



KWAZULU-NATAL PROVINCE

HEALTH
REPUBLIC OF SOUTH AFRICA

2019/20 ANNUAL REPORT

VOTE 7

**GROWING
KWAZULU-NATAL
TOGETHER**

2019/20 ANNUAL REPORT

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SUBMITTING THE 2019/20 ANNUAL REPORT (VOTE 7) TO THE EXECUTIVE AUTHORITY

MEC for Health

KwaZulu-Natal Department of Health

In accordance with section 40(1)(d) of the Public Finance Management Act, 1999; the Public Service Act, 1994 (as amended); and the National Treasury Regulations, I have the honour of submitting the KwaZulu-Natal Department of Health Annual Report for the period 1 April 2019 to 31 March 2020.



Dr S C Tshabalala

Accounting Officer

KwaZulu-Natal Department of Health

Date: 23/01/2021

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DEPARTMENT'S GENERAL INFORMATION

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3201

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ABBREVIATIONS

Abbreviation	Description
A	
ACB	Adjusted Cost Base
AIDS	Acquired Immune Deficiency Syndrome
ALOS	Average Length of Stay
AMS	Air Mercy Services
ANC	Antenatal Care
AOD	Acknowledgment of Debt
APP	Annual Performance Plan
ART	Anti-Retroviral Therapy
ARV	Antiretroviral
ASSA	AIDS Committee of Actuarial Society of South Africa
B	
BAS	Basic Accounting System
BCG	Bacille Calmette-Guerin
C	
CARC	Cluster Audit and Risk Committee
CBR	Community Based Rehabilitation
CCG(s)	Community Care Giver(s)
CCMDD	Centralised Chronic Medicine Dispensing and Distribution
CDC	Communicable Disease Control
CEO(s)	Chief Executive Officer(s)
CFO	Chief Financial Officer
CHC(s)	Community Health Centre(s)
CHW	Community Health Worker
COE	Compensation of Employees
CoMMIC	Committee on Morbidity and Mortality in Children under 5
CSD	Central Supplier Database
CWIP	Capital Work in Progress
D	
DCST(s)	District Clinical Specialist Team(s)
DG	Director-General
DHIS	District Health Information System
DHS	District Health System
DIO	District Information Officer
DOE	Department of Education
DORA	Division of Revenue Act

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Abbreviation	Description
DPME	Department Planning Monitoring and Evaluation
DSD	Department of Social Development
DSI	Departmental Investigation Services
DUT	Durban University of Technology
E	
ECD	Early Child Development
EMS	Emergency Medical Services
EMS P1 Calls	Emergency Medical Services Priority 1 Calls
EPI	Expanded Programme on Immunisation
EPMDS	Employee Performance Management and Development System
EPWP	Expanded Public Works Programme
ESMOE	Essential Steps in Management of Obstetric Emergencies
ETAT	Emergency Triage and Treatment
ETR.Net	Electronic Register for TB
F, G, H	
FAST	Finding, Actively, Separating and Treating
FIO	Facility Information Officer
FIT	Facility Information Teams
FSMSGs	Food Service Monitoring Standard Grading System
HAST	HIV, AIDS, STIS and TB
HCSS	Health Care Support Services
HIV	Human Immunodeficiency Virus
HPV	Human Papilloma Virus
HRD	Human Resource Development
HRMS	Human Resource Management Services
HST	Health Systems Trust
HTA's	High Transmission Areas
HWSETA	Health and Welfare Sector Education and Training Authority
I	
ICRM	Ideal Clinic Realisation and Maintenance
ICSM	Integrated Clinical Services Management
ICT	Information Communication Technology
IMCI	Integrated Management of Childhood Illnesses
IPC	Infection Prevention and Control
IPT	Ionized Preventive Therapy
IT	Information Technology
IUCD	Intrauterine Contraceptive Device

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Abbreviation	Description
K, L	
KCD	King Cetshwayo District
KMC	Kangaroo Mother Care
KZN	KwaZulu-Natal
KZNCN	KwaZulu-Natal College of Nursing
LG	Local Government
M	
MAM	Moderate Acute Malnutrition
ManCo	Management Committee
Mbps	Megabit per second
M&E	Monitoring and Evaluation
MDR-TB	Multi Drug Resistant Tuberculosis
MEC	Member of the Executive Council
MMC	Medical Male Circumcision
MOP	Medical Ortho Prosthetics
MTEF	Medium Term Expenditure Framework
N	
NASG	Non-Pneumatic Anti-shock Garment
NCD(s)	Non-Communicable Disease(s)
nCPAP	Nasal Continuous Positive Airway Pressure
NDOH	National Department of Health
NGO(s)	Non-Governmental Organisation(s)
NHI	National Health Insurance
O	
OPD	Out-Patient Department
ORWOPS	Other Remunerative Work Outside Public Service
OSS	Operation Sukuma Sakhe
OTP	Office of the Premier
P	
PAMA	Public Administration Management Act
PCR	Polymerase Chain Reaction
PD	Pharmacy Direct
PDE	Patient Day Equivalent
PEPFAR	President's Emergency Plan for AIDS Relief
PERSAL	Personnel and Salaries System
PHC	Primary Health Care
PMMH	Prince Mshiyeni Memorial Hospital

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Abbreviation	Description
PMP	Patient Medicine Parcel
PMTCT	Prevention of Mother to Child Transmission
PN	Professional Nurse
PNMR	Perinatal Mortality Rate
PPSD	Provincial Pharmaceutical Supply Depot
PTB	Pulmonary Tuberculosis
PTS	Patient Transport Services
Q, R, S	
RMS	Risk Management Service
SAPC	South African Pharmacy Council
SCM	Supply Chain Management
SCOPA	Standing Committee on Public Accounts
SHS	School Health Services
SOP(s)	Standard Operating Procedure(s)
Stats SA	Statistics South Africa
SyNCH	Synchronised National Communication in Health
T	
TB	Tuberculosis
U	
USAID	United States Agency for International Development
V, W, X	
WBOT(s)	Ward Based Outreach Team(s)
WHO	World Health Organisation
XDR-TB	Extreme Drug Resistant Tuberculosis

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FOREWORD BY THE MEC FOR HEALTH

The 2019/20 financial year has seen many challenges within the public healthcare sector, which usually operates under severe pressure due to the high burden of disease and limited resources.

KwaZulu-Natal, being the second most populous province in South Africa following Gauteng, houses 19.2%ⁱ of the country's population.

We are confronted by numerous socio-economic factors which further compound the challenges faced by our communities.

The onset of the COVID-19 pandemic, after KZN had the first confirmed case in the country, on 05 March 2020, disrupted our world, and changed life as we knew it.

Confronted by scientific projections which pointed to exceptionally high infection and mortality rates, we were forced to put a number of key programmes on hold and completely change how we do things. We had to urgently reprioritise and think on our feet as we embarked on an unprecedented race against time to create enough capacity to be able to face this deadly pandemic.

We had to significantly increase capacity to accommodate the projected demand on human resources, equipment and bed space to accommodate patients for quarantine and isolation purposes.

These interventions were implemented to ensure that when COVID – 19 peaked, we would be able to respond effectively and adequately.

We are pleased to have in our midst a new cadre of foot soldiers who are on hand to strengthen our fight against the epidemic, should the ever-lingering threat of a second wave of infections materialise.

Apart from the scourge of COVID – 19, we are pleased to report that KwaZulu-Natal has continuously performed well in respect of health outcomes.

We have had good coverage and access to healthcare services where approximately 77 per centⁱⁱ of the citizens have access to health services within 5 km of their residence. Where there is no fixed health facility, services are provided through 169 mobile clinics. The Department constantly aims to improve our coverage of communities with health professional, and has 30.9 medical officers per 100 000 population; as well as 149.6 Professional nurses per 100 000.

The Department has invested in building capability in leadership, its people, processes, systems, and support services such as Infrastructure Development and IT systems. Infrastructure remains a priority for us as a way to address and improve patient experience of care. There are 150 health facilities in the NHI pilot districts and 533 health facilities outside of the NHI pilot Districts that have all undergone major and minor refurbishment as targeted in the 2019/20 year.

Furthermore, we have worked extremely hard to deliver the world-class infrastructure project, Dr Pixley Ka Isaka Seme Memorial Hospital, at KwaMashu, north of Durban. We have embarked on the recruitment process for this facility, which we hope to officially open in the next financial year.

This Department continues to invest in the development of its most valuable resource - staff - and as a result, 320 new mid-level workers were enrolled in various training courses; while 74 students graduated from Intermediate Life Support training.

The Department continues to invest in the youth and, to this end, 55 bursaries were awarded to first year medicine students; and 156 bursaries to first year nursing students.

We are extremely pleased to have increased our Ward Based Outreach from 146 in 2018/19 to 305 in 2019/20. This is an extremely important service delivery model as it links communities and households to healthcare workers, and often links communities to other forms of government services.

With the 4th industrial revolution upon us, the investment in Information Technology (IT) holds vast potential for efficiencies and improvements in service delivery and patient care. With 80.3% of hospitals and 95.3% of clinics having broadband connectivity, as well as District and Facility Information Officers (DIOs and FIOs)

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undertaking training to support the connectivity system for clinics, the Department continues to progress towards meeting its Information Technology goals. The flagship project in this regard will be the innovative e-health system that we have already begun piloting at Prince Mshiyeni Memorial and Madadeni Hospitals, with the aim of eventually rolling it out to healthcare facilities all over the province.

The gains in the health system is only meaningful when they are seen to enable us to deliver quality healthcare services to the people of our Province. During this financial year, the Department managed 28, 3 million patients at Primary Health Care level, with 4, 5 million of these patients under the age of 5 years. The community outreach systems saw 769 478 households being registered, with a further 8, 5 million clients managed at community/household level.

One of our key priority areas, the reduction of maternal mortality-in-facility has decreased from 88.4 per 100 000 live births to 76.9 per 100 000 live births; while the mother-to-child HIV transmission rate decreased from 0.62% to 0.53%. This bears testimony to the Department's continued focus on vulnerable groups including women and children. A large number of wheelchairs, 4 156, were issued to clients in need. A total of 4, 3 million people were tested for HIV; 144 998 medical male circumcisions were performed; and more than 1, 4 million patients remained on ART at the end of March 2020.

None of the incredible work we have done would have been possible without the support of the Head of Department and his management team. As we take lessons from the challenges experienced in the year that has passed, the role played by all who contributed positively towards the Department's achievements - especially the staff members - is acknowledged. I would like to thank all committed staff members for their resilience amid the challenges posed by the current pandemic. The support of the Health and various Portfolio Committees is greatly appreciated. May this remarkable spirit of co-operation and pulling towards a common goal long continue.



A handwritten signature in black ink, appearing to read 'Nomagugu Simelane-Zulu', written over a horizontal line.

Ms Nomagugu Simelane-Zulu

MEC for Health: KwaZulu-Natal Department of Health

Date: 02 February 2021

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REPORT OF THE ACCOUNTING OFFICER

DEPARTMENTAL OVERVIEW

The Department of Health remained committed to develop and implement a sustainable, coordinated, integrated and comprehensive health care system through the primary health care approach, which is based on accessibility, equity, community participation, use of appropriate technology and inter-sectorial collaboration.

The 2019/20 financial year marks the final year of the current 5 year strategic planning cycle. The 2015/16-2019/20 Strategic Plan is aligned with the National Development Plan, the Medium Term Strategic Framework, the Provincial Growth and Development Plan, as well as legislative and policy mandates and the burden of disease that determines needs and demands for health care in the Province.

In 2019/20 the focus of the Department was the strengthening of health systems and processes as enabling mechanisms for the implementation of quality health care services in response to the burden of disease and identified needs and demands in the Province.

Details of the actual performance of the Department during 2019/20 are included in the Annual Report, highlighting the achievements and challenges. During this financial year, the Department:

- Managed 28 365 411 patients at PHC, patients at fixed PHC facilities, with 4 598 365 of these patients under the age of 5 years.
- Registered a total of 769 478 households; and managed a further 8 576 810 clients at community/household level.
- Registered a total of 1 276 699 clients on the Centralised Chronic Medicine Dispensing & Distribution Programme, thus enabling them to collect chronic medication at community level.
- Screened 5 519 985 people over the age of 40 years for hypertension; 5 803 402 patients over the age of 40 years for diabetes and 12 690 131 clients of all ages for mental disorders
- The maternal mortality in facility rate decreased from 88.4 per 100 000 live births to 76.9 per 100 000 live births.
- The mother to child HIV transmission rate decreased from 0.62% to 0.53%.
- The number of severe acute malnutrition deaths under 5 years decreased from 179 to 176 and the diarrhoea deaths under 5 years remained at 171.
- Diarrhoea with dehydration incidence decreased from 7.9/1000 to 7.4/1000; pneumonia incidence from 39.2/1000 to 28.9/1000; and severe acute malnutrition incidence remained at 1.9/1000.
- Increased the number of children under 1 year fully immunised with 2.4% (from 233 732 to 239 295)
- A total of 4 386 195 people were tested for HIV; 144 998 medical male circumcisions were performed; and a total of 1 481 679 patients remained on ART at the end of March 2020.
- The TB incidence (detection rate) decreased from 507.3 per 100 000 to 442.4 per 100 000 population.

