
Inventory: Other supplies	-	-	-	-	9,579	(9,579)	-	-	4,751
Consumable supplies	19,065	-	-	19,065	64,140	(45,075)	336.4%	18,072	23,062
Consumable: Stationery, printing and office supplies	13,592	-	-	13,592	13,662	(70)	100.5%	13,406	14,727
Operating leases	30,170	-	-	30,170	8,274	21,896	27.4%	46,681	26,082
Property payments	131,353	-	-	131,353	163,495	(32,142)	124.5%	177,464	180,052
Transport provided: Departmental activity	816	-	-	816	-	816	-	774	-
Travel and subsistence	22,042	-	-	22,042	11,740	10,302	53.3%	21,671	17,068
Training and development	12,141	-	-	12,141	720	11,421	5.9%	11,508	208
Operating payments	1,909	-	-	1,909	3,609	(1,700)	189.1%	1,809	1,630
Venues and facilities	474	-	-	474	833	(359)	175.7%	450	3,073
Rental and hiring	323	-	-	323	527	(204)	163.2%	5,504	388
Interest and rent on land	-	-	-	-	3,245	(3,245)	-	-	1,872
Interest	-	-	-	-	3,245	(3,245)	-	-	1,872
Rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	19,590	-	-	19,590	9,361	10,229	47.8%	10,545	6,121
Provinces and municipalities	13,556	(1,081)	-	12,475	187	12,288	1.5%	5,838	551
Provinces	10,508	(1,081)	-	9,427	4	9,423	0.0%	-	17
Provincial Revenue Funds	10,508	(1,081)	-	9,427	4	9,423	0.0%	-	17
Provincial agencies and funds	-	-	-	-	-	-	-	-	-
Municipalities	3,048	-	-	3,048	183	2,865	6.0%	5,838	534
Municipal bank accounts	3,048	-	-	3,048	183	2,865	6.0%	5,838	534
Municipal agencies and funds	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	29
Private enterprises	-	-	-	-	-	-	-	-	29
Other transfers to private enterprises	-	-	-	-	-	-	-	-	29
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	6,034	1,081	-	7,115	9,174	(2,059)	128.9%	4,707	5,541
Social benefits	6,034	1,081	-	7,115	7,221	(106)	101.5%	4,707	4,598
Other transfers to households	-	-	-	-	1,953	(1,953)	-	-	943
Payments for capital assets	13,820	-	2,072	15,892	14,525	1,367	91.4%	19,988	10,688
Buildings and other fixed structures	-	-	411	411	411	-	100.0%	1,591	1,426
Buildings	-	-	411	411	411	-	100.0%	1,591	1,426
Other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	13,820	-	1,661	15,481	14,114	1,367	91.2%	18,397	9,262

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PROGRAMME 2 - DHS									
2020/21								2019/20	
	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
Transport equipment	-	-	1,661	1,661	2,111	(450)	127.1%	-	-
Other machinery and equipment	13,820	-	-	13,820	12,003	1,817	86.9%	18,397	9,262
Software and other intangible assets	-	-	-	-	-	-	-	-	-
Total	2,458,013	-	36,737	2,494,750	2,541,888	(47,138)	101.9%	2,493,239	2,435,997

Table 151 Appropriation: Programme2.1. District Management

2.1. District Management									
2020/21								2019/20	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	172,727	-	-	172,727	257,931	(85,204)	149.3%	240,492	287,023
Compensation of employees	139,968	-	-	139,968	175,325	(35,357)	125.3%	132,672	168,530
Goods and services	32,759	-	-	32,759	82,512	(49,753)	251.9%	107,820	118,463
Interest and rent on land	-	-	-	-	94	(94)	-	-	30
Transfers and subsidies	33	1,043	-	1,076	1,047	29	97.3%	31	539
Provinces and municipalities	33	-	-	33	4	29	12.1%	31	54
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	1,043	-	1,043	1,043	-	100.0%	-	485
Payments for capital assets	659	-	-	659	4,130	(3,471)	626.7%	394	308
Buildings and other fixed structures	-	-	-	-	-	-	-	265	179
Machinery and equipment	659	-	-	659	4,130	(3,471)	626.7%	129	129
Intangible assets	-	-	-	-	-	-	-	-	-
Total	173,419	1,043	-	174,462	263,108	(88,646)	150.8%	240,917	287,870

Table 152 Appropriation: Programme 2.2. Community Health Clinics

2.2. Community Health Clinics									
2020/21								2019/20	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	522,754	-	-	522,754	530,750	(7,996)	101.5%	493,797	516,972
Compensation of employees	335,759	-	-	335,759	314,102	21,657	93.5%	319,049	312,790
Goods and services	186,995	-	-	186,995	216,249	(29,254)	115.6%	174,748	203,701
Interest and rent on land	-	-	-	-	399	(399)	-	-	481

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2.2. Community Health Clinics									
2020/21								2019/20	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Transfers and subsidies	11,731	(1,081)	-	10,650	1,101	9,549	10.3%	751	1,247
Provinces and municipalities	10,622	(1,081)	-	9,541	34	9,507	0.4%	3,068	28
Non-profit institutions	-	-	-	-	-	-	-	(3,368)	-
Households	1,109	-	-	1,109	1,067	42	96.2%	1,051	1,219
Payments for capital assets	863	-	411	1,274	1,221	53	95.8%	1,302	1,142
Buildings and other fixed structures	-	-	411	411	705	(294)	171.5%	1,031	952
Machinery and equipment	863	-	-	863	516	347	59.8%	271	190
Intangible assets	-	-	-	-	-	-	-	-	-
Total	535,348	(1,081)	411	534,678	533,072	1,606	99.7%	495,850	519,361

Table 153 Appropriation: Programme 2.3. Community Health Centres

2.3. Community Health Centres									
2020/21								2019/20	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	325,780	-	34,665	360,445	393,217	(32,772)	109.1%	322,450	366,810
Compensation of employees	220,281	-	16,182	236,463	260,346	(23,883)	110.1%	221,895	262,348
Goods and services	105,499	-	18,483	123,982	132,544	(8,562)	106.9%	100,555	104,133
Interest and rent on land	-	-	-	-	327	(327)	-	-	329
Transfers and subsidies	2,396	-	-	2,396	2,105	291	87.9%	1,259	1,275
Provinces and municipalities	97	-	-	97	137	(40)	141.2%	92	469
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	2,299	-	-	2,299	1,968	331	85.6%	1,167	806
Payments for capital assets	1,440	-	-	1,440	650	790	45.1%	3,007	1,329
Buildings and other fixed structures	-	-	-	-	(323)	323	-	85	85
Machinery and equipment	1,440	-	-	1,440	973	467	67.6%	2,922	1,244
Intangible assets	-	-	-	-	-	-	-	-	-
Total	329,616	-	34,665	364,281	395,972	(31,691)	108.7%	326,716	369,414

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Table 154 Appropriation: Programme 2.4. Other Community Services

2.4. Other Community Services									
2020/21								2019/20	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	56,156	-	-	56,156	39,501	16,655	70.3%	110,866	41,777
Compensation of employees	31,912	-	-	31,912	28,285	3,627	88.6%	88,115	30,749
Goods and services	24,244	-	-	24,244	11,208	13,036	46.2%	22,751	11,023
Interest and rent on land	-	-	-	-	8	(8)	-	-	5
Transfers and subsidies	-	12	-	12	12	-	100.0%	3,368	17
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	3,368	-
Households	-	12	-	12	12	-	100.0%	-	17
Payments for capital assets	1,459	-	-	1,459	441	1,018	30.2%	1,383	550
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	1,459	-	-	1,459	441	1,018	30.2%	1,383	550
Intangible assets	-	-	-	-	-	-	-	-	-
Total	57,615	12	-	57,627	39,954	17,673	69.3%	115,617	42,344

Table 155 Appropriation: Programme 2.5. HIV/AIDS

2.5. HIV/AIDS									
2020/21								2019/20	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	700,834	-	-	700,834	584,583	116,251	83.4%	632,439	603,919
Compensation of employees	315,896	-	-	315,896	259,055	56,841	82.0%	302,856	244,843
Goods and services	384,938	-	-	384,938	323,678	61,260	84.1%	329,583	358,943
Interest and rent on land	-	-	-	-	1,850	(1,850)	-	-	133
Transfers and subsidies	2,804	-	-	2,804	2,059	745	73.4%	2,647	834
Provinces and municipalities	2,804	-	-	2,804	-	2,804	-	2,647	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	-	-	2 2,059	(2,059)	-	-	834
Payments for capital assets	3,478	-	1,661	5,139	2,111	3,028	41.1%	3,284	371
Buildings and other fixed structures	-	-	-	-	-	-	-	210	210
Machinery and equipment	3,478	-	1,661	5,139	2,111	3,028	41.1%	3,074	161
Intangible assets	-	-	-	-	-	-	-	-	-
Total	707,116	-	1,661	708,777	588,753	120,024	83.1%	638,370	605,124

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Table 156 Appropriation: Programme 2.6. Nutrition

2.6. Nutrition									
2020/21								2019/20	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	5,479	-	-	5,479	3,994	1,485	72.9%	5,194	3,202
Compensation of employees	2,401	-	-	2,401	2,026	375	84.4%	2,276	2,045
Goods and services	3,078	-	-	3,078	1,968	1,110	63.9%	2,918	1,157
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	-	-	-	-	-	-	-	-	-
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households								-	-
Payments for capital assets	95	-	-	95	-	95	-	90	-
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	95	-	-	95	-	95	-	90	-
Intangible assets	-	-	-	-	-	-	-	-	-
Total	5,574	-	-	5,574	3,994	1,580	71.7%	5,284	3,202

Table 157 Appropriation: Programme 2.7. District Hospitals

2.7. District Hospitals									
2020/21								2019/20	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	640,873	-	-	640,873	708,026	(67,153)	110.5%	657,468	656,303
Compensation of employees	437,182	-	-	437,182	526,315	(89,133)	120.4%	470,995	479,798
Goods and services	203,691	-	-	203,691	181,243	22,448	89.0%	186,473	175,611
Interest and rent on land	-	-	-	-	468	(468)	-	-	894
Transfers and subsidies	2,626	26	-	2,652	3,037	(385)	114.5%	2,489	2,209
Provinces and municipalities	-	-	-	-	12	(12)	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	29
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	2,626	26	-	2,652	3,025	(373)	114.1%	2,489	2,180
Payments for capital assets	5,826	-	-	5,826	5,972	(146)	102.5%	10,528	6,988
Buildings and other fixed structures	-	-	-	-	29	(29)	-	-	-
Machinery and equipment	5,826	-	-	5,826	5,943	(117)	102.0%	10,528	6,988
Intangible assets	-	-	-	-	-	-	-	-	-
Total	649,325	26	-	649,351	717,035	(67,684)	110.4%	670,485	665,500

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Table 158 Appropriation: Programme 3 – Emergency Medical Services

PROGRAMME 3: EMERGENCY MEDICAL SERVICES								2019/20	
2020/21	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
Sub programme									
Emergency Transport	421,968	-	-	421,968	405,091	16,877	96.0%	362,375	335,798
Planned Patient Transport	3,278	-	-	3,278	390	2,888	11.9%	3,107	3,095
Total for sub programmes	425,246	-	-	425,246	405,481	19,765	95.4%	365,482	338,893
Economic classification									
Current payments	358,790	-	-	358,790	372,343	(13,553)	103.8%	335,951	327,392
Compensation of employees	232,523	-	-	232,523	244,808	(12,285)	105.3%	219,612	238,245
Salaries and wages	203,057	-	-	203,057	208,053	(4,996)	102.5%	191,681	202,882
Social contributions	29,466	-	-	29,466	36,755	(7,289)	124.7%	27,931	35,363
Goods and services	126,267	-	-	126,267	127,181	(914)	100.7%	116,339	88,691
Administrative fees	-	-	-	-	3	(3)	-	-	19
Advertising	138	-	-	138	-	138	-	131	-
Minor assets	5,655	-	-	5,655	341	5,314	6.0%	5,360	2
Audit costs: External	-	-	-	-	-	-	-	-	-
Bursaries: Employees	-	-	-	-	-	-	-	-	-
Catering: Departmental activities	97	-	-	97	21	76	21.6%	92	81
Communication (G&S)	983	-	-	983	17	966	1.7%	932	-
Computer services	314	-	-	314	-	314	-	298	-
Consultants: Business and advisory services	-	-	-	-	-	-	-	-	484
Infrastructure and planning services	-	-	-	-	-	-	-	-	-
Laboratory services	-	-	-	-	-	-	-	-	-
Scientific and technological services	-	-	-	-	-	-	-	-	-
Legal services	-	-	-	-	-	-	-	-	-
Contractors	2,621	-	-	2,621	9	2,612	0.3%	2,484	32
Agency and support / outsourced services	24	-	-	24	160	(136)	666.7%	23	135
Entertainment	-	-	-	-	-	-	-	-	-
Fleet services (incl. government motor transport)	93,229	-	-	93,229	92,283	946	99.0%	75,022	47,485
Housing	-	-	-	-	-	-	-	-	-
Inventory: Clothing material and accessories	1,906	-	-	1,906	8	1,898	0.4%	1,807	-
Inventory: Farming supplies	-	-	-	-	-	-	-	-	-

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PROGRAMME 3: EMERGENCY MEDICAL SERVICES									
2020/21								2019/20	
	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
Inventory: Food and food supplies	-	-	-	-	-	-	-	-	-
Inventory: Fuel, oil and gas	1,995	-	-	1,995	-	1,995	-	1,891	27
Inventory: Learner and teacher support material	127	-	-	127	-	127	-	120	-
Inventory: Materials and supplies	428	-	-	428	30	398	7.0%	406	15
Inventory: Medical supplies	1,419	-	-	1,419	1,033	386	72.8%	1,345	553
Inventory: Medicine	966	-	-	966	73	893	7.6%	916	152
Medsas inventory interface	-	-	-	-	-	-	-	-	-
Inventory: Other supplies	-	-	-	-	135	(135)	-	-	23
Consumable supplies	864	-	-	864	1,461	(597)	169.1%	819	353
Consumable: Stationery, printing and office supplies	1,037	-	-	1,037	1,011	26	97.5%	983	766
Operating leases	10,865	-	-	10,865	4,996	5,869	46.0%	10,299	3,890
Property payments	1,202	-	-	1,202	2,083	(881)	173.3%	1,139	1,390
Transport provided: Departmental activity	-	-	-	-	22,308	(22,308)	-	10,000	30,694
Travel and subsistence	2,219	-	-	2,219	1,119	1,100	50.4%	2,103	2,469
Training and development	-	-	-	-	-	-	-	-	-
Operating payments	178	-	-	178	81	97	45.5%	169	63
Venues and facilities	-	-	-	-	-	-	-	-	-
Rental and hiring	-	-	-	-	9	(9)	-	-	58
Interest and rent on land	-	-	-	-	354	(354)	-	-	456
Interest	-	-	-	-	354	(354)	-	-	456
Rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	477	-	-	477	306	171	64.2%	452	436
Provinces and municipalities	477	(306)	-	171	-	171	-	271	256
Provinces	-	-	-	-	-	-	-	-	256
Provincial Revenue Funds	-	-	-	-	-	-	-	-	256
Provincial agencies and funds	-	-	-	-	-	-	-	-	-
Municipalities	477	(306)	-	171	-	171	-	271	-
Municipal bank accounts	477	(306)	-	171	-	171	-	271	-
Municipal agencies and funds	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	306	-	306	306	-	100.0%	181	180
Social benefits	-	306	-	306	306	-	100.0%	181	180
Other transfers to households	-	-	-	-	-	-	-	-	-
Payments for capital assets	65,979	-	-	65,979	32,832	33,147	49.8%	29,079	11,065
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-

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PROGRAMME 3: EMERGENCY MEDICAL SERVICES									
2020/21								2019/20	
	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
Buildings	-	-	-	-	-	-	-	-	-
Other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	65,979	-	-	65,979	32,832	33,147	49.8%	29,079	11,065
Transport equipment	65,272	-	-	65,272	32,664	32,608	50.0%	29,079	11,065
Other machinery and equipment	707	-	-	707	168	539	23.8%	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-
Total	425,246	-	-	425,246	405,481	19,765	95.4%	365,482	338,893

Table 159 Appropriation: Programme 3.1 – Emergency Transport

3.1 Emergency Transport									
2020/21								2019/20	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	355,512	-	-	355,512	371,953	(16,441)	104.6%	332,844	324,297
Compensation of employees	230,555	-	-	230,555	244,420	(13,865)	106.0%	217,747	235,155
Goods and services	124,957	-	-	124,957	127,179	(2,222)	101.8%	115,097	88,686
Interest and rent on land	-	-	-	-	354	(354)	-	-	456
Transfers and subsidies	477	-	-	477	306	171	64.2%	452	436
Provinces and municipalities	477	(306)	-	171	-	171	-	271	256
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	306	-	306	306	-	100.0%	181	180
Payments for capital assets	65,979	-	-	65,979	32,832	33,147	49.8%	29,079	11,065
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	65,979	-	-	65,979	32,832	33,147	49.8%	29,079	11,065
Intangible assets	-	-	-	-	-	-	-	-	-
Total	421,968	-	-	421,968	405,091	16,877	96.0%	362,375	335,798

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Table 160 Appropriation: Programme 3.2 Planned Patient Transport

3.2 Planned Patient Transport								2019/20	
2020/21									
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	3,278	-	-	3,278	390	2,888	11.9%	3,107	3,095
Compensation of employees	1,968	-	-	1,968	388	1,580	19.7%	1,865	3,090
Goods and services	1,310	-	-	1,310	2	1,308	0.2%	1,242	5
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	-	-	-	-	-	-	-	-	-
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	-	-	-	-	-	-	-
Payments for capital assets	-	-	-	-	-	-	-	-	-
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	-	-	-	-	-	-	-	-	-
Intangible assets	-	-	-	-	-	-	-	-	-
Total	3,278	-	-	3,278	390	2,888	11.9%	3,107	3,095

Table 161 Appropriation: Programme 4 – Provincial Hospital Services

PROGRAMME 4: PROVINCIAL HOSPITAL SERVICES									
2020/21								2019/20	
	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
Sub programme									
General (Regional) Hospitals	284,855	633	16,319	301,807	343,684	(41,877)	113.9%	315,258	292,782
Tuberculosis Hospitals	19,166	(282)	4,861	23,745	17,856	5,889	75.2%	18,288	14,116
Psychiatric/Mental Hospitals	75,394	(351)	9,173	84,216	119,510	(35,294)	141.9%	81,797	108,445
Total for sub programmes	379,415	-	30,353	409,768	481,050	(71,282)	117.4%	415,343	415,343
Economic classification									
Current payments	377,860	-	26,758	404,618	474,558	(69,940)	117.9%	413,688	410,523
Compensation of employees	294,402	-	20,811	315,213	305,970	9,243	97.1%	304,521	299,159
Salaries and wages	269,506	-	20,811	290,317	267,058	23,259	92.0%	280,932	261,146
Social contributions	24,896	-	-	24,896	38,912	(14,016)	156.3%	23,589	38,013
Goods and services	83,458	-	5,947	89,405	168,451	(79,046)	191.1%	109,167	106,610
Administrative fees	119	-	-	119	65	54	54.6%	112	60
Advertising	241	-	-	241	61	180	25.3%	228	-
Minor assets	902	-	-	902	141	761	15.6%	855	-
Audit costs: External	-	-	-	-	-	-	-	-	-

