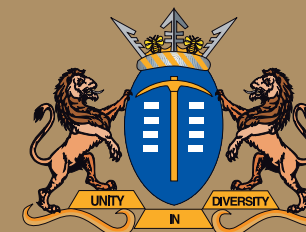


# HEALTH ANNUAL REPORT 2014/2015



Gauteng Provincial Government | Health | Annual Report 2014/2015

Together, Moving Gauteng City Region Forward



**GAUTENG PROVINCE**  
HEALTH  
REPUBLIC OF SOUTH AFRICA

PR 219/2015  
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**Department of Health**  
**Province of Gauteng**  
**Vote No. 4**

**Annual Report**

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## Section 1 General Information

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## 2. Abbreviations and Acronyms

AG	Auditor-General
A&E	Accident and Emergency
AIDS	Acquired Immune Deficiency Syndrome
ALOS	Average Length of Stay
ANC	Antenatal Care
ART	Antiretroviral Treatment
BAS	Basic Accounting System
BBBEE	Broad-Based Black Economic Empowerment
BFHI	Baby Friendly Hospital Initiative
BLS	Basic Life Support
BUR	Bed Utilisation Rate
CARMMA	Campaign For Accelerated Reduction of Maternal Mortality in Africa
CBO	Community-Based Organisation
CCMT	Comprehensive HIV and AIDS Care Management and Treatment
CEO	Chief Executive Officer
CFO	Chief Financial Officer
CHC	Community Health Centre
CHW	Community Health Worker
CMR	Child Mortality Rate
CPD	Continuing Professional Development
DAC	Departmental Acquisition Council
DHIS	District Health Information System
DHS	District Health System
DID	Department of Infrastructure Development
NDoH	Department of Health (National)
DPSA	Department of Public Service and Administration
EE	Employment Equity
E-HR	Electronic Health Record
EHWP	Employee Health and Wellness Programme
EML	Essential Medicines List
EMS	Emergency Medical Services
EPI	Expanded Programme on Immunisation
EPWP	Expanded Public Works Programme
ESMOE	Essential Steps in Managing Obstetric Emergencies
EXCO	Executive Committee or Council
FBO	Faith-Based Organisation
FDC	Fixed-Dose Combination (ARV Pill)
FY	Financial Year

GAS	Gauteng Audit Services
GDID	Gauteng Department of Infrastructure Development
GIS	Geographic Information System
GPG	Gauteng Provincial Government
GP	General Practitioner
GSSC	Gauteng Shared Services Centre
HAART	Highly Active Antiretroviral Treatment
HAST	HIV, AIDS, STIS and TB
HCT	HIV Counselling and Testing
HFM	Health Facilities Management
HIV	Human Immunodeficiency Virus
HOD	Head of Department
HPCSA	Health Professions Council of South Africa
HR	Human Resources
HWSETA	Health and Welfare Sector Education and Training Authority
ICDM	Integrated Chronic Diseases Management
ICT	Information and Communication Technology
ICU	Intensive Care Unit
IEC	Information, Education and Communication
ILS	Intermediate Life Support
IMCI	Integrated Management of Childhood Illnesses
IMR	Infant Mortality Rate
IPT	Isoniazid Prophylaxis
ISHP	Integrated School Health Programme
IT	Information Technology
M&E	Monitoring and Evaluation
MDGs	Millennium Development Goals
MDR-TB	Multi-Drug Resistant Tuberculosis
MEC	Member of Executive Council
MIS	Management Information System
MMC	Medical Male Circumcision
MMR	Maternal Mortality Rate
MOU	Memorandum of Understanding
MSD	Medical Supplies Depot
MSM	Men who have Sex with Men
MTEF	Medium-Term Expenditure Framework
MTSF	Medium-Term Strategic Framework
NCDs	Non-Communicable Diseases
NDP	National Development Plan
NGO	Non-Governmental Organisation



NHI	National Health Insurance
NHLS	National Health Laboratory Services
NIMART	Nurse-Initiated Management of ART
NPO	Non-Profit Organisation
NSP	National Strategic Plan on HIV, TB and STI
OPD	Outpatient Department
OHH	Outreach Households
OHSC	Occupational Health and Safety Council
OSD	Occupation-Specific Dispensation
OVC	Orphans and Vulnerable Children
PACS	Picture Archiving and Communication System
PASOP	Prevent, Avoid, Stop, Overcome and Protect
PCR	Polymerase Chain Reaction
PDE	Patient-Day Equivalent
PEP	Post-Exposure Prophylaxis
PFMA	Public Finance Management Act
PHC	Primary Health Care
PLHIV	People Living With HIV
PMTCT	Prevention of Mother-To-Child Transmission
POA	Programme of Action
PPP	Public Private Partnership
PSS	Patient Satisfaction Survey
PSETA	Public Service Education and Training Authority
PTC	Pharmacy Therapeutic Committee
PWD	People With Disabilities
RAF	Road Accident Fund
RWOPS	Remunerative Work Outside Public Service
QA	Quality Assurance
SADC	Southern African Development Community
SAM	Severe Acute Malnutrition
SANBS	South African National Blood Service
SAPS	South African Police Service
SCM	Supply Chain Management
SLA	Service-Level Agreement
TB	Tuberculosis
TOR	Terms of Reference
UPFS	Uniform Patient Fees Schedule
WBOT	Ward-Based Outreach Team
XDR-TB	Extreme Drug Resistant Tuberculosis
WISN	Workload Indicators of Staffing Needs

### 3. Foreword by the MEC for Health



Ms Q. D. Mahlangu

As we reflect on the past financial year in this annual report we reaffirm the **Freedom Charter's** call for **"Free medical care as well as hospitalisation to be provided for all, with special care for mothers and young children"** and the National Development Plan (NDP) goals through the roll out of National Health Insurance (NHI) as the vehicle to achieve the vision set out in the Freedom Charter.

To achieve the call of the Freedom Charter and the NDP goals, the Gauteng Department of Health has drawn up a Vision and a Mission. Our Vision is: **"Daily we need to provide high-quality, efficient and accessible healthcare to transform people's lives"**. Our Mission is: **"Create an effective public health system in Gauteng by ensuring we have the right people, skills, systems and equipment to provide the care our patients need to live healthy, quality lives."**

By no means is our Vision and Mission a once-off event; but rather it is a journey on which we must take many steps. We will fall along the way but we must never give up. We must keep working towards successfully accomplishing our Mission.

We owe it to the people of Gauteng to set the bar higher and every day each of us must reflect on how our actions have contributed to achieving our Mission. We must take tough decisions that will ensure we provide high quality, efficient and accessible health care to transform the lives of our people whose only hope is the public health care sector.

To the many amazing men and women who work tirelessly every day, putting the patient at the centre of everything they do, who always give their very best, I wish to say thank you. Please continue, as together we can be the change we want to see.

Despite the good men and women, we unfortunately continue to have a few individuals with belligerent attitudes towards patients. We have demonstrated swift and decisive action to deal with such cases. There is no tolerance in this administration for staff who are found to be corrupt, guilty of theft, negligence or anything else that goes against our values.

As stated earlier, we must set the bar higher, we must move away from mediocre performance contracts which have numerous vague Key Performance Indicators (KPIs) that merely tick administrative boxes. As part of our efforts to strengthen performance management and accountability, we will improve our contracts:

- We will highlight 10-15 priority KPIs that will be meticulously tracked and monitored on a monthly basis;
- We will cascade KPIs throughout the organisation to ensure that we align targets and are all working towards the same goal; and
- We will ensure that all KPIs are linked to our objectives and are specific, measurable and time bound.

The National Core Standards is a key driver to improve the quality of services provided to millions of South Africans. According to the assessments conducted by the National Office of Health Standards Compliance, Gauteng achieved the highest score and has been rated number one in the country for three consecutive years. The star achiever for the province is Steve Biko Academic Hospital achieving 96% which is the best in the country. The standard set by Steve Biko Academic Hospital must now be sustained and replicated in all our Health facilities in the province. Improvement plans for the health facilities whose performance has declined, will be monitored on a quarterly basis.

Primary Health Care (PHC), as we champion today, integrates Ward Based Care, Clinics, Community Health Centres and District Hospitals and focuses on the holistic care of each person in the household as well as the health and wellbeing of the broader community.

Currently 388 Ward Based Outreach Teams (WBOTs) have been established to serve 255 wards in different communities where there is greatest need. Most importantly, the impact of the outreach programme has enabled the identification of and initiation of care for pregnant women who are not enrolled in an antenatal care programme, as well as children who have missed immunisation. This includes individuals with communicable diseases, such as TB, who are not receiving treatment and so may pose a public health risk and endanger their family members.

Champions like Dr Moosa, Dr Victor in Sedibeng and Prof Hugo in Tshwane are evidence that strengthening Primary Health Care can have supportive and efficiency rewards, especially if working with functional WBOTs. They also ensure that PHC services are comprehensive and not fragmented and that they are effectively and efficiently delivered. Communities are able to raise matters that are not only related to health but broader issues that affect their community which are then referred to relevant departments through the Ntirhisano War Room.

The prevention of mother or child dying from preventable causes continues to be a huge concern and we have to do everything humanly possible to prevent these deaths.

To address maternal and child mortality, the following key interventions will be taking place:

- **Maternal homes** will be established to improve maternal health outcomes. These will give pregnant women with medical conditions such as diabetes and hypertension, the required intensive care they need within a home environment rather than admitting them to hospital. Management of these conditions will contribute to improving the mothers' health, as well as minimise complications during pregnancy and after delivery.

The staff complement at the maternal homes will comprise 300 advanced midwives, to be trained in groups of 100 per year under the Medium Term Expenditure Framework (MTEF).

A total of 10 maternal homes are to be established in the 2015/16 financial year; the first two homes will be activated by the end of the second quarter of the new financial year.

#### **Other Initiatives Include:**

- Scanning of hospital patient files to reduce waiting times drastically;
- Intensifying management of HIV-positive pregnant women and mothers by providing ART and providing mechanism to manage HIV and TB co-infection in pregnancy;
- The goal of zero HIV-positive in babies is within our reach with less than 1.5% of babies being born HIV-positive;
- Improving child survival through promoting exclusive breastfeeding, providing facilities for lactating mothers called mothers lodges in health facilities where children are admitted, promoting Kangaroo Mother Care (KMC) and providing immunisation every day at all PHC facilities; and
- Developing a Provincial Paediatric Package of Services Model as well as training of doctors in the Management of Small and Sick New-born (MSSN).

I have no illusions that the road ahead is arduous and complex but it is insurmountable. I believe in the men and women whom I lead in each and every one of our health facilities. With partnerships and strong oversight, we will overcome our challenges and emerge stronger than ever before.



**Ms Qedani Dorothy Mahlangu**

Gauteng MEC for Health

May 2015

## 4. Report of the Accounting Officer



**Dr T.E. Selebano**

### 4.1 Overview of the Operations of the Department

A notable outcome of the implementation of the Prevention of Mother-to-Child Transmission (PMTCT) programme to date remains the progress made regarding transmission rates. In the year under review the HIV transmission rate was 1.3%. An increased proportion of children born to HIV-positive mothers now test HIV negative. Since April 2014, 98.7% of the children born to the aforementioned mothers have tested HIV negative. Our annual antenatal antiretroviral treatment (ART) initiation has also improved significantly from 62.2% to 87.4%.

Immunisation against vaccine-preventable diseases is another critical intervention to increase child survival by eliminating deaths from preventable causes. Immunisation services are provided daily by all clinics and some hospitals in Gauteng and immunisation coverage of children under five years has consistently been above the national target of 90% of all children in the age group.

Inspired by our commitment to providing quality healthcare services to the people of Gauteng, we continue to monitor closely the department's compliance with core standards. Recognising that we must find new ways to tackle the health system challenges we introduced what we call the intensive care unit (ICU) as a new engine of change during quarter 4 of the 2014/2015 financial year. The ICU is a dedicated delivery unit with a dedicated team that develops and pilots solutions. Once they prove successful, these solutions will be rolled out across the department.

Notable progress is also being made in the six priorities of the core standards across all levels of care. In addition, there has also been improvement in relation to key issues close to people's hearts, such as cleanliness, waiting times and infection control. We are also working hard to comply with the risk measures. Some issues in the core standards, such as waiting times and the availability of medicines, have been elevated to ICU status. Additional issues that are being tackled head on by the ICU include modernising our IT systems.

We continue to explore various social platforms for communicating health care messages and the use of technology to improve healthcare delivery. Amongst other things, we cannot remain indifferent to the concerns of our communities about their experience of the health system. To this end, we continue to measure the quality of care from the patient perspective in the form of surveys and we have created platforms on which communities can provide feedback without fear of being prejudiced.

### 4.2 Important Policy Decisions Facing the Department

In conjunction with the DID, the department plans to bring in new investors to establish plants to manufacture ambulances, pharmaceuticals and other consumables.

We have, also taken significant steps over the year under review towards supporting township economy. We continued to support 12 women co-operatives and SMMEs as providers of linen, dairy products and other hospital-related needs. In addition, we have spent R196 989 879 in support of Township Economy Revitalisation.

The responsibility for Port Health Services has been removed from provincial departments of health and now falls under the National Department of Health. An Office of Health Standards Compliance, an independent structure outside of the Department of Health to monitor compliance with norms and standards for the provision of health services, has been introduced.

A set of regulations dealing with the management of human remains, which governs the activities of undertakers, mortuaries, the conveyance of human remains, burials and cremation, exhumations and reburials, has been drawn up.

The issue of xenophobia had led the government to look at present migration policies, which will have an impact on the way basic healthcare is provided to foreign nationals. This glaring policy gap will need to be carefully considered in the next two to three years. In another change, the department may need to review the old District Health Services legislation, which was enacted in the 1990s, in order to align it with the National Health Act of 2003. This would clarify Gauteng's approach to the provincialisation of both primary healthcare (PHC) and emergency medical services (EMS) in the light of the possible realignment of municipal boundaries. Such realignment would increase the number of metros from three to five by including the Vaal and West Rand metros.

## Memorandum of Agreement with National Government and Turnaround Strategy

The Gauteng Department of Health maintained the obligations of the Gauteng Provincial Government Memorandum of Agreement (MOA) with the Minister of Health and the Minister of Finance in relation to the implementation of the Health Turnaround Strategy 2012-14. The MOA, signed by the Executive Council in July 2012, focuses on priority areas addressing challenges faced by the GDoH.

To this end, we continued with work that was started in May 2013, when Treasury was appointed as an administrator of the department and the PWC consortium was appointed to support the implementation of the Turnaround Strategy.

In the year under review, progress was also made in the five work streams that were identified. In his State of the Province address, the Gauteng Premier announced that we were on course to be taken out of Section 18 at the start of the 2015/2016 financial year.

The department, however, continued to hold periodic meetings with the PWC consortium and Provincial Treasury to monitor and report progress on the Turnaround Strategy. Eventually, when the project was nearing its end, PWC presented its final reports, which included reports on the final progress of key deliverables in the five work streams, as well as key recommendations for the future. PWC has already started handing over reports and documents, including key dashboards, to relevant managers.

We are committed to continuing and enhancing the work started by PWC through the Turnaround Strategy. In this regard, we will endeavour to maintain accruals at less than 15% of our annual goods and services budget. We will also strive to ensure that payment exceptions in Finance and Supply Chain Management do not exceed 5% of the annual goods and services budget at any time. Based on business changes, the department will continue to maintain the risk register and add risks to the risk log as and when required. It was recommended that Supply Chain, Human Resources and Finance be driven from the Office of the HOD; this recommendation was accepted. The department will also ensure that financial delegations are reviewed annually, that they are complied with and that there is continuous monitoring in this area. Managers have already received training in delegations.

## Key Overall Recommendations of the PWC/Treasury Intervention at the End of the Project

- Turnaround Strategy meetings with the HOD of Treasury and HOD of Health, especially in the area of Finance, must take place at regular intervals.
- Forums and decision-making frameworks must be maintained.
- ICT initiatives must be supported and prioritised throughout the organisation. These include E-Health, which has been implemented at the Natalspruit and Bheki Mlangeni hospitals. The department will ensure that ICT initiatives are led by business needs.
- Hospital and Head Office communication and collaboration must be improved in all spheres.
- MPAT and Office of Health Standards Compliance dashboards must be owned and implemented by the department and reviewed every six months by Provincial Treasury.

## Leadership and Culture

The organisational structure we are busy implementing was approved in 2006, and over the past 18 months we have been adapting the prescribed Department of Public Service and Administration generic structure to one that meets our needs. The GDoH has already made several key structural changes to address some of its major challenges:

- Upgraded the position of nursing from a Directorate to a Chief Directorate and created three Nursing Directorates namely, Nursing Education and Training, Nursing Practice and Nursing Compliance and Standards;
- Appointed a Chief Financial Officer with effect from March 2015;
- Filled the positions of EMS Chief Director, Forensic Pathology Services Chief Director, Head of Infrastructure and DDG Clinical Services; and
- Added a Service Standard Directorate to Quality Assurance.

We will continue to make structural changes, focusing on the re-engineering of District Health Services and Provincialisation. At district level, the department plans to appoint additional paediatric and obstetric clinicians, as well as gynaecologists, to continue to accelerate improvements in maternal and child health.

## Human Resources

In the past few years funding challenges have resulted in a high number of vacancies. There are two main reasons for vacancies in the department:

- Large numbers of people leaving the department's employ, driven by a high retirement rate in an ageing workforce and high turnover; and
- The inability to meet the growing demand for healthcare professionals, driven by challenges in attracting new recruits and a lack of funds to expand the organisation adequately. These vacancies are in both clinical and non-clinical services. However, while it is true that properly skilled and effectively managed human resources are the most important investment in service delivery, organisational performance (or effectiveness) is more aligned to strategy execution, which can be enhanced by effective programme management.

## Important Strategic Issues facing the Department

In his State of the Province address, the Gauteng Premier announced several name changes to hospitals:

- Zola Jabulani Hospital to Bheki Mlangeni District Hospital
- New Natalspruit Hospital to Thelle Mogoerane Hospital
- Far East Rand Hospital to Ms Ruth First Hospital

Meanwhile, taking its cue from the national government, the department is also implementing the NHI in the Tshwane Health District. The NHI will eventually be expanded to all five districts, which will ensure access to health services through the Ideal Clinic project. In addition, in bringing improved healthcare to residents, the department is implementing a Quality of Care Programme in all its hospitals and PHC facilities.

All hospitals are implementing the Lean Management Programme to reduce waiting times, and all hospitals will continue to develop plans to improve the quality of care. The aim of the department is to achieve a patient satisfaction rate of 75%.

In terms of personnel in the year under review, the service of the previous Head of Department was terminated and an Acting Head of Department was appointed in August 2014. The department has already started the process of appointing a permanent Head of Department. In other moves, the GDoH is continuing to implement functional business units in hospitals and will also implement ward-based management.

The Department is focused on improving systems for logistics and stock management and for equipment procurement and maintenance. In addition, to help achieve good and effective patient care, the full essential and non-essential drug lists will be ensured through direct delivery from suppliers to all hospitals and clinics.

A provincialised emergency medical service (EMS) will be established in two health districts and will be staffed by fully qualified paramedics. The hospital ambulance fleet will be increased and the EMS integrated with hospital emergency departments. During the financial year 2014/2015, the department embarked on the process of training clinical engineers and this will continue in the coming financial year.

Cost-saving measures continued in the year under review, which enabled funds to be redirected to essential services. In this vein, we have also prioritised non-negotiable budget line items at both a funding and an expenditure level. During the year under review the department reprioritised funds to provide for the increased intake of community health workers (CHWs) to support patients, especially those with TB. This move contributed to job creation and helped to ease overcrowding at healthcare institutions. For the second year in a row there has been no unauthorised expenditure and the department has managed to stay within its budget. The process of reconciling supplier accounts has been an additional benefit – the department now has a more realistic amount of payments accrued to suppliers.

In other improvements during the year under review, the department has strengthened its supply chain management (SCM) systems, focusing on organisational design, contract management and the procure-to-pay system. Contracts are being subjected to market price analysis, and contract terms are being analysed. This will identify areas where we can negotiate better contracts that result in improved service delivery as well as savings. All contracts will continue to be analysed, which will continue to be coupled with improved contract management, more accurate forecasting relating to demand and early detection of low stock levels with appropriate interventions. The department implemented the Procurement Transformation Initiative, in conjunction with the Chief Procurement Officer at National Treasury and this will continue in 2015/2016.

Thanks to this initiative, the procurement process is already being transformed through end-to-end management of the procurement of specific critical items. This change has already shown some success and there has been a steady decline in the irregular expenditure incurred. We are confident that this will be further addressed in the coming financial year, until the department reaches zero irregular expenditure. To reach this goal, we will continue to develop and implement procurement and demand plans aligned to the budget, whilst ensuring budget forecasting is accurate.

The department has made significant progress in clearing accruals and improving payment of suppliers within 30 days, although further work needs to be done to ensure compliance. There has been tremendous progress in supplier reconciliations, implementation of audit systems to ensure that only valid debt is settled and obtaining full and final settlement letters from service providers. During the year under review an amount of R217 million was paid to service providers, relating to old debt that had been approved through the audit process. It is envisaged that a very small percentage of old invoices must still be verified through the audit process and those that are approved will be in the 2015/2016 financial year.

Despite cost-saving measures implemented and achieved to some extent, we continued to experience some challenges with resource constraints. However, there were fewer such constraints in the reporting period compared to the previous financial years. During the financial year 2014/2015 the department settled accruals to the value of R1.9 billion, of which R1.6 billion was paid to the department's suppliers and R268 million was paid as accruals to the Medical Supplies Depot.

We are pleased to report that during the financial year 2014/2015, the department was able to stay within the monthly cash-flow allocations provided by Provincial Treasury. And, for the second consecutive year, it was able to make consistent payments to suppliers until the final payment run of March 2015, which showed a marked improvement in cash flow management in comparison to previous financial years.

Consistent payments were also made to the Medical Supplies Depot for the financial year 2014/2015.

Suppliers are engaged through the Provincial Treasury and GDoH on automated processes for submission of invoices, which means a minimum number of invoices are submitted manually. Regular supplier engagements are held to build and improve relationships with relevant key stakeholders. The Finance Branch sends teams to institutions to help with payments to suppliers, thus ensuring that they are adequately supported.

Payments to the NHLS were continued during the 2014/2015 financial year, both from the equitable share and from the HIV and AIDS conditional grant. There has been no final decision on the matter relating to the NHLS, but the department continues to receive and process invoices while awaiting the decision. Amounts owed to NHLS and amounts owed to the department by NHLS have been disclosed in our financial statements.

Litigation against the department continues to escalate, placing considerable strain on the availability of cash. These payments are not included in the budget. During the year under review, the department was involved in new medico-legal litigation to the value of R3.6 billion and settled cases to the value of R157 million. We are, however, in the process of finalising a strategy to minimize medical malpractice, which requires a multi-dimensional approach.

The new version of Medicom 12.6 was implemented at the Bheki Mlangeni and Natalspruit hospitals. Plans are under way to upgrade an additional eight institutions during the 2015/2016 financial year, starting in June 2015 with Chris Hani Baragwanath Hospital.

## 4.3 Priorities

### The Millennium Development Goals and Improving Health Outcomes

Goal 1: Eradicate extreme poverty and hunger

Goal 4: Reduce child mortality

Goal 5: Improve maternal health

Goal 6: Combat HIV and AIDS, malaria and other diseases

### Other Priorities

- Reduce waiting times;
- Ensure linen provision;
- Improve infection prevention and control;
- Ensure equipment maintenance;
- Improve EMS;
- Install bed management system;
- Ensure infrastructure spend;
- Conduct spend analysis;
- Ensure revenue collection;
- Operationally disciplined mind set;
- Reduce wastage and improve efficiency and procurement; and
- Ensure constant stock of pharmaceutical supplies.

### Outcomes of the Negotiated Service Delivery Agreement between the President and the Minister

- Increasing life expectancy;
- Decreasing maternal, infant and child mortality;
- Combating HIV and AIDS and decreasing the burden of disease from TB; and
- Improving health systems effectiveness.

### Alignment of National Development Project (NDP) Goals/Priorities with Medium Term Strategic Framework (MTSF)

- Average male and female life expectancy at birth increased to 70 years;
- TB prevention and cure progressively improved;
- Prevalence of non-communicable diseases reduced by 28%;
- Injury, accidents and violence reduced by 50% from 2010 levels;
- Maternal, infant and child mortality reduced;
- Health systems reforms completed;
- Primary health care teams deployed to provide care to families and communities;
- Universal health coverage achieved; and
- Posts filled with skilled, committed and competent individuals.



The Gauteng Provincial Government has adopted a 10-pillar programme aimed at radically transforming, modernising and re-industrialising Gauteng over the coming years by means of:

- Radical economic transformation;
- Decisive spatial transformation;
- Accelerated social transformation;
- Transformation of the state and governance;
- Modernisation of the public service;
- Modernisation of the economy;
- Modernisation of human settlements and urban development;
- Modernisation of public transport infrastructure;
- Re-industrialisation of Gauteng Province; and
- Taking the lead in Africa's new industrial revolution.

## 4.4 Overview of the Financial Results of the Department

### 4.4.1 Departmental Receipts

Departmental Receipts	2014/2015			2013/2014		
	Estimate	Actual amount collected	(Over)/under collection	Estimate	Actual amount collected	(Over)/under collection
	R'000	R'000	R'000	R'000	R'000	R'000
Sale of goods and services other than capital assets	497 896	451 636	46 260	468 493	471 332	(2 839)
Fines, penalties and forfeits	47	52	(5)	43	47	(4)
Interest, dividends and rent on land	1 147	397	750	975	6 188	(5 213)
Financial transactions in assets and liabilities	25 420	71 966	(46 546)	24 210	50 142	(25 932)
<b>Total</b>	<b>524 510</b>	<b>524 051</b>	<b>459</b>	<b>493 721</b>	<b>527 709</b>	<b>(33 988)</b>

### 4.4.2 How the Department has Delivered on the Plans for Collecting Departmental Revenue

Revenue collection for 2014/2015 amounts to R524 million, which is R3 million (0.5%) less than the amount collected in the 2013/2014 financial year (R527 million). This under-collection can be attributed to the annual increment of Uniform Patient Fees Schedule (UPFS), which was not implemented for the 2014/2015 financial year, whilst the adjusted fees were included in the patient fees estimates. The Road Accident Fund experienced cash flow challenges in 2014/2015, which resulted in many accounts not being finalised. Closure of the Folateng private wards, with the exception of that at Charlotte Maxeke Academic Hospital, had an impact on the revenue collection from medical aid schemes.

### 4.4.3 Determination of Tariffs

#### **Patient Fee Tariff**

The department charges the UPFS tariffs for patients using public hospitals. These tariffs are determined by a steering committee consisting of the National Department of Health and the health departments of the nine provinces. Tariffs are reviewed and revised annually in accordance with section 7.3.1 of the Treasury Regulations.

Patients accessing public institutions are classified according to three main groups for the purposes of service fee determination.

- **Full Paying**
  - This category of patients is liable to pay full UPFS fees for all services provided.
- **Subsidised and Exempted Patients**
  - These patients are divided into six categories based on statutory requirements: PG, HG, H0, H1, H2 and H3. Those in the PG and HG categories who are exempt from paying fees by specific statute-based circumstances are pregnant women and children under the age of six. The H0 category consists of social pensioners who can provide proof of their status. Those in the H1, H2 and H3 categories pay discounted fees which are expressed as a percentage of the fees payable by full paying patients.
- **Free Services**
  - Free services are provided in line with national and provincial policies; no new free services were introduced in the 2014/2015 financial year. The following free services are provided by the department:
    - › Free health services for pregnant women and children under the age of 6 years (Notice 657 of 1994, 1 July 1994);
    - › Free primary healthcare services (Notice 1514 of 1996, 17 October 1996);
    - › Termination of pregnancy (Act 92 of 1996);
    - › Social pensioners (Act 81 of 1967 as amended by Act 100 of 1998);
    - › Medico legal service for survivors of rape, assault and conduct of post mortem examinations (Criminal Procedure Act 51 of 1977);
    - › Donors (Human Tissue Act 63 of 1965);
    - › Children who are committed to the care of a children's home, industrial school or foster parents (Child Care Act 74 of 1983, Section 15);
    - › Persons with mental disorders (Mental Health Act 18 of 1973);
    - › Infectious, formidable and/or notifiable diseases (National Health Act 61 of 2003);
    - › Services to the formally unemployed (Unemployment Insurance Act 63 of 2001);
    - › Patients receiving HIV and AIDS treatment (Notice 1 of August 2006).

#### **Meals and Crèches Tariffs**

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

#### **Other Tariffs**

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

#### 4.4.4 Patient Fees Debt

The hospitals wrote off bad debts amounting to R228 million as at end of March 2015.

Hospitals	Bad Debts Written Off R'000
Central hospitals	168 826
Regional hospitals	15 039
Tertiary hospitals	22 670
District hospitals	12 043
Dental hospitals	3 035
Tuberculosis hospitals	218
Psychiatric hospitals	6 525
Other specialised hospitals	78
<b>Total</b>	<b>228 434</b>

Bad debt is written off in accordance with the department's policy. Given the cost involved in following up a debt, debt that is less than R195 is not followed up and is written off after 90 days. It is uneconomical to follow up on debts of less than R195.

#### Staff Debts and Supplier Debts

Balance of staff debt as at 31 March 2015 was R44 million. Staff bad debts written off during the financial year totalled R13 million and R8 million was provided for debts which went back more than three years.

### 4.5 Programme Expenditure

Programme Name	2014/2015			2013/2014		
	Final appropriation	Actual expenditure	(Over)/under expenditure	Final appropriation	Actual expenditure	(Over)/under expenditure
	R'000	R'000	R'000	R'000	R'000	R'000
Administration	566 467	565 081	1 386	696 543	584 151	112 392
District Health Services	9 820 584	9 563 046	257 538	8 676 899	8 357 432	319 467
Emergency Medical Services	933 348	847 561	85 787	941 765	936 278	5 487
Provincial Hospital Services	6 100 656	5 987 314	113 342	5 297 849	5 154 324	143 525
Central Hospitals	11 584 643	11 584 642	1	10 311 967	10 237 795	74 172
Health Sciences and Training	870 779	861 931	8 848	901 319	829 485	71 834
Health Care Support Services	230 602	211 542	19 060	284 520	194 870	89 650
Health Facilities Management	1 384 100	1 384 095	5	1 659 923	1 121 466	538 457
<b>Total</b>	<b>31 491 179</b>	<b>31 005 212</b>	<b>485 967</b>	<b>28 770 785</b>	<b>27 415 801</b>	<b>1 354 984</b>

The table above summarises the budget versus actual expenditure as at 31 March 2015. The department spent 98.5% of the budget. There was an overall under-spending of R485 967 000 for the following reasons:

- R56 million for conditional grants could not be spent in the 2014/2015 financial year, the under-spending occurred within the Comprehensive HIV and AIDS, National Health Insurance and EPWP Social Sector Incentive grants.
- Goods and services within the voted funds as a result of non-payment of laboratory services due to ongoing investigation of the tariffs to be charged per patient.

## 4.6 Virements / Roll-overs

The year-end application for shifting and virements was made to the Provincial Treasury to alleviate excess expenditure on standard items within programmes and sub-programmes. The application was guided by Section 43 of the Public Finance Management Act (PFMA) and Treasury regulation 6.3.

The shifting and virement was made on the compensation of employees and goods and services economic classifications.

The following main divisions were affected:

- Administration;
- District Health Services;
- Emergency Medical Services;
- Provincial Hospital Services;
- Central Hospital Services;
- Health Sciences and Training;
- Health Care Support Services; and
- Health Facilities Management.

The acting HOD approved the shifting and recommended the application, which was subsequently approved by the Provincial Treasury.

The virements on compensation of employees were approved for the following programmes: Administration, Health Sciences and Training, and Health Care Support Services, to reduce the overspending in the Central Hospital Services programme. This virement is to off-set the unauthorised expenditure incurred.

In addition, the virements were also approved to alleviate excess expenditure in the Central Hospital Services programme within the communication, contractors, agency and outsourced services, medical supplies, medicine, consumable supplies and property payments for the following budget programmes: Administration, District Health Services, Emergency Medical Services, Provincial Hospital Services and Health Care Support Services.

## 4.7 Unauthorised, Fruitless and Wasteful Expenditure and Steps Taken to Address and Prevent a Recurrence

The department did not incur any unauthorised expenditure for the year under review. Amounts disclosed in the financial statements relating to fruitless and wasteful expenditure relate mainly to expenditure incurred for medico legal claims. In this regard, we are addressing root cause challenges relating to medico legal malpractice, with a key focus on training clinicians in protocols and taking steps against officials and managers who allegedly steal patient files and give them to attorneys who then take legal action against the department.

## 4.8 Public Private Partnerships (PPP)

The PPPs for the revitalisation projects at Dr George Mukhari and Chris Hani Baragwanath hospitals are managed by the National Department of Health, as are the budgets for the projects.

## 4.9 Activities Discontinued During the 2014/2015 Financial Year

In his State of the Province Address, the Premier of Gauteng, in keeping with the 10 pillars of transformation, announced that the clinic in Kliptown will be replaced. During the year under review, the Department negotiated the takeover of Alexander CHC. An agreement has since been reached between the Department and Alexander community Board of Trustees. This agreement will come into effect in the new financial year.

The Department has decided to terminate the contract between itself and Selby Park Hospital and will incorporate step-down facilities within the existing district hospitals in the 2015/16 financial year.

## 4.10 New/Proposed Activities

Plans are under way to build 10 new clinics or community health centres and two new hospitals, as well as refurbish 256 health care facilities over the MTEF. All of these will comply with the gazetted norms and standards for facilities. The department has improved contract management by establishing Service Level Agreements with the Department of Infrastructure.

The department aims to finish 80% of projects on time and to spend 100% of budget on projects by the end of the MTEF. At present, it has eight PHC facilities and offices on levels 1 and 2 on the five-level status quo scale, which it aims to reduce to zero by the end of the 2020 financial year.

Plans are under way for new clinics and hospitals to address population growth. Among the areas which will receive them are Diepsloot, Tembisa/Rabie Ridge and Soshanguve.

## 4.11 Supply Chain Management (SCM)

**No unsolicited bid proposals were concluded/accepted for the year under review.**

The department has put in place procurement procedures and controls in a quest to reduce irregular expenditure, which has steadily declined in the year under review. We are confident that it is on the correct path to ensure that it reaches the goal of zero unauthorised expenditure in subsequent financial years. In addition, it has aligned its supply chain management structure with the requirements of Treasury Regulations 16A and it has compiled departmental SCM policy and standard operating procedures. Supply chain officials have been trained in the policies and procedures.

## 4.12 Challenges Experienced in Supply Chain Management and How they were Resolved

During the year under review, SCM Chief Directorate and Assets Management had staff capacity constraints. One of the initiatives to address the challenge included alignment of the SCM structure with the PFMA. The recruitment process to fill vacant posts at all levels will commence in the new financial year.

## 4.13 Gifts and Donations in Kind Received from Non-related Parties

The department received various donations in kind, including vehicles, computer equipment, office furniture and other machinery.

## 4.14 Exemptions and Deviations Received from National Treasury


It received condonement in October 2014 from Provincial Treasury for not implementing the increment of UPFS tariffs for 2014/2015.

## 4.15 Events After the Reporting Date

- The Department appointed a head of Supply Chain Management (SCM) and the HOD;
- An amount of R17 million relating to old invoices was audited and paid to suppliers in May 2015;
- An amount of R235 million, which was owed to the MSD as at 31 March 2015, was settled during the first quarter of the financial year 2015/2016;
- Payments made in the 2015/2016 financial year that relate to prior years amount to R1 billion;
- During April 2015, Zola Jabulani Hospital was renamed Bheki Mlangeni District Hospital;
- An active pharmaceutical ingredient shortage abroad has led to drug shortages in South Africa as well as in the rest of the world. The National Department of Health is negotiating with drug suppliers to address the current shortages and, in the interim, drugs are being imported from a different supplier under a special licence.
- All hospitals – central, tertiary, regional and specialised – must adhere to National Core Standards established by the Office of Health Standards Compliance. In the Gauteng Department of Health, Steve Biko was assessed as fully compliant with the National Core Standards. It was the only hospital in the country to be assessed as adhering to extreme measures (100%) and vital measures (96%).

## 4.16 Approval

The Annual Financial Statements set out on page 177 to 329 have been approved by the Acting Accounting Officer.



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**Dr T.E. Selebano**

Acting Accounting Officer  
Gauteng Department of Health  
31 March 2015

# 5. Statement of Responsibility and Confirmation of the Accuracy of the Annual Report

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

All information and amounts disclosed throughout the Annual Report are consistent. The Annual Report is complete, accurate and free from any omissions. The Annual Report has been prepared in accordance with the guidelines for annual reports as issued by National Treasury.

The Annual Financial Statements (Section 5) have been prepared in accordance with the modified cash standard and the relevant frameworks and guidelines issued by the 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 has been designed to provide reasonable assurance as to the integrity and reliability of the performance information, the human resources information and the Annual Financial Statements.

The external auditors are engaged to express an independent opinion on the Annual Financial Statements.

In my opinion, the Annual Report fairly reflects the operations, the performance information, the human resources information and the financial affairs of the department for the financial year ended 31 March 2015.

Yours faithfully



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**Dr T.E. Selebano**

Acting Accounting Officer  
Gauteng Department of Health  
31 March 2015

# 6. Strategic Overview

## 6.1 Vision

To be the best provider of quality health services to the people in Gauteng.

## 6.2 Mission

Provide excellent, integrated health services in partnership with stakeholders to contribute towards the reduction of poverty, vulnerability and the burden of disease in all communities in Gauteng.

## 6.3 Values

- Batho Pele principles
- Excellence
- Integrity
- Humility
- Selflessness
- Respect
- Social justice

I care, I serve, I belong.

# 7. Legislative and Other Mandates

The GDoH derives its mandate from the South African Constitution, the National Health Act and other legislation promulgated by Parliament.

The core mandate of the department is to:

- Improve the health status of the population;
- Improve health services;
- Secure better value for money;
- Ensure effective organisation; and
- Provide integrated services and programmes that promote and protect healthy, quality and sustainable livelihoods for poor, vulnerable and marginalised groups in society

In fulfilling its mandate, the GDoH is guided by legislation listed in the annexure at the end of this report.



# 8. Organisational Structure



## 9. Entities Reporting to the MEC

The department has no public entities that fall under the control of the MEC except the Medical Supplies Depot (MSD), which is a trading entity. The performance of the MSD, in respect of pharmaceutical services, is incorporated elsewhere in this report.

The table below indicates the entities that report to the MEC.

Name of Entity	Legislative Mandate	Financial Relationship	Nature of Operations
MSD	Registered as 'The Central Medical Trading Account' since 1 April 1992 under the Exchequer Act, Act 1 of 1976.	The depot charges a levy of five percent (5%) on stock supplied to the provincial health care facilities.	The MSD is responsible for the supply of essential medicines and disposable of sundry items to the provincial health care facilities in Gauteng.



## Section 2 Performance Information

# 1. Auditor-General's Report: Predetermined Objectives

The Auditor-General of South Africa currently performs certain audit procedures on the performance information to provide reasonable assurance in the form of an audit conclusion. The audit conclusion on the performance against predetermined objectives is included in the report to management, with material findings being reported under the Predetermined Objectives heading in the Report on other legal and regulatory requirements section of the auditor's report.

Refer to page 172 of the Report of the Auditor-General, published as Section 5: Financial Information.

## 2. Overview of Departmental Performance

### 2.1 Service Delivery Environment for 2014/15

Efforts and achievements outlined in this report reflect the ongoing commitment of the Gauteng Department of Health to the country vision of a healthy life for all South Africans. The provision of PHC remains a cornerstone of better health for all residents of Gauteng Province. Given this, the department, through PHC services, was able to provide services to more than 23 725 893 clients and 5 007 974 children under five years, who visited PHC services. The growing investment in the outreach programmes and the NHI project further attests to the commitment to universal coverage and ensuring that health services are organised around people's needs and expectations. To this end, the department have managed to increase the number of WBOTs from the 140 reported in the previous financial year to 388 in the year under review. The department also has five District Specialists teams in each district. These specialist teams include 69 school health teams, which provide primary prevention related services to schoolchildren.

The assessments of core standards have also shown improvements and all the six priority areas, namely: availability of medicines, cleanliness, patient safety, infection prevention and control, positive and caring attitude and waiting times, are all on an upward trajectory.

The department has not remained indifferent to the concerns of the public regarding the quality of health care services and, to this end, it continued to strengthen the Office of Standard Compliance to execute its functions of monitoring the compliance of institutions and conducting regular audits to monitor compliance of institutions against the six ministerial core standards.

The plight of communities regarding their experiences with health facilities are addressed directly with complainants. To this end, the department has been able to resolve on average, 96% of complaints received within 25 working days.

The success of the Prevention of Mother-to-Child-Transmission (PMTCT) programme attests to the commitment to ensuring zero infection rates. The department tested 53 004 babies born to the enrolled mothers. Of those tested only 700 (1.3%) tested positive. Thus there has been a massive reduction in transmission rates from mother to child, with 98.7% of babies testing HIV negative at six weeks. Other major preventative initiatives for HIV include the PASOP (Prevent, Avoid, Stop, Overcome and Protect) campaign. Other child prevention initiatives include the immunisation of children, which the department has managed to maintain above the 90% target. The department continued with the expansion of the mother and baby friendly hospital initiative ensuring that health facilities promote and support breastfeeding. By the end of the financial year, the department had 53 of its 60 maternity units accredited as mother and baby friendly.

The department screened 1 025 573 patients, exceeding the target set. In addition, TB treatment outcomes improved significantly with the TB cure rate at the end of six months improved from the 83, 8% reported in 2013/14 financial year to 84.2%. With increased follow-up and support of patients, the department saw a decline in the number of patients lost to follow-up, thus the defaulter rate reduced from the 5.1% reported in 2013/14 to 4.8%.

## 2.2 Service Delivery Improvement Plan

The department has completed a Service Delivery Improvement Plan. The tables below show the nature of the plan and its achievements to date.

**Table 2.2.1: Main services and standards**

Main Services	Beneficiaries	Current/Actual Standard of Service	Desired Standard of Service	Actual Achievement
Ophthalmology services	Primary beneficiaries: <ul style="list-style-type: none"> <li>• Patients with chronic eye problems</li> </ul> Secondary beneficiaries: <ul style="list-style-type: none"> <li>• Employers, family members and overall government</li> </ul>	1 200 cataract surgery/ million uninsured population	1 500 cataract surgery/ million uninsured population	A total of 1 500 cataract surgery/ million uninsured population not achieved.
Essential medical supplies to health service delivery sites	Primary beneficiaries: <ul style="list-style-type: none"> <li>• Patients at PHC sites</li> </ul> Secondary beneficiaries: <ul style="list-style-type: none"> <li>• Patients at curative health service sites</li> </ul>	Medicine availability in hospitals at 94% and 82% at MSD	Planned to have 92% of essential medicines available to all levels of health care services	79% availability of Essential Medicines List (EML). Reasons for underperformance include poor supplier performance and worldwide unavailability of some active ingredients.
Blood & laboratory services	Patients, communities, staff and government in general	Target of 70% compliance with SLA achieved	90% compliance with SLA	80% compliance achieved, target not met.

**Table 2.2.2: Batho Pele arrangements with beneficiaries**

Current/Actual Arrangements	Desired Arrangements	Actual Achievements
Ophthalmology services	Establish eye clinic in West Rand Health District  Motivate for budget for free optical assistive device for HO category patients	9 community eye clinics established.  5 hospitals and 2 districts have budgeted for spectacles.
Pharmaceutical services	Review reporting system and strengthen reporting from institutions on medicine stock-out to 80%  Follow up with suppliers on critical items out of stock  80% of hospital /district pharmacies to submit out of stock reports	On average 69% of hospitals and district pharmacies submit weekly out of stock reports.
Blood & laboratory services	80% of facilities with access to blood and laboratory services  Target outcome is ≥76%.	>70% of facilities with 24-hour services, downgrading of services by NHLS in 3rd quarter of 2014/15.  Target outcome achieved.

**Table 2.2.3: Service delivery information tool**

Current/Actual Information Tool	Desired Information Tool	Actual Achievements
Eye health services	50 awareness and education campaigns per year	61 campaigns held.
Pharmaceutical Services	Pharmaceutical services plans an annual orientation meeting with all new pharmacy managers	An orientation meeting for all new pharmacy managers was held in March 2014.
Blood & laboratory services	90% of facilities providing expenditure report on blood and laboratory services	90% of facilities provided expenditure reports.

**Table 2.2.4: Complaints mechanism**

Current/Actual Complaints Mechanism	Desired Complaints Mechanism	Actual Achievements
Eye health services	Monitor implementation and compliance	NGO-funded printing of eye services cancellation leaflet.
Pharmaceutical services	Pharmaceutical Services increase to 100%, the number of patients receiving all prescribed medicines on the day they were prescribed <b>by improving medicine availability</b>	In an effort to <b>improve medicine availability</b> for all patients at the central, tertiary, regional and specialised hospitals, 70% of the essential medicines were made direct deliveries from suppliers to the institutions thereby decreasing the lead-time for the supply of orders to the institutions.
Blood & laboratory services		
Pharmaceutical services	100% of complaints received and resolved in accordance with the approved complaints management system	80% of complaints were resolved for laboratory services target not met for laboratory services.

## 2.3 Organisational Environment

Implementation of the Health Turnaround Strategy, introduced in July 2012 in terms of the Memorandum of Agreement (MOA) signed between the Gauteng Provincial Government, the Minister of Health and the Minister of Finance continued during the year under review. As the need for improved service delivery by the department remained critical, the department was placed under Section 18 of the PFMA. In this case, Provincial Treasury appointed the PWC Consortium in May 2013 to support the implementation of the Health Turnaround Strategy across five main work streams.

These streams focus on strategic leadership, hospital management, financial management, supply chain management and human capital. The interventions, which include the recruitment of skilled and empowered management and staff, will ensure that service delivery is improved and the impact is felt by both patients and staff.

The key outcomes of the Turnaround Strategy indicates a collaborative effort with the administrator, which is Gauteng Provincial Treasury (GPT) and the Gauteng Department of Health.

The following reflects some of the key outputs of the turnaround strategy implementation:

- Department has achieved an overall expenditure of 98.5% of the total budget as at 31 March 2015;
- Reduced the webcycle to between 3% to 4% in 3 of the institutions;
- Accruals for 2013/2014 were reduced from R1.54 billion as at March 2014 to R156 million as at March 2015. Accruals reduced from 88% to 7% of the total. Accruals older than 2012/2013 were reduced from R202 million in March 2014 to R89 million, which is 12% to 4% reduction of the total and prior year accruals not on the system but on a statement were reduced from R84 million in March 2014 to R11 million as at March 2015;
- Department improved payment of suppliers within 30 days;
- Availability of departmental delegations framework;
- Developed MPAT & OHSC management tools for implementation at hospital and head office level to enhance service delivery;
- Increased understanding of interconnectivity of functional design, finance, management and the wider health system;
- Developed new departmental organogram aligned with Department of Public Service and Administration and NDoH requirements, which is being reviewed for approval;
- Commenced implementation of e-Health Technology Plan.

### Leadership and Management Stability

The leadership and management of the department have been strengthened in the 2014/15 financial year through the appointment of the Head of Department in September 2013 to September 2014, appointment of DDG clinical service, head of Legal Services and other 14 senior managers and seven hospital Chief Executive Officers. The HOD resigned in September 2014, and the DDG Clinical Services was subsequently appointed as the Acting HOD and an urgent recruitment process was undertaken to appoint a new Head of Department.

### Planning Framework

As elections took place in May 2014, a new MEC was deployed to the department, and the department undertook a new strategic planning process to develop a new five-year strategic plan incorporating the TMR vision of the new GPG leadership. The department engaged the McKenzie consulting group to work with the Planning Unit to develop a five-year plan aligned to the national health MTSF and the GPG 10 pillar programmes. Both the strategic plan and APP were accepted and signed off by the MEC Health.

A project team was appointed to work with the HOD and senior managers in the development of a long-term strategic framework called LTP/STP aligned to the National Development Plan 2030. The first phase draft document has been presented to both the Executive and Senior Management Team. The final phase that involves long term projections and modelling scenario options is due for completion by the end of the financial year.

### Organisational Structure

A new organisational structure aligned to the adopted five-year strategic plan has been developed, and submitted for approval to both the Executing Authority and the Department of Public Service and Administration. It is envisaged that it will be implemented in phases beginning in the new financial year 2016/2017.

## 2.4 Key Policy Developments and Legislative Changes

During the year under review there were no major policy changes that affected operations.



# 3. Strategic Outcome-Oriented Goals

## 3.1 Strategic Goals of the Department

- Improved health and wellbeing, with an emphasis on vulnerable groups;
- Reduced rate of new HIV infections by 50% in youth, adults and babies in Gauteng and reduced deaths from TB and AIDS by 20%;
- Increased efficiency of service implementation;
- Human capital management and development for better health outcomes; and
- Organisational excellence.

## 3.2 Goals of the National Negotiated Service Delivery Agreement

- Increase life expectancy;
- Decrease maternal and child mortality;
- Combat HIV and AIDS and decrease the incidence of TB; and
- Improve health system effectiveness.

## 4. Performance Information by Programme

### 4.1 Programme 1: Administration

#### Purpose of the Programme

The purpose of this programme is to provide strategic direction and leadership, to guide and support the development of policy frameworks and guidelines for priority programmes, to develop policies and legislation on healthcare provision and to ensure that norms and standards are followed in the course of implementation.

#### List of Sub-programmes

- Human Resource Management
- Quality Assurance
- Information and Communication Technology

#### Strategic Objectives

The following strategic objectives are relevant to Programme 1:

- Improved client satisfaction rates;
- Improved achievement against national norms for health professionals; and
- Employment equity and diversity management.

#### Significant Achievements

##### Human Resource Management

###### *Employment Equity*

The recruitment and selection policy of the department prioritises employees from designated groups (blacks, women and people with disabilities) to ensure that these groups are catered for when employing staff. During the short-listing process extra points are allocated to applicants from designated groups, particularly women and people with disabilities, to enable them to compete for posts.

The target of 43% women appointed at senior management level that was set for the financial year 2014/15 was achieved by the end of March 2015 with a percentage of 44%. To demonstrate its commitment to employing women in vacant senior management service level positions, eight women were appointed despite the moratorium on recruitment for the better part of the year. All advertisements will state that only women candidates are invited to apply.

The challenge is that whilst the department is recruiting senior women managers in an effort to empower women and reach set targets, some women at senior management level are leaving the department to take up employment elsewhere.

In the year under review roadshows and workshops were conducted to communicate employment equity targets and raise awareness of the importance of reaching the targets – 2% for people with disabilities and 43% women at senior management level. The roadshows and workshops were also intended to highlight compliance with the processes outlined by the Employment Equity (EE) Act and Plan and to monitor the process of implementation. A remedial plan was developed to ensure that we achieve the EE targets set.

Human resources policies are continually analysed to identify barriers which could hamper the implementation of the EE Act and Plan.

###### *Gender Mainstreaming*

In August 2014 the department participated in the service delivery expos organised by the Office of the Premier. Among the subjects on view were health promotion, screening for diabetes, high blood pressure, cholesterol, HIV and AIDS, breast and cervical cancer screening and dental screening.

### **Disability Mainstreaming**

There has been a steady growth in the recruitment of people with disabilities. A total of 458 people with disabilities were recruited. This number is offset by growth in the staff establishment and the attrition of 12 employees. The higher the number of people in the total staff establishment, the higher the number of people with disabilities the department has to recruit.

Few people with disabilities have qualifications in health sciences, particularly in medicine and nursing and there are few vacancies in the administration and support components where people with disabilities can be placed.

The department is continuing to improve the infrastructure in all health facilities to accommodate people with disabilities.

### **Quality Assurance**

#### **Inspectorate**

In 2014/15 the Quality Assurance Directorate, through the Provincial Inspectorate Unit, continued with the coordination of the National Core Standards (NCS) to improve compliance in all health establishments.

The May 2013 version of the NCS and methodology were used to conduct self-assessments in 2014/15 to address ongoing quality improvements, in particular some major initiatives related to risk measures that are non-negotiable and the six ministerial priority areas that are an integral part of the NCS.

### **Significant Achievements in Relation to the Six Priority Areas**

The highlights of current self-assessments results indicate the average overall performance scores as follows:

Hospitals	2013/14	2014/15
Central	72%	76%
Tertiary	68%	69%
Regional	69%	69%
District	71%	72%

There is a slight improvement (ranging between 1% and 4%) in the overall performance of the Central, Tertiary and District hospitals.

Six Priority Areas	2013/14	2014/15
Availability of medicines	74%	77%
Cleanliness	61%	64%
Patient safety	70%	70%
Infection prevention and control	67%	69%
Positive and caring attitude	73%	73%
Waiting times	75%	76%

There has also been some improvement (ranging between 1% and 3%) in the availability of medicines, cleanliness and infection prevention and control.

1. Shortage of medicines in the year under review started in September when contracts expired;
2. There was time lags between existing companies and newly appointed companies to build up stocks to be ready to supply; and
3. Not enough time was allocated for these companies to build up sufficient stocks.

Quality improvement teams have been strengthened to fast track the development, implementation and monitoring of quality improvement plans. A provincial quality oversight forum has been established to elevate the institution's quality assurance challenges to the management and relevant directorates at Central Office so as to get them to intervene and address challenges the facilities cannot resolve on their own.

The department has a Provincial Prevention and Control (PPC) manager who works with a team of retired nurses to conduct inspection in neonatal and maternity wards. They compile weekly dashboard reports that serve as early warning systems for potential outbreaks of hospital acquired infections. The number of neonatal outbreaks has been reduced from 14% in 2013/14 to 7.4% in 2014/15 through active weekly surveillance and reinforcement of standard precautions in all neonatal units. Training of cleaners and supervisors has been intensified in partnership with the private sector.

### ***Patients' Complaints Management System***

The department's complaints system responds to complaints from patients and members of the public received at all state healthcare facilities. The various sources of these complaints include the Premier's Hotline, Presidential Hotline, the Public Protector, the Human Rights Commission, the National Department of Health and, internally, walk-ins. Workshops and seminars are conducted regularly to train dedicated complaints officials in the complaints management process. Complaints are processed and are generally resolved within 25 working days, with complainants kept informed of the process and outcome. During the 2014/15 financial year a total number of 11 342 complaints were received from or related to patients in hospitals and districts.

The categories are as follows:

Academic Hospital	Tertiary Hospital	Regional Hospital	District Hospital	District Health Services	Specialised Hospital	Internally
1 594	1 139	2 391	1 529	4 246	55	388

The public is made aware of this system by various means, including community radio stations, publicity of frontline (reception) areas at institutions and the publicising of the Premier's Hotline number.

The management of serious adverse events (SAE) has been made effective and efficient by prompt investigation and redress for affected patients and families through SAE committees, which are in place in all facilities.

To optimise management of SAEs the province has finalised a draft policy which is currently in circulation for consultation. The total number of reported SAEs for the year 2014/15 increased to 976 from 793 reported in 2013/14. Of the 976 reported 455 were resolved. The distribution of incidents is as follows:

Academic hospital	Tertiary hospital	Regional hospital	District hospital	District Health Services	Specialised hospital	Oral & Dental hospital
108	104	272	284	70	71	7

All permanent employees and students at the nursing colleges receive regular training to ensure prevention and enhance knowledge about management of SAEs.

### ***Reduction of Waiting Times at Gauteng Department of Health Facilities***

Reduction in waiting times is a priority for the department. Nevertheless, waiting times continue to be a serious challenge at clinics, community health care centres and hospitals. As a result they are monitored daily and consistently to verify compliance with waiting time norms (benchmarks) and to identify trends that may need immediate corrective measures. The monitoring of waiting times commences from the time a patient arrives at the health facility until she/he has been attended to by a primary health care nurse, a medical doctor or a pharmacist in one of the following areas: outpatient departments, casualty, trauma and emergency, pharmacy and community health care centres and clinics.

The achievements could be ascribed to staff training on reduction of waiting times including training of courtesy officers (queue marshals). A total of 213 courtesy officers (queue marshals) were trained for Gauteng health facilities, 96 for the Ekurhuleni health district, 61 for Johannesburg, West Rand and Sedibeng districts and 56 for the Tshwane district. The trained officers have significantly improved the management of queues in their designated areas. Improving efficiency, for instance screening and sorting of patients, fast-tracking and implementation of effective triage systems also added to the reduction in waiting times. Nevertheless, there is still a need to improve visible signage and infrastructure to respond to the voices and needs of patients.

It is also anticipated that the new interventions, which include the introduction of electronic monitoring devices, the principles

of the Lean Management system to some facilities and management of gaps and problems, will considerably reduce waiting times in the Gauteng health facilities.

The lean improvement project has been initiated in 5 hospitals as a start – Charlotte Maxeke Johannesburg Academic Hospital; Chris Hani Baragwanath Academic Hospital, Sebokeng, Leratong and Kopanong Hospitals; with a primary focus of reducing the waiting times experienced by patients. The model lines (service delivery improvement areas) in each of the hospitals are Pharmacy, Patient Records and one out-patients clinic as well as the Operating Theatre (for Charlotte Maxeke only). The long term view is to extend the project to all the 'value streams' in every facility; and impact on the patient experience, build capacity within GDoH, and ensure the improvements are internally sustained.

Examples of improvements registered as at 31st March 2015 are:

- 69% reduction in patient waiting time from 143 minutes down to 43 minutes in the Leratong Hospital Patient Records;
- 64% reduction in patient waiting time from 233 minutes down to 83 minutes in the Sebokeng Hospital Medical Out-Patients Department;
- 67% reduction patient waiting time from 15 minutes down to 5 minutes at the Sebokeng Hospital Pharmacy; and
- 67% reduction in patient waiting time from 6 hours down to 2 hours in the TTO section of the CMJAH Main Pharmacy. This is the process of dispensing drugs to discharged patients; and the patient only vacates the bed upon receipt of medication. Noting the dire shortage of beds in the province, it is key that the beds are occupied by people who should be occupying them; and the Lean process has enabled beds to be freed quicker for admission of sicker patients.

Five (5) people (Total 20) from each of the four hospitals (Chris Hani Baragwanath Academic Hospital, Sebokeng, Leratong and Kopanong Hospitals) have undergone the rigorous training programme for purposes of driving the change within their facilities. A further four (4) people from Central Office have been trained – two (2) as Trainers and two (2) as Supervisors.

Scale-up of the project (to other hospitals) has been slower than envisaged due to delays in the procurement process; largely emanating from unsecured budget.

## Information and Communication Technology

ICT infrastructure (cabling, switching and back-end infrastructure) forms the foundation of any information technology department. With this in mind the department embarked on a massive drive to replace the back-end infrastructure (servers, storage, etc.) at all institutions, through the provision of V-Blocks, which will serve as servers, storage and computing layer to facilitate the hosting of applications for the department. Eight (8) V-Blocks were purchased to replace the ageing servers in all institutions and were centrally distributed. The infrastructure will be available to serve all entities under the Department of Health.

The drive to modernise the public service has been characterised by the implementation of the E-HR (Electronic Health Record). The implementation of the E-HR is an initiative that seeks to provide a paperless system at hospitals and clinics and strives to integrate seamlessly all the systems used in a hospital environment (PACS, Pharmacy, Laboratory, etc.) in order to replace the paper filing system currently in use. The drive to preserve patient information has been accomplished by scanning medical records at Natalspruit Hospital. The result has been a reduction in patient queues. The integration of patient records with the Health Information System (HIS) has provided doctors with an electronic means of retrieving medical files and the ability to capture notes electronically on HIS.

In an effort to digitise medical records, reduce security risks and improve ease of access of these records during patient consultation, the department embarked on a process to scan medical records starting with Natalspruit hospital. A total of 15million pages have since been scanned and this has reduced the number of papers that the hospital deals with.

The patient queue has been drastically reduced and patients do not have to queue for their medical records. Doctors can retrieve records using the health information system and update the medical record accordingly.

Going forward, the implementation of E-HR will be rolled out to all institutions (hospitals and clinics) with an emphasis on a paperless environment.

Programme 1: Administration					
Strategic objective	Actual achievement 2013/14	Planned target 2014/15	Actual achievement 2014/15	Deviation from planned target for 2014/15	Comment on deviation
<b>Improved client satisfaction rate</b>					
Client satisfaction rate	68%	66%	67%	1%	Improvements were noted specifically in relation to empathy, whilst reliability responsiveness and access were found to be a challenge across all Gauteng institutions.
Number of hospitals implementing Lean Management system	#	16	5	(11)	Participating hospitals have been trained in Lean Management. Mentorship will continue over a 24-month period. The department has secured funding to proceed with the remaining 12 hospitals in the 2015/16 financial year.
<b>Increase level of efficiency in PHC facilities</b>					
Number of CHCs with waiting times below agreed benchmark of 240 minutes (out of 35)	29	28/35	29	1	The Quality Assurance project team continues with oversight support visits on queue management and in addressing identified gaps.
<b>Increase level of efficiency in hospitals</b>					
Number of hospitals with waiting times below agreed benchmark of 360 minutes (out of 26)	17	20/26	20	0	20 targeted hospitals achieved the benchmark. The achievements are ascribed to staff training in reduction of waiting times, including the principles of Lean Management and management of gaps and problems.
Percentage of developed annual quality improvement plan (QIP) based on self-assessment (GAP assessment) or OHSC inspection	#	75%	80%	5%	The quarterly submission of QIPs contributed to the improvement in submission of QIPs.
Percentage of hospitals with hand sanitisers	#	36%	64%	28%	All facilities have hand sanitisers.
<b>Improve achievement of national norms</b>					
Number of hospitals and PHC facilities implementing WISN tool	#	20	76	56	WISN training continued and intensified in District Health Services. National HRH Normative Guidelines issued. More training conducted in implementation of the Normative Guidelines in each district

**Key**

#: not measured

Programme 1: Administration					
Strategic objective	Actual achievement 2013/14	Planned target 2014/15	Actual achievement 2014/15	Deviation from planned target for 2014/15	Comment on deviation
Number of critical health professional posts filled	#	126	116	(10)	The post-filling plans were not implemented because of budget constraints.
<b>Employment equity and diversity management</b>					
% of women in senior management posts (106 senior managers)	40.5%	43%	44%	1%	There is a steady growth in the number of women recruited at SMS levels. An African female was appointed during the fourth quarter. The plan is to continue to implement affirmative action measures (preference given to women until the target is reached).
% of people with disabilities employed	0.74%	2%	0.72%	(1.28%)	The head count of people with disabilities recruited, including some who were reluctant to declare their disability status, remains at 458 (0.72%). However due to some people with disabilities not captured correctly on the PERSAL system the reflected figure is 0.30%. Also, the gains that would have been made were offset by 12 people with disabilities lost through attrition. The department will continue with the plan to ring-fence posts for PWD and to head hunt people with disabilities and will encourage and monitor walk in applications. The updating of PERSAL to ensure correct capturing of people on the system is ongoing.
<b>Increase implementation of monitoring and evaluation system</b>					
Number of M-health applications developed	#	1	0	(1)	The project has not been implemented because of budgetary restraints.
Number of hospitals with PACS	#	6	0	(6)	The project has not been implemented because of budgetary restraints.
Number of hospitals with scanned medical records	#	16	2	(14)	Due to financial constraints, scanning of records for the remaining hospitals will commence in the new financial year.

Programme 1: Administration					
Strategic objective	Actual achievement 2013/14	Planned target 2014/15	Actual achievement 2014/15	Deviation from planned target for 2014/15	Comment on deviation
<b>Unqualified audit</b>					
Percentage of service providers paid within 30 days in the central and tertiary hospitals	#	90%	80%	(10%)	Challenges in complying are due to invoices dated before 31 March 2013, which require a pre-payment audit; blocked vendors due to expired tax clearance certificates, etc.; price & quantity differences; invoices awaiting payment allocations; invoices awaiting authorisation; disputes with suppliers and suppliers under investigation.
Develop provincial human resource for health plan	#	Approve Annual HRH plan	HRH approved and was implemented during the year under review		Target achieved.
The proportion of local government health personnel transferred to provincial department of health	#	2 district councils	1 district council	(1)	West Rand health district personnel are now all under the management of Gauteng Health. Negotiations are under way at Sedibeng to complete the transfer of health personnel. Lack of buy-in from stakeholders. Signing of the MOU. Pending negotiations on the transfer agreement.

### Strategy to Overcome Areas of Under-performance

Recruitment of people with disabilities (PWDs) remains a challenge in the department. The headcount of people with disabilities recruited, including some who were unwilling to declare their disability status, remains at 458 (0.72%). The department will continue to ring-fence posts for PWDs. Head-hunting of PWDs and walk-in applications will be encouraged and monitored. PERSAL continues to be updated to ensure the correct capturing of people on the system. There were no mid-year adjustments to the targets under Programme 1.

### Linking Performance with Budgets

The following table presents the financial information for Programme 1:

#### Expenditure: Programme 1 – Administration

Budget sub-programme	2014/2015			2013/2014		
	Final appropriation	Actual Expenditure	(Over)/ under expenditure	Final appropriation	Actual expenditure	(Over)/ Under expenditure
	R'000	R'000	R'000	R'000	R'000	R'000
Office of the MEC	15 444	15 066	378	14 272	10 969	3 303
Management	551 023	550 015	1 008	682 271	573 182	109 089



## 4.2 Programme 2: District Health Services

### Purpose of the Programme

The purpose of the programme is to provide comprehensive primary healthcare (PHC) services, district hospital services and comprehensive HIV and AIDS care and to deliver priority health programmes, including the nutrition programme. The District Health System is the vehicle for the delivery of PHC, which encompasses a range of basic health services and includes health promotion, disease prevention, curative care, and rehabilitation. PHC, coupled with equitable access to decent housing, clean water, sanitation, nutrition and education, has been shown to have a significant impact on health and health outcomes.

### List of sub-programmes

- District health management and PHC services;
- District hospitals;
- Maternal, child and women's health and nutrition;
- HIV and AIDS, STIs and TB;
- Disease prevention and control; and
- Forensic Pathology services.

### Strategic Objectives

- Reduce preventable causes of maternal deaths;
- Reduce infant mortality;
- Reduce child mortality;
- Reduce malnutrition in children;
- Reduce referrals for specialised psychiatric care;
- Increase mobility among people with disabilities;
- Reduce new HIV infections in youth and adults through increased safe sex behaviour;
- Reduce new HIV infections in babies;
- Increase male circumcision among youth;
- Reduce deaths from TB through effective treatment;
- Reduce death from AIDS through appropriate treatment, care and support for 80% of people
- Living with HIV (PLHIV);
- Facilitate normal psychosocial development of orphans and vulnerable children (OVC), including children affected by AIDS;
- Increase partnerships on HIV and AIDS;
- Improve client satisfaction rate; and
- Increase level of efficiency in PHC facilities.

### Sub-programme 2.1: District Health Management and PHC Services

#### Significant Achievements

The purpose of the programme is to render comprehensive primary health care services, district hospital services, comprehensive HIV and AIDS care and nutrition. It includes the delivery of priority health programmes such as Mother, Child and Women's Health, Disease Control and Communicable and Non-Communicable Diseases. The programme is working on improving universal coverage through the implementation of National Health Insurance. To that end doctor support at clinic level is being increased and clinics are being enrolled in the Ideal Clinic Project to improve their functionality.

Re-engineering of Primary Health Care is being accelerated. The implementation is done through three streams, which is based on the Brazilian and Cuban models to enhance community transformation. The streams include Ward based Outreach Teams to provide preventative care and collect community based information; Integrated School Health Services to increase access to services for learners, and District Clinical Specialist Teams (DCST) focusing on efforts towards reduction of maternal, infant and child mortality.

### **Integrated Chronic Disease Management (ICDM)**

The Integrated Chronic Disease Management (ICDM) programme was also introduced in an effort to reduce over-crowding in clinics. More than 100 000 patients have been enrolled on the programme. This has resulted in them getting their medication without going through long queues in clinics.

ICDM has resulted in the integration of ART services in PHC as all clinicians are expected to be NIMART trained and offer the services instead of referring them to other clinicians within their own facility or to other health facilities. This has benefited the programme, as patients are sent to the correct point of service.

In April 2014, Central Chronic Medicine Distribution and Dispensing (CCMDD) was introduced and piloted in 51 facilities in the Tshwane district. This system entails distribution to patients of ARVs and other chronic medication by a private service provider to a designated area in the clinics. It has eased the burden on the health facilities because the patient treatment is packaged by the service provider and issued on a patient-name basis for control purposes. The patient only visits the ART service point when due to have blood tests and for review. To date 37 735 patients use this system and it will soon be rolled out to include other chronic conditions.

### **Ward Based Outreach Teams (WBOTs)**

The department has increased the number of WBOTs to 388. In addition, the department trained 258 team leaders and 2 030 CHWs. The department has been able to cover 255 wards and will continue with efforts to establish more teams across the province to enhance ward-based health care in response to the PHC re-engineering strategy.

#### **Breakdown per District**

Districts	Johannesburg	Ekurhuleni	Tshwane	West Rand	Sedibeng	Total
Teams established	90	73	116	65	44	388

Districts	Johannesburg	Ekurhuleni	Tshwane	West Rand	Sedibeng	Total
Trained team leaders per district	56	4	112	24	22	218

#### **Community Health Worker Training per District**

Districts	Johannesburg	Ekurhuleni	Tshwane	West Rand	Sedibeng	Total
CHW WBOT training	1177	570	217	644	262	2870
Dread disease training	20	-	-	20	20	50
HIV/Aids awareness	83	40	50	50	50	273

## **Challenges**

- Lack of posts for team leaders;
- Insufficient budget for WBOTs; and
- Shortage of space.

## **Strategies to Overcome Areas of Under-performance**

- Creation of posts for team leaders;
- Request sufficient budget to enable the appointment of team leaders and purchase other needed resources; and
- Identify unutilised government building to establish a work space for the teams.

### ***Expanded Public Works Programme (EPWP)***

The Expanded Public Works Programme (EPWP) is a nationwide government programme aimed at reducing unemployment and poverty by creating short- to medium-term work opportunities for the unemployed by engaging them in productive work while offering them skills and work experience. Monitoring and reporting of work opportunities plays a critical role in measuring the implementation of EPWP. The data collected on jobs created is validated, verified and downloaded onto the online system called the Integrated Reporting System (IRS), which generates National Quarterly System Performance Reports across all the EPWP sectors, that is social, infrastructure, environment, culture and non-state sector.

The Department of Health districts report quarterly on the IRS. The total number of IRS reports was 40, fewer than in the previous financial year, due to unfunded NPOs in the current financial year (2014/2015). The department collected data from the conditional grant through EPWP web-based reporting templates in the five districts.

### **Challenges**

- Poor supervision due to lack of community liaison officers (CLOs) for EPWP; and
- EPWP beneficiaries are not catered for in terms of UIF and Compensation of Injuries and Diseases.

### **Strategies to Overcome Areas of Under-performance**

- The department will be creating posts for CLOs during 2015/2016 financial year.

## **Sub-programme 2.2: District Hospitals**

### **Significant Achievements**

District hospitals provide primarily level 1 inpatient care services, delivered by general family practitioners, medical officers and family medicine specialists and include casualty and emergency care services. District hospitals play a pivotal role in screening and managing 'off-street' access and refer to higher levels only when appropriate. The referral among the different levels is guided by protocols, which provide practice guidelines.

#### ***Efficiency Measures***

The bed utilisation in district hospitals remained low, ranging from 41% to 61.2% against the national target of 75%. This may be due to the inaccessibility of some of the district hospitals, attributed to their historical location and to the fact that patients by-pass district hospitals and present at regional and tertiary hospitals.

The new programmes, e.g., WBOTs and ICDM, which have been added as part of PHC Re-engineering, are yielding positive results in that patients are given medical care within the confines of their homes, thus bringing down the number of patients reliant on hospital care for their health care needs.

The average length of stay in district hospital is within the national norm of three days.

The Caesarean Section rate in district hospitals increased from 18.4% in 2013/14 to 24.4% in 2014/15, against the national norm of 16%. The increase in the C/S rate may be due to South Rand Hospital assisting CHB hospital with performing elective C/Sections and also due to late obstetric interventions, exacerbated by the HIV and AIDS epidemic.

## **Rehabilitation and Therapeutic Services**

### **Purpose of the Programme**

To ensure appropriate service delivery at all levels of care to promote health and wellbeing, prevent disability, restore integration and uphold the rights of vulnerable groups. These services are undertaken in close cooperation with other government departments, advocacy groups and different NGOs and community based organisations. The sub-directorate provides, facilitates and supports the delivery of allied, rehabilitation, radiographic and clinical technology services in all health facilities in accordance with legislation and national policies and will ensure alignment with the department's strategic objectives.

## Significant Achievements

Eight orientation and mobility training programmes for people with visual impairments were provided to approximately 107 patients of varying age groups and 232 assistive devices issued to these people across all districts of the province. The services of the SA Mobility for the Blind Trust (SAMBTr) were used. In order to provide more of such services, the department would need another seven programmes in the future.

Vocational rehabilitation services were established for people with disabilities at various levels of health services. A vocational screening tool, driving screening tool, Modular Arrangements of Predetermined Time Standards (Modapts) assessment activities, report-writing templates were introduced and training workshops were held to ensure that this service is implemented at various levels of healthcare in the province. Dr George Mukhari Hospital now has a fully-fledged vocational rehabilitation unit.

Together with the provincial inspectorate, the department completed 27 audits and implemented measures to monitor and improve compliance with core standards of therapy and rehabilitation services. The Department of Health, in partnership with the departments of Education, Social Development and Justice, hosted a CPD seminar for social workers. The purpose of this seminar was to position social work services strategically within the Department of Health and within a multidisciplinary team environment. The seminar initiated engagement with key interdepartmental partners on cross-cutting programmes such as domestic violence, forensic medico-legal services, substance abuse and child protection.

In addition, a relationship has been established with the Integrated School Health Programme (ISHP) for Structured Social Work Outreach at selected schools.

There have been constructive meetings with the Department of Home Affairs about foreign patients who require alternative care, placement, deportation and repatriation. This has facilitated the discharge of long-stay patients. A massive joint research project on the International Classification and of Function and Disability was undertaken with the Occupational and Physiotherapy departments of the University of the Witwatersrand .

## Challenges

Delays in procurement of devices, lack of social work supervisory posts and transport for outreach services remains a challenge.

Orientation and mobility services are still delivered by an NGO because there is no post available for this profession in the public sector.

## Strategy to Overcome Areas of Under-performance

- Follow up with the NDoH regarding the employment of orientation and mobility practitioners.
- Strengthen partnership with disabled entrepreneurs to ensure sustainable wheelchair repair centres.
- Undertake survey into the waiting times for issuing of all devices to obtain base line and implement improvement plans.

## Radiography Services

### Purpose of the Programme

The sub-section strives to ensure quality imaging and radiation therapy services with the lowest amount of radiation risk to the patient at all levels of radiographic services. To assist with this, the radiography services must comply with the National Core Standards and Legal Compliance requirements as per the Hazardous Substances Act 15 of 1973. Furthermore, the status of radiographic equipment and the intervention and quality thereof will be monitored.

## Significant Achievements

General diagnostic X-ray service delivery to patients is now offered up to PHC community health clinic (CHC) level, thus decreasing referrals to hospital level and services are provided closer to patients' homes; this includes specialist services, mammography screening at large regional hospitals;

Specialist radiography ultrasound service assistance for diagnostic support in maternal health; nuclear medicine and radiation therapy for radical treatment with intention to cure is offered at academic hospitals. In addition the department has high-tech MRI units for non-ionising radiation diagnostic support which are safer than ionising radiation for at risk patients such as children.

## Challenges

Equipment breakdown and delays in repairs and staff retention especially at academic hospitals, are a challenge.

Because of non-compliance with the relevant legislation, the department is still faced with equipment being sealed by radiation control. Non-payment of vendors has led to interruptions in services due to the unavailability of radio pharmaceuticals in nuclear medicine.

## Strategy to Overcome Areas of Under-performance

- The department will utilise data to monitor the compliance of the radiography department with the relevant Act;
- Ensure that hospital and clinic managers are aware of the importance of the quality assurance programme in radiography services.

## Oral Health

### Significant Achievements

The provincial target for dentures and brushing programme was met. A total of 8 773 dentures were delivered for oral rehabilitation for the aged, children and people with disabilities. About 37449 learners were placed on tooth brushing programme. Other oral health promotion and preventive activities included placement of 52 477 Fissure sealants for 6 939 children to prevent dental caries. In addition, 81 fixed Dental units were installed at District clinics to offer more comprehensive oral health service.

### Challenges

Oral Health is a demand-driven service and, as a result, quality of care is compromised. In addition, patients still delay in seeking the relevant treatment.

Due to the lack of human resources it is difficult to implement the school-based programme.

### Strategy to Overcome Areas of Under-performance

- To improve the quality of care, the programme is looking at implementing a booking system;
- On-going campaigns and education of the community;
- Implementation of the fissure sealant programme; and
- Integration of the Oral Health programme with other health programmes.

## Sub-programme 2.3: HIV, AIDS, STIs and TB

### Significant Achievements

#### HIV Counselling and Testing (HCT)

The significant achievement for the financial year 2014/15 is that the HCT programme has exceeded the target of 2 363 151 by 6%, with the number of clients tested standing at 2 509 109.

Although the target has been exceeded, a great deal of testing still needs to take place in the facilities. Clinicians need to offer every patient they see an opportunity to test for HIV. At least 20% of each facility's headcount should be counselled and tested for HIV.

There is also a need to encourage mothers to book early for antenatal care to give them an opportunity to be counselled and tested for HIV and uncircumcised boys and males should be advised to submit themselves for medical male circumcision. This will boost the uptake of HIV testing and counselling in the province.

## Prevention of Mother-To-Child Transmission (PMTCT)

In its effort to prevent MTCT, the programme reached its objective of reducing mother-to-child transmission by <2%. The annual transmission rate for 2014/2015 is 1.3% and antenatal clients initiated on ART have increased from 62.2% last financial year to 87.4%.

The programme has developed an HIV-positive baby tool to monitor the events that might have led to babies testing positive. This will assist in planning in relation to the elimination of mother-to-child transmission.

## Antiretroviral Therapy (ART)

The ART programme has enrolled 1 010 407 patients since 2004. The introduction of the Fixed Dose Combination in April 2013 has resulted in greater numbers of people enrolled and retained on ART. The pill burden has been reduced for the patients as the combination tablet has become more convenient and accessible and there has been a reduction in deaths and loss to follow up (LTFU).

The establishment of ART Cohorts / treatment adherence clubs has resulted in reduced LTFU, as the stable ART patients have been grouped and do not have to queue. They fetch the treatment from their dedicated area within the clinic. They are served by a facilitator and only see the clinicians when they are due for blood tests and clinical reviews. These patients are issued with a 3-month supply and are encouraged to report problems as they occur and not to wait for the clinical review or any other medical concern.

The introduction of the revised ART guidelines and new eligibility criteria has resulted in more patients being enrolled for treatment. Patients with a CD4 count  $\leq 500$  are now initiated and HIV-positive pregnant women are put on lifelong treatment. This will benefit the province as we are striving towards the elimination of mother-to-child transmission.

The introduction of the Tier.net system and the fact that most of the health facilities have reached Phase 6 has benefitted the programme as the clinical outcomes of the cohorts are monitored. Phase 6 is the stage at which the facility has completed back-capturing and is in live mode. The ART clinical stationery, on which all patient information is documented, facilitates capturing into this system. All clinicians must record on this stationery and ensure that all tests and results are captured at correct intervals and reports are generated according to the standard operating procedure. Through Tier.net reports, 730 576 patients remained in care (TROA) at the end of March 2015.

## Medical Male Circumcision (MMC)

The number of health facilities performing MMC has increased from 72 to 94.

## Challenges

Limited space for high-volume MMC remains a challenge as does the shortages of doctors and professional nurses. There is still a myth that circumcision is only performed during the winter.

## Strategy to Overcome Areas of Under-performance

The department plans to award contracts to private medical practitioners to support MMC and to strengthen partnerships with traditional male circumcision and engage all sectors, e.g., youth and women as well as men in promoting MMC. The National Department is to speed up the process of training nurses to perform circumcision using the MMC instrument (PrePex). In order to improve data management and reporting, the department has created Org Unit on the District Health Information System (DHIS) to capture data from private providers performing MMC.

## Home and Community-Based Care (HCBC)

Home- and community-based care has been integrated into WBOT and the resources are utilised in WBOT. The budget covers the stipend paid to community health workers and should also pay for team leaders and the purchase of care kits.

## Multi-sectoral Approach to HIV and AIDS

### ***The Multi-sector Gauteng Strategic Plan for HIV, TB and STIs for 2012 to 2016***

The Gauteng AIDS Council is led by the Premier and consists of all MECs and 18 leaders of civil society, sector councils and federations, including organised labour and business. In 2012, the Gauteng AIDS Council adopted the Gauteng Strategic Plan for 2012 to 2016.

The mid-term review was tendered in 2014/2015 and a three-year report of outcomes and service delivery was prepared to inform the review.

New representatives of civil society sectors were added to the Gauteng AIDS Council after elections in 2014. The secretariat function for the AIDS Council is delegated to the Gauteng Department of Health through the MEC and HOD. The secretariat coordinates effective implementation of the multi-sector Gauteng Strategic and Implementation Plans with strategic enablers including all departments of government, sectors of civil society and Metro and District AIDS Councils. This role includes capacity-building for community sectors which have limited resources and coordination across departments of government.

### ***Community Education Programmes for 2014/15***

The Department of Health leads the health services, Social Development leads the services for orphans and vulnerable children (OVC) and all departments contribute to HIV prevention and social support.

The Metro and District AIDS councils led by the executive mayors reached 8.6 million people, with education and referrals through over 3 million household visits. Informal settlements and other high risk wards were prioritised and mobile services for health screening and social services were taken to high risk wards.

The PASOP campaign was launched in quarter 3 and advertising outputs increased rapidly through radio and outdoor advertising.

Peer education for high risk groups (also known as key populations) declined after peer educators were transferred to clinics for the WBOTs. The systems are not yet in place for WBOT to maximise their education outputs. There was a similar pattern for civil society sectors who trained community leaders and communicated with their members and the public: contracts changed and field workers were transferred to WBOT.

A survey of Gauteng government officials showed high coverage of workplace programmes through employee health and wellness services (EHWP) in all departments: 85% had been tested for HIV, 72% had accessed peer education and 25% utilised workplace health screening or counselling. HIV prevalence, at 12.6%, is lower in Gauteng than in the general population but the pattern of risk is very similar: the highest HIV infection rates are found in young unmarried women under 35 years of age. About 7% of male officials have multiple sex partners but do not use condoms.

## TB Control Programme

The TB epidemic is not decreasing at the expected rate in line with the National Strategic Plan for HIV & AIDS, STIs & TB (NSP). The NSP recommends that the rate of new infections should decrease by 50% in five years. Furthermore, the TB incidence rate in Gauteng has decreased from 598/100 000 in 2011 to 375/100 000 in 2014. One of the contributing factors to this reduction is the successful ART programme, which reduces opportunistic infections, the most common of which is TB. This is further evidenced by the reduction in HIV/TB co-infection rate from 71% to 68%.

### ***Overview and Performance of TB Programme***

During the year under review, the intensification of case-finding with the intention to treat is the latest strategy adopted by the programme in order to fight the epidemic. For this purpose the target for screening was increased to 600 000 per year, which is in line with the national target of 4 million to be achieved by 2019/2020. The target was far exceeded and a total of 1 025 573 patients were screened for TB during this financial year. The total number of cases for the year in review decreased from 49 416 in 2013/14 to 35 595 in 2014/15. This translates into a 28% reduction of total cases compared to the previous year. The department is making good progress towards achieving the target of 50% reduction of new infections.

### ***Treatment Outcomes***

Of the 35 959 patients diagnosed 17 499 were smear positive on Genexpert. The smear conversion at the end of two months was 82.3%. At the end of six months 14 747 patients had been cured, which translates into 84.2%, compared to 83, 8% in 2013/14. Treatment success was at 85.7%, exceeding the target of 85%.

The number of defaulters for the year under review was 841, which translates into a 4.8% defaulter rate for 2014/15 compared to 5.1% in 2013/14. This is within target despite the challenges of patients not covered by tracers because they live in sparsely populated areas.

### ***Social Mobilisation***

In order to curb the spread of TB disease, 32 080 households were visited for contact tracing and 5 232 children under five were provided with INH prophylaxis. In order to engage with the communities, World TB Day was commemorated on 24 March at Vosloorus in Ekurhuleni. Outreach activities are ongoing in shopping malls, schools and the business sector. Campaigns were also held for staff at The Star and at Eskom.

### ***TB / HIV Collaboration***

A total of 21 919 patients were co-infected with HIV, which constituted 68% of the co-infection rate – almost the same percentage as that in 2013/14 when the figure was 33 347, with a co-infection rate of 67%. ART was provided to 18 023 of the 21 919 patients (83%), a considerable improvement on the 67% in 2013/14.

### ***Multi Drug Resistant-TB (MDR-TB)***

The number of MDR-TB patients has increased from 459 in 2013/2014 to 1 007 in 2014/15. This dramatic increase is not due to the failure of the programme but rather to the impact of Genexpert technology and its high sensitivity. This implies that in the past a considerable number of patients with MDR-TB were missed, with fatal consequences. These patients were among 1 197 Rifampicin-resistant TB sufferers diagnosed through Genexpert, a decrease from the 1 509 in 2013/14. A total of 23 patients had XDR-TB, a slight increase from 19 in 2013/14. The department continues to work with HPCA, with patients visited daily for injections in order to reduce the defaulter rate.

There are now 13 decentralised sites for drug-resistant TB. The department still has to erect park-homes in a number of hospitals to enable patients who are very sick to be admitted. Nurses are also being trained in MDR and Jhpiego Gauteng has provided technical staff to support the districts in providing the decentralised management of the disease.

### ***Research***

Ongoing research is being conducted in clinical trials in an effort to find shorter regimens, which will reduce defaulting, especially among MDR-TB patients. A new drug called Bedaquiline has been registered and is provided to complicated MDR-TB patients. The advantage of this drug is that it is not given by injection but is taken orally, which will encourage patients not to default. In time the drug will be provided to all drug-resistant patients and will replace the injectable drug.

### ***Interdepartmental Relations***

The mining sector continues to have high rates of infection. To address this, the department is focusing on screening mineworkers as well as communities in peri-mining areas. Furthermore, a one-stop centre has been opened at Carletonville hospital through the World Bank in order to provide holistic care to mineworkers as well as to those who have retired for health reasons, including TB. The department is also working with Correctional Services with the aim of reducing the high TB rates in prisons. During the transport month in October, the programme held a joint campaign with the Department of Transport. A meeting was also held with the South African Business Coalition against HIV & AIDS.

## **Challenges**

Peer educators were integrated with WBOT without reporting tools and the data elements are not collected and reported under the District Health Information System (DHIS). Data management is also a challenge.



## Strategies to Address Areas of Under-performance

- The programme has developed a reporting system for peer educators to collect and report at ward-based level;
- Strengthen partnership with NGOs, NPOs and other sectors dealing with key population groups;
- National to speed up the availability of coloured condoms; and
- Allocation of condom targets to all stakeholders.
- The Gauteng AIDS Council has adopted a series of policies which address HIV prevention in youth and social support for orphans and vulnerable children. The National Department of Health is also strengthening testing and treatment through the 90-90-90 campaign, led by UNAIDS and addressing high maternal mortality rates.
- The national WBOT model needs to be adapted to strengthen the behaviour change component of health care: peer education has been shown to increase safe sex behaviours amongst high risk groups.
- The Gauteng AIDS Council has agreed to strengthen community sectors to develop leaders and reach their members.
- The PASOP campaign will be scaled up and supported by the Gauteng AIDS Council. There is a special focus on high risk groups, also known as key populations.
- There has been increased multi-sector coordination of services in wards on the Ntirihisano War Room model driven by the premier. Poverty relief, education and social protection play key roles in reducing the vulnerability of young women to HIV infection.
- The Department of Health is taking health screening to wards and high risk situations, including youth and high risk groups/ key populations.
- Increased efficiency in procuring and managing service contracts for media, training, research and community programmes.

## Sub-programme 2.4: Maternal, Child and Women's Health and Nutrition

### Maternal and Newborn Health

Early antenatal care first visit booking improved from 43.7% in 2013/2014 to 48.6% in 2014/2015 due to the implementation of the strategy of 'every day is antenatal care day'. This has sustained the antenatal care coverage at almost 100% in the past two years. During the first antenatal care visit 52 874 pregnant women were registered on MOMCONNECT in order to receive 'staged messages' during pregnancy and the postnatal period.

Education for mothers on the importance of the postnatal six-day visits has remained stable in the past two years – 86.5% in 2013/2014 and 86.3% in 2014/2015.

In the quest to reduce mortality, midwives and doctors are trained in the essential steps for the management of obstetric emergencies (ESMOE) and in this regard 316 midwives, 21 medical interns, 3 Clinical Associates and 96 doctors were trained during a three-day programme. Other training programmes included neonatal resuscitation and fire drills where 82 midwives and 12 doctors as well as fourteen midwives and six doctors were trained respectively.

### Child Health and Integrated School Health Programme

A total of 69 Integrated School Health Program (ISHP) Teams have been established and have provided a comprehensive package of school health services to 156 891 (9.7%) learners at 729 (33.1%) schools. All learners identified with health problems were referred and treated appropriately to address health barriers to learning. Aggregated number of learners screened per grade are as follows: Grade 1, 62 967 (33.6%); Grade 4, 45 337 (30.4%); Grade 8, 15 560 (12%); Grade 10, 18 085 (11.7%) and learners referred by educators from other grades, 14 942.

The Human Papilloma Vaccination (HPV) campaign was conducted in all districts to protect grade four girls against cervical cancer in future. A total of 1 320 (95%) primary schools were visited by ISHP Teams to vaccinate schoolgirls, the overall 1st HPV dose learner immunisation coverage reached 62 837 girls (97%) and the total number of grade four girls immunised during the second HPV dose was 54 669 (77.7%).

### Adolescent and Youth Health

In partnership with WHRI the department conducted a three-day blitz campaign to educate the youth about reproductive health, focusing on the prevention of teenage pregnancy and HIV. During the campaign 753 young adult received one-on-one peer education.

## Reproductive and Women's Health

In the quest to reduce maternal mortality due to unsafe abortion the department, in partnership with SAPS, conducted a blitz at Lister Buildings (19 September 2014 at 16:00) in downtown Johannesburg, after receiving a complaint from the Daily Sun, to close down illegal abortion services.

The Minister of Health launched the new Contraception and Fertility Planning Policy at Ethafeni CHC in Tembisa Township, with the focus on subdermal implants. Since the launch 62 307 implants have been inserted.