Enabling Systems

The Department had **65 589** filled posts with a vacancy rate of 10.8% as at 31st March 2020. The filling of critical vacant posts has been delayed due to the inadequate Compensation of Employees budget. The challenges in recruiting and retaining skilled professionals in certain categories continued to challenge the Department.

The Department, in order to address the skills shortage in the medical Professionals, have 401 Students at local universities and 190 within the Nelson Mandela Fidel Castro/NMFC Medical Collaboration Programme with a

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total of 591. The first phase of implementing the “Decentralised Training in PHC Model” for health care professionals, in partnership with UKZN, commenced in the last quarter of 2015/16. Implementation of this Model will be a first in the country.

The Department has Nursing Colleges that offers Nurse Training. The total number of students currently on training is 1260, of which 921 are enrolled for all basic programmes, 189 enrolled in advanced specialist programmes and 150 in Primary Health Care Diploma course. The training is conducted in partnership with the University of KwaZulu-Natal.

The Revitalisation of Infrastructure continues to play a vital role in improving the environment for patients through quality public health facilities. Although the building of new facilities was put on hold due to budget constraints in recent years, the 2019/20 financial year saw the completion of the Extra Large Groutville Clinic with a PMTCT Unit in January 2020 at a cost of R88 million.

Other projects completed through the Infrastructure revitalisation programme include the Storm damage recovery projects in Addington Hospital, Ekuhlengeni Psychiatric Hospital, St Aidan's Hospital, Wentworth Hospital and Townhill Hospital at a combined cost of R92 million.

The repairs to the Storm water Sewer and Parking in King Edward VIII Hospital was completed in June 2019 at a cost of R 263 million. The R52 Million Security Upgrade project in Ngwelezane Hospital was also completed in June 2019. Five projects were completed under the Sewer Upgrade and Replacement programme at a total cost of R17 million. The completed sewer projects were implemented in Douglas Clinic, Eshane Clinic, Mandleni Clinic, Rorkes Drift Clinic and Collesie Clinic:

The borehole programme has continued into the 2019/20 financial year to deal with water shortages and ensuring readiness for a possible drought recurrence.

During the period under review, the following clinics have been equipped with boreholes:

- Amandlalathi clinic
- Balgowan clinic
- Bambanani clinic
- Busingatha Clinic
- Esigodini Clinic
- Injabulo Clinic
- Mafakathini Clinic
- Ndaleni Clinic
- Nongoma EMS
- Ntembeni Clinic
- Nxamalala Clinic
- Snathing Clinic
- Sondelani (Ngubane) Clinic
- Songonzima Clinic
- St Chads CHC
- Thandanani Clinic

A budget of R40 million has been set aside in 2020/21 financial year to install new 20kl water tanks in various facilities for back-up water supply. The programme for the installation of standby generators is proceeding. In the 2020/21 financial year, over 200 generators will be installed in various clinics across the province at a budget of R120 million. This is in response to electricity supply constraints as a result of load shedding.

The massive project for the construction of a new Outpatients Department (OPD), Accident & Emergency and Allied services in Hlabisa is underway at a cost R171 Million. The project is anticipated to be completed in July 2021.

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For the 2020/2021 financial year the COVID-19 pandemic has necessitated the reprioritization of the infrastructure revitalisation budget to accommodate emergency proactive renovations and upgrades to existing hospital buildings. These upgrades for COVID-19 total to an estimated value of R 1.9 billion for permanent isolation and quarantine beds.

The Department has also committed over R 90 million for field hospitals. Due to the reprioritisation of the budget for COVID-19 projects, a number of planned infrastructure projects for the 2020/2021 financial year had to be halted including the:

- Replacement of Asbestos Roofs Programme
- Fencing Programme except those on procurement stage
- Planning and design of 113 capital projects.

Treasury Support: The acting CFO is supported by Provincial Treasury. Further support includes an additional resource from the South African Institute of Chartered Accountants (SAICA) through the National Department of Health, and others procured through Provincial Treasury from time to time in line with the demands of the Financial Management function.

Revenue: The Department exceeded its revenue collection target for 2019/20. This was mainly due to increased Road Accident Fund collections and this has been sustained over time. While progress has been made in rolling out patient revenue systems in hospitals, the Information Technology (IT) infrastructure and connectivity still poses a challenge.

Treasury Intervention: The Supply Chain Management function is under Provincial Treasury Intervention in terms of Section 18 (2) (g) of the Public Finance Management Act, 1999. Great strides have been made in restoring the SCM function's effectiveness. The SCM delegations and other Contract management processes enhanced in order to minimise the risk of incurring irregular expenditure.

The Appeals have significantly declined as a result of the amended delegations that do not allow for appeals on quotations as related complaints are dealt with by Quotations Award Committees.

An amount of 69 Bids were advertised in 2019/2020 and moved to Acquisitions Management with others already awarded. Various medical equipment maintenance contracts have also been concluded with original equipment manufacturers to minimise downtimes and the negative impact this ordinarily has on the continuum of care.

Coronavirus Implications

The impact of the Covid 19 pandemic has worsened the Department's financial outcome. The Supply Chain Management processes were also adversely affected with a direct impact on the expired contracts that were extended whilst the replacement process were concluded. The full financial impact of the Corona-virus is still being quantified and is poised to have a ripple effect over the entire 2019/2020 MTEF period.

The impact of all leave forms captured will have no effect on disclosure, as a special Persal report was drawn of all leave captured after 31st March 2020 for period ending 31st March 2020, whereby an adjustment had been undertaken.

All payments were processed at year end as all Finance and Human Resource staff that were allocated under essential services performed those transactions and functions.

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Financial Performance

Table 1: Departmental Receipts

Departmental receipts	2019/2020			2018/2019		
	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
Tax Receipts						
Sale of goods and services other than capital assets	276,510	277,427	(917)	247,718	278,256	(30,538)
Fines, penalties and forfeits	68	42	26	65	48	17
Interest, dividends and rent on land	157	263	(106)	149	587	(438)
Sale of capital assets	6,000	9,536	(3,536)	13,343	7,039	6,304
Financial transactions in assets and liabilities	17,565	16,690	875	16,634	17,210	(576)
Total	300,301	303,958	(3,657)	277,909	303,140	(25,231)

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Financial Performance

The Department generates its revenue mainly from patients' fees which includes claims medical aid for service rendered, Road Accident Fund for treatment patients injured from public roads and other health services rendered by hospital to patients and other departments. It also generates revenue from the use of Department facilities and accommodation by the staff which includes boarding fees, non-residents and parking fees.

During the last two financial years, the Department has seen substantial over collection against sale of goods and services as a result of a concerted effort to ensure revenue recoveries and through the provision of training to the institutions. The set revenue target was over collected by R25,231 million. The budget revenue collection for 2018/19 was R277,909 million and the actual revenue collected was R303,140 million. The main reason for over collection is due to increased efforts to improve Revenue generation and collection.

Tariff policy

The main source of revenue for the Department, over and above its voted amount, is patient fees which are charged using the Uniform Patient Fee Schedule as prescribed by the National Department of Health and it is reviewed annually. Boarding fee is treated as part of housing allowance which is negotiated at Bargaining Council.

Free Services

Free services rendered by the Department are in line with the Uniform Patient Fee Schedule and it includes primary health care services at all the Clinics and Community Health Centre's, old age pensioners, children under six years and pregnant women who are not members of medical aid are exempted.

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Table 2: Programme Expenditure

Programme Name	2019/2020			2018/2019			Reasons for Variance
	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							Refer notes to the Appropriation Statement
Current payment	750,020	750,020	0	762,36	762,364	0	
Transfers and subsidies	24,812	24,812	0	6,979	6,979	0	
Payment for capital assets	21,276	21,276	0	41,144	41,144	0	
Payment for financial assets	89	89	0	371	371	0	
Total	796,197	796,197	0	810,858	810,858	0	
District Health Services							
Current payment	21,965,947	22,086,850	(120 903)	20,097,777	20,142,620	(44,843)	
Transfers and subsidies	419,105	413,515	5, 590	473,505	473,637	(132)	
Payment for capital assets	226,476	226, 476	0	242,312	185,747	56,565	
Payment for financial assets	22	22	0	60	60	0	
Total	22,611,550	22,726,863	(115,313)	20,813,654	20,802,064	11,590	
Emergency Medical Services							
Current payment	1,426,505	1,426,505	0	1,377,060	1,377,060	0	
Transfers and subsidies	4,274	4,274	0	3,788	3,788	0	
Payment for capital assets	172,107	172,107	0	65,802	65,802	0	
Payment for financial assets	0	0	0	0		0	

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Programme Name	2019/2020			2018/2019			Reasons for Variance	
	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		
Total	1,602,886	1,602,886	0	1,446,650	1,446,650	0	Refer notes to the appropriation Statement	
Provincial Hospital Services								
Current payment	11,198,706	11,198,706	0	10,562,510	10,591,438	(28,928)		
Transfers and subsidies	114,731	114,731	0	253,843	264,918	(11,075)		
Payment for capital assets	207,496	207,496	0	137,986	107,738	30,248		
Payment for financial assets	281	281	0	0	0	0		
Total	11,521,214	11,521,214		10,954,339	10,964,094	(9,755)		
Central Hospital Services								
Current payment	4,975,407	4,975,407	0	4,945,876	4,960,895	15,019		
Transfers and subsidies	22,593	22,593	0	26,997	83,363	(56,366)		
Payment for capital assets	171,169	171,169	0	120,837	53,945	66,892		
Total	5,169,169	5,169,169	0	5,093,710	5,098,203	4,493		
Health Sciences and Training								
Current payment	1,067,189	1,067,189	0	906,960	908,011	(1,051)		
Transfers and subsidies	228,430	228,430	0	273,436	273,436	0		
Payment for capital assets	8,954	8,954	0	1,234	183	1,051		
Payment for financial assets	0	0	0	0	0	0		
Total	1,304,573	1,304,573	0	1,181,630	1,181,630	0		

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Programme Name	2019/2020			2018/2019			Reasons for Variance
	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	
Health Care Support Services							Refer notes to the appropriation Statement
Current payment	289,617	249,044	40,573	475,506	476,931	(1,425)	
Transfers and subsidies	1,493	1,493	0	453	453	0	
Payment for capital assets	829	829	0	9,678	8,253	1,425	
Total	291 939	251 366	40 573	485,637	485,637	0	
Health Facilities Management							
Current payment	630,496	630,496	0	461,649	465,155	(3,506)	
Transfers and subsidies	0	0	0	21	21	0	
Payment for capital assets	1,223,812	1,223,812	0	1,299,024	1,295,518	3,506	
Total	1,854,308	1,854,308	0	1,760,694	1,760,694	0	
Departmental Total	45,151,836	45,226,576	(74,740)	42,547,172	42,549,830	(2,658)	

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UNAUTHORISED EXPENDITURE

The Department incurred an amount of R91, 618 million unauthorized expenditure. The balance of R16, 456 million (*Note 10*) is for the prior year's which is awaiting approval from the Committee.

PUBLIC PRIVATE PARTNERSHIP

The Department has a public private partnership agreement in place with Cowslip Investments (Pty) Ltd and Impilo Consortium for the delivery of non-clinical services to the Inkosi Albert Luthuli Central Hospital. Details of the PPP and the transactions relating thereto are disclosed under notes of the financial statements (*Note 29*). The PPP agreement was extended for a further 18 months, with expiry in the year 2022.

SUPPLY CHAIN MANAGEMENT

The Department has finalised its contract register and is in the process of improving its outcomes with the assistance of the Provincial Treasury intervention team.

GIFTS AND DONATIONS

Donations to the value of R 45,978 million were received and are reflected in the annexure 1H to the Financial Statement as is utilised in accordance with the donor request.

EVENTS AFTER REPORTING DATE

No event subsequent to balance sheet date occurred.

EXEMPTIONS AND DEVIATIONS RECEIVED FROM THE NATIONAL TREASURY

Exemptions were granted by National Treasury for the submission of Financial Statements to 31st July 2020, due to the Covid 19 pandemic lockdown. This was due to the "national state of disaster" declared under Government Notice No 313 of 15 March 2020 in terms of section 27(1) of the Disaster Management Act, 2002 (Act No. 57 of 2002).

The following exemptions have been obtained from the Provincial Treasury:

BAS/Persal reconciliation

The Provincial Treasury had approved a practice note on the compilation of the reconciliation. The Department was thereafter given approval to deviate from the practice note and utilize the original approach, which had been accepted by the Auditor-General

Disclosure of immovable assets

The disclosure of immovable assets is included under the annexure to the annual financial statements of the Provincial Department of Works in accordance with a Provincial Treasury directive.

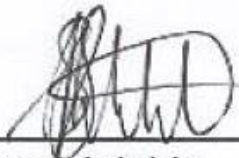
OTHER MATTERS

The dispute between the Department and the National Health Laboratory Services (NHLS) over the outstanding debt owed by the Department for laboratory services has not been finalised. The contingent liability has been disclosed under Contingent Liabilities Annexure 2B. A task team has been appointed to develop and recommend a billing system as per the Ministers recommendation.