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PROGRAMME 4: PROVINCIAL HOSPITAL SERVICES									
2020/21								2019/20	
	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
Bursaries: Employees	8	-	-	8	-	8	-	8	8
Catering: Departmental activities	97	-	-	97	211	(114)	217.5%	92	101
Communication (G&S)	723	-	-	723	143	580	19.8%	686	293
Computer services	2,273	-	-	2,273	6,812	(4,539)	299.7%	2,155	2,832
Consultants: Business and advisory services	3	-	-	3	-	3	-	3	1
Infrastructure and planning services	4	-	-	4	-	4	-	4	-
Laboratory services	5,352	-	-	5,352	1,470	3,882	27.5%	5,074	1,631
Scientific and technological services	-	-	-	-	-	-	-	-	-
Legal services	16	-	-	16	-	16	-	15	-
Contractors	2,749	-	-	2,749	10,120	(7,371)	368.1%	2,606	8,828
Agency and support / outsourced services	12,881	-	-	12,881	20,977	(8,096)	162.9%	17,117	12,144
Entertainment	-	-	-	-	-	-	-	-	-
Fleet services (incl. government motor transport)	36	-	-	36	1,275	(1,239)	3541.7%	34	3,869
Housing	-	-	-	-	-	-	-	-	-
Inventory: Clothing material and accessories	276	-	-	276	418	(142)	151.4%	262	25
Inventory: Farming supplies	-	-	-	-	35	(35)	-	-	-
Inventory: Food and food supplies	4,495	-	-	4,495	6,060	(1,565)	134.8%	4,261	6,254
Inventory: Fuel, oil and gas	6,324	-	-	6,324	4,594	1,730	72.6%	4,311	3,229
Inventory: Learner and teacher support material	-	-	-	-	-	-	-	-	-
Inventory: Materials and supplies	656	-	-	656	976	(320)	148.8%	622	177
Inventory: Medical supplies	11,282	-	5,947	17,229	33,884	(16,655)	196.7%	20,173	21,187
Inventory: Medicine	10,121	-	-	10,121	10,875	(754)	107.4%	14,111	6,593
Medsas inventory interface	-	-	-	-	-	-	-	-	-
Inventory: Other supplies	-	-	-	-	4,714	(4,714)	-	-	2,976
Consumable supplies	5,284	-	-	5,284	6,290	(1,006)	119.0%	5,009	3,789
Consumable: Stationery, printing and office supplies	778	-	-	778	2,433	(1,655)	617.4%	738	1,634
Operating leases	4,869	-	-	4,869	364	4,505	7.5%	4,615	2,022
Property payments	11,239	-	-	11,239	50,885	(39,646)	452.8%	23,488	27,583
Transport provided: Departmental activity	1,409	-	-	1,409	-	1,409	-	1,336	-
Travel and subsistence	396	-	-	396	5,435	(5,039)	1372.5%	375	1,064
Training and development	203	-	-	203	-	203	-	193	46
Operating payments	722	-	-	722	196	526	27.1%	684	264
Venues and facilities	-	-	-	-	17	(17)	-	-	-
Rental and hiring	-	-	-	-	-	-	-	-	-
Interest and rent on land	-	-	-	-	137	(137)	-	-	4,754
Interest	-	-	-	-	137	(137)	-	-	4,754
Rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	1,338	-	-	1,338	310	1,028	23.2%	1,449	1,450
Provinces and municipalities	-	1,028	-	1,028	-	1,028	-	-	-
Provinces	-	-	-	-	-	-	-	-	-

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PROGRAMME 4: PROVINCIAL HOSPITAL SERVICES									
2020/21								2019/20	
	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
Provincial Revenue Funds	-	-	-	-	-	-	-	-	-
Provincial agencies and funds	-	-	-	-	-	-	-	-	-
Municipalities	-	1,028	-	1,028	-	1,028	-	-	-
Municipal bank accounts	-	1,028	-	1,028	-	1,028	-	-	-
Municipal agencies and funds	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	1,338	(1,028)	-	310	310	-	100.0%	1,449	1,450
Social benefits	1,338	(1,028)	-	310	310	-	100.0%	1,449	1,450
Other transfers to households	-	-	-	-	-	-	-	-	-
Payments for capital assets	217	-	3,595	3,812	6,182	(2,370)	100.0%	206	3,370
Buildings and other fixed structures	-	-	-	-	-	-	-	-	1,117
Buildings	-	-	-	-	-	-	-	-	1,117
Other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	217	-	3,595	3,812	6,182	(2,370)	100.0%	206	2,253
Transport equipment	-	-	-	-	-	-	-	-	-
Other machinery and equipment	217	-	3,595	3,812	6,182	(2,370)	100.0%	206	2,253
Software and other intangible assets	-	-	-	-	-	-	-	-	-
Total	379,415	-	30,353	409,768	481,050	(71,282)	117.4%	415,343	415,343

Table 162 Appropriation: Programme 4.1 – General (Regional) Hospital

4.1 General (Regional) Hospitals									
2020/21								2019/20	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	284,215	-	13,017	297,232	340,137	(42,905)	114.4%	314,651	292,020
Compensation of employees	204,372	-	7,070	211,442	211,442	-	100.0%	228,060	210,369
Goods and services	79,843	-	5,947	85,790	128,603	(42,813)	149.9%	86,591	77,015
Interest and rent on land	-	-	-	-	92	(92)	-	-	4,636
Transfers and subsidies	640	633	-	1,273	245	1,028	19.2%	607	754
Provinces and municipalities	-	1,028	-	1,028	-	1,028	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	640	(395)	-	245	245	-	100.0%	607	754
Payments for capital assets	-	-	3,302	3,302	3,302	-	100.0%	-	8
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	-	-	3,302	3,302	3,302	-	100.0%	-	8
Intangible assets	-	-	-	-	-	-	-	-	-

ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH: VOTE 10

4.1 General (Regional) Hospitals									
2020/21								2019/20	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Total	284,855	633	16,319	301,807	343,684	(41,877)	113.9%	315,258	292,782

Table 163 Appropriation: Programme 4.2 Tuberculosis Hospital

4.2 Tuberculosis Hospital									
2020/21								2019/20	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	18,667	-	4,861	23,528	17,678	5,850	75.1%	17,815	14,051
Compensation of employees	12,032	-	4,861	16,893	16,893	-	100.0%	10,457	12,915
Goods and services	6,635	-	-	6,635	785	5,850	11.8%	7,358	1,136
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	282	(282)	-	-	-	-	-	267	65
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	282	(282)	-	-	-	-	-	267	65
Payments for capital assets	217	-	-	217	178	39	82.0%	206	-
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	217	-	-	217	178	39	82.0%	206	-
Intangible assets	-	-	-	-	-	-	-	-	-
Total	19,166	(282)	4,861	23,745	17,856	5,889	75.2%	18,288	14,116

Table 164 Appropriation: Programme 4.3 Psychiatric / Mental Hospital

4.3 Psychiatric/Mental Hospitals									
2020/21								2019/20	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	74,978	-	8,880	83,858	116,743	(32,885)	142.0%	81,222	104,452
Compensation of employees	77,998	-	8,880	86,878	77,635	9,243	89.4%	66,004	75,875
Goods and services	(3,020)	-	-	(3,020)	39,063	(42,083)	(1372.0%)	15,218	28,459
Interest and rent on land	-	-	-	-	45	(45)	-	-	118
Transfers and subsidies	416	(351)	-	65	65	-	100.0%	575	631
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-

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Households	416	(351)	-	65	65	-	100.0%	575	631
Payments for capital assets	-	-	293	293	2 702	(2,409)	113.3%	-	3,362
Buildings and other fixed structures	-	-	-	-	-	-	-	-	1,117
Machinery and equipment	-	-	293	293	2 702	(2,409)	113.3%	-	2,245
Intangible assets								-	-
Total	75,394	(351)	9,173	84,216	119,510	(35,294)	141.9%	81,797	108,445

Table 165 Appropriation: Programme 5 – Central Hospital Services

PROGRAMME 5: CENTRAL HOSPITAL SERVICES									
2020/21								2019/20	
	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
Sub programme									
Provincial Tertiary Hospital Services	1,177,107	-	(24,517)	1,152,590	1,116,510	36,080	96.9%	1,088,431	1,071,171
Total for sub programmes	1,177,107	-	(24,517)	1,152,590	1,116,510	36,080	96.9%	1,088,431	1,071,171
Economic classification									
Current payments	1,131,393	-	(24,517)	1,106,876	1,091,604	15,272	98.6%	1,021,945	1,041,512
Compensation of employees	814,721	-	(22,608)	792,113	781,055	11,058	98.6%	758,503	769,604
Salaries and wages	746,320	-	(22,608)	723,712	704,149	19,563	97.3%	694,277	695,846
Social contributions	68,401	-	-	68,401	76,906	(8,505)	112.4%	64,226	73,758
Goods and services	316,672	-	(1,909)	314,763	310,549	4,214	98.7%	263,442	271,819
Administrative fees	299	-	-	299	8	291	2.7%	283	351
Advertising	398	-	-	398	-	398	-	377	-
Minor assets	1,501	-	-	1,501	1,867	(366)	124.4%	1,423	1,244
Audit costs: External	-	-	-	-	-	-	-	-	-
Bursaries: Employees	56	-	-	56	76	(20)	135.7%	53	70
Catering: Departmental activities	204	-	-	204	22	182	10.8%	193	131
Communication (G&S)	215	-	-	215	79	136	36.7%	204	125
Computer services	2,146	-	-	2,146	10,648	(8,502)	496.2%	2,034	7,974
Consultants: Business and advisory services	392	-	-	392	-	392	-	372	6
Infrastructure and planning services	-	-	-	-	-	-	-	-	-
Laboratory services	43,708	-	-	43,708	15,447	28,261	35.3%	40,590	28,137
Scientific and technological services	-	-	-	-	-	-	-	-	-
Legal services	-	-	-	-	-	-	-	-	207
Contractors	27,908	-	-	27,908	26,309	1,599	94.3%	26,453	24,354
Agency and support / outsourced services	43,679	-	-	43,679	32,926	10,753	75.4%	41,402	36,651
Entertainment	-	-	-	-	-	-	-	-	-
Fleet services (incl. government motor transport)	124	-	-	124	266	(142)	214.5%	118	1,073
Housing	-	-	-	-	-	-	-	-	-
Inventory: Clothing material and accessories	668	-	-	668	477	191	71.4%	633	-
Inventory: Farming supplies	-	-	-	-	-	-	-	-	-
Inventory: Food and food supplies	3,786	-	-	3,786	1,517	2,269	40.1%	3,589	1,488

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PROGRAMME 5: CENTRAL HOSPITAL SERVICES									
2020/21								2019/20	
	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
Inventory: Fuel, oil and gas	14,918	-	(909)	14,009	3	14,006	0.0%	13,469	590
Inventory: Learner and teacher support material	-	-	-	-	-	-	-	-	-
Inventory: Materials and supplies	1,967	-	-	1,967	1,490	477	75.7%	1,864	487
Inventory: Medical supplies	57,687	-	-	57,687	108,939	(51,252)	188.8%	54,949	80,443
Inventory: Medicine	79,643	-	-	79,643	45,729	33,914	57.4%	40,011	38,112
Medsas inventory interface	-	-	-	-	-	-	-	-	-
Inventory: Other supplies	-	-	-	-	3,948	(3,948)	-	-	3,437
Consumable supplies	7,929	-	-	7,929	4,746	3,183	59.9%	7,516	3,958
Consumable: Stationery, printing and office supplies	3,185	-	-	3,185	3,245	(60)	101.9%	3,019	5,523
Operating leases	5,848	-	-	5,848	525	5,323	9.0%	5,543	2,487
Property payments	17,845	-	-	17,845	51,328	(33,483)	287.6%	16,915	33,079
Transport provided: Departmental activity	-	-	-	-	-	-	-	-	23
Travel and subsistence	1,463	-	(1,000)	463	463	-	100.0%	1,387	1,309
Training and development	320	-	-	320	47	273	14.7%	303	407
Operating payments	783	-	-	783	444	339	56.7%	742	153
Venues and facilities	-	-	-	-	-	-	-	-	-
Rental and hiring	-	-	-	-	-	-	-	-	-
Interest and rent on land	-	-	-	-	-	-	-	-	89
Interest	-	-	-	-	-	-	-	-	89
Rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	1,707	-	-	1,707	2,620	(913)	153.5%	22,456	22,421
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Provinces	-	-	-	-	-	-	-	-	-
Provincial Revenue Funds	-	-	-	-	-	-	-	-	-
Provincial agencies and funds	-	-	-	-	-	-	-	-	-
Municipalities	-	-	-	-	-	-	-	-	-
Municipal bank accounts	-	-	-	-	-	-	-	-	-
Municipal agencies and funds	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	1,707	-	-	1,707	2,620	(913)	153.5%	22,456	22,421
Social benefits	1,707	-	-	1,707	2,620	(913)	153.5%	2,356	2,321
Other transfers to households	-	-	-	-	-	-	-	20,100	20,100
Payments for capital assets	44,007	-	-	44,007	22,286	21,721	50.6%	44,030	7,238
Buildings and other fixed structures	-	-	-	-	-	-	-	-	1,147
Buildings	-	-	-	-	-	-	-	-	1,147
Other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	44,007	-	-	44,007	22,116	21,891	50.3%	44,030	6,091
Transport equipment	-	-	-	-	-	-	-	-	-
Other machinery and equipment	44,007	-	-	44,007	22,116	21,891	50.3%	44,030	6,091
Software and other intangible assets	-	-	-	-	170	(170)	-	-	-

ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH: VOTE 10

PROGRAMME 5: CENTRAL HOSPITAL SERVICES									
2020/21								2019/20	
	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
Total	1,177,107	-	(24,517)	1,152,590	1,116,510	36,080	96.9%	1,088,431	1,071,171

Table 166 Appropriation: Programme 5.1 Provincial Tertiary Hospital Services

5.1 Provincial Tertiary Hospital Services									
2020/21								2019/20	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	1,131,393	-	(24,517)	1,106,876	1,091,604	15,272	98.6%	1,021,945	1,041,512
Compensation of employees	814,721	-	(22,608)	792,113	781,055	11,058	98.6%	758,503	769,604
Goods and services	316,672	-	(1,909)	314,763	310,549	4,214	98.7%	263,442	271,819
Interest and rent on land	-	-	-	-	-	-	-	-	89
Transfers and subsidies	1,707	-	-	1,707	2,620	(913)	153.5%	22,456	22,421
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	1,707	-	-	1,707	2,620	(913)	153.5%	22,456	22,421
Payments for capital assets	44,007	-	-	44,007	22,286	21,721	50.6%	44,030	7,238
Buildings and other fixed structures	-	-	-	-	-	-	-	-	1,147
Machinery and equipment	44,007	-	-	44,007	22,116	21,891	50.3%	44,030	6,091
Intangible assets	-	-	-	-	170	(170)	-	-	-
Total	1,177,107	-	(24,517)	1,152,590	1,116,510	36,080	1,177,107	1,088,431	1,071,171

Table 167 Appropriation: Programme 6 – Health Sciences and Training

PROGRAMME 6: HEALTH SCIENCES AND TRAINING									
2020/21								2019/20	
	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
Sub programme									
Nurse Training College	74,563	-	-	74,563	94,167	(19,604)	126.3%	74,826	75,456
EMS Training College	5,284	-	(3,025)	2,259	795	1,464	35.2%	1,752	1,092
Bursaries	29,498	-	(2,186)	27,312	31,349	(4,037)	114.8%	43,170	43,170
Primary Health Care Training	1,864	-	(1,864)	-	-	-	-	33	33
Training Other	35,902	-	(4,694)	31,208	14,384	16,824	46.1%	12,920	12,767

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PROGRAMME 6: HEALTH SCIENCES AND TRAINING								2019/20	
2020/21									
	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
Total for sub programmes	147,111	-	(11,769)	135,342	140,695	(5,353)	104.0%	132,701	132,518
Economic classification									
Current payments	129,917	-	(11,769)	118,148	110,008	8,140	93.1%	71,951	73,646
Compensation of employees	34,213	-	(5,211)	29,002	61,304	(32,302)	211.4%	22,953	30,740
Salaries and wages	30,902	-	(5,211)	25,691	57,542	(31,851)	224.0%	20,158	26,443
Social contributions	3,311	-	-	3,311	3,762	(451)	113.6%	2,795	4,297
Goods and services	95,704	-	(6,558)	89,146	48,704	40,442	54.6%	48,998	42,906
Administrative fees	3,646	-	(720)	2,926	408	2,518	13.9%	402	357
Advertising	118	-	-	118	95	23	80.5%	112	17
Minor assets	908	-	-	908	-	908	-	60	3
Audit costs: External	-	-	-	-	-	-	-	-	-
Bursaries: Employees	2,188	-	-	2,188	202	1,986	9.2%	938	1
Catering: Departmental activities	407	-	-	407	1,855	(1,448)	455.8%	386	4,067
Communication (G&S)	257	-	-	257	-	257	-	20	20
Computer services	440	-	-	440	173	267	39.3%	117	117
Consultants: Business and advisory services	620	-	-	620	-	620	-	-	-
Infrastructure and planning services	-	-	-	-	-	-	-	-	-
Laboratory services	-	-	-	-	-	-	-	-	-
Scientific and technological services	-	-	-	-	-	-	-	-	-
Legal services	-	-	-	-	-	-	-	-	-
Contractors	370	-	-	370	-	370	-	10	10
Agency and support / outsourced services	676	-	-	676	-	676	-	-	-
Entertainment	-	-	-	-	-	-	-	-	-
Fleet services (incl. government motor transport)	-	-	-	-	-	-	-	-	-
Housing	-	-	-	-	-	-	-	-	-
Inventory: Clothing material and accessories	-	-	-	-	-	-	-	-	-
Inventory: Farming supplies	-	-	-	-	-	-	-	-	-
Inventory: Food and food supplies	-	-	-	-	-	-	-	-	25
Inventory: Fuel, oil and gas	496	-	(496)	-	-	-	-	-	-
Inventory: Learner and teacher support material	-	-	-	-	-	-	-	-	-
Inventory: Materials and supplies	-	-	-	-	11	(11)	-	-	169
Inventory: Medical supplies	-	-	-	-	38	(38)	-	-	190
Inventory: Medicine	-	-	-	-	-	-	-	-	-
Medsas inventory interface	-	-	-	-	-	-	-	-	-
Inventory: Other supplies	-	-	-	-	1	(1)	-	-	-
Consumable supplies	440	-	-	440	826	(386)	187.7%	417	356
Consumable: Stationery, printing and office supplies	3,018	-	-	3,018	388	2,630	12.9%	1,369	825
Operating leases	19,409	-	-	19,409	25,710	(6,301)	132.5%	17,569	14,426
Property payments	3,219	-	-	3,219	2,061	1,158	64.0%	2,579	1,356
Transport provided: Departmental activity	-	-	-	-	-	-	-	-	-

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PROGRAMME 6: HEALTH SCIENCES AND TRAINING									
2020/21								2019/20	
	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
Travel and subsistence	17,111	-	(648)	16,463	4,450	12,013	27.0%	7,751	9,894
Training and development	28,426	-	(4,694)	23,732	12,264	11,468	51.7%	10,810	10,413
Operating payments	55	-	-	55	70	(15)	127.3%	52	79
Venues and facilities	580	-	-	580	106	474	18.3%	550	167
Rental and hiring	13,320	-	-	13,320	46	13,274	0.3%	5,856	414
Interest and rent on land	-	-	-	-	-	-	-	-	-
Interest	-	-	-	-	-	-	-	-	-
Rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	15,199	-	-	15,199	30,687	(15,488)	201.9%	58,859	58,872
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Provinces	-	-	-	-	-	-	-	-	-
Provincial Revenue Funds	-	-	-	-	-	-	-	-	-
Provincial agencies and funds	-	-	-	-	-	-	-	-	-
Municipalities	-	-	-	-	-	-	-	-	-
Municipal bank accounts	-	-	-	-	-	-	-	-	-
Municipal agencies and funds	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	15,199	-	-	15,199	30,687	(15,488)	201.9%	58,859	58,872
Social benefits	104	-	-	104	299	(195)	287.5%	99	13
Other transfers to households	15,095	-	-	15,095	30,388	(15,293)	201.3%	58,760	58,859
Payments for capital assets	1,995	-	-	1,995	-	1,995	-	1,891	-
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Buildings	-	-	-	-	-	-	-	-	-
Other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	1,995	-	-	1,995	-	1,995	-	1,891	-
Transport equipment	-	-	-	-	-	-	-	660	-
Other machinery and equipment	1,995	-	-	1,995	-	1,995	-	1,231	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-
Total	147,111	-	(11,769)	135,342	140,695	(5,353)	104.0%	132,701	132,518