In August 2014 the department, in partnership with NDoH, conducted family planning campaigns, targeting several malls in the province. During the campaign, information on contraception, MMC and other SRHR services was given to 2 500 people. In partnership with HIVSA, the department, enrolled 1 308 healthcare users at South Gate Mall in CHOMA, a Facebook programme intended to provide interactive information and discussions of health and related matters.

## Nutrition

Of those hospitals with food service units 67.6% were monitored using the Food Service Management (FSM) tool. Crèches are visited by health inspectors and receive a health certificate as one criterion for funding. Subsidies for feeding were provided to 1 238 crèches catering for 56 305 children.

HIV and AIDS patients, pregnant women, TB patients and patients with debilitating conditions continue to receive nutritional supplements. The World Health Organisation (WHO) 10 steps approach to managing severe acute malnutrition (SAM) is being implemented in all hospitals and 111 clinicians were trained in this approach.

Mother Baby Friendly Initiative (MBFI) is a global initiative of the WHO and UNICEF that aims to give every baby the best start in life by creating a health care environment that supports breastfeeding as the norm. The number of health facilities that are MBFI accredited increased from 50/60 (83.3%) in 2013/14 to 53/60 (88.3%) in 2014/15. Three new facilities – Eersterust MOU, Steve Biko Academic and Tembisa tertiary hospitals were accredited in 2014/15.

Other child interventions with improved performance are the reduction in the incidence of SAM in children under five years old and coverage of Vitamin A doses for children from 12-59 months. Fatalities from diarrhoea are maintained within target at 2.9% and the incidence of pneumonia is a reasonable 36.2%.

## Reduction of Infant and Child Mortality

The Integrated Management of Childhood Illnesses strategy (IMCI) is implemented in 257 (71%) PHC health facilities in the province to improve child health. A total of 317 professional nurses were trained in IMCI and are mentored on IMCI implementation, including NIMART, to promote reduction of infant and child mortality. A total of 972 community members were reached with health education messages at Healthy Baby and Growth Monitoring Initiative events and the award ceremony held in collaboration with Johnson & Johnson in all districts, to encourage healthy child care practices.

## Health Promotion

A total of 335 awareness campaigns on all aspects of healthy lifestyles were conducted in all five districts in the province during the 2014/15 financial year. The reported total number of people screened for hypertension, diabetes, BMI, eye care, and HCT during these campaigns is 1 806.

In addition, health education drives and healthy lifestyles activities like aerobics and growing healthy foods, including in group sessions benefitted a total of 1 011 452 people. The following components of a healthy lifestyle were communicated.

A total of 871 physical activity groups were supported with healthy lifestyles activities. The department has forged partnerships with 20 NGOs, including the departments of Sports & Recreation and Agriculture. Some of these partners already have a formal Public Private Partnership (PPP) with both the National Department of Health and Gauteng Department of Health. They have been actively involved in awareness campaigns organised by the department and in capacity building initiatives for health promoters. The department is in the process of finalising the endorsement of partnerships with the remaining NGOs. A database has been compiled and their business plans/concept documents are being reviewed.

The Health Promotion sub-directorate has developed capacity building manuals for health promoters with technical assistance from the Japanese International Corporation Agency (JICA). This project received endorsement from the National Health Promotion Directorate and the International Relations Directorate. A total of 300 induction manuals and 300 key message guides for health promoters have been developed. These documents will be handed over to the Gauteng Department of Health in an exclusive handover ceremony during the 2015/16 financial year.

## Healthy Lifestyles

### ***Schools***

A total of 1 664 schools have been reached with messages on all aspects of healthy lifestyles: nutrition, physical activity, tobacco, alcohol and substance abuse, safe sexual behaviour, salt reduction, overweight and obesity.

A total of 385 schools were accredited as Health Promoting Schools (HPS) in the first three quarters of 2014/15.

### ***Clinics***

Healthy lifestyles activities were conducted in a total of 1 346 clinics, all of which have dedicated health promoters.

A total of 10 clinics were assessed for Health Promoting Clinic status. Five of the assessments were linked to a healthy baby competition conducted in collaboration with Johnson & Johnson. (See more information under maternal and child health promotion). Only one ideal clinic was assessed for health promotion activities. One session of Health Promoting Clinic Advocacy was conducted with health promoters in Sedibeng.

### ***Crèches/Early Learning Centres***

Healthy lifestyles activities were conducted in a total of 1 209 early learning centres. A total of 1 598 ECD practitioners, 82 traditional medical practitioners and 60 CHW have been trained in Household and Community IMCI in all five districts. The Healthy Environment for Children programme was included when training ECD practitioners on IMCI in all five districts. A total of 60 ECD centres met the requirements. A Healthy Baby and Growth Monitoring Initiative (HB&GMI) award ceremony, conducted in partnership with Johnson & Johnson in the five districts, reached 972 community members.

### ***Women, Maternal and Youth Health Promotion***

Awareness campaigns were conducted in the following areas to promote women and youth health included amongst others, breast and cervical cancer, antenatal care attendance before the 20th week of pregnancy and sub-dermal implant method of contraception.

## **Challenges and Strategies for Addressing Areas of Under-performance**

There is a need to improve reporting tools for the programme to ensure that all information is captured.

## Sub-programme 2.5: Disease Prevention and Control

### Non-Communicable Diseases, Geriatrics, and Eye Care

#### Significant Achievements

The ICDM programme is a National Department of Health initiative aimed at integrating management of all chronic disease patients, this includes HIV and AIDS, TB, mental health and common non-communicable diseases. To date, 148 facilities have implemented the programme, a great improvement from the total of 42 facilities reported in the previous financial year.

A total of 509 PHC nurses were trained in the Primary Care 101 (PC 101) guideline and 101 PHC nurses were trained in the type 2 diabetes management guideline.

A total of 37 032 males over the age of 45 were screened for prostate specific antigen (PSA), which is a predictor of prostate cancer.

The total number of chronic patients enrolled into the Chronic Medication Dispensing Project is 37 702.

Currently all hospitals are piloting the cancer register as a requirement by the National Department of Health. The register will provide information on the number of cancer patients in the province and will also assist the process of budgeting for services and indicate health workforce skills training needs.

A total of 1 602 patients are on long term domiciliary oxygen therapy (LTDOT).

#### Eye Care

A total of 12 063 cataract operations were performed, which is a cataract surgery rate of 1 184 operations /million. All the operations were conducted in public hospitals. A total of 54 168 patients were seen by optometrists in our facilities and out of those, 27 380 received spectacles.

Training in the management and control of eye conditions at primary level was given to 208 primary health care nursing personnel.

A total of 35 optometrists were trained at the University of Johannesburg in paediatric optometry and another 38 on low vision.

As a result of a public private partnership (PPP) with the Brien Holden Vision Institute, five fully equipped facilities in the JHB Metro Health district now offer eye services daily and patients are seen by a dedicated optometrist free of charge.

A total of 64 eye care awareness campaigns were held in all five districts during eye care awareness month. During the campaigns 2 405 people were screened and 460 of them were referred for further management. Seven district-based glaucoma awareness and screening campaigns were held in all districts, 7 065 patients were screened and 327 patients were referred for further management.

During the year two PPPs were forged, one with the University of Johannesburg aimed at increasing optometry human resource capacity through student training and rotations in our hospitals. The other, forged with South African Life Improvement Charitable Trust (SALICT), was aimed at supporting the Lenasia South CHC with consumables to enhance cataract surgery performance. SALICT will start working in the Lenasia South CHC on 1 April 2015.

The ongoing collaboration between the department and the Islamic Medical Association (IMA) ensures continuous provision of much needed consumables during cataract surgery marathons and blitzes held often, mainly in Leratong Hospital and now in other hospitals such as Helen Joseph and Sebokeng.

#### Environmental Health Services

During the reporting year, 185 public health facilities and 277 facilities were inspected with respect to compliance with safe portable water and compliance to adequate sanitation. In addition, a total of 1 372 domestic water samples were collected, analysed and found to comply with legislation.

A total of 493 food samples were collected by municipalities and analysed by the NHLS for bacteriological compliance. Of these 67 tested positive (+ve). All of these were found to have been contaminated with toxins produced by enterotoxin producing strains of *Staphylococcus aureus*.

Management of hazardous substances was carried out in all health districts. A total of 288 hazardous substance dealers were inspected and those complying with Hazardous Substances Act No 15 of 1973 were issued with licences for a period of one year.

Over 24 478 aircraft from malaria endemic countries that landed at OR Tambo and Lanseria international airports were disinfected according to WHO and International Health Regulations (IHR). A total of 40 719 international imported consignments were received at the three points of entry (City Deep and O.R.Tambo and Lanseria international airports). During this financial year, 831 mercy flights (air ambulances) were given permission to transport sick passengers into the country. All the mercy flights complied with the International Health Regulations.

## **Challenges and Strategies for Addressing Areas of Under-performance**

### ***Hypertension and Diabetes Incidence Rate***

- Improved patient management, education and counselling through continued training of PHC nurses and doctors in NDoH policies and guidelines;
- Continued community awareness and education through community-based campaigns.

### ***Cataract Surgery Rate***

- To engage with Chris Hani Baragwanath Hospital management to motivate for a separate budget for St. John's Eye Hospital.
- Continue strengthening existing PPPs and forge new partnerships with private sector and NGOs to increase cataract surgery performance

### ***Acute Shortage of Staff***

There are serious human resource challenges at the two airports. This has serious service delivery implications. For example, port health officers have problems disinfecting all flights arriving from yellow fever and malaria endemic countries. They are also unable to adequately screen all containers and consignments that arrive into the country according to the prescripts of the International Health Regulations. This could lead to hazardous substances entering the country.

Motivation has been done for additional posts for the two airports and for the City Deep Container Depot.

There is inconsistency in the application of the National Yellow Fever Guidelines in relation, for example, to heads of states, ministers, diplomats and other politicians who do not comply with the International Health Regulations. The National Department of Health has been informed and is managing these challenges with the International Relations Department.

## Sub-programme 2.6: Forensic Pathology Services

### Forensic Medical Service

This sub-programme consists of the Forensic Pathology Service and the Clinical Forensic Medical Service.

### Purpose of the Programme

The purpose of the Forensic Pathology Service is, inter alia, to investigate the cause of any unnatural death or sudden unexpected death, using internationally accepted scientific methods, thereby assisting the SAPS in the collection of evidence and presenting it in a court of law.

The purpose of the Clinical Forensic Medical Service is to manage survivors of crime with specific emphasis on rape, domestic violence, provision of medical care to inmates in correctional centres and drawing of blood in cases of alleged drunken driving. The Gauteng Anti-Rape strategy was developed in conjunction with all relevant stakeholders, with the leading department being the Family Violence, Child Protection and Sexual Offences Unit (FCS) of the SAPS.

Both the Forensic Pathology and the Clinical Forensic Medical services play an important role in the overall strategic objective of the government to create safer communities and adopt a zero tolerance approach to crime, especially violent crime.

Our interventions contribute considerably to reducing trauma, which is amongst the top cost drivers in the provision of health services.

### *The Structure of the Forensic Pathology Service*

There are 11 forensic pathology laboratories.

These laboratories are responsible for repatriation services. During September 2014 and February 2015, after the Nigerian church building collapse, the service participated in the identification and repatriation of the deceased South Africans.

### Clinical Forensic Medical Services

#### *Facilities*

All health facilities are expected to manage survivors of violence and take bloods in cases of suspected drunken driving. As a strategy to improve the quality of service, medico-legal centres that cater for all or some of the services of the package were established. These fall into various categories that may relate to the main focus of that particular centre, e.g., Crisis Centre, Post-Exposure Prophylaxis (PEP) Centre and Comprehensive Medico-Legal Centre. Currently all hospitals and some clinics offer PEP. There are 50 PEP sites in the province – 32 of them offer comprehensive services, of which 25 provide a 2- hour service. Services to victims of crime have been gazetted as the designated responsibility of the Department of Health. The strategy for the MTEF is 'vertical consolidation with horizontal integration'.

## Sub-programme 2.1: District Health Management and PHC Services

District Health Management and PHC Services					
Strategic Objective	Actual achievement 2013/14	Planned target 2014/15	Actual achievement 2014/15	Deviation from planned target 2014/15	Comment on deviation
<b>Improve the level of efficiency in PHC facilities</b>					
% of CHCs that provide 24 hour access	26/35	28/35	27/35	(1)	The outstanding 8 facilities have not started to provide 24-hour services due to a shortage of staff. However, all 8 facilities provide 24-hour maternity and obstetric services. New submissions for creation of required posts currently under way.
Number of GPs contracted to work at clinics	#	49 of 372	49	0	For coverage of existing primary health care facilities a total of 372 sessional GPs are required. Recruitment is on hold as per communication from National Department of Health.
Number of primary health care clinics that qualify as Ideal Clinics	#	10	1	(9)	The department has enrolled 50 facilities. Only 1 qualified as an Ideal Clinic. Those that did not qualify were deficient in basic equipment, cleanliness and drugs. Districts have procured the necessary equipment and sustained monitoring of cleaning equipment and supervision of cleaners is undertaken to improve state of cleanliness. Other outstanding matters that may not be addressed with immediate effect relate to infrastructure modifications.
Number of PHC facilities implementing IMCD programme	#	20	148	128	The department has rolled out the IMCD programme to 148 facilities, thus exceeding the planned target of 20. All districts put more effort into implementing the programme.
Number of patients enrolled in centralised chronic medicine dispensing and distribution programme	#	30 000	37 702	7 702	A total of 37 702 patients are enrolled and, with the implementation of ICDM, are receiving more attention from nurses and better effective education on healthy lifestyles. This has also contributed to increased compliance.
Number of people counselled and screened for high blood pressure	#	56 000	166 818	110 818	Continued community awareness and education through screening campaigns contributed to the high performance.

District Health Management and PHC Services					
Performance indicator	Actual achievement 2013/14	Planned target 2014/15	Actual achievement 2014/15	Deviation from target 2014/15	Comment on deviation
Provincial PHC expenditure per uninsured person	R302	R425	R425	0	The department has achieved its target on PHC expenditure for the uninsured population. The average spent is at R425.
PHC utilisation rate	1.8	2.3	1.8	(0.5)	PHC utilisation is lower in Gauteng than the national average. Report by Stats SA has indicated that a large proportion of the Gauteng community attends private GP facilities as the province has the highest number of private practitioners. In addition, the implementation of the ICDM and WBOT initiatives is contributing to decreasing the number of patients seen in PHC facilities. Measures are being put in place to improve data collection to ensure that all patients presenting at Primary Health Care level are documented.
Outreach households (OHH) registration visit rate	#	5%	93.9%	88.9%	The department has established 388 WBOTs which visited 366 707 households, accounting for the increase in OHH coverage. The integration of CHW into WBOTs is also bearing results, improving coverage and the delivery of ward-based services.
PHC supervisor visit rate (fixed clinic/ CHC/CDC)	79.2%	100%	83.9%	(16.1%)	Rigorous management of this indicator continues to be enhanced as part of quality improvement plans. There is a need to make significant progress in planning of all activities to allow time for supervisory schedules as required.
Complaints resolution within 25 working days rate	81%	75%	95.2%	20.2%	The department has improved performance by 20.2% from the planned target of 75%. This is due to the improved complaints management system at districts.
% of PHC facilities conducting patient satisfaction surveys (PSS)	#	50%	Not measured at PHC level	Not measured at PHC level	The reporting tool was not available during the current financial year. NDoH to finalise and distribute the reporting tool.
PHC Patient Satisfaction Rate		66%	Not measured at PHC level	Not measured at PHC level	The reporting tool was not available during the current financial year. NDoH to finalise and distribute the reporting tool.
Number of fully fledged District clinical Specialist Teams appointed	5	5	5	0	All five districts have functional teams. Sedibeng continues to face the challenge of recruiting a paediatric specialist, but is continuing to 'head hunt'.

**Key**

#: not measured



District Health Management and PHC Services					
Performance indicator	Actual achievement 2013/14	Planned target 2014/15	Actual achievement 2014/15	Deviation from target 2014/15	Comment on deviation
Number of fully-fledged WBOTs appointed	81	140	388	248	Additional WBOTs during the financial year 2014/15 from 140 reported during the previous financial year, bringing the total number of teams to 388. The department granted approval in November 2014 to appoint enrolled nurses instead of professional nurses and they were trained as team leaders.
School Integrated School Health Programme (ISHP) coverage	#	50%	33.10%	(16.9%)	All ISHP conducted HPV campaigns in February-March 2015 and again in September-October 2014, thus health screening was not done during those months. ISHP targets will be reduced during HPV campaigns, awaiting approval of additional human resources for ISHP. ISHP coverage to be reported using GDE calendar months (Jan-Dec) to allow for the use of the correct denominator.
School Grade 1 screening coverage (annualised)	#	40%	33.6%	(6.4%)	All ISHP teams conducted HPV campaigns in February-March 2015 and again in September- October 2014, thus screening for grade 1 was not done during those months. As stated above ISHP targets will be reduced during HPV campaigns.
School Grade 4 screening coverage (annualised)	#	20%	30.4%	10.4%	Some of the grade 4 learners with health problems were reached during the HPV campaign.
School Grade 8 screening coverage (annualised)	#	20%	12%	(8%)	All ISHP teams were conducting HPV campaigns in February-March 2015 and again in September-October 2014, thus screening for grade 8 was not done during those months. As stated above ISHP targets will be reduced during HPV campaigns.
Percentage of fixed facilities that have conducted gap assessments for compliance with the National Core Standards	#	50% ( 158/318)	59%	9%	Target exceeded by 9%. 30 more clinics audited. Inspectorate has conducted self-assessment as per schedule.
Compliance rate of PHC facilities with National Core Standards	#	5%	70%	65%	National target of 75% and above has not been achieved. External factors relating to the previous design of the infrastructure and public specifications that do not meet the current National Core Standards requirements on extreme risk measures resulted in the failure to achieve 100%.

**Key**

#: not measured

District Hospitals					
Performance indicator	Actual achievement 2013/14	Planned target 2014/15	Actual achievement 2014/15	Deviation from planned target 2014/15	Comment on deviation
Average length of stay (ALOS)	4.9 days	3.5 days	4.3 days	0.8	Within target. The slightly high ALOS could be due to the burden of diseases, including TB and the fact that mental health patients are admitted to the wards as opposed to previous practice where TB patients were nursed in TB hospitals and mental health patients in mental health institutions.
Inpatient bed utilisation rate	85%	75%	60.6%	(14.4%)	District managers to plan in conjunction with managers of other levels of care. This would ensure that the numbers of level 1 patients are down because they are referred to district hospitals once they have been stabilised.
Expenditure per patient day equivalent (PDE)	R 2 186.75	R 1 600	R 2 386	R 786	District hospital expenditure is well above the national target of R1 800. The target has not been adjusted (at national level) for a very long time to match the burden of disease and increased cost of care.
Complaint resolution within 25 working days rate	81%	75%	98.5%	23.5%	Target achieved by 23.5%. A notable performance with regard to complaints resolution reported. This is due to the improved complaints systems at hospital level.
Mental health admission rate	#	1.0	0.4%	0.6%	District hospitals started to report on this indicator during the current financial year and experienced challenges with its interpretation and collection. District hospitals are only admitting patients for 72 hours for assessment and most patients may be found not to be mentally ill and are then admitted to the general stream. Training on the mental health guidelines will be intensified in the financial year 2015/16.
Patient satisfaction rate	69%	66%	66.50%	0.5%	Target has been achieved. District hospitals are focusing more on empathy and responsiveness and the issue of access, which has been a serious one, is being addressed.
Percentage of hospitals that have conducted gap assessments for compliance with the National Core Standards	#	100%	136%	36%	Additional assessments were conducted over and above the planned gap assessments done by the Office of Standard Compliance.

**Key**

#: not measured

District Hospitals					
Performance indicator	Actual achievement 2013/14	Planned target 2014/15	Actual achievement 2014/15	Deviation from planned target 2014/15	Comment on deviation

Proportion of hospitals assessed as compliant with the Extreme Measures of National Core Standards	#	3% (10 of 372)	0%	(3%)	It remains a challenge to obtain 100% on Extreme Measures due to infrastructure limitations.
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Oral Health, Rehabilitation and Mental Services					
Performance indicator	Actual achievement 2013/14	Planned target 2014/15	Actual achievement 2014/15	Deviation from planned target 2014/2015	Comment on deviation

Increase mobility for people with disability					
Number of assistive devices issued	34 022	35 000	49 293	14 293	The target was exceeded by 14 293. Improved reporting by health facilities on assistive devices led to this achievement. More devices were issued soon after the tender was awarded.

Increase level of efficiency in PHC facilities					
Number of fissure sealants placed	43 616	53 500	52 477	(1 023)	The department experienced challenges with transport during the first half of the 2014/15 financial year. Performance improved during the last two quarters because of the availability of light delivery vehicles for the oral hygienist.

Number of dentures delivered to old age pensioners	7 327	5 600	8 733	3 133	Target achieved. The Medunsa target was not added to the provincial target. Hence the provincial target is lower than expected. Targets to be reviewed for 2015/16.
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Number of school learners on tooth brushing programmes	121 378	125 000	137 449	12 449	The department has achieved and exceeded planned target.
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Increased level of efficiency in PHC facilities in integrating mental health services					
Number of PHC facilities integrating mental health services		75%	288 (74%)	(1%)	The department has 288 clinics integrating mental health services across all districts.

Number of clinics providing mental health services and substance abuse services		86%	79%	(7%)	District management team is requested to investigate the reasons for poor implementation of the policy and monitor the integration of mental health into PHC policy to ensure that all services are accessible to all at the lowest level of care.
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**Key**

#: not measured

HIV and AIDS, STI and TB Control					
Performance indicator	Actual achievement 2013/14	Planned target 2014/15	Actual achievement 2014/15	Deviation from planned target 2014/2015	Comment on deviation
<b>Reduce new infections in youth and adults through increased safe sex behaviour</b>					
Number of people in high risk groups reached with peer education	968 114	750 000	157 096	(592 904)	Since June 2014 the delivery model of community HIV programme declined from 8 215 508 to 157096. The peer education services are down to about 10% of previous outputs due to closing NGOs. The WBOT model does not produce high outputs for peer education at this stage.
Number of people reached with ward based education	8 215 508	7 million	8.6 million	1.6 million	23% more people were reached with ward based education. High outputs are attributable to a combination of grants transferred timeously, political commitment from Metro and District AIDS Councils and demand in wards.
Number of CBO members reached with education and support	3 110 884	6 million	281 862	(5 718 138)	5% of the planned target was achieved. Community sector contracts (on the NGO system) ended in June 2014 and field workers were transferred to clinics for WBOT. The programme is currently developing a reporting system to be integrated to the WBOTs teams.
Numbers reached with media	4 725 000	6 million	30 million	24 million	The target was exceeded through large advertising contracts. Advertising on radio and outdoors was scaled up. The launch of the PASOP (Prevent, Avoid, Stop, Overcome and Protect) campaign also contributed to high performance.
Number of civil society leaders trained on multi-sectoral AIDS programme	8 064	10 000	942	(9 058)	Sector contracts (on the NGO system) ended in June 2014. The programme was not sustained. NGOs' contracts were terminated and all the sector fieldworkers (faith-based, PLHIV, men's sector, etc.) were transferred to WBOTs. The current WBOTs model does not accommodate the reporting system for field workers.
Number of government (GPG and municipalities) managers trained in multi-sectoral programme	141	750	163	(587)	22% of target achieved. Training contracts were not procured timeously. Encountered difficulties in finding a suitable service provider for training in the multi-sector HIV policies of the AIDS Council.
Number of female condoms distributed	1 461 014	1 926 000	4 838 281	2 912 281	The department has 3 different types of female condoms: FC2 Latex, Pleasure More Latex and Cupid Latex. The distribution of coloured branded condoms will continue.
<b>Reduced deaths from AIDS through appropriate treatment</b>					
Total no. of patients registered (cumulative)	830 495	950 000	1 010 407	60407	The department has exceeded the target of those accessing ART services by more than 60 407. Patients are identified and enrolled in treatment.

HIV and AIDS, STI and TB Control					
Performance indicator	Actual achievement 2013/14	Planned target 2014/15	Actual achievement 2014/15	Deviation from planned target 2014/2015	Comment on deviation
Total number of children on ART	28 209	50 000	30 219	(19 781)	Very few infected children are seen in the health facilities due to proper management of HIV-positive pregnant women and the reduction in mother-to-child transmission. The education of parents and child minders about the importance of early enrolment of children in treatment will continue as will the initiation of all positive pregnant women on ART to comply with the revised ART guidelines.
Reduce deaths from TB through effective TB treatment					
Number of people screened for TB	#	600 000	1 025 573	425 573	More than 425 573 people were screened for TB. TB screening takes place at all HCT campaigns.
MDR-TB confirmed treatment initiation rate	#	65%	65%	(0%)	Target was achieved through training of nurses in nurse-initiated MDR (NIMDR) treatment.
Number of district and regional hospitals with functional MDR units	#	13	13	0	The units are functional but only for out-patients. The lack of isolation rooms affects the total number of patients initiated.
Total clients remaining on ART (TROA) at end of the month	587 572	650 000	730 576	80 576	Retention in care has improved due to establishment of treatment adherence clubs and improved tracking and tracing systems. Tier.net system is improving the management of ART information. To continue with establishment of more adherence clubs in the health facilities. WBOTS to continue with the tracking and tracing of patients.
Increase male circumcision among Gauteng youth					
Number of medical male circumcisions (MMC) conducted	132 095	208 261	139 093	(69 168)	Limited space for high volume circumcision. The myth that circumcision is only done in winter is affecting performance. The department has opted to contract private providers to help with MMC. A door-to-door campaign and mobile MMC outreach services will be intensified to create demand.
TB (new pulmonary) defaulter rate	5.1%	<5%	4.8%	(0.2%)	Collaboration with WBOT teams has improved defaulter rate from 5.1% reported in the previous financial year to 4.8% in the current financial year.
TB AFB sputum result turnaround time under 48 hours rate	68.3%	80%	67.7%	(12.3%)	Challenges with laboratory support services has had a negative impact on performance.

**Key**

**#:** not measured

HIV and AIDS, STI and TB Control					
Performance indicator	Actual achievement 2013/14	Planned target 2014/15	Actual achievement 2014/15	Deviation from planned target 2014/2015	Comment on deviation
TB new patient treatment success rate	84.5%	85%	85.7%	0.7%	A slight improvement from 84.5% in 2013/14 to 85.7% in the current financial year. Ongoing treatment support to patients contributed to achievement of targets.
TB treatment initiation rate annualised	#	90%	94%	4%	94% of patients were initiated on treatment, 4% above the planned target. Tracking all patients diagnosed and referred to the nearest clinic improved the initiation rate.
HIV testing coverage (15-49 years) – annualised	82.4%	39%	20.6%	(18.4%)	The programme managed to test 20.6% of patients between the ages of 15 and 49, 18% below the planned target of 39%.
TB (new pulmonary) cure rate	83.8%	84%	84.2%	0.2%	The department has improved the TB cure rate from 83.8% in the previous financial year to 84.2%. This is above the 84% target. The increase is attributed to the provision of treatment support to patients.
TB MDR confirmed treatment initiation rate	#	65%	64.5%	(0.5%)	Target has not been achieved due to lack of space in decentralised sites to initiate treatment. Park-homes should be erected to provide more space in decentralised units.

Maternal, Child and Women's Health					
Reduce infant mortality					
Baby Nevirapine uptake	96.7%	96%	94.8%	(1.2%)	There has been a slight drop in performance from the 96.7% reported in the previous financial year to 94.8%. Poor recording and compliance with guidelines remain a challenge.
Antenatal patients initiated on HAART rate	63.1%	85%	87.4%	2.4%	There is a significant improvement in the proportion of patients initiated on HAART from 63.1% in the previous financial year to 87.4% in the year under review. The improvement may be attributable to the introduction of fixed dose combination (FDC). This, in turn, reduces mother-to-child transmission of HIV infection.
Incidence of severe malnutrition in under 5s	<2.4%	<3%	1.9%	1.1%	The department has intensified the implementation of the WHO Ten Steps. Approach to the management of severe acute malnutrition in all paediatric units in hospitals, including training 111 clinicians.

**Key**  
#: not measured

Maternal, Child and Women's Health					
Transmission rate from mother to child	<2%	<2%	1.3	0.7	Transmission has decreased because more women eligible for HAART are initiated.
Percentage of hospitals and MOUs accredited as mother-and-baby-friendly units	53/60 (88%)	53/60 (88%)	53/60 (88%)	0	Three new facilities (Esterust MOU, Steve Biko Academic and Thembisa Tertiary Hospitals) were accredited during the 2014/2015 financial year.
Number of hospitals implementing Kangaroo Mother Care (KMC)	#	25	22	(3)	Only 22 hospitals implemented KMC during the 2014/15 financial year. A total of 25 hospitals aimed to implement KMC but Johan Heins and Discoverers were downgraded to CHCs. Steve Biko is no longer implementing KMC. Three hospitals – South Rand, Carletonville and Kopanong – are undergoing renovations which are at different stages of completion.
Number of fully functional breast milk banks established	#	2	1	(1)	Kalafong Tertiary Hospital is fully functional. Steve Biko and Dr George Mukhari academic hospitals and the Far East Rand Regional Hospital are collecting breastmilk sites, ie, they exchange unpasteurised breastmilk for pasteurised from the South African Milk Bank Reserve.
Number of doctors, nurses and para medics trained in ESMOE	#	600	1 008	408	A total of 1 008 doctors and nurses were trained in ESMOE by the end of the financial year under review. The training includes neonatal resuscitation and emergency obstetric care.
Proportion of mothers visited within six days of delivery of their babies	#	86.5%	85.4%	1.1%	The programme has partnered with WBOTs to encourage women to visit health facilities within three days of delivery.
Number of MOUs and district hospitals with dedicated obstetric ambulances	#	20	41	21	A total of 41 ambulances purchased to offer obstetric services are allocated at MOUs in all districts (12 are still to be purpose-built/converted into midwifery-obstetric ambulances).

**Key**

#: not measured

Maternal, Child and Women's Health					
Immunisation coverage under 1 year	109%	90%	107.1%	17.1%	Target has been achieved and exceeded. Immunisation Services are provided daily from local authority and provincial clinics. The private sector is also involved, especially those clinics that receive state vaccines. The EPI & Cold Chain Management Sub-Directorate plans to conduct EPI refresher and update training for professional nurses (vaccinators) and traditional healer practitioners (THP) in each district during the first quarter of the 2015/16 financial year.
Vitamin A coverage 12-59 months	49.9%	55%	56.5%	1.5%	Child Health Mini Campaigns were conducted in collaboration with WBOTs, MCH and nutrition managers at crèches and other child centres managed by DSD.
Deworming 12 - 59 months coverage (Annualised)	#	55%	36.8%	(18.2%)	The unavailability of Mebendazole from manufacturers posed challenges. A new tender for Albendazole tablets will be awarded to complement Mebendazole. Albendazole syrup was not included in the present tender. Finalisation of the National tender in process and MSD and MCH will follow up on the matter.
Child under 2 years underweight for age (Annualised)	#	≤2	10.1	8.1	The province is below the national norm of <25 per 1000 population under 2 years.
Measles 1st dose under 1 year coverage	105%	90%	109.4%	19.4%	The 2014 measles outbreak that affected the Johannesburg (JBM) and the Ekurhuleni (EKU) Metro Districts compelled the department to conduct the 2014 Emergency Measles Campaign, for children between 6 months and 15 years. Supervisory support visits will focus on strengthening the districts' Vaccine Preventable Diseases (VPD) programme. All districts to keep and maintain all VPD line listing up to date.
Pneumococcal (PCV) 3rd dose coverage	102.9%	90%	107%	17%	Establishment of public hospital vaccination points is still a challenge. A total of 11 of 27 hospitals have implemented these vaccination points. These valuable services will help where hospitalised children have missed their immunisations doses. They will receive 'catch-up' vaccines in hospital. The Public Health Unit will continue to address this issue with the relevant hospitals' executive management to enlist their support.

**Key**  
#: not measured



Maternal, Child and Women's Health					
Rota Virus (RV) 2nd dose coverage	105.8%	90%	108.8%	18.8%	The uptake of the new vaccines (Pneumococcal Conjugate [PCV] and Rotarix [RV] since their introduction has been satisfactory. The target has been achieved and exceeded for both antigens. The department will continue with public health education in adherence to the protocols, reminding families to bring their children for vaccination with this antigen before the age of 24 weeks and will promote the integration of services at facility level throughout the province.
Cervical cancer screening coverage	41.8%	68%	43.6%	(24.4%)	GDoH screened 43.6% of women during the 2014/15 financial year, slightly more than the 41.8% screened in the previous financial year. Recording will be improved by separating diagnoses from screening smears.
HPV coverage amongst grade 4 girls		80%	84%	4%	The department performed well above the target of 80% during the 2014/15 financial year – 84% of grade 4 girls were given the HPV vaccine thanks to collaboration among parents, educators and ISHP teams. A total of 1 320 primary schools were visited by ISHP teams and during the second HPV round 54 669 grade 4 girls were immunised.
Rate of antenatal first visits before 20 weeks	43.7%	45%	48.6%	3.6%	Steady improvement in women accessing the antenatal services before 20 weeks. This is attributable to the implementation of the strategy of 'every day is antenatal care day' and to social mobilisation.
Uptake rate of infants given Nevirapine within 72 hours after birth	#	95%	95%	0%	5% of babies born to HIV-positive mothers are not given Nevirapine within 72 hours after they are born. The reason might be that some babies have died and others have been transferred out. In addition, poor recording and compliance with guidelines remains a challenge.
Rate of infants whose first PCR test is positive within 2 months	2%	<2%	1.3%	0.7%	The department accelerated training to clinicians on clinical stationery and guidelines. This has improved recording and reporting of PCR tests and, in turn, has improved data management.
Couple year protection rate	25%	50%	32.1%	(17.9%)	GDoH aims to increase its awareness campaign about reproductive health targeted at shopping malls across the province.

### Key

#: not measured

## Maternal, Child and Women's Health

Maternal mortality in facility ratio (MMR)	105/100 000	137	112.6	(24.4)	An increase in maternal deaths is due to problems of inadequate facilities (few dedicated midwifery-obstetric ambulances, lack of appropriate equipment), inadequately skilled staff (despite aggressive training high staff turnover remains a great challenge) and patient late presentation to facilities. There is a need for a plan to track maternal mortality per health facility.
Rate of delivery in facility to women under 18	5.7%	<6.5%	4.8%	1.7%	Health awareness on prevention of teenage pregnancy conducted in clinics and during school visits.
Child under 1 year mortality in facility rate	12.4/1000 live	26%	15.5%	10.5%	Late presentation of sick children at facility. The department has trained 317 professional nurses in IMCI and they are mentored on IMCI implementation, including NIMART, to promote a reduction in infant and child mortality. Proper implementation of paediatric guidelines encouraged.
Rate of deaths of inpatients under 5 years	5.8/1000 live birth	21	7.8	13.2	317 professional nurses were trained in IMCI and are mentored in IMCI implementation, including NIMART, to promote reduction of infant and child mortality. Proper implementation of paediatric guidelines encouraged.
Child under 5 years severe acute malnutrition case fatality rate	#	<12	9.3	2.7	The World Health Organisation (WHO) 10 step approach to managing severe acute malnutrition (SAM) is being implemented in all hospital paediatric units.
Fatality rate of children under five from diarrhoea	#	<3	2.9	0.1	Strengthening of IMCI implementation in PHC facilities and education of child minders on community component of IMCI leads to better child care practices.
Fatality rate of children under five from pneumonia	#	<3	2.1	0.9	Strengthening of IMCI implementation in PHC facilities and education of child minders on community component of IMCI leads to better child care practices.

### Key

#: not measured

Disease Prevention and Control					
Performance indicator	Actual achievement 2013/14	Planned target 2014/15	Actual achievement 2014/15	Deviation from planned target 2014/2015	Comment on deviation
<b>Increase level of efficiency in PHC facilities</b>					
Hypertension incidence (annualised)	#	0.3	13.1	12.8	WBOTs' screening services contribute to the detection of the condition, hence the increased incidence. GDoH will continue to provide health education and screening during health campaigns. Unhealthy lifestyles within communities also increase the incidence rate.
Diabetes incidence (annualised)	#	0.3	0.9	(0.6)	As above, WBOT screening services contribute to the detection of the condition, hence the increased incidence. Continued health education and screening during health campaigns has increased the number of cases reported. Patient management, education and counselling must be improved by continued training of PHC nurses and doctors in NDoH policies and guidelines. Community-based awareness and education campaigns might contribute to a reduction in incidences of diabetes.
Malaria case fatality rate(annual)	1.1	<1	1.4	0.4	Most malaria patients present very late at facilities. Gauteng is not a malaria endemic province, therefore clinicians do not pick up cases early. Awareness should be increased through health promotion activities and training of clinicians and other healthcare workers. Moreover, the department is currently not offering prophylaxis.
Cataract surgery rate (uninsured population)	14 008/ million	1 300/ million	1 127.4/ million	(172.6 million)	The lack of a dedicated cataract surgery budget in hospitals, marked under performance by Natalspruit Hospital, lack of a specialist at Jubilee and delayed statistics from the private sector contributed to the underperformance.

**Key**  
#: not measured

## Linking Performance with Budgets

### Expenditure: Programme 2 – District Health Service

	2014/2015			2013/2014		
	Final appropriation	Actual Expenditure	(Over)/under expenditure	Final appropriation	Actual expenditure	(Over)/under expenditure
	R'000	R'000	R'000	R'000	R'000	R'000
<b>District management</b>	438 195	428 363	9 832	437 576	411 698	25 878
<b>Community health clinics</b>	1 805 836	1 664 910	140 926	1 656 587	1 640 842	15 745
<b>Community health centres</b>	1 329 667	1 329 667	-	1 263 630	1 087 137	176 493
<b>Community based services</b>	1 176 291	1 168 605	7 686	889 834	888 127	1 707
<b>HIV and AIDS</b>	2 790 532	2 709 860	80 672	2 486 556	2 459 887	26 669
<b>Nutrition</b>	47 759	42 109	5 650	47 238	26 339	20 899
<b>Coroner services</b>	183 884	173 799	10 085	169 949	145 177	24 772
<b>District hospitals</b>	2 048 420	2 045 733	2 687	1 725 529	1 698 225	27 304

## 4.3 Programme 3: Emergency Medical Services

### Purpose of the Programme

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

### Significant Achievements

During the year under review the department continued with its recapitalisation project. To this end, additional EMS vehicles were procured namely:

- ICU ambulances;
- 10 obstetric ambulances;
- 6 transporters; and
- 36 standard ambulances.

In addition to the procurement of vehicles the department acquired radio communications such as the Tetra. Human resources capacity was also boosted through appointments of the following:

- 61 basic ambulance assistants;
- 20 communication centre staff;
- 18 shift supervisors; and
- station managers.

### Improving ambulance response times

EMS will improve response times through the following:

- Provincialisation of West Rand District by 1 July 2015.
  - Task teams and working groups have been established and work is in progress regarding timelines for Provincialisation Project Plan.
- Recapitalisation of the EMS fleet.
  - Procurement plan has been complete for 2014/2015, delivery and distribution of ambulances is awaited.
- Enforce compliance with current service level agreements with municipalities (agents), for minimum downtimes on ambulances.
  - In terms of the norms and standards for operational ambulances agents are mandated to have 90% of the fleet available.
- Recruitment and filling of all strategic positions.
  - 90% of all vacant funded posts have been filled.
  - Motivation for additional posts have been sent for approval by HOD's office.

Provincialisation of West Rand District will come into effect by 1 July 2015. Task teams and working groups have been established and work is in progress regarding timelines for Provincialisation Project Plan. Regarding recapitalisation of the EMS fleet, procurement processes of the fleet plan were completed during the 2014/2015 financial year, delivery and distribution of ambulances is expected in the new financial year. The department will continue to enforce compliance with current service level agreements with municipalities (agents), for minimum downtimes on ambulances. EMS services have been further elevated in the service delivery plans as a key service to be improved. Recruitment and filling of all strategic positions is under way and 90% of all vacant funded posts have been filled. Motivation for additional posts have been sent for approval by HOD's office.

## Challenges

- Limited budget for recapitalisation of fleet;
- Appointment of appropriate qualified staff, limitation is approval of new posts and OSD salary scale;
- Tracking of all fleet; and
- Efficient and effective computer aided dispatch system (CAD).

## Strategies to overcome under performance

- Motivation for ring-fencing of ambulance procurement funds;
- Multilateral from all provinces on OSD salaries;
- Motivation for creation of new posts;
- Advertising of Emergency Communications Centre tender, this includes tracking and CAD.

## Performance Indicators: Programme 3 – Emergency Medical Services

Emergency Medical Services					
Performance indicator	Actual achievement 2013/14	Planned target 2014/15	Actual achievement 2014/15	Deviation from planned target 2014/15	Comment on deviation
EMS operational ambulance coverage	(2.3/10 000 population)	0.06	2.28	2.22	The target of 0.06 must be revised to line up with the national target of one rostered ambulance per 10 000 population. EMS must procure more ambulances so that can reach the target.
EMS P1 urban response under 15 minutes	76.7%	65%	78.7%	13.7%	Target achieved.
EMS P1 rural response under 40 minutes	74.5%	100%	84.8%	(15.2%)	Metsweding region does not have a district or regional hospital. Ambulances are delayed because of long distances travelled in transfers to hospitals beyond the boundary, which resulted in not reaching the target of 100%.
EMS P1 call response under 60 minutes	97.1%	85%	96.4%	11.4%	Target achieved.

## Linking Performance with Budgets

### Expenditure: Programme 3 – Emergency Medical Services

	2014/2015			2013/2014		
	Final appropriation	Actual Expenditure	(Over)/under expenditure	Final appropriation	Actual expenditure	(Over)/under expenditure
	R'000	R'000	R'000	R'000	R'000	R'000
Emergency transport	802 832	723 165	79 667	811 052	798 148	12 904
Planned patient transport	130 516	124 396	6 120	130 713	138 130	(7 417)

## 4.4 Programme 4: Provincial Hospital Services

### Purpose of the Programme

To provide general and specialised hospital services by general specialists through regional hospitals, TB hospitals, psychiatric/mental hospitals, dental training hospitals and other specialised hospitals.

### List of sub-programmes

- General (regional) hospitals;
- Tuberculosis hospitals;
- Psychiatric hospitals.

### Regional Hospitals

#### Significant Achievements

- Improvements in mother and child care by employing additional clinicians and managers and providing training for all levels of workers;
- Implementation of paperless system at Natalspruit Hospital;
- Functioning stoma & wound care clinics;
- Upgrading of infrastructure of critical units, equipment and security systems such as CCTVs (All);
- Human nutrition did a project for the Food Service Aids and they won computer training by GCRA to the amount of R3 000 pp and catering courses from Saca National to the amount of R5 000 pp for five days at Wits;
- Decrease in fluoroscopy dose and limit ill effects of radiation; and
- ENT and ophthalmology services commissioned in most of regional hospitals.

#### Challenges

Regional hospitals continue to see high number of primary care patients.

#### Strategy to Overcome Areas of Underperformance

The deviations from target are less than 10%, an acceptable shift from the target indicators. The hospitals will continue to monitor the indicators and strive for improvements aligned to the target. Continue to improve services by ensuring implementation of National core standards quality improvement plans.

### Mental Health Specialised Hospital Services

The provision of mental health care services that enhance: prevention of mental illness, promotion of mental health and substance abuse, ensuring early detection of mental illness and substance abuse, treatment and rehabilitation of mental health care and substance abusers within the multidisciplinary approach and intra-intersectoral stakeholder collaboration.

#### Significant Achievements

- Province staged successful mental health awareness campaign in October, reaching 3 000 people in Pretoria;
- Mental health awareness conducted in all five districts and hospitals in specific months;
- Mental health awareness – Tara Hospital was represented on the television show SHARE, which discussed mental health issues at the hospital;
- Appointment of the CEO of Sterkfontein;
- All hospitals hosted service excellence awards in in the last quarter;
- Weskoppies received two new food trucks to facilitate food delivery in compliance with National Core Standards;
- Mental health services screening and treatment (new indicator) are provided at clinics and hospitals (district, regional, tertiary and central), supported by specialised mental health hospitals;
- Implementation of ICDM; and
- Within some of the 148 facilities teething challenges have been noted.

## Linking Performance with Budgets

### Performance Indicators: Programme 4 – Provincial Hospitals

Sub-programme: Specialised Hospitals					
Strategic objective	Actual achievement 2013/14	Planned target 2014/15	Actual achievement 2014/15	Deviation from planned target 2014/15	Comment on deviation
<b>Increase level of efficiency in hospitals (Tuberculosis)</b>					
Inpatient bed utilisation rate at Sizwe Infectious Diseases Hospital	52.4%	60%	73.1%	(13.1%)	The dynamic nature of complex disease patterns and the improvement in drug combinations are decreasing inpatient days in hospitals. The hospital specialises in MDR and XDR TB care.
Expenditure per patient day equivalent (PDE) at Sizwe Infectious Diseases Hospital	R2 398	R2 250	R 1 796	(R454)	Fewer inpatient days and an increase in outpatient services is reflected in a decrease in expenditure.
Complaint resolution within 25 working days	#	75%	100%	25%	All complaints were resolved within 25 working days, exceeding the target of 75%.
Patient satisfaction rate	#	66%	67.5%	1.5	Target achieved.
Percentage of hospitals that have conducted gap assessments for compliance with the National Core Standards	#	100%	0	(100%)	Currently the department has no tool for specialised hospitals.

Sub-programme: General (Regional) Hospitals					
Performance indicator	Actual achievement 2013/14	Planned target 2014/2015	Actual achievement 2014/15	Deviation from planned target 2014/15	Comment on deviation
<b>Increase level of efficiency in hospitals</b>					
Case fatality rate in regional hospitals for surgery separations	5.6%	3.5%	4.9 %	1.4%	The complex diseases burden, late presentations and high impact trauma continue to contribute to high fatality rates. Improvements are noted on previous year achievement.
Average length of stay	4.9 days	4.7 days	5 days	0.3 days	In line with target, continue to manage inpatient days at hospital care.
Inpatient bed utilisation rate	85%	78%	82.4%	4.4%	Increase over target is minimal, less than 10% overall; continue monitoring bed utilisation across hospitals.
Expenditure per patient day equivalent (PDE)	R 2 110	R 2 250	R 2 304	R 54	The increase in expenditure per PDE is minimal. The department will continue with monitoring cost drivers.

#### Key

#: not measured



Sub-programme: General (Regional) Hospitals					
Performance indicator	Actual achievement 2013/14	Planned target 2014/2015	Actual achievement 2014/15	Deviation from planned target 2014/15	Comment on deviation
Complaint resolution within 25 working days rate	89.7%	95%	99.90%	4.9%	Almost all complaints are being resolved within 25 working days. The responsiveness of regional hospitals is high and complaints are placed as first priority.
Mental health admission rate (regional hospitals)	#	2.0%	0.2%	1.8%	All hospitals started to report on this indicator during the current financial year and experienced challenges, the regional hospital also receive users from district hospitals – hence low rate. Training in mental health guidelines to be intensified in 2015/16.
Patient satisfaction rate	65%	66%	67.30%	1.3%	The three categories on which institutions focused were empathy, general satisfaction and assurance. Patients were quite pleased with these. Hospital reliability and responsiveness require attention.
Percentage of hospitals that have conducted GAP assessment for compliance with the National Core standards		100%	100%	0%	Target achieved. Continue to support facilities to conduct self-assessment.
Proportion of hospitals assessed as compliant with the Extreme Measures of National Core Standards		15% (2 of 13)	0%	15%	Target not achieved. External factors pose challenges in meeting the 100% target.

## Expenditure: Programme 4 – Provincial Hospitals

	2014/2015			2013/2014		
	Final appropriation	Actual expenditure	(Over)/under expenditure	Final appropriation	Actual expenditure	(Over)/under expenditure
	R'000	R'000	R'000	R'000	R'000	R'000
Regional hospitals	4 239 187	4 241 858	(2 671)	3 560 108	3 642 601	(131 493)
Tuberculosis hospitals	334 932	205 810	129 122	342 689	157 940	184 749
Psychiatric/mental hospitals	1 023 492	1 069 675	(46 183)	942 414	919 845	22 569
Other specialised hospitals	76 275	62 597	13 678	56 539	58 029	(1 491)
Dental training hospitals	426 770	407 374	19 396	396 099	375 909	20 190

### Key

#: not measured

## 4.5 Programme 5: Tertiary and Central Hospitals

### Purpose of the Programme

To provide highly specialised health care services, platforms for training health workers, sites for research and to serve as specialist referral centres for regional hospitals and neighbouring provinces.

### Significant Achievements

- Having one of the four central hospitals being one of the leaders nationally on the National core standards
- All central hospitals with Hi-tech health technology

### Challenges

- Cross boundary and cross border patients still being treated
- High volumes of trauma and violence and this has an impact on elective care

### Oral Health Centres (Dental Hospitals)

#### Significant Achievements

The oral health hospitals in the province continue to provide much-needed oral health care services in the province. The table below shows services provided in one of the key dental schools, namely the Wits Oral Health Centre.

#### Wits Oral Health Centre

#### Significant Achievements

The Wits Oral Health Centre alone saw 74 962 patients during the year under review. The patient categories in the table below indicate all aspects of dentistry, including specialised dental services. Through the school outreach programmes 683 children received dental treatment and 2 884 patients were treated through the community outreach programme.

	2014 / 2015
First-time consultation	9 100
Admissions & emergency	13 283
Radiology unit	19 749
Maxillo-facial and oral surgery	7 100
Oral hygiene	3 754
Orthodontics	2 670
Periodontology	2 106
Prosthodontics	5 850
Restorative dentistry	1 587
Ward 384	5 472
Diepsloot	2 884
Muzomuhle Primary School	683
General anaesthetics – intake	724
<b>Total</b>	<b>74 962</b>

Its efficiency indicators are as follows:

Items	Average
Bed occupancy rate	21.6%
Average length of stay (days)	2
Bed turnover rate	21.6%
Sepsis rate	0.0%
Theatre utilisation rate	50.0%
Admission rate	100.0%
Discharge rate	100.0%
Cost per patient day equivalent	R 1 540.00

## Challenges

The challenges that continue to mar the services rendered are infrastructure related and include human resources capacity and ineffective systems for the collection of revenue.

## Performance Indicators: Programme 5 – Tertiary Hospital Services

Sub-programme: Tertiary Hospitals					
Performance indicator	Actual achievement 2013/14	Planned target 2014/2015	Actual achievement 2014/15	Deviation from planned target 2014/15	Comment on deviation
<b>Increase level of efficiency in hospitals</b>					
Number of tertiary hospitals with functional cost centres in at least three departments	#	1	1	0	Target met at Kalafong Hospital.
Average length of stay	5.8 days	5.5 days	5.8 days	0.3 days	Target exceeded is not material, given the disease burden at the hospital.
Inpatient bed utilisation rate (BUR)	82.2%	78%	82.3%	4.3%	The disease burden at the hospital contributes towards higher BUR. Continue monitoring.
Expenditure per PDE	R 2 338	R 3 800	R 2 409	(R 1 391)	Of the three hospitals one is yet to provide full tertiary services. Reflected in lower expenditure than target.
Complaint resolution within 25 working days rate	65.9%	80%	93.60%	13.6%	Target was achieved. A notable improvement in the strengthening of the complaints management response system. These improvements were conducted around Q1 and Q2 period and thus tertiary hospitals became more aware of the need to respond to challenges promptly.

### Key

#: not measured

Sub-programme: Tertiary Hospitals					
Performance indicator	Actual achievement 2013/14	Planned target 2014/2015	Actual achievement 2014/15	Deviation from planned target 2014/15	Comment on deviation
Mental health admission rate (regional hospitals)	#	1.0	0.6%	(0.4%)	All hospitals started to report on this indicator during the current financial year and experienced challenges. Training of clinicians in the mental health guidelines to be intensified in 2015/16.
Patient satisfaction rate	64%	66%	66%	0%	There are multiple tangibles that reveal concerns, such as faulty lifts, no linen or dirty bathrooms, but most of these are being reported as complaints as patients feel there are matters of more clinical importance to complain about. Tangibles and general dissatisfaction drag down the client satisfaction rate.
Percentage of hospitals that have conducted GAP assessments for compliance with the National Core Standards		100%	100%	0	Target achieved. Continue to conduct self-assessments.
Proportion of hospitals assessed as compliant with the Extreme Measures of National Core Standards		0	0%	0%	Target not achieved. It is often difficult to meet 100 due to external factors.

## Performance Indicators: Programme 5 – Central Hospitals Services

Programme 5: Central Hospital Services					
Performance indicator	Actual achievement 2013/2014	Planned target 2014/2015	Actual achievement 2014/2015	Deviation from planned target 2014/2015	Comment on deviation
<b>Increase level of Efficiency in Hospitals</b>					
Number of hospitals implementing Lean Management systems	#	4	4	0	Target achieved due to efforts of the Lean Management project team and hospitals within the cohort.
Number of central hospitals with service level packages analysed	#	4		N/A	DISCONTINUED

### Key

#: not measured

## Programme 5: Central Hospital Services

Performance indicator	Actual achievement 2013/2014	Planned target 2014/2015	Actual achievement 2014/2015	Deviation from planned target 2014/2015	Comment on deviation
Number of central hospitals with functional cost centres in at least three departments	#	2	3	1	The cost centres have been implemented on a pilot basis at the following hospitals: SBAH, CMJAH and DGMAH.  The DGMAH has three established FBUs / cost centres: Gastroenterology, Operating Theatre and Adult ICU.
Inpatient bed utilisation rate	78.4%	78%	76.9%	1.1%	Bed occupancy rate within acceptable range.
Expenditure per PDE	R 2 870	R 3 800	R 3 507	(R 293)	Expenditure per PDE was increased by over R600 as compared to previous financial year. To continue to sustain inpatients made in clarifying of essential accruals.
Complaint resolution within 25 working days rate	63.9%	75%	96%	21%	The department conducted regular workshops at central hospitals for patient complaints management officials. National interventions have also been put in place for central hospitals in terms of the database, which is making it easier to manage and resolve complaints.
Mental health admission rate	#	2%	0.5%	(1.5%)	All hospitals started to report on this indicator during the 2014/2015 financial year and experienced challenges. Training in the mental health guidelines will be intensified in 2015/16.
Patient satisfaction rate	#	66%	66.80%	0.8%	Target for patient satisfaction has been exceeded by 1.80%. Categories of tangibles and empathy have been the only improvements.
Percentage of hospitals that have conducted GAP assessment for compliance with the National Core Standards	0%	100%	100%	0	Target achieved. Self-assessments and office of Health Standard Compliance has conducted two assessments during the year under review.
Proportion of hospitals assessed as compliant with the Extreme Measures of National Core Standards	#	25% (1 of 4)	0%	(25%)	Target not achieved. There are challenges in meeting Extreme Measures due to external factors (infrastructure and isolation wards don't meet requirements).
Proportion of tertiary and national central hospitals that conducted patient satisfaction surveys	#	100%	100%	0%	It is compulsory for all institutions to participate in the patient satisfaction survey.

### Key

#: not measured

Steve Biko Academic Hospital					
Performance indicator	Actual achievement 2013/14	Planned target 2014/15	Actual achievement 2014/15	Deviation from planned target 2014/15	Comment on deviation
<b>Increase level of efficiency in hospitals</b>					
Average length of stay	6.5 days	6 days	8.2 days	2.2 days	Complex and serious diseases have resulted in some patients staying for far longer than the planned ALOS. These patients require scarce resources such as operating theatre, specialised professional nurses (PNs) for operations and, usually, post-operative ICU care. There is a serious shortage of ICU and theatre trained PNs. Limited resources such as theatre time and ICU beds due to shortage of specialised professional nurses results in operations being postponed. Thus patients have to occupy beds for extended periods, waiting for operations or procedures.
Inpatient bed utilisation rate (BUR)	78.3%	80%	79.2%	0.8%	The BUR was within target due to the burden and complexity of diseases. Wards such as internal medicine, cardiology and neonatal are almost always more than 100% full.
Expenditure per PDE	R3 899	R4 000	R4 301	R301	Stringent control of expenditure, even with skyrocketing cost of health care. Management emphasises cost efficiency at every opportunity and that, with the help of staff, has assisted in staying within the target. Standing committees at Steve Biko ensure the budget control management system is in place. This has assisted in achieving the target whilst providing quality services with minimal costs.
Rate of complaint resolution within 25 working days	81.8%	75%	106.5%	(31.5%)	Steve Biko Academic is the most organised hospital in terms of complaints registers, management of complaints, distinguishing between a complaint and a serious adverse event and it is also able to resolve complaints remaining within the 25 working day time frame.
Mental health admission rate	#	1.0	0	(1.0)	All hospitals started to report on this indicator during the current financial year and have experienced challenges. Training of clinicians in the mental health guidelines to be intensified in 2015/16.
Patient satisfaction rate	69%	66%	70.8%	4.8%	Target achieved. Steve Biko Hospital has excelled in these categories: empathy, general satisfaction and reliability.

**Key**

#: not measured

Steve Biko Academic Hospital					
Performance indicator	Actual achievement 2013/14	Planned target 2014/15	Actual achievement 2014/15	Deviation from planned target 2014/15	Comment on deviation
Percentage of hospitals that have conducted GAP assessment for compliance with the National Core Standards	#	Yes	100%	0	Target achieved. Self-assessment conducted and Occupational Health & Safety Council (OHSC) has also conducted external audit.
Proportion of hospitals assessed as compliant with the Extreme Measures of National Core Standards	#	Yes	0%	(100%)	Target not achieved. There are challenges in meeting Extreme Measures due to external factors (infrastructure, isolation wards that don't meet requirements).
Dr George Mukhari Hospital					
Performance indicator	Actual achievement 2013/14	Planned target 2014/15	Actual achievement 2014/15	Deviation from planned target 2014/15	Comment on deviation
Increase level of efficiency in hospitals					
Average length of stay	7.6 days	7 days	8.4 days	1.4 days	The hospital experienced inefficiencies as a result of challenges with theatre doors, inadequate number of ICU beds and unavailability of MRI. The hospital procured, installed and commissioned a new CT Scanner and MRI, installed during 3rd quarter of the current financial year. Theatre doors and chillers are being addressed by Department of Infrastructure.
Inpatient bed utilisation rate (BUR)	69.8%	75%	78.9%	3.9%	Is within planned target.
Expenditure per PDE	R2 758	R3 000	R3 067	R67	Expenditure within acceptable range. The cost per PDE is affected by delays in payment of suppliers and fluctuates monthly.
Complaint resolution within 25 working days rate.	84%	95%	91.8%	(3.2)%	The institution experiences many challenges and is unable to resolve complaints within 25 working days. This is attributable to poor management of complaints and problems distinguishing between a complaint and a serious adverse event.
Mental health admission rate		≤1	0	1	Target achieved.
Patient satisfaction rate	66%	66%	66%	0	Target achieved.

**Key**

#: not measured

Dr George Mukhari Hospital					
Performance indicator	Actual achievement 2013/14	Planned target 2014/15	Actual achievement 2014/15	Deviation from planned target 2014/15	Comment on deviation
Percentage of hospitals that have conducted GAP assessment for compliance with the National Core Standards		Yes	100%		Target achieved. Self-assessment conducted and OHSC has conducted external audit.
Proportion of hospitals assessed as compliant with the Extreme Measures of National Core Standards		Yes	0%	(100%)	Target not achieved. There are challenges in meeting Extreme Measures due to external factors (infrastructure, isolation wards that don't meet requirements).

Charlotte Maxeke Johannesburg Academic Hospital					
Performance indicator	Actual achievement 2013/14	Planned target 2014/15	Actual achievement 2014/15	Deviation from planned target 2014/15	Comment on deviation
<b>Increase level of efficiency in hospitals</b>					
Average length of stay	7.1 days	6 days	7.1 days	1.1 days	The nature of chronic illnesses treated leads to longer stays.
Inpatient BUR	84.1%	85%	82.3%	(2.7%)	More district and regional hospitals refer complex cases for further treatment at CMJAH.
Expenditure per PDE	R986	R3 000	R1 101	(R1 899)	The institution paid accruals amounting to R180 million and this affected the total PDE as expenditure is reported in the 2014/2015 FY.
Rate of complaint resolution within 25 working days	61%	96%	99.7%	3.7%	The hospital was able to resolve most of the complaints within 25 days.
Mental health admission rate	#	2%	0	(2%)	All hospitals started to report on this indicator during the current financial year and experienced challenges. Trainings of clinicians in the mental health guidelines to be intensified in 2015/16.
Patient satisfaction rate	65%	72%	63.3%	(8.7%)	Target not achieved as patients were generally dissatisfied. Access to the facility is also a huge concern.
Percentage of hospitals that have conducted GAP assessment for compliance with the National Core standards	#	Yes	100%	0	Target achieved. Self-assessment conducted and OHSC has also conducted external audit.

**Key**

#: not measured



**Charlotte Maxeke Johannesburg Academic Hospital**

Performance indicator	Actual achievement 2013/14	Planned target 2014/15	Actual achievement 2014/15	Deviation from planned target 2014/15	Comment on deviation
Proportion of hospitals assessed as compliant with the Extreme Measures of National Core Standards		Yes	0%	(100%)	Target not achieved. There are challenges in meeting extreme measures due to external factors (infrastructure, isolation wards that don't meet requirements).

**Chris Hani Baragwanath Hospital**

Performance indicator	Actual achievement 2013/14	Planned target 2014/15	Actual achievement 2014/15	Deviation from planned target 2014/15	Comment on deviation
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**Increase level of efficiency in hospitals**

Average length of stay	7.6 days	5.8 days	7.9 days	2.1 days	Due to the type of cases, burden of disease, cases with co-morbidities and other complications in an academic hospital the target of 5.8 is an underestimate and should be reviewed. The increased ALOS results from the following: 1. delay in transferring psychiatric patients who need medium-term care to Tara Hospital. 2. Delay in locating relatives of discharged psychiatric patients due to limited availability of social workers and of the multi-disciplinary team to process patients further. 3. Delay in chronic patients being accepted at Life Esidimeni (step-down facility). This service has been suspended since February 2015. 4. Challenges due to theatre availability, resulting in patients waiting longer for the planned procedures and thus staying longer in the hospital. 5. Limited capacity in the clinical support service area, ie, X-ray and laboratory, due to staff shortages delay the commencement of relevant treatment. Corrective measures: Procurement of the portable radiology machinery will improve turnaround for post-operation X-rays, NHLS is appointing additional staff and some of the posts in the X-ray department have been upgraded as a retention strategy. This will improve capacity of these support services.
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Inpatient BUR	81.2%	79%	77.7%	1.3%	There is no significant difference between the actual achieved in 2014/15 and the initial target set for 2014/15.
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Chris Hani Baragwanath Hospital					
Performance indicator	Actual achievement 2013/14	Planned target 2014/15	Actual achievement 2014/15	Deviation from planned target 2014/15	Comment on deviation
Expenditure per PDE	R1 866	R 3 101	R2 640	(R461)	The actual reported could be an underestimate as delayed payment for expenses incurred in the period could lead to on-target expenditure.
Rate of resolution of complaints within 25 working days	47.5%	95%	86.7%	(8.3%)	The institution experiences many challenges and is unable to resolve complaints within 25 working days. This is attributable to poor management of complaints and problems in distinguishing between a complaint and a serious adverse event.
Mental health admission rate		1.0	0	(1.0)	All hospitals started to report on this indicator during the current financial year and experienced challenges. Training of clinicians in the mental health guidelines to be intensified in 2015/16.
Patient satisfaction rate	64%	66%	67%	1.3%	Target achieved. Due to improvement in the reliability, responsiveness and general satisfaction components.
Percentage of hospitals that have conducted GAP assessment for compliance with the National Core Standards		Yes	100%	0	Target achieved. Self-assessment conducted and OHSC has also conducted external audit.
Proportion of hospitals assessed as compliant with the Extreme Measures of National Core Standards		Yes	0%	(100%)	Target not achieved. There are challenges in meeting Extreme Measures due to external factors (infrastructure, isolation wards that don't meet requirements).

## Linking Performance with Budgets

### Expenditure: Programme 5 – Central Hospital Services

	2014/2015			2013/2014		
	Final appropriation	Actual Expenditure	(Over)/under expenditure	Final appropriation	Actual Expenditure	(Over)/under expenditure
	R'000	R'000	R'000	R'000	R'000	R'000
Central hospitals	9 198 128	9 198 127	1	8 121 830	8 079 936	(8 104)
Provincial tertiary hospitals	2 386 515	2 386 515	0	2 190 137	2 157 859	32 278

## 4.6 Programme 6: Health Sciences and Training

### Purpose of the Programme

The Health Sciences and Training Programme is strategically positioned to plan, produce and manage the education, training and development needs of the Gauteng Department of Health. It is designed to comply with relevant legislative and policy mandates at national, provincial and local level and also to respond to service transformation imperatives. Priorities include support for the Service Transformation Plan, Re-engineering of PHC, expansion of the HIV and AIDS, STI and TB programmes and implementation of NHI.

### List of Sub-Programmes

The Professional Development Directorate includes:

- Regional Training Centres
- Professional Development
- Bursary Section
- Professional Service support
- Lebone College of Emergency Care
- Leadership Management and Skills Development Directorate
- Employee Health and Wellness Programme Directorate

### Strategic Objectives

- Improve achievement of national norms for supply of health professionals;
- Improve compliance with legislative framework;
- Respond to the GDoH staff education, training and development needs;
- Provide employee health and wellness to improve productivity and staff morale; and
- Contribute to the job-creation mandate through targeted youth empowerment programmes.

### Professional Development

#### *Continuing Professional Development (CPD)*

Continuous Professional Development (CPD) activities were conducted for health and allied professionals. A total of 1 408 health professionals have been trained in various clinical practice fields in the health sciences. CPD for nurses and midwives has been sustained in Gauteng during the year under review.

### Clinical Associates

A total of 36 clinical associates from all years have been awarded bursaries and 18 have been placed in various district hospitals.

### Bursary Funding

Bursary funding has increased to R50 815 million. Currently 4 397 bursary holders are maintained for both full-time and part-time studies, with an additional new intake of 420, which makes a total of 4 817 bursaries for the 2014/15 financial year.

### Pharmacy Assistant Training

Currently 616 pharmacy assistants have been recruited into the programme. A total of 141 have completed the Post-Basic Course and have returned to the service. In all, 475 pharmacy assistant learners (basic and post-basic) are being trained through the Health Science Academy.

## Skills Development for Enrolled Nurses Working in the Maternity Setting

### *In-service Training of Enrolled Nurses*

The in-service training of enrolled nurses working in the maternity setting commenced in July 2012. It is modular training and they attend sessions one week a month for six consecutive months. The content of the programme is in line with their scope of practice. To date 83 enrolled nurses have attended in-service training and 27 are currently being trained.

## Cuban Medical Programme

Currently there are 359 students studying medicine in Cuba, an increase of 140 over the 219 reported in the previous financial year.

## Professional Service Support

Community service is a national mandate. In the 2014/15 financial year the department successfully placed 224 medical doctors and 563 allied health professionals (occupational therapists, radiographers, speech & hearing therapists, dieticians, clinical psychologists, physiotherapists and environmental health practitioners) and 70 pharmacists in community service. The two-year medical internship programme placed 429 medical interns in accredited institutions around Gauteng. There are 65 pharmacist interns in accredited pharmacies in the province and 49 foreign health professionals were offered jobs in the GDOH. Of these 16 have successfully obtained extensions of their contracts.

## HIV and AIDS Training

During the 2014/2015 financial year 689 professional nurses were trained in NIMART for all ARV sites in the districts and hospitals. In addition 15 210 other health professionals – doctors, allied health professionals, enrolled nurses, professional nurses and lay counsellors were upskilled in various fields of Comprehensive HIV and AIDS Care Management and Treatment (CCMT) and support, bringing the total number of health professionals trained in NIMART and other CCMT training to 15 899.

## Emergency Care Training

### *Emergency Care Technician (ECT) Course*

ECT training was started in 2007 as a mid-level worker qualification. The qualification, which was registered as an NQF 5, has now been terminated, as per the minister's Gazette. The new ECT programme will be a National Diploma in Emergency Medical Care (NQF 6). Training will be run in partnership with a higher education institute (HEI). The course is still being developed and is expected to begin in 2016. Because of these changes there were no new ECT intakes in the last financial year as the registers of the Health Professions Council of South Africa (HPCSA) close in 2016.

Current training for ECTs: ECT 01/2013 have completed their first year summative assessment. Twenty-three were successful and are currently busy with the remaining modules for final summative assessment in November 2015 to complete the course. Two learners were successful from the last group (ECT 02/2012).

### *Critical Care Assistants*

A total of 14 learners attended the critical assistant course (CCA). Four of them were found to be competent and graduated on 4 December 2014.

### *Continuing Professional Development Refreshers*

A total of 183 attended continuous professional development refresher courses in the current financial year. The courses were ECT-46, Intermediate Life Support (ILS)- 45 and Basic Life Support (BLS) -92.

## Nursing Education

The department trains various categories of nurses in accordance with the legislative framework of the South African Nursing Council and the national Human Resources for Health Strategy. The department provides mandatory community service placements for graduates with four-year diplomas and degrees which cover general nursing, psychiatric and community nursing and midwifery.

The intake of nurses annually is informed by the targets in the performance plan. Appropriate numbers are accepted in various categories of nursing (including the category of mid-level enrolled nurses) for the range of services offered in the province.

The sub-programme supports and co-ordinates the activities of six nursing colleges and ensures that they meet the requirements of the South African Nursing Council. Hospitals and clinics in the province provide a platform for experiential learning for nursing students from all six colleges.

During the year under review, the number of nursing students undergoing education and training in all courses and at all levels was 5 026. The total intake in 2014/15 was 1 089 and 1 969 nurses graduated in various categories. These graduates comprised:

- Graduates for Basic courses: 1 356; and
- Graduates for Post-basic course: 613.

A total of 696 professional nurses were placed in health institutions for community service.

The categories of basic nursing training graduates in 2014/15 are shown in the table below.

**Table 6.1: Composition of 2014/15 Graduates for Basic Courses**

Category	Number
Professional nurses: four-year degree	126
Professional nurses: four-year diploma	556
Professional nurses: bridging course	197
Enrolled nurses: two-year course	372
Enrolled nurses: exiting from four-year course	35
Enrolled nursing auxiliaries: exiting from four-year course	70
<b>Total</b>	<b>1 356</b>

There are currently 705 graduates from the 4-year diploma and degree programme serving the 12 months statutory community service period in Gauteng health facilities.

The education and training of specialist nurses is informed by the strategic priorities and needs analysis of the province. A total of 92 nurses graduated in advanced midwifery and 49 in critical care.

The nature of post-basic clinical education and training provided for professional nurses is indicated in the table below.

**Table 6.2: Fields of Study of Post-Basic Nursing Graduates in 2014/15**

Field of study	Number
Primary healthcare	201
Psychiatric nursing	19
Child nursing	38
Ophthalmic nursing	20
Advanced midwifery and neonatology	92
Midwifery	104
Orthopaedic nursing	0
Critical care nursing	49
Trauma and emergency nursing	27
Nephrology nursing	12
Operating theatre nursing	38
Oncology nursing	13
<b>Total</b>	<b>613</b>

While the provincial nursing colleges produce the highest number of nurses in the province, there are a number of private sector nursing schools in Gauteng. Thirteen private nursing schools have entered into agreements with the department and place their students in various Gauteng hospitals for clinical experiential learning. The benefit to the department has been that some graduates from these schools seek employment in provincial health establishments.

Nursing as a career of choice was marketed through career exhibitions, open days and visits to schools throughout the year. Prospective candidates are provided with information about the selection criteria to enable them to make an informed decision about applying for training.

The Nursing Education and Training Sub-Directorate migrated from the Chief Directorate: HRD and EHWP to the newly established Chief Directorate: Nursing in September 2014.

### Leadership Management and Skills Development

The directorate is charged with the responsibility for leadership and management development, orientation and induction of staff, functional skills development of non-clinical staff as well as generic skills development of all staff categories in the GDoH. It is also responsible for managing the skills levy, monitoring and evaluation of training programmes, marketing the Chief Directorate programmes, implementing effective knowledge management systems including e-learning and championing other non-classroom learning for the GDoH. Furthermore the directorate plays a key role in sourcing donor funding from strategic partners like the Health and Welfare Sector Education and Training Authority (HWSETA). The department participates in the job-creation mandate of government; to this end, it provides youth development through learnerships and internships, with a special emphasis on previously disadvantaged groups.

The directorate continued to provide the artisan development programme in cabinet-making and upholstery at Chris Hani Baragwanath Hospital. The outcomes of the project are the ability of the hospital to restore furniture and mattresses without disposing of assets, as well as on-site manufacturing of cabinets. Fifty clinical engineering technicians are currently doing internship programmes, which will be completed on 16 April 2015. This will contribute towards more effective management of health technology. This was achieved as a direct result of R1.5m of funding sourced from the HWSETA in a very short space of time. By the end of the fourth quarter the GDoH had participated in four career expos, including 'Take a Girl Child to Work' and Tshepo 500 000, through the Knowledge Management section, where learners were reached and given information about careers in the health sciences as part of the recruitment strategy.

By the end of the fourth quarter staff members had attended various training programmes as shown in the table below.

**Table 6.3: Number of Staff who Attended Training Programmes in 2014/15**

Training Programme	Target	Achieved	Remarks
Management development programme	500	1 094	Target exceeded
Code of conduct	1 000	1 273	Target exceeded
Adult education and training (AET)	1 000	1113	Target exceeded
Pro-service package aimed at improving staff attitudes	New	209	New Target
Other skills programme aimed at improving service delivery	3 000	4 552	Target exceeded
Youth development – learnerships and internships	1 500	2 885	Target exceeded
<b>Total</b>	<b>7 000</b>	<b>11 126</b>	

This project is a presidential mandate aimed at redressing past imbalances and improving access to education and information, as well as up-skilling of lower graded staff members in line with the Skills Development Act and National Skills Development Strategy III.

### Employee Health and Wellness Programme (EHWP)

The EHWP is aimed at promoting and maintaining the highest degree of physical, mental, spiritual and social wellbeing in all occupations; preventing illness caused by working conditions; protecting employees in their employment from risks resulting from factors adverse to health; and placing and maintaining employees in occupational settings.

The EHWP Directorate has three sub-directorates:

- HIV and AIDS, TB and STIs;
- Occupational health; and
- Employee assistance programme.

**Table 6.4 Integrated Employee and Wellness Programme 2014/15**

Category/Activity	Target	Actual Achievement	Remarks
Increase access to EHWP Services (HIV, TB, STI, occupational health & EAP (Procure Feb& March pending)	18 000	19 171	Target exceeded
Increase capacity building in EHWP	10 000	10 663	Target exceeded
Establish two employee wellness centres per annum	2	2	Target reached – employee wellness centres were established in 2014/2015 at Jubilee Hospital and at Kalafong Hospital.

A number of programmes aimed at improving employee wellness were implemented during the year under review, namely, financial wellness training, which taught 30 employees debt management, and pre-retirement workshops attended by 1 594 employees. In addition the substance abuse policy was implemented in the department.

HCT drives and campaigns at provincial and district levels have increased the number of employees presenting themselves for HCT and disclosing their HIV status, whilst other employees received support for chronic conditions.

Various capacity development initiatives were also implemented, such as the training of 500 383 employees in TB and directly observed treatment (DOTS), TB prevention and control and 100 in ART adherence. A total of 165 employees were screened for TB on World Stop TB Day.

Peer educators in some institutions have been appointed by the CEO.

On 29 April 2014 the Minister of Health opened the Occupational Health One-Stop Shop Centre for miners and ex-miners at Carletonville Hospital and a total of 1 480 ex-miners have been able to access occupational health services.

The Medical Surveillance Policy was signed by the Acting HOD, and pre-employment medicals were implemented for the first year nursing students of 2015. The aim of medical surveillance is to ensure that employees or prospective employees are fit and suitable for the job at hand. A total of 908 pre-employment medicals were done on nursing college students in the 2015 intake.

## Challenges

The main challenge remains the budget allocation – institutions do not have cost centres for the EHWP programme and therefore also have no post allocation.

There is inadequate budget to pay the EAP external service providers for counselling and trauma debriefing sessions from the equitable share so the HIV Grant budget must provide funds for these counselling services.

The department has opted not to pay fixed commuted overtime to doctors on special leave for occupational injuries and diseases. Employees diagnosed with occupational diseases, especially TB, are often booked off duty for long periods. If diagnosed with XDR TB the off-work time can extend to two years. Failure to pay them commuted overtime has a major impact on their remuneration and contravenes the Compensation for Occupational Injuries and Disease Act No 130 of 1993 (COIDA), which was instituted by government to protect workers and to ensure that no loss of income is experienced by an injured or diseased worker .

The Compensation Fund launched its online Claims Compensation of Occupational Injuries and Diseases management system, 'Umehluko', on 4 August 2014. This means that the demerging of the COIDA administration function and the rollout of the Umehluko training of coordinators must be speedily addressed to ensure efficient implementation.



## Performance Indicators: Programme 6 – Health Sciences and Training

Programme 6 – Health Sciences and Training					
Performance indicator	Actual achievement 2013/2014	Planned target 2014/2015	Actual achievement 2014/2015	Deviation from planned target 2014/2015	Comment on deviation
<b>Improve achievement of national norms</b>					
Number of clinical engineers in training	#	50	50	0	Target achieved
Number of middle-level workers produced (clinical associates, enrolled nurses graduates, emergency care technicians, pharmacy assistants)	250	855	639	(216)	36 clinical associates. 372 enrolled nurses 141 pharmacy assistants 90 emergency care technicians. Withdrawal of accreditation and currently 23 learners are still in training.
Basic nursing students graduating		1 400	1 367	(33)	166 D4: 4 students at CHBNC have had their training extended as they have not met the requirements. They will be placed in community service once this period has been served.
Proportion of bursary holders permanently appointed	155 (100%)	185 (100%)	202 (100%)	17	

### Strategy to Overcome Areas of Under Performance

The programme is under spending due to the payment of nurses' posts in hospitals whilst the funds are allocated to colleges.

### Changes to Planned Targets

None

## Expenditure: Programme 6 – Health Sciences and Training

	2014/15			2013/14		
	Final appropriation	Actual expenditure	(Over)/under expenditure	Final appropriation	Actual expenditure	(Over)/under expenditure
	R'000	R'000	R'000	R'000	R'000	R'000
Nurses' training colleges	655 649	645 135	10 514	775 569	674 694	100 875
EMS training	38 059	27 811	10 248	33 976	27 829	6 147
Bursaries	121 031	132 717	(11 686)	45 384	52 607	(7 223)
Other training	56 040	56 268	(228)	46 390	74 355	(27 965)

### Key

#: not measured

## 4.7 Programme 7: Healthcare Support Services

### Purpose of the Programme

The purpose of this programme is to provide non-clinical services, including laundry, food services and medical supplies, to support hospitals and clinics effectively and efficiently.

### Strategic Objective

The central objective of the programme is to increase the efficacy of the supply chain management system.

### Supply Chain Management and the Turnaround Strategy

As part of Turnaround Strategy for Health, supply chain management has been the focus of various interventions to improve systems and processes. There has been an improvement in turnaround times in the generation of purchase orders from five to two days. At the same time, supply chain management has ensured compliance with SCM Regulations (16A), which ensures a reduction in irregular expenditure. Supply chain management has established a number of medical and non-medical contracts which have reduced turnaround times for procuring critical goods and services and have reduced costs due to prices being negotiated with suppliers.

### Pharmaceutical Services

The department achieved 79% availability for essential medicines against the target of 90%. The results are based on data at the MSD.

### Strategy to Overcome Areas of Under Performance

- To penalise suppliers for late deliveries;
- Use of non-contracted suppliers to bridge the gap created by under-performing contracted suppliers.

### Significant Achievements

In an effort to reduce waiting times at the PHC facilities and improve access to medicines, the central chronic medicine dispensing and distribution (CCMDD) program was initiated. At the end of the financial year, 35024 patients were enrolled onto the program. Patients collect pre-dispensed medication packets monthly from either private pharmacies or clinics closest to the patient's home / work.

About 70% of all essential medicines for the central, tertiary, regional and specialized hospitals were made direct deliveries. The direct delivery orders are placed through the provincial medicine procurement unit (PMPU) and delivered from the suppliers directly to the institutions. This system ensures shorter lead times for the supply of medicines and improved medicine availability at the institutions.

An IT system (Rx Solution) has been implemented at 27 institutions in the province facilitating electronic procurement of the direct delivery items through the PMPU. The Rx Solution inventory management system has improved medicine management at the institution thereby reducing the rate of out of stocks.

The Gauteng Provincial Pharmacy and Therapeutics Committee reviewed the essential medicine formulary and classified all the formulary medicines into a VEN (Vital, essential, non-essential) analysis in order to prioritise the availability of vital and essential medicines. Significant rationale medicine usage activities were performed leading to economical changes in prescribing practises in a manner which does not compromise clinical outcomes. Inputs to the national review of the Standard Treatment Guidelines were submitted to the National Essential Medicine List Committee (NEMLC).

The tenure of the old committee came to an end in November 2014 and a new committee was appointed.

## Challenges

Availability of essential medicines has been a global challenge due to changes in the availability of the active pharmaceutical ingredient (API). Most pharmaceutical manufacturers could not produce adequate quantities of essential medicines on time. Medicines were thus sourced from alternative suppliers to bridge the gap. The difference in price between the contract price and the non contract price as charged by the alternative suppliers was recovered as penalties charged to the contracted suppliers in line with the provisions of the general conditions of contract.

### ***National Health Laboratory Services (NHLS)***

In the period April 2014 to March 2015 18 700 000 laboratory tests were processed by NHLS at a total cost of R1 374 750 664. This translate to a net saving of R105 422 336 from the allocated budget of R1 480 173 000.

### Cost Containment Measures Aligned to the Turnaround Strategy:

#### ***Rand Value of Savings Made from the NHLS Cost Saving Plan***

During 2014/15 a combined total of R11 910 771 was saved from maintaining EGK at the 20 hospitals. This net saving represents an increase of R3 772 033 compared to the 2013/2014 financial year's saving of R8 138 738. In order to improve the management of the NHLS accounts the department and the NHLS resolved that separate account numbers should be allocated to institutions and not to districts or sub-districts, as has been the practice. To date, 393 facilities have been confirmed and allocated separate account numbers. The process will be finalised during the first quarter of the new financial year after the remaining 96 facilities have been confirmed and allocated separate account numbers.

#### ***Provincial Laboratory and Blood Users' Committee***

The committee has initiated discussions through the policy sub-committee with the NHLS Pathologists' Group to develop best practice guidelines to promote the rational use of laboratory services. To this end, a work plan was agreed between the policy sub-committee and the NHLS team for the development and finalisation of the reflex testing policy during the second quarter of the new financial year.

To promote the rational use of blood and blood products, the committee has adopted a set of recommendations made by the Blood Conservation sub-committee that will be used as guidelines by institutional lab and blood users' committees.

## Challenges

Staff capacity constraints are being experienced within the Chief Directorate Supply Chain & Asset Management.

Poor supplier performance leading to inadequate supplies is still a challenge. In addition, suppliers still do not adhere to contractual lead times. Finally, EML medicines are not on contract because suppliers do not bid on such items, thus continuous availability cannot be guaranteed.

Scarcity of blood donors, especially for blood group 'O', often results in blood shortages; and an insufficient budget is allocated for blood services.

### Downscaling of Services

Downscaling of operational hours for some of the NHLS laboratories situated in some of the regional hospitals and one district hospital were observed at Mamelodi, Pholosong and Dr Yusuf Dadoo hospitals, with Edenvale Hospital closed from 1 December 2014 until 1 April 2015.

### South African National Blood Services (SANBS)

Between April 2014 and March 2015, the department bought 421 0000 units of blood and blood products from SANBS at a total cost of R488 892 929. In line with the observed utilisation trend of blood and blood products in previous years, it may be useful to review the annual budget, which, for 2014/15, was R366 361 500.

### Promotion of Rational Utilisation of Blood Services

#### ***Blood Wastage Reports***

Following the recommendation of the Provincial Lab and Blood Users' Committee, the number of blood wastage reports will be increased to include district hospitals. Agreement has been reached with SANBS to have these reports available from the first quarter of the new financial year.

## Performance Indicators: Programme 7 – Healthcare Support Services

Healthcare Support Services					
Strategic objective	Actual achievement 2013/14	Planned target 2014/15	Actual achievement 2014/15	Deviation from planned target 2014/15	Comment on deviation
<b>Increase level of efficiency of supply chain management system</b>					
BBBEE expenditure on procurement budget	58%	60%	80%	20%	The department is supporting the Township Economy programme by empowering small businesses.
Percentage of procurement awarded to women-owned enterprises	22%	30%	25%	(5%)	The department has since increased the number of items the 12 women-owned cooperatives can supply.
<b>Increase level of efficiency in hospitals and PHC facilities</b>					
Percentage of EML available at facilities	82%	90%	79%	(11%)	Poor supplier performance contributed to underperformance.
Percentage of vital medicines available at health facilities		95%	90%	(5%)	Poor supplier performance contributed to underperformance.
Percentage of linen contracts awarded to women-owned cooperatives		100%	100%	0%	The department awarded the contract for the provision of linen to health institutions to 12 women-owned co-operatives.
Percentage of available linen at tertiary and regional hospitals		95%	100%	5%	The department has established a linen bank to ensure continuity of supply of linen to health institutions.
Percentage of hospitals procuring/buying vegetables from local farmers		70%	100%	30%	All hospitals procure vegetables from small emerging farmers contracted to the Provincial Treasury for the supply of fresh and processed vegetables.
Rand value of equipment purchased		R150 million	R256 million	R106 million	The department has been able to procure essential medical equipment for all academic hospitals.

### Challenges and Strategies for Addressing Areas of Under performance

Continue with the implementation of the Turnaround Strategy, which focuses on the effectiveness of health systems support.

### Expenditure: Programme 7 – Healthcare Support Services

	2014/2015			2013/2014		
	Final appropriation	Actual expenditure	(Over)/under expenditure	Final appropriation	Actual expenditure	(Over)/under expenditure
	R'000	R'000	R'000	R'000	R'000	R'000
Laundries	170 419	158 418	12 001	181 826	151 213	30 613
Food Supply	60 182	53 124	7 058	102 693	43 421	59 272
Medicine Trading Account	1	0	1	1	236	(235)
NHLS	1 269 115	1 057 990	211 125	1 231 590 000	842 605 538	388 984 462
SANBS	424 776	566 615	(141 839)	222 302 004	454 761 247	(232 459 243)

## 4.8 Programme 8: Health Facilities Management

### Purpose of the Programme

The purpose of this programme is to plan for, provide and equip new facilities; to upgrade and rehabilitate community health centres, clinics, and district, provincial, specialised and academic hospitals and other health-related facilities and to undertake life-cycle management of immovable assets through maintenance.

### Significant Achievements

During the financial year 2014/15 the department opened the new Natalspruit Hospital and re-named Zola Jabulani to Bheki Mlangeni Hospital. Additional oxygen and vacuum points were completed at 4 facilities (Edenvale, Pholosong, Tambo Memorial and South Rand hospitals), while TB wards were upgraded at Kopanong, Tshwane District Hospital and Pholosong Hospital. The psychiatric ward at Tambo Memorial Hospital was renovated. The Ann Latsky Nursing College was upgraded, emergency power and lighting project was completed at Weskoppies Hospital and the new 46-bed XDR/MDR TB ward at Sizwe Hospital was completed.

Regarding maintenance, the e-Maintenance system was implemented. Term contracts were finalised for maintenance at facilities, a three-year supplier contract was approved with Builder's Warehouse and consultants were appointed to address the backlog on scoping.

### Challenges

Although the adjusted infrastructure budget was spent 100%, not all the objectives were achieved. Some of the key challenges are as follows:

- Not enough technical expertise at facility level and lack of capacity at Infrastructure Directorate;
- Reduced capacity at GDID due to suspension of inspectors who were responsible for developing specifications;
- Lengthy payment processes and procurement processes;
- All projects except Special Projects were transferred to GDID;
- No Service Level Agreement with GDID; and
- GDID lengthy process to replace non-performing contractors and delays in acquisition of land.

### Strategies for Under-performance

- Finalisation and approval of the IDMS structure;
- GDID appointed consultants to assist with the drafting of specifications;
- Implementation of delegations;
- Weekly monitoring of invoices in place to ensure payment to service providers within 30 days;
- Maintenance Term Contractors Database, Material Supplier Contract with Builders' Warehouse, e-Maintenance system;
- SLA to be finalised and approved;
- Due diligence and improved project monitoring by DID; and
- Vetting and due diligence in the appointment of contractors.

### Hospital Facility Revitalisation Grant (HFRG)

According to the Division of Revenue Bill 2013/2014, the purpose of the HFRG is to:

- Help accelerate construction, maintenance, upgrading and rehabilitation of new and existing infrastructure in health, including health technology, organisational design (OD) systems and quality assurance (QA);
- Supplement expenditure on health infrastructure delivered through public-private partnerships; and
- Enhance capacity to deliver health infrastructure.

## Equitable Share (ES)

This is a voted fund used for both maintenance and capital projects.

## Extended Public Works Programme (EPWP)

The EPWP incentive is to expand work creation efforts through the use of labour intensive delivery methods in the following identified focus areas:

- Maintenance of buildings;
- Landscaping and gardening projects; and
- General cleaning of hospitals.

Apart from EPWP, all funding sources are sub-divided according to the type of infrastructure project, as follows:

- New or replaced infrastructure asset;
- Upgrades and additions;
- Renovation, rehabilitation and refurbishment; and
- Maintenance and repairs.

## Changes to Planned Targets

During the 2014/15 the budget for Infrastructure Management was adjusted as follows:

Source of Funding	Original Budget 2014/15	Adjusted Budget 2014/15
ES	1 126 412	629 391
HRG	671 033	752 700
HIG		
NCSG		
EPWP	2 010	2 010
<b>Total</b>	<b>1 799 455</b>	<b>1 384 101</b>

## Linking Performance with Budgets

The following table represents actual achievements in relation to planned financial targets:

## Performance Indicators: Programme 8

Health Facilities Management					
Performance indicator	Actual achievement 2013/14	Planned target 2014/15	Actual achievement 2014/15	Deviation from planned target 2014/15	Comment on deviation
<b>Increase level of efficiency in hospitals and PHC facilities</b>					
Number of facilities where e-maintenance programme was implemented	#	34 hospitals	34	0	All hospitals on e-maintenance
Number of facilities where electromechanical equipment was replaced	#	26 facilities	26	0	Target achieved
Number of additional clinics and community health centres constructed	#	1	0	(1)	The completion of the new Randgate Clinic was delayed due to cancellation of the contractor due to non-performance. The process of appointing a replacement contractor took longer than anticipated. The replacement contractor was only appointed in February 2015.
Number of additional hospitals constructed or revitalised	#	1	1	0	Natalspruit Hospital completed and opened in August 2014.
<b>Increase level of efficiency in hospitals</b>					
A duly completed SLA with DID	#	1	0		Annual target not met
Proportion of Programme 8 budget spent on maintenance (preventative and scheduled)	#	100%	84%	(16%)	A three-year supply contract with Builders' Warehouse and maintenance term contracts implementation was accompanied by problems which negatively affected expenditure. Another negative influence on maintenance expenditure was a lack of capacity at institutions.
Number of districts where 90% of maintenance budget was spent	#	5	NA	NA	This performance indicator was only applicable in the first quarter as per Circular 42 of 2014; all projects were transferred to GDID for implementation and the budgets were centralised, thus, effectively the maintenance budgets allocated to districts were cancelled.