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APPROVAL

The Annual Performance Information set out on pages 40 to 196 and Annual Financial Statements set out on pages 264 to 394 are hereby approved by the Accounting Officer of the Department of Health: KwaZulu-Natal.



Dr S C Tshabalala
Accounting Officer
KwaZulu-Natal Department of Health

Date: 23/01/2021

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ACCOUNTING OFFICER STATEMENT OF RESPONSIBILITY AND CONFIRMATION OF 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 is free from any omissions.

The Annual Report has been prepared in accordance with the guidelines on the Annual Report as issued by National Treasury.

The Annual Financial Statements (Part E) have been prepared in accordance with the modified cash standard and the relevant frameworks and guidelines 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 2020.

Yours faithfully,



Dr S C Tshabalala

Accounting Officer

KwaZulu-Natal Department of Health

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STRATEGIC OVERVIEW

Vision

Optimal health for all persons in KwaZulu-Natal

Mission

To develop and implement a sustainable, coordinated, integrated and comprehensive health system at all levels, based on the Primary Health Care approach through the District Health System, to ensure universal access to health care

Core Values

- Trustworthiness, honesty and integrity
- Open communication, transparency and consultation
- Professionalism, accountability and commitment to excellence
- Loyalty and compassion
- Continuous learning, amenable to change and innovation

Legislative and Other Mandates

The Constitution of the Republic of South Africa (Act No. 108 of 1996): In terms of the Constitutional provisions, the Department is guided by amongst others the following sections and schedules:

- Section 27(1): “Everyone has the right to have access to ... health care services, including reproductive health care”.
- Section 27 (2): The State must take reasonable legislative and other measures, within its available resources, to achieve the progressive realisation of each of these rights.
- Section 27(3): “No one may be refused emergency medical treatment”.
- Section 28(1): “Every child has the right to ...basic health care services...”

Schedule 4 lists health services as a concurrent national and provincial legislative competence.

- Section 195: Public administration must be governed by the democratic values and principles enshrined in the Constitution.
- Section 195 (1b): Efficient, economic and effective use of resources must be promoted.
- Section 195 (1d): Services must be provided impartially, fairly, equitably and without bias.
- Section 195 (1h): Good human resource management and career development practices, to maximise human potential must be cultivated.

In carrying out its functions, the Department is governed mainly by the following national and provincial legislated Acts and Regulations. Some of the legislation has a specific or direct impact on the Department whereas others have a more peripheral impact.

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- Basic Conditions of Employment Act (Act No. 75 of 1997): Provides for the minimum conditions of employment that employers must comply with in their workplace.
- Child Care Act, 74 of 1983: Provides for the protection, welfare and treatment of certain children and to provide for incidental matters.
- Choice of Termination of Pregnancy Act (Act No. 92 of 1996, as amended): Provides a legal framework for termination of pregnancies (under certain circumstances) and based on informed choice.
- Chiropractors, Homeopaths and Allied Health Service Professions Act, 63 of 1982: Provides for the control of the practice of the professions of Chiropractors, Homeopaths and Allied Health Professions, to determine its functions and matters connected therewith.
- Dental Technicians Act, 19 of 1979: Consolidate and amend laws relating to the profession of Dental Technician and to provide for matters connected therewith.
- Division of Revenue Act (Act 7 of 2003): Provides for the manner in which revenue generated may be disbursed.
- Health Professions Act (Act No. 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.
- Human Tissue Act (Act No. 65 of 1983): Provides for the administration of matters pertaining to human tissue.
- KwaZulu-Natal Health Act (Act No. 1 of 2009) and Regulations: Provides for a transformed Provincial Health System within framework of the National Health Act of 2003.
- Labour Relations Act (Act No. 66 of 1995): Provides for the law governing labour relations and incidental matters.
- Medicines and Related Substances Act (Act No. 101 of 1965 as amended): Provides for the registration of medicines and other medicinal products to ensure their safety, quality and efficacy, and also provides for transparency in the pricing of medicines.
- Mental Health Care Act (Act No. 17 of 2002): Provides a legal framework for mental health and in particular the admission and discharge of mental health patients in mental health institutions.
- National Health Act (Act No. 61 of 2003) and Amendments: Provides for a transformed National Health System to the entire Republic.
- National Health Laboratories Services Act (Act No. 37 of 2000): Provides for a statutory body that provides laboratory services to the public health sector.
- Nursing Act (Act 33 of 2005): Provides for the regulation of the nursing profession.
- Occupational Health and Safety Act (Act No. 85 of 1993): Provides for the requirements that employees must comply with in order to create a safe working environment in the workplace.
- Public Finance Management Act (Act No. 1 of 1999 as amended) and Treasury Regulations: Provides for the administration of State funds by functionaries, their responsibilities and incidental matters.

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- Preferential Procurement Policy Framework Act (Act No. 5 of 2000): Provides for the implementation on the policy for preferential procurement pertaining to historically disadvantaged entrepreneurs.
- Public Service Act (Act No. 103 of 1994) and the Public Service Regulations: Provisions for the administration of the public service in its national and provincial spheres, as well as provides for the powers of ministers to hire and fire.
- Pharmacy Act (Act No. 53 of 1974 as amended): Provides for the regulation of the pharmacy profession, including community service by Pharmacists.
- Skills Development Act (Act No. 97 of 1998): Provides for the measures that employers are required to take to improve the levels of skills of employees in the workplace.
- Traditional Health Practitioners Act (Act No. 35 of 2004): Regulates the practice and conduct of Traditional Health Practitioners.

Policy Mandates

- Clinical Policies and Guidelines: The Department is implementing and monitoring an extensive number of clinical health policies to ensure high quality of care and clinical outcomes.
- National and Provincial Data Management Policies: Provide the framework for effective management of health information at all levels of reporting.
- Financial Management Policies: The Department generates financial management policies that are aligned with legislation and Treasury Regulations.
- Provincial Health Research Policy and Guidelines: Provides the policy framework and guidelines for health research.
- Human Resource Policies: The Department contributes to and develops numerous Provincial Human Resource Policies to ensure compliance to human resource imperatives.
- Policy on National Health Insurance: Provides for systems strengthening to ensure universal access to health care.
- Policy on Management of Hospitals: Provides the policy imperatives for management of Public Hospitals.
- Regulations Relating to Classification of Hospitals: Provides the policy framework for classification of Public Health Hospitals.

Government Policy Frameworks that Govern the Department

- National Development Plan 2030
- The Sustainable Development Goals 2030
- Medium Term Strategic Framework 2014-2019
- The Provincial Growth and Development Strategy and Plan 2035
- Provincial Poverty Eradication Master Plan
- Negotiated Service Delivery Agreement for Health
- National Health Insurance White Paper
- Human Resources for Health Policies and Frameworks

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- Provincial Strategic Goals and Objectives
- Infrastructure: KwaZulu-Natal Planning and Development Act, No 6 of 2008; Regulations Regarding Communicable Diseases 2008; Emergency Medical Services Regulations 2015: Construction Regulation 2014; and Space Planning Norms and Standards for Office Accommodation used by Organs of State 2005.

Strategic Outcome Orientated Goals

The table below illustrates the alignment between the Department's Strategic Goals and other macro frameworks and plans.

Table 3: (A1) Alignment of Macro Plans

KZN Strategic Goals 2015-2019	National Development Plan 2030	Medium Term Strategic Framework 2014-2019	Provincial Growth & Development Plan 2035	Sustainable Development Goals 2030
Strategic Goal 1: Strengthen health system effectiveness	Strategic Goal 6: Health system reforms complete Priority b: Strengthen the health system Priority c: Improve health information systems Strategic Goal 7: PHC teams deployed to provide care to families & communities	Sub-Output 3: Implement the re-engineering of PHC Sub-Output 4: Reduced health care cost Sub-Output 6: Improved health management & leadership Sub-Output 10: Efficient health information management system developed and implemented to improve decision-making	Strategic Objective 3.2: Enhance the health of citizens and healthy communities Intervention 3.2(a): Re-engineering of PHC	Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all
Strategic Goal 2: Reduce and manage the burden of disease	Strategic Goal: Average male & female life expectancy increased to 70 years Strategic Goal 2: TB prevention & cure progressively improved Strategic Goal 3: Maternal, infant and child mortality reduced Strategic Goal 4: Prevalence of NCD's reduced by 28% Strategic Goal 5: Injury, accidents and violence reduced by 50% from 2010 levels Priority a: Address the social determinants that affect health and disease	Sub-Output 8: HIV, AIDS & TB prevented & successfully managed Sub-Output 9: Maternal, infant & child mortality reduced	Intervention 3.2.(b): Scaling up programmes to improve maternal, child and women's health Intervention 3.2 (c): Scaling up integrated programmes to expand healthy lifestyle programmes and reduce and manage non-communicable diseases Intervention 3.2 (d): Scaling up programmes to reduce incidence & manage prevalence of HIV, AIDS and STIs Intervention 3.2 (e): Scaling up programmes to improve TB outcomes	By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births By 2030, end preventable deaths of newborns and children under 5 years of age, countries aiming to reduce neonatal mortality to at least 12 per 1,000 live births and under-5 mortality to at least 25 per 1,000 live births By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being Strengthen prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol

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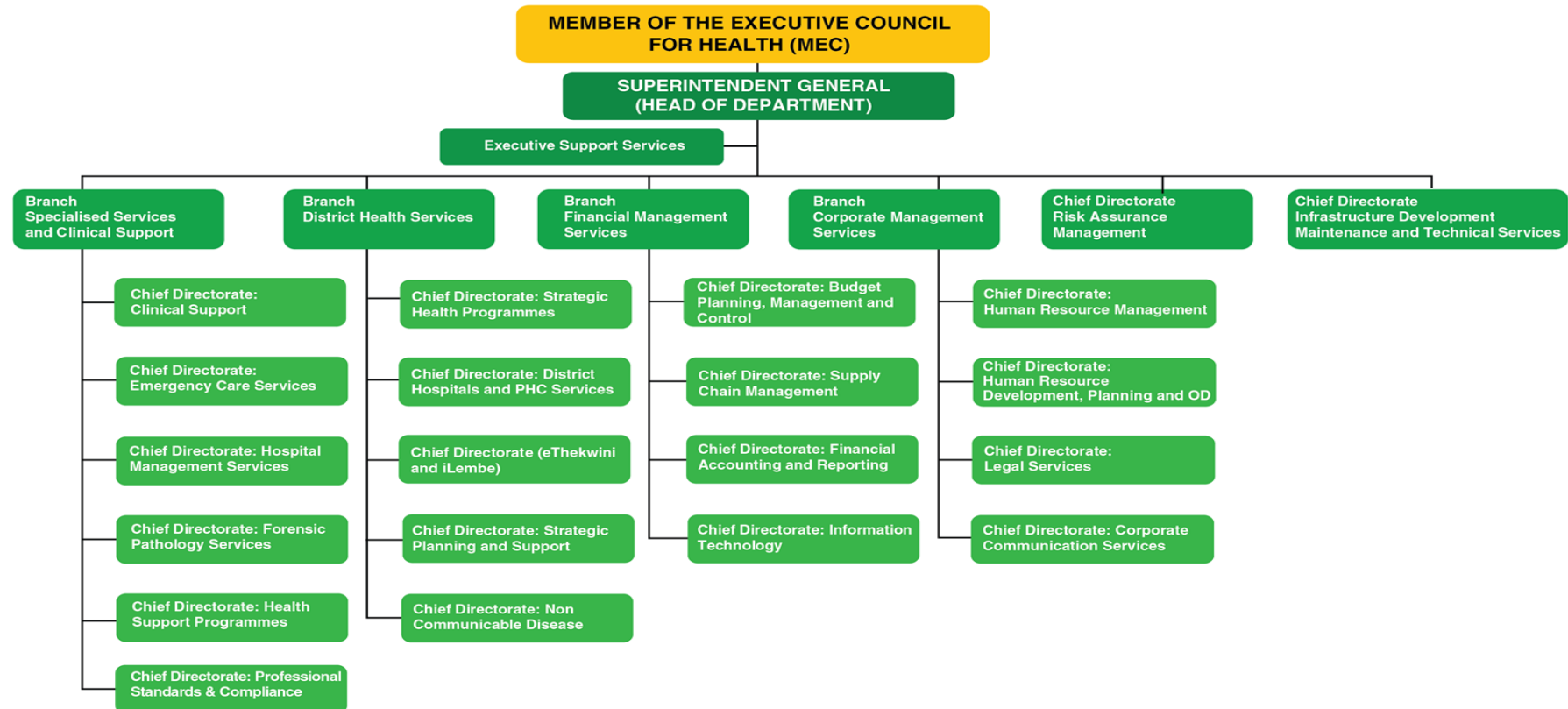
KZN Strategic Goals 2015-2019	National Development Plan 2030	Medium Term Strategic Framework 2014-2019	Provincial Growth & Development Plan 2035	Sustainable Development Goals 2030
	Priority d: Prevent and reduce the disease burden and promote health		Intervention 3.2 (f): Implementing programmes to reduce local malaria incidence	<p>By 2020, halve the number of global deaths and injuries from road traffic accidents</p> <p>By 2030, ensure universal access to sexual and reproductive healthcare services, including family planning, information and education, and the integration of reproductive health into national strategies and programmes</p> <p>By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination</p> <p>Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate</p> <p>Support research and development of vaccines and medicines for communicable and non-communicable diseases</p>
Strategic Goal 3: Universal health coverage	Strategic Goal 8: Universal health coverage achieved Priority e: Financing universal health care coverage	Sub-Output 1: Universal health coverage progressively achieved through implementation of NHI Sub-Output 7: Improved health facility planning & infrastructure delivery	Strategic Objective 3.2: Enhance the health of citizens and healthy communities	Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all
Strategic Goal 4: Strengthen human resources for health	Strategic Goal 9: Posts filled with skilled, committed & competent individuals Priority f: Improve human resources in the health sector Priority g: Review management positions and appointments and strengthen accountability mechanisms	Sub-Output 5: Improved human resources for health	Intervention 3.2 (g): Improving human resources for health	Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island' developing states
Strategic Goal 5: Improved quality of health care	Priority h: Improve quality by using evidence	Sub-Output 2: Improved quality of health care	Strategic Objective 3.2: Enhance the health of citizens and healthy communities	Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks