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Table 168 Appropriation: Programme 6.1 Nurse Training College

6.1 Nurse Training College								2019/20	
2020/21									
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	73,160	-	-	73,160	93,868	(20,708)	128.3%	53,594	55,455
Compensation of employees	28,022	-	-	28,022	60,175	(32,153)	214.7%	21,773	29,424
Goods and services	45,138	-	-	45,138	33,693	11,445	74.6%	31,821	26,031
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	104	-	-	104	299	(195)	287.5%	20,001	20,001
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	104	-	-	104	299	(195)	287.5%	20,001	20,001
Payments for capital assets	1,299	-	-	1,299	-	1,299	-	1,231	-
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	1,299	-	-	1,299	-	1,299	-	1,231	-
Intangible assets	-	-	-	-	-	-	-	-	-
Total	74,563	-	-	74,563	94,167	(19,604)	126.3%	74,826	75,456

Table 169 Appropriation: Programme 6.2 EMS Training College

6.2 EMS Training College								2019/20	
2020/21									
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	4,588	-	(3,025)	1,563	795	768	50.9%	1,092	1,092
Compensation of employees	3,025	-	(3,025)	-	-	-	-	579	579
Goods and services	1,563	-	-	1,563	795	768	50.9%	513	513
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	-	-	-	-	-	-	-	-	-
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	-	-	-	-	-	-	-
Payments for capital assets	696	-	-	696	-	696	-	660	-
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	696	-	-	696	-	696	-	660	-
Intangible assets	-	-	-	-	-	-	-	-	-
Total	5,284	-	(3,025)	2,259	795	1,464	35.2%	1,752	1,092

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Table 170 Appropriation: Programme 6.3 Bursaries

6.3 Bursaries									
2020/21								2019/20	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	14,403	-	(2,186)	12,217	961	11,256	7.9%	4,466	4,466
Compensation of employees	2,630	-	(2,186)	444	27	417	6.1%	36	36
Goods and services	11,773	-	-	11,773	934	10,839	7.9%	4,430	4,430
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	15,095	-	-	15,095	30,388	(15,293)	201.3%	38,704	38,704
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	15,095	-	-	15,095	30,388	(15,293)	201.3%	38,704	38,704
Payments for capital assets	-	-	-	-	-	-	-	-	-
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	-	-	-	-	-	-	-	-	-
Intangible assets	-	-	-	-	-	-	-	-	-
Total	29,498	-	(2,186)	27,312	31,349	(4,037)	114.8%	43,170	43,170

Table 171 Appropriation: Programme 6.4 Primary Health Care Training

6.4 Primary Health Care Training									
2020/21								2019/20	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	1,864	-	(1,864)	-	-	-	-	33	33
Compensation of employees	-	-	-	-	-	-	-	-	-
Goods and services	1,864	-	(1,864)	-	-	-	-	33	33
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	-	-	-	-	-	-	-	-	-
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	-	-	-	-	-	-	-
Payments for capital assets	-	-	-	-	-	-	-	-	-
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	-	-	-	-	-	-	-	-	-
Intangible assets	-	-	-	-	-	-	-	-	-
Total	1,864	-	(1,864)	-	-	-	-	33	33

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Table 172 Appropriation: Programme 6.5 Training Other

6.5 Training Other								2019/20	
2020/21	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	35,902	-	(4,694)	31,208	14,384	16,824	46.1%	12,766	12,600
Compensation of employees	536	-	-	536	1,102	(566)	205.6%	565	701
Goods and services	35,366	-	(4,694)	30,672	13,282	17,390	43.3%	12,201	11,899
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	-	-	-	-	-	-	-	154	167
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	-	-	-	-	-	154	167
Payments for capital assets	-	-	-	-	-	-	-	-	-
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	-	-	-	-	-	-	-	-	-
Intangible assets	-	-	-	-	-	-	-	-	-
Total	35,902	-	(4,694)	31,208	14,384	16,824	46.1%	12,920	12,767

Table 173 Appropriation: Programme 7 – Health Care Support Services

PROGRAMME 7: HEALTH CARE SUPPORT SERVICES									
2020/21	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
Sub programme									
Laundry Services	8,940	-	-	8,940	20,789	(11,849)	232.5%	7,901	15,366
Engineering	22,993	498	(5,935)	17,556	15,768	1,788	89.8%	17,090	27,061
Forensic Services	44,480	-	-	44,480	45,125	(645)	101.5%	43,725	38,966
Orthotic and Prosthetic Services	10,637	(431)	-	10,206	4,818	5,388	47.2%	11,039	8,762
Medicine Trading Account	354,546	(67)	(28,973)	325,506	150,309	175,197	46.2%	35,890	25,007
Total for sub programmes	441,596	-	(34,908)	406,688	236,809	169,879	58.2%	115,645	115,162
Economic classification									
Current payments	318,403	-	(28,969)	289,434	202,402	87,032	69.9%	112,056	114,605
Compensation of employees	109,706	-	(11,951)	97,755	77,764	19,991	79.5%	77,465	77,464
Salaries and wages	96,538	-	(11,951)	84,587	66,608	17,979	78.7%	68,110	66,453
Social contributions	13,168	-	-	13,168	11,147	2,021	84.7%	9,355	11,011
Goods and services	208,697	-	(17,018)	191,679	124,641	67,038	65.0%	34,591	37,136
Administrative fees	-	-	-	-	25	(25)	-	-	53

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PROGRAMME 7: HEALTH CARE SUPPORT SERVICES									
2020/21								2019/20	
	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
Advertising	-	-	-	-	-	-	-	-	-
Minor assets	862	-	-	862	58	804	6.7%	817	27
Audit costs: External	-	-	-	-	-	-	-	-	-
Bursaries: Employees	-	-	-	-	-	-	-	-	-
Catering: Departmental activities	-	-	-	-	1	(1)	-	-	78
Communication (G&S)	405	-	-	405	71	334	17.5%	384	1,740
Computer services	138	-	-	138	456	(318)	330.4%	131	257
Consultants: Business and advisory services	-	-	-	-	-	-	-	-	-
Infrastructure and planning services	-	-	-	-	-	-	-	-	-
Laboratory services	-	-	-	-	4	(4)	-	-	-
Scientific and technological services	-	-	-	-	-	-	-	-	-
Legal services	-	-	-	-	-	-	-	-	-
Contractors	9,901	-	(1,425)	8,476	7,213	1,263	85.1%	7,985	2,174
Agency and support / outsourced services	2,379	-	-	2,379	9,511	(7,132)	399.8%	1,307	460
Entertainment	-	-	-	-	-	-	-	-	-
Fleet services (incl. government motor transport)	6,028	-	-	6,028	4,916	1,112	81.6%	6,617	2,432
Housing	-	-	-	-	-	-	-	-	-
Inventory: Clothing material and accessories	124	-	-	124	441	(317)	355.6%	118	1,530
Inventory: Farming supplies	28	-	-	28	-	28	-	27	-
Inventory: Food and food supplies	5,025	-	(1,575)	3,450	2	3,448	0.1%	460	7
Inventory: Fuel, oil and gas	17,000	-	-	17,000	19	16,981	0.1%	-	44
Inventory: Learner and teacher support material	-	-	-	-	-	-	-	-	-
Inventory: Materials and supplies	71	-	-	71	87	(16)	122.5%	67	244
Inventory: Medical supplies	138,270	-	-	138,270	28,557	109,713	20.7%	6,757	8,324
Inventory: Medicine	286	-	-	286	46,310	(46,024)	16189.2%	271	-
Medsas inventory interface	-	-	-	-	-	-	-	-	-
Inventory: Other supplies	-	-	-	-	2,332	(2,332)	-	-	2,131
Consumable supplies	3,447	-	-	3,447	14,111	(10,664)	409.4%	2,320	4,292
Consumable: Stationery, printing and office supplies	527	-	-	527	357	170	67.7%	499	229
Operating leases	779	-	-	779	-	779	-	739	158
Property payments	5,238	-	-	5,238	9,704	(4,466)	185.3%	4,965	11,726
Transport provided: Departmental activity	-	-	-	-	-	-	-	-	-
Travel and subsistence	990	-	-	990	411	579	41.5%	938	1,194
Training and development	159	-	-	159	-	159	-	151	-
Operating payments	2,040	-	-	2,040	46	1,994	2.3%	38	25
Venues and facilities	-	-	-	-	-	-	-	-	-
Rental and hiring	15,000	-	(14,018)	982	9	973	0.9%	-	11
Interest and rent on land	-	-	-	-	15	(15)	-	-	5
Interest	-	-	-	-	15	(15)	-	-	5
Rent on land	-	-	-	-	-	-	-	-	-

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PROGRAMME 7: HEALTH CARE SUPPORT SERVICES									
2020/21								2019/20	
	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
Transfers and subsidies	-	-	-	-	510	(510)	-	305	310
Provinces and municipalities	-	-	-	-	174	(174)	-	7	8
Provinces	-	-	-	-	174	(174)	-	7	8
Provincial Revenue Funds	-	-	-	-	174	(174)	-	7	8
Provincial agencies and funds	-	-	-	-	-	-	-	-	-
Municipalities	-	-	-	-	-	-	-	-	-
Municipal bank accounts	-	-	-	-	-	-	-	-	-
Municipal agencies and funds	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	-	-	336	(336)	-	298	298
Social benefits	-	-	-	-	336	(336)	-	298	298
Other transfers to households	-	-	-	-	-	-	-	-	-
Payments for capital assets	123,193	-	(5,939)	117,254	33,888	83,366	28.9%	3,284	247
Buildings and other fixed structures	-	515	-	515	515	-	100.0%	74	61
Buildings	-	515	-	515	515	-	100.0%	74	61
Other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	123,193	(515)	(5,939)	116,739	33,373	83,366	28.6%	3,210	186
Transport equipment	-	-	-	-	24,240	(24,240)	-	-	-
Other machinery and equipment	123,193	(515)	(5,939)	116,739	9,133	107,606	7.8%	3,210	186
Software and other intangible assets	-	-	-	-	-	-	-	-	-
Total	441,596	-	(34,908)	406,688	236,809	169,879	58.2%	115,645	115,162

Table 174 Appropriation: Programme 7.1 Laundry Services

7.1 Laundry Services									
2020/21								2019/20	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	8,940	-	-	8,940	20,789	(11,849)	232.5%	7,880	15,345
Compensation of employees	8,302	-	-	8,302	6,981	1,321	84.1%	7,275	6,897
Goods and services	638	-	-	638	13,808	(13,170)	2164.3%	605	8,448
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	-	-	-	-	-	-	-	21	21
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	-	-	-	-	-	21	21
Payments for capital assets	-	-	-	-	-	-	-	-	-

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7.1 Laundry Services									
2020/21								2019/20	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	-	-	-	-	-	-	-	-	-
Intangible assets	-	-	-	-	-	-	-	-	-
Total	8,940	-	-	8,940	20,789	(11,849)	232.5%	7,901	15,366

Table 175 Appropriation: Programme 7.2 Engineering

7.2 Engineering									
2020/21								2019/20	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	22,993	-	(5,935)	17,058	15,238	1,820	89.3%	17,065	27,045
Compensation of employees	14,138	-	(4,510)	9,628	9,628	-	100.0%	10,072	10,072
Goods and services	8,855	-	(1,425)	7,430	5,610	1,820	75.5%	6,993	16,973
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	-	-	-	-	32	(32)	-	16	16
Provinces and municipalities								-	-
Non-profit institutions								-	-
Households	-	-	-	-	32	(32)	-	16	16
Payments for capital assets	-	498	-	498	498	-	100.0%	9	-
Buildings and other fixed structures	-	498	-	498	498	-	100.0%	9	-
Machinery and equipment	-	-	-	-	-	-	-	-	-
Intangible assets								-	-
Total	22,993	498	(5,935)	17,556	15,768	1,788	89.8%	17,090	27,061

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Table 176 Appropriation: Programme 7.3 Forensic Services

7.3 Forensic Services								2019/20	
2020/21								Final Appropriation	Actual expenditure
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation		
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	43,370	-	-	43,370	41,906	1,464	96.6%	42,415	38,637
Compensation of employees	33,473	-	-	33,473	34,745	(1,272)	103.8%	31,694	32,260
Goods and services	9,897	-	-	9,897	7,159	2,738	72.3%	10,721	6,374
Interest and rent on land	-	-	-	-	2	(2)	-	-	3
Transfers and subsidies	-	-	-	-	59	(59)	-	258	258
Provinces and municipalities	-	-	-	-	5	(5)	-	5	5
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	-	-	54	(54)	-	253	253
Payments for capital assets	1,110	-	-	1,110	3,160	(2,050)	284.7%	1,052	71
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	1,110	-	-	1,110	3,160	(2,050)	284.7%	1,052	71
Intangible assets	-	-	-	-	-	-	-	-	-
Total	44,480	-	-	44,480	45,125	(645)	101.5%	43,725	38,966

Table 177 Appropriation: Programme 7.4 Orthotic and Prosthetic Services

7.4 Orthotic and Prosthetic Services								2019/20	
2020/21								Final Appropriation	Actual expenditure
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation		
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	10,206	-	-	10,206	4,632	5,574	45.4%	10,622	8,754
Compensation of employees	3,559	-	-	3,559	3,293	266	92.5%	3,373	3,184
Goods and services	6,647	-	-	6,647	1,339	5,308	20.1%	7,249	5,570
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	-	-	-	-	186	(186)	-	8	8
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	-	-	186	(186)	-	8	8
Payments for capital assets	431	(431)	-	-	-	-	-	409	-
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	431	(431)	-	-	-	-	-	409	-
Intangible assets	-	-	-	-	-	-	-	-	-
Total	10,637	(431)	-	10,206	4,818	5,388	47.2%	11,039	8,762

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Table 178 Appropriation: Programme 7.5 Medicine Trading Account

7.5 Medicine Trading Account								2019/20	
2020/21								Final Appropriation	Actual expenditure
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation		
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	232,894	-	(23,034)	209,860	119,846	90,023	57.1%	34,074	24,824
Compensation of employees	50,234	-	(7,441)	42,793	23,108	19,685	54.0%	25,051	25,051
Goods and services	182,660	-	(15,593)	167,067	96,725	70,351	57.9%	9,023	(229)
Interest and rent on land	-	-	-	-	13	(13)	-	-	2
Transfers and subsidies	-	-	-	-	233	(233)	-	2	7
Provinces and municipalities	-	-	-	-	169	(169)	-	2	3
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	-	-	64	(64)	-	-	-
Payments for capital assets	121,652	(67)	(5,939)	115,646	30,230	85,407	26.1%	1,814	176
Buildings and other fixed structures	-	17	-	17	17	-	100.0%	65	61
Machinery and equipment	121,652	(84)	(5,939)	115,629	30,213	85,407	26.1%	1,749	115
Intangible assets	-	-	-	-	-	-	-	-	-
Total	354,546	(67)	(28,973)	325,506	150,309	175,197	46.2%	35,890	25,007

Table 179 Appropriation: Programme 8 – Facilities Management

PROGRAMME 8: HEALTH FACILITIES MANAGEMENT									
2020/21								2019/20	
	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
Sub programme									
District Hospital Services	341,985	(38,016)	272	304,241	110,083	194,158	36.2%	175,010	155,406
Provincial Hospital Services	17,350	38,016	4,202	59,568	275,988	(216,420)	463.3%	223,057	242,084
Total for sub programmes	359,335	-	4,474	363,809	386,071	(22,262)	106.1%	398,067	397,490
Economic classification									
Current payments	208,311	-	4,202	212,513	245,581	(33,068)	115.6%	213,136	248,226
Compensation of employees	7,144	-	2,777	9,921	11,174	(1,253)	112.6%	19,096	11,603
Salaries and wages	5,840	-	2,777	8,617	10,139	(1,522)	117.7%	17,872	10,532
Social contributions	1,304	-	-	1,304	1,035	269	79.4%	1,224	1,071
Goods and services	201,167	-	1,425	202,592	233,294	(30,702)	115.2%	194,040	236,581
Administrative fees	110	-	-	110	2	108	1.8%	104	17
Advertising	659	-	-	659	-	659	-	625	-
Minor assets	8,323	-	-	8,323	-	8,323	-	1,815	1,393
Audit costs: External	-	-	-	-	-	-	-	-	-

ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH: VOTE 10

PROGRAMME 8: HEALTH FACILITIES MANAGEMENT									
2020/21								2019/20	
	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
Bursaries: Employees	50	-	-	50	-	50	-	47	-
Catering: Departmental activities	103	-	-	103	8	95	7.8%	98	11
Communication (G&S)	143	-	-	143	-	143	-	136	11
Computer services	118	-	-	118	-	118	-	112	-
Consultants: Business and advisory services	480	-	-	480	-	480	-	455	-
Infrastructure and planning services	-	-	-	-	-	-	-	-	-
Laboratory services	-	-	-	-	-	-	-	-	-
Scientific and technological services	-	-	-	-	-	-	-	-	-
Legal services	-	-	-	-	-	-	-	-	-
Contractors	184,595	-	1,425	186,020	228,584	(42,564)	122.9%	184,405	218,247
Agency and support / outsourced services	147	-	-	147	-	147	-	139	-
Entertainment	-	-	-	-	-	-	-	-	-
Fleet services (incl. government motor transport)	8	-	-	8	-	8	-	8	-
Housing	-	-	-	-	-	-	-	-	-
Inventory: Clothing material and accessories	-	-	-	-	59	(59)	-	-	-
Inventory: Farming supplies	-	-	-	-	-	-	-	-	-
Inventory: Food and food supplies	-	-	-	-	-	-	-	-	-
Inventory: Fuel, oil and gas	-	-	-	-	-	-	-	-	-
Inventory: Learner and teacher support material	-	-	-	-	-	-	-	-	-
Inventory: Materials and supplies	247	-	-	247	-	247	-	234	-
Inventory: Medical supplies	262	-	-	262	910	(648)	347.3%	248	614
Inventory: Medicine	-	-	-	-	-	-	-	-	-
Medsas inventory interface	-	-	-	-	-	-	-	-	-
Inventory: Other supplies	-	-	-	-	134	(134)	-	-	-
Consumable supplies	152	-	-	152	-	152	-	144	12
Consumable: Stationery, printing and office supplies	274	-	-	274	172	102	62.8%	260	252
Operating leases	24	-	-	24	2,312	(2,288)	9633.3%	23	495
Property payments	2,620	-	-	2,620	-	2,620	-	2,484	14,459
Transport provided: Departmental activity	-	-	-	-	-	-	-	-	-
Travel and subsistence	1,759	-	-	1,759	1,012	747	57.5%	1,667	1,070
Training and development	14	-	-	14	-	14	-	13	-
Operating payments	153	-	-	153	101	52	66.0%	145	-
Venues and facilities	926	-	-	926	-	926	-	878	-
Rental and hiring	-	-	-	-	-	-	-	-	-
Interest and rent on land	-	-	-	-	1,113	(1,113)	-	-	42
Interest	-	-	-	-	1,113	(1,113)	-	-	42
Rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	-	-	-	-	23,322	(23,322)	-	-	-
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Provinces	-	-	-	-	-	-	-	-	-

ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH: VOTE 10

PROGRAMME 8: HEALTH FACILITIES MANAGEMENT									
2020/21								2019/20	
	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
Provincial Revenue Funds	-	-	-	-	-	-	-	-	-
Provincial agencies and funds	-	-	-	-	-	-	-	-	-
Municipalities	-	-	-	-	-	-	-	-	-
Municipal bank accounts	-	-	-	-	-	-	-	-	-
Municipal agencies and funds	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	-	-	23,322	(23,322)	-	-	-
Social benefits	-	-	-	-	88	(88)	-	-	-
Other transfers to households	-	-	-	-	23,234	(23,234)	-	-	-
Payments for capital assets	151,024	-	272	151,296	117,168	34,128	151,024	184,931	149,264
Buildings and other fixed structures	83,214	33,522	272	117,008	112,402	4,606	83,214	155,519	135,034
Buildings	83,214	33,522	272	117,008	112,402	4,606	83,214	155,519	135,034
Other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	67,810	(33,522)	-	34,288	4,766	29,522	67,810	29,412	14,230
Transport equipment	-	-	-	-	-	-	-	-	-
Other machinery and equipment	67,810	(33,522)	-	34,288	4,766	29,522	67,810	29,412	14,230
Software and other intangible assets	-	-	-	-	-	-	-	-	-
Total	359,335	-	4,474	363,809	386,071	(22,262)	359,335	398,067	397,490

Table 180 Appropriation: Programme 8.1 District Hospital Services

8.1 District Hospital Services									
2020/21								2019/20	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	190,961	-	-	190,961	29,818	161,143	15.6%	74,492	71,570
Compensation of employees	-	-	-	-	-	-	-	2,832	-
Goods and services	190,961	-	-	190,961	29,818	161,143	15.6%	71,660	71,528
Interest and rent on land	-	-	-	-	-	-	-	-	42
Transfers and subsidies	-	-	-	-	-	-	-	-	-
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	-	-	-	-	-	-	-
Payments for capital assets	151,024	(38,016)	272	113,280	80,265	33,015	70.9%	100,518	83,836
Buildings & other fixed structures	83,214	-	272	83,486	79,993	3,493	95.8%	96,602	82,638
Machinery and equipment	151,024	(38,016)	272	113,280	80,265	33,015	70.9%	3,916	1,198
Intangible assets	-	-	-	-	-	-	-	-	-

ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH: VOTE 10

8.1 District Hospital Services									
2020/21								2019/20	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Total	341,985	(38,016)	272	304,241	110,083	194,158	36.2%	175,010	155,406

Table 181 Appropriation: Programme 8.2 Provincial Hospital Services

8.2 Provincial Hospital Services									
2020/21								2019/20	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	17,350	-	4,202	21,552	215,763	(194,211)	1001.1%	138,644	176,656
Compensation of employees	7,144	-	2,777	9,921	11,174	(1,253)	112.6%	16,264	11,603
Goods and services	10,206	-	1,425	11,631	203,476	(191,845)	1749.4%	122,380	165,053
Interest and rent on land	-	-	-	-	1,113	(1,113)	-	-	-
Transfers and subsidies	-	-	-	-	23,322	(23,322)	-	-	-
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	-	-	23,322	(23,322)	-	-	-
Payments for capital assets	-	38,016	-	38,016	36,903	1,113	97.1%	84,413	65,428
Buildings and other fixed structures	-	33,522	-	33,522	32,409	1,113	96.7%	58,917	52,396
Machinery and equipment	-	4,494	-	4,494	4,494	-	100.0%	25,496	13,032
Intangible assets	-	-	-	-	-	-	-	-	-
Total	17,350	38,016	4,202	59,568	275,988	(216,420)	463.3%	223,057	242,084

2.2 NOTES TO THE APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2021**Detail of transfers and subsidies as per Appropriation Act (after Virement):**

- Detail of these transactions can be viewed in the note on Transfers and subsidies, disclosure notes and Annexure 1 (A-H) to the Annual Financial Statements.

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.

Detail on payments for financial assets

- Detail of these transactions per programme can be viewed in the note on Payments for financial assets to the Annual Financial Statements.

Explanations of material variances from Amounts Voted (after Virement):*Table 182 Variances from amounts voted (after virements)*

Per programme	Final Appropriation	Actual Expenditure	Variance R'000	Variance as a % of Final Appropriation
Administration	227 845	229 118	(1 273)	(0.6)
District Health Services	2 494 750	2 541 888	(47 138)	(1.9)
Emergency Medical Services	425 246	405 481	19 765	4.6
Provincial Hospital Services	409 768	481 050	(71 282)	(17.4)
Central Hospital Services	1 152 590	1 116 510	36 080	3.1
Health Science and Training	135 342	140 695	(5 353)	(4.0)
Health Care Support Service	406 688	236 809	169 879	41.8
Health Facilities Management	363 809	386 071	(22 262)	(6.1)

Administration – overspent by R1.273 million

- The programme overspent on transfers & subsidies due to civil claims against the department in respect of medical negligence. Interest on overdue accounts was also incurred due to the cash flow constraints affecting the payment of long outstanding accruals.
- The department will continue to strengthen its internal control processes to mitigate the impact of claims against the department due to medical negligence.

District Health Services – overspent by R47.138 million

- The programme overspent on compensation of employees due to existing budget pressures resulting from the implementation of OSD. Interest on overdue accounts was also incurred due to the cash flow constraints affecting the payment of long outstanding accruals. This programme further overspent due to unexpected personnel exist resulting in leave gratuity payments and claims against the department for medical negligence.
- The department will continue to strengthen its internal control processes to mitigate the impact of claims against the department due to medical negligence and monitor the impact of personnel costs including termination of services.

Emergency Medical Services – underspent by R19.765 million

- The programme experienced service delivery pressures which resulted in additional personnel being appointed, this further affected the limited budget of the department. The goods & services overspend due to accruals paid on the aeromedical services and fleet services; while the capital budget underspend due to cash flow constraints. Interest on overdue accounts was also incurred due to the cash flow constraints affecting the payment of long outstanding accruals.
- The budget will be reprioritised to align spending trends to available funds. A budget roll over will be requested.

Provincial Hospital Services – overspent by R71.282 million

- The programme overspent on goods & services due to the impact of accruals, mainly, on computers services, medical supplies and property payments; while the transfers to municipalities was also overspent. Interest on overdue accounts was also incurred due to the cash flow constraints affecting the payment of long outstanding accruals.
- The budget will be reprioritised to align spending to available funding.

Central Hospital Services – underspent by R36.080 million

- The programme underspent compensation of employees' allocation, due to the moratorium on filling of posts and incorrect linking of personnel on PERSAL. The goods & services allocation and the payments for capital assets budget were underspent due to the cash flow constraints affecting the payment of long outstanding accruals.
- The budget will be reprioritised to align spending to available funding.

Health Science and Training – overspent by R5.351 million

- The programme overspent its budget on compensation of employees' allocation due to the incorrect linking of personnel on PERSAL. The transfers and subsidies were overspent due to misalignment between budget and expenditure.
- The linking of personnel and budget alignment will be corrected in the new financial year.

Health Care Support Service – underspent by R169.879 million

- The programme underspent its budget due to the anticipated expenditure that would have emanated from the COVID-19 pandemic, which were not eventually realised. An earmarked fund had been allocated but could not be fully spent, although the certain orders had not been paid at year end.
- A budget roll over has been requested and the remaining funds will be surrendered to the Provincial Treasury.

Health Facilities Management – overspent by R22.272 million

- The programme overspent its goods & services allocation due to the misalignment of budget between payments of capital assets and good & services affecting contractors for repairs and maintenance services; while the transfers and subsidies were overspent due to the claim against the department for breach of contract.
- The infrastructure planning will be reviewed for the allocation of work to implementing agents and internal professional service provider. The budget will be aligned to expenditure.

Table 183 Variances per economic classification

Per economic classification	Final Appropriation	Actual Expenditure	Variance	Variance as a % of Final Appropriation
	R'000	R'000	R'000	R'000
Current payments				
Compensation of employees	3 128 092	3 199 504	(71 412)	(2.3)
Goods and services	2 046 980	2 026 520	20 460	1.0
Interest and rent on land	-	5 123	(5 123)	(100.0)
Transfers and subsidies				
Provinces and municipalities	13 674	578	13 096	95.8
Public corporations and private enterprises	-	-	-	-
Non-profit institutions	-	-	-	-
Households	24 763	76 415	(51 652)	(208.6)
Payments for capital assets				
Buildings and other fixed structures	117 934	113 328	4 606	3.9
Machinery and equipment	284 595	115 734	168 861	59.3
Intangible assets	-	420	(420)	(100.0)
Payments for financial assets	-	-	-	-

Explanation of variances

- **Compensation of employees – overspent by R71.412 million**
 - The department overspent its compensation of employees' allocation, due to the impact of budget cuts in anticipation of freezing of public wage bill and government's fiscal consolidation strategy affecting provincial equitable share allocation.
 - The Provincial Treasury will be consulted to discuss the reasonability of the budget cut and the resultant impact on service delivery.
- **Goods and services – underspent by R20.460 million**
 - The department underspend goods & services' allocation, due to the anticipated expenditure that would have emanated from the COVID-19 pandemic, which were not eventually realised. An earmarked fund had been allocated but could not be fully spent, although the certain orders had not been paid at year end.
 - A budget roll-over has been requested and the remaining funds will be surrendered to the Provincial Treasury.
- **Interest and rent on Land – overspent by R5.123 million**
 - An amount of R6.378 million has been spent on this item. This represents interest paid on overdue accounts, it is mainly caused by inability to pay outstanding debts on time due to cash flow constraints.
 - A strategy will be developed to ensure that the department is not committed in excess of its budget allocation.
- **Transfers to municipalities – underspent by R13.096 million**
 - The department underspend on transfers to municipalities due to delays on the finalisation of provincialisation at Sol Plaatje Municipality. There was a need to consult extensively with the trade unions for the placement of staff from the municipalities to the department, specifically due to disparity on pension fund contributions and benefits.
- **Households – overspent by R51.652 million**
 - The expenditure results mainly from the accruals in respect of Cuban Doctors' bursary programme already paid, unexpected personnel exit from the public sector and claims against the department in respect of medical negligence and breach of contract.
 - The department in consultation with the national department has developed a strategy to deal with medical negligence. The infrastructure planning will be reviewed for the allocation of work to implementing agents and internal professional service provider. A further strategy will be developed to ensure that the department is not committed in excess of its budget allocation
- **Buildings & other fixed structures – underspent by R4.606 million**
 - The department underspent its budget allocation on buildings & other fixed structures due to the impact of lockdown regulations since the COVID-19 pandemic.
 - The department will implement strict monitoring on the implementation of infrastructure projects by the implementing agents.
- **Machinery & equipment – underspent by R168.861 million.**
 - There was underspending on procurement of medical equipment, emergency vehicles and equipment for the envisaged field hospital in anticipation of COVID-19 pandemic.
 - The procurement and demand plans have been developed for implementation in the new financial year.

Table 184 Variances per Conditional Grant

Per conditional grant	Final Appropriation	Actual Expenditure	Variance	Variance as a % of Final Appropriation
	R'000	R'000	R'000	R'000
HIV, TB, Malaria and Community Outreach Grant (Health)	718 230	711 221	7 009	1.0
Health Facility Revitalisation Grant	357 033	356 637	396	0.1
Statutory Human Resources, Training and Dev Grant	129 813	129 813	-	-
National Health Insurance	13 400	13 399	1	0.0
National Tertiary Services Grant	402 404	402 399	5	0.0
Provincial Disaster Relief Grant - Health	6 224	6 224	-	-
EPWP Incentive Grant	2 302	2 302	-	-
Social EPWP Incentive Grant	6 138	6 138	-	-

HIV, TB, Malaria and Community Outreach Grant (Health) - underspend by R7.009 million)

- The department has spent a significant portion of the allocated funds on the projects, and the remaining funds were not committed thus will be surrendered to the Provincial Treasury.

2.3 STATEMENT OF FINANCIAL PERFORMANCE FOR THE YEAR ENDED 31 MARCH 2021

Table 185 Statement of Financial Performance for the year ended 31 March 2021

	Note	2020/21 R'000	2019/20 R'000
REVENUE			
Annual appropriation	1	5 616 038	5 230 191
Departmental revenue	2	-	-
Aid assistance	3	207	411
TOTAL REVENUE		5 616 245	5 230 602
EXPENDITURE			
Current expenditure			
Compensation of employees	4	3 199 506	3 070 795
Goods and services	5	2 024 151	1 830 606
Interest and rent on land	6	5 128	7 382
Aid assistance	3	35	17
Total current expenditure		5 228 820	4 908 800
Transfers and subsidies			
Transfers and subsidies	7	76 994	90 975
Aid assistance	3	-	-
Total transfers and subsidies		76 994	90 975
Expenditure for capital assets			
Tangible assets	8	231 423	183 694
Intangible assets	8	420	-
Total expenditure for capital assets		231 843	183 694
TOTAL EXPENDITURE		5 537 657	5 183 469
SURPLUS/(DEFICIT) FOR THE YEAR		78 588	47 133
Reconciliation of Net Surplus/(Deficit) for the year			
Voted funds		78 416	46 739
Annual appropriation		71 005	46 182
Conditional grants		7 411	557
Aid assistance	3	172	394
SURPLUS/(DEFICIT) FOR THE YEAR		78 588	47 133

2.4 STATEMENT OF FINANCIAL POSITION FOR THE YEAR ENDED 31 MARCH 2021

Table 186 Statement of Financial Position for the year ended 31 March 2021

	Note	2020/21	2019/20
		R'000	R'000
ASSETS			
Current assets		424 390	494 763
Unauthorised expenditure	9	406 926	482 779
Cash and cash equivalents	10	-	1
Receivables	11	17 464	11 983
Non-current assets		20 631	19 515
Receivables	11	20 631	19 515
TOTAL ASSETS		445 021	514 278
LIABILITIES			
Current liabilities		445 021	514 278
Voted funds to be surrendered to the Revenue Fund	12	332 211	46 738
Departmental revenue and NRF Receipts to be surrendered to the Revenue Fund	13	4 237	2 639
Bank overdraft	14	100 455	458 627
Payables	15	4 150	2 478
Aid assistance unutilised	3	3 968	3 796
TOTAL LIABILITIES		445 021	514 278
NET ASSETS		-	-
Represented by:			
Capitalisation reserve		-	-
Recoverable revenue		-	-
Retained funds		-	-
Revaluation reserves		-	-
TOTAL		-	-

2.5 STATEMENT OF CHANGES IN THE NET ASSETS FOR THE YEAR ENDED 31 MARCH 2021

Table 187 Statement of changes in the Net Assets for the year ended 31 March 2021

	Note	2020/21	2019/20
		R'000	R'000
Capitalisation Reserves			
Opening balance		-	-
Transfers:		-	-
Movement in Equity		-	-
Movement in Operational Funds		-	-
Other movements		-	-
Closing balance		-	-
Recoverable revenue			
Opening balance		-	-
Transfers:		-	-
Irrecoverable amounts written off	8.3	-	-
Debts revised		-	-
Debts recovered (included in departmental receipts)		-	-
Debts raised		-	-
Closing balance		-	-
Retained funds			
Opening balance		-	-
Transfer from voted funds to be surrendered (Parliament/Legislatures ONLY)		-	-
Utilised during the year		-	-
Other transfers		-	-
Closing balance		-	-
Revaluation Reserve			
Opening balance		-	-
Revaluation adjustment (Housing departments)		-	-
Transfers		-	-
Other		-	-
Closing balance		-	-
TOTAL		-	-

2.6 CASH FLOW STATEMENT FOR THE YEAR ENDED 31 MARCH 2021

Table 188 Cash Flow Statement for the year ended 31 March 2021

	Note	2020/21	2019/20
		R'000	R'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts		5 639 523	5 261 901
Annual appropriated funds received	1.1	5 616 038	5 230 190
Departmental revenue received	2	23 263	31 286
Interest received	2.2	15	14
Aid assistance received	3	207	411
Net (increase)/decrease in working capital		72 044	10 383
Surrendered to Revenue Fund		(68 514)	(53 452)
Surrendered to RDP Fund/Donor		-	-
Current payments		(4 969 899)	(4 901 418)
Interest paid	6	(5 128)	(7 382)
Transfers and subsidies paid		(76 994)	(90 975)
Net cash flow available from operating activities	16	591 032	219 057
CASH FLOWS FROM INVESTING ACTIVITIES			
Payments for capital assets	8	(231 843)	(183 694)
Proceeds from sale of capital assets	2.3	98	2 860
(Increase)/decrease in non-current receivables		(1 116)	(2 175)
Net cash flows from investing activities		(232 861)	(183 009)
CASH FLOWS FROM FINANCING ACTIVITIES			
Increase/(decrease) in net assets		-	-
Net cash flows from financing activities		-	-
Net increase/(decrease) in cash and cash equivalents		358 171	36 048
Cash and cash equivalents at beginning of period		(458 626)	(494 674)
Cash and cash equivalents at end of period	17	(100 455)	(458 626)

2.7 NOTES TO THE ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2021**Summary of significant accounting policies**

The financial statements have been prepared in accordance with the following policies, which have been applied consistently in all material aspects, unless otherwise indicated. Management has concluded that the financial statements present fairly the department's primary and secondary information. The historical cost convention has been used, except where otherwise indicated. Management has used assessments and estimates in preparing the annual financial statements. These are based on the best information available at the time of preparation.

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 (PFMA), Act 1 of 1999 (as amended by Act 29 of 1999), and the Treasury Regulations issued in terms of the PFMA and the annual Division of Revenue Act.

1 Basis of preparation

The financial statements have been prepared in accordance with the Modified Cash Standard.

2 Going concern

The financial statements have been prepared on a going concern basis.

3 Presentation currency

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

4 Rounding

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

5 Foreign currency translation

Cash flows arising from foreign currency transactions are translated into South African Rands using the spot exchange rates prevailing at the date of payment / receipt.

6 Comparative information**6.1 Prior period comparative information**

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.

6.2 Current year comparison with budget

A comparison between the approved, final budget and actual amounts for each programme and economic classification is included in the appropriation statement.

7 Revenue**7.1 Appropriated funds**

Appropriated funds comprise of departmental allocations as well as direct charges against the revenue fund (i.e. statutory appropriation).

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

The net amount of any appropriated funds due to / from the relevant revenue fund at the reporting date is recognised as a payable / receivable in the statement of financial position.

7.2 Departmental revenue

Departmental revenue is recognised in the statement of financial performance when received and is subsequently paid into the relevant revenue fund, unless stated otherwise.

Any amount owing to the relevant revenue fund at the reporting date is recognised as a payable in the statement of financial position.

7.3 Accrued departmental revenue

Accruals in respect of departmental revenue (excluding tax revenue) are recorded in the notes to the financial statements when:

- it is probable that the economic benefits or service potential associated with the transaction will flow to the department; and
- the amount of revenue can be measured reliably.

The accrued revenue is measured at the fair value of the consideration receivable.

Accrued tax revenue (and related interest and / penalties) is measured at amounts receivable from collecting agents. Write-offs are made according to the department's debt write-off policy.

8 Expenditure

8.1 Compensation of employees

8.1.1 Salaries and wages

Salaries and wages are recognised in the statement of financial performance on the date of payment.

8.1.2 Social contributions

Social contributions made by the department in respect of current employees are recognised in the statement of financial performance on the date of payment.

Social contributions made by the department in respect of ex-employees are classified as transfers to households in the statement of financial performance on the date of payment.

8.2 Other expenditure

Other expenditure (such as goods and services, transfers and subsidies and payments for capital assets) is recognised in the statement of financial performance on the date of payment. The expense is classified as a capital expense if the total consideration paid is more than the capitalisation threshold.

8.3 Accruals and payables not recognised

Accruals and payables not recognised are recorded in the notes to the financial statements at cost at the reporting date.