### Key

#: not measured

## Expenditure: Programme 8 – Health Facilities Management

	2014/2015			2013/2014		
	Final appropriation in R'000'	Actual expenditure in R'000'	(Over)/under expenditure in R'000'	Final appropriation in R'000'	Actual expenditure in R'000'	(Over)/under expenditure in R'000'
Equitable share	629 391	629 390	1	812 685	646 672	166 013
Hospital revitalisation grant	752 700	752 700		743 736	412 083	331 653
Health infrastructure grant				91 928	55 413	36 515
Nursing colleges grant				8 574	6 303	2 271
EPWP	2 010	2 010	0	3 000	3 000	0
<b>Total</b>	<b>1 384 101</b>	<b>1 384 100</b>	<b>1</b>	<b>1 659 923</b>	<b>1 123 471</b>	<b>536 452</b>

## Health Facilities Management: Expenditure per Sub-programme

	2014/2015			2013/2014		
	Final appropriation	Actual expenditure	(Over)/under expenditure	Final appropriation	Actual expenditure	(Over)/under expenditure
	R'000	R'000	R'000	R'000	R'000	R'000
Community health facilities	130 198	145 238	(15 040)	177 134	133 051	44 083
Emergency medical rescue services	1 654	1 108	546	3 960	1 501	2 459
District hospital services	226 767	209 253	17 514	303 109	201 983	101 126
Provincial hospital services	488 814	464 429	24 385	539 766	384 383	155 383
Central hospital services	379 399	398 392	(18 993)	355 664	242 822	112 842
Other facilities	157 268	165 675	(8 407)	280 290	157 726	122 564



# 5. Transfer Payments

## 5.1 Transfer Payments to Public Entities

**Table 7.1: Transfer payments made to public entities 2014/15**

Name of Public Entity	Services Rendered by the Public Entity	Amount Transferred to the Public Entity	Amount Spent by the Public Entity	Achievements of the Public Entity
CoJ	PHC	104 505	104 505	PHC package of services provided without interruptions.  PHC service hours extended.
CoJ	EMS	105 809	105 809	
CoJ	HIV and AIDS	19 288	12 457	
CoT	PHC	39 967	39 967	PHC package of services provided without interruptions.  PHC service hours extended.
CoT	EMS	56 683	56 683	
CoT	HIV and AIDS	10 923	10 270	
EMM	PHC	111 953	83 964	PHC package of services provided without interruptions.  24hr services provided in all CHC.  PHC service hours extended.
EMM	EMS	136 040	136 040	
EMM	HIV and AIDS	11 086	7 699	
West Rand	EMS	37 790	37 790	
West Rand	HIV and AIDS	6 376	5 441	
Sedibeng	HIV and AIDS	6 623	5 550	

## 5.2 Transfer Payments to all Organisations other than Public Entities

The table below reflects the transfer payments made for the period 1 April 2014 to 31 March 2015

**Table 7.2: Transfer payments 2014/15**

Name of Transferee	Type of Organisation	Purpose for which the Funds were Used	Did the Dept. Comply with S 38 (1) (J) of the PFMA	Amount Transferred (R'000)	Amount Spent by the Entity	Reasons for the Funds Unspent by the Entity
Life Esidimeni	Other entity	Mental health care services	Yes	323 712	323 712	
Mental health NPOs	NPIs	CBS	Yes	97 265	97 265	
HIV and AIDS NPOs	NPIs	HIV and AIDS	Yes	66 637	66 637	
Nutrition NPOs	NPIs	Nutrition	Yes	42 109	42 109	
EPWP NPOs	NPIs	Job Creation	Yes	50 577	50 577	
Specialised NPOs	NPIs	Rehab	Yes	1 300	1 300	
Witkoppen Clinic	NPI	CBS	Yes	7 436	7 436	
Alexandra Health Centre	NPI	CBS	Yes	63 666	63 666	
HWSETA	Other entity	Training	Yes	17 131	17 131	

The table below reflects the transfer payments which were budgeted for the period 1 April 2014 to 31 March 2015 but no transfer payments were made.

**Table 7.3: Budgeted transfer payments that were not paid 2014/15**

Name of Transferee	Purpose for which the Funds were to be Used	Amount Budgeted for (R'000)	Amount Transferred (R'000)	Reasons why Funds were not Transferred
Universities	Student nurses	1 782	-	Cash flow challenges

## 6. Conditional Grants

### 6.1 Conditional Grants and Earmarked Funds Paid

The table below describes each of the conditional grants and earmarked funds paid by the department

#### Conditional Grant 1: Health Facility Revitalisation Grant

Department/Municipality to which the Grant has been Transferred	National Department of Health
Purpose of the grant	<p>To help accelerate construction, maintenance, upgrading and rehabilitation of new and existing infrastructure in health including: health technology, organisational design (OD) systems and quality assurance (QA)</p> <p>To supplement expenditure on health infrastructure delivered through public-private partnerships</p> <p>To enhance capacity to deliver health infrastructure</p>
Expected outputs of the grant	<p>Number of health facilities planned – 5</p> <p>Number health facilities designed – 5</p> <p>Number of health facilities constructed – 22</p> <p>Number of health facilities equipped – 2</p> <p>Number of health facilities operationalised – 11</p> <p>Number of health facilities maintained – 25</p>
Actual outputs achieved	<p>Official opening of new Natalspruit Hospital, and Bheki Mlangeni Hospital,</p> <p>Equipment for new Natalspruit Hospital and Bheki Mlangeni Hospital,</p> <p>Additional oxygen and vacuum points for CHBH, Pholosong Hospital, Tambo Memorial Hospital, Sebokeng Hospital</p> <p>Phase 1 renovation of psychiatric ward at Helen Joseph Hospital, Tambo Memorial Hospital,</p> <p>Refurbishment of female TB ward at Kopanong Hospital,</p> <p>Upgrade of Pretoria West chiller plant,</p> <p>New XDR/ MDR TB ward at Sizwe Hospital,</p> <p>Replacement of emergency generator at Weskoppies Hospital,</p> <p>Renovations to TB ward at Tshwane District Hospital and Pholosong Hospital</p> <p>Phase 2 upgrade of Ann Latsky Nursing College,</p> <p>Maintenance and repairs of 25 facilities.</p>
Amount per amended DORA	R752 700 000
Amount transferred (R'000)	R752 700 000
Reasons if amount as per DORA not transferred	N/A
Amount spent by the department/ municipality (R'000)	R752 700 000
Reasons for the funds unspent by the entity	The entire HFRG was spent

Department/Municipality to which the Grant has been Transferred	National Department of Health
Monitoring mechanism by the transferring department	<p>Monthly progress review meetings</p> <p>Monthly progress review reports</p> <p>Attendance of site meetings</p> <p>Weekly monitoring of invoices received and paid</p> <p>Monitoring of project information management System (PMIS)</p> <p>Meetings with senior management of GDID</p>

### Conditional Grant 2: Comprehensive HIV and AIDS Grant

Department/Municipality to which the Grant has been Transferred	National Department of Health
Purpose of the grant	<p>To enable the health sector to develop an effective response to HIV and AIDS, including universal access to HIV Counselling and Testing (HCT).</p> <p>To support the implementation of the National Operational Plan for comprehensive HIV and AIDS treatment and care.</p> <p>To subsidise in-part funding for the antiretroviral treatment programme.</p>
Expected outputs of the grant	<p>Number of new patients that started on ART.</p> <p>Number of patients on ART remaining in care.</p> <p>Number of male condoms distributed.</p> <p>Number of female condoms distributed.</p> <p>Number of exposed infants HIV positive at 6 weeks. .</p> <p>Number of clients tested for HIV (including antenatal).</p> <p>Number of medical male circumcisions performed.</p>
Actual outputs achieved	<p>The ART programme has enrolled 1 010 407 patient since 2004</p> <p>Number of female condoms distributed- 4 838 281</p> <p>Rate of infants whose first PCR test is positive-1.3%</p> <p>Number of clients tested for HIV- 2 509 109.</p> <p>Number of medical male circumcisions performed- 139 093</p>
Amount per amended DORA	R2 632 578 000
Amount transferred (R'000)	R2 632 578 000
Reasons if amount as per DORA not transferred	N/A
Amount spent by the department/ municipality (R'000)	R2 583 230 000
Reasons for the funds unspent by the entity	The spending on the grant is at 98.1% or R2,5 billion and the grant is projected to be underspent by R49 million due to the late appointment of WBOT leaders.
Monitoring mechanism by the transferring department	Monthly progress review report

### Conditional Grant 3: Health Professions Training and Development Grant

Department/Municipality to which the Grant has been Transferred	National Department of Health
Purpose of the grant	Support provinces to fund service costs associated with training of health science trainees on the public service platform. Number of undergraduate health science trainees. Number of registrars and other post-graduate health science trainees.
Expected outputs of the grant	Other health science trainees supervised on the public health service platforms per statutory requirements. Number of clinical teaching and training personnel in designated developmental provinces.
Actual outputs achieved	The following health professionals graduated in the current financial year: 1198 registrars 821 medical practitioners 1974 professional nurses 480 allied health professionals
Amount per amended DORA	R 811 114 000
Amount transferred (R'000)	R 811 114 000
Reasons if amount as per DORA not transferred	N/A
Amount spent by the department/municipality (R'000)	R 811 114 000
Reasons for the funds unspent by the entity	The appropriation has been fully utilised as per DORA and any other financial prescripts(PFMA and Treasury regulation)
Monitoring mechanism by the transferring department	Monthly financial reports and meetings

### Conditional Grant 4: National Tertiary Services Grant

Department/Municipality to which the Grant has been Transferred	National Department of Health
Purpose of the grant	Ensure provision of tertiary health services for all South African citizens. Compensate tertiary facilities for the additional costs associated with provision of these services.
Expected outputs of the grant	Provision of designated central and national tertiary services in 7 hospitals/ complexes as agreed between the province and the national Department of Health
Actual outputs achieved	
Amount per amended DORA	R 3 493 891 000
Amount transferred (R'000)	R 3 493 891 000
Reasons if amount as per DORA not transferred	N/A
Amount spent by the department/municipality (R'000)	R 3 493 853 000
Reasons for the funds unspent by the entity	The appropriation has been fully utilised as per DORA and any other financial prescripts(PFMA and Treasury regulation)
Monitoring mechanism by the transferring department	Monthly financial reports and meetings

## Conditional Grant 5: National Health Insurance (NHI) Grant

Department/Municipality to which the Grant has been Transferred	National Department of Health
Purpose of the grant	<p>Test innovations in health services delivery and provision for implementing NHI, allowing each district to interpret and design innovations relevant to its specific context, in line with the vision for realising universal health coverage for all.</p> <p>Undertake health system strengthening activities in identified focus areas.</p> <p>Assess the effectiveness of interventions/activities undertaken in the districts funded through this grant.</p>
Expected outputs of the grant	<p>Existing municipal WBOTs equipped to collect relevant data from households.</p> <p>Monitoring and evaluation, including impact assessment of the effectiveness of existing municipal WBOTs undertaken.</p> <p>Monitoring and evaluation of direct delivery of chronic medication to patients undertaken to support efficient and effective provision of health services within the district.</p> <p>Lean principles for supply chain management in relation to the non-negotiables implemented.</p> <p>Research/impact assessment reports on district capacity for monitoring and evaluation, in selected interventions</p>
Actual outputs achieved	<p>The district present the following achievements as per NHI Conditional Grant 2014/15 business plan:</p> <p>The district has managed to procure 1 200 handheld devices to be used by WBOTs, when it had initially targeted purchasing 500.</p> <p>The process to procure kitbags with contents for CHWs is partially complete and this activity has overlapped into 2015/16 financial year.</p> <p>Sign language training is partially achieved. The service provider has conducted phase 1 and 2 of sign language training and phase 3 (final phase) will be covered in May 2015.</p> <p>The district has appointed a Lean Management expert to refine workflows and processes within the unit. These have benefited the unit in that service improvement plans were designed using expert inputs and are to be implemented in 2015/16.</p> <p>There were 37 000 patients enrolled on Chronic Medicine Dispensing and Distribution (CCMDD) programme.</p> <p>Results of the patient satisfaction survey funded through the grant have indicated that only 56% of patients were satisfied with the method of collecting their periodic prescriptions and this increased to 86% post implementation of CCMDD.</p> <p>The district was able to sustain the post of Monitoring and Evaluation Manager.</p>
Amount per amended DORA	R 10 281 000
Amount transferred (R'000)	R 10 281 000
Reasons if amount as per DORA not transferred	N/A
Amount spent by the department/municipality (R'000)	R 5 660 000

Department/Municipality to which the Grant has been Transferred	National Department of Health
Reasons for the funds unspent by the entity	<p>The under spending is as a result of the delays in appointment of service providers for NHI Impact, WBOT study and Lean Management. The department will apply for a roll over of R3 million to offset any accruals and commitments made in the 2014/15 financial year and this will be subject to the Treasury's approval. The remaining adjusted appropriation amounting to R1.6 million will be surrendered to NDoH.</p> <p>The district budget allocation for 2014/15 was R7 000 000. In addition, the district had requested a roll-over of R3 281 000 which was granted taking the total amount that was available to R10 281 000. The roll-over was to be used to procure information and communication technology projects such as PABX with telephone extensions to offices and consulting rooms for seven facilities, 35 laptops for WBOT team leaders, 42 desktops for clinics and 50 printers.</p> <p>Expenditure in the reporting period was R5 659 661 giving a variance of R4 621 339. There are outstanding activities overlapping into 2015/16 and a request of roll-over to the tune R3 002 027 was made. Overall, there was an under-expenditure of R1 338 312 and this translated 13.4% deviation.</p>
Monitoring mechanism by the transferring department	Monthly financial reports and meetings

#### Conditional Grant 6: EPWP Integrated Grant for Province

Department/Municipality to which the Grant has been Transferred	National Department of Health
Purpose of the grant	<p>Intensive delivery methods in the following identified focus areas, in compliance with the EPWP guidelines:</p> <ul style="list-style-type: none"> <li>• Road maintenance and the maintenance of buildings</li> <li>• Low traffic volume roads and rural roads</li> <li>• Other economic and social infrastructure</li> <li>• Tourism and cultural industries</li> <li>• Sustainable land based livelihoods</li> <li>• Waste management</li> </ul>
Expected outputs of the grant	<p>Increased number of people employed and receiving income through the EPWP</p> <p>Increased average duration of the work opportunities created</p>
Actual outputs achieved	
Amount per amended DORA	R2 010 000
Amount transferred (R'000)	R2 010 000
Reasons if amount as per DORA not transferred	
Amount spent by the department/ municipality (R'000)	R2 010 000
Reasons for the funds unspent by the entity	
Monitoring mechanism by the transferring department	

## Conditional Grant 7: Social Sector EPWP Incentive Grant for Province

Department/Municipality to which the Grant has been Transferred	National Department of Health
Purpose of the grant	<p>To incentivise provincial social sector departments identified in the 2013 Social Sector EPWP log-frame</p> <p>To increase job creation by focusing on strengthening and expanding social sector programmes that have employment potential.</p> <p>626 full-time equivalents (FTEs) funded through this grant.</p>
Expected outputs of the grant	<p>A minimum of 750 people employed and receiving income through the EPWP Incentives' Grant.</p> <p>A minimum average duration of the 200 person days for work opportunities to be created.</p> <p>A minimum of 368 facilities were serviced by the EPWP participants.</p> <p>A minimum daily wage of R70.59 per EPWP beneficiary.</p>
Actual outputs achieved	<p>626 full-time equivalents (FTEs) were achieved through the grant.</p> <p>750 people employed and receiving stipend through EPWP Incentive Grant.</p> <p>A minimum average duration of the 200 person days achieved.</p> <p>368 facilities were serviced by the 750 EPWP Participants.</p> <p>750 participants received a stipends of R75.00 per day (R1 500.00 per month)</p> <p>160 EPWP beneficiaries trained on dread diseases and HIV AIDS awareness.</p>
Amount per amended DORA	R14 475 000
Amount transferred (R'000)	R14 475 000
Reasons if amount as per DORA not transferred	-
Amount spent by the department/ municipality (R'000)	R12 865 500
Reasons for the funds unspent by the entity	Expenditure is at 88.9% or R12,8 million and the shortfall is due to the high attrition rate of CHWs as a result of people moving from one project paying less to another project that pays a bigger stipend within GDoH.
Monitoring mechanism by the transferring department	Monthly expenditure report and quarterly service report



### Conditional Grant 8: National Tertiary Services Grant

Department/Municipality to which the Grant has been Transferred	National Department of Health
Purpose of the grant	Ensure provision of tertiary health services for all South African citizens. Compensate tertiary facilities for the additional costs associated with provision of these services.
Expected outputs of the grant	Provision of designated central and national tertiary services in 7 hospitals/ complexes as agreed between the province and the national Department of Health.
Actual outputs achieved	All tertiary clinical services assigned to the YES list of the SLA with NDOH were met. All patient data elements targets were met and exceeded in provision of tertiary services.
Amount per amended DORA	R3 493 891 000
Amount transferred (R'000)	R3 493 891 000
Reasons if amount as per DORA not transferred	N/A
Amount spent by the department/ municipality (R'000)	R3 493 853 000
Reasons for the funds unspent by the entity	N/A
Monitoring mechanism by the transferring department	Monthly patient data, clinical services, financial reports, onsite visits and meetings are conducted by province. Province supports national hospital site visits, quarterly and annual meetings.

# 7. Donor Funds

## 7.1 Donor Funds Received

### Donor Fund 1

Name of Donor	Mrs Brooks
Full amount of the funding	R1 500.00 (TV)
Period of the commitment	None
Purpose of the funding	To staff in Ward 8
Expected outputs	Staff and patients entertainment
Actual outputs achieved	Staff and patients entertainment
Amount received in current period (R'000)	R 1 500.00 (TV)
Amount spent by the department (R'000)	A TV was donated to the value of R1 500.00
Reasons for the funds unspent	A TV was donated to the value of R1 500.00
Monitoring mechanism by the donor	None

### Donor Fund 2

Name of Donor	Smile Donation
Full amount of the funding	R22 298.40 (office furniture)
Period of the commitment	None
Purpose of the funding	Bought by Smile Foundation from Ditulo Office
Expected outputs	Office furniture
Actual outputs achieved	For office staff
Amount received in current period (R'000)	R22 298.40 (office furniture)
Amount spent by the department (R'000)	Chairs to the value of R22 298.40 were donated
Reasons for the funds unspent	Chairs to the value of R22 298.40 were donated
Monitoring mechanism by the donor	None

### Donor Fund 3

Name of Donor	Nedbank
Full amount of the funding	R48 968.40 (ECG machines)
Period of the commitment	None
Purpose of the funding	Bought by Nedbank
Expected outputs	ECG machine to record the electrical activity of the heart for patient.
Actual outputs achieved	ECG machine to record the electrical activity of the heart for patient.
Amount received in current period (R'000)	R48 968.40 (medical equipment)
Amount spent by the department (R'000)	ECG machine to the value of R48 968.40 was donated
Reasons for the funds unspent	ECG machine to the value of R48 968.40 was donated
Monitoring mechanism by the donor	None

**Donor Fund 4**

Name of Donor	Department of Health
Full amount of the funding	R1 450.00 (KIC Freezer)
Period of the commitment	None
Purpose of the funding	Storing anatomical health care waste
Expected outputs	Storage
Actual outputs achieved	Storage
Amount received in current period(R'000)	R1 450.00 (KIC Freezer)
Amount spent by the department (R'000)	Freezer to the value of R1 450.00 was donated
Reasons for the funds unspent	Freezer to the value of R1 450.00 was donated
Monitoring mechanism by the donor	None

**Donor Fund 5**

Name of Donor	Ms Elaine Khosa
Full amount of the funding	R719.99/ FMV (Sansui TV)
Period of the commitment	none
Purpose of the funding	Appreciation to Ward 4
Expected outputs	For Ward 4 staff and patient entertainment
Actual outputs achieved	For Ward 4 staff and patient entertainment
Amount received in current period (R'000)	R719.99/ FMV (Sansui TV)
Amount spent by the department (R'000)	A TV was donated to the value of R 719.99
Reasons for the funds unspent	A TV was donated to the value of R 719.99
Monitoring mechanism by the donor	None

## 8. Capital Investment

### 8.1 Capital Investment, Maintenance and Asset Management Plan

#### Progress Made in Implementing the Capital, Investment and Asset Maintenance Plan

Through the implementation of various capital and maintenance infrastructure projects Programme 8 managed to spend 100% of its adjusted budget. The table below shows capital infrastructure projects which have been completed in the current year and the progress in comparison to what was planned at the beginning of the year with reasons for material variances (2% variance):

Unique Project Number	Project Name	Project Start Date	Planned Construction end date	Actual Construction end date	Reason for Deviation (2% variance)
70	<b>South Rand Hospital</b> Additional oxygen and vacuum points	22 July 2011	8 September 2014	31 October 2014	Delays in procurement of material by supplier
222	<b>Sizwe Hospital</b> Construction of new 46-bed MDR/XDR –TB wards	2 February 2008	28 February 2014	22 August 2014	Delays in payment of invoices submitted
230	<b>Weskoppies Hospital</b> Replace north emergency power generator, LT upgrade and street lighting.	1 August 2008	06 June 2014	30 November 2014	Slow progress by contractor
231	<b>Tshwane District Hospital</b> Renovations to accommodate TB beds	20 July 2011	15 November 2013	31 July 2014	Scope changes identified during demolition led to delays
240	<b>Pholosing Hospital</b> Renovations to accommodate TB beds	20 September 2011	16 March 2014	31 July 2014	Poor performance by contractor
252	<b>Tambo Memorial Hospital</b> Renovations to psychiatric wards	5 July 2011	29 October 2013	4 April 2014	Poor performance by contractor
263	<b>Tembisa Hospital</b> Repair and refurbishment of Blocks, A, B, C, D, 1, 2 and 3 as well as storm water drains, landscaping, guardhouse and electrical upgrade.	1 April 2014	30 June 2014	30 June 2014	Not applicable
729	<b>Special projects</b> Various capital projects, of minor value and managed by the Special Projects Directorate	1 April 2014	31 May 2014	31 May 2014	Not applicable
732	<b>Tshwane District HCW Phase 2</b> Upgrades to facilities in the Tshwane District to enable compliance with Health Care Waste protocol.	1 February 2013	01 June 2014	31 July 2014	Not applicable

Unique Project Number	Project Name	Project Start Date	Planned Construction end date	Actual Construction end date	Reason for Deviation (2% variance)
	<b>West Rand District HCW Phase 2</b>				
733	Upgrades to facilities in the West Rand District to enable compliance with Health Care Waste protocol.	1 February 2013	01 June 2014	31 July 2014	Not applicable
	<b>Johannesburg District HCW Phase 2</b>				
734	Upgrades to facilities in the Johannesburg District to enable compliance with Health Care Waste protocol.	1 February 2013	01 June 2014	31 July 2014	Not applicable
	<b>Ekurhuleni District HCW Phase 2</b>				
735	Upgrades to facilities in the Ekurhuleni District to enable compliance with Health Care Waste protocol.	1 February 2013	01 June 2014	30 June 2014	Not applicable
	<b>Sedibeng District HCW Phase 2</b>				
736	Upgrades to facilities in the Sedibeng District to enable compliance with Health Care Waste protocol.	1 February 2013	01 June 2014	31 July 2014	Not applicable

## Capital Infrastructure Projects Currently in Progress

Unique Project Number	Project Name	Planned Construction end date
9	<b>Thele Mogwerane Hospital (New Natalspruit Hospital)</b> Build new 760-bed regional hospital	20 June 2014
18	<b>Chris Hani Baragwanath Hospital</b> Additional oxygen and vacuum pump points in neo-natal and maternity wards	30 April 2015
23	<b>Helen Joseph Hospital</b> Renovations to psychiatric ward and observation units	27 March 2015
26	<b>Leratong Hospital</b> Additional oxygen and vacuum pump points in neo-natal and maternity wards	30 April 2015
35	<b>Tshwane District Hospital</b> External wet services contract	Construction programme not yet available
38	<b>Tembisa Hospital</b> New 24hr blood bank	30 September 2015
43	<b>Discoverers CHC</b> Convert CHC into district hospital	Construction programme not yet available
48	<b>Kopanong Hospital</b> Renovations and refurbishments of wards to accommodate TB beds	30 April 2015
49	<b>Lenasia South CHC</b> Convert CHC into district hospital	Construction programme not yet available
51	<b>Pretoria West Hospital</b> Upgrading of chiller plant	30 April 2015
53	<b>Carletonville Hospital</b> Additional oxygen and vacuum points	30 April 2015
56	<b>Sebokeng Hospital</b> Construction and/or completion of: pharmacy, ICU, radiology, kit store, administration block, physiotherapy, waiting areas, existing OPD, renal and gate house for Sebokeng Hospital	15 December 2015
63	<b>Charlotte Maxeke Academic Hospital</b> Replacement of vacuum pumps and installation of oxygen points	30 April 2015
64	<b>Charlotte Maxeke Johannesburg Academic Hospital</b> Upgrading and renovation of the existing psychiatric unit	Construction programme not yet available
74	<b>S G Lourens Nursing College</b> Refurbishment of nursing college	Construction programme not yet available
75	<b>Sterkfontein Hospital</b> Upgrading of Ward 16	30 June 2015
223	<b>Kopanong Hospital</b> Renovation of psychiatric wards 1 & 2	Construction programme not yet available
224	<b>Tshwane Rehabilitation Centre</b> Renovations and upgrading of facility	Construction programme not yet available
227	<b>Boikhutsong CDC</b> Build new CDC	Construction programme not yet available
229	<b>Randgate Clinic</b> Build new clinic	11 November 2015
238	<b>Carletonville Hospital</b> Refurbishment of wards to accommodate TB beds	Construction programme not yet available
242	<b>Pretoria West Hospital</b> Renovations to accommodate TB beds	Construction programme not yet available

Unique Project Number	Project Name	Planned Construction end date
248	<b>Bonalesedi Nursing College</b> Renovations and additions to nursing college	5 October 2016
249	<b>Ga-Rankuwa Nursing College</b> Upgrading and renovations of nursing college	Construction programme not yet available
251	<b>Tembisa Hospital</b> Renovations to psychiatric wards	31 December 2015
253	<b>Chris Hani Baragwanath Hospital</b> Renovations to psychiatric wards	Construction programme not yet available
425	<b>Helen Joseph Hospital</b> Refurbishment of Oorkant, Susan Hof, Querani and Strydom Hof Nurses residences	Construction programme not yet available
426	<b>Charlotte Maxeke Johannesburg Academic Hospital</b> Revitalization of staff residences - Blocks A, D & E	30 April 2016
428	<b>Chris Hani Baragwanath Hospital</b> Critical repairs and refurbishment of staff accommodation, walkways, neo-natal ICU and labour ward	Construction programme not yet available
429	<b>Thele Mogwerane Hospital (Natalespruit Hospital)</b> New staff residences to serve new Thele Mogwerane Hospital	31 August 2016
433	<b>Daveyton FPS Mortuary</b> New mortuary	Construction programme not yet available
444	<b>Johannesburg FPS Mortuary</b> New mortuary	Construction programme not yet available
445	<b>Bronkhorstspuit FPS Mortuary</b> New mortuary	Construction programme not yet available
451	<b>Far East Rand Hospital</b> Upgrade wards 4 & 8	08 May 2015
464	<b>Sterkfontein Hospital</b> Sewer reticulation	30 April 2015
499	<b>Charlotte Maxeke Johannesburg Academic Hospital</b> Refurbishment of electrical reticulation	Construction programme not yet available
503	<b>Finetown Clinic</b> Construction of new Finetown Clinic	Construction programme not yet available
513	<b>Karel Schoeman Building</b> Complete refurbishment of the Karel Schoeman Building as office accommodation for the Tshwane Health District	Construction programme not yet available
535	<b>Refilwe Clinic</b> Extension to CHC	Construction programme not yet available
536	<b>K. T. Motubatse Clinic</b> Extension to CHC	Construction programme not yet available
584	<b>Mandisa Shiceka Clinic</b> Convert clinic to CDC	Construction programme not yet available
686	<b>Ekangala</b> 5 additional consulting rooms	Construction programme not yet available
692	<b>Temba CHC</b> Extension for 12 rooms, filing room, pharmacy and waiting area.	Construction programme not yet available
720	<b>Tshwane District Hospital</b> Refurbishment contracts 4A on wards that are part of the ongoing hospital refurbishment plan	Construction programme not yet available

Unique Project Number	Project Name	Planned Construction end date
722	<b>South Rand Hospital</b> Conversion and renovation of old compound/pharmacy	Construction programme not yet available
723	<b>Heidelberg Hospital</b> Renovation of maternity, OPD & casualty and new helipad	Construction programme not yet available
741	<b>New Kekana Gardens Clinic</b> New clinic	Construction programme not yet available
742	<b>New Inner City CHC</b> New CHC	Construction programme not yet available
744	<b>New Eersterust Clinic</b> Minor extension of recently built CHC	Construction programme not yet available
746	<b>New Kanana Clinic</b> New clinic	Construction programme not yet available
747	<b>New Dewagendrift Clinic</b> New clinic	Construction programme not yet available
750	<b>New Bophelong (Tshwane District 3)</b> Construction of new clinic	Construction programme not yet available
797	<b>Pretoria North Clinic</b> Additional consulting rooms	Construction programme not yet available
813	<b>Weskoppies Hospital</b> Condition assessment and refurbishment of heritage buildings	Construction programme not yet available
3300	<b>Dark City CHC</b> Additions and rehabilitation	Construction programme not yet available
3322	<b>Stanza Bopape Clinic</b> Additions and rehabilitation	Construction programme not yet available
3340	<b>Dilopye Clinic</b> Additions and rehabilitation	Construction programme not yet available
3342	<b>Kekanastad Clinic</b> Rehabilitation	Construction programme not yet available
3344	<b>Refentse Clinic</b> Additions and rehabilitation	Construction programme not yet available
3361	<b>Kgabo CHC</b> Additions and rehabilitation	Construction programme not yet available
3363	<b>Phedisong 4 CHC</b> Additions and rehabilitation	Construction programme not yet available
4730	<b>Lebone College</b> Health council upgrades	Construction programme not yet available



## Capital Infrastructure Projects Currently in Retention

Unique Project number	Project name
4	<b>Bertha Gxowa Hospital</b> Build new 300-bed district hospital
11	<b>Bheki Mlangeni Hospital (Zola Hospital in Jabulani)</b> New 300-bed district hospital
30	<b>Pholosong Hospital</b> Additional oxygen and vacuum pump points in neonatal wards
34	<b>Tambo Memorial Hospital</b> Additional oxygen and vacuum points in neonatal wards.
60	<b>Leratong Hospital</b> Air conditioning
67	<b>Dr George Mukhari Academic Hospital</b> Replacement of vacuum pumps and oxygen points
70	<b>South Rand Hospital</b> Additional oxygen and vacuum points
73	<b>Sebokeng Hospital</b> Additional oxygen and vacuum points
222	<b>Sizwe Hospital</b> Construction of new 46-bed MDR/XDR –TB wards
230	<b>Weskoppies Hospital</b> Replace north emergency power generator, LT upgrade and street lighting
231	<b>Tshwane District Hospital</b> Renovations to accommodate TB beds
234	<b>South Rand Hospital</b> Refurbishment of nurses' residence
236	<b>South Rand Hospital</b> Renovations and refurbishment of wards to accommodate TB beds
240	<b>Pholosong Hospital</b> Renovations to accommodate TB beds
252	<b>Tambo Memorial Hospital</b> Renovations to psychiatric wards
717	<b>Lebone College of Emergency Care</b> The conversion of the old maternity hospital into an EMS training facility
749	<b>Tembisa Hospital</b> Revitalisation project that was put on hold in June 2009
4713	<b>New Mamelodi Hospital</b> Diverse final account

## Plans to Close Down or Downgrade any Current Facilities

The old Natalspruit Hospital was handed over to the Gauteng Department of Infrastructure Development (GDID), which is the custodian of all health facilities. A strategic decision must be taken on the future of the old Germiston Hospital.

## Progress Made in the Maintenance of Infrastructure

During the 2014/15 financial year the following key achievements were attained by Infrastructure Management:

- 33 lifts were installed and commissioned at 17 health facilities;
- 12 dual-fired boilers were installed and commissioned at 11 health facilities;

- 8 chillers were installed and commissioned at 7 health facilities;
- 13 generators were installed and commissioned at 13 health facilities;
- 10 institutions benefited from the EPWP programme, with 188 beneficiaries assisting in maintenance of the grounds and general environment of the facilities;
- The e-maintenance system was rolled out and enhanced performance by addressing logged calls and thereby ensuring full budget expenditure;
- Term contracts in place allowed for quick turnaround times for appointments and execution of services; and

## Developments Relating to the Maintenance of Infrastructure that are Expected to Impact on the Department's Current Expenditure

The department's infrastructure continues to suffer from a substantial maintenance backlog, resulting in the deterioration of the value and functionality of facilities. Addressing the maintenance backlog will lead to increased expenditure.

## Details of How Asset Holdings Have Changed Over the Period Under Review, Including Information on Disposals, Scrapping and Loss Due to Theft

With regard to immovable assets, the old Natalspuit was handed back to DID as a custodian department.

## Measures Taken to Ensure that the Department's Asset Register Remained up to Date during the Period under Review

All immovable assets were transferred to GDID. GDID, as the custodian, is responsible for the maintenance of the immovable asset register.

## The Current State of the Department's Capital Assets, for Example, What Percentage is in Good, Fair or Bad Condition?

In the User Asset Management Plan (UAMP) for 2014/15, the condition of 43% of the health assets occupied by the GDOH were rated 'good' to 'excellent' and 57% were rated as 'fair'. This does not take into account the electrical upgrades (including electrical reticulation) and plumbing work that are in a poor to very poor state.

## Progress in Addressing the Maintenance Backlog

The maintenance backlog has not been reduced in the 2014/15 financial year mainly due to slow procurement processes to appoint contractors for construction, lengthy payment processes and a lack of capacity at both GDID and at facility level. In an attempt to improve maintenance at facilities, term contracts were procured with service providers.

## List of Electromechanical Equipment Completed in 2014/15 Financial Year

ELECTROMECHANICAL EQUIPMENT	Facility	QTY	COMPLETION DATE
Boiler	Heidelberg Hospital	2	21/07/2014
	Rahima Moosa Hospital	1	12/05/2014
	Tembisa Hospital	1	12/03/2014
	Discoverers Chc	1	21/07/2014
	South Rand Hospital	1	25/06/2014
	Dr Yusuf Dadoo Hospital	1	28/04/2014
	Sterkfontein	1	28/04/2014
	Kopanong Hospital	1	30/01/2014
	Tambo Memorial Hospital	1	31/01/2014
	Carletonville Hospital	1	4/05/2014
	Helen Joseph Hospital	1	4/05/2014
Generator	Khutsong West Clinic	1	21-Nov-2014
	Khutsong East Clinic	1	21-Nov-2014
	Khutsong Ext 3 Clinic	1	21-Nov-2014
	Khutsong South Clinic	1	21-Nov-2014

ELECTROMECHANICAL EQUIPMENT	Facility	QTY	COMPLETION DATE
Generator	Weldeverdië Clinic	1	28-Nov-2014
	Blybank Clinic	1	28-Nov-2014
	Fochville Clinic	1	28-Nov-2014
	Kokosi Clinic	1	28-Nov-2014
	Thusanang Clinic	1	28-Nov-2014
	Wedela Clinic	1	09-Dec-2014
	Blyvoor Clinic	1	09-Dec-2014
	Noordgesig Clinic	1	09-Dec-2014
	Edenvillage Clinic	1	09-Dec-2014
Lift	Rahima Moosa Hospital	1	01 February 2015
	Dgmh	1	28-Nov-2014
	Dr Yusuf Dadoo Hospital	1	09-Dec-2014
	Kopanong Hospital	1	21-Nov-2014
	Far East Rand Hospital	1	February 2015
	Kalafong Hospital	1	31 March 2015
	ODI Hospital	1	31 March 2015
	Sebokeng Hospital	1	31 March 2015
	SG Lourens Nursing College	1	31 March 2015
	Nicol House Residence	1	31 March 2015
	Stanza Bopape CHC	1	31 March 2015
	Leratong Hospital	2	31 March 2015
	Tshwane District Hospital	5	31 March 2015
	Carltonville Hospital	1	31 March 2015
	CMJAH	12	31 March 2015
	Helen Joseph	1	31 March 2015
	SBAH	1	31 March 2015
Chiller	Kalafong	1	30-Apr-2014
	Johan Heyns	1	05-May-2014
	Chris Hani Baragwanath	2	28-Nov-2014
	Rahima Moosa	1	28/04/2014
	Tambo Memorial	1	28/04/2014
	Hillbrow CHC	1	30/01/2014
	Tswane Rehabilitation	1	31/01/2014

## Expenditure on Infrastructure Projects 2014/15

Infrastructure Projects	2014/2015			2013/2014		
	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
New and replacement assets	414 207	353 467	60 740	629 418	389 005	240 413
Existing infrastructure assets	914 259	977 588	-63 329	988 787	692 599	296 188
Upgrades and additions	157 296	174 783	-17 487	99 675	55 387	44 288
Rehabilitation, renovations and refurbishments	124 045	57 570	66 475	127 871	70 408	57 463
Maintenance and repairs	632 918	745 235	-112 317	761 241	566 804	194 437
Infrastructure transfer						
Current						
Capital						
<b>Total</b>	<b>2 308 643</b>	<b>1 331 055</b>	<b>-2 589</b>	<b>1 618 205</b>	<b>1 081 604</b>	<b>536 601</b>

## Challenges Experienced

- Delays in approving the project scope in health; and
- Lack of capacity in the unit responsible for infrastructure.

## Future Plans

Significant capital projects to be implemented in 2015/16:

- Laudium Lenasia South, Discovered
- Re-determine use of Kempton Park hospital
- Planning for construction of new Lillian Ngoyi Hospital, Rabie Ridge, Hospital, Soshanguve Hospital;
- Planning for new Magagula Heights CHC, New Cosmo City Clinic, New Lehae Clinic, New Chiawelo Clinic; and
- Design for revitalisation of Sebokeng Hospital, Kalafong Hospital, Yusuf Dadoo Hospital, Jubilee Hospital and Tambo Memorial Hospital. Request for Service (RFS) was submitted to GDID for Dr Yusuf Dadoo and Jubilee Hospitals. GDID to appoint consultants. Project Briefs for Sebokeng, Kalafong and Tambo Memorial Hospitals are being prepared and will be finalised in the 2015/16 financial year for submission to GDID.

## Public Private Partnership (PPP)

No PPP projects were implemented at provincial level.

## Discontinued Activities in 2014/15

The following projects were discontinued:

- **Cullinan CHC: Extension of five rooms, filing room and waiting area**  
The project is no longer a priority as the population is not large enough to justify the extensions. The R4 million budgeted for the project was reduced to R500 000 during budget adjustment.
- **New Soshanguve Block JJ Clinic**  
This project will be replaced by the construction of a new Block X Clinic, as the City of Tshwane Municipality is currently building Soshanguve Block JJ clinic. The allocated budget of R2.1 million was reduced to R500 000 during the budget adjustment.
- **Rayton Clinic: 5 additional consulting rooms**  
This project will be replaced by Zamile Clinic. The budget of R125 000 was increased to R500 000 during the budget adjustment.
- **Rethabiseng Clinic: 5 additional consulting rooms**  
The project will be replaced by Lethabong Clinic. Rethabiseng Clinic was burnt down on 5 February 2014 and the City of Tshwane will be rebuilding it. The allocated budget of R2.2 million was adjusted to R500 000.

## New Activities in 2014/15

New activities implemented during 2014/15 which were not planned at the beginning of the financial year:

- Preparation of briefs for revitalisation of Sebokeng, Kalafong, Yusuf Dadoo, Jubilee and Tambo Memorial hospitals. There was no budget for these projects, which were awaiting the NDoH's approval to proceed. Each project was allocated R500 000 in the adjustment budget.
- Upgrades to Lebone College. The National Health Council identified upgrades to be made to this facility and the project was allocated a budget of R1.7 million during adjustment.
- Khayalami Hospital. The construction of a fence around the facility to protect it from vandalism was identified as an emergency and during budget adjustment R3.8 million was allocated to this project.



## Section 3 Governance

# 1. Introduction

The Gauteng Department of Health is committed to good corporate governance in its delivery of health care services to members of the public. The department assures tax payers that systems have been implemented to utilise state resources effectively, efficiently and economically.

## 2. Risk Management

The department has developed and implemented a risk management policy, strategy and risk implementation plan to provide reasonable assurance of the achievement of departmental goals.

A strategic risk assessment was conducted and progress is monitored on a quarterly basis. A system for reporting incidents and emerging risk was rolled out. Risk champions were trained during a two-day workshop.

Progress with the implementation of effective risk management practices is reported to a Risk Management Committee, as is progress with action plans.

The Audit Committee advises the department on the implementation of an effective risk management process and also monitors progress in relation to the department's top ten risks.

The department has improved its cash flow as well as payments to suppliers within 30 days. Revenue management systems and control of downtime of systems have improved during the year under review. Budget management reforms were introduced to improve budget processes.

## 3. Fraud and Corruption

The department has updated and rolled out its fraud prevention and response plan. Fraud and corruption are reported anonymously via the Public Service Commission's hotline. Other avenues available for reporting are through managers, walk-ins, e-mails or telephones. Confidentiality is maintained at all times. An Investigation and Integrity Management Directorate has been established and the department is in the process of staffing the unit.

Cases are evaluated based on severity, the impact on the functioning of the department, complexity and the level of officials involved, to determine whether a forensics investigation is warranted. These cases are referred to Forensic Services. Other cases are investigated by the department. All cases are referred for disciplinary action.

## 4. Minimising Conflicts of Interest

All officials, including senior management, are required to disclose annually all interests. Awareness of conflicts of interest is raised at orientation and induction sessions as well as during training sessions on the code of conduct and anti-fraud and corruption workshops. Where conflicts of interest have been identified, disciplinary actions are instituted.

## 5. Code of Conduct

Awareness sessions on the Public Service Code of Conduct are continuing. Instances where the code is breached are investigated and disciplinary action instituted. The department has approved an Integrity Management Policy and rollout will commence in the 2015/2016 financial year.

## 6. Health Safety and Environmental Issues

### Description

The Occupational Health and Safety Act states, inter alia, that the department must:

- Provide for the health and safety of persons at work;
- Provide for the health and safety of persons in connection with the use of plants and machinery; and
- Protect persons other than persons at work against hazards to health and safety arising out of or in connection with activities at work.

The Directorate of Health Care Waste and Occupational Hygiene Risk Management is assigned the responsibility of managing the above and many other statutory requirements by ensuring that the department complies

### Nature of Health and Safety Issues

- Section 16(1) of the Occupational Health and Safety Act states that every chief executive officer shall, as far as is reasonably practicable, ensure that the duties of his employees are properly discharged, and the head of department of any department of state shall be deemed to be the chief executive.
- Section 16(1), which applies to the HOD, assigns these powers and functions by written delegation to section 16(2) appointees. In the GDoH these are the respective hospital CEOs, district and facility managers, as well as other undefined managers.

### Challenges

- 16.2 acceptance letters not signed and returned to this directorate by CEOs, district directorates and other facility managers;
- Health and safety representatives, as mentioned in Section 17(1) of the Act, are in general not appointed in writing;
- Minutes of the facilities' occupational health and safety committees are in general not signed by management; and
- When facilities are upgraded or new facilities are built occupational health and safety requirements are not put in place as a prerequisite for approval of work practices by the appointed contractors and thus may compromise the health and safety of GDoH employees, patients, visitors and the employees of the contractors.

### Effects

- When 16(2) delegations are not signed health and safety representatives cannot be appointed;
- No hazard identification risk assessments and inspections will be conducted at facility level as required by the Act;
- If no hazard identification risk assessments are conducted the department cannot identify dangers to which employees and others may be exposed in their working environment and no control procedures can be introduced and managed;
- Medical surveillance would be a fruitless and expensive exercise as the potential hazards would be unknown;
- This could undoubtedly lead to high absenteeism and low productivity; and
- Facilities are at risk of non-compliance with the National Building Regulations and there is a direct impact on emergency preparedness, including fire and evacuation drills.

## 7. Portfolio Committees

The table below reflects Portfolio Committee meeting dates

15 July 2014
29 August 2014
14 October 2014
07 November 2014
11 November 2014

### Matters Raised by the Portfolio Committee and How the Department has Addressed Them.

Matters Raised	How Matters were Addressed
<b>The adequate systems that would be put in place and the implementation of the Auditor General's recommendations on the qualified audit opinion.</b>	<p>The department has designed detailed action plans for each process owner based on the findings of the Auditor General. These action plans are followed up on a monthly basis with various process owners to ensure that there is progress on the implementation of these action plans.</p> <p>The department has further drilled these action plans down to each institution ensuring that each institution has an audit action plan and that monthly progress is submitted. The action plans for the four academic and three tertiary hospitals are reviewed on a monthly basis to ensure that there is progress on the implementation of the audit action plans.</p> <p>The department has further put in place a detailed audit action plan to address the prior year audit qualification on accrued revenue. The progress on this plan is monitored on a bi weekly basis and Provincial Treasury is part the reviews.</p>
<b>The improvement of the health information systems for efficient data capturing.</b>	<p>MEDICOM upgrade is being installed in 8 institutions (Jabulani and Natalspruit completed). The rest of the hospitals (26) running PAAB will have a new Health Information System installed by the end of 2015. Scanning of medical records to convert them into electronic documents will commence in January 2015 for all hospitals in order to create a proper electronic health record which will be integrated with a health information system.</p>
<b>The implementation of the ICT infrastructure upgrade plan.</b>	<p>The tender to purchase switching and cabling for all institutions will be advertised in January 2015 with a view of starting the implementation in March 2015. All institutions have been assessed and the old cabling and switching will be replaced with better cabling and switching that will have the ability to run data, voice, CCTV and access control.</p>
<b>The plan to speed up the procurement processes regarding efficient service delivery</b>	<p>The department has established term contracts for medical equipment items and non-pharmaceutical items. It is in the process of establishing a provincial contract for all pharmaceutical items which are not on the national tender</p>
<b>The procurement of dedicated transport for Oral Hygienist in order to improve the placement of fissure sealants</b>	<p>There are 29 oral hygienist in the province. Fissure sealant is one of the activities for the integrated school health programme (ISHP). It is primarily done at schools using portable equipment. Each portable weighs about 30kg, and to facilitate this activity dedicated transport is required. A total of 21 vehicles have been procured, 12 delivered in the first phase. The department is awaiting delivery of 9 vehicles during the second phase.</p>



Matters Raised	How Matters were Addressed
<p><b>The implementation of the renovations and minor alteration plans to address clinical space for the training of oral health professionals and for facilities providing ART</b></p>	<p>Progress in implementing plans to increase clinical space for provision of ART services include; the installation of 14 park-homes and decentralisation of renovations and refurbishments to districts to promote joint planning within the districts i.e. programmes and infrastructure and across provincial and municipal spheres of government. The success of the decentralisation of infrastructure is evident in the refurbishment of the old Germiston hospital to create a bigger space for an ART drug depot.</p> <p>The HAS Programme has also partnered with People Living with HIV to establish ART clubs. The goal of ART clubs is to provide ART and psychosocial support services to stable clients in groups, thus decreasing waiting times for clients and the need for space.</p>
<p><b>The community education campaign on the importance of early enrolment and presentation at the health facilities for early treatment interventions</b></p>	<p>District and programmes do educational campaigns through local newspapers and local radio stations to educate the community about the importance of early enrollment especially when there is an outbreak of infectious diseases such as cholera, malaria etc.</p>
<p><b>The implementation plan of contracting private service providers to perform MMC at community level</b></p>	<p>Appointment of service providers to provide MMC at the community level has been finalised. Through this partnership we target to provide 16 720 MMC services by the end of the financial year. The service providers are responsible for recruiting clients and providing the complete MMC service package including HIV testing; STI treatment and post MMC care services.</p>
<p><b>The spending of the Hospital Revitalisation Grant and Health Infrastructure Grant</b></p>	<p>During the 2013/14 financial year, the GDoH experienced the following challenges:</p> <ul style="list-style-type: none"> <li>• Late approval of planning documents;</li> <li>• Delays in procurement;</li> <li>• Invoices were not received for processing;</li> <li>• Contractor under-performance;</li> <li>• Non-compliance of contractors with SARS regulations;</li> <li>• Late issuing of budget allocation letters at the beginning of the year and at budget adjustment;</li> <li>• Poor financial system in information management and systems control at facility level,</li> <li>• No SLA with GDID.</li> </ul> <p>GDID suspended 23 inspectors in the 3 biggest regions (Pretoria regional office, Soweto regional office and Springs regional office). These inspectors were responsible for specifications as facility managers do not have the expertise to prepare specifications.</p> <p><b>Actions planned/ implemented in 2014/15 to improve performance are as follows:</b></p> <ul style="list-style-type: none"> <li>• Maintenance Term Contractors Database (Start Date: 27 May 2014).</li> <li>• Supply of Materials by Builders Warehouse (Start Date: 12 May 2014).</li> <li>• e-Maintenance System (Start Date: 12 April 2014).</li> <li>• Conduct due diligence and vetting of contractors by GDID.</li> <li>• SLA with GDID to be finalised and approved.</li> <li>• Recruitment and appointment of 22 additional resources at Infrastructure Management, as prescribed by DORA.</li> </ul>

## 8. Scopa Resolutions

Resolution No.	Subject	Details	Response by the Department	Resolved (Yes/No)
1	Electronic capturing of patient records	The MEC to provide the committee with a monthly progress report with regard to the electronic capturing of patient records within 30 days of adoption and a quarterly progress report continuing until the end of 2015/2016 financial year.	The capturing of patient records has been completed for the new Natalspruit Hospital. 90 tablets/ mobile devices have also been provided for the hospital to enable doctors to capture information at a ward level. Charlotte Maxeke has captured 85% of its patient records in an electronic format. A tender to capture all patient records electronically for the remaining 34 hospitals has been submitted to the department Bid Adjudication Committee for approval	
2	Status of lawsuit and claims	The accounting officer submits a report within 30 days detailing the status of the lawsuit and claims and a quarterly update on the matter until it is finalised.	The department records an intake of cases pursued against it on medical negligence litigation, civil litigation and motor vehicle accident claims.	
3	Under-spending	In terms of GPL Rule 182(4), the department provides the health Portfolio Committee and SCOPA with a progress report detailing the effectiveness of measures put in place in addressing related to under-spending within 30 days after adoption hereof and quarterly progress continuing until end of 2015/2016 financial year.	<p>Compensation of employees – under-spending incurred due to the delays in the filling of vacant posts</p> <p>Goods and services – under-spending was due to the non-payment to NHLS as a decision was made after the report from the performance audit. Due to NHLS being the highest cost driver, non-payment resulted in savings.</p> <p>Higher education institutions – under-spending due to delays in submission of claims and payment thereof.</p> <p>Non-profit institutions – under-spending is attributed to a shift in policy which resulted in some payments for non-profit institutions being paid under goods and services</p> <p>Households – over-expenditure is due to an increase of student intake in the Cuban Programme as well as unforeseen increase in staff resignations resulting in increased leave gratuity payments.</p> <p>Payments for capital assets – delay in approval of plans, procurement processes and non-delivery of procured equipment before the closure of the financial year</p>	

Resolution No.	Subject	Details	Response by the Department	Resolved (Yes/No)
5	Compliance with national norms and standards to address integrated development management.	The implementing agent (DID) and client department to ensure that all future projects comply with the national norms and standards to avoid scope changes and provide the committee with a progress report on the mechanisms and systems put in place to address the integrated development management within 30 days of adoption hereof and a quarterly progress report continuing up until 2015/2014 financial year. The AG performs annual audits on all GPG departments including entities infrastructure project with the value of R50 000 000 above effective from 2015/2016 financial year.	All business cases, project briefs and clinical briefs are submitted to the NDoH for approval including verification of compliance with national norms and standards before implementation. This applies to all projects in planning for 2015/16 and beyond.	
6	Measures put in place to address findings in material losses	That the MEC provides the committee with progress report on the effectiveness of measures put in place to address findings in material losses within 30 days of adoption hereof.	<p>The service provider for debt collection has commenced in the four central hospitals assisting in the collection of outstanding debt from self-paying patients. The service provider is responsible for tracing and collecting debt from the patients. The contract is for 36 months.</p> <p>The service provider has been appointed to assist hospitals with the management of injury on duty claims and collection from Compensation Fund. The service has developed a switch for submission of claims electronically (EDI) to Compensation Fund. Claims for Steve Biko hospitals have been submitted to CF using the EDI. The contract is for 36 months.</p>	

Resolution No.	Subject	Details	Response by the Department	Resolved (Yes/No)
7	Measures put in place to address findings in material losses	That the MEC provides the committee with progress report on the effectiveness of measures put in place to address findings in material losses within 30 days of adoption hereof.	Currently there is a service provider that is collecting from the Road Accident Fund (RAF) on a month to month contract until a successful bidder is appointed. BAC has approved the open tender to appoint a service provider that will collect from Road Accident Fund .	
8	Measures put in place to address the recurrence of material impairment	The department provides the committee with a progress report on the effectiveness of measures put in place to avoid the recurrence of material impairment within 30 days of adoption hereof.	<p>The three projects for patient fees debt collection will continue for the next 36 months.</p> <p>The patient debt is monitored on a monthly basis.</p> <p>Engagements with other departments regarding the outstanding claims and challenges will continue on quarterly basis.</p>	
9	Measures put in place to address weaknesses of predetermined objectives	In terms of GPL Rule 182(4), the department provides the health Portfolio committee and SCOPA with a progress report detailing the effectiveness of measures put in place in addressing weaknesses of predetermined objectives within 30 days after adoption hereof and a quarterly progress report continuing until end of 2015/2016 financial year.	The department has established various mechanisms aimed at addressing weaknesses of predetermined objectives, to mention a few: It has implemented binded data collection tools which has helped reduce loss of loose data collection sheets and improved completeness of data. In addition the department has established a team comprising programme managers, M&E and health information management and conducts data quality audits at facilities that require support. Finally the department has been able to reduce the number of indicators that are reported by clinics in order to improve integrity and will be implementing the reduced data set and fewer registers from 1 July 2015. The department will provide progress reports on a quarterly basis on predetermined objectives as requested.	

Resolution No.	Subject	Details	Response by the Department	Resolved (Yes/No)
10	Measures put in place so that monthly reconciliation is done and reviewed in terms of Treasury requirements	The department provides the committee with progress reports on the measures put in place that monthly reconciliation is done and reviewed in terms of Treasury guideline and within 30 days of adoption hereof. In terms of GPL Rule 182(4), the department provides the health portfolio committee and SCOPA with a progress report detailing the effectiveness of measures put in place to curb the recurrence of this within 30 days after adoption hereof and a quarterly progress report continuing until end of 2015/2016 financial year.	Reconciliations are in place that are performed monthly by the institutions. The reconciliations are: <ol style="list-style-type: none"> <li>1. Reconciliation of Revenue Register (TPH45A) and BAS Register of Receipts/ BAS Register of Deposits.</li> <li>2. Reconciliation of MEDICOM/PAAB Patient Fees Receipts and BAS</li> <li>3. Reconciliation of Parking Fees/Persal and BAS</li> <li>4. Reconciliation Accommodation Fees/ Persal and BAS</li> </ol>	
11	Measures put in place to avoid recurrence of non-compliance with applicable human resource management legislation	The MEC provides the committee with a progress report on all measures put in place to avoid recurrence of non-compliance with applicable human resource management legislation in future within 30 days adoption hereof.	<p>The HR Plan for the year 2013/14 was signed in March 2014. Resultant from this late approval, it was communicated to the Auditor-General and agreed upon that the department will not be submitting an Annual Adjusted HR Plan for 2014/15.</p> <p>It submitted a letter to the DPSA requesting formal exemption from submitting the 2014/15 Annual Adjusted HR Plan, as it was in the process of implementing the approved HR Plan for 2013/14.</p> <p>The department submitted a draft Strategic Plan to Treasury in August 2014, following the appointment of the new MEC and submitted again in November 2014.</p> <p>The approval of the Strategic Plan led to an Adjusted HR Plan for 2014/15 being developed, signed by the Acting HOD on 20 January 2015 and submitted to the DPSA.</p>	

Resolution No.	Subject	Details	Response by the Department	Resolved (Yes/No)
12	Measures put in place to avoid recurrence of non-compliance with applicable human resource management legislation	The MEC provides the committee with a progress report on all measures put in place to avoid recurrence of non-compliance with applicable human resource management legislation in future within 30 days adoption hereof.	<p><b>Verification during recruitment processes</b></p> <p>In an attempt to resolve the non-verification of financial stability and criminal checks, the department secured the services of the South African State Security Agency (SASSA) to assist with the mentioned verification process. However, due to the problems identified with the assessment of only 50 cases per month by SASSA, motivation was developed requesting submission for the assistance of external service providers. This will be an interim measure to work through the current backlog (2013/14 appointments) and to ensure that all newly appointed staff go through a proper verification process. The advertisement for the body shop of legal firms has been published. Currently busy with the bid evaluation process.</p> <p>Feedback from SASSA was also received on several of the referred cases. The department's intention is to conduct a workshop on the approved Verification Strategy, in order to identify priority areas/ specific categories/ departments/ disciplines which will require verification. An internal policy will be developed in this regard.</p> <p>The cost implication of qualifications verification remains a challenge. Funding has been requested to verify the backlog of qualifications for appointments from 2008.</p>	

Resolution No.	Subject	Details	Response by the Department	Resolved (Yes/No)
13	Measures put in place to avoid recurrence of non-compliance with applicable human resource management legislation	The MEC provides the committee with a progress report on all measures put in place to avoid recurrence of non-compliance with applicable human resource management legislation in future within 30 days adoption hereof.	<p><b>Organisational Structure</b></p> <p>The department has commenced with the development of a draft structure for the five-year review (2014-2019). The structure is aligned to the five-year Strategic Plan and the Service Delivery Model of the department. Stakeholders such as the unions and senior management have been consulted. The structure has also been tabled with the Member of the Executive Council (MEC) for her consideration. The Gauteng Department of Finance is assisting with the evaluation of all the posts in the Draft Organisational Structure. The process also requires that we consult with the Office of the Premier and then the Department of Public Service and Administration before implementation. We envisage that the MEC will sign to approve the structure at least by 30 April 2016.</p>	
14	Prevent fruitless, wasteful and irregular expenditure	In terms of GPL Rule 182(4), the department provides the health portfolio committee and SCOPA with a monthly report detailing its adherence and compliance with the requirements of all applicable legislation to ensure that effective measures are implemented to prevent fruitless, wasteful and irregular expenditure as required by section 38(1)(c)(ii) and Treasury Regulation 9.1.1 within 30 days after adoption hereof and a quarterly progress report continuing until end of 2015/2016 financial year.	<p>The department has established a Demand Management Unit within Supply Chain Management, to ensure health institutions plan short, medium and long term procurement needs in accordance with strategic plans and availability of funds. The Demand Management Unit is further responsible for compiling the departmental procurement plan. The departmental procurement plan was submitted to Provincial Treasury before the due date of 30 April 2015.</p> <p>The department has established a Contract Management Unit within Supply Chain Management, to monitor and ensure that contracts are renewed timeously, to prevent further contract extensions.</p> <p>End users have undergone training on effective procurement planning. Members of bid evaluation and bid adjudication committees have undergone supply chain management training.</p>	

Resolution No.	Subject	Details	Response by the Department	Resolved (Yes/No)
15	Prevent fruitless, wasteful and irregular expenditure	In terms of GPL Rule 182(4), the department provides the health portfolio committee and SCOPA with a monthly report detailing its adherence and compliance with the requirements of all applicable legislation to ensure that effective measures are implemented to prevent fruitless, wasteful and irregular expenditure as required by section 38(1)(c)(ii) and Treasury Regulation 9.1.1 within 30 days after adoption hereof and a quarterly progress report continuing until end of 2015/2016 financial year.	<p>Only the Head of Department may grant approval to invoke Treasury Regulation TR 16A6.4 to procure goods/services above R500 000 by alternative means other than the normal tender procedure in urgent and emergency situations. The HOD has intensified consequence management in instances of non-compliance with key supply chain management legislation.</p> <p>As a result of implementing effective measures to prevent irregular expenditure within the department, irregular expenditure has been reduced from R233ml (unqualified) for the 2013/14 financial year, to R 69ml in the current 2014/15 financial year.</p>	
16	Payment of service providers within 30 days	The Accounting Officer should intensify performance and consequence management processes to eliminate finding on non-compliance with key legislation and provides the committee with a progress report detailing the effectiveness of measures put in place to address challenges related to payment of service providers within 30 days of adoption hereof and a quarterly progress report continuing up until end of the 2015/2016 financial year	<p>A task team has been established to visit institutions and resolve queries to reduce backlogs.</p> <p>Supplier reconciliations for more than 240 suppliers were done and discrepancies are resolved in time.</p> <p>Processes and SOPs developed for accounts payables.</p> <p>Monthly exception reports are sent to Treasury to explain non-compliance</p>	



Resolution No.	Subject	Details	Response by the Department	Resolved (Yes/No)
17	Measures put in place to monitor adequacy of internal control	The MEC provides the committee with a progress report of measures put in place to monitor adequacy of internal control in order to avoid recurrence of non-compliance with applicable legislation in future within 30 days of adoption hereof.	<p>The department has developed an assessment tool for the evaluation of compliance to key control measures that is in place to avoid recurrence of non-compliance. All institutions are measured on a monthly basis and feedback is provided to institutions as to key controls that are lacking and assistance is provided to implement control measures.</p> <p>The department further submits on a quarterly basis to the relevant Provincial Treasury a PFMA compliance report based on the template provided by Treasury.</p> <p>Detailed audit action plans were also developed for each institution to address these areas of non-compliance and the progress was monitored on a monthly basis to ensure improvement of audit outcomes with regards to non-compliance.</p>	
18	Measures put in place to achieve a clean audit	That the MEC should hold accounting officers accountable for timely implementation of action plans and honouring committee with a progress report detailing the effectiveness of measures put in place to achieve a clean audit within 30 days of adoption hereof and a quarterly progress report continuing up until the end of 2015/2016 financial year.	<p>The Department of Health is dealing with the non-compliance areas regarding HR matters as MSD falls under the department with regards to the HR plan and the structure.</p> <p>With regards to the other areas of non-compliance in terms of irregular expenditure and payment within 30 days the MSD has put measures in place to address these as per reports on above resolutions.</p>	
19	Misstatements	The entity provides the committee with a progress report on the mechanisms and systems put in place to prevent recurrence of the misstatements within 30 days adoption hereof.	The control to account for all financial records exists in the form of a monthly financial pack (the pack). The pack consolidates all accounting records from the various accounting systems including all adjustments and journals processed for financial reporting. It also has a sign-off sheet to allow different process owners to check and confirm the accuracy and completeness of the financial information relating to each business unit as reported.	

Resolution No.	Subject	Details	Response by the Department	Resolved (Yes/No)
20	Weaknesses in predetermined objectives	In terms of GPL Rule 182(4), the entity provides the health portfolio committee and SCOPA with a progress report detailing the place to address weaknesses of predetermined objectives within 30 days after adoption hereof and a quarterly progress report continuing until the end of the 2015/16 financial year.	Notwithstanding the fact that performance information reports generated from the system (MEDSAS) were not reliable, management has since established a system that will assist in ensuring that the information input into the system and generated manually is accurate, complete and valid. Furthermore, the depot is in the process of implementing a new system that will ensure that all reported information per the system is reliable.	

## 9. Prior Modifications to 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
The Auditor-General was unable to obtain sufficient appropriate evidence for accrued departmental revenue and its impairment amounting to R2 547 110 000 (2013-14: R2 137 049 000) and R1 404 162 000 (2013-14: R1 511 514 000) respectively, as disclosed in note 25 to the financial statements due to material weaknesses identified in the receivable management system, inadequate record keeping and ineffective computerised information systems. I was unable to confirm the receivables from the accrued departmental revenue by alternative means. Consequently, I was unable to determine whether any adjustment to the financial statements was necessary.	2012/2013	The department has put systems in place to ensure that all down time records are recorded and captured on the system.  It is further in the process of performing detailed reconciliations to ensure that information as per the patient billing system agrees with the financial statements and is supported by evidence.

# 10. Internal Control Unit

The Internal Control Unit has assisted management to improve the internal control environment through the following activities:

- The establishment of an Audit Action Plan Progress Review Committee (AAPPRC) that meets with all the various process owners on a monthly basis to track their progress of implementing corrective measures to address audit findings.
- The AAPPRC focuses on head office process owners and then the four academic and three tertiary institutions.
- Performs monthly key control evaluations and provides feedback to institutions and assists them to improve the internal control environment.
- Regular training and awareness sessions with regard to internal control and audit processes to ensure improvement of the internal control environment and audit outcome.
- The internal control unit further assist with the preparation of audit information and coordinating the audit process as well as the quality checking of all documents and responses provided for audit purposes

# 11. Internal Audit and Audit Committees

The department uses the services of a shared provincial internal audit function, the Gauteng Audit Services (GAS). GAS has completed the following audit during the year under review and management has developed action plans to implement the recommendations:

## Audits Conducted in 2014/15 Financial Year

### *Risk and Compliance Audits*

- Draft 2013/14 Annual Financial Statements
- Stock Management @ JHB Regional Pharmacy
- Stock Management @ Dr George Mukhari
- Stock Management @ Lilian Ngoyi CHC
- Asset Management at Edenvale hospital
- Revenue Management @ CH Bara Hospital
- Revenue Management @ Sebokeng Hospital
- Revenue Management @ Head Office
- Management Performance Assessment Tool (MPAT 1.4)
- Financial Controls - Interim Financial Statements
- Payment of Suppliers (Procure-to-pay and sundries payment process)
- Management of Human Capital
- Key Controls Verification - Q3
- Follow-up audit on significant findings - Q1
- Follow-up audit on A-G findings - Q2 & Q3
- Follow-up audit on A-G findings - Q4
- Follow-up audit on A-G findings - Q4

### **Performance Audits**

- Quality of health care services at Helen Joseph Hospital
- Health audit on performance information
- Quality of health care services at CHCs
- HEA Draft 2015/16 Annual Performance Plan
- MSD Draft 2015/16 Annual Performance Plan

### **Computer Audits**

- IT Continuity Review
- Software Licence Review

# 12. Audit Committee Report

We are pleased to present our report for the financial year ended 31 March 2015

## Audit Committee and Attendance

The Audit Committee consists of the external Members listed hereunder and is required to meet a minimum of at least two times per annum as per provisions of the Public Finance Management Act (PFMA). In terms of the approved Terms of Reference (GPG Audit Committee Charter), six meetings were held during the current year, i.e. four meetings to consider the Quarterly Performance Reporting (financial and non-financial) and two meetings to review and discuss the Annual Financial Statements and the Auditor-General of South Africa's (AGSA) Audit and Management Reports.

## Non-Executive Members

Name of Member	Number of Meetings Attended
Ms. Lungelwa Sonqishe	06
Mr. Franklin Dikgale	01
Ms. Precious Sibiyi	05
Mr. Mandla Ncube	01 (Transferred to Cluster 01)
Ms. Nkateko Mabaso	01 (Contract ended 30 September 2014)

## Executive Members

In terms of the GPG Audit Committee Charter, officials listed hereunder are obliged to attend meetings of the Audit Committee:

Compulsory Attendees	Number of Meetings Attended
Mr. Barney Selebano (Accounting Officer)	05
Mr. George Mahlangu (Chief Financial Officer)	06
Mr. Abey Marokoane (Chief Risk Officer)	02 (Resigned September 2014)
Mr. Johan Strauss (Acting Chief Risk Officer)	04

The Audit Committee noted that the Accounting Officer attended five of the six scheduled Audit Committee meetings of which he was represented by a duly authorised official, in the event where he was unable to attend. Therefore, the Audit Committee is satisfied that the Department adhered to the provisions of the GPG Audit Committee Charter in relation to ensuring that there is proper representation for the Accounting Officer.

The Members of the Audit Committee met with the Senior Management of the Department and Internal Audit, individually and collectively, to address risks and challenges facing the Department. A number of in-committee meetings were held to address control weaknesses and deviations within the Department.

## **Audit Committee Responsibility**

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

## **The Effectiveness of Internal Control and Information and Communication Technology (ICT) Governance**

The system of internal control applied by the Department was not effective and efficient as evidenced by numerous reports from Internal Audit. Moreover, risk management was not consistently effective, efficient and transparent. In line with the PFMA and the King III Report on Corporate Governance requirements, Internal Audit provides the Audit Committee and Management with assurance that the internal controls are appropriate and effective. This is achieved by means of the risk management process, as well as the identification of corrective actions and suggested enhancements to the controls and processes.

During the year Internal Audit conducted various internal audit reviews, material deficiencies and weaknesses in the system of internal controls were reported. Furthermore the Provincial Treasury also conducted a review of the draft Annual Financial Statements, matters of material weaknesses and deficiencies in the system of internal controls were also reported. The Committee, accordingly, can report that whilst there has been a notable improvement in the system of internal control, it was not entirely effective for the year under review especially on stock management in certain facilities, asset management, revenue management and records management,

The Committee has noted a significant improvement in reduction of accruals however, the Committee is equally concerned about the system of control especially on irregular, fruitless and wasteful expenditures as evidenced through the audit reports from the Auditor-General and Internal Audit.

The Audit Committee also reviewed the progress with respect to the ICT Governance in line with the ICT Framework issued by the Department of Public Services and Administration. Although there were some significant progress on the ICT internal control, the Audit Committee reports its dissatisfaction with minimal progress made with the implementation of the Disaster Recovery Plan and the Business Continuity Plan. This continued to be a high risk for the Department.

The Department did not timeously implement all the recommendations made by the Audit Committee.

## **Internal Audit**

The Audit Committee is satisfied that the Internal Audit plan represents a clear alignment with the key risks, has adequate information systems coverage, and a good balance across the different categories of audits, i.e. risk-based, mandatory, performance, computer and follow-up audits.

The Audit Committee has noted considerable improvement in the communication between the Executive Management, the AGSA and the Internal Audit Function, which has strengthened the Corporate Governance initiatives within the Department.

The Audit Committee wishes to stress that in order for the Internal Audit Function to operate at optimal level as expected by the Audit Committee, the shortage in human resources and skills should be addressed.

## **Risk Management**

Progress on the departmental risk management was reported to the Audit Committee on a quarterly basis. The Audit Committee is not satisfied that the actual management of risk is receiving attention and it is for this reason that there are areas that still require significant improvement. The Risk Management Committee did not meet as expected and the effectiveness of this structure is of crucial importance. Management should take full responsibility for the entire Enterprise Risk Management process and continue to support the Chief Risk Officer to even further enhance the performance of the Department.

## **Forensic Investigations**

Investigations based on the allegations of procurement irregularities, fraud, theft and negligence are being performed by the Department. Some of these investigations were in progress at the reporting date.

## **The Quality of Quarterly Reports Submitted in Terms of the PFMA and the Division of Revenue Act**

The Audit Committee is satisfied with the content and quality of financial and non-financial quarterly reports prepared and submitted by the Accounting Officer of the Department during the year under review and confirms that the reports were in compliance with the statutory reporting framework.

## **Evaluation of Annual Financial Statements**

The Audit Committee has:

- Reviewed and discussed the audited Annual Financial Statements to be included in the Annual Report, with the AGSA and the Accounting Officer;
- Reviewed the Audit Report of the AGSA;
- Reviewed the AGSA's Management Report and Management's response thereto;
- Reviewed the Department's compliance with legal and regulatory provisions; and
- Reviewed significant adjustments resulting from the audit.

The Audit Committee concurs with and accepts the AGSA's conclusions on the Annual Financial Statements, and is of the opinion that the audited Annual Financial Statements be accepted and read together with the report of the AGSA.

### **One-on-One Meeting with the Accounting Officer**

The Audit Committee has met with the Accounting Officer for the Department to address unresolved issues.

### **One-on-One Meetings with the Executive Authority**

The Audit Committee has met with the Executive Authority for the Department to apprise the MEC on the performance of the Department.

### **Auditor-General of South Africa**

The Audit Committee has met with the AGSA to ensure that there are no unresolved issues.



.....  
**Ms. Lungelwa Sonqishe**

Chairperson of the Audit Committee

**Date: 5 August 2015**





## Section 4 Human Resource Management

# 1. Introduction

The information contained in this part of the annual report has been prescribed by the Minister of Public Service and Administration for all departments in the public service.

## 2. Overview of Human Resources

The Gauteng Province's population currently stands at approximately 12, 4 million. The challenge that the department is facing is the loss of health professionals both locally (into the private sector) and to global markets.

The Gauteng Department of Health currently has a total number of 64,000 filled positions, as at the end of March 2015, which includes both fulltime and part-time employees. The projected demand in the province is well over that amount of posts. In order to address the nursing shortages, provincial nursing colleges have doubled their intakes for professional nurse training through the re-opening of two previously closed colleges. As a result of service demand and increasing burden of disease, training of post basic (specialist nurses) have increased significantly.

The development of a 'Human Resource Plan' is central to the 'Strengthening of Health System Effectiveness. The Human Resource Plan seeks to explore ways to achieve retention and recruitment of scarce skills in the Department in order to assist to meet its strategic objectives.

### HR Significant Achievements

- Increased the number of registrars in with Service Improvement Needs
- Improved coordination and management of Training Grant from R789 –R811 milion.
- Human Resource Planning
  - Completed the Organisational Structure and ensured alignment of the Structure to the five year Strategy of the department
- Addressed all the concerns in the Turnaround Strategy including improvement of CoE. Expenditure
- Appointed Clinical Engineers and raised funding for their workplace experiential learning. Complied with the department of Labour and submitted the Skills Plan and Employment Equity Plan
- Significantly reduced AG Findings in Central Office and in the Institutions
- Filled posts in senior management and hospital CEOs
- Implementation of WISN in the districts
- Implementation of Employee Self Service

### Key Priorities

- Development of the five year HRH strategic plan
- Strengthening the management of the health professional training and development grant to support the training of specialising doctors (Registrars).
- Implementation of the approved organisational structure
- Implementation of the Human Capital Strategies to contribute towards creation of an effective organisation

## 3. Human Resources Oversight Statistics

### 3.1 Personnel-related Expenditure

The following tables summarise the final audited personnel-related expenditure by programme and by salary bands. In particular, it provides an indication of the following:

- amount spent on personnel; and
- amount spent on salaries, overtime, homeowners' allowances and medical aid.

**Table 3.1.1: Personnel Expenditure by Programme for the period 1 April 2014 to 31 March 2015**

Programme	Total Expenditure (R'000)	Personnel Expenditure (R'000)	Training Expenditure (R'000)	Professional and Special Services (R'000)	Personnel Cost as Percent of Total Expenditure	Average Personnel Cost per Employee (R'000)	Employment (b)
1. Administration	565 081	301 841	1 052	0	53%	355	1 592
2. District Health Services	9 563 046	5 163 930	13 578	1 312	54%	520	18 384
3. Emergency Medical Services	847 561	330 910	0	0	39%	560	1 513
4. Provincial Hospital Services	5 987 314	4 251 671	413	15 058	71%	313	19 158
5. Central Hospitals Services	11 584 642	7 817 483	835	14 289	67%	619	18 710
6. Health Sciences and Training	861 931	654 032	10 452	538	76%	218	3 957
7. Health Care Support Services	211 542	124 875	1	1	59%	232	912
8. Health Facilities Management	1 384 095	10 167	2 903	0	1%	39 546	35
HWSETA Accounts	0	0	0	0	*	0	0
Medsas Trading Account	0	0	0	0	*	0	0
<b>Total</b>	<b>31 005 212</b>	<b>18 654 909</b>	<b>29 234</b>	<b>31 198</b>	<b>60.17%</b>	<b>42 363</b>	<b>64 261</b>

**Table 3.1.2 Personnel Costs by Salary Band for the period 1 April 2014 and 31 March 2015**

Salary Band	Personnel Expenditure (R'000)	Percent of Total Personnel Cost	No of Employees	Average Personnel Cost per Employee (R'000)
Lower skilled (levels 1-2)	914 822	4.9	6646	137 650.0
Skilled (level 3-5)	4 499 096	24.0	26770	168 064.8
Highly skilled production (levels 6-8)	3 528 328	18.8	13780	256 047.0
Highly skilled supervision (levels 9-12)	5 846 873	31.1	11906	491 086.3
Senior and Top management (levels 13-16)	1 708 322	9.1	100	17 083 220.0
Contract (levels 1-2)	792	0.0	4	198 000.0
Contract (level 3-5)	9 960	0.1	50	199 200.0
Contract (levels 6-8)	196 552	1.0	704	279 193.2
Contract (levels 9-12)	1 836 331	9.8	2931	626 520.3
Contract (levels 13-16)	77 916	0.4	16	4 869 750.0
Periodical remuneration	144 919	0.8	768	188 696.6
Abnormal appointment	15 692	0.1	586	26 778.2
<b>Total</b>	<b>18 779 603</b>	<b>100</b>	<b>64261</b>	<b>292 239.5</b>

**Notes:**

- Data extracted from Vulindlela
- Number of employees on the table refers to a head count of current employees on Persal.
- Total Personnel Cost on this table differs from Table (3.1.3) as the data sources differ (i.e. BAS and Vulindlela). The BAS system does not cater for salary bands, but expenditure per item.

**Table 3.1.3: Salaries, Overtime, Home Owners Allowance and Medical Aid by Programme for the period 1 April 2014  
31 March 2015**

Programme	Salaries (R'000)	Salaries as % of Personnel Cost	Overtime (R'000)	Overtime as % of Personnel Cost	HOA (R'000)	HOA as % of Personnel Cost	Medical Ass. (R'000)	Medical Ass. as % of Personnel Cost	Total Personnel Cost (R'000)
1. Administration	284 912	94%	2 002	1%	5 428	2%	9 497	3%	301 841
2. District Health Services	4 567 743	88%	238 803	5%	154 155	3%	203 228	4%	5 163 930
3. Emergency Medical Services	283 647	86%	9 172	3%	14 368	4%	23 723	7%	330 910
4. Provincial Hospital Services	3 624 076	85%	350 838	8%	122 000	3%	154 760	4%	4 251 671
5. Central Hospitals Services	6 562 670	84%	833 592	11%	194 887	2%	226 335	3%	7 817 483
6. Health Sciences and Training	587 705	90%	1 281	0%	34 089	5%	30 959	5%	654 032
7. Health Care Support Services	98 487	79%	8 228	7%	8 245	7%	9 916	8%	124 875
8. Health Facilities Management	9 604	94%	6	0%	180	2%	377	4%	10 167
HWSETA Accounts	0	0.00%	0		0		0	*	0
<b>Total</b>	<b>16 018 844</b>	<b>86%</b>	<b>1 443 922</b>	<b>8%</b>	<b>533 352</b>	<b>3%</b>	<b>658 795</b>	<b>4%</b>	<b>18 654 909</b>

**Notes:**

- Data extracted from Basic Accounting System (BAS).
- Total Personnel Cost on this table differs from Table (2.2) as the data source differs (i.e. BAS and Vulindlela). BAS does not cater for salary bands, but expenditure per item.
- Salaries include all the compensation of employees items excluding overtime, housing allowance and employer medical aid

**Table 3.1.4: Salaries, Overtime, Home Owners Allowance and Medical Aid by Salary Band for the period 1 April 2014 to 31 March 2015**

Salary Bands	Salaries		Overtime		Home Owners Allowance		Medical Aid	
	Amount (R'000)	Salaries as a % of Personnel Costs	Amount (R'000)	Overtime as a % of Personnel Costs	Amount (R'000)	HOA as a % of Personnel Costs	Amount (R'000)	Medical aid as a % of Personnel Costs
Lower skilled (levels 1-2)	596 437	63.1	14 140	1.5	74 624	7.9%	61 775	6.5%
Skilled (level 3-5)	3 026 267	83.8	85 906	2.4	259 968	7.2%	280 252	7.8%
Highly skilled production (levels 6-8)	2 689 302	93.3	66 854	2.3	120 555	4.2%	171 223	5.9%
Highly skilled supervision (levels 9-12)	5 582 943	85.7	895 544	13.7	74 667	1.1%	131 559	2.0%
Senior and Top management (levels 13-16)	1 182 646	93.1	379 794	29.9	6 233	0.5%	13 793	1.1%
<b>Total</b>	<b>13 077 595</b>	<b>85.9</b>	<b>1 442 238</b>	<b>9%</b>	<b>536 047</b>	<b>3.5%</b>	<b>658 602</b>	<b>4.3%</b>

**Notes:**

a. Data extracted from Vulindlela

b. All totals on this table differs from Table (3.1.3) as the data sources differs (i.e. BAS vs Vulindlela). BAS does not cater for salary bands, but expenditure per item.

## 3.2 Employment and Vacancies

The tables in this section summarise the position with regard to employment and vacancies.

The following tables summarise the number of posts on the establishment, the number of employees, the vacancy rate, and whether there are any staff that are additional to the establishment.

This information is presented in terms of three key variables:

- programme
- salary band
- critical occupations (see definition in notes below).

Departments have identified critical occupations that need to be monitored. In terms of current regulations, it is possible to create a post on the establishment that can be occupied by more than one employee. Therefore, the vacancy rate reflects the percentage of posts that are not filled.

**Table 3.2.1: Employment and vacancies by programme as on 31 March 2015**

Programme	Number of Posts on Approved Establishment	Number of Posts Filled	Vacancy Rate	Number of Posts Filled Additional to the Establishment
1 - Health Administration	1250	982	20.2%	0
2 - District Health Services	20418	18141	10.8%	0
3 - Emergency Medical Services	1684	1507	10.4%	0
4 - Provincial Health Service	20462	18772	8.1%	0
5 - Academic Health Services	21112	18574	11.9%	0
6 - Health Sciences	5393	3810	29.3%	0
7 - Health Care Support Services	1052	925	12.1%	0
8 - Health Facility Management	40	35	12.5%	0
<b>Total</b>	<b>71 411</b>	<b>62 746</b>	<b>11.9%</b>	<b>0</b>

**Notes:**

- Data was extracted from Persal (Establishment Report) as end March 2015
- The vacant posts include two frozen posts

**Table 3.2.2: Employment and vacancies by salary band as on 31 March 2015**

Salary Band Description	Number of Posts on Approved Establishment	Number of Posts Filled	Vacancy Rate	Number of Employees Additional to the Establishment
1. Lower Skilled (level 1 - 2)	8 165	7547	7.5%	0
2. Skilled (level 3 - 5)	29 399	25692	12.5%	0
3. High Skilled production (level 6 - 8)	17 306	15145	12.1%	0
4. Highly Skilled Supervision (level 9 - 12)	16 401	14249	12.8%	0
5. Senior Management (level 13 - 16)	140	113	15.7%	0
<b>Total</b>	<b>71 411</b>	<b>62 746</b>	<b>11.9%</b>	<b>0</b>

**Notes:**

- Data was extracted from Persal (Establishment Report) as end March 2015
- The Vacant posts include two frozen posts

**Table 3.2.3 Employment and Vacancies by Critical Occupations as on 31 March 2015**

Critical Occupation	Number of Posts on Approved Establishment	Number of Posts Filled	Vacancy Rate	Number of Employees Additional to the Establishment
Dental practitioner	265	251	5.3%	0
Dental specialist	148	134	8.8%	0
Medical practitioner	2 314	1999	13.2%	0
Medical practitioner (intern)	1 120	957	14.4%	0
Medical specialist	2 550	2304	9.3%	0
Emergency care practitioners	1 587	1413	10.9%	0
Pharmacist	611	496	18.7%	0
Pharmacist (intern)	100	59	40.0%	0
Professional nurse	15 583	13559	12.7%	0
Staff nurse	7 177	6444	10.0%	0
Nursing assistant	7 421	6845	7.7%	0
Professional nurse (student)	4 706	3269	30.5%	0
<b>Total</b>	<b>43 582</b>	<b>37730</b>	<b>13.2%</b>	<b>0</b>

**Notes:**

- Data was extracted from Persal (Establishment Report) as end March 2015
- This report reflects the number of critical posts as they appear on the establishment

**Notes:**

- The CORE classification, as prescribed by the DPSA, should be used for completion of this table.
- Critical occupations are defined as occupations or sub-categories within an occupation –
  - in which there is a scarcity of qualified and experienced persons currently or anticipated in the future, either because such skilled persons are not available or they are available but do not meet the applicable employment criteria;
  - for which persons require advanced knowledge in a specified subject area or science or learning field and such knowledge is acquired by a prolonged course or study and/or specialised instruction;
  - where the inherent nature of the occupation requires consistent exercise of discretion and is predominantly intellectual in nature; and
  - in respect of which a department experiences a high degree of difficulty to recruit or retain the services of employees.

### 3.3 Filling of SMS Posts

The tables in this section provide information on employment and vacancies as it relates to members of the Senior Management Service by salary level. It also provides information on advertising and filling of SMS posts, reasons for not complying with prescribed timeframes and disciplinary steps taken.

**Table 3.3.1 SMS post information as on 31 March 2015**

SMS Level	Total Number of Funded SMS Posts	Total Number of SMS Posts Filled	% of SMS Posts Filled	Total Number of SMS Posts Vacant	% of SMS Posts Vacant
Director-General/ Head of Department	1	1	100%	0	0%
Salary level 16	1	1	100%	0	0%
Salary level 15	9	8	89%	1	11%
Salary level 14	29	27	93%	2	7%
Salary level 13	85	77	91%	8	9%
<b>Total</b>	<b>124</b>	<b>114</b>	<b>92%</b>	<b>11</b>	<b>8%</b>

**Table 3.3.2 SMS Post Information as on 30 September 2014**

SMS Level	Total Number of Funded SMS Posts	Total Number of SMS Posts Filled	% of Sms Posts Filled	Total Number of SMS Posts Vacant	% of SMS Posts Vacant
Director-General/ Head of Department	1	1	100%	0	0%
Salary level 16	1	1	100%	0	0%
Salary level 15	9	8	89%	0	0%
Salary level 14	29	27	93%	4	14%
Salary level 13	84	77	92%	15	18%
<b>Total</b>	<b>124</b>	<b>114</b>	<b>92%</b>	<b>19</b>	<b>16%</b>

**Table 3.3.3 Advertising and filling of SMS posts for the period 1 April 2014 and 31 March 2015**

SMS Level	Total Number of Funded SMS Posts	Total Number of SMS Posts Filled	Total Number of SMS Posts Advertised	% of Sms Posts Filled	Total Number of SMS Vacant Funded Posts	% of SMS Vacant Funded Posts
Director-General/ Head of department	1	1	0	100%	0	0%
Salary level 16	1	1	0	100%	0	0%
Salary level 15	9	8	0	89%	1	11%
Salary level 14	29	27	2	93%	2	7%
Salary level 13	84	77	11	92%	7	8%
<b>Total</b>	<b>124</b>	<b>114</b>	<b>13</b>	<b>92%</b>	<b>10</b>	<b>8%</b>

**Table 3.3.4 Reasons for not having complied with the filling of funded vacant SMS posts advertised within 6 months and filled within 12 months after becoming vacant for the period 1 April 2014 and 31 March 2015**

Reasons Vacancies Not Advertised Within Six Months
All Post are advertised within six months

Reasons for Vacancies Not Filled Within Six Months
Filling of some of the advertised posts were delayed in order to manage the budget implications by delaying the appointments.

**Notes:**

- In terms of the Public Service Regulations Chapter 1, Part VII C.1A.3, departments must indicate good cause or reason for not having complied with the filling of SMS posts within the prescribed timeframes.

**Table 3.3.5 Disciplinary steps taken for not complying with the prescribed timeframes for filling SMS posts within 12 months for the period 1 April 2014 and 31 March 2015**

Reasons Vacancies Not Advertised Within Six Months
None

Reasons for Vacancies Not Filled Within Six Months
No disciplinary steps were taken because the filling of posts was delayed because of budgetary constraints.



### 3.4 Job Evaluation

Within a nationally determined framework, executing authorities may evaluate or re-evaluate any job in his or her organisation. In terms of the Regulations all vacancies on salary levels 9 and higher must be evaluated before they are filled. The following table summarises the number of jobs that were evaluated during the year under review. The table also provides statistics on the number of posts that were upgraded or downgraded.

**Table 3.4.1 Job Evaluation by Salary Band for the period 1 April 2014 and 31 March 2015**

Salary Band	Posts on Establishment	Number of Jobs Evaluated	% of Jobs Evaluated	Posts Upgraded		Posts Downgraded	
				Number	% of Posts Evaluated	Number	% of Posts Evaluated
Lower skilled (L 1-2)	8161	0	0	0	0	0	0
Skilled (L 3-5)	29347	0	0	0	0	0	0
Highly skilled production (L 6-8)	16598	0	0	0	0	0	0
Highly skilled supervision (L9-12)	13416	4	0.02	0	0	0	0
Senior management Band A	90	4	4.4	0	0	0	0
Senior management Band B	26	1	3.8	0	0	0	0
Senior management Band C	6	0	0	0	0	0	0
Senior management Band D	0	0	0	0	0	0	0
Contract (L 1-2)	4	0	0	0	0	0	0
Contract (L 3-5)	52	0	0	0	0	0	0
Contract (L 6-8)	708	0	0	0	0	0	0
Contract (L 9-12)	2985	0	0	0	0	0	0
Contract Band A	6	0	0	0	0	0	0
Contract Band B	8	0	0	0	0	0	0
Contract Band C	3	0	0	0	0	0	0
Contract Band D	1	0	0	0	0	0	0
<b>Total</b>	<b>71411</b>	<b>9</b>	<b>8.22</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

The benchmarked job evaluation that were conducted by DPSA for admin and support were implemented by the Department.

**Table 3.4.2 Profile of employees whose positions were upgraded due to their posts being upgraded for the period 1 April 2014 and 31 March 2015**

Gender	African	Asian	Coloured	White	Total
Female	0	0	0	0	0
Male	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

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

**Table 3.4.3 Employees with salary levels higher than those determined by job evaluation by occupation for the period 1 April 2014 and 31 March 2015**

Occupation	Number of Employees	Job Evaluation Level	Remuneration Level	Reasons for Deviation
	0	0	0	0
<b>Total number of employees whose salaries exceeded the level determined by job evaluation</b>				<b>0</b>
<b>Percentage of total employed</b>				<b>0</b>

The following table summarises the beneficiaries of the above in terms of race, gender, and disability.