Source: Strategic Plan 2015-2019

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Organisational Structure

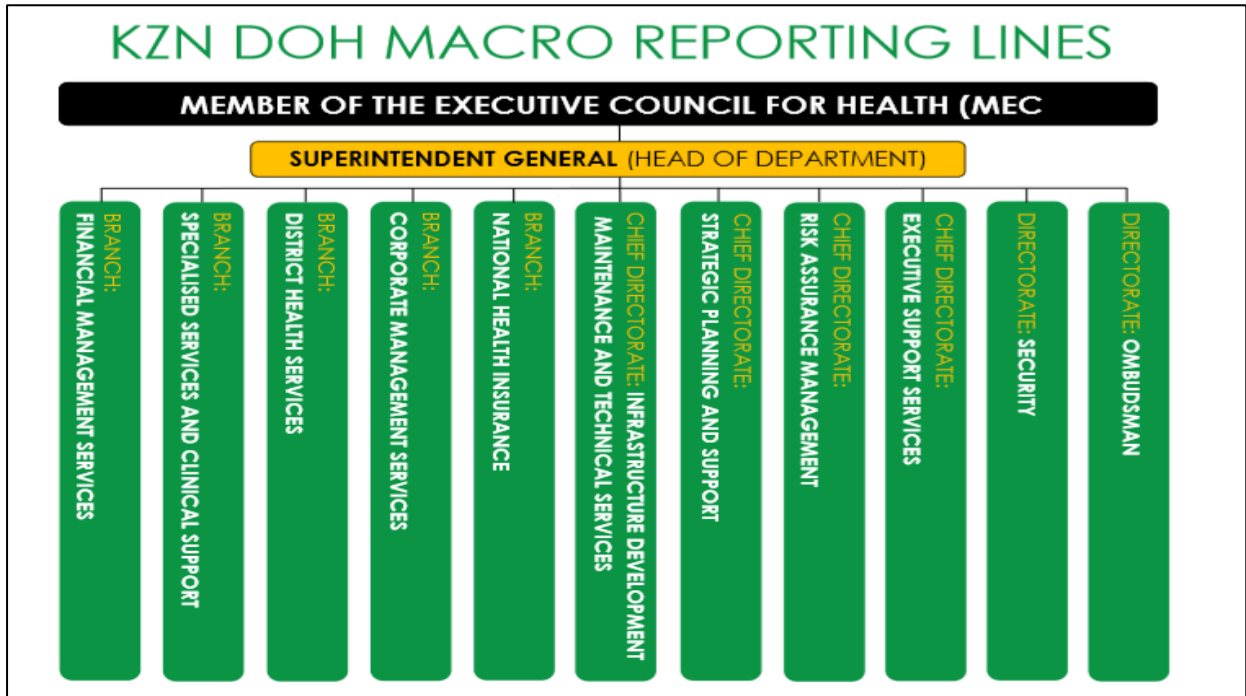
Figure 1: Macro Organisational Structure



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Above is the approved MACRO structure by DPSA/OTP. The review of the Head Office and District Office structures will be completed during 2020/21. The KZN Department of Health reporting lines structure is below.

Figure 2: KZN DOH reporting lines (Graphics by KZN DoH Corporate Communications, 2020)



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Table 4: Entities Reporting to the MEC for Health

Name of Entity	Legislative Mandate	Financial Relationship	Nature of Operations
N/A	N/A	N/A	N/A

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PART B: PERFORMANCE INFORMATION

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Auditor General Report on Predetermined Objectives

The AGSA 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 pages 248 to 260 of the Report of the Auditor General, published as Part E: Financial Information.

Overview of Departmental Performance

Service Delivery Environment

The KZN population increased from 11 417 126 in 2018/19 to 11 603 112¹, and the main beneficiaries for public health services remained the uninsured population.

The table below quantifies the service platform that catered for public health services in KZN in 2019/20.

Table 5: Public Health Facilities in KZN²

District	PHC		Hospitals							
	Fixed Clinics ³	Community Health Centre (CHC)	District	Regional	Tertiary	Central	Specialised Tuberculosis	Specialized other	Specialised Psychiatric	Chronic/ Sub-Acute
Ugu	52	2	3	1	0	0	0	0	0	0
uMgungundlovu	50	3	2	1	1	0	2	0	3	0
uThukela	36	1	2	1	0	0	0	0	0	0
uMzinyathi	53	1	4	0	0	0	1	0	0	0
Amajuba	25	1	1	2	0	0	0	0	0	0
Zululand	73	1	5	0	0	0	1	0	1	0
uMkhanyakude	58	1	5	0	0	0	0	0	0	0
King Cetshwayo	63	1	6	1	1	0	0	0	0	0
iLembe	34	2	3	1	0	0	0	0	0	0
Harry Gwala	39	1	4	0	0	0	1	0	1	0
eThekweni	106	8	4	6	1	1	2	1	1	2
KZN Total	589	22	39	13	3	1	7	1	6	2

¹ Source: DHIS

² Source: Quarter 4 2019/20 Facility count

³ Includes Provincial and Local Government clinics

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Services delivered directly to the Public

Community-based services

Non-acute health services is provided at community and household level through the Ward Based Outreach and School Health Teams, TB Surveillance and Multidrug Resistant TB (MDR-TB) Teams and Community Care Givers (CCGs). Services include health promotion/ education; screening for health conditions; appropriate referral to health facilities; follow-up and support of patients on treatment; home-based care; school health services including implementation of health promoting schools; the management of MDR-TB patients at household level; mental health and chronic care. Phila Mntwana Centres, linked with Operation Sukuma Sakhe (OSS) War Rooms, provide promotive and preventive services targeting children. OSS is used as a vehicle for inter-government service integration at community level including addressing the social determinants of health e.g. poverty eradication, provision of sanitation, water, electricity, waste removal, etc. The Centralised Chronic Medication Dispensing and Distribution (CCMDD) Programme makes chronic medication available to patients at community level close to where they reside. This decongests facilities, saves cost and travelling times to facilities and decreases waiting times at health facilities. Services at truck stops, taxi ranks, and other high risk areas increased access to basic and essential services e.g. testing for HIV, TB and other chronic conditions and ensure timeous referral for appropriate clinical management of conditions at fixed facilities.

Primary Health Care (PHC) services

Nurse driven services are provided at fixed (clinics and CHCs) and mobile clinics covering a comprehensive range of curative, preventative, rehabilitative and palliative services. This includes services for minor ailments; maternal, child and women's health; communicable and non-communicable diseases and conditions; oral and dental health; environmental health and nutrition. Mobile services are used to improve access in sparsely populated areas or areas with poor access to fixed facilities. Outreach services from District Hospitals and services rendered by Private Practitioners increase access to clinical services

Hospital Services

In and out-patient services are rendered at District, Regional, Specialized, Tertiary and Central Hospitals. District Hospitals, with 8 295 usable beds, form part of the District Health System and include services at General Practitioner level with varying degrees of General Specialist services to improve access especially in rural areas. Regional Hospitals, with 6 959 usable beds, render services at General Specialist level and serve as referral for District Hospitals. All Regional Hospitals render a significant proportion of level-one services mainly due to demographic distribution of households and the location of hospitals. Queen Nandi and Newcastle Hospitals, with 615 usable beds, provide mother and child services. The McCord's Provincial Eye Care Hospital, with 80 usable beds, is in the first phase of commissioning and provides specialized eye care services only.

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Specialized TB (597 usable beds), and Psychiatric (2 433 usable beds) Hospitals provide acute and sub-acute services for the two clinical disciplines. The Step Down/ Sub-Acute Hospitals (532 usable beds) provide step-down care.

Tertiary Hospitals, with 1 636 usable beds, and one Central Hospital, with 846 usable beds, provide highly specialized tertiary and quaternary services.

Outreach services are provided by level 2 and 3 hospitals to improve access to quality clinical management at lower levels of care.

Emergency Medical Services (EMS) and Patient Transport Services (PTS)

Services include emergency response, special operations, communication, aeromedical services, and patient transport services. Aeromedical services are provided by Air Mercy Services (AMS) using one fixed wing aircraft and two rotor wing aircraft (helicopters) based at Richard's Bay and King Shaka Airports. AMS provides a critical service in transporting Specialists to outlying areas for clinical sessions or training to improve access and clinical competence.

Forensic Pathology Services

Specialized Forensic Pathology Services are provided at 35 Medico-Legal Mortuaries throughout the Province.

Clinical Forensic Medicine

Crisis Centres have been established in all District and Regional Hospitals within the Province to strengthen clinical medico-legal services focusing on the management of survivors of violence (including rape and sexual assault).

CHALLENGES AND CORRECTIVE STEPS

Oversight and Leadership

The Department has not been able to fill some of the most critical top management posts which include the one for Chief Financial Officer. The Department has ensured that there is someone acting in these posts.

Efficiency

Inefficiencies identified in Hospitals Services emphasising the need to rationalise services at the different levels. This is taking place at a MANCO level.

Resources

Limited resources has had a negative impact on the delivery of health services as well as managing administrative responsibilities.

EXTERNAL FACTORS THAT INFLUENCED DEMAND FOR SERVICES OR HEALTH OUTPUTS

Socio economic factors, including poverty, inadequate access to potable water, sanitation, electricity, lack of refuse removal, and low literacy levels are associated with poor health status and negative health outcomes. National pharmaceutical stock shortages affected stock of pharmaceuticals in the Province.

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On Sunday, 15th March 2020, the President of the Republic of South Africa, President MC Ramaphosa, declared the outbreak of COVID-19 as a National Disaster, following the first internal transmission of the virus.

The subsequent lockdown disrupted implementation plans at various levels

The KZN Department of Health has put measures in place including the reconfiguring of hospitals to execute investigations and admit confirmed and suspected cases. Other measures include decongesting our health facilities, rapid response teams in place, field hospitals, collaboration with the private sector and activation of the Provincial War Room.

Service Delivery Improvement Plan

The department has completed a service delivery improvement plan. The tables below highlight the service delivery plan and the achievements to date.