8.4 Leases

8.4.1 Operating leases

Operating lease payments made during the reporting period are recognised as current expenditure in the statement of financial performance on the date of payment.

The operating lease commitments are recorded in the notes to the financial statements.

Operating lease payments received are recognised as departmental revenue.

8.4.2 Finance leases

Finance lease payments made during the reporting period are recognised as capital expenditure in the statement of financial performance on the date of payment.

The finance lease commitments are recorded in the notes to the financial statements and are not apportioned between the capital and interest portions.

Finance lease assets acquired at the end of the lease term are recorded and measured at the lower of:

- cost, being the fair value of the asset; or
- the sum of the minimum lease payments made, including any payments made to acquire ownership at the end of the lease term, excluding interest.

9 Aid Assistance

9.1 Aid assistance received

Aid assistance received in cash is recognised in the statement of financial performance when received. In-kind aid assistance is recorded in the notes to the financial statements on the date of receipt and is measured at fair value.

Aid assistance not spent for the intended purpose and any unutilised funds from aid assistance that are required to be refunded to the donor are recognised as a payable in the statement of financial position.

9.2 Aid assistance paid

Aid assistance paid is recognised in the statement of financial performance on the date of payment. Aid assistance payments made prior to the receipt of funds are recognised as a receivable in the statement of financial position.

10 Cash and cash equivalents

Cash and cash equivalents are stated at cost in the statement of financial position. Bank overdrafts are shown separately on the face of the statement of financial position as a current liability. For the purposes of the cash flow statement, cash and cash equivalents comprise cash on hand, deposits held, other short-term highly liquid investments and bank overdrafts.

11 Prepayments and advances

Prepayments and advances are recognised in the statement of financial position when the department receives or disburses the cash.

Alternatively, the department may recognise prepayments and advances in the statement of financial performance in accordance with MCS on Expenditure if the prepayment was budgeted for as an expense in the year in which the actual prepayment was made. The department discloses in its notes for prepayments and advances a reconciliation of the opening balance and the closing balance at the end of the reporting period where goods and services were partially received or prior to the recipient earning the cash, in the case of transfer and subsidies.

12 Loans and receivables

Loans and receivables are recognised in the statement of financial position at cost plus accrued interest, where interest is charged, less amounts already settled or written-off. Write-offs are made according to the department's write-off policy.

13 Investments

Investments are recognised in the statement of financial position at cost.

14 Financial assets

14.1 Financial assets (not covered elsewhere)

A financial asset is recognised initially at its cost plus transaction costs that are directly attributable to the acquisition or issue of the financial asset.

At the reporting date, a department shall measure its financial assets at cost, less amounts already settled or written-off, except for recognised loans and receivables, which are measured at cost plus accrued interest, where interest is charged, less amounts already settled or written-off.

14.2 Impairment of financial assets

Where there is an indication of impairment of a financial asset, an estimation of the reduction in the recorded carrying value, to reflect the best estimate of the amount of the future economic benefits expected to be received from that asset, is recorded in the notes to the financial statements.

15 Payables

Payables recognised in the statement of financial position are recognised at cost.

16 Capital Assets

16.1 Immovable capital assets

Immovable assets reflected in the asset register of the department are recorded in the notes to the financial statements at cost or fair value where the cost cannot be determined reliably. Immovable assets acquired in a non-exchange transaction are recorded at fair value at the date of acquisition. Immovable assets are subsequently carried in the asset register at cost and are not currently subject to depreciation or impairment.

Subsequent expenditure of a capital nature forms part of the cost of the existing asset when ready for use.

Additional information on immovable assets not reflected in the assets register is provided in the notes to financial statements.

16.2 Movable capital assets

Movable capital assets are initially recorded in the notes to the financial statements at cost. Movable capital assets acquired through a non-exchange transaction is measured at fair value as at the date of acquisition.

Where the cost of movable capital assets cannot be determined reliably, the movable capital assets are measured at fair value and where fair value cannot be determined; the movable assets are measured at R1.

All assets acquired prior to 1 April 2002 (or a later date as approved by the OAG) may be recorded at R1.

Movable capital assets are subsequently carried at cost and are not subject to depreciation or impairment.

Subsequent expenditure that is of a capital nature forms part of the cost of the existing asset when ready for use.

16.3 Intangible assets

Intangible assets are initially recorded in the notes to the financial statements at cost. Intangible assets acquired through a non-exchange transaction are measured at fair value as at the date of acquisition.

Internally generated intangible assets are recorded in the notes to the financial statements when the department commences the development phase of the project.

Where the cost of intangible assets cannot be determined reliably, the intangible capital assets are measured at fair value and where fair value cannot be determined; the intangible assets are measured at R1.

All assets acquired prior to 1 April 2002 (or a later date as approved by the OAG) may be recorded at R1.

Intangible assets are subsequently carried at cost and are not subject to depreciation or impairment.

Subsequent expenditure of a capital nature forms part of the cost of the existing asset when ready for use.

16.4 Project Costs: Work-in-progress

Expenditure of a capital nature is initially recognised in the statement of financial performance at cost when paid.

Amounts paid towards capital projects are separated from the amounts recognised and accumulated in work-in-progress until the underlying asset is ready for use. Once ready for use, the total accumulated payments are recorded in an asset register. Subsequent payments to complete the project are added to the capital asset in the asset register. Where the department is not the custodian of the completed project asset, the asset is transferred to the custodian subsequent to completion.

17 Provisions and Contingents

17.1 Provisions

Provisions are recorded in the notes to the financial statements when there is a present legal or constructive obligation to forfeit economic benefits as a result of events in the past and it is probable that an outflow of resources embodying economic benefits or service potential will be required to settle the obligation and a reliable estimate of the obligation can be made. The provision is measured as the best estimate of the funds required to settle the present obligation at the reporting date.

17.2 Contingent liabilities

Contingent liabilities are recorded in the notes to the financial statements when there 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 within the control of the department or when there is a present obligation that is not recognised because it is not probable that an outflow of resources will be required to settle the obligation or the amount of the obligation cannot be measured reliably.

17.3 Contingent assets

Contingent assets are recorded in the notes to the financial statements when a possible asset arises from past events, and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not within the control of the department.

17.4 Capital commitments

Capital commitments are recorded at cost in the notes to the financial statements.

18 Unauthorised expenditure

Unauthorised expenditure is recognised in the statement of financial position until such time as the expenditure is either:

approved by Parliament or the Provincial Legislature with funding and the related funds are received; or

approved by Parliament or the Provincial Legislature without funding and is written off against the appropriation in the statement of financial performance; or

transferred to receivables for recovery.

Unauthorised expenditure is measured at the amount of the confirmed unauthorised expenditure.

19 Fruitless and wasteful expenditure

Fruitless and wasteful expenditure is recorded in the notes to the financial statements when confirmed. The amount recorded is equal to the total value of the fruitless and or wasteful expenditure incurred.

Fruitless and wasteful expenditure is removed from the notes to the financial statements when it is resolved or transferred to receivables or written off.

Fruitless and wasteful expenditure receivables are measured at the amount that is expected to be recoverable and are de-recognised when settled or subsequently written-off as irrecoverable.

20 Irregular expenditure

Irregular expenditure is recorded in the notes to the financial statements when confirmed after its assessment. The amount recorded is equal to the value of the irregular expenditure incurred unless it is impracticable to determine, in which case reasons therefor are provided in the note.

Irregular expenditure is reduced from the note when it is either condoned by the relevant authority, transferred to receivables for recovery, not condoned and removed or written-off.

Irregular expenditure receivables are measured at the amount that is expected to be recoverable and are de-recognised when settled or subsequently written-off as irrecoverable.

21 Changes in accounting estimates and errors

Changes in accounting estimates are applied prospectively in accordance with MCS requirements.

Correction of errors is applied retrospectively in the period in which the error has occurred in accordance with MCS requirements, except to the extent that it is impracticable to determine the period-specific effects or the cumulative effect of the error. In such cases the department shall restate the opening balances of assets, liabilities and net assets for the earliest period for which retrospective restatement is practicable.

22 Events after the reporting date

Events after the reporting date that are classified as adjusting events have been accounted for in the financial statements. The events after the reporting date that are classified as non-adjusting events after the reporting date have been disclosed in the notes to the financial statements.

23 Principal-Agent arrangements

The department is party to a principal-agent arrangement for infrastructure services. In terms of the arrangement the department is the principal and is responsible for providing funding for these services. All related revenues, expenditures, assets and liabilities have been recognised or recorded in terms of the relevant policies listed herein. Additional disclosures have been provided in the notes to the financial statements where appropriate.

24 Departures from the MCS requirements

Management has concluded that the financial statements present fairly the department's primary and secondary information; that the department complied with the Standard.

25 Capitalisation reserve

The capitalisation reserve comprises of financial assets and/or liabilities originating in a prior reporting period but which are recognised in the statement of financial position for the first time in the current reporting period. Amounts are recognised in the capitalisation reserves when identified in the current period and are transferred to the National/Provincial Revenue Fund when the underlying asset is disposed and the related funds are received.

26 Recoverable revenue

Amounts are recognised as recoverable revenue when a payment made in a previous financial year becomes recoverable from a debtor in the current financial year. Amounts are either transferred to the National/Provincial Revenue Fund when recovered or are transferred to the statement of financial performance when written-off.

27 Related party transactions

Related party transactions within the Minister/MEC's portfolio are recorded in the notes to the financial statements when the transaction is not at arm's length.

The number of individuals and the full compensation of key management personnel is recorded in the notes to the financial statements.

28 Inventories

At the date of acquisition, inventories are recognised at cost in the statement of financial performance.

Where inventories are acquired as part of a non-exchange transaction, the inventories are measured at fair value as at the date of acquisition.

Inventories are subsequently measured at the lower of cost and net realisable value or where intended for distribution (or consumed in the production of goods for distribution) at no or a nominal charge, the lower of cost and current replacement value.

The cost of inventories is assigned by using the weighted average cost basis.

29 Public-Private Partnerships

Public Private Partnerships are accounted for based on the nature and or the substance of the partnership. The transaction is accounted for in accordance with the relevant accounting policies.

A summary of the significant terms of the PPP agreement, the parties to the agreement, and the date of commencement thereof together with the description and nature of the concession fees received, the unitary fees paid, rights and obligations of the department are recorded in the notes to the financial statements.

30 Employee benefits

The value of each major class of employee benefit obligation (accruals, payables not recognised and provisions) is disclosed in the Employee benefits note.

1. Annual Appropriation

1.1. Annual Appropriation

Included are funds appropriated in terms of the Appropriation Act (and the Adjustments Appropriation Act) for National Departments (Voted funds) and Provincial Departments:

Table 189 Annual Appropriation

	2020/21			2019/20	
	Final Appropriation	Actual Funds Received	Funds not requested/not received	Final Appropriation	Appropriation received
	R'000	R'000	R'000	R'000	R'000
Administration	228 215	228 215	-	221,283	221,283
District Health Services	2 458 013	2 458 013	-	2,416,470	2,416,469
Emergency Medical Services	425 246	425 246	-	372,085	372,085
Provincial Hospital Services	379 415	379 415	-	417,026	417,026
Central Services	1 177 107	1 177 107	-	1,147,583	1,147,583
Health Science & Training	147 111	147 111	-	142,373	142,373
Health Care Support Services	441 596	441 596	-	123,415	123,415
Health Facilities Management	359 335	359 335	-	389,956	389,956
Total	5 616 038	5 616 038	-	5,230,191	5,230,190

1.2. Conditional grants

Table 190 Conditional Grants

	Note	2020/21	2019/20
		R'000	R'000
Total grants received	33	1 629 320	1 513 409
Provincial grants included in Total Grants received		-	-

2. Departmental Revenue

Table 191 Departmental Revenue

	Note	2020/21	2019/20
		R'000	R'000
Sales of goods and services other than capital assets	2.1	22 417	28 994
Interest, dividends and rent on land	2.2	15	14
Sales of capital assets	2.3	98	2 860
Transactions in financial assets and liabilities	2.4	846	2 292
Total revenue collected		23 376	34 160
Less: Own revenue included in appropriation	13	23 376	34 160

Departmental revenue collected		-	-
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2.1. Sales of Goods & Services other than Capital Assets

Table 192 Sales of Goods & Services other than Capital Assets

	Note	2020/21	2019/20
	2	R'000	R'000
Sales of goods and services produced by the department		22 417	28 994
Sales by market establishment		1 546	1 380
Administrative fees		2 805	2 661
Other sales		18 066	24 953
Sales of scrap, waste and other used current goods		-	-
Total		22 417	28 994

2.2. Interest, dividends and rent on land

Table 193 Interest, Dividends & Rent on Land

	Note	2020/21	2019/20
	2	R'000	R'000
Interest		15	14
Rent on land		-	-
Total		15	14

2.3. Sale of Capital Assets

Table 194 Sale of Capital Assets

	Note	2020/21	2019/20
	2	R'000	R'000
Tangible assets		98	2 860
Buildings and other fixed structures	31	-	-
Machinery and equipment	29	98	2 860
Total		98	2 860

2.4. Transactions in financial assets and liabilities

Table 195 Transactions in financial assets and liabilities

	Note	2020/21	2019/20
	2	R'000	R'000
Receivables		-	-
Other Receipts including Recoverable Revenue		846	2 292
Total		846	2 292

3. Aid Assistance

Table 196 Aid Assistance

	Note	2020/21	2019/20
		R'000	R'000
Opening Balance		3 796	3 402
Prior period error		-	-
As restated		3 796	3 402
Transferred from statement of financial performance		172	394
Transfers to or from retained funds		-	-
Paid during the year		-	-
Closing Balance		3 968	3 796

3.1. Analysis of balance by source*Table 197 Analysis of balance by source*

		2020/21	2019/20
	Note	R'000	R'000
Aid assistance from other sources		3 968	3 796
Closing balance	3	3 968	3 796

3.2. Analysis of balance*Table 198 Analysis of balance*

		2020/21	2019/20
	Note	R'000	R'000
Aid assistance unutilised		3 968	3 796
Closing balance	3	3 968	3 796

3.3. Aid assistance expenditure per economic classification*Table 199 Aid assistance expenditure per economic classification*

		2020/21	2019/20
	Note	R'000	R'000
Current		35	17
Capital		-	-
Transfers and subsidies		-	-
Total aid assistance expenditure		35	17

4. Compensation of Employees**4.1. Salaries and Wages***Table 200 Salaries and Wages*

	Note	2020/21	2019/20
		R'000	R'000
Basic salary		1 942 257	1 906 199
Performance award		46	4 536
Service Based		2 178	2 973
Compensative/circumstantial		462 118	416 552
Other non-pensionable allowances		433 127	392 541
Total		2 839 726	2 722 801

4.2. Social Contributions*Table 201 Social Contributions*

	Note	2020/21	2019/20
		R'000	R'000
Employer contributions			
Pension		223 267	223 180
Medical		135 999	124 302
UIF		1	-
Bargaining council		513	512
Total		359 780	347 994
Total compensation of employees		3 199 506	3 070 795
Average number of employees		9 514	6 862

5. Goods and Services

Table 202 Goods and Services

	Note	2020/21	2019/20
		R'000	R'000
Administrative fees		816	1 798
Advertising		2 854	3 161
Minor assets	5.1	5 438	3 314
Bursaries (employees)		358	94
Catering		9 269	10 458
Communication		17 715	21 918
Computer services	5.2	38 286	35 453
Consultants: Business and advisory services		1 493	2 416
Infrastructure and planning services		-	-
Laboratory services		126 897	136 361
Scientific and technological services		-	-
Legal services		10 348	13 058
Contractors		293 334	277 472
Agency and support / outsourced services		145 709	125 020
Entertainment		-	-
Audit cost – external	5.3	15 667	14 577
Fleet services		110 487	71 064
Inventory	5.4	725 518	617 185
Consumables	5.5	118 983	64 529
Housing		-	-
Operating leases		43 538	63 920
Property payments	5.6	286 475	275 806
Rental and hiring		606	909
Transport provided as part of the departmental activities		22 309	30 717
Travel and subsistence	5.7	29 222	42 937
Venues and facilities		1 009	4 279
Training and development		13 042	11 763
Other operating expenditure	5.8	4 778	2 375
Total		2 024 151	1 830 606

5.1. Minor Assets

Table 203 Minor Assets

	Note	2020/21	2019/20
	5	R'000	R'000
Tangible assets			
Machinery and equipment		5 438	3 314
Total		5 438	3 314

5.2. Computer Services

Table 204 Computer Services

	Note	2020/21	2019/20
	5	R'000	R'000
SITA computer services		12 324	7 262
External computer service providers		25 962	28 191
Total		38 286	35 453

5.3. Audit Cost (External)

Table 205 Audit Cost (external)

	Note	2020/21	2019/20
	5	R'000	R'000
Regularity audits		15 667	14 577
Total		15 667	14 577

5.4. Inventory*Table 206 Inventory*

	Note	2020/21	2019/20
	5	R'000	R'000
Clothing material and accessories		3 546	1 893
Farming supplies		-	448
Food and food supplies		29 934	34 997
Fuel, oil and gas		7 346	8 614
Materials and supplies		24 432	16 447
Medical supplies		253 524	188 900
Medicine		406 736	365 886
Total		725 518	617 185

5.5. Consumables*Table 207 Consumables*

	Note	2020/21	2019/20
	5	R'000	R'000
Consumable supplies		94 641	37 953
Uniform and clothing		-	9 543
Household supplies		93 721	27 519
Communication accessories		-	17
IT consumables		920	871
Other		-	3
Stationery, printing and office supplies		24 342	26 576
Total		118 983	64 529

5.6. Property Payments*Table 208 Property Payments*

	Note	2020/21	2019/20
	5	R'000	R'000
Municipal services		85 269	79 659
Property maintenance and repairs		32 779	37 669
Other		168 427	158 478
Total		286 475	275 806

5.7. Travel and Subsistence*Table 209 Travel & Subsistence*

	Note	2020/21	2019/20
	5	R'000	R'000
Local		28 937	42 332
Foreign		285	605
Total		29 222	42 937

5.8. Other Operating Expenditure*Table 210 Other Operating Expenditure*

	Note	2020/21	2019/20
	5	R'000	R'000
Professional bodies, membership and subscription fees		-	290
Resettlement costs		-	556
Other		4 778	1 529
Total		4 778	2 375

6. Interest and Rent on land*Table 211 Interest & Rent on Land*

	Note	2020/21	2019/20
		R'000	R'000
Interest paid		5 128	7 382
Total		5 128	7 382

7. Transfers and Subsidies*Table 212 Transfers & Subsidies*

	Note	2020/21	2019/20
		R'000	R'000
Provinces and municipalities	35	578	932
Public corporations and private enterprises	Annexure 1A	-	33
Households	Annexure 1B	76 416	90 010
Total		76 994	90 975

8. Expenditure for Capital Assets*Table 213 Expenditure for Capital Assets*

	Note	2020/21	2019/20
		R'000	R'000
Tangible assets		231 423	183 694
Buildings and other fixed structures	30	113 329	138 784
Machinery and equipment	28	118 094	44 910
Intangible assets		420	-
Software	29	420	-
Total		231 843	183 694

8.1. Analysis of Funds utilised to acquire Capital Assets (2020/21)*Table 214 Analysis of Funds utilised to acquire Capital Assets (2020/21)*

	Voted funds	Aid assistance	Total
	R'000	R'000	R'000
Tangible assets	231 423	-	231 423
Buildings and other fixed structures	113 329	-	113 329
Machinery and equipment	118 094	-	118 094
Intangible assets	420	-	420
Software	420	-	420
Total	843	-	231 843

8.2. Analysis of Funds utilised to acquire Capital Assets (2019/20)*Table 215 Analysis of Funds utilised to acquire Capital Assets (2019/20)*