**Table 3.4.4 Profile of employees who have salary levels higher than those determined by job evaluation for the period 1 April 2014 and 31 March 2015**

Gender	African	Asian	Coloured	White	Total
Female	0	0	0	0	0
Male	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Employees with a disability</b>					<b>0</b>
<b>Total number of Employees whose salaries exceeded the grades determine by job evaluation</b>					<b>None</b>

## 3.5 Employment Changes

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

**Table 3.5.1 Annual turnover rates by salary band for the period 1 April 2014 and 31 March 2015**

Salary Band	Number Of Employees at the Beginning of Period - April 2014	Appointments and Transfers into the Department	Terminations and Transfers Out of the Department	Turnover Rate
1. Lower skilled (level 1 - 2)	6 277	949	154	0.02
2. Skilled (level 3 - 5)	27 295	2 203	1 479	0.05
3. Highly skilled Production (level 6 - 8)	13 543	895	1 637	0.12
4. Highly skilled Supervision (level 9 - 12)	13 396	1 783	2 335	0.17
5. Senior Management Service Band A	67	2	4	0.06
5. Senior Management Service Band B	19		2	0.11
5. Senior Management Service Band C	6		1	0.17
5. Senior Management Service Band D	1		1	1.00
6. Contracts	3 555	2442	2 328	0.65
<b>Total</b>	<b>64 159</b>	<b>8 274</b>	<b>7 941</b>	<b>12.4%</b>

**Notes:**

- a. Data extracted from Persal
- b. Number of employees - as on the 1st April 2014
- c. Appointments and transfers into the department - as from 1 April 2013 to 31 March 2015
- d. Terminations and transfers out of the department - as from 1 April 2013 to 31 March 2015

**Table 3.5.2 Annual turnover rates by critical occupation for the period 1 April 2014 and 31 March 2015**

Critical Occupation	Number of Employees at the Beginning of Period - April 2014	Appointments and Transfers into the Department	Terminations and Transfers Out of the Department	Turnover Rate
Dental Practitioner	293	66	43	14.7%
Dental Specialist	186	21	23	12.4%
Medical Practitioner	2277	1051	817	35.9%
Medical Practitioner (Intern)	878	452	455	51.8%
Medical Specialist	2371	389	409	17.3%
Emergency care practitioner	1403	107	56	4.0%
Pharmacists	459	162	123	26.8%
Pharmacists (Intern)	413	369	401	97.1%
Professional Nurse	13068	1348	2126	16.3%
Staff Nurse	6289	349	422	6.7%
Nursing Assistant	6641	506	352	5.3%
Professional Nurse (Student)	4316	779	82	1.9%
<b>Total</b>	<b>38594</b>	<b>5599</b>	<b>5309</b>	<b>13.8%</b>

**Notes:**

- Data extracted from Persal
- This only represents critical occupations
- Number of Employees - as on the 1st April 2014
- Appointments and transfers into the department - as from as from 1 April 2013 to 31 March 2015
- Terminations and transfers out of the department - as from as from 1 April 2013 to 31 March 2015

**Notes**

- The CORE classification, as prescribed by the DPSA, should be used for completion of this table.
- Critical occupations are defined as occupations or sub-categories within an occupation –
  - in which there is a scarcity of qualified and experienced persons currently or anticipated in the future, either because such skilled persons are not available or they are available but do not meet the applicable employment criteria;
  - for which persons require advanced knowledge in a specified subject area or science or learning field and such knowledge is acquired by a prolonged course or study and/or specialised instruction;
  - where the inherent nature of the occupation requires consistent exercise of discretion and is predominantly intellectual in nature; and
  - in respect of which a department experiences a high degree of difficulty to recruit or retain the services of employees.

The table below identifies the major reasons why staff left the department.

**Table 3.5.3 Reasons why staff left the department for the period 1 April 2014 and 31 March 2015**

Termination Type (a)	Number	% of Total Resignation
1. Death	278	3.5%
2. Resignation	3 313	41.7%
3. Expiry of contract	2 996	37.7%
4. Dismissal - operational changes	26	0.3%
5. Dismissal - misconduct	52	0.7%
6. Dismissal - inefficiency		0.0%
7. Discharged due to ill - health	26	0.3%
8. Retirement	1 187	14.9%
9. Transfer to other public service departments	10	0.1%
10. Other	53	0.7%
<b>Total</b>	<b>7 941</b>	<b>100.0%</b>

<b>Total number of employees who left as a % of total employment</b>	<b>8.2%</b>
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Notes:

a. Data extracted from PERSAL

b. Terminations - as from 1 April 2013 to 31 March 2015

**Table 3.5.4 Promotions by critical occupation for the period 1 April 2014 and 31 March 2015**

Occupational Class (b)	Employees 1 April 2014	Promotions to Another Salary Level	Salary Level Promotions as a % of Employees by Occupation	Progression to Another Notch within a Salary Level	Notch Progression as a % of Employees by Occupation
Dental Practitioner	293		0.00%		0.00%
Dental Specialist	186	2	1.08%	6	3.23%
Medical Practitioner	2 277	7	0.31%	8	0.35%
Medical Practitioner (Intern)	878		0.00%		0.00%
Medical Specialist	2 371	36	1.52%	46	1.94%
Emergency care practitioner	1 403	2	0.14%	8	0.57%
Pharmacists	459	3	0.65%	5	1.09%
Pharmacists (Intern)	413		0.00%		0.00%
Professional Nurse	13 068	97	0.74%	64	0.49%
Staff Nurse	6 289	42	0.67%	5	0.08%
Nursing Assistant	6 641		0.00%		0.00%
Professional Nurse (Student)	4 316		0.00%		0.00%
<b>Total</b>	<b>38 594</b>	<b>189</b>	<b>0.49%</b>	<b>142</b>	<b>0.37%</b>

Notes:

a. Data extracted from PERSAL

b. Promotions - as on as from 1 April 2013 to 31 March 2015

c. Number of Employees - as on 1 April 2014

**Table 3.5.5 Promotions by Salary Band for the period 1 April 2014 and 31 March 2015**

Salary Band	Employees 1 April 2014	Promotions to Another Salary Level	Salary Bands Promotions as a % of Employees by Salary Level	Progression to Another Notch Within a Salary Level	Notch progression as a % of Employees by Salary Bands
1. Lower Skilled (Level 1 - 2)	6 279	155	2.5%	10	0.2%
2. Skilled (Level 3 - 5)	27 387	131	0.5%	20	0.1%
3. Highly Skilled Production (Level 6 - 8)	14 283	132	0.9%	11	0.1%
4. Highly Skilled Supervision (Level 9 - 12)	16 102	121	0.8%	141	0.9%
5. Senior Management (Level 13 - 16)	108	3	2.8%	0	0.0%
<b>Grand Total</b>	<b>64 159</b>	<b>542</b>	<b>0.8%</b>	<b>182</b>	<b>0.28%</b>

Notes:

- Data extracted from Persal
- Number of Employees - as on 1 of April 2014
- Promotions - as from 1 of April 2014 to 31 March 2015

## 3.6 Employment Equity

**Table 3.6.1 Total Number of Employees (including employees with disabilities) in each of the following Occupational Categories as on 31 March 2015**

Salary Band	Employees 1 April 2014	Promotions to Another Salary Level	Salary Bands Promotions as a % of Employees by Salary Level	Progression to Another Notch Within a Salary Level	Notch progression as a % of Employees by Salary Bands
1. Lower Skilled (Level 1 - 2)	6 279	155	2.5%	10	0.2%
2. Skilled (Level 3 - 5)	27 387	131	0.5%	20	0.1%
3. Highly Skilled Production (Level 6 - 8)	14 283	132	0.9%	11	0.1%
4. Highly Skilled Supervision (Level 9 - 12)	16 102	121	0.8%	141	0.9%
5. Senior Management (Level 13 - 16)	108	3	2.8%	0	0.0%
<b>Grand Total</b>	<b>64 159</b>	<b>542</b>	<b>0.8%</b>	<b>182</b>	<b>0.28%</b>

Notes:

- Data extracted from Persal
- Number of Employees - as on 1 of April 2014
- Promotions - as from 1 of April 2014 to 31 March 2015

**Table 3.6.2 Total Number of Employees (including employees with disabilities) in each of the following Occupational Bands as on 31 March 2015**

Occupational Bands (b)	Male					Female					Total (a)
	African	Coloured	Indian	Total Black	White	African	Coloured	Indian	Total Black	White	
1. Top Management	6			6		3			3		10
2. Senior Management	45	2	2	49	8	36	5	2	43	5	105
3. Professionally qualified and experienced specialists and mid-management	2 941	77	488	3 506	982	9 034	319	685	10 038	1 665	16 191
4. Skilled technical and academically qualified workers, junior management, supervisors	2 373	46	34	2 453	143	10 383	351	177	10 911	977	14 484
5. Semi-Skilled and discretionary decision making	5 709	76	20	5 805	102	20 297	263	36	20 596	317	26 820
6. Unskilled and defined decision making	2 370	29	1	2 400	22	4 129	77	2	4 208	20	6 650
<b>Total</b>	<b>13 444</b>	<b>230</b>	<b>545</b>	<b>14 219</b>	<b>1 257</b>	<b>43 882</b>	<b>1 015</b>	<b>902</b>	<b>45 799</b>	<b>2 984</b>	<b>64 260</b>
<b>Employees with disabilities</b>	<b>71</b>	<b>7</b>	<b>-</b>	<b>78</b>	<b>23</b>	<b>77</b>	<b>8</b>	<b>1</b>	<b>86</b>	<b>22</b>	<b>209</b>

**Notes:**

a. This table counts current employees and not filled posts.

b. Classification legend

- 1. Top Management                    -: Deputy Director General and upwards, but excludes the MEC
- 2. Senior Management               -: Chief Directors and Directors
- 3. Professionally Qual.               -: Level 9 to 12 and professionals level 0, 13 and 14
- 4. Skilled technical and               -: Levels 6 to 8
- 5. Semi-skilled and disc.            -: Levels 3 to 5
- 6. Unskilled and                       -: Levels 1 to 2

**Table 3.6.3 Recruitment for the period 1 April 2014 to 31 March 2015**

Occupational Bands (b)	Male				Female				Total (a)
	African	Coloured	Indian	White	African	Coloured	Indian	White	
1. Top Management	1								1
2. Senior Management	4				6			1	11
3. Professionally qualified and experienced specialists and mid-management	802	23	134	261	1 407	52	233	496	3 408
4. Skilled technical and academically qualified workers, junior management, supervisors	197	5	12	17	1 013	49	76	278	1 647
5. Semi Skilled and discretionary decision making	486	8	4		1 703	20	7	37	2 265
6. Unskilled and defined decision making	342	4		1	585	13		6	951
<b>Total</b>	<b>1 833</b>	<b>40</b>	<b>150</b>	<b>279</b>	<b>4 715</b>	<b>134</b>	<b>316</b>	<b>818</b>	<b>8 285</b>
<b>Employees with disabilities</b>					<b>1</b>				<b>1</b>

**Notes:**

a. Data extracted from PERSAL - as from 1st April 2014 to 31st March 2015

This table counts only the number of appointments and not transfers into the Department

b. Classification legend

- 1. Top Management            -: Deputy Director General and upwards, but excludes the MEC
- 2. Senior Management       -: Chief Directors and Directors
- 3. Professionally Qual       -: Level 9 to 12 and professionals level 0, 13 and 14
- 4. Skilled technical and     -: Levels 6 to 8
- 5. Semi-skilled and disc    -: Levels 3 to 5
- 6. Unskilled and            -: Levels 1 to 2



**Table 3.6.4 Promotions for the period 1 April 2014 to 31 March 2015**

Occupational Bands (b)	Male					Female					Total (a)
	African	Coloured	Indian	Total Black	White	African	Coloured	Indian	Total Black	White	
1. Top Management				0					0		0
2. Senior Management	2			2		2			2		4
3. Professionally qualified and experienced specialists and mid-management	90		5	95	16	185	3	13	201	23	335
4. Skilled technical and academically qualified workers, junior management, supervisors, foreman and superintendents	32			32	1	86		1	87	4	124
5. Semi Skilled and discretionary decision making	68			68		152		1	153		221
6. Unskilled and defined decision making	12		0	12		28	0		28		40
<b>Total</b>	<b>204</b>	<b>0</b>	<b>5</b>	<b>209</b>	<b>17</b>	<b>453</b>	<b>3</b>	<b>15</b>	<b>471</b>	<b>27</b>	<b>724</b>
<b>Employees with disabilities</b>		<b>0</b>		<b>0</b>	<b>0</b>	<b>0</b>			<b>0</b>		<b>0</b>

**Notes:**

a. Data extracted from PERSAL - as from 1st April 2014 to 31st March 2015

This table counts only the number of appointments and not transfers into the Department

b. Classification legend

- 1. Top Management            -: Deputy Director General and upwards, but excludes the MEC
- 2. Senior Management       -: Chief Directors and Directors
- 3. Professionally Qual       -: Level 9 to 12 and professionals level 0, 13 and 14
- 4. Skilled technical and     -: Levels 6 to 8
- 5. Semi-skilled and disc    -: Levels 3 to 5
- 6. Unskilled and            -: Levels 1 to 2

**Table 3.6.5 Terminations for the period 1 April 2014 to 31 March 2015**

Occupational Bands (b)	Male					Female					Total (a)
	African	Coloured	Indian	Total Black	White	African	Coloured	Indian	Total Black	White	
1. Top Management	1			1	1				0		2
2. Senior Management	1			1		1			1		2
3. Professionally qualified and experienced specialists and mid-management	802	24	119	945	273	1 833	56	220	2 109	496	3 823
4. Skilled technical and academically qualified workers, junior management, supervisors	298	15	7	320	21	1 552	74	72	1 698	369	2 408
5. Semi Skilled and discretionary decision making	352	6	4	362	9	1 121	32	6	1 159	17	1 547
6. Unskilled and defined decision making	57	1		58	2	95	3	1	99		159
<b>Grand Total</b>	<b>1 511</b>	<b>46</b>	<b>130</b>	<b>1 687</b>	<b>306</b>	<b>4 602</b>	<b>165</b>	<b>299</b>	<b>5 066</b>	<b>882</b>	<b>7 941</b>
<b>Employees with disabilities</b>	<b>8</b>			<b>8</b>	<b>2</b>	<b>8</b>			<b>8</b>	<b>3</b>	<b>21</b>

**Notes:**

a. Data extracted from PERSAL

b. Classification legend

- 1. Top Management                :- Deputy Director General and upwards, but excludes the MEC
- 2. Senior Management         :- Chief Directors and Directors
- 3. Professionally Qual         :- Level 9 to 12 and professionals level 0, 13 and 14
- 4. Skilled technical and       :- Levels 6 to 8
- 5. Semi-skilled and disc      :- Levels 3 to 5
- 6. Unskilled and                :- Levels 1 to 2

**Table 3.6.6 Disciplinary action for the period 1 April 2014 to 31 March 2015**

	Male					Female					Total
	African	Coloured	Indian	Total Black	White	African	Coloured	Indian	Total Black	White	
Disciplinary Action	371	4	4	379	14	402	6	4	412	20	825

**Notes:**

Data supplied by Labour Relations Management

**Table 3.6.7 Skills development for the period 1 April 2014 to 31 March 2015**

Occupational Category (b)	Male					Female					Total (a)
	African	Coloured	Indian	Total Black	White	African	Coloured	Indian	Total Black	White	
1. Legislators, Senior Officials and Managers	26	1	0	27	0	65	0	0	65	0	92
2. Professionals	1 328	37	91	1 456	105	2 717	19	38	2 774	72	4 407
3. Technicians and Associate Professionals	3 456	86	187	3 729	546	11 005	546	389	11 940	1 123	17 338
4. Clerks	1 229	194	53	1 476	89	2 527	156	91	2 774	975	5 314
5. Service Workers and Shop and Market Sales Workers	1 659	97	85	1 841	37	3 392	187	98	3 677	208	5 763
7. Craft and Related Trades Workers	13	0	0	13	1	19	0	0	19	0	33
8. Plant and Machine Operators and Assemblers	3	0	0	3	4	3	0	0	3	0	10
9. Elementary Occupations	295	5	23	323	19	759	49	24	832	36	1 210
<b>Total</b>	<b>8 009</b>	<b>420</b>	<b>439</b>	<b>8 868</b>	<b>801</b>	<b>20 487</b>	<b>957</b>	<b>640</b>	<b>22 084</b>	<b>2 414</b>	<b>34 167</b>
<b>Employees with disabilities</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>5</b>	<b>0</b>	<b>7</b>	<b>0</b>	<b>0</b>	<b>7</b>	<b>0</b>	<b>12</b>

**Notes:**

a. Data Supplied by Human Resource Development : Skills Development

b. Classification legend:

**Legislators, Senior Officials and Managers:** Officials responsible for determining and formulating policy and strategy, planning, directing and coordinating the policies and activities of the organisation e.g CEOs, Senior Managers, College Principals, etc.

**Professionals:** Include officials whose main task require a high level of professional knowledge e.g. Clinical Psychologists, Medical & Dental Practitioners, etc

**Technicians and Associate Professionals:** This group includes occupations whose main tasks require technical knowledge and experience e.g. Clinical Technologists, Industrial Technicians, Environmental Health Officers, Professional Nurses, etc.

**Clerks:** This group includes occupations whose tasks require the knowledge and experience necessary to organise, store, compute and retrieve information e.g. Accounting Clerks, Stores Officers, Administration Clerks

**Service Workers and Shop and Market Sales Workers:** This group includes occupations whose main tasks require the knowledge and experience necessary to provide personal and protective services e.g. Auxillary Services Officers (ward attendants), Emergency Care Practitioners, Firefighters, Food Services Aids, etc.

**Craft and Related Trades Workers:** This group includes occupations whose main tasks require the knowledge and experience of skilled trades and handicrafts e.g. Clinical Photographers, plumbers, electricians, etc.

**Plant and Machine Operators and Assemblers:** The main tasks of this occupational grouping involve the use of automated industrial machinery and equipment e.g. Drivers, Tradesmans Aids, etc.

**Elementary Occupations:** This group covers occupations which require relatively low / elementary levels of knowledge and experience necessary to perform mostly simple and routine tasks, involving the use of hand held tools and in some cases considerable physical effort, and, with few exceptions, limited personal initiative and judgement e.g. Cleaners, Groundsmen, etc.

### 3.7 Signing of Performance Agreements by SMS Members

All members of the SMS must conclude and sign performance agreements within specific timeframes. Information regarding the signing of performance agreements by SMS members, the reasons for not complying within the prescribed timeframes and disciplinary steps taken is presented here.

**Table 3.7.1 Signing of Performance Agreements by SMS members as on 31 May 2015**

SMS Level	Total Number of Funded SMS Posts	Total Number of SMS Members	Total Number of Signed Performance Agreements	Signed Performance Agreements as % of Total Number of SMS Members
Director-General/ Head of Department:				
Salary Level 16	1	1	0	0%
Salary Level 15	9	8	8	100%
Salary Level 14	29	27	26	96%
Salary Level 13	84	77	73	95%
<b>Total</b>	<b>123</b>	<b>113</b>	<b>107</b>	<b>95%</b>

**Notes:**

- In the event of a national or provincial election occurring within the first three months of a financial year all members of the SMS must conclude and sign their performance agreements for that financial year within three months following the month in which the elections took place. For example if elections took place in April, the reporting date in the heading of the table above should change to 31 July 2015.

**Table 3.7.2 Reasons for not having concluded performance agreements for all SMS members as on 31 March 2015**

Reason for not having concluded Performance Agreements
Head of Department left middle of September 2014 before he could sign performance agreement.
1 Senior manager was on precautionary suspension
2 SMS members on precautionary suspension. 1 SMS member had had disagreement with supervisor.

**Table 3.7.3 Disciplinary steps taken against SMS members for not having concluded performance agreements as on 31 March 2015**

Reasons
None

## 3.8 Performance Rewards

To encourage good performance, the department has granted the following performance rewards during the year under review. The information is presented in terms of race, gender, disability, salary bands and critical occupations (see definition in notes below).

**Table 3.8.1 Performance rewards by race, gender and disability for the period 1 April 2014 to 31 March 2015**

Demographics	Number of Beneficiaries	Total Employment	Percentage of Total Employment	Cost (R'000)	Average Cost per Beneficiary (R)
African, Female	28 507	43 415	66%	200 813 022	7 044
African, Male	7 398	12 606	59%	52 134 702	7 047
Asian, Female	336	848	40%	2 369 757	7 053
Asian, Male	166	463	36%	1 170 485	7 051
Coloured, Female	649	1 035	63%	4 572 338	7 045
Coloured, Male	116	227	51%	817 996	7 052
White, Female	1 450	2 908	50%	10 232 397	7 057
White, Male	424	1 046	41%	2 981 550	7 032
<b>Total</b>	<b>39 046</b>	<b>62 548</b>	<b>62%</b>	<b>275 092 247</b>	<b>7 045</b>

**Table 3.8.2 Performance rewards by salary band for personnel below Senior Management Service for the period 1 April 2014 to 31 March 2015**

Salary Band	Number of Beneficiaries	Total Employment	Percentage of Total Employment	Cost (R'000)	Average Cost per Beneficiary (R)
Lower skilled (levels 1-2)	4 111	6 287	65%	28 958 076	7 044
Skilled (levels 3-5)	15 479	27 373	57%	109 047 118	7 045
Highly skilled production (levels 6-8)	10 614	14 323	74%	74 780 301	7 045
Highly skilled supervision (levels 9-12)	8 842	14 565	61%	62 306 752	7 047
Periodical remuneration	0	0	0%	0	0
Abnormal appointment	0	0	0%	0	0
<b>Total</b>	<b>39 046</b>	<b>62 548</b>	<b>62%</b>	<b>275 092 247</b>	<b>7 045</b>

**Table 3.8.3 Performance rewards by critical occupation for the period 1 April 2014 to 31 March 2015**

Critical Occupations	Number of Beneficiaries	Total Employment	Percentage of Total Employment	Cost (R'000)	Average Cost per Beneficiary (R)
Dental practitioners	139	247	56.30	1 002	7 209
Dental specialists	51	115	44.30	300	5 882
Emergency services related	896	1 354	66.20	5 009	5 590
Medical practitioners	843	3 239	26.00	4 970	5 896
Medical specialists	847	1 872	45.20	4 346	5 131
Nursing assistants	5 538	6 623	83.60	39 662	7 162
Pharmacists	786	1 060	83.62	5 173	6 581
Professional nurse	10 799	12 136	89.00	73 904	6 844
Staff nurses and pupil nurses	5 348	6 274	85.20	36 117	6 753
<b>Total</b>	<b>25 247</b>	<b>32 920</b>	<b>76.69</b>	<b>170 483</b>	<b>6 753</b>

**Notes:**

- The CORE classification, as prescribed by the DPSA, should be used for completion of this table.
- Critical occupations are defined as occupations or sub-categories within an occupation –
  - in which there is a scarcity of qualified and experienced persons currently or anticipated in the future, either because such skilled persons are not available or they are available but do not meet the applicable employment criteria;
  - for which persons require advanced knowledge in a specified subject area or science or learning field and such knowledge is acquired by a prolonged course or study and/or specialised instruction;
  - where the inherent nature of the occupation requires consistent exercise of discretion and is predominantly intellectual in nature; and
  - in respect of which a department experiences a high degree of difficulty to recruit or retain the services of employees;

**Table 3.8.4 Performance related rewards (cash bonus), by salary band for Senior Management Service for the period 1 April 2014 to 31 March 2015**

Salary Band	Beneficiary Profile			Cost		
	Number of Beneficiaries	Number of Employees	% of Total Within Salary Bands	Total Cost (R'000)	Average Cost Per Employee	Total Cost as a % of the Total Personnel Expenditure
Band A	0	73	0	0	0	0
Band B	0	26	0	0	0	0
Band C	0	9	0	0	0	0
Band D	0	1	0	0	0	0
<b>Total</b>	<b>0</b>	<b>109</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

## 3.9 Foreign Workers

The tables below summarise the employment of foreign nationals in the department in terms of salary band and major occupation.

**Table 3.9.1 Foreign workers by salary band for the period 1 April 2014 and 31 March 2015**

Salary Band	1 April 2014		31 March 2015		Change	
	Number	% of Total	Number	% of Total	Number	% Change
Lower skilled	17	1.93%	20	2.10%	3	4.3%
Highly skilled (level 6-8)	96	10.87%	112	11.76%	16	23.2%
Highly skilled supervision (level 9-12)	343	38.84%	458	48.11%	115	166.7%
Contract (level 9-12)	427	48.36%	361	37.92%	-66	-95.7%
Contract (level 13-16)	0	0.00%	1	0.11%	1	1.4%
<b>Total</b>	<b>883</b>	<b>100.0%</b>	<b>952</b>	<b>100.0%</b>	<b>69</b>	<b>100.0%</b>

Notes:

a. Data extracted from Persal

**Table 3.9.2 Foreign workers by major occupation for the period 1 April 2014 and 31 March 2015**

Major Occupation	1 April 2014		31 March 2015		Change	
	Number	% of Total	Number	% of Total	Number	% Change
Administrative office workers	5	0.6%	3	0.3%	-2	-2.9%
Elementary occupations	3	0.3%	5	0.5%	2	2.9%
Information technology personnel	1	0.1%	1	0.1%	0	0.0%
Professionals and managers	671	76.0%	727	76.4%	56	81.2%
Social natural technical and medical sciences+supp	11	1.2%	11	1.2%	0	0.0%
Technicians and associated professionals	192	21.7%	205	21.5%	13	18.8%
<b>Total</b>	<b>883</b>	<b>100.0%</b>	<b>952</b>	<b>100.0%</b>	<b>69</b>	<b>100.0%</b>

Notes:

a. Data extracted from Persal

### 3.10 Leave Utilisation

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

**Table 3.10.1 Sick leave for the period 1 January 2014 to 31 December 2014**

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)	Total Number of Employees using Sick Leave	Total Number of Days with Medical Certification
1. Lower skilled (levels 1-2)	36 705	92.2%	4 699	12.8%	10	14 287	47 776	33 838
2. Skilled (levels 3-5)	153 685	89.9%	20 811	13.5%	27	84 403	47 776	138 140
3. Highly skilled production (levels 6-8)	91 901	87.0%	11 998	13.1%	26	83 908	47 776	79 910
4. Highly skilled supervision (levels 9-12)	68 683	85.1%	9 632	14.0%	24	119 741	47 776	58 453
5. Senior management (levels 13-16)	4 384	79.0%	636	14.5%	19	15 809	47 776	3 464
<b>Grand Total</b>	<b>355 357</b>	<b>88.31%</b>	<b>47 776</b>	<b>67.9%</b>	<b>7.4</b>	<b>318 148</b>	<b>47 776</b>	<b>313 805</b>
		( c )		( d )	( e )			

**Notes:**

- a. Data extracted from Vulindlela
- b. Format of data is on calendar and not financial year
- c. % days with medical certification refers to days that employees took as sick leave and were covered by medical certificate
- d. % number of employees using sick leave days refer to employees using sick leave against the total staff in the employ of the department as at the end of the calendar year.
- e. Average days per employee = per annum/year



**Table 3.10.2 Disability leave (temporary and permanent) for the period 1 January 2014 to 31 December 2014**

Salary Band	Total Days	% Days with Medical Certification	Number of Employees using Disability Leave	% of Total Employees using Disability Leave	Average Days per Employee (b)	Estimated Cost (R'000)	Total Number of Employees using Sick Leave	Total Number of Days with Medical Certification
Lower skilled (levels 1-2)	413	100.0%	23	6%	18	161	413	225
Skilled (levels 3-5)	2669	100.0%	104	4%	26	1 037	2669	225
Highly skilled production (levels 6-8)	1466	100.0%	62	4%	24	743	1466	225
Highly skilled supervision (levels 9-12)	672	100.0%	33	5%	20	865	672	225
Senior management (levels 13-16)	310	100.0%	3	1%	103	896	310	225
<b>Grand Total</b>	<b>5530</b>	<b>100.0%</b>	<b>225</b>	<b>18.6%</b>	<b>25</b>	<b>3 702</b>	<b>5530</b>	<b>225</b>

**Notes:**

- a. Data extracted from Vulindlela.
- b. Format of data is on calendar and not financial year.
- c. Average days per employee = per annum / year.

The table below summarises the utilisation of annual leave. The wage agreement concluded with trade unions in the PSCBC in 2000 requires management of annual leave to prevent high levels of accrued leave being paid at the time of termination of service.

**Table 3.10.3 Annual leave for the period 1 January 2014 to 31 December 2014**

Salary Band	Total Days Taken	Number of Employees Using Annual Leave	Average per Employee per Day
Lower skilled (levels 1-2)	119 666.01	6 069	19.7
Skilled (levels 3-5)	597 005.51	26 867	22.2
Highly skilled production (levels 6-8)	324 589.81	14 374	22.6
Highly skilled supervision (levels 9-12)	30 268.87	13 732	2.2
Senior management (levels 13-16)	32 905.21	1 399	23.5
<b>TOTAL</b>	<b>1 104 435.41</b>	<b>62 441</b>	<b>17.7</b>

(d)

(c)

**Notes:**

- a. Data extracted from Vulindlela.
- b. Format of data is on calendar and not financial year.
- c. Average days per employee = per annum / year.

**Table 3.10.4 Capped leave for the period 1 January 2014 to 31 December 2014**

Salary Band	Total Days of Capped Leave Taken	Average Number of Days Taken per Employee	Average Capped Leave per Employee as at 31 December 2014	Number of Employees Taken Capped Leave	Total Number of Capped Leave Available at 31 December 2014	Number of Employees as at 31 December 2014
Lower skilled (levels 1-2)	40	3.3	16	12	6 347	399
Skilled (levels 3-5)	1 082	3.9	23	275	137 420	5 988
Highly skilled production (levels 6-8)	1 137	5.4	35	209	139 972	4 057
Highly skilled supervision (levels 9-12)	1 502	5.7	39	264	142 117	3 687
Senior management (levels 13-16)	318	10.6	41	30	21 178	520
<b>Grand Total</b>	<b>4 079</b>	<b>5.2</b>	<b>31</b>	<b>790</b>	<b>447 034</b>	<b>14 651</b>

**Notes:**

- Data extracted from Vulindlela.
- Format of data is on calendar and not financial year.
- Number of employees refers to those with capped leave between 1st January 2014 to 31st December 2014

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

**Table 3.10.5 Leave pay outs for the period 1 April 2014 and 31 March 2015**

Reason	Total Amount (R'000)	Number of Employees	Average Payment per Employee (R)
Leave pay out for 2014/15 due to non-utilisation of leave for the previous cycle	79	2	39 500
Capped leave pay outs on termination of service for 2014/15	93 067	3 282	28 357
Current leave pay out on termination of service for 2014/15	25 639	2 151	11 920
<b>Grand Total</b>	<b>118 785</b>	<b>5 435</b>	<b>21 856</b>

**Notes:**

- Data extracted from Vulindlela
- Format of data is on calendar and not financial year

## 3.11 HIV and AIDS & Health Promotion Programmes

**Table 3.11.1 Steps taken to reduce the risk of occupational exposure**

Units/categories of employees identified to be at high risk of contracting HIV & related diseases (if any)	Key steps taken to reduce the risk
• Doctors	Policy approved and implemented for prophylaxis for accidental exposure to blood borne pathogens
• Nurses	Guidelines for prophylaxis for accidental exposure to blood borne pathogens
• Laboratory workers	Protective clothing
• Cleaners working in clinical areas	Survey on risk assessment
• Laundry workers	Training of officers
• Mortuary workers	
• Health Care waste officers	A directorate of Health Care Waste & Occupational Hygiene Management has been created to deal with Waste management

a. Data Supplied by Chief Directorate :Human Resource Development -Employee Wellness

**Table 3.11.2 Details of health promotion and HIV and AIDS programmes**

Question	Yes	No	Details, if yes
1. Has the department designated a member of the SMS to implement the provisions contained in Part VI E of Chapter 1 of the Public Service Regulations, 2001? If so, provide her/his name and position.		X	Due to a moratorium on posts the department has not designated a member of the SMS to implement the provisions contained in Part VI E of Chapter 1 of the Public Service Regulations, 2001?
2. Does the department have a dedicated unit or have you designated specific staff members to promote health and well being of your employees? If so, indicate the number of employees who are involved in this task and the annual budget that is available for this purpose.	X		The Directorate Employee Wellness Programme is responsible for promoting health and wellbeing of employees. The total number of employees in the Unit is 17. The allocated budget is: R10 624 000 from the equitable share and R 7 650 000 from the HIV conditional Grant
3. Has the department introduced an Employee Assistance or Health Promotion Programme for your employees? If so, indicate the key elements/services of the programme.	X		Employee Assistance Programme: Professional Counselling, Trauma Management, Prevention of violence in the Workplace, , Stress and Conflict Management, Capacity Building on EAP Issues, Lifestyle Management. Lifestyle Management, Absenteeism Management, Managerial Consultancy, Pre Retirement Services, Behavioural Risk Management Audit, Financial Wellness, Debt Management Ongoing Monitoring and Evaluation, and Report writing.
4. Has the department established (a) committee(s) as contemplated in Part VI E.5 (e) of Chapter 1 of the Public Service Regulations, 2001? If so, please provide the names of the members of the committee and the stakeholder(s) that they represent.	X		EHWP Provincial Committee ( 40 members), Tshwane EHWP Regional Committee, Ekurhuleni EHWP regional Committee: Johannesburg Metro Regional Committee,HIV and AIDS, STI and TB Provincial Committee, EAP, and Occupational Health.

Question	Yes	No	Details, if yes
5. Has the department reviewed the employment policies and practices of your department to ensure that these do not unfairly discriminate against employees on the basis of their HIV status? If so, list the employment policies/practices so reviewed.	X		HIV, AIDS, STI and TB policy reviewed and submitted to DPSA
6. Has the department introduced measures to protect HIV-positive employees or those perceived to be HIV-positive from discrimination? If so, list the key elements of these measures.	X		The department has introduced measures to protect HIV - positive employees such as Capacity Building on Reduction of Stigma and Discrimination. Policy on HIV and AIDs, STI and TB Management. Training on ARV provision HIV and TB coinfection.
7. Does the department encourage its employees to undergo Voluntary Counselling and Testing? If so, list the results that you have achieved.	X		75% of employees go for HCT and Physical Assessments every 6 months
8. Has the department developed measures/indicators to monitor & evaluate the impact of your employee Health and Wellness programme? If so, list these measures/indicators.	X		The number employees capacitated in employee health and wellness programmes. Number of employees accessing EHWP programmes. Number of employee wellness centres established per annum.

## 3.12 Labour Relations

**Table 3.12.1 Collective agreements for the period 1 April 2014 and 31 March 2015**

Subject Matter	Date
PHSDSBC Gauteng Chamber Res 1/14 payment of PMDS	05 September 2014
PHSDSBC Res 1/14 Recognition of improved qualifications	23 June 2014
PHSDSBC Res 2/14 Agreement on the transfer of Port Health services from the Provincial Departments of Health to the National Department of Health	26 September 2014
PHSDSBC 3/14 Agreement on increase of levies: Public Health and Social Development Sectorial Bargaining Council	31 October 2014

Notes:

a. Data supplied by Labour Relations Management

<b>Total number of Collective agreements</b>	<b>None</b>
--	-------------

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

**Table 3.12.2 Misconduct and disciplinary hearings finalised for the period 1 April 2014 and 31 March 2015**

Outcomes of Disciplinary Hearings	Number	% of total
Correctional counselling	9	1.1%
Verbal warning	70	8.9%
Written warning	143	18.1%
Final written warning	467	59.2%
Suspended without pay	8	1.0%
Fine	0	0.0%
Demotion	2	0.3%
Dismissal	81	10.3%
Not guilty	3	0.4%
Case withdrawn	6	0.8%
<b>Total</b>	<b>789</b>	<b>100.0%</b>

Notes:

Dismissals include abscondments according to section 17 (3) (a) of the PSA 1994 as amended

a. The difference between table 3.12.3 and the above equals to cases not finalised

Data supplied by Labour Relations Management

<b>Total number of Disciplinary hearings finalised</b>	<b>789</b>
--	------------

**Table 3.12.3 Types of misconduct addressed at disciplinary hearings for the period 1 April 2014 and 31 March 2015**

Type of Misconduct (based on annexure A)	Number	% of total
Desertion of post	16	1.9%
Absenteeism	219	26.5%
Negligence	97	11.8%
Insubordination	77	9.3%
Fraud and corruption	28	3.4%
Dishonesty and misrepresentation	5	0.6%
Theft	110	13.3%
Dereliction of duty	9	1.1%
Others	203	24.6%
While on duty, conducts herself or himself in an improper, disgraceful and unacceptable manner	61	7.4%
<b>Total</b>	<b>825</b>	<b>100.0%</b>

**Notes:**

(a) The "Other" cases (203) include:

- poor performance
- Renumorative work outside public service (RWOPS)
- Assault
- Alcohol abuse
- Sexual harassment
- Lateness
- Abscondment & unprocedural, unprotected strike

Data supplied by Labour Relations Management

**Table 3.12.4 Grievances lodged for the period 1 April 2014 and 31 March 2015**

Grievances	Number	% of Total
Number of grievances resolved	387	100.0%
Number of grievances not resolved	0	0.0%
<b>Total number of grievances lodged</b>	<b>387</b>	<b>100.0%</b>

**Notes:**

- a. The above number of grievances lodged include PSC, Central Office and grievances referred by institutions.
- b. We also receive complaints from the presidential hotline, PSC hotlines and anonymous complaint letter.

Data supplied by Labour Relations Management

**Table 3.12.5 Disputes lodged with councils for the period 1 April 2014 and 31 March 2015**

Disputes	Number	% of Total
Number of disputes upheld	84	52.5%
Number of disputes pending	76	47.5%
<b>Total number of disputes lodged</b>	<b>160</b>	<b>100.0%</b>

**Notes:**

(a) The total number of disputes lodged include:

- CCMA cases
- PHSDSBC cases
- PSCBC cases

(b) The pending cases include those:

- Arbitration which are in progress - 34
- Awaiting dates for arbitration - 41
- Reconstruction of documents - 1

Data supplied by Labour Relations Management

**Table 3.12.6 Strike actions for the period 1 April 2014 and 31 March 2015**

Total number of person working days lost	<b>599</b>
Total cost (R'000) of working days lost	<b>184</b>
Amount (R'000) recovered as a result of no work no pay	<b>184</b>

**Notes:**

a. The strike took place on 23 April 2014.

b. The actual amount is: R184 446.10

Data supplied by Labour Relations Management

**Table 3.12.7 Precautionary suspensions for the period 1 April 2014 and 31 March 2015**

Number of people suspended	<b>34</b>
Number of people whose suspension exceeded 30 days	<b>27</b>
Average number of days suspended	<b>4 020</b>
Cost (R'000) of suspensions	<b>3 486</b>

**Notes:**

a. The actual amount is: R3 486 183.40

Data supplied by Labour Relations Management

### 3.13 Skills Development

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

**Table 3.13.1 Training needs identified for the period 1 April 2014 and 31 March 2015**

Occupational Categories	Gender	Number Of Employees as at 1 April 2014	Learnerships	Training Needs at the Start of the Reporting Period		
				Skills Programmes & Other Short Courses	Other Forms of Training	Total
1. Legislators, Senior Officials and Managers	Female	73	0	60	0	60
	Male	81	0	40	0	40
2. Professionals	Female	3 083	0	900	50	950
	Male	3 113	0	700	30	730
3. Technicians and Associate Professionals	Female	19 120	350	12 500	80	12 930
	Male	2 885	150	1 900	50	2 100
4. Clerks	Female	5 242	0	3 500	0	3 500
	Male	2 362	0	1 900	0	1 900
5. Service Workers and Shop and Market Sales Workers	Female	13 767	0	8 000	0	8 000
	Male	2 481	0	3 800	0	3 800
7. Craft and Related Trades Workers	Female	2	100	18	0	118
	Male	1	50	12	0	62
8. Plant and Machine Operators and Assemblers	Female	36	0	0	0	0
	Male	406	0	0	0	0
9. Elementary Occupations	Female	7 649	100	600	0	700
	Male	3 858	60	400	0	460
<b>Total</b>		<b>64 159</b>	<b>810</b>	<b>34 330</b>	<b>210</b>	<b>35 350</b>

**Notes:**

a. Data provided by the Directorate Human Resource Development: Skills Development

Number of employees is as at the beginning of the reporting period (i.e. April 2014) as required by the reporting guideline.

b. Learnerships, Skills Programmes and other forms of training are training needs identified as per Workplace Skills Plan of 2014/ 2015

c. Classification legend:

- **Legislators, Senior Officials and Managers:** Officials responsible for determining and formulating policy and strategy, planning, directing and coordinating the policies and activities of the organisation e.g CEOs, Senior Managers, College Principals, etc.
- **Professionals:** Include officials whose main task require a high level of professional knowledge e.g. Clinical Psychologists, Medical & Dental Practitioners, etc
- **Technicians and Associate Professionals:** This group includes occupations whose main tasks require technical knowledge and experience e.g. Clinical Technologists, Industrial Technicians, Environmental Health Officers, Professional Nurses, etc.
- **Clerks:** This group includes occupations whose tasks require the knowledge and experience necessary to organise, store, compute and retrieve information e.g. Accounting Clerks, Stores Officers, Administration Clerks



- **Service Workers and Shop and Market Sales Workers:** This group includes occupations whose main tasks require the knowledge and experience necessary to provide personal and protective services e.g. Auxilairy Services Officers (ward attendants), Emergency Care Practitioners, Firefighters, Food Services Aids, etc.
- **Craft and Related Trades Workers:** This group includes occupations whose main tasks require the knowledge and experience of skilled trades and handicrafts e.g. Clinical Photogrpahers, plumbers, electricians, etc.
- **Plant and Machine Operators and Assemblers:** The main tasks of this occupational grouping involve the use of automated industrial machinery and equipment e.g. Drivers, Tradesmans Aids, etc.
- **Elementary Occupations:** This group covers occupations which require relatively low / elementary levels of knowledge and experience necessary to perform mostly simple and routine tasks, involving the use of hand held tools and in some cases considerable physical effort, and, with few exceptions, limited personal initiative and judgement e.g. Cleaners, Groundsmen, etc.

**Table 3.13.2 Training provided for the period 1 April 2014 and 31 March 2015**

Occupational Categories	Gender	Number Of Employees as tt 1 April 2014	Learnerships	Training Needs at the Start of the Reporting Period		
				Skills Programmes & Other Short Courses	Other Forms of Training	Total
1. Legislators, Senior Officials and Managers	Female	73	0	60	5	65
	Male	81	0	25	2	27
2. Professionals	Female	3 083	46	2 755	45	2 846
	Male	3 113	19	1 515	27	1 561
3. Technicians and Associate Professionals	Female	19 120	163	12 805	95	13 063
	Male	2 885	91	4 087	97	4 275
4. Clerks	Female	5 242	0	3 660	89	3 749
	Male	2 362	0	1 505	60	1 565
5. Service Workers and Shop and Market Sales Workers	Female	13 767	0	3 885	0	3 885
	Male	2 481	0	1 878	0	1 878
7. Craft and Related Trades Workers	Female	2	19	1	0	20
	Male	1	13	0	0	13
8. Plant and Machine Operators and Assemblers	Female	36	0	3	0	3
	Male	406	0	7	0	7
9. Elementary Occupations	Female	7 649	184	684	0	868
	Male	3 858	26	316	0	342
<b>Total</b>		<b>64 159</b>	<b>561</b>	<b>33 186</b>	<b>420</b>	<b>34 167</b>

**P.5 Other forms of training consist of bursaries for the employed and unemployed (in the past, no provision was made for bursaries)**

Notes:

- a. Data provided by the Directorate Human Resource Development
- b. Number of employees is extracted from Persal as at the beginning of the reporting period (i.e April 2014) as required by the reporting guideline.
- c. Learnerships, Skills Programmes and other forms of training is training provided as per Annual Training Report of 2014/2015
- d. Classification legend:

- **Legislators, Senior Officials and Managers:** Officials responsible for determining and formulating policy and strategy, planning, directing and coordinating the policies and activities of the organisation e.g CEOs, Senior Managers, College Principals, etc.
- **Professionals:** Include officials whose main task require a high level of professional knowledge e.g. Clinical Psychologists, Medical & Dental Practitioners, etc
- **Technicians and Associate Professionals:** This group includes occupations whose main tasks require technical knowledge and experience e.g. Clinical Technologists, Industrial Technicians, Environmental Health Officers, Professional Nurses, etc.
- **Clerks:** This group includes occupations whose tasks require the knowledge and experience necessary to organise, store, compute and retrieve information e.g. Accounting Clerks, Stores Officers, Administration Clerks
- **Service Workers and Shop and Market Sales Workers:** This group includes occupations whose main tasks require the knowledge and experience necessary to provide personal and protective services e.g. Auxilairy Services Officers (ward attendants), Emergency Care Practitioners, Firefighters, Food Services Aids, etc.
- **Craft and Related Trades Workers:** This group includes occupations whose main tasks require the knowledge and experience of skilled trades and handicrafts e.g. Clinical Photogrpahers, plumbers, electricians, etc.
- **Plant and Machine Operators and Assemblers:** The main tasks of this occupational grouping involve the use of automated industrial machinery and equipment e.g. Drivers, Tradesmans Aids, etc.
- **Elementary Occupations:** This group covers occupations which require relatively low / elementary levels of knowledge and experience necessary to perform mostly simple and routine tasks, involving the use of hand held tools and in some cases considerable physical effort, and, with few exceptions, limited personal initiative and judgement e.g. Cleaners, Groundsmen, etc.

### 3.14 Injury on Duty

The following tables provide basic information on injury on duty.

**Table 3.14.1 Injury on duty for the period 1 April 2014 and 31 March 2015**

Nature of Injury on Duty	Number	% of total
Required basic medical attention only	724	99.72%
Temporary Total Disablement	2	0.28%
Permanent Disablement	0	0.00%
Fatal	0	0.00%
<b>Total</b>	<b>726</b>	<b>100.00%</b>

Notes:

a. Data provided by the Department of Finance

### 3.15 Utilisation of Consultants

The following tables relates information on the utilisation of consultants in the department. In terms of the Public Service Regulations "consultant" means a natural or juristic person or a partnership who or which provides in terms of a specific contract on an ad hoc basis any of the following professional services to a department against remuneration received from any source:

- (a) The rendering of expert advice;
- (b) The drafting of proposals for the execution of specific tasks; and
- (c) The execution of a specific task which is of a technical or intellectual nature, but excludes an employee of a department.

**Table 3.15.1 Report on consultant appointments using appropriated funds for the period 1 April 2014 and 31 March 2015**

Project Title	Total Number of Consultants that Worked on the Project	Duration: Work Days	Contract Value in Rand
The supporting of the finance division of the Medical Supplies Depot for a period of 2 years including the contract price adjustment due to the adding of value added tax (VAT)	1. XJM Consultants	2 years	5 060 232.00
Request for BAC approval of tender award – Tender GT/GDH/116/2014 for the investigation of the “Loss To Follow-up of Patients (LTFUP)” in anti-retroviral (ARV) treatment in Gauteng for a period of 6 months.	KPMG Services (Pty) Ltd	6 months	1 563 311.71
Request for BAC approval of tender award – Tender GT/GDH/150/2014 for Mid – Term review of the Gauteng Strategic Plan for HIV, TB and STI’s for 2012-2016.	Live Moya (Pty) Ltd	4 months	1 026 696.00
<b>Total number of projects</b>	<b>Total Individual Consultants</b>	<b>Total Duration: Work Days</b>	<b>Total Contract Value in Rand</b>
1	1	4 months	4 084 000.00

**Notes:**

- a. Data supplied by the Directorate: Supply Chain Management.
- b. All projects approved during the reporting period.

**Table 3.15.2 Analysis of consultant appointments using appropriated funds, in terms of Historically Disadvantaged Individuals (HDIs) for the period 1 April 2014 and 31 March 2015**

Project Title	Percentage Ownership by HDI Groups	Percentage Management by HDI Groups	Number of Consultants from HDI Groups that Worked on the Project
The supporting of the finance division of the Medical Supplies Depot for a period of 2 years including the contract price adjustment due to the adding of value added tax (VAT)	100%	100%	1
Request for BAC approval of tender award – Tender GT/GDH/150/2014 for Mid – Term review of the Gauteng Strategic Plan for HIV, TB and STI’s for 2012-2016.	100%	100%	1

**Notes:**

- a. Data supplied by the Directorate: Supply Chain Management
- b. 58.14% of appropriated funds for goods and services were spent on Black Economic Empowerment (BEE) companies.

**Table 3.15.3 Report on consultant appointments using Donor funds for the period 1 April 2014 and 31 March 2015**

Project Title	Total Number of Consultants that Worked on the Project	Duration (Work Days)	Donor and Contract Value in Rand
None			
Total Number of Projects	Total Individual Consultants	Total duration (Work Days)	Total Contract Value in Rand
None			

Notes:

a. Data supplied by the Directorate: Supply Chain Management

**Table 3.15.4 Analysis of consultant appointments using Donor funds, in terms of Historically Disadvantaged Individuals (HDIs) for the period 1 April 2014 and 31 March 2015**

Project Title	Percentage ownership by HDI Groups	Percentage management by HDI Groups	Number of Consultants from HDI Groups that Work on the Project
None			

Notes:

a. Data supplied by the Directorate: Supply Chain Management

## 3.16 Severance Packages

**Table 3.16.1 Granting of employee initiated severance packages for the period 1 April 20YY and 31 March 20ZZ**

Salary band	Number of Applications Received	Number of Applications Referred to the MPSA	Number of Applications Supported by MPSA	Number of Packages Approved by Department
Lower skilled (levels 1-2)	0	0	0	0
Skilled (levels 3-5)	0	0	0	0
Highly skilled production (levels 6-8)	0	0	0	0
Highly skilled supervision (levels 9-12)	0	0	0	0
Senior management (levels 13-16)	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>



## Section 5 Financial Information

# Gauteng Department of Health Financial Statements For The Year Ended 31 March 2015

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# Report of the Auditor-General to the Gauteng Provincial Legislature on Vote No. 4: Gauteng Department of Health

## Report on the financial statements

### Introduction

1. I have audited the financial statements of the Gauteng Department of Health set out on pages 177 to 329, which comprise the appropriation statement, the statement of financial position as at 31 March 2015, the statement of financial performance, statement of changes in net assets and cash flow statement for the year then ended, as well as the notes, comprising a summary of significant accounting policies and other explanatory information.

### The accounting officer's responsibility for the financial statements

2. The accounting officer is responsible for the preparation and fair presentation of these financial statements in accordance with the Modified Cash Standard (MCS) prescribed by the 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, 2014 (Act No. 10 of 2014) (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.

### Auditor-general's responsibility

3. My responsibility is to express an opinion on these financial statements based on my audit. I conducted my audit in accordance with the International Standards on Auditing. Those standards require that I comply with ethical requirements, and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.
4. An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the department's preparation and fair presentation of the financial statements 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. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.
5. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my qualified audit opinion.

### Basis for qualified opinion

#### Accrued departmental revenue

6. I was unable to obtain sufficient appropriate evidence for accrued departmental revenue and its impairment amounting to R2 547 110 000 (2013-14 R2 137 049 000) and R1 404 162 000 (2013-14: R1 511 514 000) respectively, as disclosed in note 25 to the financial statements due to material weaknesses identified in the receivable management system, inadequate record keeping and ineffective computerised information systems. I was unable to confirm the receivables from the accrued departmental revenue by alternative means. Consequently, I was unable to determine whether any adjustment to the financial statements was necessary.

### Qualified opinion

7. In my opinion, except for the possible effects of the matter described in the basis of qualified opinion paragraph, the financial statements present fairly, in all material respects, the financial position of the Gauteng Department of Health as at 31 March 2015 and its financial performance and cash flows for the year then ended, in accordance with MCS prescribed by the National Treasury and the requirements of the PFMA and DoRA.

### Emphasis of Matters

8. I draw attention to the matters below. My opinion is not modified in respect of these matters.

### Significant Uncertainty

9. With reference to note 20.1 to the financial statements, the department is the defendant in lawsuit as a result of various claims relating to medical negligence and breach of contract. The ultimate outcome of these matters cannot presently be determined and therefore no provision or any liability, that may result, were made in the financial statements.

### Payables

10. Payables which exceed the payment term of 30 days as required in treasury regulation 8.2.3 amount to R1 042 026 000 as disclosed in note 22 to the financial statements. This amount, in turn, exceeds the voted funds to be surrendered of R485 967 000 as per the statement of financial performance by R556 059 000. The amount of R556 059 000 would therefore have constituted unauthorised expenditure had the amounts due been paid in a timely manner.

## Report on other legal and regulatory requirements

11. 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 findings on the reported performance information against predetermined objectives for selected programmes presented in the annual performance report, compliance with legislation and internal control. The objective of my tests was to identify reportable findings as described under each subheading but not to gather evidence to express assurance on these matters. Accordingly, I do not express an opinion or conclusion on these matters.

### Predetermined Objectives

12. I performed procedures to obtain evidence about the usefulness and reliability of the reported performance information for the following selected programmes presented in the annual performance report of the department for the year ended 31 March 2015:
  - Programme 2: District health service on pages 38 to 65
  - Programme 5: Central hospital services on pages 71 to 79
13. I evaluated the reported performance information against the overall criteria of usefulness and reliability.
14. I evaluated the usefulness of the reported performance information to determine whether it was presented in accordance with the National Treasury's annual reporting principles and whether the reported performance was consistent with the planned programmes. I further performed tests to determine whether indicators and targets were well defined, verifiable, specific, measurable, time bound and relevant, as required by the National Treasury's *Framework for managing programme performance information* (FMPPI).
15. I assessed the reliability of the reported performance information to determine whether it was valid, accurate and complete.
16. The material findings in respect of the selected programmes are as follows:



## Programme 2-District Health Services

### Reliability of reported performance information

17. The FMPPI requires auditees to have appropriate systems to collect, collate, verify and store performance information to ensure valid, accurate and complete reporting of actual achievements against planned objectives, indicators and targets. The reported performance information was not valid, accurate and complete when compared to the source information or evidence provided. This was due to a lack of monitoring of the completeness of source documentation in support of actual achievements and frequent review of the validity of reported achievements against source documentation.

## Programme 5- Central hospital services

### Usefulness of reported performance information

#### Presentation of performance information

18. Adequate and reliable corroborating evidence could not be provided for 41% variances as disclosed in the annual performance report. The institution's records did not permit the application of alternative audit procedures and this was due to limitations placed on the scope of my work by the institution.

Consequently, I did not obtain sufficient appropriate audit evidence to satisfy myself as to the reliability of the reasons for variances.

#### Measurability of indicators and targets

19. Performance targets should be measurable as required by the FMPPI. We could not measure the required performance for 30% of the targets.
20. Performance indicators should be well defined by having clear definitions so that data can be collected consistently and is easy to understand and use, and the processes and systems that produced the indicator should be verifiable, as required by the FMPPI. A total of 30% of the indicators were not well defined and also not verifiable.

This was because management did not adhere to the requirements of the FMPPI and due to the lack of technical indicator descriptions.

### Reliability of reported performance information

21. The FMPPI requires auditees to have appropriate systems to collect, collate, verify and store performance information to ensure valid, accurate and complete reporting of actual achievements against planned objectives, indicators and targets. Significantly important targets were not reliable when compared to the source information or evidence provided. This was due to a lack of monitoring of the completeness of source documentation in support of actual achievements and frequent review of the validity of reported achievements against source documentation.

### Additional matters

22. I draw attention to the following matters:

#### Achievement of planned targets

23. Refer to the annual performance report on pages 24 to 93 for information on the achievement of the planned targets for the year. This information should be considered in the context of the material findings on the usefulness and reliability of the reported performance information for the selected programmes reported in paragraphs 17 to 21 of this report.

#### Unaudited supplementary schedules

24. The supplementary information set out on pages 94 to 113 does not form part of the annual performance report and is presented as additional information. I have not audited these schedules and, accordingly, I do not report thereon.

## Compliance with Legislation

25. I performed procedures to obtain evidence that the department had complied with applicable legislation regarding financial matters, financial management and other related matters. My material findings on compliance with specific matters in key legislation, as set out in the general notice issued in terms of the PAA, are as follows:

### Annual financial statements

26. The financial statements submitted for auditing were not prepared in accordance with the prescribed financial reporting framework and not supported by full and proper records as required by section 40(1)(a) of the PFMA.
27. Material misstatements of contingent liabilities identified by the auditors in the submitted financial statements were subsequently corrected and the supporting records were provided. The uncorrected material misstatements and supporting records relating to accrued departmental revenue and its impairment that could not be provided, resulted in the financial statements receiving a qualified audit opinion.

### Human resource management

28. Employees were appointed without following a proper process to verify the claims made in their applications relating to criminal record checks, citizenship verifications, financial record checks, qualification verifications and reference checks. This is in contravention of the Public Service Regulation 1/VII/D.8.

### Revenue management

29. An appropriate system of internal control was not developed and implemented to ensure that the outstanding patient revenue is identified, recorded and, reconciled on timely basis and that the data information relating to outstanding patient revenue is safeguarded, as required by treasury regulation 7.2.1.
30. Effective and appropriate steps were not taken to collect all money due, as required by section 38(1)(c)(i) of the PFMA and treasury regulation 11.2.1, 15.10.1.2(a) and 15.10.1.2(e). As a result, patient fees were impaired.
31. We could not obtain sufficient and appropriate evidence that reasonable steps were taken to recover debts before writing them off, as required by treasury regulation 11.4.1.

### Expenditure management

32. Effective steps were not always taken to prevent irregular and fruitless and wasteful expenditure, as required by section 38(1)(c)(ii) of the PFMA and treasury regulation 9.1.1.
33. Not all payments due to creditors were settled within 30 days from the date of the receipt of invoice as required by section 38(1)(f) of the PFMA and treasury regulation 8.2.3.

### Procurement and contract management

34. Goods and services of a transaction value above R500 000 were procured without inviting competitive bids, as required by treasury regulation 16A.6.1. Deviations were approved by the accounting officer even though it was not impractical to invite competitive bids, in contravention of treasury regulation 16A.6.4.

### Management of performance information

35. Effective, efficient and transparent systems of risk management and internal control with respect to performance information and management was not adequately maintained as required by section 38(1)(a)(i) of the PFMA.

## Internal control

36. I considered internal control relevant to my audit of the financial statements, the performance report and compliance with legislation. The matters reported below are limited to the significant internal control deficiencies that resulted in the basis for qualified opinion, the findings on the performance report and the findings on compliance with legislation included in this report.

### Leadership

37. The accounting officer did not exercise adequate oversight over financial and performance reporting. This resulted in uncorrected material misstatements on accrued departmental revenue, material adjustment to the financial statements, findings on annual performance report and non-compliance with key laws and regulations.
38. The accounting officer did not implement adequate human resource management practices to ensure that verification checks are performed for new appointments.

### Financial and performance management

39. The chief financial officer did not ensure that the department has sufficient monitoring controls to ensure that financial statements are supported by credible information. Furthermore, formal controls over IT systems were not implemented to ensure the reliability of the patient fee receivable data and the accuracy of the reports generated.
40. The supply chain management directorate did not adequately monitor compliance with the applicable treasury regulations to identify and prevent non-compliance.
41. The chief directorate of monitoring and evaluation did not implement effective controls to ensure that the annual performance report is supported by valid, accurate and complete information.

### Governance

42. Management did not provide effective oversight to ensure that the risk assessment process is conducted and implemented in a timely manner. The significant risks around the Medicom debtors systems were not mitigated and this gave rise to uncorrected misstatements.

## Other reports

### Performance audits

43. A performance audit on the management of pharmaceuticals was conducted. This is to ensure that patients receive prescribed pharmaceuticals in time. The performance audit focused on policy and planning, procurement, storage and safeguarding as well as distribution of pharmaceuticals to patients. The outcomes of this performance audit will be included in a separate transversal report.

### Investigations

44. Investigations based on the allegations of procurement irregularities, fraud, theft and negligence are being performed by the department. Some of these investigations were in progress at the reporting date.

*Auditor - General*

Johannesburg  
31 July 2015



AUDITOR - GENERAL  
SOUTH AFRICA

*Auditing to build public confidence*

**GAUTENG PROVINCIAL DEPARTMENT OF HEALTH  
VOTE 04**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

Appropriation per programme		2014/15							2013/14		
		Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure	R'000
Voted funds and Direct charges		R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000	R'000
<b>Programme</b>											
1 Administration		602,956	-	-36,489	566,467	565,081	1,386	99.8%	696,543	584,151	
2 District Health Services		10,341,026	-	-520,442	9,820,584	9,563,046	257,538	97.4%	8,676,899	8,357,432	
3 Emergency Medical Services		1,013,348	-	-80,000	933,348	847,561	85,787	90.8%	941,765	936,278	
4 Provincial Hospital Services		6,132,852	-	-32,196	6,100,656	5,987,314	113,342	98.1%	5,297,849	5,154,324	
5 Central Hospital Services		10,859,997	-	724,646	11,584,643	11,584,642	1	100.0%	10,311,967	10,237,795	
6 Health Sciences and Training		910,779	-	-40,000	870,779	861,931	8,848	99.0%	901,319	829,485	
7 Health Care Support Services		249,602	-	-19,000	230,602	211,542	19,060	91.7%	284,520	194,870	
Health Facilities Management		1,380,619	-	3,481	1,384,100	1,384,095	5	100.0%	1,659,923	1,121,466	
<b>Programme sub total</b>		<b>31,491,179</b>	<b>-</b>	<b>-</b>	<b>31,491,179</b>	<b>31,005,212</b>	<b>485,967</b>	<b>98.5%</b>	<b>28,770,785</b>	<b>27,415,801</b>	
<b>TOTAL</b>		<b>31,491,179</b>	<b>-</b>	<b>-</b>	<b>31,491,179</b>	<b>31,005,212</b>	<b>485,967</b>	<b>98.5%</b>	<b>28,770,785</b>	<b>27,415,801</b>	
<b>Reconciliation with Statement of Financial Performance</b>											
Add:											
	Departmental receipts				524,051				527,709		
	<b>Actual amounts per Statement of Financial Performance (Total Revenue)</b>				<b>32,015,230</b>				<b>29,298,494</b>		
	<b>Actual amounts per Statement of Financial Performance Expenditure</b>					<b>31,005,212</b>					<b>27,415,801</b>

**GAUTENG PROVINCIAL DEPARTMENT OF HEALTH  
VOTE 04**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

Appropriation per economic classification	2014/15						2013/14		
	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
<b>Current payments</b>	28,724,051	108,020	-	28,832,071	28,390,262	441,809	98.5%	25,700,924	25,160,582
Compensation of employees	18,743,254	-	-	18,743,254	18,654,909	88,345	99.5%	17,097,724	17,096,854
Salaries and wages	15,750,713	-	4,000	15,754,713	16,536,824	-782,111	105.0%	14,978,010	15,117,665
Social contributions	2,992,541	-	-4,000	2,988,541	2,118,085	870,456	70.9%	2,119,714	1,979,189
Goods and services	9,980,797	108,020	-	10,088,817	9,735,281	353,536	96.5%	8,603,200	8,059,277
Administrative fees	3,112	-	-	3,112	3,250	-138	104.4%	3,150	6,263
Advertising	23,452	-	-	23,452	14,699	8,753	62.7%	4,799	3,366
Minor assets	133,831	-	-8,400	125,431	37,698	87,733	30.1%	96,102	36,275
Audit costs: External	20,561	-	-	20,561	23,976	-3,415	116.6%	23,920	22,155
Bursaries: Employees	16,362	-	-	16,362	1,398	14,964	8.5%	15,583	3,700
Catering: Departmental activities	7,091	-	-	7,091	5,075	2,016	71.6%	6,907	3,457
Communication (G&S)	85,810	-	11,764	97,574	99,333	-1,759	101.8%	70,709	84,763
Computer services	163,323	-	-9,489	153,834	104,787	49,047	68.1%	134,976	71,410
Consultants: Business and advisory services	29,193	-	-	29,193	39,802	-10,609	136.3%	72,674	43,168
Infrastructure and planning services	-	-	-	-	-	-	-	-	-
Laboratory services	1,438,589	-	-169,474	1,269,115	1,057,990	211,125	83.4%	1,245,144	592,750
Scientific and technological services	-	-	-	-	-	-	-	-	-
Legal services	61,452	-	5,841	67,293	238,820	-171,527	354.9%	42,459	178,845
Contractors	556,143	-	102,000	658,143	620,651	37,492	94.3%	207,315	246,184
Agency and support / outsourced services	229,047	-	41,179	270,226	272,608	-2,382	100.9%	290,229	305,789
Entertainment	4	-	-	4	5	-1	125.0%	76,082	98,947
Fleet services (including government motor transport)	161,979	-	-48,000	113,979	89,286	24,693	78.3%	57,491	47,968
Housing	-	-	-	-	-	-	-	-	11
Inventory: Clothing material and accessories	26,567	-	-	26,567	15,745	10,822	59.3%	18,315	19,843
Inventory: Farming supplies	-	-	-	-	-	-	-	-	-
Inventory: Food and food supplies	273,180	-	-20,000	253,180	223,180	30,000	88.2%	255,151	166,578

**GAUTENG PROVINCIAL DEPARTMENT OF HEALTH  
VOTE 04**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

Appropriation per economic classification	2014/15						2013/14		
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual Expenditure R'000
Inventory: Fuel, oil and gas	137,702	-	-	137,702	105,893	31,809	76.9%	91,963	82,269
Inventory: Learner and teacher support material	2,739	-	-	2,739	1,095	1,644	40.0%	2,852	984
Inventory: Materials and supplies	26,724	-	-	26,724	26,401	323	98.8%	16,340	27,804
Inventory: Medical supplies	1,905,797	-	90,051	1,995,848	1,964,385	31,463	98.4%	1,623,743	1,607,518
Inventory: Medicine	2,479,927	-	-92,884	2,387,043	2,386,709	334	100.0%	2,112,559	2,213,557
Medsas inventory interface	-	-	-	-	2	-2	-	-	-
Inventory: Other supplies	-	-	-	-	-	-	-	-	150
Consumable supplies	409,573	-	-	409,573	411,414	-1,841	100.4%	345,398	372,754
Consumable: Stationery, printing and office supplies	108,252	-	-	108,252	108,694	-442	100.4%	79,114	77,866
Operating leases	121,048	-	-	121,048	77,566	43,482	64.1%	291,072	226,308
Property payments	1,397,364	108,020	97,412	1,602,796	1,699,230	-96,434	106.0%	1,238,665	1,242,436
Transport provided: Departmental activity	48,173	-	-	48,173	26,473	21,700	55.0%	65,442	78,038
Travel and subsistence	34,287	-	-	34,287	28,295	5,992	82.5%	34,719	36,599
Training and development	49,812	-	-	49,812	29,235	20,577	58.7%	27,339	138,200
Operating payments	8,991	-	-	8,991	6,502	2,489	72.3%	7,888	7,663
Venues and facilities	18,744	-	-	18,744	10,051	8,693	53.6%	45,072	15,096
Rental and hiring	1,968	-	-	1,968	5,033	-3,065	255.7%	28	563
Interest and rent on land	-	-	-	-	72	-72	-	-	4,451
Interest (incl. interest on unitary payments (PPP))	-	-	-	-	72	-72	-	-	2,926
Rent on land	-	-	-	-	-	-	-	-	1,525
<b>Transfers and subsidies</b>	<b>1,471,150</b>	-	-	<b>1,471,150</b>	<b>1,570,752</b>	<b>-99,602</b>	<b>106.8%</b>	<b>1,468,780</b>	<b>1,423,055</b>
Provinces and municipalities	647,041	-	-	647,041	672,090	-25,049	103.9%	607,677	607,686
Provinces	-	-	-	-	-	-	-	370,142	370,152
Provincial Revenue Funds	-	-	-	-	-	-	-	370,142	370,152
Provincial agencies and funds	-	-	-	-	-	-	-	-	-
Municipalities	647,041	-	-	647,041	672,090	-25,049	103.9%	237,535	237,534
Municipal bank accounts	647,041	-	-	647,041	672,042	-25,001	103.9%	237,535	237,534

**GAUTENG PROVINCIAL DEPARTMENT OF HEALTH  
VOTE 04**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

Appropriation per economic classification	2014/15					2013/14			
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual Expenditure R'000
Municipal agencies and funds	-	-	-	-	48	-48	-	-	-
Departmental agencies and accounts	17,131	-	-	17,131	17,135	-4	100.0%	16,209	16,117
Social security funds	-	-	-	-	-	-	-	16,209	16,117
Departmental agencies (non-business entities)	17,131	-	-	17,131	17,135	-4	100.0%	-	-
Higher education institutions	1,782	-	-	1,782	-	1,782	-	1,650	958
Non-profit institutions	659,324	-	-	659,324	652,703	6,621	99.0%	788,090	640,453
Households	145,872	-	-	145,872	228,824	-82,952	156.9%	55,154	157,840
Social benefits	40,677	-	-	40,677	95,495	-54,818	234.8%	54,469	121,768
Other transfers to households	105,195	-	-	105,195	133,329	-28,134	126.7%	685	36,072
<b>Payments for capital assets</b>	<b>1,295,978</b>	<b>-108,020</b>	-	<b>1,187,958</b>	<b>1,031,499</b>	<b>156,459</b>	<b>86.8%</b>	<b>1,601,081</b>	<b>832,164</b>
Buildings and other fixed structures	457,377	-87,539	3,481	373,319	378,954	-5,635	101.5%	762,238	420,278
Buildings	457,377	-87,539	3,481	373,319	378,954	-5,635	101.5%	600,451	312,177
Other fixed structures	-	-	-	-	-	-	-	161,787	108,101
Machinery and equipment	838,601	-20,481	-3,481	814,639	652,545	162,094	80.1%	838,843	411,697
Transport equipment	41,008	-	-	41,008	73,956	-32,948	180.3%	89,734	115,339
Other machinery and equipment	797,593	-20,481	-3,481	773,631	578,589	195,042	74.8%	749,109	296,359
<b>Payment for financial assets</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>12,699</b>	<b>-12,699</b>	<b>-</b>	<b>-</b>	<b>-</b>
	<b>31,491,179</b>	<b>-</b>	<b>-</b>	<b>31,491,179</b>	<b>31,005,212</b>	<b>485,967</b>	<b>98.5%</b>	<b>28,770,785</b>	<b>27,415,801</b>

**GAUTENG PROVINCIAL DEPARTMENT OF HEALTH  
VOTE 04**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

Programme 1: Administration	2014/15					2013/14			
	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
<b>Sub programme</b>									
1 Office of the MEC	15,444	-	-	15,444	15,066	378	97.6%	14,272	10,969
2 Management	587,512	-	-36,489	551,023	550,015	1,008	99.8%	682,271	573,182
	<b>602,956</b>	-	<b>-36,489</b>	<b>566,467</b>	<b>565,081</b>	<b>1,386</b>	<b>99.8%</b>	<b>696,543</b>	<b>584,151</b>
<b>Economic Classification</b>									
<b>Current payments</b>	<b>589,065</b>	-	<b>-36,489</b>	<b>552,576</b>	<b>514,261</b>	<b>38,315</b>	<b>93.1%</b>	<b>654,631</b>	<b>565,806</b>
Compensation of employees	331,500	-	-27,000	304,500	301,841	2,659	99.1%	347,954	274,798
Salaries and wages	289,556	-	-23,000	266,556	266,052	504	99.8%	309,700	242,782
Social contributions	41,944	-	-4,000	37,944	35,789	2,155	94.3%	38,254	32,016
Goods and services	257,565	-	-9,489	248,076	212,420	35,656	85.6%	306,677	290,747
Administrative fees	1,861	-	-	1,861	2,236	-375	120.2%	952	2,404
Advertising	4,716	-	-	4,716	3,643	1,073	77.2%	401	1,445
Minor assets	616	-	-	616	318	298	51.6%	2,144	66
Audit costs: External	20,561	-	-	20,561	23,976	-3,415	116.6%	21,541	21,883
Bursaries: Employees	-	-	-	-	-5	5	-	-	340
Catering: Departmental activities	415	-	-	415	484	-69	116.6%	559	542
Communication (G&S)	15,387	-	-	15,387	17,264	-1,877	112.2%	10,470	14,430
Computer services	139,038	-	-9,489	129,549	76,490	53,059	59.0%	132,232	68,895
Consultants: Business and advisory services	24,500	-	-	24,500	36,466	-11,966	148.8%	68,736	40,014
Infrastructure and planning services	-	-	-	-	-	-	-	-	-
Laboratory services	-	-	-	-	304	-304	-	-	77,490
Scientific and technological services	-	-	-	-	-	-	-	-	-
Legal services	10,543	-	-	10,543	26,948	-16,405	255.6%	9,702	4,252
Contractors	515	-	-	515	1,312	-797	254.8%	4,378	3,491
Agency and support / outsourced services	555	-	-	555	598	-43	107.7%	10,661	10,870
Entertainment	-	-	-	-	-	-	-	-	-
Fleet services (including government motor transport)	1,590	-	-	1,590	1,524	66	95.8%	2,513	2,570



**GAUTENG PROVINCIAL DEPARTMENT OF HEALTH  
VOTE 04**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

Programme 1: Administration	2014/15						2013/14		
	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: Clothing material and accessories	-	-	-	-	2	-2	-	-	6,897
Inventory: Farming supplies	-	-	-	-	-	-	-	-	-
Inventory: Food and food supplies	163	-	-	163	109	54	66.9%	65	43
Inventory: Fuel, oil and gas	58	-	-	58	43	15	74.1%	292	1
Inventory: Learner and teacher support material	-	-	-	-	-	-	-	-	-
Inventory: Materials and supplies	39	-	-	39	195	-156	500.0%	62	51
Inventory: Medical supplies	182	-	-	182	1,754	-1,572	963.7%	283	1,227
Inventory: Medicine	-	-	-	-	-	-	-	-	-
Medsas inventory interface	-	-	-	-	-	-	-	-	-
Inventory: Other supplies	-	-	-	-	-	-	-	-	-
Consumable supplies	847	-	-	847	655	192	77.3%	681	12,260
Consumable: Stationery, printing and office supplies	7,728	-	-	7,728	4,571	3,157	59.1%	3,281	2,927
Operating leases	7,765	-	-	7,765	4	7,761	0.1%	22,321	-239
Property payments	5,831	-	-	5,831	4,913	918	84.3%	3,647	2,760
Transport provided: Departmental activity	-	-	-	-	41	-41	-	11	156
Travel and subsistence	10,687	-	-	10,687	6,884	3,803	64.4%	8,105	12,004
Training and development	3,396	-	-	3,396	1,052	2,344	31.0%	3,436	3,802
Operating payments	37	-	-	37	44	-7	118.9%	100	107
Venues and facilities	529	-	-	529	591	-62	111.7%	100	55
Rental and hiring	6	-	-	6	4	2	66.7%	4	4
Interest and rent on land	-	-	-	-	-	-	-	-	261
Interest (Incl. interest on unitary payments (PPP))	-	-	-	-	-	-	-	-	29
Rent on land	-	-	-	-	-	-	-	-	232
<b>Transfers and subsidies</b>	<b>2,000</b>	-	-	<b>2,000</b>	<b>2,158</b>	<b>-158</b>	<b>107.9%</b>	<b>2,000</b>	<b>1,897</b>

**GAUTENG PROVINCIAL DEPARTMENT OF HEALTH  
VOTE 04**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

Programme 1: Administration	2014/15						2013/14		
	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
Households	2,000	-	-	2,000	2,158	-158	107.9%	2,000	1,897
Social benefits	2,000	-	-	2,000	1,954	46	97.7%	2,000	1,897
Other transfers to households	-	-	-	-	204	-204	-	-	-
<b>Payments for capital assets</b>	<b>11,891</b>	-	-	<b>11,891</b>	<b>42,191</b>	<b>-30,300</b>	<b>354.8%</b>	<b>39,912</b>	<b>16,448</b>
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Buildings	-	-	-	-	-	-	-	-	-
Other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	11,891	-	-	11,891	42,191	-30,300	354.8%	39,912	16,448
Transport equipment	3,860	-	-	3,860	5,502	-1,642	142.5%	-	5,028
Other machinery and equipment	8,031	-	-	8,031	36,689	-28,658	456.8%	39,912	11,420
<b>Payment for financial assets</b>	<b>-</b>	<b>-</b>	<b>-36,489</b>	<b>566,467</b>	<b>6,471</b>	<b>-6,471</b>	<b>-</b>	<b>696,543</b>	<b>584,151</b>
	<b>602,956</b>	-	-	<b>566,467</b>	<b>565,081</b>	<b>1,386</b>	<b>99.8%</b>	<b>696,543</b>	<b>584,151</b>

**GAUTENG PROVINCIAL DEPARTMENT OF HEALTH  
VOTE 04**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

Subprogramme: 1.1: Office of the MEC	2014/15						2013/14		
	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
<b>Economic classification</b>	<b>R'000</b>	<b>R'000</b>	<b>R'000</b>	<b>R'000</b>	<b>R'000</b>	<b>R'000</b>	<b>%</b>	<b>R'000</b>	<b>R'000</b>
<b>Current payments</b>	<b>15,153</b>	<b>-</b>	<b>-</b>	<b>15,153</b>	<b>14,409</b>	<b>744</b>	<b>95.1%</b>	<b>13,800</b>	<b>10,507</b>
Compensation of employees	11,146	-	-	11,146	12,145	-999	109.0%	10,565	8,709
Salaries and wages	9,202	-	-	9,202	11,139	-1,937	121.0%	9,579	7,845
Social contributions	1,944	-	-	1,944	1,006	938	51.7%	986	864
Goods and services	4,007	-	-	4,007	2,264	1,743	56.5%	3,235	1,598
Administrative fees	40	-	-	40	46	-6	115.0%	40	41
Advertising	-	-	-	-	46	-46	-	-	16
Minor assets	16	-	-	16	36	-20	225.0%	10	-
Audit costs: External	-	-	-	-	-	-	-	-	-
Bursaries: Employees	-	-	-	-	-	-	-	-	-
Catering: Departmental activities	88	-	-	88	92	-4	104.5%	269	167
Communication (G&S)	319	-	-	319	108	211	33.9%	140	135
Computer services	-	-	-	-	-	-	-	-	-
Consultants: Business and advisory services	-	-	-	-	-	-	-	-	200
Contractors	-	-	-	-	-	-	-	275	295
Agency and support / outsourced services	30	-	-	30	18	12	60.0%	-	209
Entertainment	-	-	-	-	-	-	-	-	-
Fleet services (including government motor transport)	5	-	-	5	98	-93	1960.0%	199	88
Housing	-	-	-	-	-	-	-	-	-
Inventory: Clothing material and accessories	-	-	-	-	-	-	-	-	-
Inventory: Farming supplies	-	-	-	-	-	-	-	-	-
Inventory: Food and food supplies	23	-	-	23	9	14	39.1%	12	12
Inventory: Fuel, oil and gas	10	-	-	10	33	-23	330.0%	-	-
Inventory: Learner and teacher support material	-	-	-	-	-	-	-	-	-
Inventory: Materials and supplies	2	-	-	2	2	-	100.0%	-	1
Inventory: Medical supplies	-	-	-	-	-	-	-	-	24
Inventory: Medicine	-	-	-	-	-	-	-	-	-
Medsas inventory interface	-	-	-	-	-	-	-	-	-
Inventory: Other supplies	-	-	-	-	-	-	-	-	-

**GAUTENG PROVINCIAL DEPARTMENT OF HEALTH  
VOTE 04**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

Subprogramme: 1. 1: Office of the MEC	2014/15						2013/14		
	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
Consumable supplies	57	-	-	57	66	-9	115.8%	-	-
Consumable: Stationery, printing and office supplies	292	-	-	292	117	175	40.1%	320	96
Operating leases	-	-	-	-	-	-	-	60	16
Property payments	-	-	-	-	227	-227	-	-	-
Transport provided: Departmental activity	-	-	-	-	-	-	-	-	-
Travel and subsistence	3,065	-	-	3,065	1,194	1,871	39.0%	1,906	285
Training and development	-	-	-	-	-	-	-	-	10
Operating payments	-	-	-	-	-	-	-	-	-
Venues and facilities	60	-	-	60	172	-112	286.7%	-	-
Rental and hiring	-	-	-	-	-	-	-	4	3
Interest and rent on land	-	-	-	-	-	-	-	-	-
Interest (incl. interest on unitary payments (PPP))	-	-	-	-	-	-	-	-	-
Rent on land	-	-	-	-	-	-	-	-	-
<b>Transfers and subsidies</b>	-	-	-	-	55	-55	-	-	-
Households	-	-	-	-	55	-55	-	-	-
Social benefits	-	-	-	-	55	-55	-	-	-
Other transfers to households	-	-	-	-	-	-	-	-	-
<b>Payments for capital assets</b>	291	-	-	291	602	-311	206.9%	472	662
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Buildings	-	-	-	-	-	-	-	-	-
Other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	291	-	-	291	602	-311	206.9%	472	662
Transport equipment	23	-	-	23	419	-396	1821.7%	-	321
Other machinery and equipment	268	-	-	268	183	85	68.3%	472	341
Heritage assets	-	-	-	-	-	-	-	-	-
<b>Payment for financial assets</b>	-	-	-	-	-	-	-	-	-
<b>Total</b>	<b>15,444</b>	<b>-</b>	<b>-</b>	<b>15,444</b>	<b>15,066</b>	<b>378</b>	<b>97.6%</b>	<b>14,272</b>	<b>10,969</b>

**GAUTENG PROVINCIAL DEPARTMENT OF HEALTH  
VOTE 04**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

Subprogramme: 1.2: Management	2014/15						2013/14		
	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
<b>Current payments</b>	<b>573,912</b>	-	<b>-36,489</b>	<b>537,423</b>	<b>499,852</b>	<b>37,571</b>	<b>93.0%</b>	<b>640,831</b>	<b>555,499</b>
Compensation of employees	320,354	-	-27,000	293,354	289,696	3,658	98.8%	337,389	266,089
Salaries and wages	280,354	-	-23,000	257,354	254,913	2,441	99.1%	300,121	234,937
Social contributions	40,000	-	-4,000	36,000	34,783	1,217	96.6%	37,268	31,152
Goods and services	253,558	-	-9,489	244,069	210,156	33,913	86.1%	303,442	289,149
Administrative fees	1,821	-	-	1,821	2,190	-369	120.3%	912	2,363
Advertising	4,716	-	-	4,716	3,597	1,119	76.3%	401	1,429
Minor assets	600	-	-	600	282	318	47.0%	2,134	66
Audit costs: External	20,561	-	-	20,561	23,976	-3,415	116.6%	21,541	21,883
Bursaries: Employees	-	-	-	-	-5	5	-	-	340
Catering: Departmental activities	327	-	-	327	392	-65	119.9%	290	375
Communication (G&S)	15,068	-	-	15,068	17,156	-2,088	113.9%	10,330	14,295
Computer services	139,038	-	-9,489	129,549	76,490	53,059	59.0%	132,232	68,895
Consultants: Business and advisory services	24,500	-	-	24,500	36,466	-11,966	148.8%	68,736	39,814
Infrastructure and planning services	-	-	-	-	-	-	-	-	-
Laboratory services	-	-	-	-	304	-304	-	-	77,490
Scientific and technological services	-	-	-	-	-	-	-	-	-
Legal services	10,543	-	-	10,543	26,948	-16,405	255.6%	9,702	4,252
Contractors	515	-	-	515	1,312	-797	254.8%	4,103	3,196
Agency and support / outsourced services	525	-	-	525	580	-55	110.5%	10,661	10,661
Entertainment	-	-	-	-	-	-	-	-	-
Fleet services (including government motor transport)	1,585	-	-	1,585	1,426	159	90.0%	2,314	2,482
Housing	-	-	-	-	-	-	-	-	-
Inventory: Clothing material and accessories	-	-	-	-	2	-2	-	-	6,897
Inventory: Farming supplies	-	-	-	-	-	-	-	-	-
Inventory: Food and food supplies	140	-	-	140	100	40	71.4%	53	31
Inventory: Fuel, oil and gas	48	-	-	48	10	38	20.8%	292	1

**GAUTENG PROVINCIAL DEPARTMENT OF HEALTH  
VOTE 04**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

Subprogramme: 1.2: Management	2014/15						2013/14		
	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
Inventory: Learner and teacher support material	-	-	-	-	-	-	-	-	-
Inventory: Materials and supplies	37	-	-	37	193	-156	521.6%	62	50
Inventory: Medical supplies	182	-	-	182	1,754	-1,572	963.7%	283	1,203
Inventory: Medicine	-	-	-	-	-	-	-	-	-
Medsas inventory interface	-	-	-	-	-	-	-	-	-
Inventory: Other supplies	-	-	-	-	-	-	-	-	-
Consumable supplies	790	-	-	790	589	201	74.6%	681	12,260
Consumable: Stationery, printing and office supplies	7,436	-	-	7,436	4,454	2,982	59.9%	2,961	2,831
Operating leases	7,765	-	-	7,765	4	7,761	0.1%	22,261	-255
Property payments	5,831	-	-	5,831	4,686	1,145	80.4%	3,647	2,760
Transport provided: Departmental activity	-	-	-	-	41	-41	-	11	156
Travel and subsistence	7,622	-	-	7,622	5,690	1,932	74.7%	6,199	11,719
Training and development	3,396	-	-	3,396	1,052	2,344	31.0%	3,436	3,792
Operating payments	37	-	-	37	44	-7	118.9%	100	107
Venues and facilities	469	-	-	469	419	50	89.3%	100	55
Rental and hiring	6	-	-	6	4	2	66.7%	-	1
Interest and rent on land	-	-	-	-	-	-	-	-	261
Interest (Incl. interest on unitary payments (PPP))	-	-	-	-	-	-	-	-	29
Rent on land	-	-	-	-	-	-	-	-	232
<b>Transfers and subsidies</b>	<b>2,000</b>	-	-	<b>2,000</b>	<b>2,103</b>	<b>-103</b>	<b>105.2%</b>	<b>2,000</b>	<b>1,897</b>

**GAUTENG PROVINCIAL DEPARTMENT OF HEALTH  
VOTE 04**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

Subprogramme: 1.2: Management	2014/15						2013/14		
	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
Households	2,000	-	-	2,000	2,103	-103	105.2%	2,000	1,897
Social benefits	2,000	-	-	2,000	1,899	101	95.0%	2,000	1,897
Other transfers to households	-	-	-	-	204	-204	-	-	-
<b>Payments for capital assets</b>	<b>11,600</b>	-	-	<b>11,600</b>	<b>41,589</b>	<b>-29,989</b>	<b>358.5%</b>	<b>39,440</b>	<b>15,786</b>
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Buildings	-	-	-	-	-	-	-	-	-
Other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	11,600	-	-	11,600	41,589	-29,989	358.5%	39,440	15,786
Transport equipment	3,837	-	-	3,837	5,083	-1,246	132.5%	-	4,707
Other machinery and equipment	7,763	-	-	7,763	36,506	-28,743	470.3%	39,440	11,079
<b>Payment for financial assets</b>	-	-	-	-	<b>6,471</b>	<b>-6,471</b>	-	-	-
<b>Total</b>	<b>587,512</b>	-	<b>-36,489</b>	<b>551,023</b>	<b>550,015</b>	<b>1,008</b>	<b>99.8%</b>	<b>682,771</b>	<b>573,182</b>

**GAUTENG PROVINCIAL DEPARTMENT OF HEALTH  
VOTE 04**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

Programme 2: District Health Services		2014/15					2013/14			
		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	
<b>Sub programme</b>										
1	District Management	438,195	-	-	438,195	428,363	97.8%	437,576	411,698	
2	Community Health Clinics	1,984,604	-	-178,768	1,805,836	1,664,910	92.2%	1,656,587	1,640,842	
3	Community Health Centres	1,542,431	-	-212,764	1,329,667	1,329,667	100.0%	1,263,630	1,087,137	
4	Community Based Services	1,203,201	-	-26,910	1,176,291	1,168,605	99.3%	889,834	888,127	
5	HIV and AIDS	2,790,532	-	-	2,790,532	2,709,860	97.1%	2,486,556	2,459,887	
6	Nutrition	47,759	-	-	47,759	42,109	88.2%	47,238	26,339	
7	Coroner Services	183,884	-	-	183,884	173,799	94.5%	169,949	145,177	
8	District Hospitals	2,150,420	-	-102,000	2,048,420	2,045,733	99.9%	1,725,529	1,698,225	
		<b>10,341,026</b>	-	<b>-520,442</b>	<b>9,820,584</b>	<b>9,563,046</b>	<b>97.4%</b>	<b>8,676,899</b>	<b>8,357,432</b>	
<b>Economic classification</b>										
	<b>Current payments</b>	<b>9,401,395</b>	-	<b>-516,961</b>	<b>8,884,434</b>	<b>8,777,412</b>	<b>98.8%</b>	<b>7,707,362</b>	<b>7,551,911</b>	
	Compensation of employees	5,189,325	-	-	5,189,325	5,163,930	99.5%	4,673,330	4,663,024	
	Salaries and wages	4,385,283	-	-	4,385,283	4,519,328	103.1%	3,972,675	4,073,896	
	Social contributions	804,042	-	-	804,042	644,602	80.2%	700,655	589,128	
	Goods and services	4,212,070	-	-516,961	3,695,109	3,613,482	97.8%	3,034,032	2,888,417	
	Administrative fees	325	-	-	325	184	56.6%	772	2,364	
	Advertising	16,285	-	-	16,285	8,572	52.6%	299	424	
	Minor assets	56,429	-	-8,400	48,029	14,999	31.2%	24,044	11,126	
	Audit costs: External	-	-	-	-	-	-	2,379	272	
	Bursaries: Employees	-	-	-	-	-	-	-	-	
	Catering: Departmental activities	5,659	-	-	5,659	3,821	67.5%	5,746	2,637	
	Communication (C&S)	39,574	-	-	39,574	35,712	90.2%	28,474	30,685	
	Computer services	381	-	-	381	329	86.4%	-	25	
	Consultants: Business and advisory services	904	-	-	904	751	83.1%	1,242	340	
	Infrastructure and planning services	-	-	-	-	-	-	-	-	
	Laboratory services	772,189	-	-164,278	607,911	630,516	103.7%	578,762	301,895	
	Scientific and technological services	-	-	-	-	-	-	-	-	