Table 6: Main services and standards

Main services	Beneficiaries	Current/ Actual Standard of Services	Desired Standard of Services	Actual Achievement
PHC Services: Average Waiting Time	Public health beneficiaries and users	108 minutes	108 minutes	129 minutes

Table 7: Batho Pele arrangements with beneficiaries

Current Arrangements	Desired Arrangements	Actual Achievements
Consultation		
<ul style="list-style-type: none"> Consultation with stakeholders through Clinic committee meetings and Provincial Health Consultative Forum meetings 	<ul style="list-style-type: none"> Consultation with stakeholders through Clinic committee meetings and Provincial Health Consultative Forum meetings 	<ul style="list-style-type: none"> There is 81.5% (205/251) consultation with clinic committees, based on the Batho Pele principles report received from eThekweni, Harry Gwala, uMkhanyakude and uThukela districts for 2019-20 financial year.
Access		
<ul style="list-style-type: none"> 80% of facilities adherent to operating times as per service board 	<ul style="list-style-type: none"> 85% of facilities adherent to operating times as per service board 	<ul style="list-style-type: none"> There is 97% (243/251) access to the clinics as informed by service boards and Patient Experience of Care Survey conducted in 2019
Information		
<ul style="list-style-type: none"> 188 out of 613 facilities (30.7%) adherent to standardised signage requirements Patients informed of medicine pick up points 100% of facilities with relevant information Education Communication material in the form of posters, pamphlets, brochures and audio-visual facilities 	<ul style="list-style-type: none"> 356 out of 610 facilities (58%) adherent to standardised signage requirements Patients informed of medicine pick up points 100% of facilities with relevant information Education Communication material in the form of posters, pamphlets, brochures and audio-visual facilities 	<ul style="list-style-type: none"> 93% (233/251) there is signage for most clinics based on the Batho Pele principles report received from eThekweni, Harry Gwala, uMkhanyakude and uThukela districts for 2019-20 financial year. 100% (251/251) patients are informed of all pick up points based on the Batho Pele principles report received from eThekweni, Harry Gwala, uMkhanyakude and uThukela districts for 2019-20 financial year. 100% (251/251) education communication material is available at clinics based on the Batho Pele principles report received from eThekweni, Harry Gwala,

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Current Arrangements	Desired Arrangements	Actual Achievements
		uMkhanyakude and uThukela districts for 2019-20 financial year.
Courtesy		
Facilities partially compliant in terms of : <ul style="list-style-type: none"> Fixed PHC facilities scoring above 70% on the ideal clinic dashboard Complaint resolution rate 	Facilities fully compliant in terms of : <ul style="list-style-type: none"> Fixed PHC facilities scoring above 70% on the ideal clinic dashboard Complaint resolution rate 	<ul style="list-style-type: none"> 86% (215/251) scored over 70% on the Ideal Clinic dashboard as reported by the Batho Pele report sent by eThekwini, Harry Gwala, uMkhanyakude and uThukela districts for the 2019-20 financial year Complaints Resolution Rate is 87.8% (961/1094) according to the CARC report. The web-based report on the complaints resolution rate is 95% for the entire province which includes hospitals for 2019-20 financial year.
Openness and Transparency		
<ul style="list-style-type: none"> Full disclosure on clinical conditions as per available guidelines Clinic committees informed about operations, progress, management of complaints 	<ul style="list-style-type: none"> Full disclosure on clinical conditions as per available guidelines Clinic committees informed about operations, progress, management of complaints 	<ul style="list-style-type: none"> 100% full disclosure is provided to clients according to set guidelines based on the Batho Pele principles report received from eThekwini, Harry Gwala, uMkhanyakude and uThukela districts for 2019-20 financial year. 97% of clinic committees are informed of operations and management of complaints based on the Batho Pele principles report received from eThekwini, Harry Gwala, uMkhanyakude and uThukela districts for 2019-20 financial year.
Redress		
88.4% complaint resolution rate	93% complaint resolution rate	87.8% (961/1094) from the 2019-20 CARC from all the eleven districts. Complaints Resolution Rate is 87.8% (961/1094) according to the CARC report. The web-based report on the complaints resolution rate is 95% for the entire province which includes hospitals for 2019-20 financial year.
Value for Money		
Primary Health Care cost per headcount of R 380 and slightly higher than was targeted	Primary Health Care cost per headcount of R 405	R442 (12 531 566 473/ 28 365 411)

Table 8: Service delivery information tool

Current/ Actual information tools	Desired information tools	Actual achievements
<ul style="list-style-type: none"> 188 out of 613 facilities (30.7%) adherent to standardised signage requirements 	<ul style="list-style-type: none"> 356 out of 610 facilities (58%) adherent to standardised signage requirements 	<ul style="list-style-type: none"> 93% (233/251) there is signage for most clinics based on the Batho Pele principles report received from eThekwini, Harry Gwala, uMkhanyakude and uThukela districts for 2019-20 financial year.

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Table 9: Complaints mechanism

Current/actual complaints mechanism	Desired complaints mechanism	Actual achievements
There are different methods of recording and reporting on complaints, compliments and suggestions	One complaints, compliments and suggestions management system with a centralized database for all services/business units developed	The current system covers Primary Health Care and Hospital Services and is aligned to the National Department of Health complaints, compliments and suggestions management guidelines

Main challenges

- Some facilities have not accessed the offline module to capture where connectivity is a problem.
- The complaints management software is still not optimally used by most facilities, due to connectivity challenges.
- Most facilities are still not reporting on the previous quarter outstanding complaints resolution, which creates an impression that some complaints are never resolved and yet it is a data update gap.
- Some PHC teams have not allocated or designated a person responsible for quality assurance at operational level to attend district meetings where quality is discussed in detail.
- Complaints on waiting time, staff attitude and patient care remain the highest from the complaints received from health service users.

Mitigating strategies/factors

- Increase onsite mentorship regarding the use of the software and ICSM methods at facility level for capture, in collaboration with the mother Facility Information Teams (FIT), PPTICRM and the Primary Health care supervisors.
- District Quality assurance teams to monitor resolution rate of previous quarter's outstanding complaints and ensure compliance on the resolution of all outstanding complaints.
- Root Causes for the three highest complaints needs to be thoroughly investigated so that interventions will be more vigorous and directed to what is the actual cause and source of these complaints.
- Develop SOPs with the relevant stakeholders and re-orientate the relevant staff on procedures and processes.
- Utilize change management approach for improvement.
- Implement consequence management if improvements targets are not met within the required time frame set in collaboration with the owners of the processes at operational level.

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Organisational Environment

Key Appointments/Resignations

Significant internal developments for the KZN Department of Health were the appointment of the Accounting Officer on the 1st October 2019.

Significant system Failures

There were no significant system failures during the reporting period

Strike action

The Department experienced a strike action at Gale Street Mortuary during the period of the 28th November 2019 to 08th January 2020. The strike impacted negatively on service delivery in that there was a backlog on post-mortem cases and members of the community could not receive bodies timeously for burial. The Department experienced bad media publicity due to this strike action.

Key policy developments and legislative changes

National Health Insurance (NHI) is proposed as a means to achieve Universal Health Coverage by 2030 in South Africa, as per Goal 3.8 of the Sustainable Development Goals. Chapter 1 of the 2019 South African Health Review (SAHR) lists the following key considerations around the NHI Fund:

- The role of medical schemes will change in the future as their services may be amended to complementary rather than essential services
- The NHI fund will be governed by an Independent Board but several alternative processes are still being considered
- Service provision may be impacted on as the Fund will transfer funds to hospitals based on a global budget or Diagnosis Related Groups
- Roles and how different actors will be engaged in NHI are still uncertain.

The radical transformation of the health services will necessitate policy coherence and visionary stewardship from Government (SAHR, 2019).

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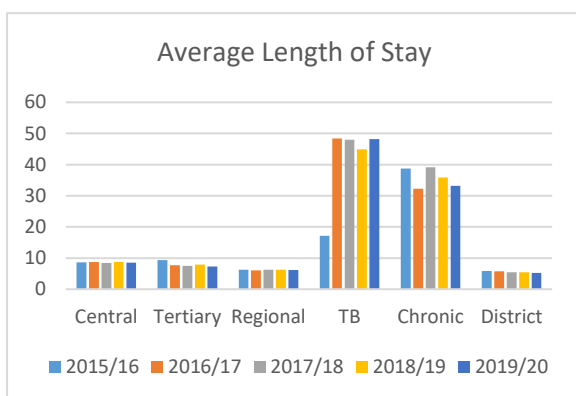
Strategic Outcome Oriented Goals

Strategic Goal 1: Strengthen health systems effectiveness

Hospitals

Average Length of Stay

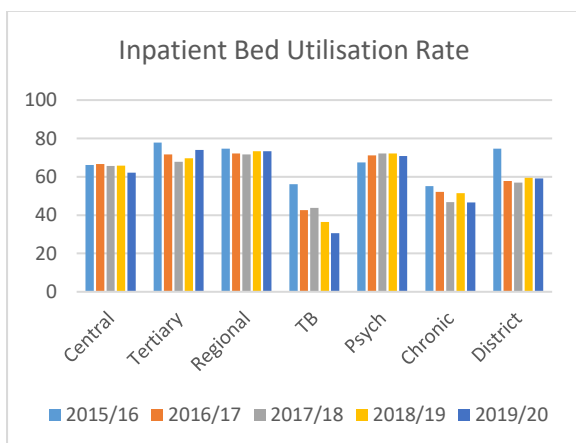
Graph 1: Average Length of Stay for all hospitals types excluding Specialized Psychiatric



Only Tertiary and District hospitals have had year-to-year decreases in the Average Length of Stay (ALOS) in the past five years. Chronic hospitals had an uninterrupted decrease in the Average Length of Stay in the last three years of the five year period.

Inpatient Bed Utilization Rate

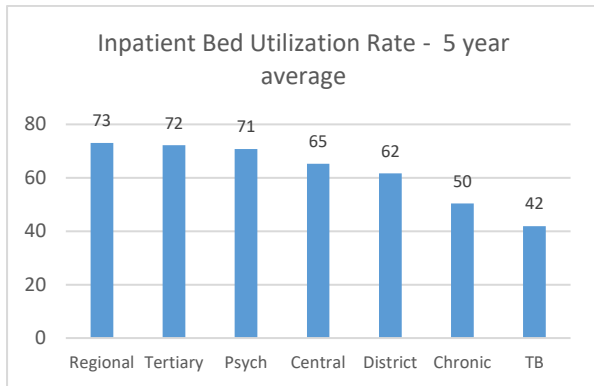
Graph 2: Inpatient Bed Utilization Rate



Central, Specialized TB and Chronic hospitals had a decrease in the Inpatient Bed Utilization Rate, albeit an inconsistent one.

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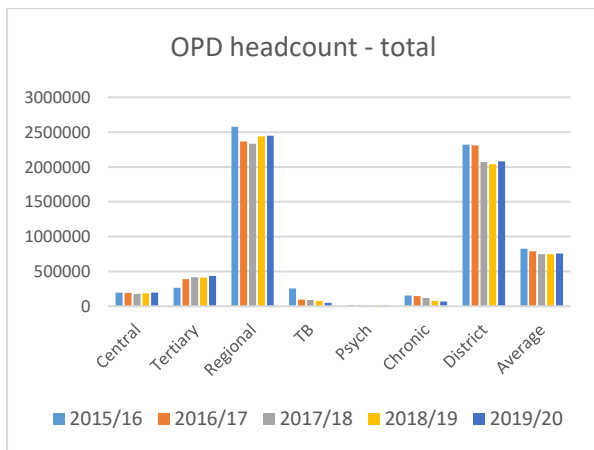
Graph 3: Inpatient Bed Utilization Rate – 5 year average



Regional hospitals had the highest 5 year average Inpatient Bed Utilization Rate while TB hospitals had the lowest.

OPD headcount

Graph 4: OPD headcount

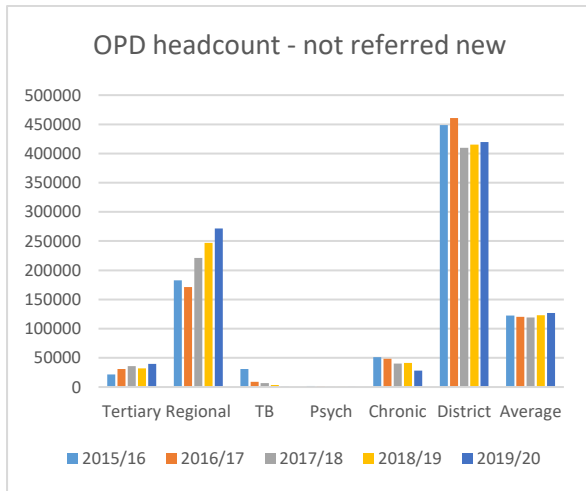


The OPD headcounts for Tertiary hospitals increased in the past year, though not consistently whilst the OPD headcounts for the other hospitals either decreased or remained constant. The five year average has been consistent despite the decrease between 2015/16 and 2016/17.

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OPD headcount not referred new

Graph 5: OPD headcount not referred new

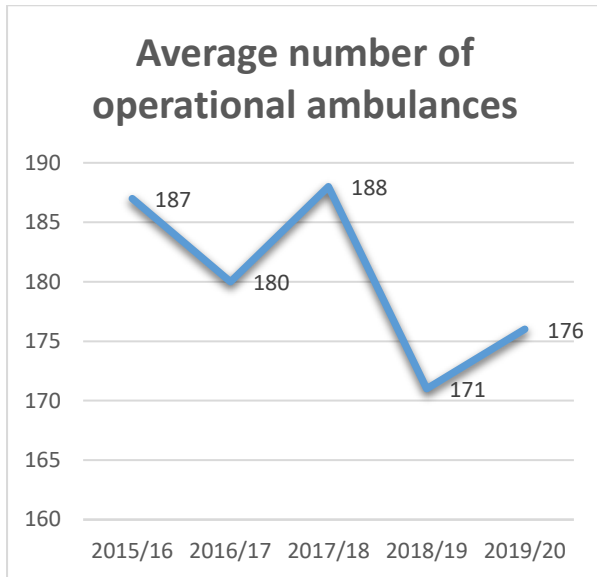


OPD headcounts not referred new showed increase for Regional and Tertiary hospitals. The five year averages have been constant for OPD headcount not referred new.