	Voted funds	Aid assistance	Total
	R'000	R'000	R'000
Tangible assets	183 694	-	183 694
Buildings and other fixed structures	138 784	-	138 784
Machinery and equipment	44 910	-	44 910
Intangible assets	-	-	-
Software	-	-	-
Total	183 694	-	183 694

8.3. Finance Lease expenditure included in Expenditure for Capital Assets*Table 216 Finance Lease Expenditure included in Expenditure for Capital Assets*

	Note	2020/21	2019/20
		R'000	R'000
Tangible assets		13 210	-
Machinery and equipment		13 210	-
Total		13 210	-

9. Unauthorised Expenditure**9.1. Reconciliation of unauthorised expenditure***Table 217 Reconciliation of Unauthorised Expenditure*

	Note	2020/21	2019/20
		R'000	R'000
Opening balance		482 779	482 779
Prior period error		-	-
As restated		482 779	482 779
Unauthorised expenditure – discovered in current year (as restated)		253 793	-
Less: Amounts approved by Parliament / Legislature with funding		(329 646)	-
Closing balance		406 926	482 779
Analysis of closing balance			
Unauthorised expenditure awaiting authorisation		406 926	482 779
Total		406 926	482 779

9.2. Analysis of unauthorised expenditure awaiting authorisation per economic classification*Table 218 Analysis of Unauthorised Expenditure awaiting authorisation per economic classification*

	2020/21	2019/20
	R'000	R'000
Current	384 762	445 816
Capital	-	813
Transfers and subsidies	22 164	36 150
Total	406 926	482 779

9.3. Analysis of unauthorised expenditure awaiting authorisation per type*Table 219 Analysis of Unauthorised Expenditure awaiting authorisation per type*

	2020/21	2019/20
	R'000	R'000
Unauthorised expenditure relating to overspending of the vote or a main division within a vote	406 926	482 779
Total	406 926	779

9.4. Details of unauthorised expenditure – current year (2020/21)*Table 220 Details of Unauthorised Expenditure (2020/21)*

Incident	Disciplinary steps taken/criminal proceedings	2020/21 R'000
Overspending of the vote	Under investigation	253 793
Total		253 793

10. Cash and Cash Equivalents*Table 221 Cash & Cash Equivalents*

	Note	2020/21		2019/20
		R'000		R'000
Cash receipts				1
Total		-		1

11. Receivables*Table 222 Receivables*

	Note	2020/21			2019/20		
		Current	Non-current	Total	Current	Non-current	Total
		R'000	R'000	R'000	R'000	R'000	R'000
Claims recoverable	11.1	-	-	-	-	-	-
Recoverable expenditure	11.2	17 072	-	17 072	10 345	-	10 345
Staff debt	11.3	392	20 606	20 998	1 613	19 515	21 128
Fruitless and wasteful expenditure	11.4	-	25	25	25	-	25
Total		17 464	20 631	38 095	11 983	19 515	31 498

11.1. Claims Recoverable*Table 223 Claims Recoverable*

	Note	2020/21		2019/20
	11 and Annex 3	R'000		R'000
Provincial departments		-		-
Total		-		-

11.2. Recoverable expenditure (disallowance accounts)*Table 224 Recoverable Expenditure (disallowance accounts)*

	Note	2020/21		2019/20
	11	R'000		R'000
Sal: UIF		-		-
Salary: Income tax		-		-
Salary: ACB recalls		23		122
Sal: Tax debts		508		490
Salary: Deduction Disallowance		65		49
Salary: Reversal Control		3 617		895
Salary: Recoverable		12 849		8 789
Salary: GEHS Refund		-		-
Pension recoverable		-		-
Salary: medical aid		10		-
Total		17 072		10 345

11.3. Staff Debt*Table 225 Staff Debt*

	Note	2020/21		2019/20
	11	R'000		R'000
Debt receivable		20 998		21 128
Total		20 998		21 128

11.4. Fruitless and Wasteful Expenditure

Table 226 Fruitless & Wasteful Expenditure

	Note	2020/21	2019/20
	11	R'000	R'000
Opening balance		25	18
Less amounts recovered		-	-
Less amounts written off		-	-
Transfers from note 25 Fruitless and Wasteful Expenditure		-	7
Interest		-	-
Total		25	25

11.5. Impairment of Receivables

Table 227 Impairment of Receivables

	Note	2020/21	2019/20
		R'000	R'000
Estimate of impairment of receivables		5 611	6 035
Total		5 611	6 035

12. Voted Funds to be surrendered to Revenue Fund

Table 228 Voted Funds to be surrendered to Revenue Fund

	Note	2020/21	2019/20
		R'000	R'000
Opening balance		46 738	18 093
Prior period error		-	-
As restated		46 738	18 093
Transfer from statement of financial performance (as restated)		78 416	46 739
Add: Unauthorised expenditure for current year	9	253 793	-
Voted funds not requested/not received	1.1	-	(1)
Paid during the year		(46 736)	(18 093)
Closing balance		332 211	46 738

13. Departmental revenue and NRF Receipts to be surrendered to the Revenue Fund

Table 229 Departmental Revenue & NRF Receipts

	Note	2020/21	2019/20
		R'000	R'000
Opening balance		2 639	3 838
Prior period error		-	-
As restated		2 639	3 838
Transfer from Statement of Financial Performance (as restated)		-	-
Own revenue included in appropriation	2	23 376	34 160
Transfer from aid assistance	3	-	-
Paid during the year		(21 778)	(35 359)
Closing balance		4 237	2 639

14. Bank Overdraft

Table 230 Bank Overdraft

	Note	2020/21	2019/20
		R'000	R'000
Consolidated Paymaster General Account		100 455	458 627
Fund requisition account		-	-
Overdraft with commercial banks (Local)		-	-
Total		100 455	458 627

15. Payables – Current

Table 231 Payables - current

	Note	2020/21	2019/20
		R'000	R'000
Clearing accounts	15.1	2 021	833
Other payables	15.2	2 129	1 645
Total		4 150	2 478

15.1. Clearing Accounts

Table 232 Clearing Accounts

	Note	2020/21	2019/20
	15	R'000	R'000
Salary Disallowance Account		4	1
Salary pension		254	112
Salary: Finance other institution		14	14
Salary: Garnishee order		186	161
Salary: Income Tax		1 024	409
Salary: GEHS Refund		539	136
Total		2 021	833

15.2. Other Payables

Table 233 Other Payables

	Note	2020/21	2019/20
	15	R'000	R'000
Debt Receivable interest		643	640
Debt receivable income		1 486	1 005
Total		2 129	1 645

16. Net Cash Flow available from Operating Activities

Table 234 Net Cash Flow available from Operating Activities

	Note	2020/21	2019/20
		R'000	R'000
Net surplus/(deficit) as per Statement of Financial Performance		78 588	47 133
Add back non cash/cash movements not deemed operating activities		512 444	171 924
(Increase)/decrease in receivables		(5 481)	9 256
(Increase)/decrease in prepayments and advances		-	-
(Increase)/decrease in other current assets		329 646	-
Increase/(decrease) in payables – current		1 672	1 127
Proceeds from sale of capital assets		(98)	(2 860)
Expenditure on capital assets		231 843	183 694
Surrenders to Revenue Fund		(68 514)	(53 452)
Surrenders to RDP Fund/Donor		-	-
Voted funds not requested/not received		-	(1)
Own revenue included in appropriation		23 376	34 160
Net cash flow generated by operating activities		591 032	219 057

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

Table 235 Reconciliation of Cash & Cash Equivalents for Cash Flow Purposes

	Note	2020/21	2019/20
		R'000	R'000
Consolidated Paymaster General account		(100 455)	(458 627)
Cash Receipts		-	1
Total		(100 455)	(458 626)

18. Contingent Liabilities and Contingent Assets**18.1. Contingent Liabilities**

Table 236 Contingent Liabilities

	Note	2020/21	2019/20
		R'000	R'000
Liability to Nature			
Housing loan guarantees Employees	Annex 2A	1 172	1 172
Claims against the department	Annex 2B	1 961 881	1 890 533
Intergovernmental payables (unconfirmed balances)	Annex 4	7 786	8 691
Total		1 970 839	1 900 396

- Claims against the state comprise of legal claims by third parties for which the timing is uncertain.
- The Labour Appeal Court (LAC) declared the salary increases for the 2020/2021 financial year unlawful and invalid. The LAC ruling has been appealed and referred to the Constitutional Court. The ruling by the Constitutional Court will confirm if the department will be obligated to pay the salary increases in dispute.

18.2. Contingent Assets

Table 237 Contingent Assets

	Note	2020/21	2019/20
		R'000	R'000
Nature of contingent asset			
Labour matters		1 487	1 487
Motor Vehicle accidents		190	190
OSD over-payments		1 958	1 958
Other		929	929
Total		4 564	4 564

19. Capital Commitments

Table 238 Capital Commitments

	Note	2020/21	2019/20
		R'000	R'000
Capital expenditure			
Approved and contracted			
Infrastructure commitments		200 479	117 063
Machinery and equipment		47 657	10 498
Transport equipment		15 917	31 464
Total Commitments		264 053	159 025

20. Accruals and Payables not recognised**20.1. Accruals**

Table 239 Accruals not recognised

			2020/21	2019/20
			R'000	R'000
Listed by economic classification				
	30 Days	30+ Days	Total	Total
Goods and services	60 543	230 037	290 580	200 338
Interest and rent on land	-	-	-	-
Transfers and subsidies	-	-	-	171
Capital assets	9 685	4 151	13 836	192
Other	-	-	-	-
Total	70 228	234 188	304 416	200 701
Listed by programme level				
Administration			26 482	15,491
District Health Services			204 341	130 044
Emergency Medical Services			18 113	22,345

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		2020/21	2019/20
		R'000	R'000
Provincial Hospital services		43 853	17,598
Central Hospital Services		8 661	9,357
Health Sciences and Training		2 922	4,036
Health Care Support Services		44	1,828
Health Facilities Management		-	2
Total		304 416	200 701

20.2. Payables not recognised

Table 240 Payables not recognised

				2020/21		2019/20
				R'000		R'000
Listed by economic classification						
		30 Days	30+ Days	Total		Total
Goods and services		72 783	185 499	258 282		275 767
Interest and rent on land		-	-	-		-
Transfers and subsidies		49	-	49		21 345
Capital assets		2 685	24 764	27 439		4 998
Other		-	-	-		861
Total		75 517	210 253	285 770		302 971
Listed by programme level						
Administration				12 082		16 576
District Health Services				105 819		43 054
Emergency Medical Services				16 907		34 343
Provincial Hospital Services				17 276		21 922
Central Hospital Services				28 657		40 048
Health Science and Training				7 637		28 011
Health Care Support Services				97 211		118 981
Health Facilities Management				181		36
Total				285 770		302 971
Included in the above totals are the following:				R'000		R'000
Confirmed balances with other departments			Annex 4	15 677		5 109
Confirmed balances with other government entities			Annex 4	-		-
Total				15 677		5 109

- *The material accruals and payables not recognised are attributable to pressures from service delivery demands and cash flow constraints affecting the provincial equitable share.*

21. Employee Benefits

Table 241 Employee Benefits

	Note	2020/21		2019/20
		R'000		R'000
Leave entitlement		159 179		107 975
Service bonus		73 174		73 039
Performance awards		50 613		50 630
Capped leave		28 321		32 875
Other		2 223		2 631
Total		313 510		267 150

- *At this stage the department is not able to reliably measure the long term portion of the long service awards.*
- *The leave amount includes negative leave balances. This represents leave taken before it fully accrues to an employee. This will balance off during the calendar year.*

22. Lease Agreements**22.1. Operating Leases**

Table 242 Operating Leases

2020/21	Specialised military equipment	Land	Buildings and other fixed structures	Machinery and equipment	Total
	R'000	R'000	R'000	R'000	R'000
Not later than 1 year	-	-	2 491	-	2 491
Later than 1 year and not later than 5 years	-	-	3 940	-	3 940
Later than five years	-	-	-	-	-
Total lease commitments	-	-	6 431	-	6 431
2019/20	Specialised military equipment	Land	Buildings and other fixed structures	Machinery and equipment	Total
	R'000	R'000	R'000	R'000	R'000
Not later than 1 year	-	-	15 475	-	15 475
Later than 1 year and not later than 5 years	-	-	16 338	-	16 338
Later than five years	-	-	-	-	-
Total lease commitments	-	-	31 813	-	31 813

- Material leasing arrangements include agreements for residential accommodation of student nurses.

22.2. Finance Leases

Table 243 Finance Leases

2020/21	Specialised military equipment	Land	Buildings and other fixed structures	Machinery and equipment	Total
	R'000	R'000	R'000	R'000	R'000
Not later than 1 year	-	-	-	12 453	12 453
Later than 1 year and not later than 5 years	-	-	-	955	955
Later than five years	-	-	-	-	-
Total lease commitments	-	-	-	13 408	13 408
2019/20	Specialised military equipment	Land	Buildings and other fixed structures	Machinery and equipment	Total
	R'000	R'000	R'000	R'000	R'000
Not later than 1 year	-	-	-	2 913	2 913
Later than 1 year and not later than 5 years	-	-	-	9 262	9 262
Later than five years	-	-	-	-	-
Total lease commitments	-	-	-	12 175	12 175

- Material leasing arrangement includes the Government Fleet Entity.

23. Accrued Departmental Revenue

Table 244 Accrued Departmental Revenue

	Note	2020/21	2019/20
		R'000	R'000
Sales of goods and services other than capital assets	23.1	59 026	73 615
Total		59 026	73 615

23.1. Analysis of Accrues Departmental Revenue*Table 245 Analysis of Accrues Departmental Revenue*

	Note	2020/21	2019/20
		R'000	R'000
Opening balance		73 615	147 553
Less: amounts received		(16 035)	(23 994)
Add: amounts recorded		32 226	45 371
Less: amounts written-off/reversed as irrecoverable		(30 780)	(95 315)
Closing balance	24	59 026	73 615

23.2. Accrued Departmental Revenue written off*Table 246 Accrued Departmental Revenue written off*

	Note	2020/21	2019/20
		R'000	R'000
Nature of losses			
Patient debt written off		30 780	95 315
Total		30 780	95 315

23.3. Impairment of Accrued Departmental Revenue*Table 247 Impairment of Accrued Departmental Revenue*

	Note	2020/21	2019/20
		R'000	R'000
Estimate of impairment of accrued departmental revenue		51 401	61 239
Total		51 401	61 239

- The department assesses impairment of accrued revenue individually within a group class at the end of each reporting date where there is objective evidence that the asset is impaired
- The key indicator that the asset needs to be assessed for impairment is the delay in payments by debtors. When the debt has been outstanding for more than a certain period in each different category of debt. (As outlined in the Patient Debt Management Policy)
- Where there is a possibility that the debtors will not settle the outstanding balance and where there is certainty that the debt owed will not be recoverable but the approval was not obtained at year-end, the accounts are assessed for impairment.
- Impairment loss is calculated as the difference between the carrying value of the debt at the reporting date less the recoverable value of expected future cash flows.

24. Irregular Expenditure**24.1. Reconciliation of Irregular Expenditure***Table 248 Reconciliation of Irregular Expenditure*

	Note	2020/21	2019/20
		R'000	R'000
Opening balance		8 007 824	6 874 389
Prior period error		-	596 578
As restated		8 007 824	7 470 967
Add: Irregular expenditure – relating to prior year			39 028
Add: Irregular expenditure – relating to current year		685 640	497 829
Closing balance		8 693 464	8 007 824
Analysis of awaiting condonation per age classification			
Current year		685 640	1 094 407
Prior years		8 007 824	6 913 417
Total		8 693 464	8 007 824

24.2. Details of current and prior year Irregular Expenditure – added current year (under determination and investigation)

Table 249 Current & prior year Irregular Expenditure

Incident	Disciplinary steps taken/criminal proceedings	2020/21 R'000
Infrastructure contracts awarded by implementing agencies	Still to be investigated	293 056
Goods and services sourced without following Supply Chain Management process	Still to be investigated	392 584
Total		685 640

24.3. Prior Period Error

Table 250 Prior Period Error

	Note		2019/20 R'000
Nature of prior period error			
Relating to 2019/20 [affecting the opening balance]			
			596 578
Relating to 2019/20			
Total prior period errors			596 578

- The prior period error relates to Irregular Expenditure discovered in the current financial year that relates to the prior year.

25. Fruitless and Wasteful Expenditure**25.1. Reconciliation of Fruitless and Wasteful Expenditure**

Table 251 Reconciliation of Fruitless & Wasteful Expenditure

	Note	2020/21 R'000	2019/20 R'000
Opening balance		74 780	67 423
Prior period error		-	-
As restated		74 780	67 423
Fruitless and wasteful expenditure – relating to current year		5 128	7 382
Less: Amounts recoverable	11.4	-	(25)
Closing balance		79 908	74 780

25.2. Analysis of Current year's (relating to current and prior years) fruitless and wasteful expenditure

Table 252 Analysis of current year's Fruitless & Wasteful Expenditure

Incident	Disciplinary steps taken/criminal proceedings	2020/21 R'000
Interest on overdue accounts	Still to be investigated	5 128
Total		5 128

26. Key Management Personnel

Table 253 Key Management Personnel

	No. of Individuals	2020/21 R'000	2019/20 R'000
Political office bearers (provide detail below)			
Officials:	2(2)	2 135	1 918
Levels 15 to 16	2(2)	2 034	1 724
Level 14 (including officials in EXCO if at lower levels)	10(12)	12 281	13 284
Family members of key management personnel	4(4)	2 182	2 165
Total		18 632	19 091

27. Non-Adjusting events after reporting date

Table 254 Non-Adjustment Events after reporting date

	2020/21
Nature of event	R'000
Subsequent events relates to the special leave of the former Accounting Officer & Chief Financial Officer due to alleged financial irregularities.	-
Total	-

- On 23rd August 2021 the former Acting Head of Department Dr DGTheys (HOD) and the Chief Financial Officer Mr D Gaborone (CFO) were arrested by the HAWKS.
- According to the law enforcement agency, the charges relate to allegations surrounding the procurement of personal protective equipment (PPE) to the value at R43 million without following the correct procurement procedures.
- On 30th August the Acting HOD and the CFO were placed on precautionary suspension whilst investigations are undertaken by the Department supported by the Special Investigation Unit.
- The internal processes are covered by issues of employee/employer confidentiality agreements and the court procedures are under judicial consideration and prohibited from public discussion elsewhere - therefore, the department cannot comment further on this matter.