**GAUTENG PROVINCIAL DEPARTMENT OF HEALTH  
VOTE 04**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

	Programme 2: District Health Services									
	2014/15					2013/14				
	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	R'000	R'000	R'000
Legal services	5,804	-	-	5,804	22,841	-17,037	393.5%	220	5,649	
Contractors	355,871	-	-	355,871	304,646	51,225	85.6%	44,441	17,667	
Agency and support / outsourced services	42,937	-	-	42,937	33,609	9,328	78.3%	54,942	21,254	
Entertainment	-	-	-	-	-	-	-	-	6	
Fleet services (including government motor transport)	30,005	-	-8,000	22,005	13,297	8,708	60.4%	38,070	23,080	
Housing	-	-	-	-	-	-	-	-	11	
Inventory: Clothing material and accessories	6,795	-	-	6,795	4,200	2,595	61.8%	3,979	2,231	
Inventory: Farming supplies	-	-	-	-	-	-	-	-	-	
Inventory: Food and food supplies	63,379	-	-20,000	43,379	42,785	594	98.6%	37,604	22,530	
Inventory: Fuel, oil and gas	45,765	-	-	45,765	36,694	9,071	80.2%	23,377	19,054	
Inventory: Learner and teacher support material	-	-	-	-	6	-6	-	-	29	
Inventory: Materials and supplies	10,201	-	-	10,201	8,786	1,415	86.1%	8,844	9,671	
Inventory: Medical supplies	485,481	-	-152,000	333,481	279,482	53,999	83.8%	319,648	184,522	
Inventory: Medicine	1,718,736	-	-110,283	1,608,453	1,708,803	-100,350	106.2%	1,446,406	1,732,583	
Medsas inventory interface	-	-	-	-	-	-	-	-	-	
Inventory: Other supplies	-	-	-	-	-	-	-	-	3	
Consumable supplies	75,842	-	-6,000	69,842	64,049	5,793	91.7%	74,276	47,909	
Consumable: Stationery, printing and office supplies	50,407	-	-	50,407	42,692	7,715	84.7%	40,497	27,717	
Operating leases	20,679	-	-	20,679	16,110	4,569	77.9%	30,652	24,001	
Property payments	350,618	-	-48,000	302,618	303,383	-765	100.3%	193,876	238,380	
Transport provided: Departmental activity	4,066	-	-	4,066	722	3,344	17.8%	1,878	1,997	
Travel and subsistence	15,189	-	-	15,189	10,551	4,638	69.5%	18,251	18,318	
Training and development	21,096	-	-	21,096	13,577	7,519	64.4%	10,542	126,249	
Operating payments	3,526	-	-	3,526	3,441	85	97.6%	5,095	4,296	
Venues and facilities	12,935	-	-	12,935	8,183	4,752	63.3%	39,687	11,349	
Rental and hiring	992	-	-	992	741	251	74.7%	-	157	

**GAUTENG PROVINCIAL DEPARTMENT OF HEALTH  
VOTE 04**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

	2014/15						2013/14		
	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
Interest and rent on land	-	-	-	-	-	-	-	-	470
Interest (Incl. interest on unitary payments (PPP))	-	-	-	-	-	-	-	-	463
Rent on land	-	-	-	-	-	-	-	-	7
<b>Transfers and subsidies</b>	<b>733,151</b>	-	-	<b>733,151</b>	<b>663,494</b>	<b>69,657</b>	<b>90.5%</b>	<b>849,760</b>	<b>731,312</b>
Provinces and municipalities	310,720	-	-	310,720	310,721	-1	100.0%	288,758	288,767
Provinces	-	-	-	-	-	-	-	51,223	51,233
Provincial Revenue Funds	-	-	-	-	-	-	-	51,223	51,233
Provincial agencies and funds	-	-	-	-	-	-	-	-	-
Municipalities	310,720	-	-	310,720	310,721	-1	100.0%	237,535	237,534
Municipal bank accounts	310,720	-	-	310,720	310,721	-1	100.0%	237,535	237,534
Municipal agencies and funds	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	99	1
Social security funds	-	-	-	-	-	-	-	99	1
Non-profit institutions	407,629	-	-	407,629	328,990	78,639	80.7%	553,142	421,918
Households	14,802	-	-	14,802	23,783	-8,981	160.7%	7,761	20,626
Social benefits	14,357	-	-	14,357	23,738	-9,381	165.3%	7,576	20,626
Other transfers to households	445	-	-	445	45	400	10.1%	185	-
<b>Payments for capital assets</b>	<b>206,480</b>	-	<b>-3,481</b>	<b>202,999</b>	<b>120,643</b>	<b>82,356</b>	<b>59.4%</b>	<b>119,777</b>	<b>74,209</b>
Buildings and other fixed structures	14,150	-	-	14,150	13,554	596	95.8%	20,646	2,755
Buildings	14,150	-	-	14,150	13,554	596	95.8%	18,500	1,540
Other fixed structures	-	-	-	-	-	-	-	2,146	1,215
Machinery and equipment	192,330	-	-3,481	188,849	107,089	81,760	56.7%	99,131	71,295
Transport equipment	7,406	-	-	7,406	34,526	-27,120	466.2%	4,744	24,098
Other machinery and equipment	184,924	-	-3,481	181,443	72,563	108,880	40.0%	94,387	47,197
<b>Payment for financial assets</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>1,497</b>	<b>-1,497</b>	<b>-</b>	<b>-</b>	<b>-</b>
	<b>10,341,026</b>	-	<b>-520,442</b>	<b>9,820,584</b>	<b>9,563,046</b>	<b>257,538</b>	<b>97.4%</b>	<b>8,676,899</b>	<b>8,357,432</b>

**GAUTENG PROVINCIAL DEPARTMENT OF HEALTH  
VOTE 04**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

Subprogramme: 2.1: District Management	2014/15						2013/14		
	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
<b>Current payments</b>	<b>399,002</b>	-	-	<b>399,002</b>	<b>403,440</b>	<b>-4,438</b>	<b>101.1%</b>	<b>401,212</b>	<b>375,550</b>
Compensation of employees	338,086	-	-	338,086	321,517	16,569	95.1%	298,367	299,354
Salaries and wages	291,193			291,193	281,610	9,583	96.7%	261,531	264,263
Social contributions	46,893			46,893	39,907	6,986	85.1%	36,836	35,091
Goods and services	60,916	-	-	60,916	81,923	-21,007	134.5%	102,845	76,164
Administrative fees	-	-	-	-	-	-	-	2	60
Advertising	40	-	-	40	366	-326	915.0%	37	133
Minor assets	2,134	-	-	2,134	1,114	1,020	52.2%	2,423	2,290
Audit costs: External	-	-	-	-	-	-	-	-	-
Bursaries: Employees	-	-	-	-	-	-	-	-	-
Catering: Departmental activities	45	-	-	45	74	-29	164.4%	12	36
Communication (G&S)	11,155	-	-	11,155	12,274	-1,119	110.0%	8,594	9,230
Computer services	-	-	-	-	40	-40	-	-	13
Laboratory services	-	-	-	-	16	-16	-	-	476
Scientific and technological services	-	-	-	-	-	-	-	-	-
Legal services	-	-	-	-	146	-146	-	-	32
Contractors	61	-	-	61	253	-192	414.8%	1,471	949
Agency and support / outsourced services	1,317	-	-	1,317	2,021	-704	153.5%	2,139	1,039
Entertainment	-	-	-	-	-	-	-	-	-
Fleet services (including government motor transport)	5,003	-	-	5,003	5,109	-106	102.1%	9,474	10,044
Housing	-	-	-	-	-	-	-	-	-
Inventory: Clothing material and accessories	30	-	-	30	119	-89	396.7%	-	13
Inventory: Farming supplies	-	-	-	-	-	-	-	-	-
Inventory: Food and food supplies	440	-	-	440	641	-201	145.7%	481	269
Inventory: Fuel, oil and gas	168	-	-	168	834	-666	496.4%	1,009	119

**GAUTENG PROVINCIAL DEPARTMENT OF HEALTH  
VOTE 04**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

Subprogramme: 2.1: District Management	2014/15						2013/14		
	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
Inventory: Learner and teacher support material	-	-	-	-	6	-6	-	-	-
Inventory: Materials and supplies	482	-	-	482	1,358	-876	281.7%	408	262
Inventory: Medical supplies	-	-	-	-	10,032	-10,032	-	18,829	2,584
Inventory: Medicine	-	-	-	-	139	-139	-	365	-2,356
Medsas inventory interface	-	-	-	-	-	-	-	-	-
Inventory: Other supplies	-	-	-	-	-	-	-	-	-
Consumable supplies	6,023	-	-	6,023	5,163	860	85.7%	6,524	3,536
Consumable: Stationery, printing and office supplies	3,798	-	-	3,798	7,572	-3,774	199.4%	8,754	6,932
Operating leases	8,362	-	-	8,362	11,672	-3,310	139.6%	20,514	20,035
Property payments	18,521	-	-	18,521	19,382	-861	104.6%	17,981	16,117
Transport provided: Departmental activity	100	-	-	100	201	-101	201.0%	73	-
Travel and subsistence	3,062	-	-	3,062	2,265	797	74.0%	2,098	2,871
Training and development	82	-	-	82	956	-874	1165.9%	200	217
Operating payments	30	-	-	30	29	1	96.7%	348	173
Venues and facilities	62	-	-	62	32	30	51.6%	1,109	1,083
Rental and hiring	1	-	-	1	109	-108	10900.0%	-	7
Interest and rent on land	-	-	-	-	-	-	-	-	32
Interest (Incl. interest on unitary payments (PPP))	-	-	-	-	-	-	-	-	32
Rent on land	-	-	-	-	-	-	-	-	-
<b>Transfers and subsidies</b>	<b>1,476</b>	-	-	<b>1,476</b>	<b>1,198</b>	<b>278</b>	<b>81.2%</b>	<b>13,803</b>	<b>11,554</b>

**GAUTENG PROVINCIAL DEPARTMENT OF HEALTH  
VOTE 04**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

Subprogramme: 2.1: District Management	2014/15						2013/14		
	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
Non-profit institutions	-	-	-	-	-	-	-	12,327	10,553
Households	1,476	-	-	1,476	1,198	278	81.2%	1,476	1,001
Social benefits	1,326	-	-	1,326	1,198	128	90.3%	1,291	1,001
Other transfers to households	150	-	-	150	-	150	-	185	-
<b>Payments for capital assets</b>	<b>37,717</b>	-	-	<b>37,717</b>	<b>23,640</b>	<b>14,077</b>	<b>62.7%</b>	<b>22,561</b>	<b>24,594</b>
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Buildings	-	-	-	-	-	-	-	-	-
Other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	37,717	-	-	37,717	23,640	14,077	62.7%	22,561	24,435
Transport equipment	3,779	-	-	3,779	19,030	-15,251	503.6%	4,244	14,101
Other machinery and equipment	33,938	-	-	33,938	4,610	29,328	13.6%	18,317	10,334
Heritage assets	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	159
<b>Payment for financial assets</b>	-	-	-	-	<b>85</b>	<b>-85</b>	-	-	-
<b>Total</b>	<b>438,195</b>	-	-	<b>438,195</b>	<b>428,363</b>	<b>9,832</b>	<b>97.8%</b>	<b>437,576</b>	<b>411,698</b>

**GAUTENG PROVINCIAL DEPARTMENT OF HEALTH  
VOTE 04**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

	Subprogramme: 2.2: Community Health Clinics						2014/15			2013/14	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000	R'000	R'000
<b>Current payments</b>	<b>1,688,741</b>	-	<b>-178,768</b>	<b>1,509,973</b>	<b>1,384,775</b>	<b>125,198</b>	<b>91.7%</b>	<b>1,399,407</b>	<b>1,386,736</b>	<b>1,399,407</b>	<b>1,386,736</b>
Compensation of employees	1,027,106	-	-	1,027,106	934,615	92,491	91.0%	989,320	978,014	989,320	978,014
Salaries and wages	915,893	-	-	915,893	806,813	109,080	88.1%	850,654	848,371	850,654	848,371
Social contributions	111,213	-	-	111,213	127,802	-16,589	114.9%	138,666	129,643	138,666	129,643
Goods and services	661,635	-	-178,768	482,867	450,160	32,707	93.2%	410,087	408,696	410,087	408,696
Administrative fees	7	-	-	7	3	4	42.9%	16	-	16	-
Advertising	-	-	-	-	-	-	-	-	1	-	1
Minor assets	13,487	-	-8,400	5,087	3,257	1,830	64.0%	3,682	588	3,682	588
Audit costs: External	-	-	-	-	-	-	-	-	-	-	-
Bursaries: Employees	-	-	-	-	-	-	-	-	-	-	-
Catering: Departmental activities	-	-	-	-	-	-	-	-	-	-	-
Communication (G&S)	7,946	-	-	7,946	6,290	1,656	79.2%	5,614	5,457	5,614	5,457
Computer services	95	-	-	95	-	95	-	-	-	-	-
Consultants: Business and advisory services	-	-	-	-	-	-	-	-	-	-	-
Infrastructure and planning services	-	-	-	-	-	-	-	-	-	-	-
Laboratory services	77,489	-	-39,368	38,121	36,691	1,430	96.2%	48,761	18,318	48,761	18,318
Scientific and technological services	-	-	-	-	-	-	-	-	-	-	-
Legal services	-	-	-	-	1,203	-1,203	-	-	821	-	821
Contractors	3,473	-	-	3,473	1,874	1,599	54.0%	1,824	687	1,824	687
Agency and support / outsourced services	4,650	-	-	4,650	1,482	3,168	31.9%	10,474	2,182	10,474	2,182
Entertainment	-	-	-	-	-	-	-	-	-	-	-
Fleet services (including government motor transport)	2,794	-	-	2,794	58	2,736	2.1%	140	353	140	353
Housing	-	-	-	-	-	-	-	-	-	-	-
Inventory: Clothing material and accessories	1,700	-	-	1,700	193	1,507	11.4%	1,313	1	1,313	1
Inventory: Farming supplies	-	-	-	-	-	-	-	-	-	-	-
Inventory: Food and food supplies	221	-	-	221	20	201	9.0%	-	18	-	18
Inventory: Fuel, oil and gas	5,105	-	-	5,105	2,787	2,318	54.6%	3,324	1,897	3,324	1,897
Inventory: Learner and teacher support material	-	-	-	-	-	-	-	-	-	-	-

**GAUTENG PROVINCIAL DEPARTMENT OF HEALTH  
VOTE 04**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

Subprogramme: 2.2: Community Health Clinics	2014/15					2013/14			
	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
Inventory: Materials and supplies	2,457	-	-	2,457	1,575	882	64.1%	665	496
Inventory: Medical supplies	94,321	-	-72,000	22,321	21,004	1,317	94.1%	15,421	15,677
Inventory: Medicine	294,919	-	-29,000	265,919	265,015	904	99.7%	238,960	272,208
Medsas inventory interface	-	-	-	-	-	-	-	-	-
Inventory: Other supplies	-	-	-	-	-	-	-	-	-
Consumable supplies	8,785	-	-	8,785	7,184	1,601	81.8%	11,663	6,356
Consumable: Stationery, printing and office supplies	8,308	-	-	8,308	4,313	3,995	51.9%	1,896	1,281
Operating leases	1,447	-	-	1,447	112	1,335	7.7%	2,326	358
Property payments	129,191	-	-30,000	99,191	94,854	4,337	95.6%	59,844	76,578
Transport provided: Departmental activity	-	-	-	-	-	-	-	-	-
Travel and subsistence	2,145	-	-	2,145	693	1,452	32.3%	503	1,373
Training and development	895	-	-	895	146	749	16.3%	219	124
Operating payments	870	-	-	870	613	257	70.5%	3,124	3,183
Venues and facilities	540	-	-	540	488	52	90.4%	318	683
Rental and hiring	790	-	-	790	305	485	38.6%	-	56
Interest and rent on land	-	-	-	-	-	-	-	-	26
Interest (Incl. interest on unitary payments (PPP))	-	-	-	-	-	-	-	-	26
Rent on land	-	-	-	-	-	-	-	-	-
<b>Transfers and subsidies</b>	<b>269,424</b>	-	-	<b>269,424</b>	<b>269,503</b>	<b>-79</b>	<b>100.0%</b>	<b>247,600</b>	<b>248,553</b>
Provinces and municipalities	256,424	-	-	256,424	256,425	-1	100.0%	237,535	237,534
Provinces	-	-	-	-	-	-	-	-	-
Provincial Revenue Funds	-	-	-	-	-	-	-	-	-
Provincial agencies and funds	-	-	-	-	-	-	-	-	-
Municipalities	256,424	-	-	256,424	256,425	-1	100.0%	237,535	237,534
Municipal bank accounts	256,424	-	-	256,424	256,425	-1	100.0%	237,535	237,534
Municipal agencies and funds	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	7	-
Social security funds	-	-	-	-	-	-	-	7	-

**GAUTENG PROVINCIAL DEPARTMENT OF HEALTH  
VOTE 04**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

Subprogramme: 2.2: Community Health Clinics	2014/15					2013/14			
	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
Non-profit institutions	9,000	-	-	9,000	7,436	1,564	82.6%	8,000	7,512
Households	4,000	-	-	4,000	5,642	-1,642	141.1%	2,058	3,707
Social benefits	3,840	-	-	3,840	5,642	-1,802	146.9%	2,058	3,707
Other transfers to households	160	-	-	160	-	160	-	-	-
<b>Payments for capital assets</b>	<b>26,439</b>	-	-	<b>26,439</b>	<b>10,451</b>	<b>15,988</b>	<b>39.5%</b>	<b>9,580</b>	<b>5,553</b>
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Buildings	-	-	-	-	-	-	-	-	-
Other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	26,439	-	-	26,439	10,451	15,988	39.5%	9,580	5,553
Transport equipment	-	-	-	-	52	-52	-	-	-
Other machinery and equipment	26,439	-	-	26,439	10,399	16,040	39.3%	9,580	5,553
<b>Payment for financial assets</b>	-	-	-	-	<b>181</b>	<b>-181</b>	-	-	-
<b>Total</b>	<b>1,984,604</b>	-	<b>-178,768</b>	<b>1,805,836</b>	<b>1,664,910</b>	<b>140,926</b>	<b>92.2%</b>	<b>1,656,587</b>	<b>1,640,842</b>



**GAUTENG PROVINCIAL DEPARTMENT OF HEALTH  
VOTE 04**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

Subprogramme: 2.3: Community Health Centres	2014/15						2013/14		
	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
<b>Current payments</b>	<b>1,450,888</b>	-	<b>-209,283</b>	<b>1,241,605</b>	<b>1,243,432</b>	<b>-1,827</b>	<b>100.1%</b>	<b>1,187,361</b>	<b>1,021,019</b>
Compensation of employees	881,135	-	-	881,135	934,809	-53,674	106.1%	975,074	843,251
Salaries and wages	777,646	-	-	777,646	808,806	-31,160	104.0%	854,580	731,071
Social contributions	103,489	-	-	103,489	126,003	-22,514	121.8%	120,494	112,180
Goods and services	569,753	-	-209,283	360,470	308,623	51,847	85.6%	212,287	177,668
Administrative fees	-	-	-	-	-	-	-	15	9
Minor assets	7,056	-	-	7,056	1,711	5,345	24.2%	2,530	1,030
Audit costs: External	-	-	-	-	-	-	-	-	-
Bursaries: Employees	-	-	-	-	-	-	-	-	-
Catering: Departmental activities	-	-	-	-	-	-	-	-	-
Communication (G&S)	6,265	-	-	6,265	6,290	-25	100.4%	5,640	5,825
Computer services	-	-	-	-	-	-	-	-	1
Consultants: Business and advisory services	-	-	-	-	-	-	-	258	22
Infrastructure and planning services	-	-	-	-	-	-	-	-	-
Laboratory services	69,679	-	-54,000	15,679	13,788	1,891	87.9%	10,689	5,899
Legal services	-	-	-	-	10,637	-10,637	-	-	75
Contractors	1,592	-	-	1,592	7,116	-5,524	447.0%	7,324	8,427
Agency and support / outsourced services	2,769	-	-	2,769	4,797	-2,028	173.2%	5,741	3,477
Entertainment	-	-	-	-	-	-	-	-	-
Fleet services (including government motor transport)	4,700	-	-	4,700	3,827	873	81.4%	9,442	4,597
Housing	-	-	-	-	-	-	-	-	-
Inventory: Clothing material and accessories	744	-	-	744	138	606	18.5%	143	8
Inventory: Farming supplies	-	-	-	-	-	-	-	-	-
Inventory: Food and food supplies	395	-	-	395	62	333	15.7%	2,805	825
Inventory: Fuel, oil and gas	5,908	-	-	5,908	2,418	3,490	40.9%	3,221	2,856
Inventory: Learner and teacher support material	-	-	-	-	-	-	-	-	2
Inventory: Materials and supplies	2,202	-	-	2,202	396	1,806	18.0%	194	150
Inventory: Medical supplies	69,494	-	-56,000	13,494	11,100	2,394	82.3%	17,000	14,340
Inventory: Medicine	294,017	-	-81,283	212,734	165,590	47,144	77.8%	87,298	80,824

**GAUTENG PROVINCIAL DEPARTMENT OF HEALTH  
VOTE 04**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

Subprogramme: 2.3: Community Health Centres	2014/15						2013/14		
	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
Medsas inventory interface	-	-	-	-	-	-	-	-	-
Inventory: Other supplies	-	-	-	-	-	-	-	-	-
Consumable supplies	7,377	-	-	7,377	6,398	979	86.7%	9,355	6,090
Consumable: Stationery, printing and office supplies	5,123	-	-	5,123	2,516	2,607	49.1%	1,596	2,327
Operating leases	1,500	-	-	1,500	45	1,455	3.0%	2,097	368
Property payments	88,142	-	-18,000	70,142	68,933	1,209	98.3%	46,330	39,332
Transport provided: Departmental activity	-	-	-	-	-	-	-	-	-
Travel and subsistence	1,195	-	-	1,195	423	772	35.4%	254	832
Training and development	165	-	-	165	39	126	23.6%	46	16
Operating payments	1,430	-	-	1,430	2,329	-899	162.9%	309	334
Venues and facilities	-	-	-	-	-	-	-	-	-
Rental and hiring	-	-	-	-	70	-70	-	-	2
Interest and rent on land	-	-	-	-	-	-	-	-	100
Interest (incl. interest on unitary payments (PPP))	-	-	-	-	-	-	-	-	100
Rent on land	-	-	-	-	-	-	-	-	-
<b>Transfers and subsidies</b>	<b>68,902</b>	-	-	<b>68,902</b>	<b>70,635</b>	<b>-1,733</b>	<b>102.5%</b>	<b>63,154</b>	<b>54,588</b>
Departmental agencies and accounts	-	-	-	-	-	-	-	7	-
Social security funds	-	-	-	-	-	-	-	7	-
Non-profit institutions	65,153	-	-	65,153	63,666	1,487	97.7%	61,465	48,237
Households	3,749	-	-	3,749	6,969	-3,220	185.9%	1,682	6,351
Social benefits	3,664	-	-	3,664	6,969	-3,305	190.2%	1,682	6,351
Other transfers to households	85	-	-	85	-	85	-	-	-
<b>Payments for capital assets</b>	<b>22,641</b>	-	<b>-3,481</b>	<b>19,160</b>	<b>15,282</b>	<b>3,878</b>	<b>79.8%</b>	<b>13,115</b>	<b>11,530</b>
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Buildings	-	-	-	-	-	-	-	-	-
Other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	22,641	-	-3,481	19,160	15,282	3,878	79.8%	13,115	11,530
Transport equipment	-	-	-	-	7,245	-7,245	-	-	6,209
Other machinery and equipment	22,641	-	-3,481	19,160	8,037	11,123	41.9%	13,115	5,321
<b>Payment for financial assets</b>	-	-	-	-	<b>318</b>	<b>-318</b>	-	-	-
<b>Total</b>	<b>1,542,431</b>	-	<b>-212,764</b>	<b>1,329,667</b>	<b>1,329,667</b>	-	<b>100.0%</b>	<b>1,263,630</b>	<b>1,087,137</b>

**GAUTENG PROVINCIAL DEPARTMENT OF HEALTH  
VOTE 04**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

Subprogramme: 2.4: Community Based Services	2014/15						2013/14		
	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
<b>Current payments</b>	<b>964,573</b>	-	<b>-26,910</b>	<b>937,663</b>	<b>1,008,643</b>	<b>-70,980</b>	<b>107.6%</b>	<b>709,143</b>	<b>768,799</b>
Compensation of employees	624,018	-	-	624,018	728,975	-104,957	116.8%	485,031	599,338
Salaries and wages	550,935	-	-	550,935	656,836	-105,901	119.2%	430,398	536,042
Social contributions	73,083	-	-	73,083	72,139	944	98.7%	54,633	63,296
Goods and services	340,555	-	-26,910	313,645	279,668	33,977	89.2%	224,112	169,467
Administrative fees	76	-	-	76	67	9	88.2%	25	25
Advertising	500	-	-	500	168	332	33.6%	25	73
Minor assets	2,809	-	-	2,809	1,537	1,272	54.7%	142	351
Audit costs: External	-	-	-	-	-	-	-	-	-
Bursaries: Employees	-	-	-	-	-	-	-	-	-
Catering: Departmental activities	850	-	-	850	500	350	58.8%	600	157
Communication (G&S)	4,255	-	-	4,255	1,769	2,486	41.6%	1,537	1,846
Computer services	100	-	-	100	100	0	100%	0	9
Consultants: Business and advisory services	20	-	-	20	17	3	85.0%	0	2
Infrastructure and planning services	-	-	-	-	-	-	-	-	-
Laboratory services	6,657	-	-2,910	3,747	1,299	2,448	34.7%	3,698	1,175
Scientific and technological services	-	-	-	-	-	-	-	-	-
Legal services	1,000	-	-	1,000	688	312	68.8%	0	96
Contractors	18,418	-	-	18,418	14,075	4,343	76.4%	1,378	1,030
Agency and support / outsourced services	6,582	-	-	6,582	690	5,892	10.5%	800	399
Entertainment	-	-	-	-	-	-	-	-	3
Fleet services (including government motor transport)	3,408	-	-	3,408	139	3,269	4.1%	3,538	774
Housing	-	-	-	-	-	-	-	-	3
Inventory: Clothing material and accessories	-	-	-	-	252	-252	-	601	96
Inventory: Farming supplies	-	-	-	-	-	-	-	-	-
Inventory: Food and food supplies	6,503	-	-	6,503	10,276	-3,773	158.0%	3,244	1,837
Inventory: Fuel, oil and gas	16,731	-	-	16,731	11,984	4,747	71.6%	7,314	7,754
Inventory: Learner and teacher support material	-	-	-	-	-	-	-	19	8
Inventory: Materials and supplies	130	-	-	130	202	-72	155.4%	91	64

**GAUTENG PROVINCIAL DEPARTMENT OF HEALTH  
VOTE 04**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

Subprogramme: 2.4: Community Based Services	2014/15						2013/14		
	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
Inventory: Medical supplies	56,263	-	-24,000	32,263	26,128	6,135	81.0%	33,566	22,574
Inventory: Medicine	189,786	-	-	189,786	194,652	-4,866	102.6%	151,452	114,616
Medsas inventory interface									
Inventory: Other supplies									3
Consumable supplies	2,989	-	-	2,989	2,562	427	85.7%	3,001	2,114
Consumable: Stationery, printing and office supplies	2,691	-	-	2,691	1,246	1,445	46.3%	994	745
Operating leases	2,277	-	-	2,277	534	1,743	23.5%	897	583
Property payments	8,463	-	-	8,463	5,451	3,012	64.4%	6,204	6,608
Transport provided: Departmental activity	1,350	-	-	1,350	235	1,115	17.4%	-	35
Travel and subsistence	5,525	-	-	5,525	4,878	647	88.3%	4,064	6,014
Training and development	2,752	-	-	2,752	111	2,641	4.0%	342	196
Operating payments	180	-	-	180	199	-19	110.6%	580	265
Venues and facilities	140	-	-	140	-	140	-	-	1
Rental and hiring	100	-	-	100	9	91	9.0%	-	11
Interest and rent on land	-	-	-	-	-	-	-	-	-6
Interest (Incl. interest on unitary payments (PPP))	-	-	-	-	-	-	-	-	-6
Rent on land	-	-	-	-	-	-	-	-	-
<b>Transfers and subsidies</b>	<b>202,006</b>	<b>-</b>	<b>-</b>	<b>202,006</b>	<b>151,544</b>	<b>50,462</b>	<b>75.0%</b>	<b>177,847</b>	<b>117,548</b>
Non-profit institutions	201,211			201,211	149,143	52,068	74.1%	177,090	116,321
Households	795			795	2,401	-1,606	302.0%	757	1,227
Social benefits	745			745	2,401	-1,656	322.3%	757	1,227
Other transfers to households	50			50	50				
<b>Payments for capital assets</b>	<b>36,622</b>	<b>-</b>	<b>-</b>	<b>36,622</b>	<b>8,418</b>	<b>28,204</b>	<b>23.0%</b>	<b>2,844</b>	<b>1,780</b>
Buildings and other fixed structures	-			-	-	-		-	-
Buildings	-			-	-	-		-	-
Other fixed structures	-			-	-	-		-	-
Machinery and equipment	36,622			36,622	8,418	28,204	23.0%	2,844	1,780
Transport equipment					2,498	-2,498			
Other machinery and equipment	36,622			36,622	5,920	30,702	16.2%	2,844	1,780
<b>Payment for financial assets</b>	<b>1,203,201</b>	<b>-</b>	<b>-26,910</b>	<b>1,176,291</b>	<b>1,168,605</b>	<b>7,686</b>	<b>99.3%</b>	<b>889,834</b>	<b>888,127</b>
<b>Total</b>	<b>1,203,201</b>	<b>-</b>	<b>-26,910</b>	<b>1,176,291</b>	<b>1,168,605</b>	<b>7,686</b>	<b>99.3%</b>	<b>889,834</b>	<b>888,127</b>

**GAUTENG PROVINCIAL DEPARTMENT OF HEALTH  
VOTE 04**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

Subprogramme: 2.5: HIV and AIDS	2014/15						2013/14		
	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
<b>Current payments</b>	<b>2,632,955</b>	-	-	<b>2,632,955</b>	<b>2,571,747</b>	<b>61,208</b>	<b>97.7%</b>	<b>2,167,665</b>	<b>2,191,086</b>
Compensation of employees	656,794	-	-	656,794	578,389	78,405	88.1%	499,765	498,173
Salaries and wages	537,697			537,697	507,636	30,061	94.4%	420,875	434,726
Social contributions	119,097			119,097	70,753	48,344	59.4%	78,890	63,447
Goods and services	1,976,161	-	-	1,976,161	1,993,358	-17,197	100.9%	1,667,900	1,692,913
Administrative fees		-	-	-	29	-29	-	605	2,161
Advertising	15,694	-	-	15,694	7,992	7,702	50.9%	-	25
Minor assets	6,453	-	-	6,453	1,302	5,151	20.2%	3,460	3,120
Audit costs: External		-	-	-	-	-	-	2,379	272
Bursaries: Employees		-	-	-	-	-	-	-	-
Catering: Departmental activities	4,728	-	-	4,728	3,224	1,504	68.2%	5,102	2,430
Communication (G&S)	312	-	-	312	209	103	67.0%	132	227
Computer services		-	-	-	-	-	-	-	-
Consultants: Business and advisory services	775	-	-	775	140	635	18.1%	5,178	-
Infrastructure and planning services		-	-	-	-	-	-	-	-
Laboratory services	530,010	-	-	530,010	559,298	-29,288	105.5%	497,262	264,550
Scientific and technological services		-	-	-	-	-	-	-	-
Legal services		-	-	-	-	-	-	-	-
Contractors	321,343	-	-	321,343	273,310	48,033	85.1%	20,900	1
Agency and support / outsourced services	2,052	-	-	2,052	950	1,102	46.3%	2,300	16
Entertainment		-	-	-	-	-	-	-	3
Fleet services (including government motor transport)	675	-	-	675	20	655	3.0%	-	-
Housing		-	-	-	-	-	-	-	-
Inventory: Clothing material and accessories		-	-	-	-	-	-	-	31
Inventory: Farming supplies		-	-	-	-	-	-	-	-
Inventory: Food and food supplies	15,000	-	-	15,000	12,111	2,889	80.7%	12,000	5,649
Inventory: Fuel, oil and gas		-	-	-	-	-	-	-	-
Inventory: Learner and teacher support material		-	-	-	-	-	-	-	-

**GAUTENG PROVINCIAL DEPARTMENT OF HEALTH  
VOTE 04**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

Subprogramme: 2.5: HIV and AIDS	2014/15						2013/14		
	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
Inventory: Materials and supplies		-	-	-	654	-654	-	-	60
Inventory: Medical supplies	173,715	-	-	173,715	91,951	81,764	52.9%	136,945	48,031
Inventory: Medicine	855,962	-	-	855,962	1,005,588	-149,626	117.5%	907,529	1,213,564
Medsas inventory interface		-	-	-	-	-	-	-	-
Inventory: Other supplies		-	-	-	-	-	-	-	-
Consumable supplies	48	-	-	48	1,880	-1,832	3916.7%	-	-
Consumable: Stationery, printing and office supplies	19,033	-	-	19,033	12,761	6,272	67.0%	15,591	7,525
Operating leases	588	-	-	588	87	501	14.8%	468	-
Property payments	1,506	-	-	1,506	1,269	237	84.3%	1,212	1,848
Transport provided: Departmental activity	695	-	-	695	17	678	2.4%	1,370	1,788
Travel and subsistence	940	-	-	940	1,339	-399	142.4%	9,600	6,474
Training and development	15,289	-	-	15,289	12,171	3,118	79.6%	8,507	125,507
Operating payments		-	-	-	-	-	-	-	-
Venues and facilities	11,343	-	-	11,343	7,051	4,292	62.2%	37,360	9,581
Rental and hiring		-	-	-	5	-5	-	-	50
Interest and rent on land		-	-	-	-	-	-	-	-
Interest (incl. interest on unitary payments (PPP))		-	-	-	-	-	-	-	-
Rent on land		-	-	-	-	-	-	-	-
<b>Transfers and subsidies</b>	<b>138,802</b>	-	-	<b>138,802</b>	<b>122,343</b>	<b>16,459</b>	<b>88.1%</b>	<b>298,245</b>	<b>266,439</b>
Provinces and municipalities	54,296	-	-	54,296	54,296	-	100.0%	51,223	51,233
Provinces		-	-	-	-	-	-	51,223	51,233
Provincial Revenue Funds		-	-	-	-	-	-	51,223	51,233
Provincial agencies and funds		-	-	-	-	-	-	-	-
Municipalities	54,296	-	-	54,296	54,296	-	100.0%	-	-
Municipal bank accounts	54,296	-	-	54,296	54,296	-	100.0%	-	-
Non-profit institutions	84,506	-	-	84,506	66,636	17,870	78.9%	247,022	213,183
Households		-	-	-	1,411	-1,411	-	-	2,023
Social benefits		-	-	-	1,411	-1,411	-	-	2,023
Other transfers to households		-	-	-	-	-	-	-	-

**GAUTENG PROVINCIAL DEPARTMENT OF HEALTH  
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**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

Subprogramme: 2.5: HIV and AIDS	2014/15						2013/14		
	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
<b>Payments for capital assets</b>	<b>18,775</b>	-	-	<b>18,775</b>	<b>15,770</b>	<b>3,005</b>	<b>84.0%</b>	<b>20,646</b>	<b>2,562</b>
Buildings and other fixed structures	14,150	-	-	14,150	13,554	596	95.8%	20,646	2,362
Buildings	14,150			14,150	13,554	596	95.8%	18,500	1,147
Other fixed structures				-	-	-	-	2,146	1,215
Machinery and equipment	4,625	-	-	4,625	2,216	2,409	47.9%	-	-
Transport equipment				-	107	-107	-		
Other machinery and equipment	4,625			4,625	2,109	2,516	45.6%		
Heritage assets				-		-	-		
Specialised military assets				-		-	-		
Biological assets				-		-	-		
Land and sub-soil assets				-		-	-		
Software and other intangible assets				-		-	-		
<b>Payment for financial assets</b>				-		-	-		
<b>Total</b>	<b>2,790,532</b>	-	-	<b>2,790,532</b>	<b>2,709,860</b>	<b>80,672</b>	<b>97.1%</b>	<b>2,486,556</b>	<b>2,459,887</b>

**GAUTENG PROVINCIAL DEPARTMENT OF HEALTH  
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**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

Subprogramme: 2.6: Nutrition	2014/15						2013/14		
	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
<b>Current payments</b>	-	-	-	-	-	-	-	-	<b>27</b>
Compensation of employees	-	-	-	-	-	-	-	-	11
Salaries and wages	-	-	-	-	-	-	-	-	
Social contributions	-	-	-	-	-	-	-	-	11
Goods and services	-	-	-	-	-	-	-	-	16
Inventory: Food and food supplies	-	-	-	-	-	-	-	-	2
<b>Transfers and subsidies</b>	<b>47,759</b>	-	-	<b>47,759</b>	<b>42,109</b>	<b>5,650</b>	<b>88.2%</b>	<b>47,238</b>	<b>26,312</b>
Non-profit institutions	47,759	-	-	47,759	42,109	5,650	88.2%	47,238	26,312
<b>Payment for financial assets</b>	-	-	-	-	-	-	-	-	
<b>Total</b>	<b>47,759</b>	-	-	<b>47,759</b>	<b>42,109</b>	<b>5,650</b>	<b>88.2%</b>	<b>47,238</b>	<b>26,339</b>



**GAUTENG PROVINCIAL DEPARTMENT OF HEALTH  
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**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

Subprogramme: 2.7: Coroner Services	2014/15						2013/14		
	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
<b>Current payments</b>	<b>163,300</b>	-	-	<b>163,300</b>	<b>159,943</b>	<b>3,357</b>	<b>97.9%</b>	<b>156,725</b>	<b>142,895</b>
Compensation of employees	134,441	-	-	134,441	131,961	2,480	98.2%	125,653	118,879
Salaries and wages	117,855			117,855	117,016	839	99.3%	104,348	105,436
Social contributions	16,586			16,586	14,945	1,641	90.1%	21,305	13,443
Goods and services	28,859	-	-	28,859	27,982	877	97.0%	31,072	23,888
Administrative fees	30	-	-	30	30	-	-	30	-
Advertising	50	-	-	50	45	5	90.0%	230	189
Minor assets	535	-	-	535	87	448	16.3%	895	317
Audit costs: External		-	-	-	-	-	-	-	-
Bursaries: Employees		-	-	-	-	-	-	-	-
Catering: Departmental activities	35	-	-	35	22	13	62.9%	20	7
Communication (G&S)	1,065	-	-	1,065	1,921	-856	180.4%	1,557	963
Computer services		-	-	-	-	-	-	-	-
Consultants: Business and advisory services		-	-	-	303	-303	-	700	33
Infrastructure and planning services		-	-	-	-	-	-	-	-
Laboratory services	600	-	-	600	318	282	53.0%	530	34
Scientific and technological services		-	-	-	-	-	-	-	-
Legal services		-	-	-	49	-49	-	-	3
Contractors	584	-	-	584	289	295	49.5%	544	91
Agency and support / outsourced services	2,065	-	-	2,065	1,176	889	56.9%	1,400	757
Entertainment		-	-	-	-	-	-	-	-
Fleet services (including government motor transport)	3,415	-	-	3,415	3,014	401	88.3%	3,026	3,534
Housing		-	-	-	-	-	-	-	-
Inventory: Clothing material and accessories	600	-	-	600	450	150	75.0%	520	464
Inventory: Farming supplies		-	-	-	-	-	-	-	-
Inventory: Food and food supplies	50	-	-	50	23	27	46.0%	68	28
Inventory: Fuel, oil and gas	10	-	-	10	2	8	20.0%	58	1
Inventory: Learner and teacher support material		-	-	-	-	-	-	-	-

**GAUTENG PROVINCIAL DEPARTMENT OF HEALTH  
VOTE 04**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

Subprogramme: 2.7: Coroner Services	2014/15						2013/14		
	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
Inventory: Materials and supplies	60	-	-	60	63	-3	105.0%	1,163	92
Inventory: Medical supplies	3,800	-	-	3,800	6,119	-2,319	161.0%	3,800	2,543
Inventory: Medicine		-	-	-	4	-4	-	-	-
Medsas inventory interface		-	-	-	-	-	-	-	-
Inventory: Other supplies		-	-	-	-	-	-	-	-
Consumable supplies	1,664	-	-	1,664	1,180	484	70.9%	1,829	607
Consumable: Stationery, printing and office supplies	1,311	-	-	1,311	1,015	296	77.4%	1,666	626
Operating leases	3,700	-	-	3,700	3,544	156	95.8%	2,706	2,398
Property payments	7,650	-	-	7,650	7,511	139	98.2%	7,952	10,790
Transport provided: Departmental activity		-	-	-	-	-	-	81	-
Travel and subsistence	240	-	-	240	197	43	82.1%	300	161
Training and development	500	-	-	500	17	483	3.4%	871	86
Operating payments	45	-	-	45	21	24	46.7%	226	163
Venues and facilities	850	-	-	850	612	238	72.0%	900	1
Rental and hiring		-	-	-	-	-	-	-	-
Interest and rent on land	-	-	-	-	-	-	-	-	128
Interest (incl. interest on unitary payments (PPP))	-	-	-	-	-	-	-	-	128
Rent on land	-	-	-	-	-	-	-	-	-
<b>Transfers and subsidies</b>	<b>150</b>	-	-	<b>150</b>	<b>81</b>	<b>69</b>	<b>54.0%</b>	<b>263</b>	<b>449</b>
Departmental agencies and accounts	-	-	-	-	-	-	-	5	1
Social security funds	-	-	-	-	-	-	-	5	1
Departmental agencies (non-business entities)	-	-	-	-	-	-	-	-	-

**GAUTENG PROVINCIAL DEPARTMENT OF HEALTH  
VOTE 04**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

Subprogramme: 2.7: Coroner Services	2014/15						2013/14		
	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
Households	150	-	-	150	81	69	54.0%	258	448
Social benefits	150	-	-	150	81	69	54.0%	258	448
Other transfers to households	-	-	-	-	-	-	-	-	-
<b>Payments for capital assets</b>	<b>20,434</b>	<b>-</b>	<b>-</b>	<b>20,434</b>	<b>13,717</b>	<b>6,717</b>	<b>67.1%</b>	<b>12,961</b>	<b>1,833</b>
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Buildings	-	-	-	-	-	-	-	-	-
Other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	20,434	-	-	20,434	13,717	6,717	67.1%	12,961	1,833
Transport equipment	3,627	-	-	3,627	495	3,132	13.6%	500	-
Other machinery and equipment	16,807	-	-	16,807	13,222	3,585	78.7%	12,461	1,833
Heritage assets	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-
<b>Payment for financial assets</b>	<b>183,884</b>	<b>-</b>	<b>-</b>	<b>183,884</b>	<b>58</b>	<b>-58</b>	<b>-</b>	<b>169,949</b>	<b>145,177</b>
<b>Total</b>	<b>183,884</b>	<b>-</b>	<b>-</b>	<b>183,884</b>	<b>173,799</b>	<b>10,085</b>	<b>94.5%</b>	<b>169,949</b>	<b>145,177</b>

**GAUTENG PROVINCIAL DEPARTMENT OF HEALTH  
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**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

	2014/15					2013/14			
	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
<b>Economic classification</b>									
<b>Current payments</b>	<b>2,101,936</b>	-	<b>-102,000</b>	<b>1,999,936</b>	<b>2,005,432</b>	<b>-5,496</b>	<b>100.3%</b>	<b>1,685,849</b>	<b>1,665,799</b>
Compensation of employees	1,527,745	-	-	1,527,745	1,533,664	-5,919	100.4%	1,300,120	1,326,004
Salaries and wages	1,194,064			1,194,064	1,340,611	-146,547	112.3%	1,050,289	1,153,987
Social contributions	333,681			333,681	193,053	140,628	57.9%	249,831	172,017
Goods and services	574,191	-	-102,000	472,191	471,768	423	99.9%	385,729	339,605
Administrative fees	212	-	-	212	85	127	40.1%	79	109
Advertising	1	-	-	1	1	-	100.0%	7	3
Minor assets	23,955	-	-	23,955	5,991	17,964	25.0%	10,912	3,430
Audit costs: External		-	-	-	-	-	-	-	-
Bursaries: Employees		-	-	-	-	-	-	-	-
Catering: Departmental activities	1	-	-	1	1	-	100.0%	12	7
Communication (G&S)	8,576	-	-	8,576	6,959	1,617	81.1%	5,400	7,137
Computer services	186	-	-	186	289	-103	155.4%	-	2
Consultants: Business and advisory services	109	-	-	109	291	-182	267.0%	-4,894	283
Infrastructure and planning services		-	-	-	-	-	-	-	-
Laboratory services	87,754	-	-68,000	19,754	19,106	648	96.7%	17,822	11,443
Scientific and technological services		-	-	-	-	-	-	-	-
Legal services	4,804	-	-	4,804	10,118	-5,314	210.6%	220	4,622
Contractors	10,400	-	-	10,400	7,729	2,671	74.3%	11,000	6,482
Agency and support / outsourced services	23,502	-	-	23,502	22,493	1,009	95.7%	32,088	13,384
Entertainment		-	-	-	-	-	-	-	-
Fleet services (including government motor transport)	10,010	-	-8,000	2,010	1,130	880	56.2%	12,450	3,778
Housing		-	-	-	-	-	-	-	8
Inventory: Clothing material and accessories	3,721	-	-	3,721	3,048	673	81.9%	1,402	1,618
Inventory: Farming supplies		-	-	-	-	-	-	-	-
Inventory: Food and food supplies	40,770	-	-20,000	20,770	19,652	1,118	94.6%	19,006	13,902
Inventory: Fuel, oil and gas	17,843	-	-	17,843	18,669	-826	104.6%	8,451	6,427
Inventory: Learner and teacher support material		-	-	-	-	-	-	10	5

**GAUTENG PROVINCIAL DEPARTMENT OF HEALTH  
VOTE 04**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

Subprogramme: 2.8: District Hospitals	2014/15						2013/14		
	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
Inventory: Materials and supplies	4,870	-	-	4,870	4,538	332	93.2%	6,323	8,547
Inventory: Medical supplies	87,888	-	-	87,888	113,148	-25,260	128.7%	94,087	78,773
Inventory: Medicine	84,052	-	-	84,052	77,815	6,237	92.6%	60,802	53,727
Medsas inventory interface	-	-	-	-	-	-	-	-	-
Inventory: Other supplies	-	-	-	-	-	-	-	-	-
Consumable supplies	48,956	-	-6,000	42,956	39,682	3,274	92.4%	41,904	29,206
Consumable: Stationery, printing and office supplies	10,143	-	-	10,143	13,269	-3,126	130.8%	10,000	8,281
Operating leases	2,805	-	-	2,805	116	2,689	4.1%	1,644	259
Property payments	97,145	-	-	97,145	105,983	-8,838	109.1%	54,353	87,093
Transport provided: Departmental activity	1,921	-	-	1,921	269	1,652	14.0%	354	174
Travel and subsistence	2,082	-	-	2,082	756	1,326	36.3%	1,432	593
Training and development	1,413	-	-	1,413	137	1,276	9.7%	357	103
Operating payments	971	-	-	971	250	721	25.7%	508	178
Venues and facilities	-	-	-	-	-	-	-	-	-
Rental and hiring	101	-	-	101	243	-142	240.6%	-	31
Interest and rent on land	-	-	-	-	-	-	-	-	190
Interest (incl. interest on unitary payments (PPP))	-	-	-	-	-	-	-	-	183
Rent on land	-	-	-	-	-	-	-	-	7
<b>Transfers and subsidies</b>	<b>4,632</b>	-	-	<b>4,632</b>	<b>6,081</b>	<b>-1,449</b>	<b>131.3%</b>	<b>1,610</b>	<b>5,869</b>
Departmental agencies and accounts	-	-	-	-	-	-	-	80	-
Social security funds	-	-	-	-	-	-	-	80	-
Departmental agencies (non-business entities)	-	-	-	-	-	-	-	-	-

**GAUTENG PROVINCIAL DEPARTMENT OF HEALTH  
VOTE 04**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

Subprogramme: 2.8: District Hospitals	2014/15						2013/14		
	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
Households	4,632	-	-	4,632	6,081	-1,449	131.3%	1,530	5,869
Social benefits	4,632	-	-	4,632	6,036	-1,404	130.3%	1,530	5,869
Other transfers to households	-	-	-	-	45	-45	-	-	-
<b>Payments for capital assets</b>	<b>43,852</b>	-	-	<b>43,852</b>	<b>33,365</b>	<b>10,487</b>	<b>76.1%</b>	<b>38,070</b>	<b>26,557</b>
Buildings and other fixed structures	-	-	-	-	-	-	-	-	393
Buildings	-	-	-	-	-	-	-	-	393
Other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	43,852	-	-	43,852	33,365	10,487	76.1%	38,070	26,164
Transport equipment	-	-	-	-	5,099	-5,099	-	-	3,788
Other machinery and equipment	43,852	-	-	43,852	28,266	15,586	64.5%	38,070	22,376
Heritage assets	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-
<b>Payment for financial assets</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>855</b>	<b>-855</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Total</b>	<b>2,150,420</b>	<b>-</b>	<b>-102,000</b>	<b>2,048,420</b>	<b>2,045,733</b>	<b>2,687</b>	<b>99.9%</b>	<b>1,725,529</b>	<b>1,698,225</b>

**GAUTENG PROVINCIAL DEPARTMENT OF HEALTH  
VOTE 04**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

Programme 3: Emergency Medical Services									
	2014/15					2013/14			
	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
<b>Sub programme</b>									
1	882,832	-	-80,000	802,832	723,165	79,667	90.1%	811,052	798,148
2	130,516	-	-	130,516	124,396	6,120	95.3%	130,713	138,130
	<b>1,013,348</b>	-	<b>-80,000</b>	<b>933,348</b>	<b>847,561</b>	<b>85,787</b>	<b>90.8%</b>	<b>941,765</b>	<b>936,278</b>
<b>Economic classification</b>									
<b>Current payments</b>	<b>618,978</b>	-	<b>-80,000</b>	<b>538,978</b>	<b>467,718</b>	<b>71,260</b>	<b>86.8%</b>	<b>526,122</b>	<b>537,280</b>
Compensation of employees	379,743	-	-40,000	339,743	330,910	8,833	97.4%	314,297	313,509
Salaries and wages	321,046	-	-40,000	281,046	279,233	1,813	99.4%	263,433	263,252
Social contributions	58,697	-	-	58,697	51,677	7,020	88.0%	50,864	50,257
Goods and services	239,235	-	-40,000	199,235	136,808	62,427	68.7%	211,825	223,771
Administrative fees	712	-	-	712	616	96	86.5%	1,000	1,174
Advertising	-	-	-	-	-	-	-	12	-
Minor assets	7,973	-	-	7,973	147	7,826	1.8%	11,406	1,728
Audit costs: External	-	-	-	-	-	-	-	-	-
Bursaries: Employees	-	-	-	-	-	-	-	-	-
Catering: Departmental activities	10	-	-	10	2	8	20.0%	300	8
Communication (G&S)	4,000	-	-	4,000	6,487	-2,487	162.2%	3,826	5,756
Computer services	-	-	-	-	-	-	-	54	54
Consultants: Business and advisory services	-	-	-	-	-	-	-	33	32
Infrastructure and planning services	-	-	-	-	-	-	-	-	-
Laboratory services	-	-	-	-	-	-	-	-	-
Scientific and technological services	-	-	-	-	-	-	-	-	-
Legal services	-	-	-	-	324	-324	-	136	402
Contractors	4,000	-	-	4,000	2,638	1,362	66.0%	2,000	3,551
Agency and support / outsourced services	1,500	-	-	1,500	541	959	36.1%	326	154
Entertainment	-	-	-	-	-	-	-	76,062	98,840

**GAUTENG PROVINCIAL DEPARTMENT OF HEALTH  
VOTE 04**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

	Programme 3: Emergency Medical Services									
	2014/15					2013/14				
	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	R'000	R'000	R'000
Fleet services (including government motor transport)	107,118	-	-40,000	67,118	66,085	1,033	98.5%	7,373	9,228	
Housing	-	-	-	-	-	-	-	-	-	
Inventory: Clothing material and accessories	5,000	-	-	5,000	1,488	3,512	29.8%	-	-	
Inventory: Farming supplies	-	-	-	-	-	-	-	-	-	
Inventory: Food and food supplies	10	-	-	10	6	4	60.0%	17	7	
Inventory: Fuel, oil and gas	5,000	-	-	5,000	1,894	3,106	37.9%	9,121	1,654	
Inventory: Learner and teacher support material	-	-	-	-	-	-	-	-	-	
Inventory: Materials and supplies	200	-	-	200	984	-784	492.0%	41	585	
Inventory: Medical supplies	12,011	-	-	12,011	2,870	9,141	23.9%	6,607	5,923	
Inventory: Medicine	2,000	-	-	2,000	504	1,496	25.2%	854	783	
Medsas inventory interface	-	-	-	-	-	-	-	-	-	
Inventory: Other supplies	-	-	-	-	-	-	-	-	-	
Consumable supplies	3,500	-	-	3,500	1,955	1,545	55.9%	788	1,385	
Consumable: Stationery, printing and office supplies	6,000	-	-	6,000	3,263	2,737	54.4%	4,000	2,098	
Operating leases	25,000	-	-	25,000	16,379	8,621	65.5%	25,011	16,554	
Property payments	10,000	-	-	10,000	7,927	2,073	79.3%	3,500	3,531	
Transport provided: Departmental activity	43,200	-	-	43,200	22,548	20,652	52.2%	59,018	70,118	
Travel and subsistence	1,001	-	-	1,001	150	851	15.0%	261	181	
Training and development	1,000	-	-	1,000	-	1,000	-	30	26	
Operating payments	-	-	-	-	-	-	-	-	-	
Venues and facilities	-	-	-	-	-	-	-	25	-	
Rental and hiring	-	-	-	-	-	-	-	24	-	
Interest and rent on land	-	-	-	-	-	-	-	-	-	
Interest (Incl. interest on unitary payments (PPP))	-	-	-	-	-	-	-	-	-	
Rent on land	-	-	-	-	-	-	-	-	-	
<b>Transfers and subsidies</b>	<b>337,141</b>	-	-	<b>337,141</b>	<b>362,136</b>	<b>-24,995</b>	<b>107.4%</b>	<b>319,813</b>	<b>320,217</b>	
Provinces and municipalities	336,321	-	-	336,321	361,321	-25,000	107.4%	318,919	318,919	



**GAUTENG PROVINCIAL DEPARTMENT OF HEALTH  
VOTE 04**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

	2014/15						2013/14		
	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
Provinces	-	-	-	-	-	-	-	318,919	318,919
Provincial Revenue Funds	-	-	-	-	-	-	-	318,919	318,919
Provincial agencies and funds	-	-	-	-	-	-	-	-	-
Municipalities	336,321	-	-	336,321	361,321	-25,000	107.4%	-	-
Municipal bank accounts	336,321	-	-	336,321	361,321	-25,000	107.4%	-	-
Households	820	-	-	820	815	5	99.4%	894	1,298
Social benefits	739	-	-	739	735	4	99.5%	394	634
Other transfers to households	81	-	-	81	80	1	98.8%	500	665
<b>Payments for capital assets</b>	<b>57,229</b>	<b>-</b>	<b>-</b>	<b>57,229</b>	<b>17,669</b>	<b>39,560</b>	<b>30.9%</b>	<b>95,830</b>	<b>78,780</b>
Buildings and other fixed structures	-	-	-	-	-	-	-	-	510
Buildings	-	-	-	-	-	-	-	-	510
Other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	57,229	-	-	57,229	17,669	39,560	30.9%	95,830	78,270
Transport equipment	27,542	-	-	27,542	15,472	12,070	56.2%	84,910	66,051
Other machinery and equipment	29,687	-	-	29,687	2,197	27,490	7.4%	10,920	12,219
Heritage assets	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-
<b>Payment for financial assets</b>	<b>-</b>	<b>-</b>	<b>-80,000</b>	<b>933,348</b>	<b>38</b>	<b>85,787</b>	<b>90.8%</b>	<b>941,765</b>	<b>936,278</b>
	<b>1,013,348</b>	<b>-</b>	<b>-80,000</b>	<b>933,348</b>	<b>847,561</b>	<b>85,787</b>	<b>90.8%</b>	<b>941,765</b>	<b>936,278</b>

**GAUTENG PROVINCIAL DEPARTMENT OF HEALTH  
VOTE 04**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

Subprogramme: 3.1: Emergency Transport	2014/15						2013/14		
	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
<b>Current payments</b>	<b>488,602</b>	-	<b>-80,000</b>	<b>408,602</b>	<b>343,446</b>	<b>65,156</b>	<b>84.1%</b>	<b>395,409</b>	<b>399,341</b>
Compensation of employees	314,685	-	-40,000	274,685	262,805	11,880	95.7%	247,654	247,277
Salaries and wages	265,565	-	-40,000	225,565	222,047	3,518	98.4%	208,016	207,988
Social contributions	49,120	-	-	49,120	40,758	8,362	83.0%	39,638	39,290
Goods and services	173,917	-	-40,000	133,917	80,641	53,276	60.2%	147,755	152,064
Administrative fees	712	-	-	712	616	96	86.5%	1,000	1,174
Advertising	-	-	-	-	-	-	-	12	-
Minor assets	7,973	-	-	7,973	147	7,826	1.8%	11,406	1,728
Audit costs: External	-	-	-	-	-	-	-	-	-
Bursaries: Employees	-	-	-	-	-	-	-	-	-
Catering: Departmental activities	10	-	-	10	2	8	20.0%	300	8
Communication (G&S)	4,000	-	-	4,000	6,455	-2,455	161.4%	3,817	5,739
Computer services	-	-	-	-	-	-	-	54	54
Consultants: Business and advisory services	-	-	-	-	-	-	-	33	32
Infrastructure and planning services	-	-	-	-	-	-	-	-	-
Laboratory services	-	-	-	-	-	-	-	-	-
Scientific and technological services	-	-	-	-	-	-	-	-	-
Legal services	-	-	-	-	324	-324	-	136	402
Contractors	4,000	-	-	4,000	2,638	1,362	66.0%	2,000	3,551
Agency and support / outsourced services	1,500	-	-	1,500	541	959	36.1%	326	154
Entertainment	-	-	-	-	-	-	-	76,062	98,840
Fleet services (including government motor transport)	85,000	-	-40,000	45,000	32,484	12,516	72.2%	6,315	5,980
Housing	-	-	-	-	-	-	-	-	-
Inventory: Clothing material and accessories	5,000	-	-	5,000	1,488	3,512	29.8%	-	-
Inventory: Farming supplies	-	-	-	-	-	-	-	-	-
Inventory: Food and food supplies	10	-	-	10	6	4	60.0%	17	7
Inventory: Fuel, oil and gas	5,000	-	-	5,000	1,894	3,106	37.9%	2,688	1,621
Inventory: Learner and teacher support material	-	-	-	-	-	-	-	-	-

**GAUTENG PROVINCIAL DEPARTMENT OF HEALTH  
VOTE 04**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

Subprogramme: 3.1: Emergency Transport	2014/15						2013/14		
	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
Inventory: Materials and supplies	200	-	-	200	984	-784	492.0%	41	585
Inventory: Medical supplies	12,011	-	-	12,011	2,857	9,154	23.8%	6,607	5,923
Inventory: Medicine	2,000	-	-	2,000	504	1,496	25.2%	854	783
Medsas inventory interface	-	-	-	-	-	-	-	-	-
Inventory: Other supplies	-	-	-	-	-	-	-	-	-
Consumable supplies	3,500	-	-	3,500	1,955	1,545	55.9%	788	1,385
Consumable: Stationery, printing and office supplies	6,000	-	-	6,000	3,263	2,737	54.4%	4,000	2,098
Operating leases	25,000	-	-	25,000	16,379	8,621	65.5%	25,011	16,554
Property payments	10,000	-	-	10,000	7,927	2,073	79.3%	3,500	3,531
Transport provided: Departmental activity	-	-	-	-	27	-27	-	2,448	1,709
Travel and subsistence	1,001	-	-	1,001	150	851	15.0%	261	181
Training and development	1,000	-	-	1,000	-	1,000	-	30	26
Operating payments	-	-	-	-	-	-	-	-	-
Venues and facilities	-	-	-	-	-	-	-	25	-
Rental and hiring	-	-	-	-	-	-	-	24	-
Interest and rent on land	-	-	-	-	-	-	-	-	-
Interest (incl. interest on unitary payments (PPP))	-	-	-	-	-	-	-	-	-
Rent on land	-	-	-	-	-	-	-	-	-
<b>Transfers and subsidies</b>	<b>337,001</b>	-	-	<b>337,001</b>	<b>362,012</b>	<b>-25,011</b>	<b>107.4%</b>	<b>319,813</b>	<b>320,027</b>
Provinces and municipalities	336,321	-	-	336,321	361,321	-25,000	107.4%	318,919	318,919
Provinces	-	-	-	-	-	-	-	318,919	318,919
Provincial Revenue Funds	-	-	-	-	-	-	-	318,919	318,919
Provincial agencies and funds	-	-	-	-	-	-	-	-	-
Municipalities	336,321	-	-	336,321	361,321	-25,000	107.4%	-	-
Municipal bank accounts	336,321	-	-	336,321	361,321	-25,000	107.4%	-	-
Municipal agencies and funds	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Social security funds	-	-	-	-	-	-	-	-	-
Departmental agencies (non-business entities)	-	-	-	-	-	-	-	-	-

**GAUTENG PROVINCIAL DEPARTMENT OF HEALTH  
VOTE 04**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

Subprogramme: 3.1: Emergency Transport	2014/15						2013/14		
	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
Households	680	-	-	680	691	-11	101.6%	894	1,108
Social benefits	599			599	611	-12	102.0%	394	443
Other transfers to households	81			81	80	1	98.8%	500	665
<b>Payments for capital assets</b>	<b>57,229</b>	<b>-</b>	<b>-</b>	<b>57,229</b>	<b>17,669</b>	<b>39,560</b>	<b>30.9%</b>	<b>95,830</b>	<b>78,780</b>
Buildings and other fixed structures	-	-	-	-	-	-	-	-	510
Buildings	-	-	-	-	-	-	-	-	510
Other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	57,229	-	-	57,229	17,669	39,560	30.9%	95,830	78,270
Transport equipment	27,542			27,542	15,472	12,070	56.2%	84,910	66,051
Other machinery and equipment	29,687			29,687	2,197	27,490	7.4%	10,920	12,219
Heritage assets									
Specialised military assets									
Biological assets									
Land and sub-soil assets									
Software and other intangible assets									
<b>Payment for financial assets</b>	<b>882,832</b>	<b>-</b>	<b>-80,000</b>	<b>802,832</b>	<b>723,165</b>	<b>79,667</b>	<b>90.1%</b>	<b>811,052</b>	<b>798,148</b>
<b>Total</b>	<b>882,832</b>	<b>-</b>	<b>-80,000</b>	<b>802,832</b>	<b>723,165</b>	<b>79,667</b>	<b>90.1%</b>	<b>811,052</b>	<b>798,148</b>

**GAUTENG PROVINCIAL DEPARTMENT OF HEALTH  
VOTE 04**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

	2014/15					2013/14			
	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
<b>Economic classification</b>									
<b>Current payments</b>	<b>130,376</b>	-	-	<b>130,376</b>	<b>124,272</b>	<b>6,104</b>	<b>95.3%</b>	<b>130,713</b>	<b>137,939</b>
Compensation of employees	65,058	-	-	65,058	68,105	-3,047	104.7%	66,643	66,232
Salaries and wages	55,481			55,481	57,186	-1,705	103.1%	55,417	55,264
Social contributions	9,577			9,577	10,919	-1,342	114.0%	11,226	10,967
Goods and services	65,318	-	-	65,318	56,167	9,151	86.0%	64,070	71,707
Administrative fees		-	-	-			-		
Advertising		-	-	-			-		
Minor assets		-	-	-			-		
Audit costs: External		-	-	-			-		
Bursaries: Employees		-	-	-			-		
Catering: Departmental activities		-	-	-			-		
Communication (G&S)		-	-	-	32	-32	-	9	17
Fleet services (including government motor transport)	22,118	-	-	22,118	33,601	-11,483	151.9%	1,058	3,248
Housing		-	-	-			-		
Inventory: Clothing material and accessories		-	-	-			-		
Inventory: Farming supplies		-	-	-			-		
Inventory: Food and food supplies		-	-	-			-		
Inventory: Fuel, oil and gas		-	-	-			-		
Inventory: Learner and teacher support material		-	-	-			-	6,433	33
		-	-	-			-		

**GAUTENG PROVINCIAL DEPARTMENT OF HEALTH  
VOTE 04**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

Subprogramme: 3.2: Planned Patient Transport	2014/15						2013/14		
	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
Inventory: Materials and supplies	-	-	-	-	-	-	-	-	-
Inventory: Medical supplies	-	-	-	-	13	-13	-	-	-
Transport provided: Departmental activity	43,200	-	-	43,200	22,521	20,679	52.1%	56,570	68,409
Travel and subsistence	-	-	-	-	-	-	-	-	-
Training and development	-	-	-	-	-	-	-	-	-
Operating payments	-	-	-	-	-	-	-	-	-
Venues and facilities	-	-	-	-	-	-	-	-	-
Rental and hiring	-	-	-	-	-	-	-	-	-
Interest and rent on land	-	-	-	-	-	-	-	-	-
Interest (Incl. interest on unitary payments (PPP))	-	-	-	-	-	-	-	-	-
Rent on land	-	-	-	-	-	-	-	-	-
<b>Transfers and subsidies</b>	<b>140</b>	-	-	<b>140</b>	<b>124</b>	<b>16</b>	<b>88.6%</b>	-	<b>191</b>
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Households	140	-	-	140	124	16	88.6%	-	191
Social benefits	140	-	-	140	124	16	88.6%	-	191
<b>Payment for financial assets</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Total</b>	<b>130,516</b>	<b>-</b>	<b>-</b>	<b>130,516</b>	<b>124,396</b>	<b>6,120</b>	<b>95.3%</b>	<b>130,713</b>	<b>138,130</b>

**GAUTENG PROVINCIAL DEPARTMENT OF HEALTH  
VOTE 04**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

Programme 4: Provincial Hospital Services									
	2014/15					2013/14			
	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
<b>Sub programme</b>									
1	4,239,187	-	-	4,239,187	4,241,858	-2,671	100.1%	3,560,108	3,642,601
2	360,128	-	-25,196	334,932	205,810	129,122	61.4%	342,689	157,940
3	1,023,492	-	-	1,023,492	1,069,675	-46,183	104.5%	942,414	919,845
4	426,770	-	-	426,770	407,374	19,396	95.5%	396,099	375,909
5	83,275	-	-7,000	76,275	62,597	13,678	82.1%	56,539	58,029
	<b>6,132,852</b>	-	<b>-32,196</b>	<b>6,100,656</b>	<b>5,987,314</b>	<b>113,342</b>	<b>98.1%</b>	<b>5,297,849</b>	<b>5,154,324</b>
<b>Economic classification</b>									
	<b>5,764,190</b>	-	<b>-32,196</b>	<b>5,731,994</b>	<b>5,570,168</b>	<b>161,826</b>	<b>97.2%</b>	<b>4,903,466</b>	<b>4,869,025</b>
Current payments									
Compensation of employees	4,327,060	-	-7,000	4,320,060	4,251,671	68,389	98.4%	3,773,963	3,856,710
Salaries and wages	3,582,640	-	-7,000	3,575,640	3,770,503	-194,863	105.4%	3,353,528	3,411,168
Social contributions	744,420	-	-	744,420	481,168	263,252	64.6%	420,435	445,543
Goods and services	1,437,130	-	-25,196	1,411,934	1,318,425	93,509	93.4%	1,129,503	1,010,188
Administrative fees	111	-	-	111	113	-2	101.8%	358	241
Advertising	1,371	-	-	1,371	1,177	194	85.8%	2,326	284
Minor assets	10,800	-	-	10,800	4,751	6,049	44.0%	3,285	3,706
Audit costs: External	-	-	-	-	-	-	-	-	-
Bursaries: Employees	-	-	-	-	-	-	-	-	-
Catering: Departmental activities	51	-	-	51	106	-55	207.8%	4	97
Communication (G&S)	10,526	-	-	10,526	12,421	-1,895	118.0%	11,282	12,637
Computer services	849	-	-	849	280	569	33.0%	1,023	412
Consultants: Business and advisory services	3,104	-	-	3,104	2,195	909	70.7%	2,471	2,550
Infrastructure and planning services	-	-	-	-	-	-	-	-	-
Laboratory services	146,745	-	-5,196	141,549	77,813	63,736	55.0%	123,497	36,703
Scientific and technological services	-	-	-	-	-	-	-	-	-
Legal services	40,877	-	-	40,877	100,614	-59,737	246.1%	2,190	59,199
Contractors	46,650	-	-	46,650	52,657	-6,007	112.9%	28,521	55,648

**GAUTENG PROVINCIAL DEPARTMENT OF HEALTH  
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**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

	Programme 4: Provincial Hospital Services									
	2014/15					2013/14				
	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	R'000	R'000	R'000
Agency and support / outsourced services	54,316	-	-	54,316	48,190	6,126	88.7%	48,322	38,410	
Entertainment	1	-	-	1	2	-1	200.0%	11	1	
Fleet services (including government motor transport)	12,444	-	-	12,444	3,612	8,832	29.0%	3,726	5,005	
Housing	-	-	-	-	-	-	-	-	-	
Inventory: Clothing material and accessories	5,757	-	-	5,757	3,516	2,241	61.1%	5,146	2,900	
Inventory: Farming supplies	-	-	-	-	-	-	-	-	-	
Inventory: Food and food supplies	78,517	-	-	78,517	62,915	15,602	80.1%	57,650	54,053	
Inventory: Fuel, oil and gas	43,489	-	-	43,489	28,318	15,171	65.1%	24,971	17,216	
Inventory: Learner and teacher support material	443	-	-	443	146	297	33.0%	691	248	
Inventory: Materials and supplies	5,841	-	-	5,841	4,437	1,404	76.0%	2,020	5,176	
Inventory: Medical supplies	400,312	-	-	400,312	414,032	-13,720	103.4%	306,153	321,076	
Inventory: Medicine	308,075	-	-20,000	288,075	175,382	112,693	60.9%	283,322	148,222	
Medsas inventory interface	-	-	-	-	2	-2	-	-	-	
Inventory: Other supplies	-	-	-	-	-	-	-	-	-	
Consumable supplies	97,889	-	-	97,889	87,204	10,685	89.1%	59,380	63,228	
Consumable: Stationery, printing and office supplies	16,456	-	-	16,456	18,414	-1,958	111.9%	10,620	16,311	
Operating leases	10,445	-	-	10,445	6,177	4,268	59.1%	14,770	8,513	
Property payments	130,861	-	-	130,861	207,123	-76,262	158.3%	130,546	150,029	
Transport provided: Departmental activity	296	-	-	296	3,102	-2,806	1048.0%	3,362	5,200	
Travel and subsistence	2,013	-	-	2,013	1,272	741	63.2%	911	956	
Training and development	1,259	-	-	1,259	413	846	32.8%	249	401	
Operating payments	1,962	-	-	1,962	588	1,374	30.0%	496	934	
Venues and facilities	5,200	-	-	5,200	1,118	4,082	21.5%	2,200	430	
Rental and hiring	470	-	-	470	335	135	71.3%	-	401	
Interest and rent on land	-	-	-	-	72	-72	-	-	2,126	
Interest (Incl. interest on unitary payments (PPP))	-	-	-	-	72	-72	-	-	1,881	
Rent on land	-	-	-	-	-	-	-	-	245	



**GAUTENG PROVINCIAL DEPARTMENT OF HEALTH  
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**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

	2014/15						2013/14		
	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
<b>Transfers and subsidies</b>	<b>257,105</b>	-	-	<b>257,105</b>	<b>342,996</b>	<b>-85,891</b>	<b>133.4%</b>	<b>240,216</b>	<b>231,469</b>
Departmental agencies and accounts	-	-	-	-	4	-4	-	12	18
Social security funds	-	-	-	-	-	-	-	12	18
Departmental agencies (non-business entities)	-	-	-	-	4	-4	-	-	-
Non-profit institutions	251,695	-	-	251,695	323,713	-72,018	128.6%	234,948	218,536
Households	5,410	-	-	5,410	19,279	-13,869	356.4%	5,256	12,915
Social benefits	5,410	-	-	5,410	18,860	-13,450	348.6%	5,256	12,915
Other transfers to households	-	-	-	-	419	-419	-	-	-
<b>Payments for capital assets</b>	<b>111,557</b>	-	-	<b>111,557</b>	<b>72,742</b>	<b>38,815</b>	<b>65.2%</b>	<b>154,167</b>	<b>53,830</b>
Buildings and other fixed structures	500	-	-	500	631	-131	126.2%	82,107	-
Buildings	500	-	-	500	631	-131	126.2%	82,107	-
Other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	111,057	-	-	111,057	72,111	38,946	64.9%	72,060	53,813
Transport equipment	2,000	-	-	2,000	5,550	-3,550	277.5%	80	8,140
Other machinery and equipment	109,057	-	-	109,057	66,561	42,496	61.0%	71,980	45,674
Software and other intangible assets	-	-	-	-	-	-	-	-	17
<b>Payment for financial assets</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>1,408</b>	<b>-1,408</b>	<b>-</b>	<b>-</b>	<b>-</b>
	<b>6,132,852</b>	<b>-</b>	<b>-32,196</b>	<b>6,100,656</b>	<b>5,987,314</b>	<b>113,342</b>	<b>98.1%</b>	<b>5,297,849</b>	<b>5,154,324</b>

**GAUTENG PROVINCIAL DEPARTMENT OF HEALTH  
VOTE 04**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

Subprogramme: 4.1: General Hospitals	2014/15					2013/14			
	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
<b>Current payments</b>	<b>4,150,037</b>	-	-	<b>4,150,037</b>	<b>4,173,344</b>	<b>-23,307</b>	<b>100.6%</b>	<b>3,510,543</b>	<b>3,594,695</b>
Compensation of employees	3,050,183	-	-	3,050,183	3,044,336	5,847	99.8%	2,657,765	2,773,673
Salaries and wages	2,459,791	-	-	2,459,791	2,704,906	-245,115	110.0%	2,367,231	2,455,262
Social contributions	590,392	-	-	590,392	339,430	250,962	57.5%	290,534	318,411
Goods and services	1,099,854	-	-	1,099,854	1,129,008	-29,154	102.7%	852,778	819,693
Administrative fees	55	-	-	55	65	-10	118.2%	328	21
Advertising	107	-	-	107	121	-14	113.1%	98	32
Minor assets	6,073	-	-	6,073	3,426	2,647	56.4%	2,079	2,528
Audit costs: External	-	-	-	-	-	-	-	-	-
Bursaries: Employees	-	-	-	-	-	-	-	-	-
Catering: Departmental activities	34	-	-	34	6	28	17.6%	2	3
Communication (G&S)	6,955	-	-	6,955	9,427	-2,472	135.5%	8,131	8,873
Computer services	-	-	-	-	-	-	-	-	105
Consultants: Business and advisory services	551	-	-	551	508	43	92.2%	400	433
Infrastructure and planning services	-	-	-	-	-	-	-	-	-
Laboratory services	116,312	-	-	116,312	72,371	43,941	62.2%	107,746	33,854
Scientific and technological services	-	-	-	-	-	-	-	-	-
Legal services	40,369	-	-	40,369	99,624	-59,255	246.8%	190	57,159
Contractors	43,887	-	-	43,887	50,376	-6,489	114.8%	25,185	53,224
Agency and support / outsourced services	46,963	-	-	46,963	44,207	2,756	94.1%	42,773	32,787
Entertainment	-	-	-	-	2	-2	-	1	1
Fleet services (including government motor transport)	10,109	-	-	10,109	1,977	8,132	19.6%	2,477	3,113
Housing	-	-	-	-	-	-	-	-	-
Inventory: Clothing material and accessories	4,318	-	-	4,318	2,975	1,343	68.9%	1,716	2,332
Inventory: Farming supplies	-	-	-	-	-	-	-	-	-
Inventory: Food and food supplies	51,605	-	-	51,605	38,449	13,156	74.5%	36,956	36,546
Inventory: Fuel, oil and gas	39,153	-	-	39,153	24,113	15,040	61.6%	17,834	13,320
Inventory: Learner and teacher support material	-	-	-	-	-	-	-	9	9

**GAUTENG PROVINCIAL DEPARTMENT OF HEALTH  
VOTE 04**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

Subprogramme: 4.1: General Hospitals	2014/15						2013/14		
	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
Inventory: Materials and supplies	3,287	-	-	3,287	3,806	-519	115.8%	1,200	3,531
Inventory: Medical supplies	364,275	-	-	364,275	392,954	-28,679	107.9%	276,488	294,602
Inventory: Medicine	188,021	-	-	188,021	134,498	53,523	71.5%	176,286	111,264
Medsas inventory interface	-	-	-	-	-	-	-	-	-
Inventory: Other supplies	-	-	-	-	-	-	-	-	-
Consumable supplies	69,315	-	-	69,315	66,421	2,894	95.8%	42,506	43,954
Consumable: Stationery, printing and office supplies	12,427	-	-	12,427	15,401	-2,974	123.9%	5,657	13,332
Operating leases	1,940	-	-	1,940	2,137	-197	110.2%	2,229	-8,546
Property payments	90,563	-	-	90,563	161,671	-71,108	178.5%	101,679	115,795
Transport provided: Departmental activity	285	-	-	285	3,096	-2,811	1086.3%	106	56
Travel and subsistence	1,193	-	-	1,193	880	313	73.8%	534	707
Training and development	547	-	-	547	184	363	33.6%	67	73
Operating payments	1,390	-	-	1,390	90	1,300	6.5%	101	277
Venues and facilities	-	-	-	-	-	-	-	-	-
Rental and hiring	120	-	-	120	223	-103	185.8%	-	307
Interest and rent on land	-	-	-	-	-	-	-	-	1,329
Interest (incl. interest on unitary payments (PPP))	-	-	-	-	-	-	-	-	1,154
Rent on land	-	-	-	-	-	-	-	-	176
<b>Transfers and subsidies</b>	<b>3,276</b>	-	-	<b>3,276</b>	<b>13,477</b>	<b>-10,201</b>	<b>411.4%</b>	<b>3,254</b>	<b>9,624</b>
Departmental agencies and accounts	-	-	-	-	-	-	-	12	-
Social security funds	-	-	-	-	-	-	-	12	-
Departmental agencies (non-business entities)	-	-	-	-	-	-	-	-	-

**GAUTENG PROVINCIAL DEPARTMENT OF HEALTH  
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**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

Subprogramme: 4.1: General Hospitals									
	2014/15					2013/14			
	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
Households	3,276	-	-	3,276	13,477	-10,201	411.4%	3,242	9,624
Social benefits	3,276	-	-	3,276	13,477	-10,201	411.4%	3,242	9,624
Other transfers to households	-	-	-	-	-	-	-	-	-
<b>Payments for capital assets</b>	<b>85,874</b>	-	-	<b>85,874</b>	<b>53,880</b>	<b>31,994</b>	<b>62.7%</b>	<b>46,311</b>	<b>38,283</b>
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Buildings	-	-	-	-	-	-	-	-	-
Other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	85,874	-	-	85,874	53,880	31,994	62.7%	46,311	38,283
Transport equipment	-	-	-	-	2,928	-2,928	-	80	4,359
Other machinery and equipment	85,874	-	-	85,874	50,952	34,922	59.3%	46,231	33,924
Heritage assets	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-
<b>Payment for financial assets</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>1,157</b>	<b>-1,157</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Total</b>	<b>4,239,187</b>	<b>-</b>	<b>-</b>	<b>4,239,187</b>	<b>4,241,858</b>	<b>-2,671</b>	<b>100.1%</b>	<b>3,560,108</b>	<b>3,642,601</b>

**GAUTENG PROVINCIAL DEPARTMENT OF HEALTH  
VOTE 04**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

	Subprogramme: 4.2: Tuberculosis Hospitals						2013/14		
	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
<b>Current payments</b>	<b>356,540</b>	-	<b>-25,196</b>	<b>331,344</b>	<b>203,055</b>	<b>128,289</b>	<b>61.3%</b>	<b>252,782</b>	<b>156,501</b>
Compensation of employees	181,147	-	-	181,147	155,357	25,790	85.8%	115,835	119,140
Salaries and wages	156,721	-	-	156,721	134,571	22,150	85.9%	101,981	104,446
Social contributions	24,426	-	-	24,426	20,786	3,640	85.1%	13,854	14,695
Goods and services	175,393	-	-25,196	150,197	47,626	102,571	31.7%	136,947	37,020
Administrative fees	15	-	-	15	6	9	40.0%	3	1
Advertising	900	-	-	900	1,056	-156	117.3%	2,000	31
Minor assets	747	-	-	747	295	452	39.5%	110	183
Audit costs: External	-	-	-	-	-	-	-	-	-
Bursaries: Employees	-	-	-	-	-	-	-	-	-
Catering: Departmental activities	-	-	-	-	89	-89	-	2	14
Communication (G&S)	600	-	-	600	364	236	60.7%	700	344
Computer services	-	-	-	-	-	-	-	-	-
Consultants: Business and advisory services	40	-	-	40	48	-8	120.0%	19	17
Infrastructure and planning services	-	-	-	-	-	-	-	-	-
Laboratory services	25,000	-	-5,196	19,804	2,337	17,467	11.8%	11,720	762
Scientific and technological services	-	-	-	-	-	-	-	-	-
Legal services	300	-	-	300	7	293	2.3%	-	21
Contractors	-	-	-	-	217	-217	-	1,139	783
Agency and support / outsourced services	4,419	-	-	4,419	1,600	2,819	36.2%	3,900	3,613
Entertainment	-	-	-	-	-	-	-	-	-
Fleet services (including government motor transport)	1,200	-	-	1,200	104	1,096	8.7%	300	178
Housing	-	-	-	-	-	-	-	-	-
Inventory: Clothing material and accessories	-	-	-	-	-	-	-	-	-
Inventory: Farming supplies	-	-	-	-	-	-	-	-	-
Inventory: Food and food supplies	4,876	-	-	4,876	3,584	1,292	73.5%	1,400	87
Inventory: Fuel, oil and gas	530	-	-	530	162	368	30.6%	5,876	2,941
Inventory: Learner and teacher support material	-	-	-	-	-	-	-	648	199

**GAUTENG PROVINCIAL DEPARTMENT OF HEALTH  
VOTE 04**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

Subprogramme: 4.2: Tuberculosis Hospitals	2014/15						2013/14		
	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
Inventory: Materials and supplies	100	-	-	100	83	17	83.0%	10	8
Inventory: Medical supplies	10,589	-	-	10,589	3,259	7,330	30.8%	8,250	1,659
Inventory: Medicine	102,869	-	-20,000	82,869	17,753	65,116	21.4%	89,040	20,667
Medsas inventory interface	-	-	-	-	-	-	-	-	-
Inventory: Other supplies	-	-	-	-	-	-	-	-	-
Consumable supplies	6,288	-	-	6,288	3,018	3,270	48.0%	1,400	1,464
Consumable: Stationery, printing and office supplies	996	-	-	996	703	293	70.6%	2,716	972
Operating leases	565	-	-	565	565	565	-	100	-
Property payments	10,000	-	-	10,000	11,726	-1,726	117.3%	5,296	3,048
Transport provided: Departmental activity	-	-	-	-	-	-	-	-	-
Travel and subsistence	124	-	-	124	89	35	71.8%	100	16
Training and development	20	-	-	20	20	20	-	15	-
Operating payments	15	-	-	15	8	7	53.3%	3	1
Venues and facilities	5,200	-	-	5,200	1,118	4,082	21.5%	2,200	11
Rental and hiring	-	-	-	-	-	-	-	-	-
Interest and rent on land	-	-	-	-	72	-72	-	-	340
Interest (incl. interest on unitary payments (PPP))	-	-	-	-	72	-72	-	-	271
Rent on land	-	-	-	-	-	-	-	-	69
<b>Transfers and subsidies</b>	<b>400</b>	<b>-</b>	<b>-</b>	<b>400</b>	<b>460</b>	<b>-60</b>	<b>115.0%</b>	<b>300</b>	<b>404</b>

**GAUTENG PROVINCIAL DEPARTMENT OF HEALTH  
VOTE 04**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

Subprogramme: 4.2: Tuberculosis Hospitals	2014/15						2013/14		
	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
Households	400	-	-	400	460	-60	115.0%	300	404
Social benefits	400	-	-	400	460	-60	115.0%	300	404
Other transfers to households	-	-	-	-	-	-	-	-	-
<b>Payments for capital assets</b>	<b>3,188</b>	-	-	<b>3,188</b>	<b>2,235</b>	<b>953</b>	<b>70.1%</b>	<b>89,607</b>	<b>1,036</b>
Buildings and other fixed structures	500	-	-	500	360	140	72.0%	82,107	-
Buildings	500	-	-	500	360	140	72.0%	82,107	-
Other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	2,688	-	-	2,688	1,875	813	69.8%	7,500	1,036
Transport equipment	-	-	-	-	369	-369	-	-	351
Other machinery and equipment	2,688	-	-	2,688	1,506	1,182	56.0%	7,500	684
Heritage assets	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-
<b>Payment for financial assets</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>60</b>	<b>-60</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Total</b>	<b>360,128</b>	<b>-</b>	<b>-25,196</b>	<b>334,932</b>	<b>205,810</b>	<b>129,122</b>	<b>61.4%</b>	<b>342,689</b>	<b>157,940</b>

**GAUTENG PROVINCIAL DEPARTMENT OF HEALTH  
VOTE 04**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

Subprogramme: 4.3: Psychiatric/Mental Hospital	2014/15							2013/14	
	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
<b>Economic classification</b>									
<b>Current payments</b>	<b>763,300</b>	-	-	<b>763,300</b>	<b>735,931</b>	<b>27,369</b>	<b>96.4%</b>	<b>700,082</b>	<b>693,088</b>
Compensation of employees	663,367	-	-	663,367	638,932	24,435	96.3%	612,759	601,876
Salaries and wages	577,118			577,118	557,530	19,588	96.6%	531,801	524,875
Social contributions	86,249			86,249	81,402	4,847	94.4%	80,958	77,001
Goods and services	99,933	-	-	99,933	96,999	2,934	97.1%	87,323	90,901
Administrative fees	28	-	-	28	32	-4	114.3%	14	15
Advertising	264	-	-	264		264	-	189	220
Minor assets	2,080	-	-	2,080	415	1,665	20.0%	376	656
Audit costs: External		-	-	-					
Bursaries: Employees		-	-	-					
Catering: Departmental activities	4	-	-	4	5	-1	125.0%		80
Communication (G&S)	1,240	-	-	1,240	1,929	-689	155.6%	973	1,521
Computer services	849	-	-	849	218	631	25.7%		294
Consultants: Business and advisory services	2,513	-	-	2,513	1,638	875	65.2%	2,028	2,081
Infrastructure and planning services		-	-	-					
Laboratory services	2,701	-	-	2,701	1,309	1,392	48.5%	2,262	597
Scientific and technological services		-	-	-					
Legal services	140	-	-	140	927	-787	662.1%	2,000	2,000
Contractors	300	-	-	300	678	-378	226.0%	465	300
Agency and support / outsourced services	1,087	-	-	1,087	1,140	-53	104.9%	636	594
Entertainment		-	-	-				10	-
Fleet services (including government motor transport)	939	-	-	939	1,406	-467	149.7%	743	1,479
Housing		-	-	-					
Inventory: Clothing material and accessories	1,027	-	-	1,027	456	571	44.4%	3,145	485
Inventory: Farming supplies		-	-	-					
Inventory: Food and food supplies	21,288	-	-	21,288	19,940	1,348	93.7%	18,655	16,914
Inventory: Fuel, oil and gas	3,055	-	-	3,055	3,681	-626	120.5%	867	793
Inventory: Learner and teacher support material	437	-	-	437	146	291	33.4%	27	26



**GAUTENG PROVINCIAL DEPARTMENT OF HEALTH  
VOTE 04**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

Subprogramme: 4.3: Psychiatric/Mental Hospital	2014/15						2013/14		
	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
Inventory: Materials and supplies	267	-	-	267	416	-149	155.8%	647	1,469
Inventory: Medical supplies	4,346	-	-	4,346	2,927	1,419	67.3%	3,628	2,065
Inventory: Medicine	14,014	-	-	14,014	16,874	-2,860	120.4%	15,047	15,058
Medsas inventory interface	-	-	-	-	-	-	-	-	-
Inventory: Other supplies	-	-	-	-	-	-	-	-	-
Consumable supplies	16,133	-	-	16,133	12,383	3,750	76.8%	10,895	12,675
Consumable: Stationery, printing and office supplies	1,257	-	-	1,257	1,302	-45	103.6%	979	1,183
Operating leases	800	-	-	800	-42	842	(5.3%)	549	-
Property payments	24,274	-	-	24,274	28,355	-4,081	116.8%	22,564	29,523
Transport provided: Departmental activity	11	-	-	11	6	5	54.5%	62	14
Travel and subsistence	388	-	-	388	302	86	77.8%	260	210
Training and development	318	-	-	318	87	231	27.4%	79	197
Operating payments	173	-	-	173	469	-296	271.1%	223	442
Venues and facilities	-	-	-	-	-	-	-	-	9
Rental and hiring	-	-	-	-	-	-	-	-	-
Interest and rent on land	-	-	-	-	-	-	-	-	310
Interest (incl. interest on unitary payments (PPP))	-	-	-	-	-	-	-	-	310
Rent on land	-	-	-	-	-	-	-	-	-
<b>Transfers and subsidies</b>	<b>252,657</b>	-	-	<b>252,657</b>	<b>327,765</b>	<b>-75,108</b>	<b>129.7%</b>	<b>235,864</b>	<b>220,687</b>
Departmental agencies and accounts	-	-	-	-	4	-4	-	-	18
Social security funds	-	-	-	-	-	-	-	-	18
Departmental agencies (non-business entities)	-	-	-	-	4	-4	-	-	-

**GAUTENG PROVINCIAL DEPARTMENT OF HEALTH  
VOTE 04**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

Subprogramme: 4.3: Psychiatric/Mental Hospital									
	2014/15					2013/14			
	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
Non-profit institutions	251,695	-	-	251,695	323,713	-72,018	128.6%	234,948	218,536
Households	962	-	-	962	4,048	-3,086	420.8%	916	2,133
Social benefits	962	-	-	962	4,048	-3,086	420.8%	916	2,133
Other transfers to households	-	-	-	-	-	-	-	-	-
<b>Payments for capital assets</b>	<b>7,535</b>	-	-	<b>7,535</b>	<b>5,856</b>	<b>1,679</b>	<b>77.7%</b>	<b>6,468</b>	<b>6,071</b>
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Buildings	-	-	-	-	-	-	-	-	-
Other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	7,535	-	-	7,535	5,856	1,679	77.7%	6,468	6,071
Transport equipment	500	-	-	500	1,625	-1,125	325.0%	-	2,732
Other machinery and equipment	7,035	-	-	7,035	4,231	2,804	60.1%	6,468	3,338
Heritage assets	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-
<b>Payment for financial assets</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>123</b>	<b>-123</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Total</b>	<b>1,023,492</b>	<b>-</b>	<b>-</b>	<b>1,023,492</b>	<b>1,069,675</b>	<b>-46,183</b>	<b>104.5%</b>	<b>942,414</b>	<b>919,845</b>