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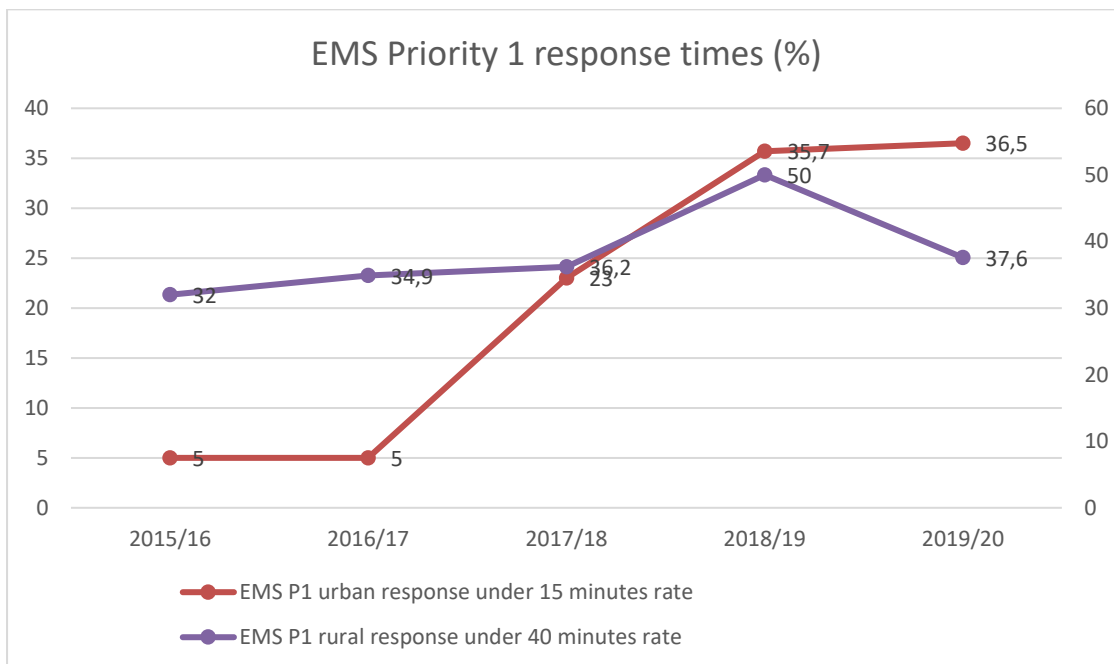
Emergency Medical Services

Graph 6: Average number of daily operational ambulances



There has been a downward trend in the average number of operational ambulances in the past five years despite a slight increase from 171 in 2018/19 to 176 in 2019/20.

Graph 7: Priority 1 response times



Emergency Medical Services Priority 1 urban response under 15 minutes has had a consistent increase in the past four years, while rural response decreased by 25% between 2018/19 and 2019/20. Factors that contribute to poor response times include: Call taking delays due to unclear or incomplete information from caller, inappropriate triage of calls, and discrepancies on boundaries and vehicle related issues such as breakdowns and accidents en route.

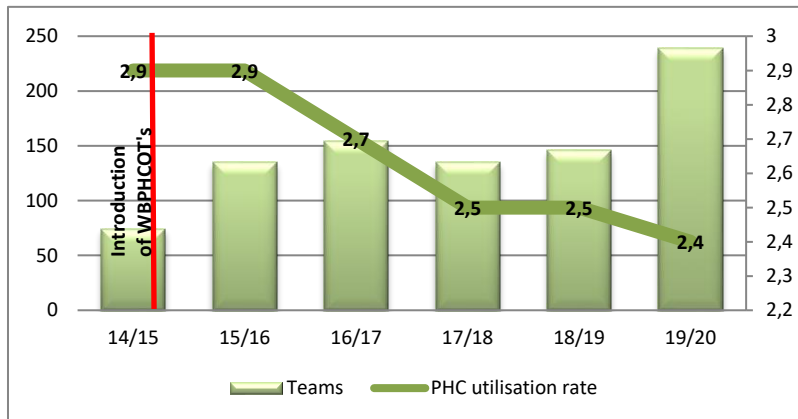
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Strategic Goal 2: Reduce the burden of Disease

SO 1.5) Accelerate implementation of PHC re-engineering

The PHC headcount forms the basis of many indicators that are monitored with regards to the performance of Primary Health Care services and the accessibility of PHC service. Over the previous 5 years, it has been noted that there is a general decline in the actual PHC Headcount with it stabilising at around the 28.5 million.

Graph 8: 5 Year trend for PHC Utilisation rate compared with Ward Based PHC Outreach Teams



Ward Based PHC Outreach teams (WBPHCOT's) were introduced in 2014/15 with 74 teams reported active within this time period. It is assumed the positive effect of these WBPHCOT has meant that the PHC headcount has declined to a plateau where it current performs thus influencing the PHC utilisation rate to it's current low performance levels.

SO 1.6) Scale up implementation of Operational Phakisa Ideal Clinic Realisation and Maintenance

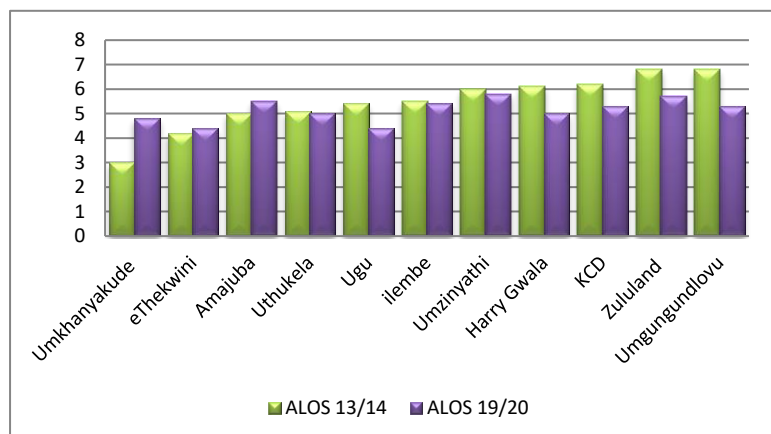
In 2019/20, the Ideal Programme targetted 601 PHC clinics, with 469 achieving Ideal Status. The target remains at 100% of all clinics including ex-municipal clinics however compliance to infrastructure requirements remains a challenge, due to budgetary constraints. The Ideal Clinic programme commenced in 2013/14 with only 6.25% of clinics achieving Ideal Status.

SO 1.7) Improve hospital efficiencies

There is a relationship between the Bed Utilisation rate (BUR) and the average length of stay indicators, as both use patient days and day patients as numerators. In theory, the higher the number of patients days the higher the utilisation thus increasing the BUR. However, if the patient activity i.e. separations (discharges, transfers and deaths) des not increase in correlation to the patient days, the average length of stay will increase. To maintain an efficient hospital there has to be a balance between patient days and patient acvity thus ensuring the BUR remains under target and the BUR around the ideal, 75% target.

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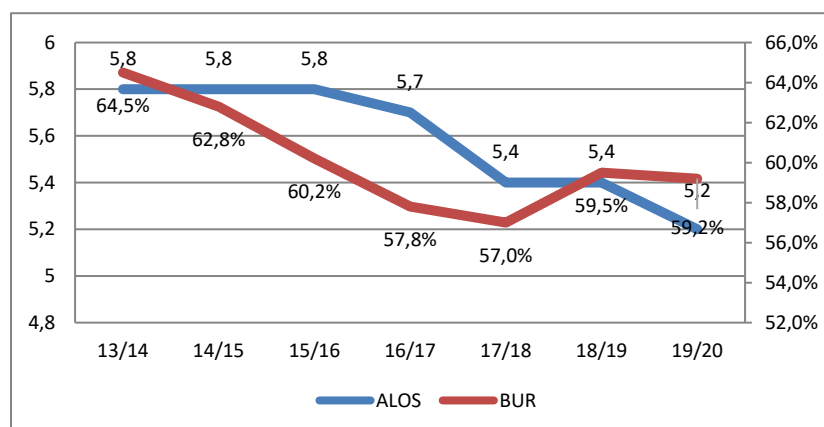
Graph 9: Average Length of Stay (ALOS) per district 2013/14 vs 2019/20



Apart from 3 districts, all other districts have shown a decrease in the ALOS over the 5 year period with King Cetshwayo District (KCD), Harry Gwala, Zululand and uMgungundlovu showing the biggest decreases. Zululand has attributed the decrease in their ALOS to making sure ward rounds are conducted daily, including over weekends. The decrease in uMgungundlovu is due to pressure at Northdale Hospital which has a BUR

over 80% or higher, meaning that patient turn-over is sometimes not optimal and patients are released too early thus leading to a revolving door syndrome.

Graph 10: Bed Utilisation rate vs Average Length of Stay – District Hospital Trend analysis



The drop in patient days over the period 2013/14 to 2016/17 has meant that the BUR has dropped but the ALOS has stayed the same before starting to decline in 2015/16. The review and strict implementation of admission and discharge criteria policies, coupled with improved clinical governance has meant that from 2018/9 District Hospitals, as a

category of hospitals, has started to move towards better efficiencies. Many of the district hospitals that the Department of Health has under its jurisdiction, have been inherited from missionaries. In most cases, this has meant that the hospital is not strategically located in relation to the population. In uMkhanyakude for example, Missionaries built the hospitals at the tops of hills to avoid the mosquitoes (yellow fever and malaria), however the population tends to live closer to the main thoroughfares and rivers which is on the plateau below. In uMzinyathi, the hospitals were often built next to where churches were allocated ground, not always strategic in relation to the communities which they are intended to serve and often goes against the “flow of public transport” thus making access for the community expensive and difficult.

The constraints on the funding envelope mean that it is imperative to get the District Hospitals that are currently operational, fully functional and economically viable whilst providing broader access to the communities in which they service. In the table below, it is clear that there is a favourable bias in the number of beds available per 1000 population in the deep rural districts (uMkhanyakude, uMzinyathi and Zululand), due to the historical placement of previous missionary hospitals.

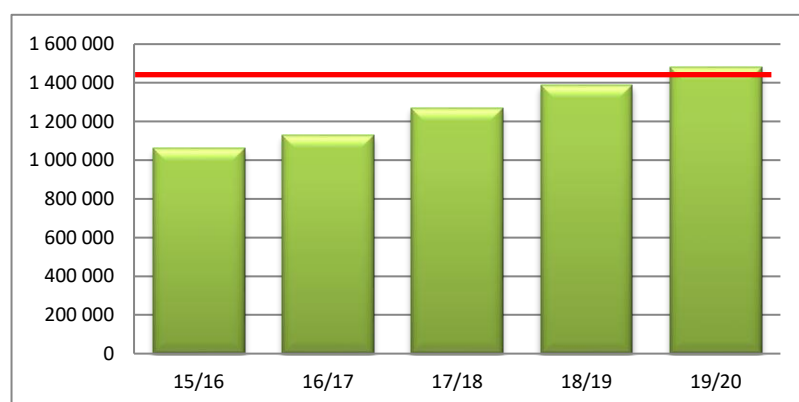
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Table 10: District Hospital beds per 1000 population⁴

District	Total population	Number of District Hospitals Beds	District Hospital Beds per 1000 population
Amajuba District Municipality	590 488	56	0,1
eThekweni Metropolitan Municipality	3 826 684	698	0,2
Harry Gwala District Municipality	523 577	706	1,3
iLembe District Municipality	718 702	382	0,5
King Cetshwayo District Municipality	1 010 919	1197	1,2
Ugu District Municipality	794 844	807	1,0
uMgungundlovu District Municipality	1 182 063	571	0,5
uMkhanyakude District Municipality	706 829	1099	1,6
uMzinyathi District Municipality	582 624	1134	1,9
uThukela District Municipality	768 840	463	0,6
Zululand District Municipality	897 543	1182	1,3
KwaZulu-Natal Province	11 603 112	8295	0,7

In the table above, access per 1000 population is demonstrated for district hospitals. Amajuba (0.1) and eThekweni (0.2) have the least number of district hospital beds per population. eThekweni does have 4 regional hospitals that also provide level 1 services to help ease the pressure, however more CHC's will be required as the urban population grows. Umhanyakude (1.6) and uMzinyathi (1.9) have the most beds available per 1000 population. In these 2 districts, population distribution and topography play a major role in access to services. The distances between facilities in uMkhanyakude is vast with poor road infrastructure and limited public transport. In uMzinyathi, parts of the district are deep rural and divided by the Tugela River thus hindering access to services.

Graph 11: TROA 5 year trend analysis



The 5 year strategic target for Total Remaining on ART (TROA) was 1 450 000, with the 19/20 target of 1 578 737 being set by the National Department of Health (NDoH). The Province managed to achieve the 5 year Strategic Target set in 2014/15, but fell short of the NDoH target by 96 968 (6.1%) patients on ART. There is a high lost to follow-up rate in this category which

contributes to the lower than expected performance.