28. Movable Tangible Capital Assets (2020/21)

Table 255 Movement in Movable Tangible Capital Assets Per Asset Register For The Year Ended 31 March 2021

	Opening balance	Value adjustments	Additions	Disposals	Closing Balance
	R'000	R'000	R'000	R'000	R'000
MACHINERY AND EQUIPMENT	1 207 753	-	106 945	98	1 314 600
Transport assets	191 982	-	59 989	-	251 971
Computer equipment	69 176	-	1 362	-	70 538
Furniture and office equipment	44 279	-	6 337	-	50 616
Other machinery and equipment	902 316	-	39 257	98	941 475
TOTAL MOVABLE TANGIBLE CAPITAL ASSETS	1 207 753	-	106 945	98	1 314 600
Included in the above total of the movable tangible capital assets per the asset register are assets that are under investigation:					
Machinery and equipment				189	71 912

- The movable capital assets under investigation represents assets where the records had not been reviewed and reconciled by the Asset Management division.
-

28.1. Additions to Moveable Tangible Capital Assets

Table 256 Additions to Movable Tangible Capital Assets Per Asset Register for The Year Ended 31 March 2021

	Cash	Non-cash	(Capital Work in Progress current costs and finance lease payments)	Received current, not paid (Paid current year, received prior year)	Total
	R'000	R'000	R'000	R'000	R'000
MACHINERY AND EQUIPMENT	106 945	-	-	-	106 945
Transport assets	59 989	-	-	-	59 989
Computer equipment	1 362	-	-	-	1 362
Furniture and office equipment	6 337	-	-	-	6 337
Other machinery and equipment	39 257	-	-	-	39 257
TOTAL ADDITIONS TO MOVABLE TANGIBLE CAPITAL ASSETS	106 945	-	-	-	106 945

28.2. Disposals of Moveable Tangible Capital Assets

Table 257 Disposals of Movable Tangible Capital Assets Per Asset Register for The Year Ended 31 March 2021

	Sold for cash	Non-cash disposal	Total disposals		Cash Received Actual
	R'000	R'000	R'000		R'000
MACHINERY AND EQUIPMENT	98	-	98		98
Transport assets	-	-	-		-
Computer equipment	-	-	-		-
Furniture and office equipment	-	-	-		-
Other machinery and equipment	98	-	98		98
TOTAL DISPOSAL OF MOVABLE TANGIBLE CAPITAL ASSETS	98	-	98		98

28.3. Movement in Tangible Capital Assets (2019/20)

Table 258 Movement in Tangible Capital Assets Per Asset Register for The Year Ended 31 March 2020

	Opening balance	Prior period error	Additions	Disposals	Closing Balance
	R'000	R'000	R'000	R'000	R'000
MACHINERY AND EQUIPMENT	1 162 265	-	48 348	2 860	1 207 753
Transport assets	183 477	-	11 365	2 860	191 982
Computer equipment	68 176	-	1 000	-	69 176
Furniture and office equipment	40 563	-	3 716	-	44 279
Other machinery and equipment	870 049	-	32 267	-	902 316
TOTAL MOVABLE TANGIBLE CAPITAL ASSETS	1 162 265	-	48 348	2 860	1 207 753

28.4. Movement in Minor Assets (2020/21)

Table 259 Movement in Minor Assets per the Asset Register for the year ended 31 March 2021

	Specialised military assets	Intangible assets	Heritage assets	Machinery and equipment	Biological assets	Total
	R'000	R'000	R'000	R'000	R'000	R'000
Opening balance	-	1 598	-	190 715	-	192 313
Value adjustments	-	-	-	-	-	-
Additions	-	-	-	4 522	-	4 522
Disposals	-	-	-	-	-	-
TOTAL MINOR ASSETS	-	1 598	-	195 237	-	196 835
	Specialised military assets	Intangible assets	Heritage assets	Machinery and equipment	Biological assets	Total
Number of R1 minor assets	-	7 945	-	71 638	-	79 583
Number of minor assets at cost	-	-	-	1 718	-	1 718
TOTAL NUMBER OF MINOR ASSETS	-	7 945	-	73 356	-	81 301
					Number	Value
						R'000
Included in the above total of the movable tangible capital assets per the asset register are assets that are under investigation:						
Machinery and equipment					115	2 063

28.5. Movement in Minor Assets (2019/20)

Table 260 Movement in Minor Assets per the Asset Register for the year ended 31 March 2020

	Specialised military assets	Intangible assets	Heritage assets	Machinery and equipment	Biological assets	Total
	R'000	R'000	R'000	R'000	R'000	R'000
Opening balance	-	1 598	-	187 437	-	189 035
Value adjustments	-	-	-	-	-	-
Additions	-	-	-	3 278	-	3 278
Disposals	-	-	-	-	-	-
TOTAL MINOR ASSETS	-	1 598	-	190 715	-	192 313
	Specialised military assets	Intangible assets	Heritage assets	Machinery and equipment	Biological assets	Total
Number of R1 minor assets	-	7 945	-	70 177	-	78 122

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Number of minor assets at cost	-	-	-	1 461	-	1 461
TOTAL NUMBER OF MINOR ASSETS	-	7 945	-	71 638	-	79 583

28.6. Movable Assets Written Off (2020/21)

Table 261 Movable Assets written off for the year ended 31 March 2021

	Specialised military assets	Intangible assets	Heritage assets	Machinery and equipment	Biological assets	Total
	R'000	R'000	R'000	R'000	R'000	R'000
Assets written off	-	-	-	-	-	-
TOTAL MOVABLE ASSETS WRITTEN OFF	-	-	-	-	-	-

28.7. Moveable Assets Written Off (2019/20)

Table 262 Movable Assets written off for the year ended 31 March 2020

	Specialised military assets	Intangible assets	Heritage assets	Machinery and equipment	Biological assets	Total
	R'000	R'000	R'000	R'000	R'000	R'000
Assets written off	-	-	-	-	-	-
TOTAL MOVABLE ASSETS WRITTEN OFF	-	-	-	-	-	-

29. Intangible Capital Assets

29.1. Movement in intangible Capital Assets (2020/21)

Table 263 Movement in Intangible Capital Assets Per Asset Register for The Year Ended 31 March 2021

	Opening balance	Value adjustments	Additions	Disposals	Closing Balance
	R'000	R'000	R'000	R'000	R'000
SOFTWARE	3 393	-	420	-	3 813
TOTAL INTANGIBLE CAPITAL ASSETS	3 393	-	420	-	3 813

29.2. Additions to Intangible Capital Assets

Table 264 Additions to Intangible Capital Assets Per Asset Register for The Year Ended 31 March 2021

	Cash	Non-Cash	(Development work in progress – current costs)	Received current year, not paid (Paid current year, received prior year)	Total
	R'000	R'000	R'000	R'000	R'000
SOFTWARE	420	-	-	-	420
TOTAL ADDITIONS TO INTANGIBLE CAPITAL ASSETS	420	-	-	-	420

29.3. Movement in Intangible Capital Assets (2019/20)

Table 265 Movement in Intangible Capital Assets per the Asset Register for the year ended 31 March 2020

	Opening balance	Prior period error	Additions	Disposals	Closing Balance
	R'000	R'000	R'000	R'000	R'000
SOFTWARE	3 393	-	-	-	3 393
TOTAL INTANGIBLE CAPITAL ASSETS	3 393	-	-	-	3 393

30. Immovable Tangible Capital Assets**Movement in Immovable Tangible Capital Assets (2020/21)**

Table 266 Movement in Immovable Tangible Capital Assets per Asset Register for the year ended 31 March 2021

	Opening balance	Value adjustments	Additions	Disposals	Closing Balance
	R'000		R'000	R'000	R'000
BUILDINGS AND OTHER FIXED STRUCTURES	2 555 041	-	34 812	-	2 589 853
Dwellings	-	-	-	-	-
Non-residential buildings	2 538 918	-	34 812	-	2 573 730
Other fixed structures	16 123	-	-	-	16 123
TOTAL IMMOVABLE TANGIBLE CAPITAL ASSETS	2 555 041	-	34 812	-	2 589 853

30.1. Additions to Immovable Tangible Capital Assets

Table 267 Additions to Immovable Tangible Capital Assets Per Asset Register for The Year Ended 31 March 2021

	Cash	Non-cash	(Capital Work in Progress current costs and finance lease payments)	Received current, not paid (Paid current year, received prior year)	Total
	R'000	R'000	R'000	R'000	R'000
BUILDING AND OTHER FIXED STRUCTURES	114 565	-	(79 753)	-	34 812
Dwellings	-	-	-	-	-
Non-residential buildings	114 565	-	(79 753)	-	34 812
Other fixed structures	-	-	-	-	-
TOTAL ADDITIONS TO IMMOVABLE TANGIBLE CAPITAL ASSETS	114 565	-	(79 753)	-	34 812

30.2. Disposals of Immovable Tangible Capital Assets

Table 268 Disposals of Immovable Tangible Capital Assets Per Asset Register for The Year Ended 31 March 2020

	Sold for cash	Non-cash disposal	Total disposals		Cash Received Actual
	R'000	R'000	R'000		R'000
BUILDINGS AND OTHER FIXED STRUCTURES	-	-	-		-
Dwellings	-	-	-		-
Non-residential buildings	-	-	-		-
Other fixed structures	-	-	-		-
TOTAL DISPOSALS OF IMMOVABLE TANGIBLE CAPITAL ASSETS	-	-	-		-

30.3. Movement in Immovable Tangible Capital Assets (2019/20)

Table 269 Movement in Immovable Tangible Capital Assets Per Asset Register for The Year Ended 31 March 2020

	Opening balance	Prior period error	Additions	Disposals	Closing Balance
	R'000	R'000	R'000	R'000	R'000
BUILDINGS AND OTHER FIXED STRUCTURES	2 463 810	-	91 231	-	2 555 041
Dwellings	-	-	-	-	-
Non-residential buildings	2 447 687	-	91 231	-	2 538 918
Other fixed structures	16 123	-	-	-	16 123
TOTAL IMMOVABLE TANGIBLE CAPITAL ASSETS	2 463 810	-	91 231	-	2 555 041

30.4. Capital Work in Progress

Table 270 Capital WIP as at 31 March 2021

	Note	Opening balance 1 April 2020	Current Year WIP	Ready for use (Assets to the AR) / Contracts terminated	Closing balance 31 March 2021
	Annexure 6	R'000	R'000	R'000	R'000
Buildings and other fixed structures		504 986	79 753	-	584 739
Machinery and equipment		-	-	-	-
TOTAL		504 986	79 753	-	584 739
Age analysis on ongoing projects		Number of projects			2020/21
		Planned, Construction not started		Planned, Construction started	Total R'000
0 to 1 Year		-		-	-
1 to 3 Years		-		-	-
3 to 5 Years		-		5	584 739
Total		-		5	584 739
Accruals and payables not recognised relating to Capital WIP			Note	2020/21	2019/20
				R'000	R'000
Infrastructure accruals				3 704	50 011
Infrastructure payables				57 165	41 532
Total				60 869	91 543

Table 271 Capital WIP as at 31 March 2020

	Note	Opening balance 1 April 2019	Prior Period Error	Current Year WIP	Ready for use (Assets to the AR) / Contracts terminated	Closing balance 31 March 2020
	Annexure 6	R'000		R'000	R'000	R'000
Buildings and other fixed structures		449 367	(2 336)	57 955	-	504 986
Machinery and equipment		-		-	-	-
TOTAL		449 367	(2 336)	57 955		504 986
Age analysis on ongoing projects		Number of projects			2019/20	
		Planned, Construction not started		Planned, Construction started	Total R'000	
0 to 1 Year		-		-	-	
1 to 3 Years		-		-	2	
3 to 5 Years		-		-	3	
Longer than 5 Years		-		-	-	
Total		-		-	5	
					447 031	

30.6. S24 Immovable Assets

Table 272 Assets to be Transferred in terms of S24 of the PFMA – 2020/21

			Number of assets	Value of assets
				R'000
BUILDINGS AND OTHER FIXED STRUCTURES			175	2 589 853
Dwellings			-	-
Non-residential buildings			175	2 589 853
Other fixed structures			-	-
TOTAL			175	2 589 853

- Included in the immovable assets due for a S42 is the cost of upgrades and refurbishments of facilities.

Table 273 Assets to be Transferred in terms of S24 of the PFMA – 2019/20

			Number of assets	Value of assets
				R'000
BUILDINGS AND OTHER FIXED STRUCTURES			174	2 547 860
Dwellings			-	-
Non-residential buildings			174	2 547 860
Other fixed structures			-	-
TOTAL			174	2 547 860

31. Principal Agent Arrangements**31.1. Department Acting as the Principal**

Table 274 Department Acting as the Principal

	Fee paid	
	2020/21	2019/20
	R'000	R'000
Independent Development Trust	3 506	4 653
Bigen Africa Services (Pty) Ltd	25 131	8 059
Total	28 637	12 712

- The Independent Development Trust are implementing agents for infrastructure projects and they receive a fee at an agreed rate.
- Bigen Africa Services (Pty) Ltd are implementing agents for maintenance projects and they received a fee at an agreed rate.

32. Prior Period Errors**32.1. Correction of Prior Period Errors (Immovable Tangible Assets)**

Table 275 Correction of Prior Period Errors (Immovable Tangible Assets)

	Note	Amount before error correction	Prior period error	Restated Amount
		2019/20	2019/20	2019/20
		R'000	R'000	R'000
Immovable Tangible Assets				
Additions 2019/20	31.3	84 051	7 180	91 231
Net effect		84 051	7 180	91 231

- Prior year Work in progress reclassified as which has a direct effect on the additions resulting into an increase the additions

32.2. Correction of Prior Period Errors (Irregular Expenditure)

Table 276 Correction of Prior Period Errors (Irregular Expenditure)

	Note	Amount before error correction	Prior period error	Restated Amount
		2019/20	2019/20	2019/20
		R'000	R'000	R'000
Irregular expenditure				
Closing balance	24.1	7 411 246	596 578	8 007 824
Net effect		7 411 246	596 578	8 007 824

- Irregular expenditure identified in the prior year not included in the closing balance

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33. Statement of Conditional Grants Received

Table 277 Statement of Conditional Grants Received

NAME OF GRANT	GRANT ALLOCATION					SPENT				2019/20	
	Division of Revenue Act/ Provincial Grants	Roll Overs	DORA Adjustments	Other Adjustments	Total Available	Amount received by department	Amount spent by department	Under / (Overspending)	% of available funds spent by department	Division of Revenue Act	Amount spent by department
	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
National Tertiary Services Grant	402 404	-	-	-	402 404	402 404	402 399	5	100%	378 323	378 313
HIV, TB, HPV, Malaria and Community Outreach Grant	656 487	-	-	61 743	718 230	718 230	711 221	7 009	99%	596 276	596 279
National Health Insurance	19 276	-	-	(5 876)	13 400	13 400	13 399	1	100%	19 306	19, 306
Health Facility Revitalisation Grant	409 404	-	-	(52 371)	357 033	357 033	356 637	396	100%	386 706	386 652
Health Professions Training & Development Grant	-	-	-	-	-	-	-	-	-	97 132	97 126
Social Sector EPWP Incentive Grant for Provinces	6 138	-	-	-	6 138	6 138	6 138	-	100%	8 154	8 152
EPWP Incentive Grant for Provinces	2 302	-	-	-	2 302	2 302	2 302	-	100%	2 439	2 439
Human Papillomavirus Vaccine Grant	-	-	-	-	-	-	-	-	-	3 643	3 643
Human Resource Capacitation Grant	-	-	-	-	-	-	-	-	-	21 431	20 943
Statutory Human Resource and Training and Development Grant	125,465	-	-	4 348	129 813	129 813	129 813	-	100%	-	-
TOTAL	1 621 476	-	-	7 844	1 629 320	1 629 320	1 621 909	7 411	100%	1 513 410	1,512,853

- All funds transferred in terms of the Division of Revenue Act were deposited into the primary bank account of the province

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34. Statement of Conditional Grants and other transfers paid to Municipalities

Table 278 Statement of Conditional Grants and other transfers paid to Municipalities

NAME OF MUNICIPALITY	2020/21							2019/20	
	GRANT ALLOCATION				TRANSFER			Division of Revenue Act	Actual transfer
	DoRA and other transfers	Roll Overs	Adjustments	Total Available	Actual Transfer	Funds Withheld	Re-allocations by National Treasury or National Department		
	R'000	R'000	R'000	R'000	R'000	R'000	%		
Emthanjeni Municipality	-	-	-	-	-	-	-	-	-
Hantam Municipality	-	-	-	-	1	-	-	19	19
Nama Khoi Municipality	-	-	-	-	-	-	-	357	357
Karoo Hoogland	-	-	-	-	25	-	-	100	100
Richtersveld Municipality	-	-	-	-	3	-	-	3	3
South African Post Office	225	-	-	225	225	-	-	202	202
Ga-Segonyana Municipality	-	-	-	-	12	-	-	28	28
Standard Bank	-	-	-	-	-	-	-	2	2
Northern Cape Fleet Services	-	-	-	-	-	-	-	208	208
Sol Plaatje Municipality	13 792	-	-	13 792	260	13 532	-	5 358	-
Ubuntu Municipality	-	-	-	-	2	-	-	-	-
Khara Hais Municipality	-	-	-	-	34	-	-	-	-
Other	16	-	-	16	16	-	-	13	13
TOTAL	14 033	-	-	14 033	578	13 532	-	6 290	932

35. Broad Based Black Economic Empowerment Performance

- Information on compliance with the B-BBEE Act is included in the annual report under the section titled B-BBEE Compliance Performance Information.

36. COVID-19 Response Expenditure

Table 279 COVID-19 Response Expenditure

	Note	2020/21	2019/20
	Annexure 7	R'000	R'000
Compensation of employees		6 029	-
Goods and services		141 980	-
Transfers and subsidies		154	-
Expenditure for capital assets		30 136	-
Other		-	-
Total		178 299	-

37. Going Concern Evaluation

Table 280 Going Concern Evaluation

	2020/21
	R'000
Current Assets	424 390
Unauthorised expenditure	406 926
Receivables	17 464
Current liabilities	445 021
Voted funds to be surrendered to the Revenue Fund	332 211
Departmental revenue and NRF Receipts to be surrendered to the Revenue Fund	4 237
Payables	4 150
Bank overdraft	100 455
Aid assistance unutilised	3 968
Net current liabilities	(20 631)
Other obligations	903 696
Accruals and payables not realised	590 186
Employee benefits	313 510

- The Northern Cape Department of Health show net current liabilities of R20 631 000 for the financial year ending 31 March 2021. This is an indication of the financial challenges faced by the department resulting in the delay to settle commitments as they become due. The departments' going concern ability is however, secured through the commitment on the Medium Term Expenditure Framework. These budgets are committed for the medium term between 2021/22 and 2023/24 financial years.
- The medium term allocation of the department amount to R17 217 673 000 over the three financial years with 2021/22 allocated an amount of R5 716 105 000.
- The Department is planning activities to address the growing trend of Accruals and Payables. This will be addressed through improving the relationship between planning and resource allocation. Regular monitoring of performance against resources spent will also be strengthened to ensure alignment between outputs and spending. The budget committee is established to spearhead this process.
- The efforts of the Medico-Legal unit are bearing fruit. This unit has identified the main causes of the adverse cases experienced in facilities and the Department is addressing those. This unit further assists the Department to deal adequately with medico-legal cases
- Management continues to consider the economic environment in which the Department operates and the likelihood on continued government funding. The above material uncertainties may individually or collectively cast significant doubt upon the Province's ability to continue funding the operations of the Department.
- The Department is therefore, assured of its continued existence through the implementation of corrective measures to deal with accruals and the continued support of the National Department of Health, Provincial Government and in particular Provincial Treasury.

ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2021

ANNEXURE 1A - STATEMENT OF TRANSFERS/SUBSIDIES TO PUBLIC CORPORATIONS AND PRIVATE ENTERPRISES

Table 281 Statement of Transfers/Subsidies to Public Corporations and Private Enterprises

NAME OF PUBLIC CORPORATION/PRIVATE ENTERPRISE	TRANSFER ALLOCATION				EXPENDITURE				2019/20
	Adjusted Appropriation Act	Roll Overs	Adjustments	Total Available	Actual Transfer	% of Available funds Transferred	Capital	Current	Final Appropriation
	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000	R'000
Public Corporations									
Transfers									
SAHPRA	-	-	-	-	-	-	-	-	-
SABS Commercial	-	-	-	-	-	-	-	-	-
Total	-	-	-	-	-	-	-	-	-

ANNEXURE 1B - STATEMENT OF TRANSFERS TO HOUSEHOLDS

Table 282 Statement of Transfers to Households

HOUSEHOLDS	TRANSFER ALLOCATION				EXPENDITURE		2019/20
	Adjusted Appropriation Act	Roll Overs	Adjustments	Total Available	Actual Transfer	% of Available funds Transferred	Final Appropriation
	R'000	R'000	R'000	R'000	R'000	%	R'000
Transfers							
H/H EMPL S/BEN: INJURY ON DUTY	-	-	-	-	1	-	201
H/H EMPL S/BEN: LEAVE GRATUITY	9 205	-	-	9 205	11 356	123%	9 209
H/H: CLAIMS AGAINST THE STATE (CASH)	-	-	-	-	34 327	-	51 848
H/H: BURSARIES (NON-EMPLOYEE)	15 199	-	-	15 199	30 388	200%	26 604
H/H: DONATIONS 7 GIFTS (CASH)	-	-	-	-	344	-	207
TOTAL	24 404	-	-	24 404	76 416		88 069

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ANNEXURE 1C - STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED

Table 283 Statement of Gifts, Donations & Sponsorships Received

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2020/21	2019/20
		R'000	R'000
Received in cash			
NSF Growth and Development Strategy	Growth and development of health professionals	-	411
De Beers Group	Upgrade of ward at Robert Mangaliso Sobukwe Hospital	207	
Subtotal		207	411
Received in kind			
National Department of Health	Office and computer equipment	-	539
National Department of Health	Medical equipment and instruments	-	2 899
Dr Valdez	Kitchen equipment	-	-
Tecmed Africa	Advertising material	-	-
Anatomical parts and charts	Conference material	-	-
Medhold	Surgical instruments	-	-
Hain Lifescience	TB Instruments	-	-
Road Accident Fund	Patient file archiving project	-	-
Ster Kinekor	Corneal Implants	-	3
Subtotal		-	3 441
TOTAL		-	3 852

ANNEXURE 1D - STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS MADE

Table 284 Statement of Gifts, Donations & Sponsorships Made

NATURE OF GIFT, DONATION OR SPONSORSHIP (Group major categories but list material items including name of organisation)	2020/21	2019/20
	R'000	R'000
Made in kind		
Donations made by the Member of Executive Council	-	-
TOTAL	-	-

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ANNEXURE 2A - STATEMENT OF FINANCIAL GUARANTEES ISSUED AS AT 31 MARCH 2021 – LOCAL

Table 285 Statement of Financial Guarantees Issued as at 31 March 2021 – Local

Guarantor institution	Guarantee in respect of	Original guaranteed capital amount	Opening balance 1 April 2020	Guarantees draw downs during the year	Guarantees repayments/ cancelled/ reduced during the year	Revaluation due to foreign currency movements	Closing balance 31 March 2021	Revaluations due to inflation rate movements	Accrued guaranteed interest for year ended 31 March 2021
		R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000
Housing									
Standard Bank	Housing guarantees	1 517	317	-	-	-	317	-	-
Nedbank Limited	Housing guarantees	581	138	-	-	-	138	-	-
First National Bank	Housing guarantees	951	242	-	-	-	242	-	-
Nedbank (Inc.)	Housing guarantees	124	16	-	-	-	16	-	-
ABSA Bank	Housing guarantees	3 097	352	-	-	-	352	-	-
People's Bank	Housing guarantees	67	13	-	-	-	13	-	-
Nedbank (NBS)	Housing guarantees	122	22	-	-	-	22	-	-
Old Mutual	Housing guarantees	-	72	-	-	-	72	-	-
TOTAL		6 459	1 172	-	-	-	1 172	-	-

ANNEXURE 2B - STATEMENT OF CONTINGENT LIABILITIES AS AT 31 MARCH 2021

Table 286 Statement of Contingent Liabilities as at 31 March 2021

Nature of Liability	Opening Balance	Liabilities incurred during the year	Liabilities paid/cancelled/ reduced during the year	Liabilities recoverable (Provide details hereunder)	Closing Balance
	1 April 2020				31 March 2021
	R'000	R'000	R'000	R'000	R'000
Claims against the department					
Medico-Legal cases	1 624 354	262 255	229 814	-	1 656 795
Breach of contract	177 859	137 136	29 280	-	285 715
Motor vehicle accidents	5 015	2 891	448	-	7 458
Labour matters	6 913	1 251	661	-	7 503
Other	76 392	4 048	76 030	-	4 410
TOTAL	1 890 533	407 581	336 233	-	1 961 881

ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH: VOTE 10

ANNEXURE 3 - CLAIMS RECOVERABLE

Table 287 Claims Recoverable

Government Entity	Confirmed balance outstanding		Unconfirmed balance outstanding		Total		Cash in transit at year end 2020/21	
	31/03/2021	31/03/2020	31/03/2021	31/03/2020	31/03/2021	31/03/2020	Receipt date up to six (6) working days after year end	Amount
	R'000	R'000	R'000	R'000	R'000	R'000		R'000
Department								
Department of Justice & Constitutional Development	10	10	-	-	10	10	-	-
National Department of Public Works	-	-	-	-	-	-	-	-
National Department of Health	-	-	17 700	17 700	17 700	17 700	-	-
Free State Department of Health	-	-	6 921	5 247	6 921	5 247	-	-
Gauteng Department of Health	-	-	771	766	771	766	-	-
Northern Cape Provincial Treasury	-	-	111	111	111	111	-	-
Western Cape Department of Health	-	-	5 320	4 191	5 320	4 191	-	-
North West Department of Health	-	-	2 612	851	2 612	851	-	-
Kwa-Zulu Natal Department of Health	-	-	177	177	177	177	-	-
Northern Cape Department of Environment & Nature Conservation	71	71	-	-	71	71	-	-
Northern Cape Department of Social Development	-	-	602	558	602	558	-	-
Eastern Cape Department of Health	-	-	85	-	85	-	-	-
Northern Cape Department of Education	-	-	-	-	-	-	-	-
Northern Cape Department of Sports Arts & Culture	-	-	-	-	-	-	-	-
North West Department of Public Works	-	-	49	49	49	49		
Northern Cape Department of Roads & Public Works	-	-	356	100	356	100		
Northern Cape FET College	-	-	124	124	124	124		
Western Cape Correctional Services	-	-	19	19	19	19		
Northern Cape Department of Agriculture, Land Reform and Rural Development	-	-	94	-	94	-		
Northern Cape Office of the Premier	1 044	-	180	-	180	-		
TOTAL	1 125	81	35 121	29 893	34 965	29 974	-	-

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ANNEXURE 4 - INTER-GOVERNMENT PAYABLES

Table 288 Inter-Government Payables

GOVERNMENT ENTITY	Confirmed balance outstanding		Unconfirmed balance outstanding		TOTAL		Cash in transit at year end 2019/20	
	31/03/2021	31/03/2020	31/03/2021	31/03/2020	31/03/2021	31/03/2020	Payment date up to six (6) working days before year end	Amount
	R'000	R'000	R'000	R'000	R'000	R'000		R'000
DEPARTMENTS								
National Department of Health	-	-	-	-	-	-	-	-
Department of Justice & Constitutional Development	952	-	2 519	3 435	3 471	3 435	-	-
Northern Cape Department of Roads & Public Works	9 603	-	3 740	3 740	13 343	3 740	-	-
Free State Department of Health	4 788	4 788	-	-	4 788	4 788	-	-
North West Department of Health	-	-	53	8	53	8	-	-
Northern Cape Office of the Premier	-	-	1 358	1 358	1 358	1 358	-	-
Western Cape Department of Health	-	11	-	-	-	11	-	-
Kwa-Zulu Natal Department of Education	-	-	-	-	-	-	-	-
Northern Cape Department of Education	-	-	-	-	-	-	-	-
Free State office of the Premier	-	-	-	-	-	-	-	-
Northern Cape Department of Social Development	197	197	-	-	197	197	-	-
Northern Cape Department of Sports Arts & Culture	-	37	-	-	-	37	-	-
Limpopo Department of Health	-	-	150	150	150	150	-	-
Eastern Cape Department of Health	76	76	-	-	76	76	-	-
Northern Cape Department of Transport Safety & Liaison	-	-	-	-	-	-	-	-
South African Police Service	61	-	-	-	61	-	-	-
TOTAL	15 677	5 109	7 820	8 691	23 497	13 800	-	-

ANNEXURE 5 - INVENTORIES

Table 289 Inventories

Inventories - Pharmaceutical Supplies	Note	Quantity	2020/21	Quantity	2019/20
	34		R'000		R'000
Opening balance			58 948		67 453
Add/(Less): Adjustments to prior year balance			-		-
Add: Additions/Purchases – Cash			382 713		332 399
Add: Additions - Non-cash			4 934		1 910
(Less): Disposals			-		-
(Less): Issues			(387 462)		(344 567)
Add/(Less): Received current, not paid (Paid current year, received prior year)			-		-
Add/(Less): Adjustments			(7 283)		1 753
Closing balance			51 850		58 948

ANNEXURE 6 - MOVEMENT IN CAPITAL WORK IN PROGRESS

ANNEXURE 6A - MOVEMENT IN CAPITAL WORK IN PROGRESS FOR THE YEAR ENDED 31 MARCH 2021

Table 290 Movement in Capital WIP (2020/21)

	Opening balance	Current Year Capital WIP	Ready for use (Asset register) / Contract terminated	Closing balance
	R'000	R'000	R'000	R'000
BUILDINGS AND OTHER FIXED STRUCTURES	504 986	79 753	-	584 739
Dwellings	-	-	-	-
Non-residential buildings	504 986	79 753	-	584 739
Other fixed structures	-	-	-	-
TOTAL	504 986	79 753	-	584 739

ANNEXURE 6B - MOVEMENT IN CAPITAL WORK IN PROGRESS FOR THE YEAR ENDED 31 MARCH 2020

Table 291 Movement in Capital WIP (2019/20)

	Opening balance	Prior period error	Current Year Capital WIP	Ready for use (Asset register) / Contract terminated	Closing balance
	R'000	R'000	R'000	R'000	R'000
BUILDINGS AND OTHER FIXED STRUCTURES	449 367	(2 336)	57 955	-	504 986
Dwellings	-	-	-	-	-
Non-residential buildings	449 367	(2 336)	57 955	-	504 986
Other fixed structures	-	-	-	-	-
TOTAL	449 367	(2 336)	57 955	-	504 986

ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH: VOTE 10

ANNEXURE 7 – COVID-19 RESPONSE EXPENDITURE (Per quarter and in total)

Table 292 COVID-19 Response Expenditure

Expenditure per economic classification	2020/21					2019/20
	Q1	Q2	Q3	Q4	Total	Total
	R'000	R'000	R'000	R'000	R'000	R'000
Compensation of employees	-	-	-	6 029	6 029	-
Goods and services	4 114	88 575	14 652	34 639	141 980	-
Advertising	602	-	-	-	602	-
Inventory: Medical supplies	3,088	23,952	5,465	4,201	36,706	-
Inventory: Medicine	-	24,001	7,195	9,750	40,946	-
Agency and support / outsourced services	-	5,880	-	6,290	12,170	-
Laboratory services	-	130	368	102	600	-
Inventory: Clothing material and supplies	-	-	681	-	681	-
Catering: Departmental activities	-	-	2	-	2	-
Travel and subsistence	-	-	-	-	-	-
Contractors	-	-	-	2,650	2,650	-
Property payments	424	-424	787	-	787	-
Minor assets	-	460	-	-	460	-
Consumable: Stationery, printing and office supplies	-	-	154	-	154	-
Consumable supplies	-	34,576	-	11,630	46,206	-
Rental and hiring	-	-	-	16	16	-
Transfers and subsidies	-	-	103	51	154	-
Transfers and subsidies: Provincial	-	-	103	51	154	-
Expenditure for capital assets	-	-	34 897	(4 761)	30 136	-
Other machinery and equipment	-	-	11 675	(2 650)	9 025	-
Transport equipment	-	-	23 222	(2 111)	21 111	-
Other expenditure not listed above	-	-	-	-	-	-
TOTAL COVID-19 RESPONSE EXPENDITURE	4 114	88 575	49 652	35 958	178 299	-

ACKNOWLEDGEMENTS

The development and completion of the Annual Report of the Northern Cape Department of Health for the **2020/21** performance period was a collaborative effort between a number of officials, together with budget Programmes.

The following individuals are especially recognised:

- Mr R Jones Executive Manager: Office of the HOD
- Mr D Gaborone Chief Financial Officer
- Mr P Ngcoboti Senior Manager: Management Accounting Directorate
- Mr M Mlatha Director: Policy and Planning
- Ms A Selao Deputy Director: Policy Development
- Mr R Sichimwi Acting Assistant Director (**Team Leader**): Policy and Planning (Monitoring and Evaluation)
- Ms K Moloi Senior Administrative Officer: Policy and Planning (Monitoring and Evaluation)
- Ms L Smith Administrative Officer: Policy and Planning (Monitoring and Evaluation)
- Ms P Bonokwane Intern: Policy and Planning (Monitoring and Evaluation)

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- Northern Cape Department of Health, Electronic Tuberculosis Register
- Northern Cape Department of Health, Vulindlela 2019/20
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ANNEXURES

ANNEXURE A: Statement of Responsibility and Confirmation of Accuracy

Statement of Responsibility and Confirmation of Accuracy for the Annual Report

To the best of my knowledge and belief, I confirm the following:

- All information and amounts disclosed throughout this Annual Report are correct and consistent.
- This Annual Report is complete, accurate and free from omissions.
- This Annual Report has been prepared in accordance with the Annual Report Guide for National and Provincial Departments as issued by National Treasury.
- The Annual Financial Statements (Part E) have been prepared in accordance with the modified cash standard and the relevant frameworks and guidelines as issued by National Treasury.
- The Accounting Officer is responsible for the preparation of the Annual Financial Statements and for the judgements made in this information.
- The Accounting Officer is responsible for establishing and implementing a system of internal control that is designed to provide reasonable assurance as to the integrity and reliability of the performance information, the Human Resource information and the Annual Financial Statements.
- The external auditors are engaged to express an independent opinion on the Annual Financial Statements.
- This Annual Performance Report fairly reflects the operations, performance information, human resources information and financial affairs of the Department for the financial year ended **31st March 2021**.

Yours faithfully



Mr. R Strydom
Accounting Officer (Acting)
Northern Cape Department of Health

31 May 2021

Date

ANNEXURE B: Moratorium for the filling of all posts for the remainder of the 2020/21 Financial Year in the Northern Cape Provincial Administration



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Dipentiso :

Date : 16 November 2020
Leshupelo :

Reference :
Tshupelo :

**TO: MEMBERS OF THE EXECUTIVE COUNCIL
HEADS OF DEPARTMENTS**

**MORATORIUM ON THE FILLING OF ALL POSTS FOR THE REMAINDER OF
THE 2020/21 FINANCIAL YEAR, IN THE NORTHERN CAPE PROVINCIAL
ADMINISTRATION**

During the PMTEC process and subsequent MEC bilateral, all the departments were advised of our constrained fiscal operating environment. When finalising the numbers for the 2020/21 budget adjustment process, it became clear that we need to put a moratorium on the filling of all posts for the remainder of the 2020/21 financial year. This is a responsible prudent measure to ensure sound financial management in the Provincial Government, thereby avoiding unauthorized expenditure.

This moratorium has immediate effect. To support and enforce it, the Persal system (appointment function only) will be suspended in all Provincial departments and surrendered to the Provincial Treasury.

Further communication will follow as the process unfolds for the 2021/22 budget.

**DR. ZAMANI SAUL, MPL
PREMIER: NORTHERN-CAPE**

ANNEXURE C: Directive on the Termination of the Web-enabled Evaluate Job Evaluation System in the Public Service, Interim System and Transitional Measures



MINISTRY
PUBLIC SERVICE AND ADMINISTRATION
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TO ALL EXECUTIVE AUTHORITIES, HEADS OF NATIONAL/PROVINCIAL DEPARTMENTS AND
PROVINCIAL ADMINISTRATIONS

CIRCULAR 31 OF 2020

DIRECTIVE ON THE TERMINATION OF THE WEB-ENABLED EVALUATE JOB EVALUATION SYSTEM IN THE PUBLIC SERVICE, INTERIM SYSTEM AND TRANSITIONAL MEASURES.

1. The Public Service Act, 1994 stipulates in section 3(1)(c) that the Minister is responsible for establishing norms and standards relating to the conditions of service and other employment practices for employees. Wherein the definition of employment practices includes job and occupational classification and grading.
2. As prescribed in the Public Service Regulations, 2016 to ensure that work of equal value is remunerated equally the public service shall utilize a the job evaluation system to conduct job evaluation and grading in order to determine the relative size and worth of a job.
3. The public service relied on the job evaluation system that was introduced since 1999 known as the Equate Job Evaluation system for this process. The system went through a refinement and refurbishment process in 2014 resulting in a web-enabled system called the Evaluate Job Evaluation system.
4. As from 01 August 2020 the web-enabled Evaluate Job Evaluation system will not be available online.
5. The DPSA is currently exploring options regarding a new job evaluation and grading system to be utilised in the public service. Plans are underway to have the system developed and implemented soonest. Departments will be apprised of progress in this regard. The following interim system and transitional measures will apply to manage the job evaluation and grading of jobs in the public service from 01 August 2020:

5.1 Implementation of an interim job evaluation system.

Due to the termination of the web-enabled Evaluate job evaluation system, the Minister for the Public Service and Administration, hereby issues a directive in terms of regulation 41(2)(a) of the Public Service Regulations, 2016 on the application of job grading system in the public service.

5.2 Deviation in terms of Regulation 40(c) of the PSR, 2016.

The Minister, hereby grants a deviation in terms of regulation 40(c) to suspend the requirement where the filling of posts requires job evaluation, unless the job has been evaluated in the last 60 calendar months to the extent that departments may fill posts that have been previously evaluated even if that post was not evaluated in the last 60 calendar months. This deviation shall apply for the duration of this directive.

5.3 Job evaluation and job grading by departments.

- (a) Corporate Services (Program 1) jobs and/ other jobs providing support services irrespective of the program.

Corporate Services (Program 1) jobs are similar and/or the same. The DPSA has developed a database of such jobs and therefore, departments shall consult with the DPSA for comparison and comparable worth of the job before the grading of the job is confirmed.

The DPSA will publish a list of benchmarked job descriptions, job titles and grading levels of jobs which departments may use to determine the appropriate grade of a job.

- (b) Line (core) function jobs

Departments may conduct a comparison and comparable worth of jobs in their line (core) function and grade new jobs based on the existing database of their line (core) function jobs.

5.4 Jobs graded in terms of regulation 41(2)(d) of the PSR, 2016.

All jobs that were in the process of being co-ordinated will not be finalised as the process is suspended with immediate effect pending the development and implementation of a new job evaluation and grading system for the public service.

5.5 Occupation Specific Dispensations (OSDs).

The OSD posts are derived from a variety of collective agreements and the grading of such posts has been centrally determined and job evaluation is prohibited. Such prohibition on job evaluation shall remain in force.

5.6 Organisational Design.

Regulation 25(2)(c) provides for mechanisms to be followed with regard to the grading of posts during the consultation process for the determination of the organisational structure of a department. The process as alluded to in sub-paragraph 5.3 above should be followed by departments during the development and consultation on the organisational structures with the MPSA.

5.7 Job Evaluation training and development provided by the National School of Government.

All current and future training and development on the utilization of the Evaluate job evaluation system is suspended until such time that a new job evaluation and grading system is in place.

5.8 The use of consultants/service providers by departments to conduct job evaluation.

All contracts entered into with consultants/service providers to conduct job evaluations should be managed in terms of the applicable finance and supply chain management policies including the laws governing contract management.

5.9 Monitoring and Evaluation

With effect from 01 August 2020, all departments will be required to maintain a data-base of all jobs that were evaluated and graded in terms of this directive. Failure to comply with this directive will be dealt with in terms of section 16A of the Public Service Act, 1994.

6. The DPSA is currently in the process of collecting all the job evaluation data from the Evaluate job evaluation system. Once the data is available, benchmark job descriptions and grading levels may, on request, be provided to department. Please submit formal requests in this regard to Mr. V. Sakala via e-mail at victor.sakala@dpsa.gov.za or telephone (012) 336-1336.



Mr. Senzo Mchunu, MP

Minister for the Public Service and Administration

Date: 01/08/2020



ANNUAL REPORT 2020/21

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