**GAUTENG PROVINCIAL DEPARTMENT OF HEALTH  
VOTE 04**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

Subprogramme: 4.4: Dental Training Hospitals	2014/15						2013/14		
	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
<b>Current payments</b>	<b>416,837</b>	-	-	<b>416,837</b>	<b>397,023</b>	<b>19,814</b>	<b>95.2%</b>	<b>386,085</b>	<b>368,568</b>
Compensation of employees	368,224	-	-	368,224	362,827	5,397	98.5%	344,355	315,422
Salaries and wages	333,940	-	-	333,940	330,217	3,723	98.9%	314,113	286,536
Social contributions	34,284	-	-	34,284	32,610	1,674	95.1%	30,242	28,886
Goods and services	48,613	-	-	48,613	34,196	14,417	70.3%	41,730	53,007
Administrative fees	7	-	-	7	5	2	71.4%	13	203
Advertising	100	-	-	100	100	0	-	39	1
Minor assets	1,586	-	-	1,586	460	1,126	29.0%	489	236
Audit costs: External	-	-	-	-	-	-	-	-	-
Bursaries: Employees	-	-	-	-	-	-	-	-	-
Catering: Departmental activities	13	-	-	13	6	7	46.2%	-	-
Communication (G&S)	1,636	-	-	1,636	620	1,016	37.9%	778	1,580
Computer services	-	-	-	-	8	-8	-	-	10
Consultants: Business and advisory services	-	-	-	-	-	-	-	9	7
Infrastructure and planning services	-	-	-	-	-	-	-	-	-
Laboratory services	2,641	-	-	2,641	1,700	941	64.4%	1,685	1,449
Scientific and technological services	-	-	-	-	-	-	-	-	-
Legal services	68	-	-	68	56	12	82.4%	-	19
Contractors	2,383	-	-	2,383	1,266	1,117	53.1%	1,532	1,151
Agency and support / outsourced services	1,609	-	-	1,609	921	688	57.2%	875	1,302
Entertainment	1	-	-	1	1	0	-	-	-
Fleet services (including government motor transport)	126	-	-	126	117	9	92.9%	137	193
Housing	-	-	-	-	-	-	-	-	-
Inventory: Clothing material and accessories	256	-	-	256	85	171	33.2%	186	74
Inventory: Farming supplies	-	-	-	-	-	-	-	-	-
Inventory: Food and food supplies	8	-	-	8	212	-204	2650.0%	11	0
Inventory: Fuel, oil and gas	455	-	-	455	143	312	31.4%	317	157
Inventory: Learner and teacher support material	6	-	-	6	6	0	-	-	-

**GAUTENG PROVINCIAL DEPARTMENT OF HEALTH  
VOTE 04**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

Subprogramme: 4.4: Dental Training Hospitals	2014/15							2013/14	
	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
Inventory: Materials and supplies	2,183	-	-	2,183	127	2,056	5.8%	158	158
Inventory: Medical supplies	17,196	-	-	17,196	12,373	4,823	72.0%	15,309	21,177
Inventory: Medicine	1,746	-	-	1,746	5,384	-3,638	308.4%	2,583	583
Medsas inventory interface	-	-	-	-	2	-2	-	-	-
Inventory: Other supplies	-	-	-	-	-	-	-	-	-
Consumable supplies	5,316	-	-	5,316	4,654	662	87.5%	3,803	4,549
Consumable: Stationery, printing and office supplies	1,328	-	-	1,328	801	527	60.3%	753	664
Operating leases	6,960	-	-	6,960	4,069	2,891	58.5%	11,866	17,059
Property payments	1,930	-	-	1,930	974	956	50.5%	1,007	1,663
Transport provided: Departmental activity	-	-	-	-	-	-	-	-	-
Travel and subsistence	278	-	-	278	1	277	0.4%	14	23
Training and development	144	-	-	144	79	65	54.9%	18	31
Operating payments	287	-	-	287	21	266	7.3%	148	214
Venues and facilities	-	-	-	-	-	-	-	-	411
Rental and hiring	350	-	-	350	112	238	32.0%	-	94
Interest and rent on land	-	-	-	-	-	-	-	-	140
Interest (incl. interest on unitary payments (PPP))	-	-	-	-	-	-	-	-	140
Rent on land	-	-	-	-	-	-	-	-	-
<b>Transfers and subsidies</b>	<b>757</b>	-	-	<b>757</b>	<b>1,144</b>	<b>-387</b>	<b>151.1%</b>	<b>757</b>	<b>660</b>

**GAUTENG PROVINCIAL DEPARTMENT OF HEALTH  
VOTE 04**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

Subprogramme: 4.4: Dental Training Hospitals	2014/15						2013/14		
	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
Households	757	-	-	757	1,144	-387	151.1%	757	660
Social benefits	757	-	-	757	725	32	95.8%	757	660
Other transfers to households	-	-	-	-	419	-419	-	-	-
<b>Payments for capital assets</b>	<b>9,176</b>	-	-	<b>9,176</b>	<b>9,140</b>	<b>36</b>	<b>99.6%</b>	<b>9,257</b>	<b>6,681</b>
Buildings and other fixed structures	-	-	-	-	271	-271	-	-	-
Buildings	-	-	-	-	271	-271	-	-	-
Other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	9,176	-	-	9,176	8,869	307	96.7%	9,257	6,681
Transport equipment	1,500	-	-	1,500	469	1,031	31.3%	-	489
Other machinery and equipment	7,676	-	-	7,676	8,400	-724	109.4%	9,257	6,192
Heritage assets	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-
<b>Payment for financial assets</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>67</b>	<b>-67</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Total</b>	<b>426,770</b>	<b>-</b>	<b>-</b>	<b>426,770</b>	<b>407,374</b>	<b>19,396</b>	<b>95.5%</b>	<b>396,099</b>	<b>375,909</b>

**GAUTENG PROVINCIAL DEPARTMENT OF HEALTH  
VOTE 04**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

	2014/15						2013/14		
	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
<b>Economic classification</b>									
<b>Current payments</b>	<b>77,476</b>	-	<b>-7,000</b>	<b>70,476</b>	<b>60,815</b>	<b>9,661</b>	<b>86.3%</b>	<b>53,974</b>	<b>56,174</b>
Compensation of employees	64,139	-	-7,000	57,139	50,219	6,920	87.9%	43,249	46,599
Salaries and wages	55,070	-	-7,000	48,070	43,279	4,791	90.0%	38,402	40,050
Social contributions	9,069	-	-	9,069	6,940	2,129	76.5%	4,847	6,550
Goods and services	13,337	-	-	13,337	10,596	2,741	79.4%	10,725	9,567
Administrative fees	6	-	-	6	5	1	83.3%	-	1
Advertising	-	-	-	-	-	-	-	-	-
Minor assets	314	-	-	314	155	159	49.4%	231	103
Audit costs: External	-	-	-	-	-	-	-	-	-
Bursaries: Employees	-	-	-	-	-	-	-	-	-
Catering: Departmental activities	-	-	-	-	-	-	-	-	-
Communication (G&S)	95	-	-	95	81	14	85.3%	700	319
Computer services	-	-	-	-	54	-54	-	1,023	4
Consultants: Business and advisory services	-	-	-	-	1	-1	-	15	12
Infrastructure and planning services	-	-	-	-	-	-	-	-	-
Laboratory services	91	-	-	91	96	-5	105.5%	84	42
Scientific and technological services	-	-	-	-	-	-	-	-	-
Legal services	-	-	-	-	-	-	-	-	-
Contractors	80	-	-	80	120	-40	150.0%	200	190
Agency and support / outsourced services	238	-	-	238	322	-84	135.3%	138	113
Entertainment	-	-	-	-	-	-	-	-	-
Fleet services (including government motor transport)	70	-	-	70	8	62	11.4%	69	42
Housing	-	-	-	-	-	-	-	-	-
Inventory: Clothing material and accessories	156	-	-	156	-	156	-	99	10
Inventory: Farming supplies	-	-	-	-	-	-	-	-	-
Inventory: Food and food supplies	740	-	-	740	730	10	98.6%	628	506
Inventory: Fuel, oil and gas	296	-	-	296	219	77	74.0%	77	5
Inventory: Learner and teacher support material	-	-	-	-	-	-	-	7	14

**GAUTENG PROVINCIAL DEPARTMENT OF HEALTH  
VOTE 04**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

Subprogramme: 4.5: Other Specialised Hospitals	2014/15						2013/14		
	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
Inventory: Materials and supplies	4	-	-	4	5	-1	125.0%	5	9
Inventory: Medical supplies	3,906	-	-	3,906	2,519	1,387	64.5%	2,478	1,573
Inventory: Medicine	1,425	-	-	1,425	873	552	61.3%	366	651
Medsas inventory interface		-	-	-	-	-	-	-	-
Inventory: Other supplies		-	-	-	-	-	-	-	-
Consumable supplies	837	-	-	837	728	109	87.0%	776	587
Consumable: Stationery, printing and office supplies	448	-	-	448	207	241	46.2%	515	160
Operating leases	180	-	-	180	13	167	7.2%	26	-
Property payments	4,094	-	-	4,094	4,397	-303	107.4%	-	-
Transport provided: Departmental activity		-	-	-	-	-	-	3,194	5,130
Travel and subsistence	30	-	-	30		30	-	3	0
Training and development	230	-	-	230	63	167	27.4%	70	100
Operating payments	97	-	-	97		97	-	21	-
Venues and facilities		-	-	-	-	-	-	-	-
Rental and hiring		-	-	-	-	-	-	-	-
Interest and rent on land	-	-	-	-	-	-	-	-	7
Interest (incl. interest on unitary payments (PPP))	-	-	-	-	-	-	-	-	7
Rent on land	-	-	-	-	-	-	-	-	-
<b>Transfers and subsidies</b>	<b>15</b>	-	-	<b>15</b>	<b>150</b>	<b>-135</b>	<b>1000.0%</b>	<b>41</b>	<b>95</b>

**GAUTENG PROVINCIAL DEPARTMENT OF HEALTH  
VOTE 04**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

Subprogramme: 4.5: Other Specialised Hospitals	2014/15					2013/14			
	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
Households	15	-	-	15	150	-135	1000.0%	41	95
Social benefits	15	-	-	15	150	-135	1000.0%	41	95
Other transfers to households	-	-	-	-	-	-	-	-	-
<b>Payments for capital assets</b>	<b>5,784</b>	-	-	<b>5,784</b>	<b>1,631</b>	<b>4,153</b>	<b>28.2%</b>	<b>2,524</b>	<b>1,760</b>
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Buildings	-	-	-	-	-	-	-	-	-
Other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	5,784	-	-	5,784	1,631	4,153	28.2%	2,524	1,743
Transport equipment	-	-	-	-	159	-159	-	-	208
Other machinery and equipment	5,784	-	-	5,784	1,472	4,312	25.4%	2,524	1,536
Heritage assets	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	17
<b>Payment for financial assets</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>1</b>	<b>-1</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Total</b>	<b>83,275</b>	<b>-</b>	<b>-7,000</b>	<b>76,275</b>	<b>62,597</b>	<b>13,678</b>	<b>82.1%</b>	<b>56,539</b>	<b>58,029</b>



**GAUTENG PROVINCIAL DEPARTMENT OF HEALTH  
VOTE 04**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

Programme 5: Central Hospital Services									
	2014/15					2013/14			
	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
<b>Sub programme</b>									
1 Central Hospitals	8,539,661	-	658,467	9,198,128	9,198,127	1	100.0%	8,121,830	8,079,936
2 Provincial Tertiary Hospital Services	2,320,336	-	66,179	2,386,515	2,386,515	-	100.0%	2,190,137	2,157,859
	<b>10,859,997</b>	-	<b>724,646</b>	<b>11,584,643</b>	<b>11,584,642</b>	<b>1</b>	<b>100.0%</b>	<b>10,311,967</b>	<b>10,237,795</b>
<b>Economic classification</b>									
<b>Current payments</b>	<b>10,585,246</b>	-	<b>724,646</b>	<b>11,309,892</b>	<b>11,293,793</b>	<b>16,099</b>	<b>99.9%</b>	<b>9,908,068</b>	<b>10,061,763</b>
Compensation of employees	7,644,402	-	133,000	7,777,402	7,817,483	-40,081	100.5%	7,031,434	7,176,189
Salaries and wages	6,460,792	-	93,000	6,553,792	7,026,508	-472,716	107.2%	6,253,408	6,436,281
Social contributions	1,183,610	-	40,000	1,223,610	790,975	432,635	64.6%	778,026	739,908
Goods and services	2,940,844	-	591,646	3,532,490	3,476,310	56,180	98.4%	2,876,634	2,884,067
Administrative fees	88	-	-	88	68	20	77.3%	115	66
Advertising	124	-	-	124	512	-388	412.9%	748	952
Minor assets	38,486	-	-	38,486	11,816	26,670	30.7%	12,971	8,827
Audit costs: External	-	-	-	-	-	-	-	-	-
Bursaries: Employees	-	-	-	-	15	-15	-	-	-
Catering: Departmental activities	74	-	-	74	63	11	85.1%	17	22
Communication (G&S)	13,509	-	11,764	25,273	25,273	-	100.0%	13,472	18,253
Computer services	-	-	-	-	210	-210	-	228	579
Consultants: Business and advisory services	635	-	-	635	378	257	59.5%	192	231
Infrastructure and planning services	-	-	-	-	-	-	-	-	-
Laboratory services	519,655	-	-	519,655	349,357	170,298	67.2%	542,885	176,661
Scientific and technological services	-	-	-	-	-	-	-	-	-
Legal services	4,178	-	5,841	10,019	87,586	-77,567	874.2%	30,211	109,305
Contractors	135,738	-	102,000	237,738	250,136	-12,398	105.2%	126,005	160,808
Agency and support / outsourced services	128,749	-	41,179	169,928	188,567	-18,639	111.0%	175,478	234,901
Entertainment	3	-	-	3	3	-	100.0%	9	100

**GAUTENG PROVINCIAL DEPARTMENT OF HEALTH  
VOTE 04**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

	2014/15						2013/14		
	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
Fleet services (including government motor transport)	6,883	-	-	6,883	2,769	4,114	40.2%	2,318	4,512
Housing	-	-	-	-	-	-	-	-	-
Inventory: Clothing material and accessories	7,386	-	-	7,386	5,348	2,038	72.4%	5,248	6,057
Inventory: Farming supplies	-	-	-	-	-	-	-	-	-
Inventory: Food and food supplies	106,529	-	-	106,529	89,564	16,965	84.1%	98,498	71,245
Inventory: Fuel, oil and gas	42,377	-	-	42,377	38,869	3,508	91.7%	32,792	40,691
Inventory: Learner and teacher support material	-	-	-	-	-	-	-	50	52
Inventory: Materials and supplies	6,700	-	-	6,700	9,282	-2,582	138.5%	4,107	10,279
Inventory: Medical supplies	998,064	-	242,051	1,240,115	1,252,342	-12,227	101.0%	979,023	1,075,719
Inventory: Medicine	451,062	-	37,399	488,461	501,962	-13,501	102.8%	381,767	330,123
Medsas inventory interface	-	-	-	-	-	-	-	-	-
Inventory: Other supplies	-	-	-	-	-	-	-	-	-
Consumable supplies	178,468	-	6,000	184,468	213,229	-28,761	115.6%	147,693	191,164
Consumable: Stationery, printing and office supplies	23,021	-	-	23,021	36,779	-13,758	159.8%	16,699	25,620
Operating leases	22,812	-	-	22,812	8,167	14,645	35.8%	5,996	56
Property payments	249,825	-	145,412	395,237	399,806	-4,569	101.2%	296,869	412,322
Transport provided: Departmental activity	556	-	-	556	15	541	2.7%	1,161	412
Travel and subsistence	1,363	-	-	1,363	1,436	-73	105.4%	1,089	2,017
Training and development	1,773	-	-	1,773	836	937	47.2%	112	878
Operating payments	2,786	-	-	2,786	1,922	864	69.0%	881	2,211
Venues and facilities	-	-	-	-	-	-	-	-	1
Rental and hiring	-	-	-	-	-	-	-	-	1
Interest and rent on land	-	-	-	-	-	-	-	-	1,507
Interest (Incl. interest on unitary payments (PPP))	-	-	-	-	-	-	-	-	466
Rent on land	-	-	-	-	-	-	-	-	1,041
<b>Transfers and subsidies</b>	<b>15,431</b>	-	-	<b>15,431</b>	<b>49,073</b>	<b>-33,642</b>	<b>318.0%</b>	<b>8,615</b>	<b>36,183</b>

**GAUTENG PROVINCIAL DEPARTMENT OF HEALTH  
VOTE 04**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

	Programme 5: Central Hospital Services									
	2014/15					2013/14				
	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	R'000	R'000	R'000
Provinces and municipalities	-	-	-	-	48	-48	-	-	-	-
Provinces	-	-	-	-	-	-	-	-	-	-
Provincial Revenue Funds	-	-	-	-	-	-	-	-	-	-
Provincial agencies and funds	-	-	-	-	-	-	-	-	-	-
Municipalities	-	-	-	-	48	-48	-	-	-	-
Municipal bank accounts	-	-	-	-	-	-	-	-	-	-
Municipal agencies and funds	-	-	-	-	48	-48	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	13	12	-
Social security funds	-	-	-	-	-	-	-	13	12	-
Households	15,431	-	-	15,431	49,025	-33,594	317.7%	8,602	36,170	-
Social benefits	15,431	-	-	15,431	47,508	-32,077	307.9%	8,602	34,154	-
Other transfers to households	-	-	-	-	1,517	-1,517	-	-	2,016	-
<b>Payments for capital assets</b>	<b>259,320</b>	-	-	<b>259,320</b>	<b>239,300</b>	<b>20,020</b>	<b>92.3%</b>	<b>395,284</b>	<b>139,850</b>	-
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-	-
Buildings	-	-	-	-	-	-	-	-	-	-
Other fixed structures	-	-	-	-	-	-	-	-	-	-
Machinery and equipment	259,320	-	-	259,320	239,300	20,020	92.3%	395,284	139,836	-
Transport equipment	200	-	-	200	6,048	-5,848	3024.0%	-	6,453	-
Other machinery and equipment	259,120	-	-	259,120	233,252	25,868	90.0%	395,284	133,383	-
Heritage assets	-	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-	13
<b>Payment for financial assets</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>2,476</b>	<b>-2,476</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
	<b>10,859,997</b>	<b>-</b>	<b>724,646</b>	<b>11,584,643</b>	<b>11,584,642</b>	<b>1</b>	<b>100.0%</b>	<b>10,311,967</b>	<b>10,237,795</b>	<b>-</b>

**GAUTENG PROVINCIAL DEPARTMENT OF HEALTH  
VOTE 04**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

Subprogramme: 5.1: Central Hospitals	2014/15						2013/14		
	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
<b>Current payments</b>	<b>8,367,233</b>	-	<b>658,467</b>	<b>9,025,700</b>	<b>8,966,563</b>	<b>59,137</b>	<b>99.3%</b>	<b>7,825,426</b>	<b>7,960,512</b>
Compensation of employees	6,037,654	-	133,000	6,170,654	6,149,221	21,433	99.7%	5,565,791	5,681,263
Salaries and wages	5,120,433	-	93,000	5,213,433	5,529,642	-316,209	106.1%	4,958,656	5,091,103
Social contributions	917,221	-	40,000	957,221	619,579	337,642	64.7%	607,135	590,160
Goods and services	2,329,579	-	525,467	2,855,046	2,817,342	37,704	98.7%	2,259,635	2,278,370
Administrative fees	71	-	-	71	63	8	88.7%	96	47
Advertising	116	-	-	116	510	-394	439.7%	650	952
Minor assets	28,900	-	-	28,900	7,168	21,732	24.8%	11,497	5,911
Audit costs: External	-	-	-	-	-	-	-	-	-
Bursaries: Employees	-	-	-	-	15	-15	-	-	-
Catering: Departmental activities	54	-	-	54	63	-9	116.7%	17	20
Communication (G&S)	10,413	-	8,943	19,356	19,356	-	100.0%	9,788	14,940
Computer services	-	-	-	-	210	-210	-	-	575
Consultants: Business and advisory services	106	-	-	106	237	-131	223.6%	121	170
Infrastructure and planning services	-	-	-	-	-	-	-	-	-
Laboratory services	415,506	-	-	415,506	285,675	129,831	68.8%	468,842	150,535
Scientific and technological services	-	-	-	-	-	-	-	-	-
Legal services	4,099	-	5,841	9,940	82,809	-72,869	833.1%	30,139	74,514
Contractors	94,765	-	102,000	196,765	202,404	-5,639	102.9%	98,804	126,706
Agency and support / outsourced services	116,278	-	28,000	144,278	159,963	-15,685	110.9%	151,669	215,280
Entertainment	3	-	-	3	3	-	100.0%	7	98
Fleet services (including government motor transport)	5,272	-	-	5,272	2,454	2,818	46.5%	1,718	3,631
Housing	-	-	-	-	-	-	-	-	-
Inventory: Clothing material and accessories	2,156	-	-	2,156	2,988	-832	138.6%	5,170	5,958
Inventory: Farming supplies	-	-	-	-	-	-	-	-	-
Inventory: Food and food supplies	79,036	-	-	79,036	65,953	13,083	83.4%	77,535	51,255
Inventory: Fuel, oil and gas	30,314	-	-	30,314	27,157	3,157	89.6%	23,929	32,671
Inventory: Learner and teacher support material	-	-	-	-	-	-	-	50	50

**GAUTENG PROVINCIAL DEPARTMENT OF HEALTH  
VOTE 04**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

Subprogramme: 5.1: Central Hospitals	2014/15						2013/14		
	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
Inventory: Materials and supplies	5,273	-	-	5,273	7,299	-2,026	138.4%	3,670	9,235
Inventory: Medical supplies	794,498	-	232,683	1,027,181	1,035,158	-7,977	100.8%	814,327	880,503
Inventory: Medicine	356,788	-	-	356,788	355,580	1,208	99.7%	249,459	204,901
Medsas inventory interface	-	-	-	-	-	-	-	-	-
Inventory: Other supplies	-	-	-	-	-	-	-	-	-
Consumable supplies	152,729	-	6,000	158,729	183,501	-24,772	115.6%	112,949	161,908
Consumable: Stationery, printing and office supplies	14,478	-	-	14,478	27,668	-13,190	191.1%	12,553	18,890
Operating leases	16,812	-	-	16,812	8,020	8,792	47.7%	2,557	-111
Property payments	197,412	-	142,000	339,412	339,619	-207	100.1%	182,045	315,504
Transport provided: Departmental activity	446	-	-	446	10	436	2.2%	766	408
Travel and subsistence	927	-	-	927	1,193	-266	128.7%	417	1,210
Training and development	873	-	-	873	620	253	71.0%	100	462
Operating payments	2,254	-	-	2,254	1,646	608	73.0%	760	2,146
Venues and facilities	-	-	-	-	-	-	-	-	-
Rental and hiring	-	-	-	-	-	-	-	-	-
Interest and rent on land	-	-	-	-	-	-	-	-	1
Interest (incl. interest on unitary payments (PPP))	-	-	-	-	-	-	-	-	879
Rent on land	-	-	-	-	-	-	-	-	291
<b>Transfers and subsidies</b>	<b>13,113</b>	-	-	<b>13,113</b>	<b>39,977</b>	<b>-26,864</b>	<b>304.9%</b>	<b>6,697</b>	<b>30,142</b>
Provinces and municipalities	-	-	-	-	48	-48	-	-	-
Provinces	-	-	-	-	-	-	-	-	-
Provincial Revenue Funds	-	-	-	-	-	-	-	-	-
Provincial agencies and funds	-	-	-	-	-	-	-	-	-
Municipalities	-	-	-	-	48	-48	-	-	-
Municipal bank accounts	-	-	-	-	-	-	-	-	-
Municipal agencies and funds	-	-	-	-	48	-48	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	12	12
Social security funds	-	-	-	-	-	-	-	12	12
Departmental agencies (non-business entities)	-	-	-	-	-	-	-	-	-

**GAUTENG PROVINCIAL DEPARTMENT OF HEALTH  
VOTE 04**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

Subprogramme: 5.1: Central Hospitals	2014/15						2013/14		
	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
Households	13,113	-	-	13,113	39,929	-26,816	304.5%	6,685	30,130
Social benefits	13,113	-	-	13,113	38,412	-25,299	292.9%	6,685	28,198
Other transfers to households	-	-	-	-	1,517	-1,517	-	-	1,932
<b>Payments for capital assets</b>	<b>159,315</b>	-	-	<b>159,315</b>	<b>189,268</b>	<b>-29,953</b>	<b>118.8%</b>	<b>289,707</b>	<b>89,282</b>
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Buildings	-	-	-	-	-	-	-	-	-
Other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	159,315	-	-	159,315	189,268	-29,953	118.8%	289,707	89,269
Transport equipment	-	-	-	-	4,611	-4,611	-	-	5,280
Other machinery and equipment	159,315	-	-	159,315	184,657	-25,342	115.9%	289,707	83,989
Heritage assets	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	13
<b>Payment for financial assets</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>2,319</b>	<b>-2,319</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Total</b>	<b>8,539,661</b>	<b>-</b>	<b>658,467</b>	<b>9,198,128</b>	<b>9,198,127</b>	<b>1</b>	<b>100.0%</b>	<b>8,121,830</b>	<b>8,079,936</b>

**GAUTENG PROVINCIAL DEPARTMENT OF HEALTH  
VOTE 04**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

	Subprogramme: 5.2: Provincial Tertiary Hospital Services						2014/15		2013/14	
	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	
<b>Current payments</b>	<b>2,218,013</b>	-	<b>66,179</b>	<b>2,284,192</b>	<b>2,327,230</b>	<b>-43,038</b>	<b>101.9%</b>	<b>2,082,642</b>	<b>2,101,252</b>	
Compensation of employees	1,606,748	-	-	1,606,748	1,668,262	-61,514	103.8%	1,465,643	1,494,926	
Salaries and wages	1,340,359	-	-	1,340,359	1,496,866	-156,507	111.7%	1,294,752	1,345,178	
Social contributions	266,389	-	-	266,389	171,396	94,993	64.3%	170,891	149,748	
Goods and services	611,265	-	66,179	677,444	658,968	18,476	97.3%	616,999	605,698	
Administrative fees	17	-	-	17	5	12	29.4%	19	19	
Advertising	8	-	-	8	2	6	25.0%	98	-	
Minor assets	9,586	-	-	9,586	4,648	4,938	48.5%	1,474	2,916	
Audit costs: External	-	-	-	-	-	-	-	-	-	
Bursaries: Employees	-	-	-	-	-	-	-	-	-	
Catering: Departmental activities	20	-	-	20	20	-	-	-	2	
Communication (G&S)	3,096	-	2,821	5,917	5,917	-	100.0%	3,684	3,312	
Computer services	-	-	-	-	-	-	-	228	4	
Consultants: Business and advisory services	529	-	-	529	141	388	26.7%	71	61	
Infrastructure and planning services	-	-	-	-	-	-	-	-	-	
Laboratory services	104,149	-	-	104,149	63,682	40,467	61.1%	74,043	26,126	
Scientific and technological services	-	-	-	-	-	-	-	-	-	
Legal services	79	-	-	79	4,777	-4,698	6046.8%	72	34,791	
Contractors	40,973	-	-	40,973	47,732	-6,759	116.5%	27,201	34,102	
Agency and support / outsourced services	12,471	-	13,179	25,650	28,604	-2,954	111.5%	23,809	19,622	
Entertainment	-	-	-	-	-	-	-	2	2	
Fleet services (including government motor transport)	1,611	-	-	1,611	315	1,296	19.6%	600	881	
Housing	-	-	-	-	-	-	-	-	-	
Inventory: Clothing material and accessories	5,230	-	-	5,230	2,360	2,870	45.1%	78	100	
Inventory: Farming supplies	-	-	-	-	-	-	-	-	-	
Inventory: Food and food supplies	27,493	-	-	27,493	23,611	3,882	85.9%	20,963	19,990	
Inventory: Fuel, oil and gas	12,063	-	-	12,063	11,712	351	97.1%	8,863	8,021	
Inventory: Learner and teacher support material	-	-	-	-	-	-	-	-	3	

**GAUTENG PROVINCIAL DEPARTMENT OF HEALTH  
VOTE 04**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

Subprogramme: 5.2: Provincial Tertiary Hospital Services									
Economic classification	2014/15					2013/14			
	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
Inventories: Materials and supplies	1,427	-	-	1,427	1,983	-556	139.0%	437	1,044
Inventories: Medical supplies	203,566	-	9,368	212,934	217,184	-4,250	102.0%	164,696	195,216
Inventories: Medicine	94,274	-	37,399	131,673	146,382	-14,709	111.2%	132,308	125,223
Medsas inventory interface	-	-	-	-	-	-	-	-	-
Inventories: Other supplies	-	-	-	-	-	-	-	-	-
Consumable supplies	25,739	-	-	25,739	29,728	-3,989	115.5%	34,744	29,256
Consumables: Stationery, printing and office supplies	8,543	-	-	8,543	9,111	-568	106.6%	4,146	6,730
Operating leases	6,000	-	-	6,000	147	5,853	2.5%	3,439	167
Property payments	52,413	-	3,412	55,825	60,187	-4,362	107.8%	114,824	96,818
Transport provided: Departmental activity	110	-	-	110	5	105	4.5%	395	5
Travel and subsistence	436	-	-	436	243	193	55.7%	672	806
Training and development	900	-	-	900	216	684	24.0%	12	417
Operating payments	532	-	-	532	276	256	51.9%	121	65
Venues and facilities	-	-	-	-	-	-	-	-	1
Rental and hiring	-	-	-	-	-	-	-	-	-
Interest and rent on land	-	-	-	-	-	-	-	-	628
Interest (incl. interest on unitary payments (PPP))	-	-	-	-	-	-	-	-	176
Rent on land	-	-	-	-	-	-	-	-	452
<b>Transfers and subsidies</b>	<b>2,318</b>	-	-	<b>2,318</b>	<b>9,096</b>	<b>-6,778</b>	<b>392.4%</b>	<b>1,918</b>	<b>6,040</b>



**GAUTENG PROVINCIAL DEPARTMENT OF HEALTH  
VOTE 04**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

Subprogramme: 5.2: Provincial Tertiary Hospital Services	2014/15						2013/14		
	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
Households	2,318	-	-	2,318	9,096	-6,778	392.4%	1,917	6,040
Social benefits	2,318	-	-	2,318	9,096	-6,778	392.4%	1,917	5,956
Other transfers to households	-	-	-	-	-	-	-	-	84
<b>Payments for capital assets</b>	<b>100,005</b>	-	-	<b>100,005</b>	<b>50,032</b>	<b>49,973</b>	<b>50.0%</b>	<b>105,577</b>	<b>50,567</b>
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Buildings	-	-	-	-	-	-	-	-	-
Other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	100,005	-	-	100,005	50,032	49,973	50.0%	105,577	50,567
Transport equipment	200	-	-	200	1,437	-1,237	718.5%	-	1,173
Other machinery and equipment	99,805	-	-	99,805	48,595	51,210	48.7%	105,577	49,395
Heritage assets	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-
<b>Payment for financial assets</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>157</b>	<b>-157</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Total</b>	<b>2,320,336</b>	<b>-</b>	<b>66,179</b>	<b>2,386,515</b>	<b>2,386,515</b>	<b>-</b>	<b>100.0%</b>	<b>2,190,137</b>	<b>2,157,859</b>

**GAUTENG PROVINCIAL DEPARTMENT OF HEALTH  
VOTE 04**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

Programme 6: Health Sciences and Training											
	2014/15						2013/14				
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000	R'000	R'000
<b>Sub programme</b>											
1	695,649	-	-40,000	655,649	645,135	10,514	98.4%	775,569	674,694	775,569	674,694
2	38,059	-	-	38,059	27,811	10,248	73.1%	33,976	27,829	33,976	27,829
3	121,031	-	-	121,031	132,717	-11,686	109.7%	45,384	52,607	45,384	52,607
4	56,040	-	-	56,040	56,268	-228	100.4%	46,390	74,355	46,390	74,355
	<b>910,779</b>	-	<b>-40,000</b>	<b>870,779</b>	<b>861,931</b>	<b>8,848</b>	<b>99.0%</b>	<b>901,319</b>	<b>829,485</b>	<b>901,319</b>	<b>829,485</b>
<b>Economic classification</b>											
	<b>769,609</b>	-	<b>-40,000</b>	<b>729,609</b>	<b>702,125</b>	<b>27,484</b>	<b>96.2%</b>	<b>843,666</b>	<b>717,687</b>	<b>843,666</b>	<b>717,687</b>
Current payments											
Compensation of employees	701,101	-	-40,000	661,101	654,032	7,069	98.9%	780,482	680,787	780,482	680,787
Salaries and wages	567,203	-	-	567,203	561,481	5,722	99.0%	673,414	579,367	673,414	579,367
Social contributions	133,898	-	-40,000	93,898	92,551	1,347	98.6%	107,068	101,420	107,068	101,420
Goods and services	68,508	-	-	68,508	48,093	20,415	70.2%	63,184	36,852	63,184	36,852
Administrative fees	15	-	-	15	33	-18	220.0%	-47	14	-47	14
Advertising	356	-	-	356	244	112	68.5%	513	261	513	261
Minor assets	2,039	-	-	2,039	701	1,338	34.4%	1,929	960	1,929	960
Audit costs: External	-	-	-	-	-	-	-	-	-	-	-
Bursaries: Employees	16,362	-	-	16,362	1,388	14,974	8.5%	15,583	3,360	15,583	3,360
Catering: Departmental activities	382	-	-	382	206	176	53.9%	281	139	281	139
Communication (G&S)	1,798	-	-	1,798	1,305	493	72.6%	2,218	1,282	2,218	1,282
Computer services	109	-	-	109	4	105	3.7%	-	5	-	5
Consultants: Business and advisory services	50	-	-	50	12	38	24.0%	-	1	-	1
Infrastructure and planning services	-	-	-	-	-	-	-	-	-	-	-
Laboratory services	-	-	-	-	-	-	-	-	-	-	-
Scientific and technological services	-	-	-	-	-	-	-	-	-	-	-
Legal services	50	-	-	50	507	-457	1014.0%	-	37	-	37
Contractors	1,133	-	-	1,133	498	635	44.0%	1,028	510	1,028	510
Agency and support / outsourced services	465	-	-	465	592	-127	127.3%	-	192	-	192

**GAUTENG PROVINCIAL DEPARTMENT OF HEALTH  
VOTE 04**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

Programme 6: Health Sciences and Training											
	2014/15					2013/14					
	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	R'000	
Entertainment	-	-	-	-	-	-	-	-	-	-	
Fleet services (including government motor transport)	2,039	-	-	2,039	1,067	972	52.3%	1,260	1,394	-	
Housing	-	-	-	-	-	-	-	-	-	-	
Inventory: Clothing material and accessories	1,629	-	-	1,629	261	1,368	16.0%	2,892	407	-	
Inventory: Farming supplies	-	-	-	-	-	-	-	-	-	-	
Inventory: Food and food supplies	203	-	-	203	78	125	38.4%	200	169	-	
Inventory: Fuel, oil and gas	48	-	-	48	28	20	58.3%	536	15	-	
Inventory: Learner and teacher support material	2,296	-	-	2,296	943	1,353	41.1%	2,082	668	-	
Inventory: Materials and supplies	1,172	-	-	1,172	748	424	63.8%	1,216	1,325	-	
Inventory: Medical supplies	511	-	-	511	161	350	31.5%	810	869	-	
Inventory: Medicine	54	-	-	54	58	-4	107.4%	210	41	-	
Medsas inventory interface	-	-	-	-	-	-	-	-	-	-	
Inventory: Other supplies	-	-	-	-	-	-	-	-	-	-	
Consumable supplies	4,179	-	-	4,179	4,920	-741	117.7%	3,307	5,424	-	
Consumable: Stationery, printing and office supplies	3,973	-	-	3,973	2,442	1,531	61.5%	3,079	2,326	-	
Operating leases	1,180	-	-	1,180	-	1,180	-	1,655	97	-	
Property payments	8,938	-	-	8,938	13,518	-4,580	151.2%	11,487	10,652	-	
Transport provided: Departmental activity	10	-	-	10	-	10	-	12	-	-	
Travel and subsistence	3,632	-	-	3,632	7,466	-3,834	205.6%	2,187	1,218	-	
Training and development	15,125	-	-	15,125	10,452	4,673	69.1%	9,370	5,321	-	
Operating payments	680	-	-	680	322	358	47.4%	1,316	116	-	
Venues and facilities	80	-	-	80	139	-59	173.8%	60	50	-	
Rental and hiring	-	-	-	-	-	-	-	-	-	-	
Interest and rent on land	-	-	-	-	-	-	-	-	48	-	
Interest (Incl. interest on unitary payments (PPP))	-	-	-	-	-	-	-	-	48	-	
Rent on land	-	-	-	-	-	-	-	-	-	-	

**GAUTENG PROVINCIAL DEPARTMENT OF HEALTH  
VOTE 04**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

	2014/15						2013/14		
	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
<b>Transfers and subsidies</b>	<b>125,644</b>	-	-	<b>125,644</b>	<b>150,215</b>	<b>-24,571</b>	<b>119.6%</b>	<b>48,088</b>	<b>101,210</b>
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Provinces	-	-	-	-	-	-	-	-	-
Provincial Revenue Funds	-	-	-	-	-	-	-	-	-
Provincial agencies and funds	-	-	-	-	-	-	-	-	-
Municipalities	-	-	-	-	-	-	-	-	-
Municipal bank accounts	-	-	-	-	-	-	-	-	-
Municipal agencies and funds	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	17,131	-	-	17,131	17,131	-	100.0%	16,085	16,085
Social security funds	-	-	-	-	-	-	-	16,085	16,085
Departmental agencies (non-business entities)	17,131	-	-	17,131	17,131	-	100.0%	-	-
Higher education institutions	1,782	-	-	1,782	-	1,782	-	1,650	958
Households	106,731	-	-	106,731	133,084	-26,353	124.7%	30,353	84,167
Social benefits	2,062	-	-	2,062	2,020	42	98.0%	30,353	50,776
Other transfers to households	104,669	-	-	104,669	131,064	-26,395	125.2%	-	33,391

**GAUTENG PROVINCIAL DEPARTMENT OF HEALTH  
VOTE 04**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

Programme 6: Health Sciences and Training											
	2014/15						2013/14				
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000	R'000	R'000
<b>Payments for capital assets</b>	<b>15,526</b>	-	-	<b>15,526</b>	<b>8,801</b>	<b>6,725</b>	<b>56.7%</b>	<b>9,565</b>	<b>10,588</b>	<b>9,565</b>	<b>10,588</b>
Buildings and other fixed structures	-	-	-	-	-	-	-	5,971	3,909	5,971	3,909
Buildings	-	-	-	-	-	-	-	749	1,139	749	1,139
Other fixed structures	-	-	-	-	-	-	-	5,222	2,770	5,222	2,770
Machinery and equipment	15,526	-	-	15,526	8,801	6,725	56.7%	3,594	6,679	3,594	6,679
Transport equipment	-	-	-	-	4,153	-4,153	-	-	2,036	-	2,036
Other machinery and equipment	15,526	-	-	15,526	4,648	10,878	29.9%	3,594	4,643	3,594	4,643
Heritage assets	-	-	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-	-	-
<b>Payment for financial assets</b>	<b>-</b>	<b>-</b>	<b>-40,000</b>	<b>870,779</b>	<b>790</b>	<b>-790</b>	<b>-</b>	<b>901,319</b>	<b>829,485</b>	<b>901,319</b>	<b>829,485</b>
	<b>910,779</b>	-	<b>-40,000</b>	<b>870,779</b>	<b>861,931</b>	<b>8,848</b>	<b>99.0%</b>	<b>901,319</b>	<b>829,485</b>	<b>901,319</b>	<b>829,485</b>

**GAUTENG PROVINCIAL DEPARTMENT OF HEALTH  
VOTE 04**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

	Subprogramme: 6.1: Nurse Training Colleges						2014/15			2013/14		
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure	Final Appropriation	Actual Expenditure	
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000	R'000	R'000	
<b>Current payments</b>	<b>686,060</b>	-	<b>-40,000</b>	<b>646,060</b>	<b>636,947</b>	<b>9,113</b>	<b>98.6%</b>	<b>771,017</b>	<b>666,391</b>	<b>771,017</b>	<b>666,391</b>	
Compensation of employees	664,870	-	-40,000	624,870	616,416	8,454	98.6%	746,637	647,875	746,637	647,875	
Salaries and wages	534,812			534,812	528,178	6,634	98.8%	644,304	550,138	644,304	550,138	
Social contributions	130,058		-40,000	90,058	88,238	1,820	98.0%	102,333	97,736	102,333	97,736	
Goods and services	21,190	-	-	21,190	20,531	659	96.9%	24,380	18,482	24,380	18,482	
Administrative fees	2	-	-	2	2	-	100.0%	-60	0	-60	0	
Advertising	181	-	-	181	57	124	31.5%	171	39	171	39	
Minor assets	1,630	-	-	1,630	469	1,161	28.8%	910	738	910	738	
Audit costs: External		-	-	-	-	-	-	-	-	-	-	
Bursaries: Employees		-	-	-	-	-	-	-	-	-	-	
Catering: Departmental activities		-	-	-	-	-	-	231	1	231	1	
Communication (G&S)	1,308	-	-	1,308	1,123	185	85.9%	1,213	1,140	1,213	1,140	
Computer services	9	-	-	9	4	5	44.4%	-	5	-	5	
Consultants: Business and advisory services	50	-	-	50	12	38	24.0%	-	1	-	1	
Infrastructure and planning services		-	-	-	-	-	-	-	-	-	-	
Laboratory services		-	-	-	-	-	-	-	-	-	-	
Scientific and technological services		-	-	-	-	-	-	-	-	-	-	
Legal services		-	-	-	25	-25	-	-	37	-	37	
Contractors	244	-	-	244	72	172	29.5%	190	177	190	177	
Agency and support / outsourced services	461	-	-	461	373	88	80.9%	-	192	-	192	
Entertainment		-	-	-	-	-	-	-	-	-	-	
Fleet services (including government motor transport)	1,029	-	-	1,029	324	705	31.5%	500	791	500	791	
Housing		-	-	-	-	-	-	-	-	-	-	
Inventory: Clothing material and accessories	1,229	-	-	1,229	54	1,175	4.4%	2,208	20	2,208	20	
Inventory: Farming supplies		-	-	-	-	-	-	-	-	-	-	
Inventory: Food and food supplies	193	-	-	193	70	123	36.3%	140	163	140	163	
Inventory: Fuel, oil and gas	8	-	-	8	2	6	25.0%	31	-	31	-	
Inventory: Learner and teacher support material	1,851	-	-	1,851	718	1,133	38.8%	1,231	528	1,231	528	

**GAUTENG PROVINCIAL DEPARTMENT OF HEALTH  
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**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

Subprogramme: 6.1: Nurse Training Colleges	2014/15						2013/14		
	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
Inventory: Materials and supplies	409	-	-	409	172	237	42.1%	226	30
Inventory: Medical supplies	61	-	-	61	68	-7	111.5%	84	237
Inventory: Medicine	4	-	-	4	15	-11	375.0%	-	1
Medsas inventory interface	-	-	-	-	-	-	-	-	-
Inventory: Other supplies	-	-	-	-	-	-	-	-	-
Consumable supplies	3,565	-	-	3,565	4,561	-996	127.9%	3,237	5,390
Consumable: Stationery, printing and office supplies	2,078	-	-	2,078	1,834	244	88.3%	2,135	1,265
Operating leases	890	-	-	890	-	890	-	1,500	82
Property payments	4,533	-	-	4,533	10,329	-5,796	227.9%	8,877	7,626
Transport provided: Departmental activity	10	-	-	10	-	10	-	12	-
Travel and subsistence	177	-	-	177	5	172	2.8%	600	4
Training and development	1,268	-	-	1,268	197	1,071	15.5%	467	13
Operating payments	-	-	-	-	45	-45	-	477	-
Venues and facilities	-	-	-	-	-	-	-	-	-
Rental and hiring	-	-	-	-	-	-	-	-	-
Interest and rent on land	-	-	-	-	-	-	-	-	34
Interest (incl. interest on unitary payments (PPP))	-	-	-	-	-	-	-	-	34
Rent on land	-	-	-	-	-	-	-	-	-
<b>Transfers and subsidies</b>	<b>2,062</b>	-	-	<b>2,062</b>	<b>1,806</b>	<b>256</b>	<b>87.6%</b>	<b>552</b>	<b>1,625</b>

**GAUTENG PROVINCIAL DEPARTMENT OF HEALTH  
VOTE 04**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

Subprogramme: 6.1: Nurse Training Colleges	2014/15						2013/14		
	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
Households	2,062	-	-	2,062	1,806	256	87.6%	552	1,625
Social benefits	2,062			2,062	1,806	256	87.6%	552	1,625
Other transfers to households				-	-	-	-		
<b>Payments for capital assets</b>	<b>7,527</b>	<b>-</b>	<b>-</b>	<b>7,527</b>	<b>5,603</b>	<b>1,924</b>	<b>74.4%</b>	<b>4,000</b>	<b>6,679</b>
Buildings and other fixed structures	-	-	-	-	-	-	-	406	-
Buildings	-	-	-	-	-	-	-	406	-
Other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	7,527	-	-	7,527	5,603	1,924	74.4%	3,594	6,679
Transport equipment				-	2,037	-2,037	-	-	2,036
Other machinery and equipment	7,527			7,527	3,566	3,961	47.4%	3,594	4,643
Heritage assets				-	-	-	-		
Specialised military assets				-	-	-	-		
Biological assets				-	-	-	-		
Land and sub-soil assets				-	-	-	-		
Software and other intangible assets				-	-	-	-		
<b>Payment for financial assets</b>				-	<b>779</b>	<b>-779</b>	-		
<b>Total</b>	<b>695,649</b>	<b>-</b>	<b>-40,000</b>	<b>655,649</b>	<b>645,135</b>	<b>10,514</b>	<b>98.4%</b>	<b>775,569</b>	<b>674,694</b>



**GAUTENG PROVINCIAL DEPARTMENT OF HEALTH  
VOTE 04**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

	Subprogramme: 6.2: Ems Training Colleges						2014/15			2013/14	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure	R'000	
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000	R'000	
<b>Current payments</b>	<b>30,475</b>	-	-	<b>30,475</b>	<b>24,441</b>	<b>6,034</b>	<b>80.2%</b>	<b>28,754</b>	<b>24,118</b>	<b>24,118</b>	
Compensation of employees	18,089	-	-	18,089	17,230	859	95.3%	16,374	16,560	16,560	
Salaries and wages	15,907	-	-	15,907	15,068	839	94.7%	14,443	14,558	14,558	
Social contributions	2,182	-	-	2,182	2,162	20	99.1%	1,931	2,002	2,002	
Goods and services	12,386	-	-	12,386	7,211	5,175	58.2%	12,380	7,543	7,543	
Administrative fees	-	-	-	-	-	-	-	-	-	-	
Advertising	175	-	-	175	180	-5	102.9%	171	135	135	
Minor assets	350	-	-	350	200	150	57.1%	970	183	183	
Audit costs: External	-	-	-	-	-	-	-	-	-	-	
Bursaries: Employees	-	-	-	-	-	-	-	-	-	-	
Catering: Departmental activities	193	-	-	193	171	22	88.6%	50	56	56	
Communication (G&S)	150	-	-	150	79	71	52.7%	665	98	98	
Computer services	100	-	-	100	100	0	100.0%	-	-	-	
Legal services	50	-	-	50	50	0	100.0%	-	-	-	
Contractors	880	-	-	880	426	454	48.4%	838	333	333	
Agency and support / outsourced services	4	-	-	4	4	0	100.0%	-	-	-	
Entertainment	-	-	-	-	-	-	-	-	-	-	
Fleet services (including government motor transport)	1,010	-	-	1,010	738	272	73.1%	760	603	603	
Housing	-	-	-	-	-	-	-	-	-	-	
Inventory: Clothing material and accessories	400	-	-	400	181	219	45.3%	684	337	337	
Inventory: Farming supplies	-	-	-	-	-	-	-	-	-	-	
Inventory: Food and food supplies	10	-	-	10	8	2	80.0%	6	4	4	
Inventory: Fuel, oil and gas	40	-	-	40	26	14	65.0%	505	15	15	
Inventory: Learner and teacher support material	300	-	-	300	199	101	66.3%	851	140	140	
Inventory: Materials and supplies	760	-	-	760	573	187	75.4%	990	1,294	1,294	
Inventory: Medical supplies	450	-	-	450	76	374	16.9%	726	438	438	
Inventory: Medicine	50	-	-	50	43	7	86.0%	210	40	40	
Medsas inventory interface	-	-	-	-	-	-	-	-	-	-	
Inventory: Other supplies	-	-	-	-	-	-	-	-	-	-	
Consumable supplies	100	-	-	100	42	58	42.0%	42	34	34	

**GAUTENG PROVINCIAL DEPARTMENT OF HEALTH  
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**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

Subprogramme: 6.2: Ems Training Colleges	2014/15						2013/14		
	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
Consumable: Stationery, printing and office supplies	906	-	-	906	258	648	28.5%	920	346
Operating leases	290	-	-	290	290	290	-	135	6
Property payments	4,405	-	-	4,405	3,189	1,216	72.4%	2,610	3,025
Transport provided: Departmental activity	-	-	-	-	-	-	-	-	-
Travel and subsistence	245	-	-	245	100	145	40.8%	174	22
Training and development	758	-	-	758	406	352	53.6%	174	271
Operating payments	680	-	-	680	277	403	40.7%	839	116
Venues and facilities	80	-	-	80	35	45	43.8%	60	47
Rental and hiring	-	-	-	-	-	-	-	-	-
Interest and rent on land	-	-	-	-	-	-	-	-	15
Interest (incl. interest on unitary payments (PPP))	-	-	-	-	-	-	-	-	15
Rent on land	-	-	-	-	-	-	-	-	-
<b>Transfers and subsidies</b>	-	-	-	-	<b>161</b>	<b>-161</b>	-	-	<b>15</b>
Households	-	-	-	-	161	-161	-	-	15
Social benefits	-	-	-	-	161	-161	-	-	15
Other transfers to households	-	-	-	-	-	-	-	-	-
<b>Payments for capital assets</b>	<b>7,584</b>	-	-	<b>7,584</b>	<b>3,198</b>	<b>4,386</b>	<b>42.2%</b>	<b>5,222</b>	<b>3,696</b>
Buildings and other fixed structures	-	-	-	-	-	-	-	5,222	3,696
Buildings	-	-	-	-	-	-	-	-	926
Other fixed structures	-	-	-	-	-	-	-	5,222	2,770
Machinery and equipment	7,584	-	-	7,584	3,198	4,386	42.2%	-	-
Transport equipment	-	-	-	-	2,116	-2,116	-	-	-
Other machinery and equipment	7,584	-	-	7,584	1,082	6,502	14.3%	-	-
Heritage assets	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-
<b>Payment for financial assets</b>	-	-	-	-	<b>11</b>	<b>-11</b>	-	-	-
<b>Total</b>	<b>38,059</b>	-	-	<b>38,059</b>	<b>27,811</b>	<b>10,248</b>	<b>73.1%</b>	<b>33,976</b>	<b>27,829</b>

**GAUTENG PROVINCIAL DEPARTMENT OF HEALTH  
VOTE 04**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

Subprogramme: 6.3: Bursaries	2014/15							2013/14	
	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
<b>Current payments</b>	<b>16,362</b>	-	-	<b>16,362</b>	<b>1,600</b>	<b>14,762</b>	<b>9.8%</b>	<b>15,583</b>	<b>3,473</b>
Compensation of employees	-	-	-	-	209	-209	-	-	48
Salaries and wages	-	-	-	-	171	-171	-	-	40
Social contributions	-	-	-	-	38	-38	-	-	8
Goods and services	16,362	-	-	16,362	1,391	14,971	8.5%	15,583	3,425
Administrative fees	-	-	-	-	-	-	-	-	-
Advertising	-	-	-	-	-	-	-	-	-
Minor assets	-	-	-	-	-	-	-	-	-
Audit costs: External	-	-	-	-	-	-	-	-	-
Bursaries: Employees	16,362	-	-	16,362	1,388	14,974	8.5%	15,583	3,360
Consumable supplies	-	-	-	-	3	-3	-	-	-
Travel and subsistence	-	-	-	-	-	-	-	-	66
<b>Transfers and subsidies</b>	<b>104,669</b>	-	-	<b>104,669</b>	<b>131,117</b>	<b>-26,448</b>	<b>125.3%</b>	<b>29,801</b>	<b>49,133</b>
Households	104,669	-	-	104,669	131,117	-26,448	125.3%	29,801	49,133
Social benefits	-	-	-	-	53	-53	-	29,801	49,133
Other transfers to households	104,669	-	-	104,669	131,064	-26,395	125.2%	-	-
<b>Total</b>	<b>121,031</b>	-	-	<b>121,031</b>	<b>132,717</b>	<b>-11,686</b>	<b>109.7%</b>	<b>45,384</b>	<b>52,607</b>

**GAUTENG PROVINCIAL DEPARTMENT OF HEALTH  
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**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

	2014/15							2013/14	
	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
<b>Economic classification</b>									
<b>Current payments</b>	<b>36,712</b>	-	-	<b>36,712</b>	<b>39,137</b>	<b>-2,425</b>	<b>106.6%</b>	<b>28,312</b>	<b>23,705</b>
Compensation of employees	18,142	-	-	18,142	20,177	-2,035	111.2%	17,471	16,304
Salaries and wages	16,484			16,484	18,064	-1,580	109.6%	14,667	14,631
Social contributions	1,658			1,658	2,113	-455	127.4%	2,804	1,673
Goods and services	18,570	-	-	18,570	18,960	-390	102.1%	10,841	7,401
Administrative fees	13	-	-	13	31	-18	238.5%	13	14
Advertising		-	-		7	-7	-	171	87
Minor assets	59	-	-	59	32	27	54.2%	49	38
Audit costs: External		-	-				-		
Bursaries: Employees		-	-				-		
Catering: Departmental activities	189	-	-	189	35	154	18.5%		82
Communication (G&S)	340	-	-	340	103	237	30.3%	340	44
Legal services		-	-		482	-482	-		
Contractors	9	-	-	9		9	-		
Agency and support / outsourced services		-	-		215	-215	-		
Entertainment		-	-				-		
Fleet services (including government motor transport)		-	-		5	-5	-		
Housing		-	-				-		
Inventory: Clothing material and accessories		-	-		26	-26	-		49
Inventory: Farming supplies		-	-				-		
Inventory: Food and food supplies		-	-				-	54	1
Inventory: Fuel, oil and gas		-	-				-		
Inventory: Learner and teacher support material	145	-	-	145	26	119	17.9%		
Inventory: Materials and supplies	3	-	-	3	3		100.0%		1
Inventory: Medical supplies		-	-		17	-17	-		194
Inventory: Medicine		-	-				-		
Medsas inventory interface		-	-				-		
Inventory: Other supplies		-	-				-		
Consumable supplies	514	-	-	514	314	200	61.1%	28	

**GAUTENG PROVINCIAL DEPARTMENT OF HEALTH  
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**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

Subprogramme: 6.4: Other Training	2014/15						2013/14		
	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
Consumable: Stationery, printing and office supplies	989	-	-	989	350	639	35.4%	24	715
Operating leases	-	-	-	-	-	-	-	20	9
Property payments	-	-	-	-	-	-	-	-	-
Transport provided: Departmental activity	-	-	-	-	-	-	-	-	-
Travel and subsistence	3,210	-	-	3,210	7,361	-4,151	229.3%	1,413	1,127
Training and development	13,099	-	-	13,099	9,849	3,250	75.2%	8,729	5,036
Operating payments	-	-	-	-	-	-	-	-	-
Venues and facilities	-	-	-	-	104	-104	-	-	3
Rental and hiring	-	-	-	-	-	-	-	-	-
Interest and rent on land	-	-	-	-	-	-	-	-	-
Interest (incl. interest on unitary payments (PPP))	-	-	-	-	-	-	-	-	-
Rent on land	-	-	-	-	-	-	-	-	-
<b>Transfers and subsidies</b>	<b>18,913</b>	-	-	<b>18,913</b>	<b>17,131</b>	<b>1,782</b>	<b>90.6%</b>	<b>17,735</b>	<b>50,436</b>
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	17,131	-	-	17,131	17,131	-	100.0%	16,085	16,085
Social security funds	-	-	-	-	-	-	-	16,085	16,085
Departmental agencies (non-business entities)	17,131	-	-	17,131	17,131	-	100.0%	-	-
Higher education institutions	1,782	-	-	1,782	-	1,782	-	1,650	958
Households	-	-	-	-	-	-	-	-	33,393
Social benefits	-	-	-	-	-	-	-	-	2
Other transfers to households	-	-	-	-	-	-	-	-	33,391

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**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

Subprogramme: 6.4: Other Training	2014/15						2013/14		
	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
<b>Payments for capital assets</b>	<b>415</b>	-	-	<b>415</b>	-	<b>415</b>	-	<b>343</b>	<b>213</b>
Buildings and other fixed structures	-	-	-	-	-	-	-	343	213
Buildings	-	-	-	-	-	-	-	343	213
Other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	415	-	-	415	-	415	-	-	-
Transport equipment	-	-	-	-	-	-	-	-	-
Other machinery and equipment	415	-	-	415	-	415	-	-	-
Heritage assets	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-
<b>Payment for financial assets</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Total</b>	<b>56,040</b>	<b>-</b>	<b>-</b>	<b>56,040</b>	<b>56,268</b>	<b>-228</b>	<b>100,4%</b>	<b>46,390</b>	<b>74,355</b>

**GAUTENG PROVINCIAL DEPARTMENT OF HEALTH  
VOTE 04**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

Programme 7: Health Care Support Services									
	2014/15					2013/14			
	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
<b>Sub programme</b>									
1 Laundries	189,419	-	-19,000	170,419	158,418	12,001	93.0%	181,826	151,213
2 Food Supply Services	60,182	-	-	60,182	53,124	7,058	88.3%	102,693	43,421
3 Medicine Trading Account	1	-	-	1	-	1	-	1	236
	<b>249,602</b>	-	<b>-19,000</b>	<b>230,602</b>	<b>211,542</b>	<b>19,060</b>	<b>91.7%</b>	<b>284,520</b>	<b>194,870</b>
<b>Economic classification</b>									
<b>Current payments</b>	<b>238,309</b>	-	<b>-19,000</b>	<b>219,309</b>	<b>205,901</b>	<b>13,408</b>	<b>93.9%</b>	<b>280,328</b>	<b>190,394</b>
Compensation of employees	155,345	-	-19,000	136,345	124,875	11,470	91.6%	159,168	121,428
Salaries and wages	133,074	-	-19,000	114,074	104,885	9,189	91.9%	138,451	102,013
Social contributions	22,271	-	-	22,271	19,990	2,281	89.8%	20,717	19,416
Goods and services	82,964	-	-	82,964	81,026	1,938	97.7%	121,160	68,928
Administrative fees	-	-	-	-	-	-	-	-	-
Advertising	-	-	-	-	-	-	-	-	-
Minor assets	378	-	-	378	272	106	72.0%	103	152
Audit costs: External	-	-	-	-	-	-	-	-	-
Bursaries: Employees	-	-	-	-	-	-	-	-	-
Catering: Departmental activities	-	-	-	-	-	-	-	-	1
Communication (G&S)	866	-	-	866	512	354	59.1%	717	873
Contractors	718	-	-	718	130	588	18.1%	942	30
Agency and support / outsourced services	-	-	-	-	511	-511	-	-	-
Entertainment	-	-	-	-	-	-	-	-	-
Fleet services (including government motor transport)	1,900	-	-	1,900	930	970	48.9%	2,131	2,156
Housing	-	-	-	-	-	-	-	-	-
Inventory: Clothing material and accessories	-	-	-	-	930	-930	-	1,050	1,185
Inventory: Farming supplies	-	-	-	-	-	-	-	-	-
Inventory: Food and food supplies	24,369	-	-	24,369	27,710	-3,341	113.7%	61,117	18,508

**GAUTENG PROVINCIAL DEPARTMENT OF HEALTH  
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**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

	2014/15						2013/14		
	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	965	-	-	965	17	948	1.8%	874	131
Inventory: Learner and teacher support material	-	-	-	-	-	-	-	-	-
Inventory: Materials and supplies	71	-	-	71	101	-30	142.3%	50	69
Inventory: Medical supplies	236	-	-	236	378	-142	160.2%	219	246
Inventory: Medicine	-	-	-	-	-	-	-	-	-
Medsas inventory interface	-	-	-	-	-	-	-	-	-
Inventory: Other supplies	-	-	-	-	-	-	-	-	147
Consumable supplies	42,548	-	-	42,548	33,420	9,128	78.5%	42,273	35,025
Consumable: Stationery, printing and office supplies	347	-	-	347	250	97	72.0%	518	186
Operating leases	100	-	-	100	-	100	-	-	-
Property payments	10,384	-	-	10,384	15,692	-5,308	151.1%	11,166	10,219
Transport provided: Departmental activity	-	-	-	-	-	-	-	-	-
Travel and subsistence	52	-	-	52	-	52	-	-	-
Training and development	30	-	-	30	1	29	3.3%	-	-
Operating payments	-	-	-	-	172	-172	-	-	-
Venues and facilities	-	-	-	-	-	-	-	-	-
Rental and hiring	-	-	-	-	-	-	-	-	-
Interest and rent on land	-	-	-	-	-	-	-	-	39
Interest (Incl. interest on unitary payments (PPP))	-	-	-	-	-	-	-	-	39
Rent on land	-	-	-	-	-	-	-	-	-
<b>Transfers and subsidies</b>	<b>678</b>	-	-	<b>678</b>	<b>658</b>	<b>20</b>	<b>97.1%</b>	<b>288</b>	<b>729</b>
Departmental agencies and accounts	-	-	-	-	-	-	-	-	1
Social security funds	-	-	-	-	-	-	-	-	1
Households	678	-	-	678	658	20	97.1%	288	728
Social benefits	678	-	-	678	658	20	97.1%	288	728
Other transfers to households	-	-	-	-	-	-	-	-	-



**GAUTENG PROVINCIAL DEPARTMENT OF HEALTH  
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**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

	Programme 7: Health Care Support Services									
	2014/15					2013/14				
	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	R'000	R'000	R'000
<b>Payments for capital assets</b>	<b>10,615</b>	-	-	<b>10,615</b>	<b>4,964</b>	<b>5,651</b>	<b>46.8%</b>	<b>3,904</b>	<b>3,747</b>	
Buildings and other fixed structures	-	-	-	-	-	-	-	65	16	
Buildings	-	-	-	-	-	-	-	-	-	
Other fixed structures	-	-	-	-	-	-	-	65	16	
Machinery and equipment	10,615	-	-	10,615	4,964	5,651	46.8%	3,839	3,731	
Transport equipment	-	-	-	-	2,705	-2,705	-	-	3,533	
Other machinery and equipment	10,615	-	-	10,615	2,259	8,356	21.3%	3,839	198	
Heritage assets	-	-	-	-	-	-	-	-	-	
Specialised military assets	-	-	-	-	-	-	-	-	-	
Biological assets	-	-	-	-	-	-	-	-	-	
Land and sub-soil assets	-	-	-	-	-	-	-	-	-	
Software and other intangible assets	-	-	-	-	-	-	-	-	-	
<b>Payment for financial assets</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>19</b>	<b>-19</b>	<b>-</b>	<b>-</b>	<b>-</b>	
	<b>249,602</b>	<b>-</b>	<b>-19,000</b>	<b>230,602</b>	<b>211,542</b>	<b>19,060</b>	<b>91.7%</b>	<b>284,520</b>	<b>194,870</b>	

**GAUTENG PROVINCIAL DEPARTMENT OF HEALTH  
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**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

Subprogramme: 7.1: Laundries	2014/15						2013/14		
	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
<b>Current payments</b>	<b>178,759</b>	-	<b>-19,000</b>	<b>159,759</b>	<b>153,156</b>	<b>6,603</b>	<b>95.9%</b>	<b>177,766</b>	<b>146,991</b>
Compensation of employees	135,306	-	-19,000	116,306	110,477	5,829	95.0%	126,630	107,310
Salaries and wages	115,119	-	-19,000	96,119	92,804	3,315	96.6%	108,584	90,104
Social contributions	20,187	-	-	20,187	17,673	2,514	87.5%	18,046	17,207
Goods and services	43,453	-	-	43,453	42,679	774	98.2%	51,136	39,645
Administrative fees	-	-	-	-	-	-	-	-	-
Advertising	-	-	-	-	-	-	-	-	-
Minor assets	302	-	-	302	251	51	83.1%	71	60
Audit costs: External	-	-	-	-	-	-	-	-	-
Bursaries: Employees	-	-	-	-	-	-	-	-	-
Catering: Departmental activities	-	-	-	-	-	-	-	-	1
Communication (G&S)	863	-	-	863	511	352	59.2%	640	872
Contractors	717	-	-	717	130	587	18.1%	342	30
Agency and support / outsourced services	-	-	-	-	510	-510	-	-	-
Entertainment	-	-	-	-	-	-	-	-	-
Fleet services (including government motor transport)	1,900	-	-	1,900	930	970	48.9%	2,131	2,156
Housing	-	-	-	-	-	-	-	-	-
Inventory: Clothing material and accessories	-	-	-	-	930	-930	-	950	779
Inventory: Farming supplies	-	-	-	-	-	-	-	-	-
Inventory: Food and food supplies	-	-	-	-	11	-11	-	-	3
Inventory: Fuel, oil and gas	651	-	-	651	-	651	-	260	131
Inventory: Learner and teacher support material	-	-	-	-	-	-	-	-	-
Inventory: Materials and supplies	71	-	-	71	101	-30	142.3%	50	69
Inventory: Medical supplies	180	-	-	180	327	-147	181.7%	165	222
Inventory: Medicine	-	-	-	-	-	-	-	-	-
Medsas inventory interface	-	-	-	-	-	-	-	-	-
Inventory: Other supplies	-	-	-	-	-	-	-	-	-
Consumable supplies	28,458	-	-	28,458	23,299	5,159	81.9%	37,492	25,294
Consumable: Stationery, printing and office supplies	211	-	-	211	146	65	69.2%	433	120

**GAUTENG PROVINCIAL DEPARTMENT OF HEALTH  
VOTE 04**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

Subprogramme: 7.1: Laundries	2014/15							2013/14	
	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
Operating leases	-	-	-	-	-	-	-	-	-
Property payments	10,018	-	-	10,018	15,360	-5,342	153.3%	8,602	9,908
Transport provided: Departmental activity	-	-	-	-	-	-	-	-	-
Travel and subsistence	52	-	-	52	52	-	-	-	-
Training and development	30	-	-	30	1	29	3.3%	-	-
Operating payments	-	-	-	-	172	-172	-	-	-
Venues and facilities	-	-	-	-	-	-	-	-	-
Rental and hiring	-	-	-	-	-	-	-	-	-
Interest and rent on land	-	-	-	-	-	-	-	-	36
Interest (Incl. interest on unitary payments (PPP))	-	-	-	-	-	-	-	-	36
Rent on land	-	-	-	-	-	-	-	-	-
<b>Transfers and subsidies</b>	<b>527</b>	-	-	<b>527</b>	<b>527</b>	-	<b>100.0%</b>	<b>221</b>	<b>492</b>
Departmental agencies and accounts	-	-	-	-	-	-	-	-	1
Social security funds	-	-	-	-	-	-	-	-	1
Departmental agencies (non-business entities)	-	-	-	-	-	-	-	-	-
Households	527	-	-	527	527	-	100.0%	221	491
Social benefits	527	-	-	527	527	-	100.0%	221	491
Other transfers to households	-	-	-	-	-	-	-	-	-
<b>Payments for capital assets</b>	<b>10,133</b>	-	-	<b>10,133</b>	<b>4,716</b>	<b>5,417</b>	<b>46.5%</b>	<b>3,839</b>	<b>3,731</b>
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Buildings	-	-	-	-	-	-	-	-	-
Other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	10,133	-	-	10,133	4,716	5,417	46.5%	3,839	3,731
Transport equipment	-	-	-	-	2,705	-2,705	-	-	3,533
Other machinery and equipment	10,133	-	-	10,133	2,011	8,122	19.8%	3,839	198
<b>Payment for financial assets</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>19</b>	<b>-19</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Total</b>	<b>189,419</b>	<b>-</b>	<b>-19,000</b>	<b>170,419</b>	<b>158,418</b>	<b>12,001</b>	<b>93.0%</b>	<b>181,826</b>	<b>151,213</b>

**GAUTENG PROVINCIAL DEPARTMENT OF HEALTH  
VOTE 04**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

Subprogramme: 7.2: Food Supply Services	2014/15						2013/14		
	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
<b>Current payments</b>	<b>59,549</b>	-	-	<b>59,549</b>	<b>52,745</b>	<b>6,804</b>	<b>88.6%</b>	<b>102,561</b>	<b>43,168</b>
Compensation of employees	20,039	-	-	20,039	14,398	5,641	71.8%	32,538	14,118
Salaries and wages	17,955	-	-	17,955	12,081	5,874	67.3%	29,867	11,909
Social contributions	2,084	-	-	2,084	2,317	-233	111.2%	2,671	2,209
Goods and services	39,510	-	-	39,510	38,347	1,163	97.1%	70,023	29,047
Administrative fees	-	-	-	-	-	-	-	-	-
Advertising	-	-	-	-	-	-	-	-	-
Minor assets	76	-	-	76	21	55	27.6%	32	3
Audit costs: External	-	-	-	-	-	-	-	-	-
Bursaries: Employees	-	-	-	-	-	-	-	-	-
Catering: Departmental activities	-	-	-	-	-	-	-	-	-
Communication (G&S)	3	-	-	3	1	2	33.3%	77	1
Contractors	-	-	-	-	-	-	-	599	-
Agency and support / outsourced services	-	-	-	-	1	-1	-	-	-
Entertainment	-	-	-	-	-	-	-	-	-
Fleet services (including government motor transport)	-	-	-	-	-	-	-	-	-
Housing	-	-	-	-	-	-	-	-	-
Inventory: Clothing material and accessories	-	-	-	-	-	-	-	100	406
Inventory: Farming supplies	-	-	-	-	-	-	-	-	-
Inventory: Food and food supplies	24,369	-	-	24,369	27,699	-3,330	113.7%	61,117	18,505
Inventory: Fuel, oil and gas	314	-	-	314	17	297	5.4%	614	-
Inventory: Learner and teacher support material	-	-	-	-	-	-	-	-	-
Inventory: Materials and supplies	-	-	-	-	-	-	-	-	-
Inventory: Medical supplies	56	-	-	56	51	5	91.1%	54	24
Inventory: Medicine	-	-	-	-	-	-	-	-	-
Medsas inventory interface	-	-	-	-	-	-	-	-	-
Inventory: Other supplies	-	-	-	-	-	-	-	-	-

**GAUTENG PROVINCIAL DEPARTMENT OF HEALTH  
VOTE 04**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

Subprogramme: 7.2: Food Supply Services	2014/15						2013/14		
	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
Consumable supplies	14,090	-	-	14,090	10,121	3,969	71.8%	4,781	9,731
Consumable: Stationery, printing and office supplies	136	-	-	136	104	32	76.5%	85	66
Operating leases	100	-	-	100		100	-		
Property payments	366	-	-	366	332	34	90.7%	2,564	311
Interest and rent on land	-	-	-	-	-	-	-	-	3
Interest (incl. interest on unitary payments (PPP))	-	-	-	-	-	-	-	-	3
Rent on land	-	-	-	-	-	-	-	-	
<b>Transfers and subsidies</b>	<b>151</b>	-	-	<b>151</b>	<b>131</b>	<b>20</b>	<b>86.8%</b>	<b>67</b>	<b>237</b>
Households	151	-	-	151	131	20	86.8%	67	237
Social benefits	151	-	-	151	131	20	86.8%	67	237
Other transfers to households	-	-	-	-	-	-	-	-	
<b>Payments for capital assets</b>	<b>482</b>	-	-	<b>482</b>	<b>248</b>	<b>234</b>	<b>51.5%</b>	<b>65</b>	<b>16</b>
Buildings and other fixed structures	-	-	-	-	-	-	-	65	16
Buildings	-	-	-	-	-	-	-		
Other fixed structures	-	-	-	-	-	-	-	65	16
Machinery and equipment	482	-	-	482	248	234	51.5%	-	-
Transport equipment	-	-	-	-	-	-	-		
Other machinery and equipment	482	-	-	482	248	234	51.5%		
Heritage assets	-	-	-	-	-	-	-		
Specialised military assets	-	-	-	-	-	-	-		
Biological assets	-	-	-	-	-	-	-		
Land and sub-soil assets	-	-	-	-	-	-	-		
Software and other intangible assets	-	-	-	-	-	-	-		
<b>Payment for financial assets</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Total</b>	<b>60,182</b>	<b>-</b>	<b>-</b>	<b>60,182</b>	<b>53,124</b>	<b>7,058</b>	<b>88.3%</b>	<b>102,693</b>	<b>43,471</b>

**GAUTENG PROVINCIAL DEPARTMENT OF HEALTH  
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**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

Subprogramme: 7.3: Medicine Trading Account									
	2014/15					2013/14			
	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
<b>Current payments</b>	<b>1</b>	-	-	<b>1</b>	-	<b>1</b>	-	<b>1</b>	<b>236</b>
Compensation of employees	-	-	-	-	-	-	-	-	-
Salaries and wages	-	-	-	-	-	-	-	-	-
Social contributions	-	-	-	-	-	-	-	-	-
Goods and services	<b>1</b>	-	-	<b>1</b>	-	<b>1</b>	-	<b>1</b>	<b>236</b>
Administrative fees	-	-	-	-	-	-	-	-	-
Advertising	-	-	-	-	-	-	-	-	-
Minor assets	-	-	-	-	-	-	-	-	<b>89</b>
Contractors	<b>1</b>	-	-	<b>1</b>	-	<b>1</b>	-	<b>1</b>	-
Inventory: Materials and supplies	-	-	-	-	-	-	-	-	-
Inventory: Medical supplies	-	-	-	-	-	-	-	-	-
Inventory: Medicine	-	-	-	-	-	-	-	-	-
Medsas inventory interface	-	-	-	-	-	-	-	-	-
Inventory: Other supplies	-	-	-	-	-	-	-	-	<b>147</b>
<b>Payment for financial assets</b>	-	-	-	-	-	-	-	-	-
<b>Total</b>	<b>1</b>	-	-	<b>1</b>	-	<b>1</b>	-	<b>1</b>	<b>236</b>

**GAUTENG PROVINCIAL DEPARTMENT OF HEALTH  
VOTE 04**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

Programme 8: Health Facilities Management									
	2014/15					2013/14			
	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
<b>Sub programme</b>									
1 Community Health Facilities	130,352	-154	-	130,198	145,238	-15,040	111.6%	177,134	133,051
2 Emergency Medical Rescue Services	1,371	283	-	1,654	1,108	546	67.0%	3,960	1,501
3 District Hospital Services	272,728	-45,961	-	226,767	209,253	17,514	92.3%	303,109	201,983
4 Provincial Hospital Services	461,204	27,610	-	488,814	464,429	24,385	95.0%	539,766	384,383
5 Central Hospital Services	356,115	19,803	3,481	379,399	398,392	-18,993	105.0%	355,664	242,822
6 Other Facilities	158,849	-1,581	-	157,268	165,675	-8,407	105.3%	280,290	157,726
	<b>1,380,619</b>		<b>3,481</b>	<b>1,384,100</b>	<b>1,384,095</b>	<b>5</b>	<b>100.0%</b>	<b>1,659,923</b>	<b>1,121,466</b>
<b>Economic classification</b>									
<b>Current payments</b>	<b>757,259</b>	<b>108,020</b>	<b>-</b>	<b>865,279</b>	<b>858,884</b>	<b>6,395</b>	<b>99.3%</b>	<b>877,281</b>	<b>666,715</b>
Compensation of employees	14,778	-	-	14,778	10,167	4,611	68.8%	17,096	10,408
Salaries and wages	11,119	-	-	11,119	8,834	2,285	79.4%	13,401	8,907
Social contributions	3,659	-	-	3,659	1,333	2,326	36.4%	3,695	1,501
Goods and services	742,481	108,020	-	850,501	848,717	1,784	99.8%	860,185	656,307
Administrative fees	-	-	-	-	-	-	-	-	-
Advertising	600	-	-	600	551	49	91.8%	500	-
Minor assets	17,110	-	-	17,110	4,694	12,416	27.4%	40,220	9,710
Audit costs: External	-	-	-	-	-	-	-	-	-
Bursaries: Employees	-	-	-	-	-	-	-	-	-
Catering: Departmental activities	500	-	-	500	393	107	78.6%	-	12
Communication (G&S)	150	-	-	150	359	-209	239.3%	250	847
Computer services	22,946	-	-	22,946	27,474	-4,528	119.7%	1,439	1,439

**GAUTENG PROVINCIAL DEPARTMENT OF HEALTH  
VOTE 04**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

	Programme 8: Health Facilities Management										
	2014/15					2013/14					
	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	R'000	R'000	R'000	
Legal services	-	-	-	-	-	-	-	-	-	-	-
Contractors	11,518	-	-	11,518	8,634	2,884	75.0%	-	4,480	-	
Agency and support / outsourced services	525	-	-	525	-	525	-	500	8	-	
Entertainment	-	-	-	-	-	-	-	-	-	-	
Fleet services (including government motor transport)	-	-	-	-	2	-2	-	100	22	-	
Housing	-	-	-	-	-	-	-	-	-	-	
Inventory: Clothing material and accessories	-	-	-	-	-	-	-	-	166	-	
Inventory: Farming supplies	-	-	-	-	-	-	-	-	-	-	
Inventory: Food and food supplies	10	-	-	10	13	-3	130.0%	-	23	-	
Inventory: Fuel, oil and gas	-	-	-	-	30	-30	-	-	3,507	-	
Inventory: Learner and teacher support material	-	-	-	-	-	-	-	-	1	-	
Inventory: Materials and supplies	2,500	-	-	2,500	1,868	632	74.7%	-	648	-	
Inventory: Medical supplies	9,000	-	-	9,000	13,366	-4,366	148.5%	11,000	17,935	-	
Inventory: Medicine	-	-	-	-	-	-	-	-	1,806	-	
Medsas inventory interface	-	-	-	-	-	-	-	-	-	-	
Inventory: Other supplies	-	-	-	-	-	-	-	-	-	-	
Consumable supplies	6,300	-	-	6,300	5,982	318	95.0%	17,000	16,358	-	
Consumable: Stationery, printing and office supplies	320	-	-	320	283	37	88.4%	420	681	-	
Operating leases	33,067	-	-	33,067	30,729	2,338	92.9%	190,667	177,325	-	
Property payments	630,907	108,020	-	738,927	746,868	-7,941	101.1%	587,574	414,544	-	
Transport provided: Departmental activity	45	-	-	45	45	-	100.0%	-	155	-	
Travel and subsistence	350	-	-	350	536	-186	153.1%	3,915	1,906	-	
Training and development	6,133	-	-	6,133	2,904	3,229	47.4%	3,600	1,523	-	
Operating payments	-	-	-	-	13	-13	-	-	-	-	
Venues and facilities	-	-	-	-	20	-20	-	3,000	3,211	-	



**GAUTENG PROVINCIAL DEPARTMENT OF HEALTH  
VOTE 04**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

	2014/15						2013/14		
	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
Rental and hiring	500	-	-	500	3,953	-3,453	790.6%	-	-
Interest and rent on land	-	-	-	-	-	-	-	-	-
Interest (Incl. interest on unitary payments (PPP))	-	-	-	-	-	-	-	-	-
Rent on land	-	-	-	-	-	-	-	-	-
<b>Transfers and subsidies</b>	-	-	-	-	22	-22	-	-	39
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	-	-	22	-22	-	-	39
Social benefits	-	-	-	-	22	-22	-	-	39
Other transfers to households	-	-	-	-	-	-	-	-	-
<b>Payments for capital assets</b>	<b>623,360</b>	<b>-108,020</b>	<b>3,481</b>	<b>518,821</b>	<b>525,189</b>	<b>-6,368</b>	<b>101.2%</b>	<b>782,642</b>	<b>454,712</b>
Buildings and other fixed structures	442,727	-87,539	3,481	358,669	364,769	-6,100	101.7%	653,449	413,088
Buildings	442,727	-87,539	3,481	358,669	364,769	-6,100	101.7%	499,095	308,988
Other fixed structures	-	-	-	-	-	-	-	154,354	104,100
Machinery and equipment	180,633	-20,481	-	160,152	160,420	-268	100.2%	129,193	41,624
Transport equipment	-	-	-	-	-	-	-	-	-
Other machinery and equipment	180,633	-20,481	-	160,152	160,420	-268	100.2%	129,193	41,624
<b>Payment for financial assets</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
	<b>1,380,619</b>	<b>-</b>	<b>3,481</b>	<b>1,384,100</b>	<b>1,384,095</b>	<b>5</b>	<b>100.0%</b>	<b>1,659,923</b>	<b>1,121,466</b>

**GAUTENG PROVINCIAL DEPARTMENT OF HEALTH  
VOTE 04**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

	2014/15					2013/14			
	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
<b>Current payments</b>	<b>72,792</b>	<b>2,697</b>	-	<b>75,489</b>	<b>118,253</b>	<b>-42,764</b>	<b>156.6%</b>	<b>122,929</b>	<b>100,367</b>
Compensation of employees	-	-	-	-	-	-	-	-	-
Salaries and wages	-	-	-	-	-	-	-	-	-
Social contributions	-	-	-	-	-	-	-	-	-
Goods and services	72,792	2,697	-	75,489	118,253	-42,764	156.6%	122,929	100,367
Administrative fees	-	-	-	-	-	-	-	-	-
Advertising	-	-	-	-	-	-	-	-	-
Minor assets	-	-	-	-	55	-55	-	-	1,636
Contractors	-	-	-	-	111	-111	-	-	566
Inventory: Fuel, oil and gas	-	-	-	-	-	-	-	-	2
Inventory: Learner and teacher support material	-	-	-	-	-	-	-	-	-
Inventory: Materials and supplies	-	-	-	-	-	-	-	-	434
Inventory: Medical supplies	-	-	-	-	-	-	-	-	1
Inventory: Medicine	-	-	-	-	-	-	-	-	-
Medsas inventory interface	-	-	-	-	-	-	-	-	-
Inventory: Other supplies	-	-	-	-	-	-	-	-	-
Consumable supplies	-	-	-	-	1,269	-1,269	-	-	-
Consumable: Stationery, printing and office supplies	-	-	-	-	58	-58	-	-	-
Operating leases	-	-	-	-	-	-	-	-	-
Property payments	72,792	2,697	-	75,489	116,760	-41,271	154.7%	122,929	97,728
<b>Payments for capital assets</b>	<b>57,560</b>	<b>-2,851</b>	-	<b>54,709</b>	<b>26,985</b>	<b>27,724</b>	<b>49.3%</b>	<b>54,205</b>	<b>32,684</b>
Buildings and other fixed structures	57,560	-2,851	-	54,709	29,800	24,909	54.5%	54,205	32,017
Buildings	57,560	-2,851	-	54,709	29,800	24,909	54.5%	54,205	32,017
Other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	-	-	-	-	-2,815	2,815	-	-	667
Transport equipment	-	-	-	-	-	-	-	-	-
Other machinery and equipment	-	-	-	-	-2,815	2,815	-	-	667
<b>Payment for financial assets</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Total</b>	<b>130,352</b>	<b>-154</b>	<b>-</b>	<b>130,198</b>	<b>145,238</b>	<b>-15,040</b>	<b>111.6%</b>	<b>177,134</b>	<b>133,051</b>

**GAUTENG PROVINCIAL DEPARTMENT OF HEALTH  
VOTE 04**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

Subprogramme: 8.2: Emergency Medical Rescue Services	2014/15						2013/14		
	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
<b>Current payments</b>	<b>1,371</b>	<b>283</b>	-	<b>1,654</b>	<b>1,108</b>	<b>546</b>	<b>67.0%</b>	<b>3,960</b>	<b>1,270</b>
Compensation of employees	-	-	-	-	-	-	-	-	-
Salaries and wages	-	-	-	-	-	-	-	-	-
Social contributions	-	-	-	-	-	-	-	-	-
Goods and services	1,371	283	-	1,654	1,108	546	67.0%	3,960	1,270
Inventory: Materials and supplies	-	-	-	-	-	-	-	-	-
Inventory: Medical supplies	-	-	-	-	-	-	-	-	-
Inventory: Medicine	-	-	-	-	-	-	-	-	-
Medsas inventory interface	-	-	-	-	-	-	-	-	-
Inventory: Other supplies	-	-	-	-	-	-	-	-	-
Consumable supplies	-	-	-	-	-	-	-	-	-
Consumable: Stationery, printing and office supplies	-	-	-	-	-	-	-	-	-
Operating leases	-	-	-	-	-	-	-	-	-
Property payments	1,371	283	-	1,654	1,108	546	67.0%	3,960	1,270
<b>Payments for capital assets</b>	-	-	-	-	-	-	-	-	<b>231</b>
Buildings and other fixed structures	-	-	-	-	-	-	-	-	184
Buildings	-	-	-	-	-	-	-	-	184
Other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	-	-	-	-	-	-	-	-	47
Transport equipment	-	-	-	-	-	-	-	-	-
Other machinery and equipment	-	-	-	-	-	-	-	-	47
Heritage assets	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-
<b>Payment for financial assets</b>	-	-	-	-	-	-	-	-	-
<b>Total</b>	<b>1,371</b>	<b>283</b>	<b>-</b>	<b>1,654</b>	<b>1,108</b>	<b>546</b>	<b>67.0%</b>	<b>3,960</b>	<b>1,501</b>

**GAUTENG PROVINCIAL DEPARTMENT OF HEALTH  
VOTE 04**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

	Subprogramme: 8.3: District Hospital Services						2014/15			2013/14		
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure	Final Appropriation	Actual Expenditure	
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000	R'000	R'000	
<b>Current payments</b>	<b>153,345</b>	<b>21,845</b>	-	<b>175,190</b>	<b>157,755</b>	<b>17,435</b>	<b>90.0%</b>	<b>115,755</b>	<b>83,583</b>	<b>115,755</b>	<b>83,583</b>	
Compensation of employees	-	-	-	-	-	-	-	-	-	-	-	
Salaries and wages	-	-	-	-	-	-	-	-	-	-	-	
Social contributions	-	-	-	-	-	-	-	-	-	-	-	
Goods and services	153,345	21,845	-	175,190	157,755	17,435	90.0%	115,755	83,583	115,755	83,583	
Administrative fees	-	-	-	-	-	-	-	-	-	-	-	
Advertising	300	-	-	300	299	1	99.7%	-	-	-	-	
Minor assets	3,000	-	-	3,000	712	2,288	23.7%	14,700	4,032	14,700	4,032	
Audit costs: External	-	-	-	-	-	-	-	-	-	-	-	
Bursaries: Employees	-	-	-	-	-	-	-	-	-	-	-	
Catering: Departmental activities	300	-	-	300	257	43	85.7%	-	-	-	-	
Communication (G&S)	-	-	-	-	1	-1	-	-	4	-	4	
Computer services	22,946	-	-	22,946	21,796	1,150	95.0%	-	-	-	-	
Contractors	9,448	-	-	9,448	6,144	3,304	65.0%	-	28	-	28	
Agency and support / outsourced services	-	-	-	-	-	-	-	-	8	-	8	
Entertainment	-	-	-	-	-	-	-	-	-	-	-	
Fleet services (including government motor transport)	-	-	-	-	-	-	-	-	22	-	22	
Housing	-	-	-	-	-	-	-	-	-	-	-	
Inventory: Clothing material and accessories	-	-	-	-	-	-	-	-	166	-	166	
Inventory: Farming supplies	-	-	-	-	-	-	-	-	-	-	-	
Inventory: Food and food supplies	-	-	-	-	1	-1	-	-	2	-	2	
Inventory: Fuel, oil and gas	-	-	-	-	-	-	-	-	2	-	2	
Inventory: Learner and teacher support material	-	-	-	-	-	-	-	-	-	-	-	
Inventory: Materials and supplies	2,000	-	-	2,000	955	1,045	47.8%	-	119	-	119	
Inventory: Medical supplies	3,000	-	-	3,000	3,020	-20	100.7%	1,000	4,742	1,000	4,742	
Inventory: Medicine	-	-	-	-	-	-	-	-	1,806	-	1,806	

**GAUTENG PROVINCIAL DEPARTMENT OF HEALTH  
VOTE 04**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

Subprogramme: 8.3: District Hospital Services	2014/15						2013/14		
	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
Medsas inventory interface	-	-	-	-	-	-	-	-	-
Inventory: Other supplies	-	-	-	-	-	-	-	-	-
Consumable supplies	1,300	-	-	1,300	1,123	177	86.4%	2,000	1,182
Consumable: Stationery, printing and office supplies	50	-	-	50	39	11	78.0%	-	674
Operating leases	-	-	-	-	-	-	-	-	-
Property payments	109,659	21,845	-	131,504	119,216	12,288	90.7%	94,555	69,034
Transport provided: Departmental activity	45	-	-	45	45	-	100.0%	-	155
Travel and subsistence	-	-	-	-	-	-	-	3,500	1,547
Training and development	797	-	-	797	405	392	50.8%	-	60
Operating payments	-	-	-	-	-	-	-	-	-
Venues and facilities	-	-	-	-	-	-	-	-	-
Rental and hiring	500	-	-	500	3,742	-3,242	748.4%	-	-
<b>Payments for capital assets</b>	<b>119,383</b>	<b>-67,806</b>	-	<b>51,577</b>	<b>51,498</b>	<b>79</b>	<b>99.8%</b>	<b>187,354</b>	<b>118,399</b>
Buildings and other fixed structures	78,039	-38,684	-	39,355	39,108	247	99.4%	154,354	104,100
Buildings	78,039	-38,684	-	39,355	39,108	247	99.4%	-	-
Other fixed structures	-	-	-	-	-	-	-	154,354	104,100
Machinery and equipment	41,344	-29,122	-	12,222	12,390	-168	101.4%	33,000	14,300
Transport equipment	-	-	-	-	-	-	-	-	-
Other machinery and equipment	41,344	-29,122	-	12,222	12,390	-168	101.4%	33,000	14,300
Heritage assets	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-
<b>Payment for financial assets</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Total</b>	<b>272,728</b>	<b>-45,961</b>	<b>-</b>	<b>226,767</b>	<b>209,253</b>	<b>17,514</b>	<b>92.3%</b>	<b>303,109</b>	<b>201,983</b>

**GAUTENG PROVINCIAL DEPARTMENT OF HEALTH  
VOTE 04**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

Subprogramme: 8.4: Provincial Hospital Services	2014/15						2013/14		
	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
<b>Current payments</b>	<b>214,475</b>	<b>36,753</b>	-	<b>251,228</b>	<b>231,360</b>	<b>19,868</b>	<b>92.1%</b>	<b>225,667</b>	<b>198,515</b>
Compensation of employees	-	-	-	-	-	-	-	-	-
Salaries and wages	-	-	-	-	-	-	-	-	-
Social contributions	-	-	-	-	-	-	-	-	-
Goods and services	214,475	36,753	-	251,228	231,360	19,868	92.1%	225,667	198,515
Administrative fees	-	-	-	-	-	-	-	-	-
Advertising	-	-	-	-	-	-	-	-	-
Minor assets	13,260	-	-	13,260	3,864	9,396	29.1%	25,000	3,653
Audit costs: External	-	-	-	-	-	-	-	-	-
Bursaries: Employees	-	-	-	-	-	-	-	-	-
Catering: Departmental activities	-	-	-	-	-	-	-	-	-
Communication (G&S)	-	-	-	-	-	-	-	-	824
Computer services	-	-	-	-	5,678	-5,678	-	-	-
Contractors	60	-	-	60	58	2	96.7%	-	5
Inventory: Food and food supplies	10	-	-	10	-	10	-	-	21
Inventory: Fuel, oil and gas	-	-	-	-	-	-	-	-	3,240
Inventory: Learner and teacher support material	-	-	-	-	-	-	-	-	1

**GAUTENG PROVINCIAL DEPARTMENT OF HEALTH  
VOTE 04**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

Subprogramme: 8.4: Provincial Hospital Services	2014/15					2013/14			
	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
Inventory: Materials and supplies	500	-	-	500	854	-354	170.8%	-	89
Inventory: Medical supplies	6,000	-	-	6,000	10,207	-4,207	170.1%	10,000	12,704
Inventory: Medicine	-	-	-	-	-	-	-	-	-
Medsas inventory interface	-	-	-	-	-	-	-	-	-
Inventory: Other supplies	-	-	-	-	-	-	-	-	-
Consumable supplies	5,000	-	-	5,000	3,484	1,516	69.7%	15,000	15,169
Consumable: Stationery, printing and office supplies	-	-	-	-	184	-184	-	-	1
Operating leases	-	-	-	-	106	-106	-	173,667	161,345
Property payments	185,739	36,753	-	222,492	204,237	18,255	91.8%	-	-
Transport provided: Departmental activity	-	-	-	-	-	-	-	-	-
Travel and subsistence	170	-	-	170	312	-142	183.5%	-	-
Training and development	3,736	-	-	3,736	2,363	1,373	63.2%	2,000	1,462
Operating payments	-	-	-	-	13	-13	-	-	-
<b>Payments for capital assets</b>	<b>246,729</b>	<b>-9,143</b>	-	<b>237,586</b>	<b>233,069</b>	<b>4,517</b>	<b>98.1%</b>	<b>314,099</b>	<b>185,868</b>
Buildings and other fixed structures	169,587	-22,511	-	147,076	140,006	7,070	95.2%	219,784	160,276
Buildings	169,587	-22,511	-	147,076	140,006	7,070	95.2%	219,784	160,276
Other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	77,142	13,368	-	90,510	93,063	-2,553	102.8%	94,315	25,592
Transport equipment	-	-	-	-	-	-	-	-	-
Other machinery and equipment	77,142	13,368	-	90,510	93,063	-2,553	102.8%	94,315	25,592
Heritage assets	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-
<b>Payment for financial assets</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Total</b>	<b>461,204</b>	<b>27,610</b>	<b>-</b>	<b>488,814</b>	<b>464,429</b>	<b>24,385</b>	<b>95.0%</b>	<b>539,766</b>	<b>384,383</b>

**GAUTENG PROVINCIAL DEPARTMENT OF HEALTH  
VOTE 04**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

Subprogramme: 8.5: Central Hospital Services	Economic classification	2014/15				2013/14				
		Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual Expenditure R'000
	<b>Current payments</b>	<b>212,601</b>	<b>44,116</b>	-	<b>256,717</b>	<b>272,119</b>	<b>-15,402</b>	<b>106.0%</b>	<b>272,234</b>	<b>195,495</b>
	Compensation of employees	-	-	-	-	-	-	-	-	-
	Salaries and wages	-	-	-	-	-	-	-	-	-
	Social contributions	-	-	-	-	-	-	-	-	-
	Goods and services	212,601	44,116	-	256,717	272,119	-15,402	106.0%	272,234	195,495
	Contractors	-	-	-	-	85	-85	-	-	3,851
	Agency and support / outsourced services	-	-	-	-	-	-	-	-	-
	Entertainment	-	-	-	-	-	-	-	-	-
	Fleet services (including government motor transport)	-	-	-	-	-	-	-	-	-
	Housing	-	-	-	-	-	-	-	-	-
	Inventory: Clothing material and accessories	-	-	-	-	-	-	-	-	-
	Inventory: Farming supplies	-	-	-	-	-	-	-	-	-
	Inventory: Food and food supplies	-	-	-	-	-	-	-	-	-
	Inventory: Fuel, oil and gas	-	-	-	-	-	-	-	-	1
	Inventory: Learner and teacher support material	-	-	-	-	-	-	-	-	-
	Inventory: Materials and supplies	-	-	-	-	4	-4	-	-	2
	Inventory: Medical supplies	-	-	-	-	90	-90	-	-	370
	Inventory: Medicine	-	-	-	-	-	-	-	-	-
	Medsas inventory interface	-	-	-	-	-	-	-	-	-
	Inventory: Other supplies	-	-	-	-	-	-	-	-	-
	Consumable supplies	-	-	-	-	100	-100	-	-	-
	Consumable: Stationery, printing and office supplies	-	-	-	-	2	-2	-	-	-
	Operating leases	-	-	-	-	-	-	-	-	-
	Property payments	212,601	44,116	-	256,717	271,838	-15,121	105.9%	272,234	191,272



**GAUTENG PROVINCIAL DEPARTMENT OF HEALTH  
VOTE 04**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

Subprogramme: 8.5: Central Hospital Services	2014/15						2013/14		
	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
<b>Payments for capital assets</b>	<b>143,514</b>	<b>-24,313</b>	<b>3,481</b>	<b>122,682</b>	<b>126,273</b>	<b>-3,591</b>	<b>102.9%</b>	<b>83,430</b>	<b>47,327</b>
Buildings and other fixed structures	83,847	-22,066	3,481	65,262	68,851	-3,589	105.5%	83,430	47,327
Buildings	83,847	-22,066	3,481	65,262	68,851	-3,589	105.5%	83,430	47,327
Other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	59,667	-2,247	-	57,420	57,422	-2	100.0%	-	-
Transport equipment	-	-	-	-	-	-	-	-	-
Other machinery and equipment	59,667	-2,247	-	57,420	57,422	-2	100.0%	-	-
<b>Payment for financial assets</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Total</b>	<b>356,115</b>	<b>19,803</b>	<b>3,481</b>	<b>379,399</b>	<b>398,392</b>	<b>-18,993</b>	<b>105.0%</b>	<b>355,664</b>	<b>242,822</b>

**GAUTENG PROVINCIAL DEPARTMENT OF HEALTH  
VOTE 04**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

Subprogramme: 8.6: Other Facilities	2014/15						2013/14		
	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
<b>Current payments</b>	<b>102,675</b>	<b>2,326</b>	-	<b>105,001</b>	<b>78,289</b>	<b>26,712</b>	<b>74.6%</b>	<b>136,736</b>	<b>87,484</b>
Compensation of employees	14,778	-	-	14,778	10,167	4,611	68.8%	17,096	10,408
Salaries and wages	11,119	-	-	11,119	8,834	2,285	79.4%	13,401	8,907
Social contributions	3,659	-	-	3,659	1,333	2,326	36.4%	3,695	1,501
Goods and services	87,897	2,326	-	90,223	68,122	22,101	75.5%	119,640	77,076
Administrative fees	-	-	-	-	-	-	-	-	-
Advertising	300	-	-	300	252	48	84.0%	500	-
Minor assets	850	-	-	850	63	787	7.4%	520	389
Audit costs: External	-	-	-	-	-	-	-	-	-
Bursaries: Employees	-	-	-	-	-	-	-	-	-
Catering: Departmental activities	200	-	-	200	136	64	68.0%	-	12
Communication (G&S)	150	-	-	150	358	-208	238.7%	250	20
Computer services	-	-	-	-	-	-	-	1,439	1,439
Contractors	2,010	-	-	2,010	2,236	-226	111.2%	-	29
Agency and support / outsourced services	525	-	-	525	-	525	-	500	-
Entertainment	-	-	-	-	-	-	-	-	-
Fleet services (including government motor transport)	-	-	-	-	2	-2	-	100	-
Housing	-	-	-	-	-	-	-	-	-
Inventory: Clothing material and accessories	-	-	-	-	-	-	-	-	-
Inventory: Farming supplies	-	-	-	-	-	-	-	-	-
Inventory: Food and food supplies	-	-	-	-	12	-12	-	-	-
Inventory: Fuel, oil and gas	-	-	-	-	30	-30	-	-	262
Inventory: Learner and teacher support material	-	-	-	-	-	-	-	-	-
Inventory: Materials and supplies	-	-	-	-	55	-55	-	-	4
Inventory: Medical supplies	-	-	-	-	49	-49	-	-	118
Inventory: Medicine	-	-	-	-	-	-	-	-	-
Medsas inventory interface	-	-	-	-	-	-	-	-	-
Inventory: Other supplies	-	-	-	-	-	-	-	-	-

**GAUTENG PROVINCIAL DEPARTMENT OF HEALTH  
VOTE 04**

**APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

Subprogramme: 8.6: Other Facilities	2014/15						2013/14		
	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
Consumable supplies	-	-	-	-	6	-6	-	-	7
Consumable: Stationery, printing and office supplies	270	-	-	270	-	270	-	420	7
Operating leases	33,067	-	-	33,067	30,623	2,444	92.6%	17,000	15,980
Property payments	48,745	2,326	-	51,071	33,709	17,362	66.0%	93,896	55,240
Transport provided: Departmental activity	-	-	-	-	-	-	-	-	-
Travel and subsistence	180	-	-	180	224	-44	124.4%	415	359
Training and development	1,600	-	-	1,600	136	1,464	8.5%	1,600	-
Operating payments	-	-	-	-	-	-	-	-	-
Venues and facilities	-	-	-	-	20	-20	-	3,000	3,211
Rental and hiring	-	-	-	-	211	-211	-	-	-
<b>Transfers and subsidies</b>	-	-	-	-	<b>22</b>	<b>-22</b>	-	-	<b>39</b>
Households	-	-	-	-	22	-22	-	-	39
Social benefits	-	-	-	-	22	-22	-	-	39
Other transfers to households	-	-	-	-	-	-	-	-	-
<b>Payments for capital assets</b>	<b>56,174</b>	<b>-3,907</b>	-	<b>52,267</b>	<b>87,364</b>	<b>-35,097</b>	<b>167.1%</b>	<b>143,554</b>	<b>70,204</b>
Buildings and other fixed structures	53,694	-1,427	-	52,267	87,004	-34,737	166.5%	141,676	69,185
Buildings	53,694	-1,427	-	52,267	87,004	-34,737	166.5%	141,676	69,185
Other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	2,480	-2,480	-	-	360	-360	-	1,878	1,019
Transport equipment	-	-	-	-	-	-	-	-	-
Other machinery and equipment	2,480	-2,480	-	-	360	-360	-	1,878	1,019
Heritage assets	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-
<b>Payment for financial assets</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Total</b>	<b>158,849</b>	<b>-1,581</b>	<b>-</b>	<b>157,268</b>	<b>165,675</b>	<b>-8,407</b>	<b>105.3%</b>	<b>280,290</b>	<b>157,726</b>

### 1. 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.

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

Detail of these transactions can be viewed in note 1 (Annual Appropriation) to the Annual Financial Statements.