⁴ Source: WebDHIS

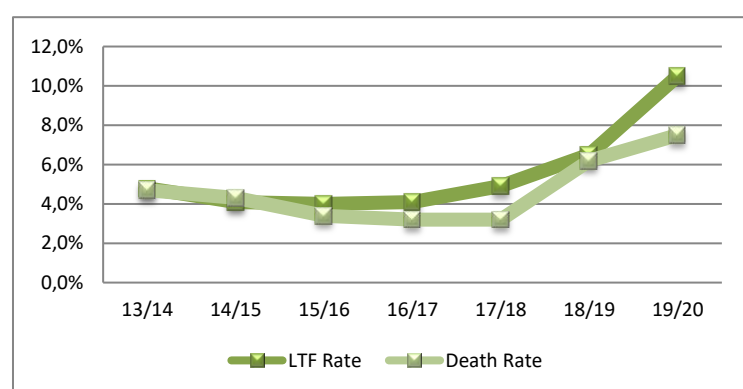
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SO 2.4) Improve TB Outcomes

The TB Incidence, at a population level, has declined over the previous 6 years from 898 / 100 000 (2013/14) to 442.4 / 100 000 (2019/20). This can be attributed to the number of strategies and interventions put in place including Finding, Actively, Separating and Treating (FAST) and the linking of patients to care. The number of TB cases globally has been declining over the past 10 years, a trend which South Africa and KwaZulu-Natal are emulating.

It should be noted that due to resource constraints (both human and financial) TB outcome indicators such as Lost-to-Follow-Up and TB Death rate, have increased dramatically, impacting on the TB Success rate. The high HIV / AIDS and TB as well as non-communicable disease co-morbidities has influenced the TB success rate negatively where a high number of patients initiated on treatment die.

Graph 12: TB Lost to follow up rate compared with TB Death Rate – 2013/14 to 2019/20



It is clearly evident that the spike in the TB death rate and Lost to Follow up rate is linked to the implementation of cost constraints in the 2017/18 financial year. The TB outreach services were integrated to Community Based Primary Health Care, where their scope of work was expanded thus compromising the TB Control Programme (TBCP).

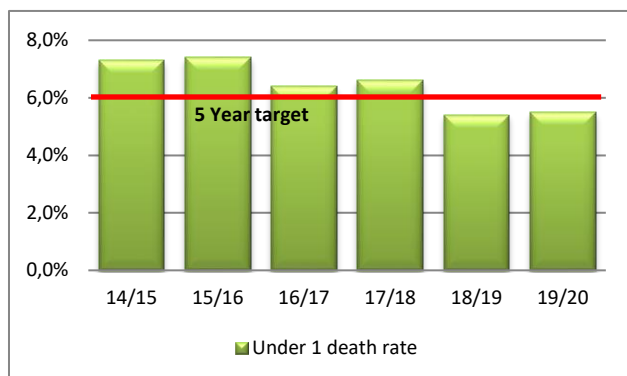
SO 2.5) Reduce infant mortality

Seventy-six percent (2353 /3108 deaths) of in- hospital infant deaths now occur in the neonatal period. Of these, 80% (1870) occur in the first week (0-6 days). The reduction in infant mortality therefore, is primarily due to a reduction in neonatal mortality rate which has reduced from 13.7 (2529) in 2015/16 to 10.9 (2353) in 2019/20. Improved coverage of respiratory support and kangaroo mother care, the roll out of standardised neonatal records, the implementation of an Essential package of Neonatal care with auditing and reporting and the increased knowledge and skills of health care workers due to the KwaZulu-Natal Initiative for New-born Care (KINC) program are the primary interventions that have reduced neonatal deaths. Strengthening of Prevention of Mother to Child Transmission (PMTCT) and the introduction of Polymerase Chain Reaction (PCR) testing has seen a reduction in the number of infants who contract HIV/AIDS in the perinatal period from 1 003(1.3% infant 1st PCR test positive around 6 weeks rate) in 2014/15 to 293(0.5% Infant PCR Test positive around 10 weeks rate) in 2019/20 and therefore has also contributed to the decrease in the number of children under 1 who died in hospital.

Immunisation under 1 year coverage has increased from 85% to 91.4%. This equates to an increase of 35% during the 5 year reporting cycle, from 191 946 children fully immunised in 2015/16 to 260 734 children in 2019/20. Much of this success can be attributed to catch-up campaigns, WBPHCOT's and CCG's who actively trace children who have missed their immunisations.

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Graph 13: Death in facility under 1 year rate



During the previous 2 reporting cycles, the Department has managed to contain the Under 1 death in facility rate, to below the projected target of 6%. In 19/20 there was a higher number of deaths (3 132) when compared with 2018/19 (3 055 deaths) however there was an increase in separations, from 57 009 in 2018/19 to 57 826 in 2019/20. The reduction in the under 1 death in facility rate was due to improved compliance with the essential package of care for neonates, including Kangaroo Mother Care (KMC) and nCPAP

(nasal Continuous Positive Airways Pressure) coupled with support visits. The management of acute malnutrition in children under 5 has improved and also contributed to the reduction in under 1 mortality.

The implementation of Community Based Child Health Programmes viz Early Childhood Development Package and Nutrition Guidelines, Phila Mntwana Sites and the Ward Based Outreach Teams has assisted in Prevention of some morbidities in children e.g. malnutrition, diarrhoea and pneumonia.

The strengthening of IMCI case management, through the introduction of checklists and improved clinic supervision, as well as earlier referral of sicker infants to hospital have contributed to the reduction in under-1 deaths.

SO 2.6) Reduce under 5 mortality

The introduction of the Pneumococcal (PVC) Vaccine and the Rota Virus Vaccine into the scheduled Immunisation schedule in 2009 has had a significant impact in both the incidence of Pneumonia and Diarrhoea. The decrease in incidence, has meant that fewer children are admitted with these conditions, and hence with fewer children admitted, those that are admitted can receive better care and thus the case fatality rate for both these conditions, has improved over the 5 year reporting cycle.

The implementation of CoMMiC (Committee on Mortality and Morbidity in Children) recommendations in the Province including the implementation of IMCI (Integrated Management of Childhood Illness) and ETAT (Emergency Triage, Assessment and Treatment) and the non-rotation of staff coupled with facility support visits, has had a positive impact on in-facility mortality rates over the 5 year period.

The reduction in the Diarrhoea and Pneumonia case fatality rates was achieved due to greater awareness of the importance of early referral resulting in successful treatment. Every child needs access to the right care both at a community-based level and at health facilities, to ensure a reduction in the under 5 mortality.

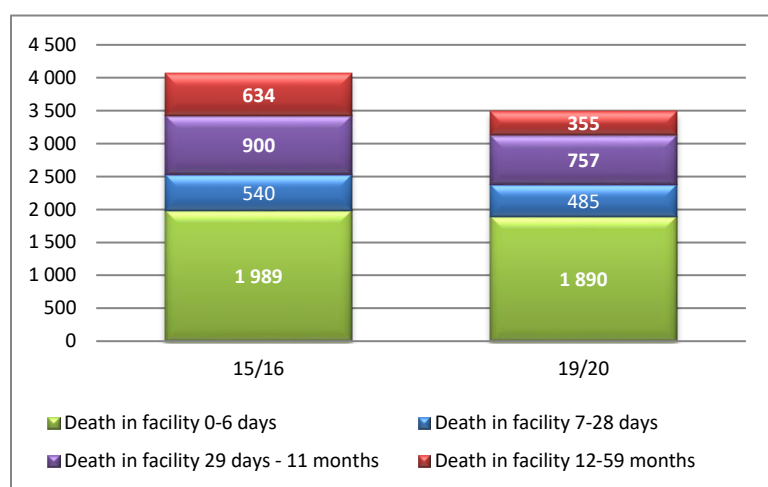
Table 11: Diarrhoea and Pneumonia case fatality rates and incidences over the 5 year reporting cycle

	10/11	11/12	12/13	13/14	14/15	15/16	16/17	17/18	18/19	19/20
Diarrhoea case fatality under 5 years rate:	7.1%	4.3%	4.3%	3.3%	3.0%	2.2%	2.0%	2.0%	2.2%	1.7%
Diarrhoea incidence:	27 / 1000	20.7 / 1000	9.5 / 1000	15 / 1000	11.7 / 1000	10.4 / 1000	12.5 / 1000	8 / 1000	7.9 / 1000	7.4 / 1000

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	10/11	11/12	12/13	13/14	14/15	15/16	16/17	17/18	18/19	19/20
Pneumonia case fatality under 5 years rate:	5.4%	3.7%	2.6%	3.2%	2.7%	2.7%	1.8%	2.5%	2.3%	2%
Pneumonia incidence:	147 / 1000	143 / 1000	118.5 / 1000	92.2 / 1000	86.1 / 1000	74.5 / 1000	58 / 1000	43.3 / 1000	39.2 / 1000	28.9 / 1000

Graph 14: Death in facility under 5 years of age



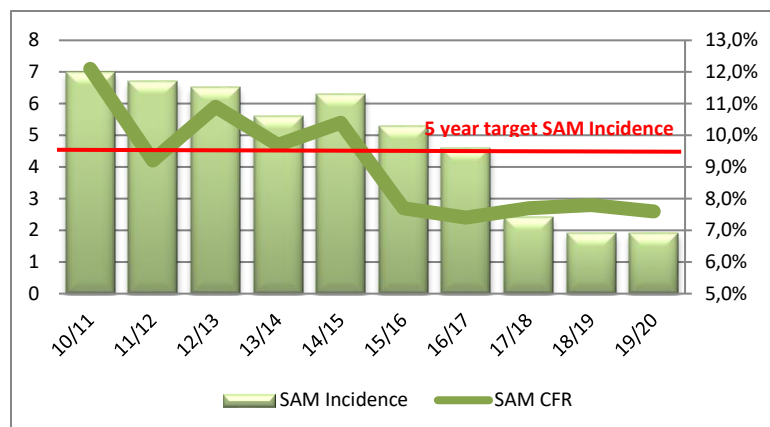
Over the 5 year period, there has been a reduction in the number of deaths under 5 years by 14.2% (576 deaths). Neonates, 0–6 days, continue to have the highest number of deaths in this category, this is linked to timeous access to as well as the quality of antenatal, intrapartum and postnatal care that the mother receives during labour and delivery and the baby receives in the 1st week of life. There has been a significant decrease in deaths 12 – 59 months due to various interventions including EPI (expanded

programme on immunisation), IMCI, breastfeeding promotion, Vitamin A supplementation, growth monitoring & promotion and better quality of care received when hospitalised related to the implementaton of Emergency Triage, Assessment and Treatment (ETAT).

The Severe Acute Malnutrition in children under 5 years, continues to be a challenge for the Department. Social factors including poor food security is linked to malnutrition. There are many social interventions in place to protect children from this, including the Child Grant and Zero Hunger Initiatives however there are challenges in ensuring adequate food and nutrition security with inconsistencies in implementation of the Zero Hunger Campaign identified at sub-district level. The integration of interventions and efforts between the Dept of Health and other social cluster Departments is paramount in eradicating malnutrion, as is community involvement. The improvement of case detection of Moderate Acute Malnutrtion (MAM) through Community Health Worker (CHW) screening and at PHC faciiliites will mean that children at risk, will be identified earlier and thus prognosis improved. Further to this, prevention strategies such as improved vitamin A coverage and increased promotion, support, and protection of breastfeeding remains critical to contribute to a malnutrition amongst the province's under 5 year olds.

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Graph 15: SAM Incidence and Case Fatality Rates for the past 10 years



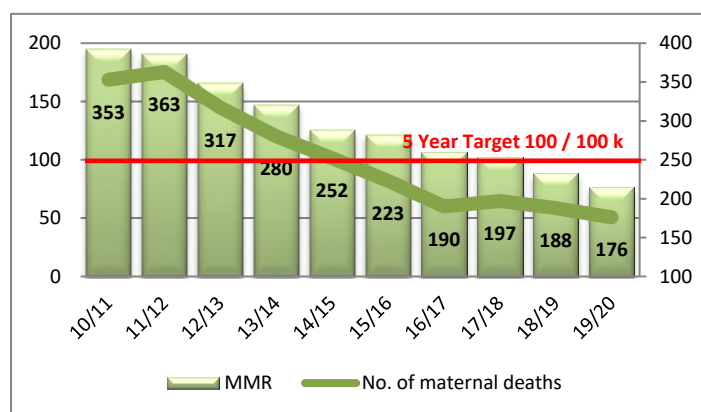
Surveillance of SAM incidences has improved, and in 17/18 dropped to 2.4 / 1000, which is below the 5 year target of 4.6 / 1000. This could indicate that the interventions mentioned above are having the desired effect at a community level. The challenge with SAM that although the World Health Organisation (WHO) protocol guides clinical management for improved outcomes, children often present with co-morbidities

including chronic disease like cardiac conditions, and cerebral palsy which increases the risk for complications and death.