### 3. Detail on 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.

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

4.1 Per programme	Final Appropriation	Actual Expenditure	Variance R'000	Variance as a % of Final Appropriation
Administration	566 467	565 081	1 386	0%
District Health Services	9 820 584	9 563 046	257 538	3%
Emergency Medical Services	933 348	847 561	85 787	9%
Provincial Hospital Services	6 100 656	5 987 314	113 342	2%
Central Hospital Services	11 584 643	11 584 642	1	0%
Health Science and Training	870 779	861 931	8 848	1%
Health Care support Services	230 602	211 542	19 060	8%
Health Facilities Management	1 384 100	1 384 095	5	0%
<b>TOTAL</b>	<b>31 491 179</b>	<b>31 005 212</b>	<b>485 967</b>	<b>2%</b>

#### Programme name: Administration

The expenditure in this programme is within the target

#### Programme name: District Health Services

The underspending is as a result of the non-payment of NHLS due to the performance audit on which there is still no final resolution.

#### Programme name: Emergency Medical Services

The programme underspent as a result of the delay in the filling of posts.

### Programme name: Provincial Hospital Services

The underspending is as a result of the non-payment of NHLS due to the performance audit on which there is still no final resolution.

### Programme name: Central Hospital Services

The expenditure in this programme is within the target.

### Programme name: Health Sciences and Training

Underspending is as a result of the late billing by universities and technikons.

### Programme name: Health Care Support Services

The programme is underspending due to delays in the procurement of machinery and equipment and the delay in the filling of posts.

### Programme name: Health Facilities Management

The expenditure in this programme is within the target.

4.2 Per economic classification	Final Appropriation	Actual Expenditure	Variance	Variance as a % of Final Appropriation
	R'000	R'000	R'000	R'000
<b>Current payments</b>				
Compensation of employees	18 743 254	18 654 909	88 345	0%
Goods and services	10 088 817	9 735 281	353 536	4%
Interest and rent on land	0	73	(73)	0%
<b>Transfers and subsidies</b>				
Provinces and Municipalities	647 041	672 090	(25 049)	4%
Departmental Agencies and accounts	17 131	17 135	(4)	0%
Higher education institutions	1 782	0	1 782	100%
Non-profit institutions	659 324	652 703	6 621	1%
Households	145 872	228 824	(82 952)	(57%)
<b>Payments for capital assets</b>				
Buildings and other fixed structures	373 319	378 954	(5 635)	(2%)
Machinery and equipment	814 639	652 544	162 095	20%
<b>Payments for financial assets</b>	0	12 699	(12 699)	0

**Compensation of Employees** - The under expenditure in this main item is attributed to the delay in the filling of vacant posts.

**GAUTENG PROVINCIAL DEPARTMENT OF HEALTH  
VOTE 04**

**NOTES TO THE APPROPRIATION STATEMENT  
for the year ended 31 March 2015**

**Goods and Services** - The underspending is as a result of the non-payment of NHLS due to the performance audit on which there is still no final resolution.

**Provinces and Municipalities** - Overspending was incurred as a result of an unfunded mandate for the Sedibeng municipality paid on approval.

**Higher education institutions** - Underspending incurred due to late billing by universities and technikons.

**Non Profit Institutions** - The under expenditure is attributed to a shift in policy which resulted in some payments to Non Profit Institutions being shifted to the HIV and AIDS conditional grant within the goods and services standard item.

**Households** - Over expenditure incurred due to an increase of student intake in the Cuban Doctor Programme as well as an unforeseen increase in staff resignations resulting in increased leave gratuity payments.

**Payments for capital assets** - Delay in approval of plans, procurement processes and non-delivery of procured equipment before the closure of the financial year.

4.3 Per conditional grant	Final Appropriation	Actual Expenditure	Variance	Variance as a % of Final Appropriation
	R'000	R'000	R'000	R'000
Comprehensive HIV and AIDS	2 632 578	2 583 230	49 348	2%
Health Professions Training & Development	811 114	811 114	0	0%
Hospital Revitalisation	752 700	752 700	0	0%
National Tertiary Service	3 493 891	3 493 853	38	0%
National Health Insurance	10 281	5 660	4 621	45%
EPWP Social Sector Incentive Grant	14 475	12 866	1 609	11%
EPWP Intergrated Grant to Provinces	2 010	2 010	0%	0%

The low spending on Comprehensive HIV and AIDS is due to the late appointments of ward based outreach teams.

National Health Insurance - underspending is as a result of the delays in the appointment of service providers for NHI impact, ward based outreach teams study and lean management.

EPWP Social Sector Incentive Grants - Underspending due to the high attrition rate of community health workers as result of stipends disparities.

**GAUTENG PROVINCIAL DEPARTMENT HEALTH  
VOTE 04**

**STATEMENT OF FINANCIAL PERFORMANCE  
for the year ended 31 March 2015**

	Note	2014/15 R'000	2013/14 R'000
<b>REVENUE</b>			
Annual appropriation	1	31 491 179	28 770 785
Departmental revenue	2	524 051	527 709
<b>TOTAL REVENUE</b>		<b>32 015 230</b>	<b>29 298 494</b>
<b>EXPENDITURE</b>			
<b>Current expenditure</b>			
Compensation of employees	3	18 654 913	17 096 854
Goods and services	4	9 735 446	8 059 289
Interest and rent on land	5	73	1 523
<b>Total current expenditure</b>		<b>28 390 432</b>	<b>25 157 666</b>
<b>Transfers and subsidies</b>			
Transfers and subsidies	7	1 570 751	1 423 046
<b>Total transfers and subsidies</b>		<b>1 570 751</b>	<b>1 423 046</b>
<b>Expenditure for capital assets</b>			
Tangible assets	8	1 031 334	831 974
Intangible assets	8	-	189
<b>Total expenditure for capital assets</b>		<b>1 031 334</b>	<b>832 163</b>
<b>Payments for financial assets</b>	6	12 695	2 926
<b>TOTAL EXPENDITURE</b>		<b>31 005 212</b>	<b>27 415 801</b>
<b>SURPLUS FOR THE YEAR</b>		<b>1 010 018</b>	<b>1 882 693</b>
<b>Reconciliation of Net Surplus for the year</b>			
Voted funds		485 967	1,354,984
Annual appropriation		430 362	981,107
Conditional grants		55 605	373,877
Departmental revenue	15	524 051	527 709
<b>SURPLUS FOR THE YEAR</b>		<b>1 010 018</b>	<b>1 882 693</b>

**GAUTENG PROVINCIAL DEPARTMENT HEALTH  
VOTE 04**

**STATEMENT OF FINANCIAL POSITION  
as at 31 March 2015**

	Note	2014/15 R'000	2013/14 R'000
<b>ASSETS</b>			
<b>Current assets</b>		<b>1 651 879</b>	<b>2 009 886</b>
Unauthorised expenditure	9	1 598 685	1 598 685
Cash and cash equivalents	10	2 512	363 945
Prepayments and advances	11	88	260
Receivables	12	50 594	46 996
<b>Non-current assets</b>		<b>54 000</b>	<b>54 000</b>
Investments	13	54 000	54 000
<b>TOTAL ASSETS</b>		<b>1 705 879</b>	<b>2 063 886</b>
<b>LIABILITIES</b>			
<b>Current liabilities</b>		<b>1 651 879</b>	<b>2 009 886</b>
Voted funds to be surrendered to the Revenue Fund	14	830 607	1 699 631
Departmental revenue surrendered to the Revenue Fund	15	76 776	73 914
Bank overdraft	16	458 853	49 913
Payables	17	285 643	186 428
<b>TOTAL LIABILITIES</b>		<b>1 651 879</b>	<b>2 009 886</b>
<b>NET ASSETS</b>		<b>54 000</b>	<b>54 000</b>
<b>Represented by:</b>			
Capitalisation reserve		54 000	54 000
<b>TOTAL</b>		<b>54 000</b>	<b>54 000</b>

The difference of R50, 377 million between the capital amount as disclosed by the Medical Supplies Depot and the department as reflected in the financial statements of the department is as a result of a cash injection to increase stock holdings. The transaction was funded from the depot's own proceeds. The investment of R54 million is the initial capital outlay to the depot, no additional funds were transferred by the department.



**GAUTENG PROVINCIAL DEPARTMENT HEALTH  
VOTE 04**

**STATEMENT OF CHANGES IN NET ASSETS  
for the year ended 31 March 2015**

	Note	2014/15 R'000	2013/14 R'000
<b>Capitalisation Reserves</b>			
Opening balance		54 000	54 000
Transfers:			
Movement in Equity			
Movement in Operational Funds			
Other movements			
<b>Closing balance</b>		<b>54 000</b>	<b>54 000</b>

The difference of R50, 377 million between the capital amount as disclosed by the Medical Supplies Depot and the department as reflected in the financial statements of the department is as a result of a cash injection to increase stock holdings. The transaction was funded from the depot's own proceeds. The investment of R54 million is the initial capital outlay to the depot, no additional funds were transferred by the department.

**GAUTENG PROVINCIAL DEPARTMENT HEALTH  
VOTE 04**

**CASH FLOW STATEMENT  
for the year ended 31 March 2015**

	Note	2014/15 R'000	2013/14 R'000
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
Receipts		32 015 230	29 298 494
Annual appropriated funds received	1.1	31 491 179	28 770 785
Departmental revenue received	2	523 654	521 521
Interest received	2.3	397	6 188
Net decrease in working capital		95 789	4 483 670
Surrendered to Revenue Fund		(1 876 180)	(2 299 809)
Current payments		(28 390 359)	(25 156 143)
Interest paid	5	(73)	(1 523)
Payments for financial assets		(12 695)	(2 926)
Transfers and subsidies paid		(1 570 751)	(1 423 046)
<b>Net cash flow available from operating activities</b>	<b>18</b>	<b>260 961</b>	<b>4 898 717</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
Payments for capital assets	8	(1 031 334)	(832 163)
<b>Net cash flows from investing activities</b>		<b>(1 031 334)</b>	<b>(832 163)</b>
Net (decrease) in cash and cash equivalents		(770 373)	4 066 554
Cash and cash equivalents at beginning of period		314 032	(3 752 522)
<b>Cash and cash equivalents at end of period</b>	<b>19</b>	<b>(456 341)</b>	<b>314 032</b>

## 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.

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 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 comprises 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.

## 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 Accrued expenditure payable

Accrued expenditure payable is recorded in the notes to the financial statements when the goods are received or, in the case of services, when they are rendered to the department.

Accrued expenditure payable is measured at cost.

### 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.

#### **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.

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.

Prepayments and advances are initially and subsequently measured at cost.

<Indicate when prepayments are expensed and under what circumstances.>

### **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.

### **13 Investments**

Investments are recognised in the statement of financial position at cost.

**14 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**

Loans and payables are recognised in the statement of financial position at cost.

**16 Capital Assets**

**16.1 Immovable capital assets**

Immovable capital assets are initially recorded in the notes to the financial statements at cost. Immovable capital assets acquired through a non-exchange transaction is measured at fair value as at the date of acquisition.

Where the cost of immovable capital assets cannot be determined accurately, the immovable capital assets are measured at R1 unless the fair value of the asset has been reliably estimated, in which case the fair value is used.

All assets acquired prior to 1 April 2002 (or a later date as approved by the OAG) may be recorded at R1.

Immovable capital assets are subsequently carried at cost and are not subject to depreciation or impairment.

Subsequent expenditure that is of a capital nature is added to the cost of the asset at the end of the capital project unless the immovable asset is recorded by another department in which case the completed project costs are transferred to that department.

**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 accurately, 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 is added to the cost of the asset at the end of the capital project unless the movable asset is recorded by another department/entity in which case the completed project costs are transferred to that department.

**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 accurately, 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 that is of a capital nature is added to the cost of the asset at the end of the capital project unless the intangible asset is recorded by another department/entity in which case the completed project costs are transferred to that department.

## **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 Commitments**

Commitments are recorded at cost in the notes to the financial statements when there is a contractual arrangement or an approval by management in a manner that raises a valid expectation that the department will discharge its responsibilities thereby incurring future expenditure that will result in the outflow of cash

## **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 for recovery.

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. 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 removed from the note when it is either condoned by the relevant authority, transferred to receivables for recovery or not condoned and is not recoverable.

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 policies, accounting estimates and errors**

Changes in accounting policies that are effected by management have been applied retrospectively 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 change in policy. In such instances the department shall restate the opening balances of assets, liabilities and net assets for the earliest period for which retrospective restatement is practicable.

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.

**243 Agent-Principal arrangements**

[Insert a description of the nature, circumstances and terms related to agency-principal arrangements and refer to the relevant note to the financial statements]

**24 Departures from the MCS requirements**

[Insert information on the following: that management has concluded that the financial statements present fairly the department's primary and secondary information; that the department complied with the Standard except that it has departed from a particular requirement to achieve fair presentation; and the requirement from which the department has departed, the nature of the departure and the reason for departure.

**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 Inventories**

At the date of acquisition, inventories are recorded at cost price in the notes to the financial statements

Where inventories are acquired as part of a non-exchange transaction, the cost of inventory is its fair value at the date of acquisition.

Inventories are subsequently measured at the lower of cost and net realisable value or the lower of cost and replacement value.

**28 Accounting Estimates**

As a result of the uncertainties inherent in delivering services, conducting trading or other activities, some items that form part of the secondary information in the financial statements cannot be measured with precision but can only be estimated. Estimation involves judgements based on the latest available, reliable information.

The use of reasonable estimates is an essential part of the preparation of financial statements and does not undermine their reliability.

An estimate may need revision if changes occur in the circumstances on which the estimate was based or as a result of new information or more experience. By its nature, the revision of an estimate does not relate to prior periods and is not the correction of an error.

**GAUTENG PROVINCIAL DEPARTMENT OF HEALTH  
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**NOTES TO THE FINANCIAL STATEMENTS  
for the year ended 31 March 2015**

## 1. Annual Appropriation

### 1.1 Annual Appropriation

Included are funds appropriated in terms of the Appropriation Act (and the Adjustments Appropriation Act) for Provincial Departments:

Programme	Final Appropriation	Actual Funds Received	Funds not received/ not requested	Appropriation Received
	2014/15		2013/14	
	R'000	R'000	R'000	R'000
Administration	566 467	566 467	-	696 543
District Health Services	9 820 584	9 820 584	-	8 676 899
Emergency Medical Services	933 348	933 348	-	941 765
Provincial Hospital Services	6 100 656	6 100 656	-	5 297 849
Central Hospitals	11 584 643	11 584 643	-	10 311 967
Health Sciences and Training	870 779	870 779	-	901 319
Health Care Support Service	230 602	230 602	-	284 520
Health Facilities Management	1 384 100	1 384 100	-	1 659 923
<b>Total</b>	<b>31 491 179</b>	<b>31 491 179</b>	<b>-</b>	<b>28 770 785</b>

### 1.2 Conditional grants

	Note	2014/15 R'000	2013/14 R'000
Total grants received	46	7 717 049	7 108 499

## 2. Departmental revenue

	Note	2014/15 R'000	2013/14 R'000
Sales of goods and services other than capital assets	2.1	451 636	471 332
Fines penalties and forfeits	2.2	52	47
Interest dividends and rent on land	2.3	397	6 188
Transactions in financial assets and liabilities	2.4	71 966	50 142
Total revenue collected		<b>524 051</b>	<b>527 709</b>
<b>Departmental revenue collected</b>		<b>524 051</b>	<b>527 709</b>

### 2.1 Sales of goods and services other than capital assets

Sales of goods and services produced by the department		450 433	469 176
Sales by market establishment		20 045	19 281
Administrative fees		3 965	3 689
Other sales		426 423	446 206
Sales of scrap waste and other used current goods		1 203	2 156
<b>Total</b>		<b>451 636</b>	<b>471 332</b>

Other sales represent mainly patient fees.

**GAUTENG PROVINCIAL DEPARTMENT OF HEALTH  
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**NOTES TO THE FINANCIAL STATEMENTS  
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	Note	2014/15	2013/14
		R'000	R'000

## 2.2 Fines penalties and forfeits

Fines		52	47
<b>Total</b>		<b>52</b>	<b>47</b>

## 2.3 Interest dividends and rent on land

Interest		397	6 188
<b>Total</b>		<b>397</b>	<b>6 188</b>

Interest represents interest on debt accounts.

## 2.4 Transactions in financial assets and liabilities

	Note	2014/15	2013/14
	2	R'000	R'000
Receivables		26 984	28 790
Stale cheques written back		-	214
Other Receipts including Recoverable Revenue		44 982	21 138
<b>Total</b>		<b>71 966</b>	<b>50 142</b>

Transactions in financial assets and liabilities represent revenue collected in the current financial year relating to debts of the previous financial years.

## 3. Compensation of employees

### 3.1 Salaries and Wages

	Note	2014/15	2013/14
	3	R'000	R'000
Basic salary		12 121 365	11 039 779
Performance award		278 825	330 967
Service Based		17 868	16 969
Compensative/circumstantial		1 655 315	1 377 669
Periodic payments		142 091	128 281
Other non-pensionable allowances		2 321 363	2 224 001
<b>Total</b>		<b>16 536 827</b>	<b>15 117 666</b>

Other non-pensionable allowances represent amongst others service bonuses and housing allowances. Compensative/circumstantial represents overtime paid to Health professionals.

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**NOTES TO THE FINANCIAL STATEMENTS  
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	Note	2014/15	2013/14
		R'000	R'000

### 3.2 Social contributions

Employer contributions			
Pension		1 456 512	1 321 698
Medical		658 795	655 110
UIF		303	146
Bargaining council		2 432	2 210
Insurance		44	24
<b>Total</b>		<b>2 118 086</b>	<b>1 979 188</b>
<b>Total compensation of employees</b>		<b>18 654 913</b>	<b>17 096 854</b>
Average number of employees		64 051	63 258

**GAUTENG PROVINCIAL DEPARTMENT OF HEALTH  
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**NOTES TO THE FINANCIAL STATEMENTS  
for the year ended 31 March 2015**

## 4. Goods and services

	Note	2014/15	2013/14
	4	R'000	R'000
Administrative fees		3 249	4 082
Advertising		14 699	6 461
Minor assets	4.1	37 700	33 422
Bursaries (employees)		1 397	3 700
Catering		5 078	3 457
Communication		99 333	84 765
Computer services	4.2	104 787	71 411
Laboratory service		1 057 990	592 761
Legal services		238 822	178 845
Consultants: Business and advisory services		39 801	43 169
Contractors		385 435	71 792
Agency and support / outsourced services		507 990	480 181
Entertainment		4	107
Audit cost – external	4.3	23 977	21 883
Fleet services		89 287	140 829
Inventory	4.4	4 723 404	4 124 538
Consumables	4.5	520 105	452 968
Housing		-	10
Operating leases		77 562	64 963
Property payments	4.6	1 699 236	1 408 915
Rental and hiring		5 031	563
Transport provided as part of the departmental activities		26 477	70 963
Travel and subsistence	4.7	28 296	30 521
Venues and facilities		10 032	11 885
Training and development		29 234	20 653
Other operating expenditure	4.8	6 520	136 445
<b>Total</b>		<b>9 735 446</b>	<b>8 059 289</b>

The item consultants, contractors and agency outsourced services have been reclassified in terms of SCOA within goods and services. Legal services represent settlement of litigation of medico legal cases. Inventory relates to medication and medical supplies. Transport relates to transport of patients and corpses. Other operating expenditure represents courier and laundry services. Property payments relates to maintenance and repairs to buildings, security and cleaning services.

### 4.1 Minor assets

	Note	2014/15	2013/14
	4	R'000	R'000
<b>Tangible assets</b>		<b>37 700</b>	<b>33 422</b>
Machinery and equipment		37 700	33 422
<b>Total</b>		<b>37 700</b>	<b>33 422</b>

NOTES TO THE FINANCIAL STATEMENTS  
for the year ended 31 March 2015

#### 4.2 Computer services

	Note	2014/15	2013/14
	4	R'000	R'000
External computer service providers		104 787	71 411
<b>Total</b>		<b>104 787</b>	<b>71 411</b>

External computer service providers include software licences for operating systems and specialized computer services.

#### 4.3 Audit cost – External

	Note	2014/15	2013/14
	4	R'000	R'000
Regularity audits		21 747	17 748
Investigations		2 230	4 135
<b>Total</b>		<b>23 977</b>	<b>21 883</b>

Regularity audit relate to payment of audit fees to the Auditor General.

#### 4.4 Inventory

	Note	2014/15	2013/14
	4	R'000	R'000
Clothing material and accessories		15 747	25 911
Food and food supplies		223 181	169 433
Fuel, oil and gas		105 891	79 528
Learning, teaching and support material		351	785
Materials and supplies		26 397	27 803
Medical supplies		1 964 383	1 607 522
Medicine		2 387 454	2 213 556
<b>Total</b>		<b>4 723 404</b>	<b>4 124 538</b>

#### 4.5 Consumables

	Note	2014/15	2013/14
	4	R'000	R'000
Consumable supplies		<b>411 409</b>	<b>375 103</b>
Uniform and clothing		64 893	58 476
Household supplies		299 226	273 581
Building material and supplies		-	2 647
Communication accessories		293	618
IT consumables		8 308	5 558
Other consumables		38 689	34 223
Stationery printing and office supplies		108 696	77 865
<b>Total</b>		<b>520 105</b>	<b>452 968</b>

Other consumables represent fuel supplies and laboratory consumables.

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**NOTES TO THE FINANCIAL STATEMENTS  
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#### 4.6 Property payments

	Note	2014/15	2013/14
	4	R'000	R'000
Municipal services		18 149	13 849
Property maintenance and repairs		765 196	584 408
Other		915 891	810 658
<b>Total</b>		<b>1 699 236</b>	<b>1 408 915</b>

Other includes cleaning, security, water and electricity.

#### 4.7 Travel and subsistence

	Note	2014/15	2013/14
	4	R'000	R'000
Local		25 735	26 319
Foreign		2 561	4 202
<b>Total</b>		<b>28 296</b>	<b>30 521</b>

#### 4.8 Other operating expenditure

	Note	2014/15	2013/14
	4	R'000	R'000
Professional bodies, membership and subscription fees		486	316
Resettlement costs		1 541	1 034
Other		4 493	135 095
<b>Total</b>		<b>6 520</b>	<b>136 445</b>

Other includes courier and laundry services.

#### 5. Interest and rent on land

	Note	2014/15	2013/14
	5	R'000	R'000
Interest paid		73	
<b>Total</b>		<b>73</b>	

#### 6. Payments for financial assets

	Note	2014/15	2013/14
	6	R'000	R'000
Debts written off		12 695	2 926
<b>Total</b>		<b>12 695</b>	<b>2 926</b>

## 7. Transfers and subsidies

	Note	2014/15	2013/14
	7	R'000	R'000
Provinces and Municipalities		672 042	607 676
Departmental agencies and accounts	Annex 1B	17 184	16 118
Higher education institutions	Annex 1C	-	958
Non-profit institutions	Annex 1F	652 702	640 454
Households	Annex 1G	228 823	157 840
<b>Total</b>		<b>1 570 751</b>	<b>1 423 046</b>

## 8. Expenditure for capital assets

	Note	2014/15	2013/14
	8	R'000	R'000
<b>Tangible assets</b>		<b>1 031 334</b>	<b>831 974</b>
Buildings and other fixed structures	8.1	378 954	415 136
Machinery and equipment	8.1	652 380	416 838
<b>Intangible assets</b>		<b>-</b>	<b>189</b>
Software		-	189
<b>Total</b>		<b>1 031 334</b>	<b>832 163</b>

### 8.1 Analysis of funds utilised to acquire capital assets – 2014/15

	Voted funds	Total
	R'000	R'000
<b>Tangible assets</b>		
Buildings and other fixed structures	378 954	378 954
Machinery and equipment	652 380	652 380
<b>Total</b>	<b>1 031 334</b>	<b>1 031 334</b>

### 8.2 Analysis of funds utilised to acquire capital assets – 2013/2014

	2013/14	2013/14
	R'000	R'000
<b>Tangible assets</b>	<b>831 974</b>	<b>831 974</b>
Buildings and other fixed structures	415 136	415 136
Machinery and equipment	416 838	416 838
<b>Intangible assets</b>	<b>189</b>	<b>189</b>
Software	189	189
<b>Total</b>	<b>832 163</b>	<b>832 163</b>



### 8.3 Finance lease expenditure included in Expenditure for capital assets

	Voted funds	Total
	R'000	R'000
<b>Tangible assets</b>		
Machinery and equipment	83 861	84 520
<b>Total</b>	<b>83 861</b>	<b>84 520</b>

## 9. Unauthorised expenditure

### 9.1 Reconciliation of unauthorised expenditure

	Note	2014/15	2013/14
	9	R'000	R'000
Opening balance		1 598 685	6 095 207
Awaiting Condonation of prior years		1 598 685	6 095 207
Less: Amounts approved by Legislature with funding		-	(4 496 522)
<b>Unauthorised expenditure awaiting authorisation / written off</b>		<b>1 598 685</b>	<b>1 598 685</b>

### 9.2 Analysis of unauthorised expenditure awaiting authorisation per economic classification

	2014/15	2013/14
	R'000	R'000
Current	1 598 685	1 598 685
<b>Total</b>	<b>1 598 685</b>	<b>1 598 685</b>

### 9.3 Analysis of unauthorised expenditure awaiting authorisation per type

	2014/15	2013/14
	R'000	R'000
Unauthorised expenditure relating to overspending of the vote or a main division within a vote	1 598 685	1 598 685
<b>Total</b>	<b>1 598 685</b>	<b>1 598 685</b>

The department did not incur any unauthorised expenditure in the financial year 2014/2015. An amount of R1.6 billion relating to previous financial years is still awaiting condonation.

## 10. Cash and cash equivalents

	Note	2014/15	2013/14
	10	R'000	R'000
Consolidated Paymaster General Account		-	332 983
Bank related Accounts		580	29 521
Cash receipts		851	386
Cash on hand		1 081	1 055
<b>Total</b>		<b>2 512</b>	<b>363 945</b>

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## 11. Prepayments and advances

	Note	2014/15	2013/14
	11	R'000	R'000
Travel and subsistence		88	260
<b>Total</b>		<b>88</b>	<b>88</b>

## 12. Receivables

	Note	2014/15				2013/14
		R'000	R'000	R'000	R'000	R'000
		Less than one year	One to three years	Older than three years	Total	Total
Claims recoverable	12.1 Annex 4	771	-	-	771	7 459
Recoverable expenditure	12.2	994	-	-	994	1 080
Staff debt	12.3	19 415	16 437	7 771	43 623	24 373
Other debtors	12.4	5 206	-	-	5 206	14 084
<b>Total</b>		<b>26 386</b>	<b>16 437</b>	<b>7 771</b>	<b>50 594</b>	<b>46 996</b>

Staff debt represents salary related debts.

### 12.1 Claims recoverable

	Note	2014/15	2013/14
	12	R'000	R'000
Other Departments		771	7 459
<b>Total</b>		<b>771</b>	<b>7 459</b>

### 12.2 Recoverable expenditure (disallowance accounts)

Disallowance Damages and Losses		994	994
Disallowance Payment Fraud: CA		-	86
<b>Total</b>		<b>994</b>	<b>1 084</b>

### 12.3 Staff debt

Breach of Contract		10 800	5 866
Employee		5 417	5 399
Ex-Employee		23 324	10 915
Supplier		4 047	1 273
State Guarantee		-	21
Fraud		34	38
Other		1	861
<b>Total</b>		<b>43 623</b>	<b>24 373</b>

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## 12.4 Other debtors

	Note	2014/15	2013/14
		R'000	R'000
Salary Disallowance Account		17	20
Salary Deduction Disallowance		182	530
Sal: Recoverable		-	52
Salary: Tax Debt		853	254
Salary Reversal Control Account		4 154	13 227
Sal: Deduction Parking		-	1
<b>Total</b>		<b>5 206</b>	<b>14 084</b>

## 13. Investments

	Note	2014/15	2013/14
	13	R'000	R'000
<b>Non-Current</b>			
<b>Shares and other equity</b>			
Investment in Medical Supplies Depot		54 000	54 000
<b>Total</b>		<b>54 000</b>	<b>54 000</b>
<b>Total non-current</b>		<b>54 000</b>	<b>54 000</b>
<b>Analysis of non-current investments</b>			
Opening balance		54 000	54 000
<b>Closing balance</b>		<b>54 000</b>	<b>54 000</b>

The difference of R50, 377 million between the capital amount as disclosed by the Medical Supplies Depot and the department as reflected in the financial statements of the department is as a result of a cash injection to increase stock holdings. The transaction was funded from the depot's own proceeds. The investment of R54 million is the initial capital outlay to the depot, no additional funds were transferred by the department.

## 14. Voted funds to be surrendered to the Revenue Fund

	Note	2014/15	2013/14
	14	R'000	R'000
Opening balance		1 699 631	2 113 891
Transfer from statement of financial performance (as restated)		485 967	1 354 984
Paid during the year		(1 354 991)	(1 769 244)
<b>Closing balance</b>		<b>830 607</b>	<b>1 699 631</b>

## 15. Departmental revenue to be surrendered to the Revenue Fund

	Note	2014/15	2013/14
	15	R'000	R'000
Opening balance		73 914	76 770
Transfer from Statement of Financial Performance		524 051	527 709
Paid during the year		(521 189)	(530 565)
<b>Closing balance</b>		<b>76 776</b>	<b>73 914</b>

## 16. Bank Overdraft

	Note	2014/15	2013/14
	16	R'000	R'000
Consolidated Paymaster General Account		352 502	49 913
Other bank related Accounts		106 351	-
<b>Total</b>		<b>458 853</b>	<b>49 913</b>

## 17. Payables – current

	Note	2014/15	2013/14
	17	R'000	R'000
Amounts owing to other entities		248 616	147 155
Other payables		37 027	39 273
<b>Total</b>		<b>285 643</b>	<b>186 428</b>

The amount of R249 million disclosed as amounts owing to other entities represents money owed to the Medical Supplies Depot as at 31 March 2015. The amount of R249 million was paid to the Medical Supplies Depot in April 2015.

### 17.1 Other payables

	Note	2014/15	2013/14
	22	R'000	R'000
<b>Description</b>			
Salary ACB Recalls		596	4 273
Private Telephone		59	-
Salary: Garnishee Orders		6	33
Salary: Income Tax		10 251	11 962
Salary: Pension Fund		1 210	1 626
Housing Loan Guarantees		477	535
Other Payables		19 495	11 955
Telephone Control Account		4 933	8 889
<b>Total</b>		<b>37 027</b>	<b>39 273</b>

Other payables relates to debt receivable and interest. The amount of R4.9 million relating to Telkom as at 31 March 2015 was paid during April 2015.

## 18. Net cash flow available from operating activities

	Note	2014/15	2013/14
		R'000	R'000
Net surplus as per Statement of Financial Performance		1 010 018	1 882 693
Add back non cash/cash movements not deemed operating activities		(749 057)	3 016 024
(Increase) in receivables – current		(3 598)	17 221
decrease in prepayments and advances		172	(151)
(Increase)/decrease in other current assets			4 496 522
Increase/(decrease) in payables – current		99 215	(29 922)
Expenditure on capital assets		1 031 334	832 163
Surrenders to Revenue Fund		(1 876 180)	(2 299 809)
<b>Net cash flow generated by operating activities</b>		<b>260 961</b>	<b>4 898 717</b>

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

	Note	2014/15	2013/14
		R'000	R'000
Consolidated Paymaster General account		(458 273)	312 591
Cash receipts		851	386
Cash on hand		1 081	1 055
<b>Total</b>		<b>(456 341)</b>	<b>314 032</b>

## 20. Contingent liabilities and contingent assets

### 20.1 Contingent liabilities

	Note	2014/15	2013/14	
		R'000	R'000	
<b>Liable to</b>				
	<b>Nature</b>			
Housing loan guarantees	Employees	Annex 3A	176	929
Claims against the department		Annex 3B	13 103 894	8 943 172
Intergovernmental payables (unconfirmed balances)		Annex 5	2 738	128
<b>Total</b>			<b>13 106 808</b>	<b>8 944 229</b>

Claims against the department represent mainly litigation claims relating to medico legal matters as well as the premature termination of contracts.

Included in the Civil claims is an amount of R 1,263 billion owing to NHLS, amount is included under contingent liabilities because the investigation in NHLS billing irregularities is still on going.

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## 20.2 Contingent assets

	Note	2014/15	2013/14
		R'000	R'000
Claims against employees (Negative Leave Credits)		28 479	29 114
Claim against National Health Laboratory Services		1 599 392	1 599 392
<b>Total</b>		<b>1 627 871</b>	<b>1 628 506</b>

The amount of R 1,6 billion disclosed as a contingent asset represent the possible debt by NHLS due to billing irregularities. The department is awaiting a final resolution in this matter.

## 21. Commitments

Current expenditure			
Approved and contracted		1 183 090	352 560
Approved but not yet contracted		878	
<b>Sub-Total</b>		<b>1 183 968</b>	<b>352 560</b>
Capital expenditure			
Approved and contracted		471 270	742 516
Approved but not yet contracted		4 605	35 689
<b>Sub-Total</b>		<b>475 875</b>	<b>778 205</b>
<b>Total Commitments</b>		<b>1 659 843</b>	<b>1 130 765</b>

All commitments are within a year. The department does not have any multi-year contracts.

## 22. Accruals

Listed by economic classification			2014/15	2013/14
			R'000	R'000
	30 Days	30+ Days	Total	Total
Goods and services	741 709	865 600	1 607 309	1 173 648
Transfers and subsidies	3 897	65 676	69 573	9 999
Capital assets	63 241	110 750	173 991	121 339
<b>Total</b>	<b>808 847</b>	<b>1 042 026</b>	<b>1 850 873</b>	<b>1 304 986</b>

Listed by programme level				
1. Administration			269 833	135 203
2. District Health Services			554 925	180 108
3. Emergency Medical Services			62 837	19 031
4. Provincial Hospitals			220 210	339 365
5. Central Hospital Services			718 553	493 698
6. Health Training and Sciences			4 706	10 851
7. Health Care Support Services			3 978	5 391
8. Health Facilities Management			15 831	121 339
<b>Total</b>			<b>1 850 873</b>	<b>1 304 986</b>

An amount of R1.5 billion disclosed as accruals was paid in April and May 2015. Amounts owing to National Health Laboratory Services are disclosed under the contingent liability and contingent asset disclosure notes and are therefore not included in the accruals disclosure of the department.

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	Note	2014/15	2013/14
		R'000	R'000
Confirmed balances with other departments	Annex 5	170 158	32 097
Confirmed balances with other government entities	Annex 5	569 876	268 472
<b>Total</b>		<b>740 034</b>	<b>300 569</b>

## 23. Employee benefits

	Note	2014/15	2013/14
		R'000	R'000
Leave entitlement		302 030	618 752
Service bonus (Thirteenth cheque)		461 950	428 921
Performance awards		281 149	254 981
Capped leave commitments		429 245	453 407
<b>Total</b>		<b>1 474 374</b>	<b>1 756 061</b>

The leave entitlement has been reduced by an amount of R20 million relating to leave taken during the year 2014/2015 but not captured on Persal as at 31 March 2015.

## 24. Lease commitments

### 24.1 Operating leases expenditure

2014/15	Buildings and other fixed structures	Total
Not later than 1 year	17 188	17 188
Later than 1 year and not later than 5 years	4 232	4 232
<b>Total lease commitments</b>	<b>21 420</b>	<b>21 420</b>

2013/14	Buildings and other fixed structures	Total
Not later than 1 year	25 224	25 224
Later than 1 year and not later than 5 years	21 510	21 510
<b>Total lease commitments</b>	<b>46 734</b>	<b>46 734</b>

## 24.2 Finance leases expenditure\*\*

2014/15	Machinery and equipment	Total
Not later than 1 year	21 380	21 380
Later than 1 year and not later than 5 years	130 361	130 361
<b>Total lease commitments</b>	<b>151 741</b>	<b>151 741</b>

2013/14	Machinery and equipment	Total
Not later than 1 year	26 669	26 669
Later than 1 year and not later than 5 years	38 079	38 079
<b>Total lease commitments</b>	<b>64 748</b>	<b>64 748</b>

Finance leases represent Cell phones, GG Cars and Photo copy machines.

## 25. Accrued departmental revenue

	Note	2014/15	2013/14
		R'000	R'000
Sales of goods and services (Patient Fees Charged)		2 547 110	2 137 049
<b>Total</b>		<b>2 547 110</b>	<b>2 137 049</b>

The receivables in respect of goods and services represent the total debt (R2.3 billion) based on recoverability of patient debts. An amount of R228 million was written off during the year in respect of patient fees. A provision for bad debts of R1.1 billion has been made.

### 25.1 Analysis of accrued departmental revenue

	Note	2014/15	2013/14
		R'000	R'000
Opening balance		2 266 924	1 543 710
Less: amounts received		421 397	387 384
Add: amounts recognised		930 017	1 204 188
Less: amounts written-off/reversed as irrecoverable		228 434	223 465
<b>Closing balance</b>		<b>2 547 110</b>	<b>2 137 049</b>

The difference between the closing and opening balances is due to the reclassification of provision for bad debts.

Opening balance was adjusted for amounts billed in 2014/15 but occurred in 2013/14.

### 25.2 Accrued department revenue written off

Patient Fees written off on the stand alone systems		228 434	223 465
<b>Total</b>		<b>228 434</b>	<b>223 465</b>



### 25.3 Impairment of accrued departmental revenue

	Note	2014/15	2013/14
		R'000	R'000
Estimate of impairment of accrued departmental revenue		1 404 162	1 511 514
<b>Total</b>		<b>1 404 162</b>	<b>1 511 514</b>

An amount of R1.4 billion was provided for as patient debts that are older than 90 days.

## 26. Irregular expenditure

### 26.1 Reconciliation of irregular expenditure

Opening balance		5 982 138	5 748 235
Add: Irregular expenditure – relating to current year		124 371	233 903
<b>Irregular expenditure</b>		<b>6 106 509</b>	<b>5 982 138</b>
<b>Analysis per age classification</b>			
Current year		124 371	233 903
Prior years		5 982 138	5 748 235
<b>Total</b>		<b>6 106 509</b>	<b>5 982 138</b>

### 26.2 Details of irregular expenditure – current year

Incident	Disciplinary steps taken/criminal proceedings	2014/15 R'000
Deviation from normal procurement procedures	Approval from Treasury to condone is still in progress, no final approval as yet.	121 247
Overtime Exceeding 30%	None	3 124
<b>Total</b>		<b>124 371</b>

## 27. Fruitless and wasteful expenditure

### 27.1 Reconciliation of fruitless and wasteful expenditure

	Note	2014/15	2013/14
		R'000	R'000
Opening balance		414 610	408 050
Fruitless and wasteful expenditure – relating to current year		159 759	161 620
Less: Amounts resolved		(156 909)	(155 060)
Fruitless and wasteful expenditure awaiting resolution		417 460	414 610

### 27.2 Analysis of awaiting resolution per economic classification

Current		417 460	414 610
<b>Total</b>		<b>417 460</b>	<b>414 610</b>

### 27.3 Analysis of Current year's fruitless and wasteful expenditure

Incident	Disciplinary steps taken/criminal proceedings	2014/15 R'000
Expired medication	None	2 457
Interest on late payments	None	73
Litigations against the department	None	156 909
Department of Infrastructure Dev	None	303
Other	None	17
<b>Total</b>		<b>159 759</b>

Fruitless and Wasteful expenditure incurred during the current financial year relates to the settlement of medico legal cases.

## 28. Related party transactions

Payments made	Note	2014/15 R'000	2013/14 R'000
Goods and services		2 398 578	2 927 567
<b>Total</b>		<b>2 398 578</b>	<b>2 927 567</b>

Payables to related parties		569 876	268 472
<b>Total</b>		<b>569 876</b>	<b>268 472</b>

The related party transactions relates to the Medical Supplies Depot, a trading entity of the department.

Included in the amount of R2.3 billion paid to the Medical Supplies Depot during the financial year under review is an amount of R268 million relating to the previous financial year. The amount owing to the Medical Supplies Depot was subsequently paid in the 2015/2016 financial year.

Other related Parties include Gauteng Departments:

- Office of the Premier
- Gauteng Legislature
- Economic Development
- Education
- Social Development
- Local Government and Housing
- Roads and Transport
- Community Safety
- Agriculture and Rural Development
- Sports, Arts, Culture and Recreation
- Department of Finance
- Provincial Treasury
- G-Fleet
- Infrastructure Development

The department also occupies buildings owned by the Department of Infrastructure Development.

## 29. Key management personnel

	No. of Individuals	2014/15 R'000	2013/14 R'000
Political office bearers (provide detail below)	2	1 677	1 735
Officials:	-	-	-
Level 15 to 16	8	9 645	5 353
Level 14	22	19 078	17 479
Family members of key management personnel	4	1 018	674
<b>Total</b>		<b>31 418</b>	<b>25 241</b>

The previous Head of Department left the services of the department during the financial year. The department had an Acting Head of Department for the remainder of the financial year. The Chief Financial Officer was appointed in March 2015 and is included in the key management personnel of the department.

## 30. Impairment: other

	Note	2014/15 R'000	2013/14 R'000
Provision for staff debt		7 771	-
Provision for patient debt		1 404 162	1 511 514
<b>Total</b>		<b>1 411 933</b>	<b>1 511 514</b>

The department makes provisions for staff debt older than three years as well as self-paying patient debts older than three months.

## 31. Provisions

Payments made	Note	2014/15 R'000	2013/14 R'000
Litigation Claims against the Department		144 305	43 185
Performance Bonuses for 2008/2009 2009/2010 and 2010/2011		413 000	413 000
National Health Laboratory Services		8 788	328 513
OSD to Engineers		9 274	9 274
<b>Total</b>		<b>575 367</b>	<b>793 972</b>

An amount of R9 million paid to NHLS during the 2015/2016 financial year has been disclosed as a provision.

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**31.1 Reconciliation of movement in provisions – 2014/15**

	Litigations	Performance Bonus	NHLS	OSD	Total Provisions
	R'000	R'000	R'000	R'000	
Opening balance	43 185	413 000	328 513	9 274	793 972
Increase in provision	141 329	-	8 788	-	150 117
Provisions (settled)	(40 209)	-	(328 513)	-	(368 722)
<b>Closing balance</b>	<b>144 305</b>	<b>413 000</b>	<b>8 788</b>	<b>9 274</b>	<b>575 367</b>

**31.2 Reconciliation of movement in provisions – 2013/14**

	Litigations	Performance Bonus	NHLS	OSD	Total Provisions
	R'000	R'000	R'000	R'000	
Opening balance	42 764	413 000	-	-	455 764
Increase in provision	421	-	328 513	9 274	338 208
Provisions (settled)	-	-	-	-	-
<b>Closing balance</b>	<b>43 185</b>	<b>413 000</b>	<b>328 513</b>	<b>9 274</b>	<b>793 972</b>

**32. Movable Tangible Capital Assets**

<b>MOVEMENT IN MOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2015</b>				
	Opening balance	Additions	Disposals	Closing Balance
	R'000	R'000	R'000	R'000
<b>Machinery and Equipment</b>	<b>3 561 616</b>	<b>599 204</b>	<b>71 837</b>	<b>4 088 983</b>
Transport assets	346 981	7 617	11 503	343 095
Computer equipment	167 316	21 028	2 213	186 131
Furniture and office equipment	101 494	13 567	1 269	113 792
Other machinery and equipment	2 945 826	556 992	56 852	3 445 966
<b>Total Movable Tangible Capital Assets</b>	<b>3 561 616</b>	<b>599 204</b>	<b>71 837</b>	<b>4 088 983</b>

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### 32.1 Additions

#### ADDITIONS TO MOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2015

	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
<b>Machinery and Equipment</b>	<b>651 742</b>	<b>3 831</b>	<b>(83 861)</b>	<b>27 492</b>	<b>599 204</b>
Transport assets	73 954	76	(53 582)	(12 831)	7 617
Computer equipment	21 388	1 140	-	(1 500)	21 028
Furniture and office equipment	12 447	187	-	933	13 567
Other machinery and equipment	543 953	2 428	(30 279)	40 890	556 992
<b>Total Additions to Movable Tangible Capital Assets</b>	<b>651 742</b>	<b>3 831</b>	<b>(83 861)</b>	<b>27 492</b>	<b>599 204</b>

### 32.2 Disposals

	Sold for cash	Transfer out or destroyed or scrapped	Total disposals	Cash Received Actual
	R'000	R'000	R'000	R'000
<b>Machinery and Equipment</b>	<b>7 460</b>	<b>64 377</b>	<b>71 837</b>	-
Transport assets	90	11 413	11 503	-
Computer equipment	64	2 149	2 213	-
Furniture and office equipment	207	1 062	1 269	-
Other machinery and equipment	7 099	49 753	56 852	850
<b>Total Disposal of Movable Tangible Capital Assets</b>	<b>7 460</b>	<b>64 377</b>	<b>71 837</b>	<b>850</b>

### 32.3 Movement for 2013/14

	Opening balance	Additions	Disposals	Closing Balance
	R'000	R'000	R'000	R'000
<b>Machinery and Equipment</b>	<b>3 245 270</b>	<b>341 164</b>	<b>24 818</b>	<b>3 561 616</b>
Transport assets	267 878	80 592	1 489	346 981
Computer equipment	142 932	25 133	749	167 316
Furniture and office equipment	93 541	8 290	337	101 494
Other machinery and equipment	2 740 920	227 149	22 243	2 945 826
<b>Total Movable Tangible Capital Assets</b>	<b>3 245 270</b>	<b>341 164</b>	<b>24 818</b>	<b>3 561 616</b>

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**MOVEMENT IN MINOR ASSETS PER THE ASSET REGISTER FOR THE YEAR ENDED AS AT 31 MARCH 2015**

	Intangible assets	Machinery and equipment	Total
	R'000	R'000	R'000
Opening balance	4	627 637	627 641
Additions	-	39 968	34 582
Disposals	4	7 900	7 904
<b>Total Minor Assets</b>	<b>-</b>	<b>659 705</b>	<b>659 705</b>

**MOVEMENT IN MINOR ASSETS PER THE ASSET REGISTER FOR THE YEAR ENDED AS AT 31 MARCH 2015**

	Intangible assets	Machinery and equipment	Total
	R'000	R'000	R'000
Opening balance	4	595 781	595 785
Additions	-	34 582	34 582
Disposals	4	2 726	2 726
<b>Total Minor Assets</b>	<b>-</b>	<b>627 637</b>	<b>627 641</b>

**32.4 Movable assets written off**

	Machinery and equipment	Total
	R'000	R'000
Assets written off	32	32
<b>Total Movable Assets Written Off</b>	<b>32</b>	<b>32</b>

	Machinery and equipment	Total
	R'000	R'000
Assets written off	69	69
<b>Total Movable Assets Written Off</b>	<b>69</b>	<b>69</b>

**33. Intangible Capital Assets**

	Opening balance	Closing Balance
	R'000	R'000
Software	207 910	207 910
<b>Total Intangible Capital Assets</b>	<b>207 910</b>	<b>207 910</b>

**33.1 Movement for 2013/14**

	Opening balance	Additions	Closing Balance
	R'000	R'000	R'000
Software	207 721	189	207 910
<b>Total Intangible Capital Assets</b>	<b>207 721</b>	<b>189</b>	<b>207 910</b>

## 34. Immovable Tangible Capital Assets

	Opening balance	Additions	Closing Balance
	R'000	R'000	R'000
Buildings and other fixed structures	3 284	-	3 284
<b>Total Immovable Tangible Capital Assets</b>	<b>3 284</b>	<b>-</b>	<b>3 284</b>

### 34.1 Additions

	Cash	(Capital Work in Progress current costs and finance lease payments)	Total
	R'000	R'000	R'000
Buildings and other fixed structures	122 532	(122 532)	0
Other fixed structures	122 532	(122 532)	0
<b>Total Additions To Immovable Tangible Capital Assets</b>	<b>122 532</b>	<b>(122 532)</b>	<b>0</b>

### 34.2 Movement for 2013/14

	Opening balance	Prior period error	Additions	Closing Balance
	R'000	R'000	R'000	R'000
Buildings and other fixed structures	4 006 508	(4 006 508)	3 284	3 284
Non-residential buildings	1 851 011	(1 851 011)	-	-
Other fixed structures	2 155 497	(2 155 497)	3 284	-
<b>Total Immovable Tangible Capital Assets</b>	<b>4 006 508</b>	<b>(4 006 508)</b>	<b>3 284</b>	<b>3 284</b>

## 35. Prior period errors

### 35.1 Correction of prior period errors

	Note		2013/14
			R'000
Accrued departmental revenue note 30 (closing balance restated)		-	2 137 049
Provisions for bad debt restated		-	(625 535)
<b>Net effect</b>		<b>-</b>	<b>1 511 514</b>

In the year 2013-14, provisions for bad debts and bad debts written off were combined. This was inconsistent with accounting policies and therefore rectified in this financial year.

NOTES TO THE FINANCIAL STATEMENTS  
for the year ended 31 March 2015

36. STATEMENT OF CONDITIONAL GRANTS RECEIVED (unaudited schedule)

NAME OF DEPARTMENT	GRANT ALLOCATION 2014/2015					SPENT			2013/14		
	Division of Revenue Act/ Provincial Grants	Roll Overs	DORA Adjustments	Other Adjustments	Total Available	Amount received by department	Amount spent by department	Under / (Over) spending)	% 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
Comprehensive HIV and AIDS	2 632 578	-	-	-	2 632 578	2 632 578	2 583 230	49 348	98%	2 258 483	2 258 483
Health Prof Training & Development	811 114	-	-	-	811 114	811 114	811 114	-		765 202	765 202
Hospital Revitalisation	671 033	81 667	-	-	752 700	752 700	752 700	-		743 736	412 083
National Tertiary Service	3 493 891	-	-	-	3 493 891	3 493 891	3 493 853	38	100%	3 305 931	3 305 810
National Health Insurance	7 000	3 281	-	-	10 281	10 281	5 660	4 621	55%	16 876	13 559
EPWP Social Sector Incentive Grants	14 475	-	-	-	14 475	14 475	12 866	1 609	89%	-	-
EPWP Integrated Grant to Prov	2 010	-	-	-	2 010	2 010	2 010	-	100%	3 000	3 000
Health Infrastructure Component	-	-	-	-	-	-	-	-		91 928	55 412
Nursing Colleges & School Component	-	-	-	-	-	-	-	-		8 574	6 303
<b>Total</b>	<b>7 632 101</b>	<b>84 948</b>	<b>-</b>	<b>-</b>	<b>7 717 049</b>	<b>7 717 049</b>	<b>7 661 433</b>	<b>55 616</b>		<b>7 193 730</b>	<b>6 819 852</b>



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**NOTES TO THE FINANCIAL STATEMENTS  
for the year ended 31 March 2015**

**ANNEXURE 1A  
STATEMENT OF CONDITIONAL GRANTS PAID TO MUNICIPALITIES (unaudited schedule)**

NAME OF MUNICIPALITY	GRANT ALLOCATION				TRANSFER			SPENT		2013/14 Division of Revenue Act
	Division of Revenue Act	Roll Overs	Adjustments	Total Available	Actual Transfer	Funds Withheld	Re-allocations by National Treasury or National Department	Amount received by municipality	Amount spent by municipality	
	R'000	R'000	R'000		R'000	R'000	R'000	R'000	R'000	%
<b>Primary Health Care Category A</b>										
City of Johannesburg	104 505	-	-	104 505	104 505	-	-	104 505	104 505	100%
City of Tshwane Metro	39 967	-	-	39 967	39 967	-	-	39 967	39 967	100%
Ekurhuleni Metro	111 952	-	-	111 952	111 952	-	-	111 953	83 964	75%
<b>Category A</b>										
City of Johannesburg Metro	105 809	-	-	105 809	105 809	-	-	105 809	105 809	100%
City of Tshwane Metro	56 683	-	-	56 683	56 683	-	-	56 683	56 683	100%
Ekurhuleni Metro	136 040	-	-	136 040	136 040	-	-	136 040	136 040	100%
<b>HIV and AIDS (Provincial)</b>										
City of Johannesburg	19 288	-	-	19 288	19 288	-	-	19 288	12 457	65%
City of Tshwane Metro	10 923	-	-	10 923	10 923	-	-	10 923	10 270	94%
Ekurhuleni Metro	11 018	-	68	11 086	11 086	-	-	11 086	7 699	69%
West Rand District Council	6 376	-	-	6 376	6 376	-	-	6 376	5 441	85%
Sedibeng District Council	6 691	-	-	6 691	6 623	68	-	6 623	5 550	84%
<b>Category C</b>										
West Rand District Council	37 789	-	-	37 789	37 789	-	-	37 790	37 790	0%
<b>Total</b>	<b>647 041</b>	<b>68</b>	<b>68</b>	<b>647 109</b>	<b>647 041</b>	<b>68</b>	<b>-</b>	<b>672 043</b>	<b>631 175</b>	<b>607 677</b>

**ANNEXURE 1B**  
**STATEMENT OF TRANSFERS TO DEPARTMENTAL AGENCIES AND ACCOUNTS (unaudited schedule)**

DEPARTMENT/ AGENCY/ ACCOUNT	TRANSFER ALLOCATION				TRANSFER		2013/14 Appropriation Act R'000
	Adjusted Appropriation R'000	Roll Overs R'000	Adjustments R'000	Total Available R'000	Actual Transfer R'000	% of Available funds Transferred %	
Health and Welfare Seta	17 131	-	-	17 131	17 131	100%	16 085
SABC	-	-	-	-	53	-	124
<b>Total</b>	<b>17 131</b>	<b>-</b>	<b>-</b>	<b>17 131</b>	<b>17 184</b>	<b>-</b>	<b>16 209</b>

**ANNEXURE 1C**  
**STATEMENT OF TRANSFERS TO HIGHER EDUCATION INSTITUTIONS (unaudited schedule)**

NAME OF HIGHER EDUCATION INSTITUTION	TRANSFER ALLOCATION			TRANSFER			2013/14 Adjusted Appropriation
	Adjusted Appropriation R'000	Roll Overs R'000	Adjustments R'000	Total Available R'000	Actual Transfer R'000	% of Available funds Transferred	
University of Witwatersrand	523	-	-	523	-	523	478
University of Johannesburg	637	-	-	637	-	637	590
University of Limpopo	222	-	-	222	-	222	202
University of Pretoria	400	-	-	400	-	400	380
<b>Total</b>	<b>1 782</b>	<b>-</b>	<b>-</b>	<b>1 782</b>	<b>-</b>	<b>1 782</b>	<b>1 650</b>

NOTES TO THE FINANCIAL STATEMENTS  
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ANNEXURE 1D  
STATEMENT OF TRANSFERS TO NON-PROFIT INSTITUTIONS (unaudited schedule)

NON-PROFIT INSTITUTIONS	TRANSFER ALLOCATION				EXPENDITURE		2013/14 Appropriation Act R'000
	Adjusted Appropriation Act R'000	Roll overs R'000	Adjustments R'000	Total Available R'000	Actual Transfer R'000	% of Available funds transferred %	
Transfers							
Subsidy Chronic Psych Care (Life Esidemeni)	251 695	-	-	251 695	323 712	129%	234 948
Community Based Services (Mental Health NPOs)	110 102	-	-	110 102	97 265	88%	86 905
HIV and AIDS (NGOs)	84 506	-	-	84 506	66 637	79%	247 022
Nutrition Provincial NGO's	47 759	-	-	47 759	42 109	88%	47 238
Community Health Clinics (Alexandra Health Care Centre)	65 153	-	-	65 153	63 666	98%	48 315
Community Health Clinics( Phillip Moyo)		-	-	-	-	-	13 150
Community Health Clinics (Witkoppen Clinic)	9 000	-	-	9 000	7 436	83%	8 000
Community based services (EPWP NPOs)	89 739	-	-	89 739	50 577	56%	88 485
Community Based Services (Specialised services NPOs and rehabilitation)	1 370	-	-	1 370	1 300	95%	1 700
<b>Total</b>	<b>659 324</b>	<b>-</b>	<b>-</b>	<b>659 324</b>	<b>652 702</b>	<b>99%</b>	<b>788 090</b>

NOTES TO THE FINANCIAL STATEMENTS  
for the year ended 31 March 2015

ANNEXURE 1E  
STATEMENT OF TRANSFERS TO HOUSEHOLDS (unaudited schedule)

HOUSEHOLDS	TRANSFER ALLOCATION						2013/2014
	Adjusted appropriation Act R'000	Roll Overs R'000	Adjustments R'000	Total Available R'000	Actual Transfer R'000	% of Available funds transferred %	Appropriation Act R'000
<b>H/H Employee Social Benefits</b>							
H/H Employee S/Ben: Injury on duty	4 349	-	-	4 349	4 930	172%	2 305
H/H Emp S/Ben: Leave Gratuity	36 328	-	-	36 328	90 565	249%	20 143
<b>H/H: Other Transfers (Cash)</b>							
H/H Bursaries( non employee)	104 669	-	-	104 669	131 063	125%	29 801
H/H Claims against State (Cash)	526	-	-	526	2 265	431%	595
H/H Donations & Gifts (Cash)	-	-	-	-	-	-	90
<b>TOTAL</b>	<b>145 872</b>	<b>-</b>	<b>-</b>	<b>145 872</b>	<b>228 823</b>	<b>157%</b>	<b>55 155</b>

NOTES TO THE FINANCIAL STATEMENTS  
for the year ended 31 March 2015

**ANNEXURE 1F**  
**STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED (unaudited schedule)**

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2014/15		2013/14	
		R'000	R'000	R'000	R'000
<b>Received in cash</b>	<b>Cash Received and utilized</b>	<b>123</b>	<b>17</b>		<b>17</b>
			-		17
<b>Subtotal</b>		<b>123</b>			<b>17</b>
<b>Received in kind</b>					
Various individual donors	Various individual donors	174			2 392
Various Donors	• Computer Equipment	-			2 181
Various Donors	• Furniture and Office Equipment	-			170
Various Donors	• Other Machinery and Equipment	-			2 651
Various Donors	• Pharmaceutical supplies	75 411			71 690
<b>Subtotal</b>		<b>75 585</b>			<b>79 084</b>
<b>TOTAL</b>		<b>75 708</b>			<b>79 101</b>

NOTES TO THE FINANCIAL STATEMENTS  
for the year ended 31 March 2015

ANNEXURE 3A  
STATEMENT OF FINANCIAL GUARANTEES ISSUED AS AT 31 MARCH 2015 – LOCAL (unaudited schedule)

GUARANTOR INSTITUTION	Guaranteee in respect of	Original guaranteed capital amount	Opening balance 1 April 2014	Guarantees draw downs during the year	Guarantees repayments/ cancelled/ reduced/ released during the year	Revaluations	Closing balance 31 March 2015	Guaranteed interest for year ended 31 March 2015	Realised losses not recoverable i.e. claims paid out
		R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000
Housing									
FIRST RAND BANK (FNB)	8	560	560	(299)	85	-	176	-	-
NEDBANK LIMITED	-	67	67	-	67	-	-	-	-
OLD MUTUAL (NEDB/PERM)	-	16	16	-	16	-	-	-	-
STANDARD BANK	7	286	286	(85)	201	-	-	-	-
<b>TOTAL</b>	<b>15</b>	<b>929</b>	<b>929</b>	<b>(384)</b>	<b>369</b>		<b>176</b>		<b>-</b>

NOTES TO THE FINANCIAL STATEMENTS  
for the year ended 31 March 2015

**ANNEXURE 3B**  
**STATEMENT OF CONTINGENT LIABILITIES AS AT 31 MARCH 2015 (unaudited schedule)**

NATURE OF LIABILITY	Opening Balance 1 April 2014	Liabilities incurred during the year	Liabilities paid/ cancelled/reduced during the year	Closing Balance 31 March 2015
	R'000	R'000	R'000	R'000
<b>Claims against the department</b>				
Medico-Legal	6 566 352	3 620 842	107 913	10 079 281
Civil Claims	854 934	668 394	20 920	1 502 408
Vehicle Liability	9 410	655	336	9 729
Premature termination of contracts	1 508 092	-	-	1 508 092
OSD to Nurses	4 384	-	-	4 384
<b>TOTAL</b>	<b>8 943 172</b>	<b>4 289 891</b>	<b>129 169</b>	<b>13 103 894</b>



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**NOTES TO THE FINANCIAL STATEMENTS  
for the year ended 31 March 2015**

**ANNEXURE 4  
CLAIMS RECOVERABLE (unaudited schedule)**

GOVERNMENT ENTITY	Confirmed balance outstanding		Unconfirmed balance outstanding		Total	
	31/03/2015 R'000	31/03/2014 R'000	31/03/2015 R'000	31/03/2014 R'000	31/03/2015 R'000	31/03/2014 R'000
<b>Department</b>						
Mpumalanga: Department of Health (C5)	(95)	-	-	4	(95)	4
Gazankhulu (G1)	-	-	-	(606)	-	(606)
Government Printing (37)	-	-	-	11	-	11
Gauteng Social Development(G5)	31	-	-	-	31	-
Gauteng Education(K5)	22	-	-	-	22	-
Government Pension Administration Agency (53)	-	-	-	24	-	24
Limpopo Department of Health and Social Development (P4)	(44)	-	-	94	(44)	94
Western Cape: Department of Health (U3)	81	-	-	80	81	80
West Cape Provincial Parliament (U4)	-	-	-	34	-	34
SA National Defence Force (W1)	72	-	-	94	72	94
Gauteng Agriculture and Rural Development (G4)	-	-	-	-	-	-
North West Health (3Y)	314	-	-	208	314	208
Gauteng Treasury (4G)	23	26	26	-	49	26
National Department of Health(20)	14	-	-	-	14	-
National Department of Correctional Services(95)	-	-	-	34	-	34
Northern Cape Department of Health (H5)	-	-	-	50	-	50
Mpumalanga Department of Health & Social Services(Patient fees)	-	-	37 115	35 659	37 115	35 659
Department of Correctional Services (Patient fees)	-	-	34 033	33 549	34 033	33 549
South African Police Services (Patient fees)	-	-	17 881	17 387	17 881	17 387
Limpopo Department of Health and Social Development (Patient fees)	-	-	89 569	64 689	89 569	64 689
North West Department of Health and Social Development(Patient fees)	-	-	422 751	363 861	422 751	363 861
SA National Defence Force (Patient fees)	-	-	2 924	2 157	2 924	2 157
National Department of Justice (Patient Fees)	-	-	9 540	-	9 540	9 877
Gauteng Department of Infrastructure	-	17 862	-	-	-	17 862
Other Government entities			301			
<b>TOTAL</b>	<b>443</b>	<b>17 888</b>	<b>614 140</b>	<b>527 206</b>	<b>614 282</b>	<b>545 094</b>

Patient fees to the value of R613 813 are included on Annexure 4 but not reflecting on BAS.

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**NOTES TO THE FINANCIAL STATEMENTS  
for the year ended 31 March 2015**

**ANNEXURE 5  
INTER-GOVERNMENT PAYABLES (unaudited schedule)**

GOVERNMENT ENTITY	Confirmed balance outstanding		Unconfirmed balance outstanding		Total	
	31/03/2015 R'000	31/03/2014 R'000	31/03/2015 R'000	31/03/2014 R'000	31/03/2015 R'000	31/03/2014 R'000
<b>DEPARTMENTS</b>						
<b>Current</b>						
Gauteng Department of Transport G-Fleet (K8)	67 476	25 811	1 684	-	69 160	25 811
Gauteng: Department of Finance(GSSC) (L8)		3 416				3 416
Gauteng Office of the Premier (G6)	7	910	-	-	7	910
Gauteng Department of Infrastructure	101 169	-	-	-	101 169	-
Western Cape: Department of Health	-	48	-	8	-	56
Gauteng Department of Education	-	165	-	-	-	165
Government Printing	-	-	1 054	-	1 054	-
Free State: Department of Health (V5)	-	58	-	-	-	58
Gauteng Department of Social Development	-	43	-	-	-	43
South African Police Services (Social) (90)	-	-	-	6	-	6
North West: Department of Health	208	72	-	-	208	72
Limpopo: Department of Health (Q7)	281	322	-	-	281	322
National Department of Correctional Services	-	29	-	-	-	29
Statistics SA	-	19	-	-	-	19
National Department of Human Settlement	-	60	-	-	-	60
National Department of Social Development	-	4	-	-	-	4
National Department of Defence Force	3	58	-	-	3	58
National Department of Water Affairs & Forestry(36)		17				17
Mpumalanga: Department of Health		307		88		395
National Department of Health	137	244	-	-	137	244
Office of the Premier	-	910				910
Eastern Cape Department of Health (D2)	-	299				299
Rural Development and Land reform	-	3				3

**GAUTENG PROVINCIAL DEPARTMENT OF HEALTH  
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**NOTES TO THE FINANCIAL STATEMENTS  
for the year ended 31 March 2015**

GOVERNMENT ENTITY	Confirmed balance outstanding		Unconfirmed balance outstanding		Total	
	31/03/2015 R'000	31/03/2014 R'000	31/03/2015 R'000	31/03/2014 R'000	31/03/2015 R'000	31/03/2014 R'000
<b>DEPARTMENTS</b>						
National Department of Justice	105	68	-	-	105	68
National Treasury	-	15	-	-	-	15
Kwazulu-Natal: Department of Health	12	103	-	-	12	103
National Department of Public Works	-	19	-	-	-	19
National Department of Labour	-	8	-	23	-	31
Government Printing	-	-	-	3	-	3
<b>Total Departments</b>	<b>170 158</b>	<b>32 097</b>	<b>2 738</b>	<b>128</b>	<b>172 896</b>	<b>32 225</b>
<b>OTHER GOVERNMENT ENTITY</b>						
<b>Current</b>						
Medical Supplies Depot (K7)	569 876	268 472	-	-	293 796	268 472
<b>Subtotal</b>	<b>569 876</b>	<b>268 472</b>	<b>-</b>	<b>-</b>	<b>293 796</b>	<b>268 472</b>
<b>TOTAL INTERGOVERNMENTAL</b>	<b>740 034</b>	<b>300 569</b>	<b>2 738</b>	<b>128</b>	<b>742 772</b>	<b>300 697</b>

NOTES TO THE FINANCIAL STATEMENTS  
for the year ended 31 March 2015

**ANNEXURE 6 (unaudited schedule)**  
**INVENTORIES**

INVENTORY	2014/15	2013/14
	R'000	R'000
Opening balance	870 064	506 302
Add: Additions/Purchases - Cash	1 024 254	2 049 163
(Less): Disposals	(2 468)	(4 533)
(Less): Issues	(375 981)	(1 680 868)
<b>Closing balance</b>	<b>1 515 869</b>	<b>870 064</b>

**ANNEXURE 7A**  
**MOVEMENT IN CAPITAL WORK IN PROGRESS (unaudited schedule)**

	Opening balance	Current Year Capital WIP	Closing balance
	R'000	R'000	R'000
<b>BUILDINGS AND OTHER FIXED STRUCTURES</b>	<b>1 379 468</b>	<b>122 532</b>	<b>1 502 000</b>
Other fixed structures	1 379 468	122 532	1 502 000
<b>TOTAL</b>	<b>1 379 468</b>	<b>122 532</b>	<b>1 502 000</b>



## Section 6 Medical Supply Depot

# Gauteng Department of Health Financial Statements of Gauteng Medical Supplies Depot For The Year Ended 31 March 2015

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# 1. Report of the Accounting Officer

The Accounting Officer of the Gauteng Department of Health hereby submits the annual report for the Gauteng Medical Supplies Depot, to the Executive Authority of the Gauteng Department of Health, and the Gauteng Provincial Legislature of the Republic of South Africa.

## 1. General review of the state of affairs

The Medical Supplies Depot is responsible for the supply of essential medicines and medically related items to Provincial Health Care Facilities in Gauteng. The Depot operates as a trading entity and charges a levy of 5% on stock issued to the Provincial Health Care Facilities.

The Depot procures essential medicines and medically related items on contract or quotations and either store these items at the Depot or orders are placed with suppliers on behalf of institutions for direct delivery to the various institutions. Accurate usage of items, as well as money spent by hospitals, can be obtained from the Medical Stock Administration System (MEDSAS). The Economic Order Quantity (EOQ) together with the First-Entry-Expiry-First-Out, (FEEFO) system is applied to ensure that correct stock levels are maintained.

The Depot prepares financial statements for each financial period in accordance with the prescribed practice (Statements of South African Generally Recognised Accounting Practice-GRAP). The financial statements are prepared and reported on accordingly.

The Medical Supplies Depot has a re-packing function, where bulk medicine is repacked into patient ready packs. The re-packing expenses are recovered from the normal levy charged. Managers for each cost centre were identified and procedures to ensure the completeness of stock requisitioning and receiving were designed. It is possible to reconcile the relevant cost centres with the records of the finance section. This further enhances the monitoring of expense items through a budget process.

### 1.1 Significant events that have taken place during the year

#### Implementation of new Stock Management system

During the financial year under review the Medical Supplies Depot started with the implementation of a new procurement system. The implementation of this system will bring about significant improvements with regards to the internal control environment of the Medical Supplies Depot. The system will further ensure a more effective and efficient stock ordering, distribution and overall stock management process at the Depot as well as Health care facilities to whom the Medical Supplies Depot supplies medicines.

The Medical Supplies Depot together with the project sponsor from the Department of Health has established a project team to ensure that the implementation of the new system is properly managed and that any challenges with regards to the projects are timeously addressed.

Several stakeholders have been engaged with regards to this project to ensure that the new system accommodates all stakeholder interest and to ensure that the system provides a holistic stock management system to ensure more effective and efficient stock management in the Province.

#### Movement of procurement of non-Pharmaceutical items to Department of Health

During the financial period under review the Medical Supplies Depot together with the Department of Health implemented a decision to move the procurement of non-Pharmaceutical items from the Medical Supplies Depot to the Department of Health. This was done so that the Medical Supplies Depot could focus on its core mandate in ensuring the availability of medicines at health care facilities in the province. This has brought about a significant reduction in the administrative functions that needed to be performed for procuring non Pharmaceutical items that are mostly not on Contract. The movement of these non-Pharmaceutical items had an impact on the decrease of revenue generated by the Medical Supplies Depot.

## **Implementation of cross docking through the Provincial Medicine Procurement Unit PMPU**

During the Financial year under review the Medical Supplies Depot expanded on the use of the PMPU to procure pharmaceuticals and facilitate the direct delivery of medicines to health care facilities. The implementation of this cross docking process has reduced the time that it takes from ordering medication to the delivery of medication. It also reduces the amount of times that stock needs to be handled and thus reducing the risk of breakages and expiry of stock. The implementation of this has led to a higher number of direct deliveries made to health care facilities and in turn reduced the distribution cost incurred by the Medical Supplies Depot.

## **Establishment of Pharmaceutical Procurement committee PPC**

During the financial year under review the Medical supplies Depot established a Pharmaceutical procurement committee. The committee was established to ensure that there are proper controls in place and transparency towards the procurement of Pharmaceutical items that fall outside national and provincial contracts. The PPC is also responsible for ensuring that alternative medicines are sourced in line with the procurement process where suppliers are unable to deliver stock due to stock shortages or the unavailability of stock.

The PPC has introduced several control measures to ensure that all procurement are in line with supply chain regulations and that proper supporting documentation is in place. Regular reporting is also done by the PPC. Through the PPC the Medical Supplies Depot has also moved towards penalising suppliers for late delivery and for additional expenses incurred when medicines have to be sourced outside of the contract to unavailability of stock from Suppliers.

## **Implementation of Monthly financial statement preparation tool**

During the year under review the Depot implemented a monthly financial statement preparation tool to ensure that accurate and complete financial records are maintained on a monthly basis and to ensure that all relevant information is properly consolidated from the various systems that are used to prepare financial information for the Depot.

## **Revival of the Provincial Pharmacy and Therapeutics Committee (PPTC)**

The Provincial Pharmacy and Therapeutics Committee has been revived. Through its subcommittees (Formulary, Rationale medicine use, Safety & quality and Procurement advisory subcommittees), it assists in:

- the standardization of medicines used in accordance with the Essential Drugs Programme;
- the rationale utilization of medicines aligned to evidence-based medicine principles;
- Improved medicine procurement through the tender system and determination of pack sizes to be re-packed or purchased;
- Refining the provincial medicine formulary such that non-EDL medicines allowed for use are not greater than 20% of the total medicines used; and
- Monitoring of expenditure on medicines using the ABC analysis where A medicines are those that consume 80% of the budget, B medicines 15% of the budget and C medicines 5% of the budget. On a quarterly basis, medicine utilization review is done focusing primarily on the A medicines.



## Capitalisation of G-Fleet motor vehicles

The Depot had a total of 5 G-Fleet motor vehicles during the year under review of which 4 met the criteria of a finance lease and 1 motor vehicle continued to be treated as an operating lease. The capitalisation of these vehicles result in finance charges amounting to R 108 889 (2014: R139 390), refer to note 13 to the financial statements.

## Spending Trends

A summary of major spending trends indicates that medicines price increased at a rate higher than the consumer price index (CPI). This has the effect that revenue increases at a higher rate and has a favourable influence on the net profit of the Depot. Cost containment measures were implemented which further had a positive impact on the net profit, unfortunately non-delivery by suppliers still occurred either due to overall shortages of medicines in the country and manufacturing delays as well as non-payment of suppliers. Even though there were certain non-payment of outstanding transactions the Depot significantly improved the consistent payment of supplier during the financial period under review. This also had an impact on the priority objective of the Depot in ensuring the availability of essential medicines and medically related items.

## Major accounts

Description	31 March 2015 Amount R	Variance From Prior Year	31 March 2014 Amount R	Variance From Prior Year	31 March 2013 Amount R	Variance From Prior Year	31 March 2012 Amount R
<b>Revenue</b>	2 688 733 804	(7.57%)	2 908 789 812	(0.68)%	2 928 979 725	22.09%	2 399 029 813
<b>Cost of sales</b>	2 541 292 259	(8.04%)	2 763 338 474	(1.43)%	2 803 521 784	17.70%	2 381 948 004
<b>Expenditure: Personnel</b>	54 417 817	3.66%	52 496 147	7.80%	48 684 146	4.07%	46 778 513
<b>Expenditure: General</b>	36 517 782	(20.00%)	45 798 889	22.25%	37 463 148	8.99%	34 094 761
<b>Net profit / (loss)</b>	60 373 292	28.00%	47 099 000	33.41%	35 302 769	>100%	(65 738 035)

Personnel expenses increased as more scarce skills posts on the staff establishment were filled. A general moratorium on the filling of posts were in place for other posts.

The Depot management has however identified areas where career development constraints exist and where risks identified need to be addressed. The Depot started with the training of pharmacist assistants to address this. During the period under review a total number of 15 pharmacist assistants were enrolled for formal training. The proposed organisational structure that was forwarded to our Head Office has been reviewed, amended and incorporated into the Departmental organisational structure. Unfilled posts were frozen by the Department of Public Service and Administration during the period under review.

The movement of the procurement function of non-Pharmaceutical items from the Depot to the Department of Health had an impact on the revenue generated by the Depot. This also contributed in a reduction of distribution cost. The distribution cost was further reduced by the roll out of DDV procurement through the PMPU.

## 2. Services rendered

The Medical Supplies Depot is responsible for the effective and efficient procurement, quality testing, storage and distribution of essential medicines and medically related items to all the Provincial Health Care Facilities in Gauteng. The Depot ensures that Essential Medicine List (EML) medicine and medically related items are available to our clients at all times. This involves the evaluation of medicine and surgical sundry items for tender purposes, participation in tender adjudication meetings, procurement and distribution of these items, as well as quality control of medicines distributed to our institutions.

Quality control is carried out in a fully equipped laboratory, where samples are tested from each batch of medicines received. The Depot's laboratory is the only laboratory in South-Africa where the findings on quality tests performed are also communicated to other provinces.

### Tariff policy

The tariff policy for the trading account was approved on 1 April 1992 as per the Exchequer Act, Act No. 66 of 1975. Approval was granted for a five percent (5%) levy on the average carrying value of stock issued to customer hospitals.

### Free Service

The Depot does not provide any free service. The quality control of the medicines performed by the laboratory on site is part of the administrative expenses of the Depot, which are recovered as part of the 5% levy charge.

## 3. Capacity constraints

The Medical Supplies Depot delivers a vital service to all the Health Care Institutions in Gauteng.

Currently the Medical Supplies Depot has 263 posts on the approved staff establishment, with 53 vacant. In addition to the 53 vacant posts, there are 3 Senior Managers that were on suspension during the financial period under review and 1 Senior Manager is on study leave for a period of two years. The high vacancy rate is as a result of compliance with cost saving measures implemented in the Department. Measures have been taken to strengthen the operations of the Depot and its management.

The service level was also measured based on availability of stock at institutional level which ranged between 85% – 90% for the same period.

Systems for measuring the indicator '% of orders supplied to institutions on first requests' were strengthened, and the actual performance is calculated according to the following definition: 'If an order / request (which could consist of multiple different items) is fulfilled 100% within 24 hours, then that order counts towards the achievement of the target. Even if one item is not captured as part of the request within 24 hours, the order does not count as being fulfilled'. This is an extremely high standard to fulfil, but it is specific, measurable and time-bound. Also, it holds the Depot to higher standards – meeting orders within 24 hours could have a life-saving impact at the level of institutions. However, the more vigorous monitoring system makes it appear that performance is lower than planned.

A constraint to ensure effective, economical and efficient reporting exists in that information from various systems needs to be manually collated. Information from the following systems is used and involves time-consuming reconciliation procedures to enable compliance with Statements of SA GRAP for disclosure purposes:

- Basic Accounting System (BAS)
- Personnel and Salary Administration System (PERSAL)
- Medical Stock Administration System (MEDSAS)
- Asset Management System (ASSETWARE)
- Manual systems to perform reconciliation procedures and accrual based accounting

The Depot introduced a monthly financial reporting tool and designed relevant guidelines for populating the tool with all the various financial information from the different systems. This tool was introduced to reduce the amount of time spent preparing financial information and also ensuring that complete and accurate financial information is maintained on a monthly basis.

## 4. Utilisation of donor funds

The Depot receives donation of Fluconazole suspension, Fluconazole Injection and Fluconazole tablets from Pfizer Laboratories for use by AIDS patients with Oesophageal Candidiasis and Cryptococcal Meningitis. This type of donor funding is received on a continuous basis.

Tenofovir, Emtricitabine and Efavirenz 300/200/600mg tablets, the fixed dose combination( three in one) were donated from the global fund once off to assist in the roll out of the fixed dose combination(three in one) in the financial year under review.

Please note that the Depot does not account for the economic benefit received in the Statement of Financial Performance, as the Depot is considered to be only a conduit for hospitals and to control the receipt of donations for the Department. The donation is reflected in the financial statements of the Department.

The current market value of donations issued and charged at a value of one-hundredth of one cent (R0.0001) to all clients of the Depot. The total charge to health institutions for donations received amounted to under R10.

Below is the breakdown of donations received during the financial period.

Item Description	Supplied By/ Arranged By	Quantity Received	Current Market Value Per Unit Single Exit Price – (SEP)	Total Sep Value SEP
<b>Fluconazole Powder For Oral Suspension 50Mg / 5ML / 35ML</b>	Ndoh	1420	R 189.14	R 268 578.80
<b>Fluconazole Injection 2Mg/ML, 100ML</b>	Ndoh	6150	R 183.52	R 1 128 648
<b>Fluconazole Tablets 200Mg 28'S</b>	Ndoh	30 000	R 2 188.14	R 65 644 200
<b>Tenofovir, Emtricitabine &amp; Efavirenz 300/200/600Mg 28 Tablet</b>	Ndoh	100 000	R 83.70	R 8 370 000
<b>Total</b>				<b>R 75 411 426.80</b>

## 5. Trading entities

The Medical Supplies Depot operates as a trading entity, known as "The Central Medical Trading Account" since 1 April 1992. The trading entity acts as a shared supply chain for the procurement and provisioning of pharmaceutical to the Department's Health Care Institutions in Gauteng.

### Comparative information

A four year comparative analysis of major accounts is disclosed under paragraph 1 above.

## 6. Organisation to whom transfer payments have been made

No transfer payment has been made by the Depot in this financial year under review.

## 7. Public/Private Partnership (PPP)

No Public Private Partnership has been entered into by the Depot in this financial year.

The following non-core services have been outsourced to the private sector which consist mostly of Black Economic Empowerment companies:

- Maintenance and support of the MEDSAS computer system;
- Distribution of stock to health care institutions;
- Security of the property and vehicle access control;
- Maintenance, pest control and minor landscaping of the garden at the Depot; and
- General maintenance contracts, such as lifts, air conditioners, stand-by generator, fire equipment and access control mechanisms.

Refer to note 23 of the financial statements commitments detail.

## 8. Corporate governance arrangements

Management, with the objective of safeguarding the assets of the Depot and ensuring a high quality of service delivery, performs an annual risk assessment. The following financial risks were prioritised:

- A system was developed to reconcile creditors and to ensure recovery and payment of over- or under- payments made;
- Debtors control was introduced to ensure that revenue is collected timeously and outstanding orders are cleared;
- A reconciliation procedure was implemented whereby hospitals reconcile stock received, with charges on their accounting system (BAS) and MEDSAS (Budget Expenditure Report);
- The asset management system (ASSETWARE) was maintained and all assets are recorded and capitalized;
- The Depot's controls and operations are evaluated together with the Audit Committee of the Department of Health; and
- The Depot utilises and follows the Fraud Prevention Plan of the Department of Health.

Management uses risk assessments and reports of both internal and external audit on a monthly basis in order to identify areas for improvement of the operations of the Depot. Updated reports made available are being used to strengthen the implementation of risk management and fraud prevention plans at the Medical Supplies Depot. An updated risk assessment for all operations at the Depot was completed in the financial period under review.

## 9. Discontinued activities

There were no discontinued operations during the financial year under review.

## 10. Inventories

The valuation method used by the Medical Supplies Depot is the moving weighted average method as per the MEDSAS:

### Medicine and medically related items

	31 March 2015 R	31 March 2014 R	31 March 2013 R	31 March 2012 R
Closing stock	218 910 037	239 434 577	164 252 270	104 130 374

### Medicine and medically related items

	31 March 2015 R	31 March 2014 R	31 March 2013 R	31 March 2012 R
Breakages	14 616	15 646	27 584	24 753
Expired stock	561 395	5 254 573	2 648 327	2 332 284

The reason for the high value of expired stock in the prior year is attributable mainly to expired female condoms that constituted R4.6 million of the expired stock. In the prior years it was mainly attributable to the Medical Supplies Depot receiving late communication regarding regimen changes, for instance, for TB treatment resulting in doctors not prescribing the already stocked medicines.

The Depot has further introduced control measures to deal with short dated stock that has an expiry date of less than 18 months. These measures include that stock is accepted on condition that suppliers will accept the return of any stock that has expired before it was dispensed.

### Control measures in place

Whilst the long term solutions for ensuring efficient and effective stock management at the depot require an appropriate infra-structure (new warehouse), an integrated information system and adequate workforce in terms of numbers and skills, the following short term controls have been instituted:

- Shelf marshals have been appointed to monitor expiry dates and identifying items expiring in 6 months;
- Stock on hand is first issued before replacement items are issued when regimens (treatment protocols) are changed;
- Improved communication and planning around prescription treatment changes to avoid a situation where the depot is having high volumes of stock items that is not prescribed anymore and ultimately expires;
- Reviewing the list of items to be kept at the Depot;
- Discuss regimen changes with National Department of Health to align with current stock levels;
- The Depot has further introduced control measures to deal with short dated stock that has an expiry date of less than 18 months. These measures include that stock is accepted on condition that suppliers will accept the return of any stock that has expired before it was dispensed;
- Back orders were reduced;
- Warehouse management practices were improved with the introduction of trolley consolidations, streamlining of schedules for supervisors that assists in effective staff utilisation; and
- Quality assurance processes were improved with a complete overhaul of the standard operating procedures.

## 11. Events after the reporting date

There were no significant events identified by management that may have a significant impact on the entity's financial position, its financial performance or its cash flows for the period ended 31 March 2015.

## 12. Information on predetermined objectives

The Gauteng Department of Health's Strategic Plan, 2009 to 2014 was used as a basis for developing the Depot's Operational Plan. This approach ensured that the Depot's predetermined objectives are clearly aligned to those of the Department as far as the Depot's relevance to the Department is concerned.

For the period under review, the Depot had a total of seven (7) predetermined objectives which were reported on quarterly. Each of the seven objectives had at least one indicator whose measurement variable inputs were collected either through the current IT Systems in use such as MEDSAS or collected manually or a combination of IT and manual systems.

The key performance indicators per the strategic plan based on measurable objectives and our actual achievement are reflected in the table below:

No.	Key Performance Indicator	Target for the financial year ended 31 March 2015	Actual results achieved in the financial year ended 31 March 2015	Details on Non-achievement of Target
1	Percentage of Essential Medicines List (EML) items available at the depot.	90%	77%	<p>During the year under review there were several factors that contributed to the low level of stock availability. These include the following:</p> <ul style="list-style-type: none"> <li>• Awarding of new contracts that created drug shortages due to limited holding stock available while new suppliers build up stock levels;</li> <li>• Overall drug shortages due to international shortages of active ingredients for manufacturing of pharmaceuticals;</li> <li>• Non delivery by suppliers due to manufacturing challenges; and</li> <li>• Late payment of suppliers that leads to suppliers putting deliveries on hold till payment is received.</li> </ul>
2	% of EML orders supplied to institutions on first request.	90%	79%	As a result of the point mentioned above, the percentage of the EML orders supplied to institutions on first request remained low.
3	Number of staff trained per annum on: MEDSAS (Drug Supply Management System) and Supply Chain Management (SCM)	10	5	Training is generally offered by Central Office (Head Office) with the Medical Supplies Depot (MSD) having little or no control over the type and frequency of training to be offered. The demand for training in the department is huge and therefore not enough depot staff are trained to management's satisfaction.
	Number of staff trained per annum on: Risk management, financial management and performance management	30	7	Refer to comment on training above

No.	Key Performance Indicator	Target for the financial year ended 31 March 2015	Actual results achieved in the financial year ended 31 March 2015	Details on Non-achievement of Target
4	% expired stock on average stock holding	2%	0.02%	N/A
5	Laboratory Testing Turnaround time not to exceed 48 hours of working days	98%	99%	N/A
6	Number of Pre-packed stock units	2 000 000	2 634 283	N/A
7	% completion of timely reports of and review of identified Key Control Accounts.	70%	82%	N/A

### 13. SCOPA Resolutions

There were resolutions adopted for the Medical Supplies Depot (MSD) for the year ended 31 March 2015 and progress was provided to SCOPA on a quarterly basis.

#### See below SCOPA Resolutions and Management Progress/Action

SCOPA Resolution	Management Progress / Action
In terms of GPL Rul 182(4), the Entity provide the Committee with: a progress report on the mechanisms and systems put in place to prevent recurrence of the misstatements within 30 days adoption hereof.	MSD developed and implemented a monthly financial pack template. The template consolidates all accounting records from the various accounting systems including all adjustments and journals processed for financial reporting. It also has a sign-off sheet to allow different process owners to check and confirm accuracy and completeness of the financial information relating to each business unit as reported. Financial statements has been prepared and reviewed on a monthly basis to ensure that misstatements are prevented.  Financial statements are further reviewed by Treasury and GAS – Internal auditors on a quarterly basis to ensure accuracy of info.
The Entity provides the Health Portfolio Committee and SCOPA with a progress report detailing the effectiveness of measures put in place to address weaknesses of predetermined objectives within 30 days after adoption hereof and a quarterly progress report continuing until the end of the 2015/16 financial year.	Notwithstanding the fact that performance information reports generated from the system (MEDSAS) were not reliable, management has since established a system that will assist to ensuring that the information captured on the system and generated manually is accurate, complete and valid. Furthermore, the depot is in the process of implementing a new system that will ensure all reported information per the system is reliable. The new system is in development phase and is anticipated to be implemented before the end of the 2015/2016 financial year.  MSD has further implemented measures to ensure that performance information is regularly reviewed for correctness and that supporting information agrees with reported figures.
The Entity provides the committee with a progress report detailing the effectiveness of measures put in place to avoid recurrence of non-compliance with applicable human resource management legislation in future 30 days adoption hereof	The Department is referring all verification checks to the state security agency for vetting. However only 50 cases can be submitted per month. This created several challenges for the Department to meet the requirement for all appointments made.  The Department has however approved a submission to put out a tender for verification checks.

SCOPA Resolution	Management Progress / Action
<p>In terms of the GPL rule 182(4) the MEC provides the Health Portfolio Committee and SCOPA with a progress report on the departments adherence and compliance to the requirements of all applicable legislation to ensure that effective measures are implemented to prevent irregular expenditure as required by section 38(1) (c) (2) and Treasury Regulation 9.1.1 within 30 days of adoption hereof.</p> <p>The accounting officer should intensify performance and consequence management progress to eliminate findings on non-compliance with key legislation and provide the committee with a progress report detailing the effectiveness of measures put in place to prevent irregular expenditure with 30 days after adoption hereof and a quarterly progress report continuing up until the end of 2015/2016 Financial year</p>	<p>New contracts were put in place for security services that would reduce the amount of irregular expenditure</p> <p>The tender for the distribution is also at an advanced stage and will be awarded within the first quarter of the 2015/2016 financial period. This would also reduce irregular expenditure around month to month contract extension.</p> <p>MSD is also making regular follow ups with suppliers to ensure that their tax clearance certificates are up to date.</p> <p>This is an on-going process and all procurement processes are continuously monitored to ensure that irregular expenditure is reduced. Significant improvement has been noted from prior years; and</p> <p>The depot continues to apply strict measures in order to mitigate Irregular expenditure.</p>
<p>The Entity provides the committee with</p> <p>a) a progress report detailing the effectiveness of measures put in place to monitor adequacy of internal controls to avoid recurrence of non-compliance with applicable legislation in future within 30 days of adoption hereof</p>	<p>MSD has developed an assessment tool for the evaluation of compliance to key control measures that is in place to avoid recurrence of Non-compliance. All areas in MSD is measured on these controls on a quarterly basis.</p> <p>MSD further submits on a quarterly basis to the relevant Provincial Treasury a PFMA compliance report based on the template provided by Treasury.</p> <p>Detailed audit action plans were also developed for MSD to address these areas of non-compliance and progress was monitored on a monthly basis to ensure improvement of audit outcomes with regards to non-compliance</p>
<p>b) The Entity provides the Committee with a report on the condonation within 30 days of adoption hereof</p>	<p>The depot is in the process of applying for condonment with the relevant body. This is quite a big process as there have not been any condoned items in the prior years so condonation needs to be retrospective for prior periods as well</p>
<p>c) That the CFO submits to the committee a monthly report for the 2014/15 financial year of all deviation from Treasury Regulations and relevant legislation including explanations for each of the non-payments</p>	<p>MSD is currently in the process of evaluating all payment information for the financial year and doing supplier reconciliation to identify areas of non-payment and the aging of these obligations. This information would only be available at the end of May 2015 and MSD will submit a detailed report to the committee</p>



SCOPA Resolution	Management Progress / Action
<p>d) The Accounting Officer provides a monthly report to the committee on how the entity is adhering and complying with the requirements of all applicable legislations to ensure that creditors are paid within the stipulated timeframe as required by the PFMA and Treasury Regulations.</p>	<p>There has been improvement of collections from the GDoH since the Depot engaged the Department on the collection terms. A turn-around time of 5 working days has been established and constant communication with the Institutions is maintained to ensuring that all the PODs due to be submitted to the Depot are submitted as such and done on time. Payment monitoring template has been developed to track progress on all payments of suppliers that are paid under: current, 30 days, 60 days and 90 days in the aging list. A memorandum of understanding (MoU) was signed by respective CEOs to ensure, among other things, that PoDs are submitted with 5 working days.</p> <p>MSD focused on clearing over 2 000 transactions in the 2014/2015 financial year that related to prior years to clear these out the system and to bring supplier accounts up to date.</p> <p>While MSD was in the process of clearing these old transactions MSD ensured that all current payments due to suppliers are paid as soon as cash is received</p>
<p>In terms of the GPL Rule 182(4), the Portfolio Committee on Health monitor the non-compliance with regulations and the matter be included in the Health Portfolio Committee quarterly report</p>	<p>The department shall provide reports regarding compliance with relevant regulations as and when required by the Health Portfolio committee</p>
<p>The Entity provides the Committee with a progress report of measures put in place to monitor adequacy of internal controls in order to avoid recurrence of non-compliance with applicable legislation in future within 30 days of adoption hereof</p>	<p>Progress report on the status of payment of creditors:</p> <p>There has been improvement of collections from the GDoH since the Depot engaged the Department on the collection terms. A turn-around time of 5 working days has been established and constant communication with the Institutions is maintained to ensure that all the PODs due to be submitted to the Depot are submitted as such and done on time. Payment monitoring template has been developed to track progress on all payments of suppliers that are paid under: current, 30 days, 60 days and 90 days in the aging list. A memorandum of understanding (MoU) was signed by respective CEOs to ensure, among other things, that PoDs are submitted with 5 working days.</p>
<p>The MEC provides the Committee with a progress report detailing the effectiveness of the intervention plan put in place to address poor leadership in the Department within 30 days after adoption hereof and a quarterly progress report continuing up until the end of the 2015/16 financial year</p>	<p>The department has advertised for the HOD post, the selection process is due to commence soon. All other leadership related positions such as the CFO and DDG clinical services have been completed.</p>
<p>The Accounting officer submits an investigation conduction by the Entity during the year under review as well as a final report detailing the outcome thereof within 30 days of finalization hereof</p>	<p>The MSD investigation was initiated by the Office of the Premier as an instruction from the Premier Budgeting Committee. The employees were suspended because of the procurement irregularities. Investigations were conducted. Although the suspensions were managed by the department, the instruction to suspend came from the Office of the Premier. The charges of procurement irregularities were drafted but were not issued to the affected employees.</p>

## 14. Investigation

A forensic investigation is currently underway by the Gauteng Forensic services relating to prior period irregularities that were identified.

## 15. Other

The Depot was still incurring a cost relating to price increases not recovered from demanders. This is mostly attributable to the back dated approval of contract price increases by the National Department of Health. This figure of R1 650 509 has however decreased significantly from prior periods (2014: R3 351 620) due to the improved communication and other control measures that were implemented to address this.

## 16. Approval

The financial statements set out on pages 347 to 376 have been approved by the Accounting Officer.



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**Dr T.E. Selebano**  
Acting Head of Department  
Gauteng Department of Health  
March 2015

# Report of the Auditor-General to the Gauteng Provincial Legislature on Gauteng Medical Supplies Depot

## Report on the financial statements

### Introduction

1. I have audited the financial statements of the Gauteng Medical Supplies Depot set out on pages 346 to 375, which comprise statement of financial position as at 31 March 2015, the statement of financial performance and other comprehensive income, statement of changes in net assets and cash flow statement for the year then ended, as well as the notes, comprising a summary of significant accounting policies and other explanatory information.

### Accounting Officer's Responsibility for the Financial Statements

2. The accounting officer is responsible for the preparation and fair presentation of these financial statements in accordance with the South African Standards of Generally Recognised Accounting Practice (SA standards of GRAP) and the requirements of the Public Finance Management Act of South Africa, 1999 (Act No. 1 of 1999) (PFMA), 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

### Auditor-general's responsibility

3. My responsibility is to express an opinion on these financial statements based on my audit. I conducted my audit in accordance with the International Standards on Auditing. Those standards require that I comply with ethical requirements, and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.
4. An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the trading entity's preparation and fair presentation of the financial statements 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 entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.
5. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

### Opinion

6. In my opinion, the financial statements present fairly, in all material respects, the financial position of the Gauteng Medical Supplies Depot as at 31 March 2015 and its financial performance and cash flows for the year then ended, in accordance with the SA standards of GRAP and the requirements of the PFMA.

## Report on other legal and regulatory requirements

7. 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 findings on the reported performance information against predetermined objectives for selected programme presented in the annual performance report, non-compliance with legislation and internal control. The objective of my tests was to identify reportable findings as described under each subheading but not to gather evidence to express assurance on these matters. Accordingly, I do not express an opinion or conclusion on these matters.

### Predetermined objectives

8. I performed procedures to obtain evidence about the usefulness and reliability of the reported performance information for the following selected programme presented in the annual performance report of the trading entity for the year ended 31 March 2015:
- Programme: Medical Supplies Depot on pages 339 to 340.
9. I evaluated the reported performance information against the overall criteria of usefulness and reliability.
10. I evaluated the usefulness of the reported performance information to determine whether it was presented in accordance with the National Treasury's annual reporting principles and whether the reported performance was consistent with the planned programme. I further performed tests to determine whether indicators and targets were well defined, verifiable, specific, measurable, time bound and relevant, as required by the National Treasury's *Framework for managing programme performance information* (FMPPPI).
11. I assessed the reliability of the reported performance information to determine whether it was valid, accurate and complete.
12. The material findings in respect of the selected programme are as follows:

### Medical Supplies Depot programme

#### Reliability of reported performance information

13. The FMPPPI requires auditees to have appropriate systems to collect, collate, verify and store performance information to ensure valid, accurate and complete reporting of actual achievements against planned objectives, indicators and targets. The reported performance information was not valid, accurate and complete when compared to the source information or evidence provided. This was due to a lack of standard operating procedures for the accurate recording of actual achievements and a lack of technical indicator descriptions for the accurate measurement, recording and monitoring of performance.

#### Achievement of planned targets

14. Refer to the annual performance report on pages 339 to 340 for information on the achievement of the planned targets for the year. This information should be considered in the context of the material findings on the reliability of the reported performance information for the selected programme reported in paragraph 13 of this report.

#### Compliance with legislation

15. I performed procedures to obtain evidence that the trading entity had complied with applicable legislation regarding financial matters, financial management and other related matters. My findings on material non-compliance with specific matters in key legislation, as set out in the general notice issued in terms of the PAA, are as follows:

#### Human resource management

16. Employees were appointed without following a proper process to verify the claims made in their applications in contravention of public service regulation 1/VII/D.8. Employees were appointed without verifying the criminal record checks.

## Expenditure management

17. The accounting officer did not always take effective steps to prevent irregular expenditure amounting to R44 382 362 as disclosed in note 18 to the annual financial statements as required by section 38(1)(c)(ii) of the PFMA and treasury regulation 9.1.1. The reported irregular expenditure was mainly as a result of not following proper supply chain management processes.
18. Contractual obligations and money owed by the trading entity to the value of R2 047 124 759 were not settled within 30 days on receipt of invoice or an agreed period, as required by section 38(1)(f) of the PFMA and treasury regulation 8.2.3.

## Internal control

19. I considered internal control relevant to my audit of the financial statements, the performance report and compliance with legislation. The matters reported below are limited to the significant internal control deficiencies that resulted in the findings on the performance report and the findings on non-compliance with legislation included in this report.

## Leadership

20. The accounting officer did not adequately exercise effective oversight to ensure that human resource plan was implemented for the entire year, compliance with key law and regulations and performance reports are free from material misstatements.

## Financial and performance management

21. Management did not adequately review and monitor compliance with laws and regulations and ensure the implementation of approved policies and procedures to guide the operations of the trading entity. Furthermore, management did not adequately review the annual performance report.
22. The management did not always implement proper record keeping in a timely manner to ensure that complete, relevant and accurate information was accessible and available to support performance reporting.

## Other reports

### Investigations

23. Investigation into allegations that certain officials are involved in a syndicate that may be engaging in illicit activities is still in progress
24. Investigation into theft of stock and tampering with vehicle tracker system was completed and disciplinary processes are underway.

*Auditor-General*

Johannesburg  
31 July 2015



AUDITOR-GENERAL  
SOUTH AFRICA

*Auditing to build public confidence*

**GAUTENG PROVINCIAL DEPARTMENT HEALTH  
VOTE 04**

**STATEMENT OF FINANCIAL POSITION – MEDICAL SUPPLIES DEPOT  
as at 31 March 2015**

		31 March 2015	31 March 2014
	Note	R	R
<b>ASSETS</b>			
<b>Non-current assets</b>		<b>6,207,303</b>	8,738,714
Property, plant and equipment*	2	6,198,200	8,722,400
Intangible assets	3	9,103	16,314
<b>Current assets</b>		<b>802,046,534</b>	537,527,648
Inventories	4	218,910,037	239,434,577
Trade and other receivables from exchange transactions*	5	577,268,693	281,216,884
Cash and cash equivalents	6	5,867,804	16,876,187
<b>Total assets</b>		<b>808,253,837</b>	546,266,362
<b>NET ASSETS AND LIABILITIES</b>			
<b>Net assets</b>			
<b>Capital and reserves</b>		<b>302,672,945</b>	242,299,653
Medsas capital account	7	104,376,790	104,376,790
Accumulated surplus		198,296,155	137,922,863
<b>Non-current liabilities</b>		<b>596,446</b>	321,337
Financial lease obligation	8	596,446	321,337
<b>Current liabilities</b>		<b>504,984,446</b>	303,645,372
Leave pay accrual	9	3,528,897	3,161,078
Trade and other payables from exchange transactions*	10	501,027,263	299,946,123
Finance lease obligation	8	428,286	538,171
<b>Total net assets and liabilities</b>		<b>808,253,837</b>	546,266,362

\* Restated. Refer to note 24

**GAUTENG PROVINCIAL DEPARTMENT HEALTH  
VOTE 04**

**STATEMENT OF FINANCIAL PERFORMANCE – MEDICAL SUPPLIES DEPOT  
for the year ended 31 March 2015**

		31 March	31 March
		2015	2014
	Note	R	R
Revenue from exchange transactions	11	2,688,733,804	2,908,789,812
Cost of sales	23	<u>(2,541,292,259)</u>	<u>(2,763,338,474)</u>
<b>Gross profit</b>		<b>147,441,545</b>	<b>145,451,338</b>
Other income	11	118,980	82,088
Revenue from non exchange transactions	11	1,811,318	-
<b>Operating expenditure</b>	<b>12</b>	<b>(90,935,599)</b>	<b>(98,295,036)</b>
Distribution cost		<u>(10,371,292)</u>	<u>(14,477,634)</u>
Administrative expenses		<u>(74,612,158)</u>	<u>(71,704,183)</u>
Other expenses		<u>(5,952,149)</u>	<u>(12,113,219)</u>
<b>Operating surplus before interest and taxation</b>		<u><b>58,436,244</b></u>	<u><b>47,238,390</b></u>
Finance income	13	2,045,937	-
Finance cost	13	(108,889)	(139,390)
<b>Surplus before taxation</b>		<u><b>60,373,292</b></u>	<u><b>47,099,000</b></u>
Taxation	14	-	-
<b>Surplus for the year</b>		<u><b>60,373,292</b></u>	<u><b>47,099,000</b></u>
<b>Other comprehensive income, net of taxation</b>			
<b>Total comprehensive income attributable to:</b>			
<b>Gauteng Department of Health</b>		<u><b>60,373,292</b></u>	<u><b>47,099,000</b></u>

**GAUTENG PROVINCIAL DEPARTMENT HEALTH  
VOTE 04**

**STATEMENT OF CHANGES IN NET ASSETS – MEDICAL SUPPLIES DEPOT  
for the year ended 31 March 2015**

	MEDSAS capital account	Accumulated Surplus	Total
	R	R	R
<b>Balance at 31 March 2013</b>	<b>104,376,790</b>	<b>89,896,869</b>	<b>194,273,659</b>
Surplus for the year	-	47,099,000	47,099,000
Fair Value Adjustment on Property, plant and equipment	-	930,193	930,193
<b>Balance at 31 March 2014 as previously stated</b>	<b>104,376,790</b>	<b>137,926,062</b>	<b>242,302,852</b>
Correction of Prior period error	-	(3,199)	(3,199)
<b>Balance at 31 March 2014 restated</b>	<b>104,376,790</b>	<b>137,922,863</b>	<b>242,299,653</b>
Surplus for the period	-	60,373,292	60,373,292
<b>Balance at 31 March 2015</b>	<b>104,376,790</b>	<b>198,296,155</b>	<b>302,672,945</b>



**GAUTENG PROVINCIAL DEPARTMENT HEALTH  
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**CASH FLOW STATEMENT – MEDICAL SUPPLIES DEPOT  
for the year ended 31 March 2015**

		31 March	31 March
		2015	2014
	Note	R	R
<b>Cash flows from operating activities</b>			
Cash (utilised in) / generated from operating activities	15	(12,263,420)	18,764,073
Finance income	13	2,045,937	-
Finance costs	13	(108,889)	(139,390)
<b>Net cash (utilised in) / generated from operating activities</b>		<b>(10,326,372)</b>	<b>18,624,683</b>
<b>Cash flows from investing activities</b>			
Purchase of property, plant and equipment	2	(847,235)	(2,364,911)
<b>Net cash outflow from investing activities</b>		<b>(847,235)</b>	<b>(2,364,911)</b>
<b>Cash flows from financing activities</b>			
Increase in/ (repayment of) finance lease liability	8	165,224	(434,379)
<b>Net cash inflow / (outflow) from financing activities</b>		<b>165,224</b>	<b>(434,379)</b>
<b>Net (decrease)/increase in cash and cash equivalents</b>		<b>(11,008,383)</b>	<b>15,825,394</b>
<b>Cash and cash equivalents at the beginning of the year</b>	6	<b>16,876,187</b>	<b>1,050,793</b>
<b>Cash and cash equivalents at the end of the year</b>		<b>5,867,804</b>	<b>16,876,187</b>

**GAUTENG PROVINCIAL DEPARTMENT OF HEALTH**  
**VOTE 04**  
**ACCOUNTING POLICIES – MEDICAL SUPPLIES DEPOT**  
for the year ended 31 March 2015

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**1 Basis of preparation**

These financial statements were prepared in accordance with the standards of Generally Recognized Accounting Practices (GRAP) issued by the Accounting Standards Board in accordance with the Public Finance Management Act, 1999 (Act No.1 of 1999) as amended by the Public Finance Management Amendment Act (Act No. 29 of 1999).

**1.2 Presentation currency**

The financial statements are presented in South African Rand, which is the functional currency of the entity.

**1.3 Rounding**

Unless otherwise stated, all financial figures have been rounded to the nearest Rand (R).

**1.4 Going concern assumption**

The annual financial statements were prepared on a going concern basis which assumes that the entity will continue to operate as a going concern for at least the next 12 months.

**1.5 Comparative information**

***Current year comparatives (Budget)***

Budget information in accordance with GRAP 1 and 24, has been provided in a separate Annexure to these financial statements.

***Prior year comparatives***

Where necessary, comparative figures have been reclassified to conform to changes in presentation in the current year.

**1.6 Significant judgements and estimates**

The use of judgment, estimates and assumptions is inherent to the process of preparing annual financial statements. These judgements, estimates and assumptions affect the amounts presented in the annual financial statements. Uncertainties about these estimates and assumptions could result in outcomes that require a material adjustment to the carrying amount of the relevant asset or liability in future periods.

**Provisions**

Provisions are measured as the present value of the estimated future outflows required to settle the obligation. In the process of determining the best estimate of the amounts that will be required in future to settle the provision management considers the weighted average probability of the potential outcomes of the provisions raised. This measurement entails determining what the different potential outcomes are for a provision as well as the financial impact of each of those potential outcomes. Management then assigns a weighting factor to each of these outcomes based on the probability that the outcome will materialise in future. The factor is then applied to each of the potential outcomes and the factored outcomes are then added together to arrive at the weighted average value of the provisions.

## **1.6 Significant judgements and estimates (Continued)**

### **Depreciation and amortization**

Depreciation and amortisation recognised on property, plant and equipment is determined with reference to the useful lives and residual values of the underlying items. The useful lives and residual values of assets are based on management's estimation of the asset's condition, expected condition at the end of the period of use, its current use, expected future use and the entity's expectations about the availability of finance to replace the asset at the end of its useful life. In evaluating how the condition and use of the asset informs the useful life and residual value, management considers the impact of technology and minimum service requirements of the assets.

### **Fair value determination of property, plant and equipment (excluding heritage assets)**

In determining the fair value of property, plant and equipment the entity applies a valuation methodology to determine the fair value based on any one of, or a combination of the following factors:

- The market related selling price of the item; or
- The material composition of the item; or
- The item's special features which include design, appendages and improvements; or
- The item's condition with regards to whether it is broken, in a poor, fair, good or excellent condition.

### **Inventory**

Inventories that qualify for recognition must initially be stated at cost. Where inventories are acquired at no cost, or for nominal consideration, their cost shall be their fair value at the date of acquisition.

All inventory items at year end are stated using the weighted average cost.

### **Impairments of non-financial assets**

In testing for, and determining the value-in-use of non-financial assets, management is required to rely on the use of estimates about the asset's ability to continue to generate cash flows (in the case of cash-generating assets). For non-cash-generating assets, estimates are made regarding the depreciated replacement cost, restoration cost, or service units of the asset, depending on the nature of the impairment and the availability of information.

## **1.7 Financial instruments**

### **Initial recognition**

The entity recognises a financial asset or a financial liability in its Statement of Financial Position when, and only when, the entity becomes a party to the contractual provisions of the instrument. This is achieved through the application of trade date accounting.

Upon initial recognition the entity classifies financial instruments or their component parts as financial liabilities or financial assets in conformity with the substance of the contractual arrangement and to the extent that the instrument satisfies the definitions of a financial liability or a financial asset.

## **1.7 Financial instruments (Continued)**

### **Trade and other receivables**

Trade and other receivables are initially recognised at fair value plus transaction costs that are directly attributable to the acquisition and subsequently stated at amortised cost, using the effective interest rate method.

### **Cash and cash equivalents**

Cash and cash equivalents are measured at amortised cost using the effective interest rate method.

Cash includes cash on hand and cash with banks. Cash equivalents are short-term highly liquid investments that are held with registered banking institutions with maturities of three months or less and are subject to an insignificant risk of change in value. For the purposes of the Cash Flow Statement, cash and cash equivalents comprise cash on hand and deposits held on call with banks.

### **Trade and other payables**

Trade payables are initially measured at fair value plus transaction costs that are directly attributable to the acquisition and are subsequently measured at amortised cost using the effective interest rate method.

### **Gains and losses**

A gain or loss arising from a change in the fair value of a financial asset or financial liability measured at fair value is recognised in surplus or deficit.

For financial assets and financial liabilities measured at amortised cost or cost, a gain or loss is recognised in surplus or deficit when the financial asset or financial liability is derecognised or impaired or through the amortisation process.

### **Off-setting**

The entity does not offset financial assets and financial liabilities in the Statement of Financial Position unless a legal right of set-off exists and the parties intend to settle on a net basis.

### **Impairments**

All financial assets measured at amortised cost are subject to an impairment review. The entity assesses at the end of each reporting period whether there is any objective evidence that a financial asset or group of financial assets is impaired.

If there is objective evidence that an impairment loss on financial assets measured at amortised cost has been incurred, the amount of the loss is measured as the difference between the asset's carrying amount and the present value of estimated future cash flows (excluding future credit losses that have not been incurred) discounted at the financial asset's original effective interest rate (i.e. the effective interest rate computed at initial recognition). The carrying amount of the asset is reduced through the use of an allowance account. The amount of the loss is recognised in surplus or deficit.

## **1.8 Inventories**

### **Initial recognition and measurement**

Inventories are initially recognised at cost. Cost refers to the purchase price, plus taxes, transport costs and any other costs in bringing the inventories to their current location and condition.

### **Subsequent measurement**

Inventories will be measured at the lower of cost and the net realizable value. Inventories are stated on a weighted average moving basis with the same cost formula being used for all inventories having a similar nature and use at the entity.

Redundant and slow-moving inventories are identified and written down from cost to net realizable value with regard to their estimated economic or realizable values. The amount of any reversal of any write-down of inventories arising from an increase in net realizable value or net realizable value is recognized as a reduction of inventories recognized as an expense in the period in which the reversal occurs.

### **Derecognition**

The carrying amount of inventories is recognized as an expense in the period that the inventory was sold, distributed, written off or consumed, unless that cost qualifies for capitalization to the cost of another asset.

## **1.9 Property, plant and equipment**

### **Initial recognition and measurement**

The cost of an item of property, plant and equipment is the purchase price and other costs directly attributable to bring the asset to the location and condition necessary for it to be capable of operating in the manner intended by the entity. Trade discounts and rebates are deducted in arriving at the cost at which the asset is recognised. The cost also includes the estimated costs of dismantling and removing the asset.

Items of property, plant and equipment are initially recognised as assets on acquisition date and are initially recorded at cost where acquired through exchange transactions. However, when items of property, plant and equipment are acquired through non-exchange transactions, those items are initially measured at their fair values as at the date of acquisition.

### **Subsequent measurement**

Subsequent to initial recognition, items of property, plant and equipment are measured at cost less accumulated depreciation and impairment losses.

### **Depreciation**

Depreciation is calculated on the depreciable amount, using the straight-line method over the estimated useful lives of the assets. Components of assets that are significant in relation to the whole asset and that have different useful lives are depreciated separately. The depreciable amount is determined after taking into account an assets' residual value, where applicable.

The assets' residual values, useful lives and depreciation methods are reviewed at each financial year-end and adjusted prospectively, if appropriate.

**GAUTENG PROVINCIAL DEPARTMENT OF HEALTH  
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ACCOUNTING POLICIES – MEDICAL SUPPLIES DEPOT  
for the year ended 31 March 2015**

**1.9 Property, plant and equipment (Continued)**

The annual depreciation rates are based on the following estimated asset useful lives:

<b>Asset classification</b>	<b>Average useful lives (Years)</b>
<b>Fixtures and fittings</b>	
<i>System alarm</i>	3 - 5
<i>Lifts and escalators</i>	5 - 10
<b>Motor vehicles</b>	
<i>Cars, minibuses, trucks</i>	3 - 5
<b>Plant and equipment</b>	
<i>Air-conditioning</i>	1 - 10
<i>Medical equipment</i>	1 - 18
<i>Radio equipment</i>	5 - 10
<i>Telephone system</i>	5 - 10
<i>Audio Visual</i>	1 - 18
<i>Domestic Equipment</i>	1 - 17
<i>Lab Equipment</i>	1 - 18
<i>Security Equipment</i>	3 - 16
<i>Vehicles</i>	6 - 15
<i>Warehouse Equipment</i>	1 - 18
<i>Workshop and tools</i>	3 - 18
<b>Office furniture</b>	
<i>Kitchen Appliances</i>	4 - 16
<i>Office equipment</i>	3 - 17
<i>Computer equipment</i>	3 - 18

**Impairment**

The entity tests for impairment where there is an indication that an asset may be impaired. An assessment of whether there is an indication of possible impairment is done at each reporting date. Where the carrying amount of an item of property, plant and equipment is greater than the estimated recoverable amount (or recoverable service amount), it is written down immediately to its recoverable amount (or recoverable service amount) and an impairment loss is charged to the Statement of Financial Performance.

Where items of property, plant and equipment have been impaired, the carrying value is adjusted by the impairment loss, which is recognised as an expense in the Statement of Financial Performance in the period that the impairment is identified.

An impairment is reversed only to the extent that the asset's carrying amount does not exceed the carrying amount that would have been determined had no impairment been recognised. A reversal of the impairment is recognised in the Statement of Financial Performance.

**Derecognition**

Items of property, plant and equipment are derecognised when the asset is disposed of or when there are no further economic benefits or service potential expected from the use of the asset. The gain or loss arising on the disposal or retirement of an item of property, plant and equipment is determined as the difference between the sales proceeds and the carrying value and is recognised in the Statement of Financial Performance.

## **1.10 Intangible Assets**

### **Initial recognition and measurement**

An intangible asset is an identifiable non-monetary asset without physical substance. The entity recognises an intangible asset in its Statement of Financial Position only when it is probable that the expected future economic benefits or service potential that are attributable to the asset will flow to the entity and the cost or fair value of the asset can be measured reliably.

Intangible assets are initially recognised at cost.

Where an intangible asset is acquired by the entity for no or nominal consideration (i.e. a non-exchange transaction), the cost is deemed to be equal to the fair value of that asset on the date acquired.

### **Subsequent measurement**

Intangible assets are subsequently carried at cost less accumulated amortisation and impairments.

The cost of an intangible asset is amortised over the useful life where that useful life is finite. The amortisation expense on intangible assets with finite lives is recognised in the Statement of Financial Performance in the expense category consistent with the function of the intangible asset.

Intangible assets with indefinite useful lives are not amortised, but are tested for impairment annually, either individually or at the cash generating unit level. The assessment of indefinite life is reviewed annually to determine whether the indefinite life assumption continues to be supportable. If not, the change in useful life from indefinite to finite is made on a prospective basis.

### **Amortisation and impairment**

Amortisation is charged to write off the cost of intangible assets over their estimated useful lives using the straight-line method.

The annual amortisation rates are based on the following estimated average asset lives:

<b>Intangible Asset</b>	<b>Average Useful Life</b>
Computer Software	3-5 years

The amortisation period, the amortisation method and residual value for intangible assets with finite useful lives are reviewed at each reporting date and any changes are recognised as a change in accounting estimate in the Statement of Financial Performance.

### **Impairments**

The entity tests intangible assets with finite useful lives for impairment where there is an indication that an asset may be impaired. An assessment of whether there is an indication of possible impairment is performed at each reporting date. Where the carrying amount of an item of an intangible asset is greater than the estimated recoverable amount (or recoverable service amount), it is written down immediately to its recoverable amount (or recoverable service amount) and an impairment loss is charged to the Statement of Financial Performance.

### **Derecognition**

Intangible assets are derecognised when the asset is disposed of or when there are no further economic benefits or service potential expected from the asset. The gain or loss arising on the disposal or retirement of an intangible asset is determined as the difference between the sales proceeds and the carrying value and is recognised in the Statement of Financial Performance.

### **1.11 Leases**

#### **The entity as lessee in an operating lease**

Assets subject to operating leases, i.e. those leases where substantially all of the risks and rewards of ownership are not transferred to the lessee through the lease, are not recognised in the Statement of Financial Position. The operating lease expense is recognised over the course of the lease arrangement.

The lease expense recognised for operating leases is charged to the Statement of Financial Performance on a straight-line basis over the term of the relevant lease. To the extent that the straight-lined lease payments differ from the actual lease payments the difference is recognised in the Statement of Financial Position as either lease payments in advance (operating lease asset) or lease payments payable (operating lease liability) as the case may be. This resulting asset and / or liability is measured as the undiscounted difference between the straight-line lease payments and the contractual lease payments.

The operating lease liability is derecognised when the entity's obligation to settle the liability is extinguished. The operating lease asset is derecognised when the entity no longer anticipates economic benefits to flow from the asset.

#### **The entity as lessee in a finance lease**

Leases are classified as finance leases where substantially all the risks and rewards associated with ownership of an asset are transferred to the entity through the lease agreement. Assets subject to finance leases are recognised in the Statement of Financial Position at the inception of the lease, as is the corresponding finance lease liability.

Assets subject to a finance lease, as recognised in the Statement of Financial Position, are measured (at initial recognition) at the lower of the fair value of the assets and the present value of the future minimum lease payments. Subsequent to initial recognition these capitalised assets are depreciated over the contract term.

The finance lease liability recognised at initial recognition is measured at the present value of the future minimum lease payments. Subsequent to initial recognition this liability is carried at amortised cost, with the lease payments being set off against the capital and accrued interest. The allocation of the lease payments between the capital and interest portion of the liability is effected through the application of the effective interest method.

The finance charges resulting from the finance lease are expensed, through the Statement of Financial Performance, as they accrue. The finance cost accrual is determined using the effective interest method.

The finance lease liabilities are derecognised when the entity's obligation to settle the liability is extinguished. The assets capitalised under the finance lease are derecognised when the entity no longer expects any economic benefits or service potential to flow from the asset.

### **1.12 Revenue from exchange transactions**

Revenue is recognized by the entity for goods sold, the value of which approximates the consideration received or receivable, excluding indirect taxes, rebates and discounts.



**1.12 Revenue from exchange transactions (continued)**

Revenue is only recognised when all of the following criteria are satisfied:

- The entity retains neither continuing managerial involvement to the degree usually associated with ownership nor effective control over the goods sold;
- The amount of revenue can be measured reliably; and
- It is probable that the economic benefits or service potential associated with the transaction will flow to the entity and the costs incurred or to be incurred in respect of the transaction can be measured reliably.

**1.13 Revenue from non-exchange transactions- Gifts and donations, including goods in-kind and penalties**

Gifts and donations, including goods in kind, shall be recognised as income in the period it is received provided that all of the following conditions have been satisfied:

- The statutory board obtains control of the donation or the right to receive the donation;
- There is an existing signed contract with the supplier that includes a paragraph on penalties;
- It is probable that the economic benefits comprising of the donation will flow to the entity; and
- The amounts of the donations, gifts, goods-in-kind and penalties can be measured reliably.

Gauteng Medical Supplies does not account for the economic benefit received in the Statement of Financial Performance, as the depot is considered to be only a conduit for hospitals and to control the receipt of donations for the Department.

**1.14 Borrowing costs**

Borrowing costs directly attributable to the acquisition, construction or production of qualifying assets are capitalised to the cost of that asset unless it is inappropriate to do so. The entity ceases the capitalisation of borrowing costs when substantially all the activities to prepare the asset for its intended use or sale are complete. It is considered inappropriate to capitalise borrowing costs where the link between the funds borrowed and the capitals asset acquired cannot be adequately established. Borrowing costs incurred other than on qualifying assets are recognised as an expense in the Statement of Financial Performance when incurred.

**1.15 Irregular expenditure**

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

**1.16 Fruitless and wasteful expenditure**

- Fruitless and wasteful expenditure is defined as expenditure that was made in vain and would have been avoided had reasonable care been exercised, therefore:
- It must be recovered from a responsible official (a debtor account should be raised) or
- The Vote (If responsibility cannot be determined).

Such expenditure is treated as expenditure in the Statement of Financial Performance and where recovered, it is subsequently accounted for as revenue in the Statement of Financial Performance. Due to nature of business at the MSD (where expired stock and stock breakages is inherent to the business of MSD), expired and stock breakages will only be recognised as fruitless and wasteful expenditure if their total value is higher than 2% of average stock holding. Qualitative consideration would also be considered to disclose fruitless and wasteful expenditure.

#### **1.16 Fruitless and wasteful expenditure (Continued)**

##### **Recovery of Unauthorised, Irregular, Fruitless and Wasteful Expenditure**

The recovery of unauthorised, irregular, fruitless and wasteful expenditure is based on legislated procedures, and is recognised when the recovery thereof from the responsible officials is probable. The recovery of unauthorised, irregular, fruitless and wasteful expenditure is treated as other income.

#### **1.17 Employee Benefits**

##### **Short term employee benefits**

Short term employee benefits encompasses all those benefits that become payable in the short term, i.e. within a financial year or within 12 months after the financial year. Therefore, short term employee benefits include remuneration, compensated absences and bonuses.

Short term employee benefits are recognised in the Statement of Financial Performance as services are rendered, except for non-accumulating benefits, which are recognised when the specific event occurs. These short term employee benefits are measured at their undiscounted costs in the period the employee renders the related service or the specific event occurs.

##### **Retirement benefit costs**

The Depot provides retirement benefits for its employees through a defined benefit plan for government employees. These benefits are funded by both employer and employee contributions. Employer contributions to the fund are expensed when money is paid to the fund. No provision or benefit accounting is disclosed for retirement benefits in the financial statements as the obligation and plan assets is the responsibility of the multi-employer Government Employee Pension Fund resorting under the control of National Treasury.

#### **1.18 Events after reporting date**

Events after the reporting date are those events, both favourable and unfavourable, that occur between the reporting date and the date when the financial statements are authorised for issue.

Two types of events can be identified:

- those that provide evidence of conditions that existed at the reporting date (adjusting events after the reporting date); and
- those that are indicative of conditions that arose after the reporting date (non-adjusting events after the reporting date).

The entity will adjust the amounts recognised in the financial statements to reflect adjusting events after the reporting date once the event occurred.

The entity will disclose the nature of the event and estimate its financial effect or a statement that such estimate cannot be made in respect of all material non-adjusting events, where non-disclosure could influence the economic decisions of users taken on the basis of the financial statements.

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**1.19 Related Parties**

The entity has processes and controls in place to aid in the identification of related parties. A related party is a person or an entity with the ability to control or jointly control the other party, or exercise significant influence over the other party, or vice versa, or an entity that is subject to common control, or joint control. Related party relationships where control exists are disclosed regardless of whether any transactions took place between the parties during the reporting period.

Where transactions occurred between the entity any one or more related parties, and those transactions were not within:

- normal supplier and/or client/recipient relationships on terms and conditions no more or less favourable than those which it is reasonable to expect the entity to have adopted if dealing with that individual entity or person in the same circumstances; and
- terms and conditions within the normal operating parameters established by the reporting entity’s legal mandate.

Further details about those transactions are disclosed in the notes to the financial statements. Information about such transactions is disclosed in the financial statements.

**1.20 Standards, amendments to standards and interpretations issued not yet effective.**

The following Standards of GRAP and / or amendments thereto have been issued by the Accounting Standards Board, but will only become effective in future periods or have not been given an effective date by the Minister of Finance. The entity has not early-adopted any of these new Standards or amendments thereto, but has referred to them for guidance in the development of accounting policies in accordance with GRAP 3 as read with Directive 5:

Standard name and number	Effective date (if applicable)
<i>GRAP 105- Transfer of Function Between Entities Under Common Control</i>	No effective date
<i>GRAP 107- Mergers</i>	No effective date
<i>GRAP 18 - Segment Reporting</i>	No effective date
<i>GRAP 20 Related Party Disclosures</i>	No effective date

**GAUTENG MEDICAL SUPPLIES DEPOT  
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**NOTES TO THE FINANCIAL STATEMENTS – MEDICAL SUPPLIES DEPOT  
for the year ended 31 March 2015**

**2. PROPERTY, PLANT AND EQUIPMENT**

	2015			2014		
	Cost	Accumulated depreciation	Carrying value at end of the year	Cost**	Accumulated depreciation**	Carrying value at end of the year**
<b>Owned assets</b>						
Computer equipment	4,430,303	(3,977,614)	452,689	4,494,823	(3,366,992)	1,127,831
fixtures and fittings	10,625	(10,625)	-	10,625	(10,625)	-
Office furniture	6,656,683	(5,146,491)	1,510,192	6,627,884	(4,398,064)	2,229,820
Plant and equipment	13,372,529	(10,135,349)	3,237,180	13,383,187	(8,704,642)	4,678,545
	<b>24,470,140</b>	<b>(19,270,079)</b>	<b>5,200,061</b>	<b>24,516,519</b>	<b>(16,480,323)</b>	<b>8,036,196</b>
<b>Leased Assets</b>						
Motor vehicles - G-Fleet	674,927	(90,891)	584,036	946,416	(884,459)	61,957
Office equipment	829,053	(523,723)	305,330	829,053	(250,875)	578,178
Cell phones	189,231	(80,458)	108,773	243,485	(197,416)	46,069
	<b>1,693,211</b>	<b>(695,072)</b>	<b>998,139</b>	<b>2,018,954</b>	<b>(1,332,750)</b>	<b>686,204</b>
	<b>26,163,351</b>	<b>(19,965,151)</b>	<b>6,198,200</b>	<b>26,535,473</b>	<b>(17,813,073)</b>	<b>8,722,400</b>

**GAUTENG MEDICAL SUPPLIES DEPOT  
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**NOTES TO THE FINANCIAL STATEMENTS – MEDICAL SUPPLIES DEPOT  
for the year ended 31 March 2015**

**2015**

	Carrying value at beginning of the year*	Additions	Disposals/ Impairment	Accumulated depreciation on disposals/ impairment	Depreciation Charge	Carrying value at end of the year
<b>Owned assets</b>						
Computer equipment	1,127,831	12,226	(76,746)	16,974	(627,596)	452,689
fixtures and fittings	-	-	-	-	-	-
Office furniture	2,229,820	28,799	-	-	(748,427)	1,510,192
Plant and equipment	4,678,545	-	(10,658)	6,888	(1,437,595)	3,237,180
	<b>8,036,196</b>	<b>41,025</b>	<b>(87,404)</b>	<b>23,862</b>	<b>(2,813,618)</b>	<b>5,200,061</b>
<b>Leased Assets</b>						
Motor vehicles - G-Fleet	61,957	674,927	(946,416)	946,416	(152,848)	584,036
Office equipment	578,178	-	-	-	(272,848)	305,330
Cell phones	46,069	131,282	(185,536)	185,536	(68,578)	108,773
	<b>686,204</b>	<b>806,209</b>	<b>(1,131,952)</b>	<b>1,131,952</b>	<b>(494,274)</b>	<b>998,139</b>
	<b>8,722,400</b>	<b>847,234</b>	<b>(1,219,356)</b>	<b>1,155,814</b>	<b>(3,307,892)</b>	<b>6,198,200</b>

\* Restated - refer note 24.1

**GAUTENG MEDICAL SUPPLIES DEPOT  
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for the year ended 31 March 2015**

2014

	Carrying value at beginning of the year**	Re-classification	Additions	Recognition of assets at fair value	Disposals/ Impairment	Accumulated depreciation on disposals/ impairment	Depreciation Charge	Carrying value at end of the year**
<b>Owned assets</b>								
Computer equipment	1,269,026	(76,980)	461,350	171,991	(219,005)	189,981	(668,532)	1,127,831
fixtures and fittings	167,426	(167,426)	-	-	-	-	-	-
Office furniture	2,377,611	26,843	247,992	331,339	(122,786)	97,236	(728,415)	2,229,820
Plant and equipment	4,191,759	167,642	1,211,029	426,863	(177,600)	89,620	(1,230,768)	4,678,545
	<b>8,005,822</b>	<b>(49,921)</b>	<b>1,920,371</b>	<b>930,193</b>	<b>(519,391)</b>	<b>376,837</b>	<b>(2,627,715)</b>	<b>8,036,196</b>
<b>Leased Assets</b>								
Motor vehicles - G-Fleet	358,123	-	-	-	-	-	(296,166)	61,957
Office equipment	373,262	2,987	422,324	-	(275,146)	275,146	(220,395)	578,178
Cell phones	149,807	-	22,216	-	(26,902)	11,498	(110,550)	46,069
	<b>881,192</b>	<b>2,987</b>	<b>444,540</b>	<b>-</b>	<b>(302,048)</b>	<b>286,644</b>	<b>(627,111)</b>	<b>686,204</b>
	<b>8,887,014</b>	<b>(46,934)</b>	<b>2,364,911</b>	<b>930,193</b>	<b>(821,439)</b>	<b>663,481</b>	<b>(3,254,826)</b>	<b>8,722,400</b>

\* Restated - refer note 24.1

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	31 March 2015 R	31 March 2014 R
<b>3 INTANGIBLE ASSETS</b>		
<b>Computer software</b>		
Carrying value at the beginning of the year	16,314	-
Reclassification from Property, plant and equipment	-	46,934
Amortisation charge for the period	<u>(7,211)</u>	<u>(30,620)</u>
	<u>9,103</u>	<u>16,314</u>
<b>4 INVENTORIES</b>		
Trading stock	103,327,575	81,224,231
Pre-pack stock	1,046,193	2,222,447
ARV	114,038,761	155,482,199
Operational stock	<u>497,508</u>	<u>505,700</u>
	<u>218,910,037</u>	<u>239,434,577</u>

The valuation method used by the Depot was the weighted average moving basis based on cost price. There was no impairment of inventory raised at 31 March 2015 (2014: Nil) after management had assessed impairment individually for inventory items for the year then ended.

Breakages	14,616	15,646
Expired stock	561,395	5,254,573
Inventory count variance	<u>210,484</u>	<u>-</u>
	<u>786,495</u>	<u>5,270,219</u>

No write down of inventory to net realisable value was required during the period under review.

**5 TRADE AND OTHER RECEIVABLES FROM EXCHANGE TRANSACTIONS**

Trade receivables	569,876,300	268,471,514
Other receivables	<u>7,392,393</u>	<u>12,745,370</u>
(Refer to note 16 for fair values)	<u>577,268,693</u>	<u>281,216,884</u>

Trade receivables are non-interest bearing and are generally repayable between 30 and 90 days. There were no amounts older than 90 days for the period under review, management has assessed trade receivables individually and collectively and has come to the conclusion that there is no reason to believe that these amounts will not be recovered within 90 days after period under review hence no impairment of trade receivables was recognized for the year ended 2015 (2014: R Nil). These accounts have not been discounted due to the fact that normal trading terms had not been violated during the period under review.

**As at 31 March 2015, the age analysis of trade receivables that were due but not impaired is as follows:**

< 30 days	383,014,630	263,573,573
> 30 days	<u>186,861,670</u>	<u>4,897,941</u>
Total	<u>569,876,300</u>	<u>268,471,514</u>

**GAUTENG MEDICAL SUPPLIES DEPOT  
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**NOTES TO THE FINANCIAL STATEMENTS – MEDICAL SUPPLIES DEPOT  
for the year ended 31 March 2015**

	31 March	31 March
	2015	2014
	R	R
<b>6 CASH AND CASH EQUIVALENTS</b>		
Bank balance	5,866,304	16,874,681
Petty cash	1,500	1,506
	<u>5,867,804</u>	<u>16,876,187</u>

Cash and cash equivalents earn interest at floating rates based on daily bank deposit rates. The finance income is recognized in the Statement of Financial Performance in the year under review. In the prior year, finance income was recognized in the Department of Health's financial statements.

**7 MEDSAS CAPITAL ACCOUNT**

MEDSAS capital account	<u>104,376,790</u>	<u>104,376,790</u>
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Capital is used for the operating expenses of the Depot and for the purchasing of inventory. The Gauteng Department of Health provided the initial capital of R54 000 000 after Treasury approval was obtained. The capital was increased by R26 000 000 in 2007, after obtaining Treasury approval, by transferring from the accumulated surplus and an additional transfer of R 24 376 790 in 2009.

**8 FINANCE LEASE OBLIGATIONS**

*Minimum lease payments*

Within 1 year	546,840	505,903
Within the 2nd to 5th year	751,872	248,891
	<u>1,298,712</u>	<u>754,794</u>
Less: Future finance charges	(273,980)	104,714
Present value of lease obligations	<u>1,024,732</u>	<u>859,508</u>

*The present value of lease obligations can be analysed as follows:*

Within 1 year	428,286	538,171
Within the 2nd to 5th year	596,446	321,337
	<u>1,024,732</u>	<u>859,508</u>
Less: Current portion	(428,286)	(538,171)
	<u>596,446</u>	<u>321,337</u>

Obligations under finance leases are secured by the lessor's title to the leased asset. Finance leases bear interest at an average rate of 9%.

**9 LEAVE ACCRUAL**

Balance at the beginning of the year	3,161,078	2,966,266
Net accrual raised during the period	367,819	194,812
Balance at the end of the period	<u>3,528,897</u>	<u>3,161,078</u>

A leave accrual is recognised for leave due to employees at year end. The accrual for leave is calculated by multiplying the number of leave days due to each employee by a daily rate based on the total cost to the company. The accrual is expected to be realised within 12 months of the reporting date.



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**NOTES TO THE FINANCIAL STATEMENTS – MEDICAL SUPPLIES DEPOT  
for the year ended 31 March 2015**

	31 March 2015 R	31 March 2014 R
<b>10 TRADE AND OTHER PAYABLES FROM EXCHANGE TRANSACTIONS</b>		
Trade payables	494,756,929	293,580,710
Sundry creditors	6,270,334	6,365,413
	<u>501,027,263</u>	<u>299,946,123</u>
<p>Trade payables are non-interest bearing and are generally repayable within 30 days. These accounts have not been discounted due to the fact that the effect of discounting is not significant.</p> <p>As at 31 March 2015, the age analysis of trade payables that were due but not impaired is as follows:</p>		
< 30 days	315,639,045	206,103,312
> 30 days	179,117,884	87,477,398
Total	<u>494,756,929</u>	<u>293,580,710</u>
<b>11 REVENUE AND OTHER INCOME</b>		
Revenue from exchange transactions - sale of goods	2,688,733,804	2,908,789,812
Revenue from non exchange transactions - Penalties	1,811,318	-
Other income	118,980	82,088
	<u>2,690,664,102</u>	<u>2,908,871,900</u>
<b>12 OPERATING EXPENDITURE</b>		
<b>Distribution cost:</b>	<b>10,371,292</b>	<b>14,477,634</b>
Fees for distribution costs	9,747,680	14,333,066
Rental of vehicles	623,612	144,568
<b>Adminstrative expenses:</b>	<b>74,612,158</b>	<b>71,704,183</b>
Staff Costs	49,628,363	48,175,823
Contribution to defined benefit plan	4,789,454	4,320,324
Communication	384,901	481,841
Maintenance and repairs	2,009,564	3,151,838
Stationery and printing	1,114,866	979,618
Other administrative expenses	9,610,393	7,202,604
<i>Fees for services:</i>		
Lease rentals of equipment	251,817	205,513
Audit fees	1,674,184	1,592,186
Technical	140,510	472,001
Security	5,008,106	5,122,435
<b>Other expenses:</b>	<b>5,952,149</b>	<b>12,113,219</b>
Depreciation owned assets	2,813,618	2,627,715
Depreciation leased assets	494,275	627,111
Amortization of intangible assets	7,211	30,620
External training	136,499	47,976
Scrapping of property, plant and equipment	63,542	157,958
Stock price adjustments not recovered	1,650,509	3,351,620
Inventory written off	786,495	5,270,219
<b>Total operating expenditure</b>	<u><b>90,935,599</b></u>	<u><b>98,295,036</b></u>

**GAUTENG MEDICAL SUPPLIES DEPOT  
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**NOTES TO THE FINANCIAL STATEMENTS – MEDICAL SUPPLIES DEPOT  
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	31 March	31 March
	2015	2014
	R	R
<b>13 FINANCE COST AND FINANCE INCOME</b>		
<b>Finance cost:</b>		
Capitalized finance leases	<u>108,889</u>	<u>139,390</u>
<b>Finance income:</b>		
Bank balance	<u>2,045,937</u>	<u>-</u>
<p>Following a directive from Treasury, finance income from bank balances has been recognized in the entity's financial statements in the year under review . In the prior year however, the finance income from bank balances was recognized in the Department of Health's Financial statements.</p>		
<b>14 TAXATION</b>		
<p>No provision has been made for taxation as the Depot is exempt from income taxation in terms of section 10 (1) of the South African Income Tax Act No.58 of 1962.</p>		
<b>15 CASH (UTILISED IN)/ GENERATED FROM OPERATIONS</b>		
Operating surplus before interest and taxation	58,436,244	47,238,390
<b>Adjusted for:</b>		
Depreciation on property, plant and equipment	3,307,893	3,285,446
Amortisation of intangible assets	7,211	-
Net movement in leave pay accrual	367,819	194,812
Property, plant and equipment scrapped	63,542	157,958
Inventory written off	786,495	5,270,219
<b>Operating surplus before changes in working capital</b>	<u>62,969,204</u>	<u>56,146,825</u>
<b>Movement in working capital</b>		
Decrease/(increase) in inventories	19,738,045	(80,452,526)
(Increase)/decrease in trade and other receivables	(296,051,809)	23,901,372
Increase in trade and other payables	201,081,140	19,168,402
	<u>(75,232,624)</u>	<u>(37,382,752)</u>
	<u>(12,263,420)</u>	<u>18,764,073</u>
<b>16 RISK MANAGEMENT</b>		
<b>General</b>		
<p>The main risks faced by the trading entity are interest rate risk, credit risks and liquidity risks. The Depot has developed a comprehensive risk strategy in terms of Treasury Regulation 28.1 in order to monitor and control these risks. The risk management process relating to each of these risks is discussed under the headings below.</p>		

**GAUTENG MEDICAL SUPPLIES DEPOT  
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**NOTES TO THE FINANCIAL STATEMENTS – MEDICAL SUPPLIES DEPOT  
for the year ended 31 March 2015**

**16 RISK MANAGEMENT (Continued)**

**Interest rate risk**

The entity is not exposed to significant interest rate risk as there is no internal funding other than cash and finance leases. The following table set out the carrying amount, by maturity, of the entity's financial instruments exposed to interest rate risk:

<b>31 March 2015</b>	<b>Within 1 year</b>	<b>Within 2 - 5 years</b>	<b>Total</b>
Cash and cash equivalents	5,867,804	-	5,867,804
Finance lease obligations	428,286	596,446	1,024,732
Trade receivables	569,876,300	-	569,876,300
Trade payables	494,756,929	-	494,756,929

<b>31 March 2014</b>	<b>Within 1 year</b>	<b>Within 2 - 5 years</b>	<b>Total</b>
Cash and cash equivalents	16,876,187	-	16,876,187
Finance lease obligations	538,171	321,337	859,508
Trade receivables	268,471,514	-	268,471,514
Trade payables	293,580,710	-	293,580,710

The entity's financial instruments are linked to the South African prime rate.

The following table demonstrates the sensitivity to a reasonable possible change in interest rates, with all other variables held constant of the entity's surplus before taxation:

	<b>Increase in interest rate by:</b>	<b>Effects on surplus before taxation</b>
<b>31 March 2015</b>		R
Cash and cash equivalents	1%	58,678
Finance lease obligations	1%	(10,247)
Trade receivables	1%	5,698,763
Trade payables	1%	(4,947,569)

	<b>Increase in interest rate by:</b>	<b>Effects on surplus before taxation</b>
<b>31 March 2015</b>		R
Cash and cash equivalents	1%	168,762
Finance lease obligations	1%	(8,595)
Trade receivables	1%	2,684,715
Trade payables	1%	(2,935,807)

**Credit Risk**

Financial assets, which potentially subject the Depot to the risk of non-performance by counter parties, consist mainly of cash and accounts receivable, consisting of trade receivables and staff debtors. Trade accounts receivable consist of a small consumer base. The Depot limits its treasury counter-party exposure by only dealing with well-established financial institutions approved by National Treasury. Trade debtors – The Gauteng Department of Health is effectively the only client of the Depot, although deliveries occur to various health institutions.

**GAUTENG MEDICAL SUPPLIES DEPOT  
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**NOTES TO THE FINANCIAL STATEMENTS – MEDICAL SUPPLIES DEPOT  
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**16 RISK MANAGEMENT (Continued)**

**Credit risk (continued)**

***Credit risk with regards to receivables is managed as follows:***

Trade debtors – A monthly claim is compiled of all issues from the Depot to Health institutions and of payments affected to suppliers for direct deliveries. This claim is normally paid within a week by Central Office as the Depot follows-up strongly on outstanding monies to ensure that there is money available to release a weekly run of payments to suppliers.

Staff debtors – Section 17, 30 and 38 of the Public Service Act indicate that any overpayment or wrongly granted remuneration to staff irrespective of whose fault it is may be recovered from the employee. There are built-in control measures in Persal to limit overpayments and adjustments have a three-tier approval process. The employee applies or provides approved documents, a practitioner records the transaction on Persal, a senior reviews the transaction on Persal and a third person is required to approve the transaction. With death, retirement or resignation there is a prescribed debt form that needs to be completed and is forwarded with the pension withdrawal form (Z102) to the National Department of Finance (Pension Office) where the staff debt is recovered before payment to the employee or employee beneficiaries occur. Where the debt recovered is inadequate the Gauteng Shared Service Center’s debt recovery section recovers outstanding monies.

Financial assets and liabilities exposed to credit risk at the reporting date were as follows:

	31 March 2015 R	31 March 2014 R
Trade and other receivables (less than 3 months)	569,876,300	269,665,898
Cash and cash equivalents (less than 3 months)	5,867,804	16,876,187
Finance lease obligation - long term (2 to 5 years)	596,446	321,337
Finance lease obligation - short term (less than 1 year)	428,286	538,171
Trade and other payables (Less than 3 months)	315,639,045	288,395,137

**Liquidity Risk**

The Depot maintains a significant amount of inventory, the maximum turnover period for the inventory kept however is twelve weeks.

***Liquidity risk is managed as follows:***

Proper stock management processes are in place where stock is ordered based on economic order quantities. The maximum turnover period of stock kept at the Depot is three months. At least a monthly exercise is done to identify slow moving items and a memo is issued to health institutions every six months with an inventory list of the items as a reminder that the stock is available.

**Currency Risk**

The Depot does not transact with any supplier or customer outside the South African borders and this risk is therefore not directly applicable. However, this risk arises as suppliers purchase raw material from international suppliers which is subject to foreign exchange rate fluctuations. Suppliers therefore request, through an application to either National Treasury (State Tender Board) or the GSSC, for a price adjustment based on the fluctuation of foreign exchange rates.

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**16 RISK MANAGEMENT (Continued)**

**Fair values**

At 31 March 2015, the carrying values of cash and cash equivalents, trade and other receivables and trade and other payables approximate the fair values due to short term maturities of these assets and liabilities as disclosed below:-

	31 March 2015 R	31 March 2014 R
<b>Financial Assets</b>		
<i>Carrying Amount</i>		
Cash and cash equivalents	5,867,804	16,876,187
Trade and other receivables from exchange transactions	577,268,693	281,216,884
<i>Fair Value</i>		
Cash and cash equivalents	5,867,804	16,876,187
Trade and other receivables from exchange transactions	577,268,693	281,216,884
<b>Financial Liabilities</b>		
<i>Carrying Amount</i>		
Trade and other payables from exchange transactions	501,027,263	299,946,123
Finance lease obligation	1,024,732	859,508
<i>Fair Value</i>		
Trade and other payables from exchange transactions	501,027,263	299,946,123
Finance lease obligation	1,024,732	859,508

**Capital Management**

The primary objective of the entity's capital management is to ensure that it maintains a strong credit rating and healthy ratios in order to support its business and maximise value.

	31 March 2015 R	31 March 2014 R
Trade and other payables from exchange transactions	501,027,263	299,946,123
Finance obligations	1,024,732	859,508
Less: cash and cash equivalents	(5,867,804)	(16,876,187)
<b>Net debt</b>	<b>496,184,191</b>	<b>283,929,444</b>
Equity/capital	302,672,945	242,299,653
Capital and net debt	193,511,246	41,629,791
<b>Gearing ratio</b>	<b>39.00%</b>	<b>14.66%</b>

**GAUTENG MEDICAL SUPPLIES DEPOT  
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	31 March 2015 R	31 March 2014 R
<b>17 FRUITLESS AND WASTEFUL EXPENDITURE</b>		
Opening Balance	25,742,325	21,053,572
Fruitless and wasteful expenditure current year	-	4,688,753
Condoned or written off by relevant authority	-	-
Transfer to receivables for recovery - not condoned	-	-
Closing balance	25,742,325	25,742,325

\*Expired and broken inventory expenses for the year under review did not exceed 2% of the average inventory on hand. Included in the prior year fruitless and wasteful expenditure was predominantly expenditure related to expired female condoms.

<b>18 IRREGULAR EXPENDITURE</b>		
Opening Balance	1,233,231,879	1,126,537,953
Irregular expenditure current year**	44,382,362	106,693,926
Condoned or written off by relevant authority	-	-
Transfer to receivables for recovery - not condoned	-	-
Irregular expenditure awaiting condonement	-	-
Closing Balance	1,277,614,241	1,233,231,879

\*\*The above irregular expenditure relates to non-compliance with supply chain management policies for a number of national, provincial and Departmental contracts.

**19 KEY MANAGEMENT PERSONNEL EMOLUMENTS**

The key performance areas of the post of a Depot manager was reviewed when the Medicines and Related Substances Control Act came into effect on 1 July 2005. In an attempt to strengthen pharmaceutical services in the province and the key performance areas of the Depot manager, a decision was made to use the post of Chief Director: Clinical Support Services on a pro-rata basis with the post of the Depot manager. This split is a time basis of 50:50. The expense related to the compensation of this post is not part of the Depot but funded in full by the Gauteng Department of Health. No loan, profit sharing or schemes available to key personnel and all personnel of the Depot are not considered as office holders as defined in the Public Service Act.

*Director Administration: Mr J M Smidt*

Salary	491,475	462,784
Bonuses and performance payments	40,956	38,565
Pension Fund Contribution	63,892	60,162
Expense allowance	222,802	209,796
	819,125	771,307

*Director Pharmaceutical Services: Mr S. Choma*

Salary	491,475	462,784
Bonuses and performance payments	40,956	38,565
Pension Fund Contribution	63,892	60,162
Expense allowance	222,802	209,796
	819,125	771,307

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**NOTES TO THE FINANCIAL STATEMENTS – MEDICAL SUPPLIES DEPOT  
for the year ended 31 March 2015**

	31 March		31 March
	2015		2014
	R		R

**20 OPERATING LEASE/ CONTRACT ARRANGEMENTS**

At the reporting date the Depot had outstanding commitments under non-cancellable operating leases and/or contracts, which fall due as follows:

Operating leases - equipment and motor vehicles

*Minimum lease payments due*

Within 1 year	140,080	137,728
Within 2 to 5 years	118,476	-
	<u>258,556</u>	<u>137,728</u>

The lease agreements are not renewable at the end of the lease term and the Depot does not have the option to acquire the equipment and motor vehicles. The lease agreements do not impose any restrictions. The lease agreements' escalation rate is 0%.

**21 RELATED PARTY TRANSACTIONS AND BALANCES**

The Medical Supplies Depot is a trading entity under the control of the Gauteng Department of Health. All transactions with the Department of Health are considered to be related party transactions and are at arm's length.

Name of related party	Relationship
Gauteng Department of Health	Controlling entity
Department of Infrastructure Development	Fellow Department

**Related party balances**

Gauteng Department of Health - Receivables	569,876,300	268,471,514
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**Related party transactions**

Gauteng Department of Health - Sales	2,688,733,804	2,908,789,812
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**Other Related Party Transactions**

The building currently occupied by the Depot is owned by the Department of Infrastructure Development. Market related rentals for the buildings occupied amount to R9 300 000 per year.

**22 COST OF SALES**

Actual cost of sales prior to adjustments	2,560,698,861	2,763,350,321
Other Adjustments	(7,113,929)	(11,847)
Prior Year Accruals	(12,292,673)	-
Cost of sales as reported	<u>2,541,292,259</u>	<u>2,763,338,474</u>

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**NOTES TO THE FINANCIAL STATEMENTS – MEDICAL SUPPLIES DEPOT  
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	31 March	31 March
	2015	2014
	R	R
<b>23 COMMITMENTS</b>		
Approved, contracted and not provided for in the statement of financial position		
- Cleaning services	832067	2,496,200
- Accounting services	1,674,432	4,186,080
- Security	7,945,370	-
- ICT services	-	907,546
	<u>10,451,869</u>	<u>7,589,826</u>
Time distribution of commitments that are approved, contracted and not provided for in the statement of financial position		
< 1 year	7,524,627	5,083,327
1 - 2 years	2,927,242	2,506,499
3 - 5 years	-	-
	<u>10,451,869</u>	<u>7,589,826</u>

**24 CORRECTION OF PRIOR PERIOD ERROR**

**24.1 PROPERTY PLANT AND EQUIPMENT**

While preparing financial statements of the entity for the period ended 31 March 2015, management identified variances between the amounts disclosed in the 2013/2014 financial statements relating to Property, Plant and Equipment (PP&E) and the supporting Property, Plant and Equipment subledger. These variances emanated from the opening balances in the 2013/2014 financial year as a result of the source documentation, subledger and financial statements not agreeing to each other.

The variances relating to Property, Plant and Equipment in previous year's financial statements represent a prior period error, which must be accounted for retrospectively in the financial statements. Consequently, MSD has adjusted all comparative amounts presented in the current period's financial statements such that the source documentation, subledger and financial statements agree to each other at the reporting date. Management determined that the total PP&E cost for the year 2013/14 was overstated by R294 436, total accumulated depreciation overstated by R291 237 and the related net book value also overstated by R3 199.

Furthermore, a review of the useful lives of PP&E occurred in the prior year with appropriate adjustments made to the affected PP&E items. Prior year impairment provisions recorded against certain items of PP&E effected in the annual financial statements were not reversed subsequent to the useful lives review process. The net amount of the impairment provisions erroneously not reversed amounted to R 13 062.46.



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**NOTES TO THE FINANCIAL STATEMENTS – MEDICAL SUPPLIES DEPOT  
for the year ended 31 March 2015**

**24.1 PROPERTY PLANT AND EQUIPMENT(CONTINUED)**

Financial statement extracts of the entity appear as follows after the retrospective correction of the prior period error disclosing all affected PP&E categories:

<b>Cost</b>	<b>Balance at beginning of the year as previously stated</b>	<b>Correction of prior period error</b>	<b>Restated balance at beginning of the year</b>
<b><i>Owned assets</i></b>			
Computer equipment	5,646,033	-	5,646,033
fixtures and fittings	3,795,472	-	3,795,472
Office furniture	5,654,214	-	5,654,214
Plant and equipment	7,188,140	2,687	7,190,827
	22,283,859	2,687	22,286,546
<b><i>Leased Assets</i></b>			
Motor vehicles - G-Fleet	946,416	-	946,416
Office equipment	845,926	(167,038)	678,888
Cell phones	378,256	(130,085)	248,171
	2,170,598	(297,123)	1,873,475
	24,454,457	(294,436)	24,160,021

<b>Accumulated depreciation</b>	<b>Balance at beginning of the year as previously stated</b>	<b>Correction of prior period error</b>	<b>Restated balance at beginning of the year</b>
<b><i>Owned assets</i></b>			
Computer equipment	4,381,537	(4,530)	4,377,007
fixtures and fittings	3,628,046	-	3,628,046
Office furniture	3,286,204	(9,601)	3,276,603
Plant and equipment	2,997,999	1,069	2,999,068
	14,293,786	(13,062)	14,280,724
<b><i>Leased Assets</i></b>			
Motor vehicles - G-Fleet	585,913	2,380	588,293
Office equipment	474,995	(169,369)	305,626
Cell phones	209,550	(111,186)	98,364
	1,270,458	(278,175)	992,283
	15,564,244	(291,237)	15,273,007

**GAUTENG MEDICAL SUPPLIES DEPOT  
VOTE 04**

**NOTES TO THE FINANCIAL STATEMENTS – MEDICAL SUPPLIES DEPOT  
for the year ended 31 March 2015**

**24.1 PROPERTY PLANT AND EQUIPMENT(CONTINUED)**

Net Book Value	Balance at beginning of the year as previously stated	Correction of prior period error	Restated balance at beginning of the year
<b><i>Owned assets</i></b>			
Computer equipment	1,264,496	4,530	1,269,026
fixtures and fittings	167,426	-	167,426
Office furniture	2,368,010	9,601	2,377,611
Plant and equipment	4,190,141	1,618	4,191,759
	<b>7,990,073</b>	<b>15,749</b>	<b>8,005,822</b>
<b><i>Leased Assets</i></b>			
Motor vehicles - G-Fleet	360,503	(2,380)	358,123
Office equipment	370,931	2,331	373,262
Cell phones	168,706	(18,899)	149,807
	<b>900,140</b>	<b>(18,948)</b>	<b>881,192</b>
	<b>8,890,213</b>	<b>(3,199)</b>	<b>8,887,014</b>

**24.2 OVERPAYMENTS MADE TO SUPPLIERS**

During the 2013/14 financial reporting year, an external service provider (Middel and Partners) was tasked with investigating duplicate payments made to suppliers prior to the 2013/2014 financial reporting year. The results of their investigations revealed that R11 550 986 worth of overpayments was made to various suppliers prior to the 2013/2014 financial reporting period.

In the year under review (2014/2015), an amount of R6 580 012 was then recovered from various suppliers, leaving a balance of R 4 970 974 as an amount still recoverable from suppliers.

**GAUTENG MEDICAL SUPPLIES DEPOT  
VOTE 04**

**NOTES TO THE FINANCIAL STATEMENTS – MEDICAL SUPPLIES DEPOT  
for the year ended 31 March 2015**

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**24.2 OVERPAYMENTS MADE TO SUPPLIERS (continued)**

The variances relating to Overpayments in previous year's financial statements represent a prior period error, which must be accounted for retrospectively in the financial statements. Consequently, MSD has adjusted all comparative amounts presented in the current period's financial statements. Management determined that the total Trade and other receivables from exchange transactions and Trade and other payables from exchange transactions for the year 2013/14 were understated by R11 550 986 respectively.

Financial statements extracts of the entity appear as follows after the retrospective correction of the prior period error disclosing all affected categories:

**FY 2013/2014**

	Balance at the end of the year as previously stated	Correction of prior period error	Restated balance at the end of the year
<b>Assets</b>			
Trade and other receivables from exchange transactions	269,665,898	11,550,986	<b>281,216,884</b>
<b>Current Liabilities</b>			
Trade and other payables from exchange transactions	288,395,137	11,550,986	<b>299,946,123</b>

**25 EVENTS AFTER REPORTING DATE**

There have been no events identified after 31 March 2015 that may have a material impact on the entity's financial position, financial performance or its cash flows for the period then ended.

# Report of the Audit Committee – Cluster 03

## Medical Supplies Depot

We are pleased to present our report for the financial year ended 31 March 2015.

### Audit Committee and Attendance

The Audit Committee consists of the external Members listed hereunder and is required to meet a minimum of at least two times per annum as per provisions of the Public Finance Management Act (PFMA). In terms of the approved Terms of Reference (GPG Audit Committee Charter), six meetings were held during the current year, i.e. four meetings to consider the Quarterly Performance Reporting (financial and non-financial) and two meetings to review and discuss the Annual Financial Statements and the Auditor-General of South Africa's (AGSA) Audit and Management Reports.

### Non-Executive Members

Name of Member	Number of Meetings Attended
Ms. Lungelwa Sonqishe	06
Mr. Franklin Dikgale	01
Ms. Precious Sibiyi	05
Mr. Mandla Ncube	01 (Transferred to Cluster 01)
Ms. Nkateko Mabaso	01 (Contract ended 30 September 2014)

### Executive Members

In terms of the GPG Audit Committee Charter, officials listed hereunder are obliged to attend meetings of the Audit Committee:

Compulsory Attendees	Number of Meetings Attended
Mr. Barney Selebano (Accounting Officer)	05
Ms. N Thipa (Acting Chief Executive Officer)	02
Mr. J Strauss (Acting CFO)	06

The Audit Committee noted that the Accounting Officer attended five of the six scheduled Audit Committee meetings of which he was represented by a duly authorised official, in the event where he was unable to attend. Therefore, the Audit Committee is satisfied that the Department adhered to the provisions of the GPG Audit Committee Charter in relation to ensuring that there is proper representation for the Accounting Officer.

The Members of the Audit Committee met with the Senior Management of the Department and Internal Audit, individually and collectively, to address risks and challenges facing the Department. A number of in-committee meetings were held to address control weaknesses and deviations within the Department.

### Audit Committee Responsibility

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

## **The effectiveness of internal control and Information and Communication Technology (ICT) Governance**

The Audit Committee has observed that the overall control environment of the Department was partially adequate and effective. Internal control deficiencies were reported in the Internal Audit Reports that relate to stock ordering process. Management should continue to strengthen the controls around delivery orders.

The Audit Committee also reviewed the progress with respect to the ICT Governance in line with the ICT Framework issued by the Department of Public Services and Administration. Although there were some significant progress on the ICT internal control, the Audit Committee report its dissatisfaction with minimal progress made with the implementation of the Disaster Recovery Plan and the Business Continuity Plan. This continued to be a high risk for the Department and a lot more work on this is needed.

The Entity did not timeously implemented all the recommendations made by the Audit Committee.

### **Internal Audit**

The Audit Committee is satisfied that the Internal Audit plan represents a clear alignment with the key risks, has adequate information systems coverage, and a good balance across the different categories of audits, i.e. risk-based, mandatory, performance, computer and follow-up audits.

The Audit Committee has noted considerable improvement in the communication between the Executive Management, the AGSA and the Internal Audit Function, which has strengthened the Corporate Governance initiatives within the Department.

The Audit Committee wishes to stress that in order for the Internal Audit Function to operate at optimal level as expected by the Audit Committee, the shortage in human resources and skills should be addressed.

### **Risk Management**

Progress on the departmental risk management was reported to the Audit Committee on a quarterly basis. The Audit Committee is satisfied that the actual management of risk is receiving attention, although there are areas that still require improvement around stock management. Management should take full responsibility for the entire Enterprise Risk Management process and continue to support the Chief Risk Officer to even further enhance the performance of the Department.

### **Forensic Investigations**

Investigations into alleged financial irregularities, financial misconduct and fraud were completed during the year under review. Various measures were recommended, including taking action against the identified officials and this was in the process of finalisation. The recommendations are at various stages of implementation.

## **The quality of quarterly reports submitted in terms of the PFMA and the Division of Revenue Act**

The Audit Committee is satisfied with the content and quality of financial and non-financial quarterly reports prepared and submitted by the Accounting Officer of the Department during the year under review and confirms that the reports were in compliance with the statutory reporting framework.

### **Evaluation of Annual Financial Statements**

The Audit Committee has:

- Reviewed and discussed the audited Annual Financial Statements to be included in the Annual Report, with the AGSA and the Accounting Officer;
- Reviewed the Audit Report of the AGSA;
- Reviewed the AGSA's Management Report and Management's response thereto;
- Reviewed the Department's compliance with legal and regulatory provisions; and
- Reviewed significant adjustments resulting from the audit.

The Audit Committee concurs with and accepts the AGSA's conclusions on the Annual Financial Statements, and is of the opinion that the audited Annual Financial Statements be accepted and read together with the report of the AGSA.

### **One-on-One Meeting with the Accounting Officer**

The Audit Committee has met with the Accounting Officer for the Department to address unresolved issues.



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**Ms. Lungelwa Songishe**  
Chairperson of the Audit Committee

**Date: 5 August 2015**

GAUTENG PROVINCIAL DEPARTMENT HEALTH  
VOTE 04

ANNEXURE A  
for the year ended 31 March 2015

ANNEXURE A: MSD

DESCRIPTION	TOTAL APPROPRIATED	ACTUAL SPENDING	VARIANCE	% (SPENT)
	R'000	R'000	R'000	
COMPENSATION OF EMPLOYEES	67,544	53,959	13,585	79
GOODS AND SERVICES	46,341	30,647	15,694	66
CAPITAL PAYMENTS	12,701	91	12,610	0.7
<b>TOTAL</b>	<b>126,586</b>	<b>84,697</b>	<b>41,889</b>	<b>67</b>

**GAUTENG PROVINCIAL DEPARTMENT HEALTH  
VOTE 04**

**ANNEXURE – LEGISLATION  
for the year ended 31 March 2015**

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- **Merchandise Marks Act, 17 of 1941**  
Provides for the covering and marking of merchandise, and incidental matters.
- **State Liability Act, 20 of 1957**  
Provides for the circumstances under which the state attracts legal liability.
- **Conventional Penalties Act, 15 of 1962**  
Provides for the enforceability of penal provisions in contracts
- **Medicines and Related Substances Act, 101 of 1965 (as amended in 1997)**  
Provides for the registration of medicines and other medicinal products to ensure their safety. The Act also provides for transparency in the pricing of medicines.
- **Foodstuffs, Cosmetics and Disinfectants Act, 54 of 1972**  
Provides for the regulation of foodstuffs, cosmetics and disinfectants, in particular, safety and quality standards that must be complied with by manufacturers, importers and persons selling the products concerned.
- **Occupational Diseases in Mines and Works Act, 78 of 1973**  
Provides for medical examinations on persons suspected of having contracted occupational diseases especially in mines and for compensation in respect of those diseases.
- **Hazardous Substances Act, 15 of 1973**  
Provides for the control of hazardous substances, in particular those emitting radiation.
- **International Health Regulations Act, 28 of 1974**  
Provides for the adoption of resolutions adopted at the World Health Assembly.
- **Pharmacy Act, 53 of 1974**  
Provides for the regulation of the pharmacy profession, including community service by pharmacists.
- **Health Professions Act, 56 of 1974**  
Provides for the regulation of health professions, in particular, medical practitioners, dentists, psychologists and other related health professions, including community service by these professionals.
- **Nursing Act, 33 of 2005**  
Provides for the regulation of the nursing profession.
- **Patents Act, 57 of 1978**  
Provides for the protection of inventions including gadgets and chemical processes.
- **Dental Technicians Act, 19 of 1979**  
Provides for the regulation of dental technicians and for the establishment of a council to regulate the profession.
- **Allied Health Professions Act, 63 of 1982**  
Provides for the regulation of health practitioners, like chiropractors and homeopaths, and for the establishment of a council to regulate these professions.
- **Child Care Act, 74 of 1983**  
Provides for the protection of the rights and wellbeing of children.



**GAUTENG PROVINCIAL DEPARTMENT HEALTH  
VOTE 04**

**ANNEXURE – LEGISLATION  
for the year ended 31 March 2015**

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- **Control of Access to Public Premises and Vehicles Act, 53 of 1985**  
Provides for the regulation of individuals entering government premises, and incidental matters.
- **SA Medical Research Council Act, 58 of 1991**  
Provides for the establishment of the SA Medical Research Council and its role in relation to research, in particular, health research.
- **Occupational Health and Safety Act, 85 of 1993**  
Provides requirements that employers must comply with in order to create a safe working environment for employees in the workplace.
- **Trade Marks Act, 194 of 1993**  
Provides for the registration, certification and a collective of trademarks and matters incidental thereto.
- **Designs Act, 195 of 1993**  
Provides for the registration of designs and matters incidental thereto.
- **Public Service Act, Proclamation 103 of 1994**  
Provides for the administration of the public service in its national and provincial spheres, and empowers the Minister to appoint and dismiss officials.
- **Choice on Termination of Pregnancy Act, 92 of 1996**  
Provides a legal framework for termination of pregnancies based on choice under certain circumstances.
- **Public Service Commission Act, 46 of 1997**  
Provides for the amplification of the constitutional principle of accountable governance, and incidental matters
- **Basic Conditions of Employment Act, 75 of 1997**  
Provides for the minimum conditions of employment that employers must comply with in their workplaces.
- **Intergovernmental Fiscal Relations Act, 97 of 1997**  
Provides for the harmonization of financial relations between the various spheres of government, and incidental matters
- **State Information Technology Act, 88 of 1998**  
Provides for the creation and administration of an institution responsible for the state's information technology system.
- **Competition Act, 89 of 1998**  
Provides for the regulation of permissible competitive behaviour, regulation of mergers of companies and matters related thereto.
- **Copyright Act, 98 of 1998**  
Provides for the protection of intellectual property of a literary, artistic or musical nature that is reduced to writing.
- **Sterilization Act, 44 of 1998**  
Provides for the right to sterilization; to determine the circumstances under which sterilization may be performed and, in particular, the circumstances under which sterilization may be performed on persons incapable of consenting or incompetent to consent due to mental disability.

- **Employment Equity Act, 55 of 1998**  
Provides for the measures that must be put into operation in the workplace in order to eliminate discrimination and promote affirmative action.
- **Skills Development Act, 97 of 1998**  
Provides for the measures that employers are required to take to improve the levels of skill of employees in workplaces.
- **Medical Schemes Act, 131 of 1998**  
Provides for the regulation of the medical schemes industry to ensure consonance with national health objectives.
- **Public Finance Management Act, 1 of 1999**  
Provides for the administration of state funds by functionaries, their responsibilities and incidental matters.
- **Tobacco Products Control Amendment Act, 12 of 1999**  
Provides for the control of tobacco products, prohibition of smoking in public places and regulation of advertisements of tobacco products as well as sponsoring of events by the tobacco industry.
- **Promotion of Access to Information Act, 2 of 2000**  
Amplifies the constitutional provision pertaining to accessing information under the control of various bodies.
- **Promotion of Administrative Justice Act, 3 of 2000**  
Amplifies the constitutional provisions pertaining to administrative law by codifying it.
- **Promotion of Equality and the Prevention of Unfair Discrimination Act, 4 of 2000**  
Provides for the further amplification of the constitutional principles of equality and elimination of unfair discrimination.
- **Preferential Procurement Policy Framework Act, 5 of 2000**  
Provides for the implementation of the policy on preferential procurement pertaining to historically disadvantaged entrepreneurs.
- **Protected Disclosures Act, 26 of 2000**  
Provides for the protection of whistle-blowers in the fight against corruption.
- **National Health Laboratory Service Act, 37 of 2000**  
Provides for a statutory body that provides laboratory services to the public health sector.
- **Council for Medical Schemes Levy Act, 58 of 2000**  
Provides for a legal framework for the council to charge medical schemes certain fees.
- **Mental Health Care Act, 17 of 2002**  
Provides a legal framework for mental health and in particular the admission and discharge of patients in mental health institutions with emphasis on the human rights of mental patients.
- **Unemployment Insurance Contributions Act, 4 of 2002**  
Provides for the statutory deductions that employers are required to make on the salaries of employees.
- **The Division of Revenue Act, 7 of 2003**  
Provides for the manner in which revenue generated may be disbursed.

**GAUTENG PROVINCIAL DEPARTMENT HEALTH  
VOTE 04**

**ANNEXURE – LEGISLATION  
for the year ended 31 March 2015**

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- **Broad Based Black Economic Empowerment Act, 53 of 2003**  
Provides for the promotion of black economic empowerment in the manner that the state awards contracts for services to be rendered, and incidental matters.
- **The National Health Act, 61 of 2003**  
Provides for regulation of national health and promotes uniformity in respect of health services across the nation.
- **Intergovernmental Relations Framework Act, 13 of 2005**  
Provides for formalization of relations between (and within) the three spheres of government through facilitating coordination in the implementation of policy and the establishment of intergovernmental structures.
- **Specific provincial health legislation**
  - National legislation and policy are further supported by the following provincial legislation
  - The Hospital Ordinance Act, 1958 (as amended in 1999)
  - The Gauteng District Health Services Act, 2000
  - The Gauteng Ambulance Services Act, 2002.
- **Other policy imperatives guiding the work of the Department include the following:**
  - Strategic priorities for the National Health System
  - Provincial government's five-year strategic programme of action
  - Gauteng five-year strategic plan for health
  - The Provincial Growth and Development Strategy
  - The Gauteng Global City Region Strategy.