SO 2.7) Reduce maternal mortality

Essential Steps in Managing Obstetric Emergencies [ESMOE] training (4 day Master Trainer course) has been conducted three times a year for selected maternity doctors and midwives. This has meant that every hospital in KZN has on-site ESMOE Master trainers who have the capability to train others at that site in the various ESMOE modules. Specific training of maternity staff on updated ESMOE modules which include Hypertension management and haemorrhage management has also been done at District level. The integrated Prevention of Mother to Child Transmission [PMTCT] into Basic Ante-Natal Care [BANC] trainings for midwives has also yielded positive results

Graph 16: Maternal Mortality in Facility Ratio 2010/11 to 2019/20



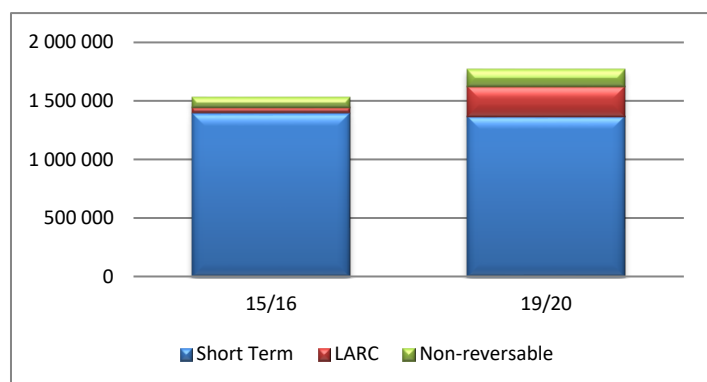
The procurement and demonstration on Non-pneumatic Anti Shock Garment (NASG) for all districts was completed. This is a new intervention introduced to reduce mortality from post-partum haemorrhage. Orientation and emphasis on use of Non-pneumatic Anti-Shock Garment [NASG] will continue in small numbers per facility. In-facility pregnancy screening will be done to improve early booking thus promoting healthy pregnancy and positive outcomes.

A 2-day symposium for doctors working in maternity from all hospitals was conducted to improve knowledge and skills for managing HIV, its treatment and complications during pregnancy. The key issues have been incorporated into the ESMOE Master trainer course. Minimum standards for safe caesarean section to promote and improve safety have been defined and introduced and is implemented in all delivery hospitals. Baseline evaluation of compliance with these standards revealed many deficiencies, but a follow up evaluations in 2019 demonstrated considerable improvement which correlated with a marked decrease in maternal deaths following caesarean section. However, there is still some work to be done in certain facilities and to sustain compliance. Perinatal review meetings continuing at district and institutional level are believed to be raising more attention on maternal and newborn issues in trying to improve quality of service being rendered. These

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have become sustained and more consistent as well. Process of maternal death notification and assessment in the province is also consistent and sustained. The District Clinical Specialist Teams (DCSTs) have been instrumental in ensuring regular audit activities in maternal and perinatal health. Antenatal supplementation of Calcium was introduced and is also sustained, which is believed to have contributed to reduction of maternal deaths due to Hypertention

Graph 17: Uptake of different categories of contraceptives



Over the previous 5 years, the strategy has been to promote the use of Long Acting Reversible Contraceptives (LARCs), via awareness campaigns using mass media and personal counselling. This has resulted in a substantial uptake of LARCs (Sub-Dermal Implant and IUCDs) and of non-reversible methods (sterilisation: vasectomy and tubula ligation). LARC usage, based on contraceptive years, increased from 46 296 (15/16) to 261 953 (19/20) and sterilisation

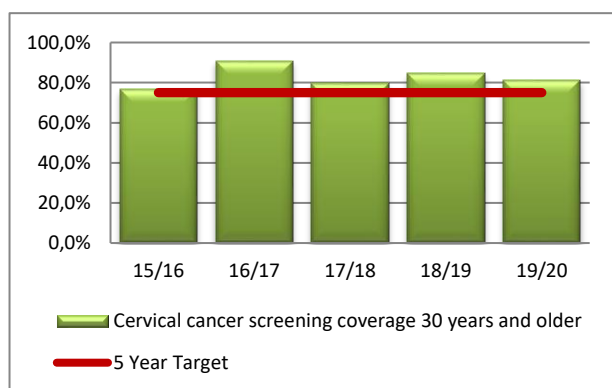
from 86 710 (15/16) to 141 020 (19/20). This has positive implications for planned parenthood.

The Department is also following the National Contraceptive Clinical Guidelines to improve uptake of contraceptives, at all facilities, in order to increase the couple year protection rate to the national norm of 75%.

SO 2.8) Improve women's health

In previous years, data was collected electronically for the HPV campaigns, which was not accurate due to network and server challenges. The National Department of Health requested Provinces to collect data using the registers as source documents until further notice, resulting in improved reporting and quality data.

Graph 18: Cervical cancer screening coverage 30 years and older



The 5 year strategic target for cervical cancer screening in women over 30 years was set at 75%, which has been reached every year thus the target for 2019/20 was set at 84% which was not reached. Although this appears to be a large proportion of the population screened, in reality the challenges with the data, as discussed previously, give a false reading. Cervical cancer, with breast cancer continue to be the leading causes of cancer in women meaning that screening is not as effective as it could be. The introduction of liquid-based

cytologyscreening for pap smears will reduce the proportion of smears which are inadequate for evaluation. The decentralisation to District hospital level of treatment for cervical dysplasia (pre-cancer) detected on screening has greatly reduced the waiting time for treatment of dysplasia, which should result in a reduction in the numbers of new cases of cancer of the cervix within the next 5 years. Backlogs in the treatment of cervical cancer also hamper gains made in screening, and need to be resolved.

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SO 2.9) Reduce the morbidity and mortality of non-communicable diseases

Disability and Rehabilitation

During the 2015 and 2019 period more than 3.6 million clients accessed rehabilitation including physiotherapy, occupational therapy, speech therapy and audiology services at all levels of care. In the same period, more than 20 450 wheelchairs; 15 260 hearing aids and more than 240 100 other assistive devices were issued to eligible persons with disabilities in the province.

In addition the Programme through different Service Level Agreements provided community based rehabilitation services to over 24 488 persons with disabilities; 5 760 visually impaired persons accessed independence and orientation mobility services while more than 28 900 wheelchairs were serviced at 23 wheelchair repair workshops in the province.

However, the Programme experienced among others the following challenges:

- Shortage of staff compounded by moratorium on non-exempted posts
- Constant decreased budgets for rehabilitation services and assistive devices.

SO 2.10) Eliminate malaria

The 5 year strategic target was to eliminate new local malaria cases, however due to the political climate and the decrease in budget allocation, it was not possible to meet the 5 year target. The projected 5 year target for the case fatality rate was <0.5%. Although the case fatality rate is at 0.6% (5 / 835) for 2019/20, the actual number of deaths has declined over the 5 year period from 7 deaths. The incidence has decreased from 1.03 / 1000 (664 / 643 759) to 0.8 / 1000 population.

Strategic Goal 3: Universal Health Coverage

Improving Access to Quality Health Care Services

General Practitioner (GP) Contracting

The Health Practitioners Contracting programmes is an essential step in strengthening and ensuring integrated services at PHC-level to address the health needs of the population and is aimed at improving access and reducing the burden of disease

National Treasury made funds available for the 2019/20 financial year in the form of indirect grant for contracting of health professionals. In 2019/20 R57 million has been allocated to the GP contracting programme in KZN and allocation per district was distributed as follows:

uMgungundlovu - R26 million

Amajuba - R14 million

uMzinyathi - R17 million

Transfer of funds will be made available on a monthly basis upon proof of expenditure and submission of claims to NDOH

In November 2019 the National Department of Health decentralized the NHI GP contract budget to Provincial Department of Health to be direct grant. The allocated budget was reduced to R55 534 million.

Sixty eight (68) GPs contracted in 2019/20 and were distributed per NHI pilot district as follows:

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District	Number of GPs
uMgungundlovu	29
Amajuba	20
uMzinyathi	19
Total	68

Twenty Three (23) GPs contracted in 2019/20 and were distributed per non NHI pilot district as follows:

District	Number of GPs	Clinics covered
uThukela	1	Injisuthu and Ntabamhlophe Clinics
iLembe	1	Groutville Clinic
uMkhanyakude	1	Sipho Zungu Clinic
King Cetshwayo	2	King Dinuzulu, Eshowe, Richards Bay and Empangeni Clinics
Harry Gwala	2	Ixopo Clinic and Underberg Clinics
eThekweni	7	Mpumulanga, Qadi, St Annes, Kwandengezi, Umlazi D, Umlazi L (Umzomuhle), Umlazi U 21, Kwamakhutha, Lindelani, Ntuzuma, Addington Gateway, Beatrice Street, Cato Manor and Clairwood Gateway clinics
Zululand	9	Pongola, Ncotshane, Ophuzane, Frieschgewagt, Njoko, Buxedene, Mpungamhlophe, Zilulwane, Makhosini, Mashona, Mason, Bhekuzulu, Mondlo 2, Thembumusa, Ulundi A, Mdumezulu clinics and St Benedictine Hospital
Total	23	

Amajuba District

Current Progress

- Twenty (20) doctors have been contracted in 2019/20 to provide services to 26 facilities.
- Covering is at 100% for PHC facilities
- Total number of clients seen by the contracted doctors is 36 914.

Expenditure Summary

Budget allocated	Actual expenditure	Variance	Reason for variance
R14 m	R7 390 634.40	R6 609 365.60	Under expenditure due to delays in recruitment of GPs in the first quarter of the financial year

uMgungundlovu District

Current progress

- Twenty nine (29) doctors contracted in 2019/20 to cover 29 clinics.
- 28 678 hours worked by the doctors in 2019/20
- 76 457 patients seen by contracted doctors
- Drs worked at about 20 minutes per patient depending on the condition.
- 57% facilities covered by NHI contracted doctors.

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Expenditure Summary

Budget allocated	Actual expenditure	Variance	Reason for variance
R26m	R20 134 171.77	R5 865 828.23	Under expenditure due to over allocation of budget by NDOH. Late recruitment of GPs

uMzinyathi District

Current progress

- Nineteen (19) NHI doctors contracted in 2019/20 to cover 40 PHC facilities
- CHC visited once a week and high volume clinics visited twice and others daily.
- Clients seen by contracted doctors in 2019/20 are 35 270.
- Clients seen per hour ranges from 2 to 5 depending on the condition of the patient.
- GP information sharing is done on a quarterly basis

Expenditure Summary

Budget allocated	Actual expenditure	Variance	Reason for variance
R18m	R12 005 367.85	R5 994 632.15	Under expenditure due to delays in recruiting NHI doctors.

Benefits of GP Contract Programme

- Communities are seen by the doctor where they live.
- In-service training to clinic staff where there is a need.
- Health talks to community members by the contracted GPs.
- Improvement in number of ART initiations and management of complicated cases in children and adults.
- Improvement noted on complicated medical cases and emergencies
- Improved medicine availability
- Increased number of clients initiated on CCMDD programme
- Decrease in the number of referrals to hospital as patients are seen by contracted GPs

Challenges

- Supervision by the Operational Manager is still a challenge
- Late submission of claims
- GPs sometimes do not honour the contracted time as per contract
- Monitoring evaluation framework is in the process of being designed and developed.
- GP claims exceeding Adjusted Cost Base (ACB) limit leading to split payments.

Recommendations

- Design a suitable monitoring and evaluation framework for impact determination.
- Design a supervisory framework
- Conduct study to determine client and GP satisfaction
- Define performance criteria
- Enhance training for GPs and health care workers.
- Conduct study to determine effectiveness of the programme

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Business Plan for 2020/21 was submitted to NDOH for approval by the Director General (DG).

The Head of Head delegated the District Directors from KwaZulu-Natal Health Districts to sign GP contracts for 2020/21 financial year.

CCMDD

CCMDD programme was established to improve access to essential chronic medication for public sector patients and to decongest facilities. Pick –up points (PUP) were opened within the community at halls, NGOs, churches and other community spaces where it is easier for the people to collect their medication and thereby avoid queuing at the clinics for the collection.

Current status

Synchronised National Communication in Health (SyNCH) Implementation

The Department Health has implemented the Synchronised National Communication in Health (SyNCH) system; which is an electronic system for enrolling patients and tracking the collection of medicine parcels at pick up points. The supporting United States Agency for International Development/ President’s Emergency Plan for AIDS Relief (USAID/PEPFAR) funded partners assisted the districts with installation, setup and implementation of the system.

#	Performance Indicator	Target 2019/20	Actual Performance	Comments
4	Number of facilities implementing SyNCH	584	471	SyNCH has improved the visibility of patient data where it is optimally implemented. Many clinics still do not have network connectivity to enable the implementation of SyNCH.

The programme is doing well and has assisted in the decongestion of many facilities. The implementation of SyNCH is one of the best innovations that have been introduced to monitor the CCMDD programme.

Challenges

Facility Issues

- Facilities are not allocating CCMDD champions who are required for successful coordination of the programme activities and monitoring.
- Clinicians at facilities are reluctant to enrol eligible patients onto the CCMDD programme. Furthermore there is reluctance to decanting patients to external pick-up points.
- The stable clients on Antiretroviral (ARV) regimen 2 are not enrolled in their numbers.

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- SyNCH implementation is challenging due to poor network connectivity at clinics.
- Facilities are not uplifting uncollected parcels from external pick-up points. Large numbers of uncollected parcels remain at facilities and pick-up points as the proper procedures are not being followed to notify the Service Provider to uplift these parcels. Facilities are reminded to ensure that these parcels are uplifted as per the standard operating procedure (SOP).
- Prescription rejections due to prescriber non-compliance to Standard Treatment Guidelines and Essential Medicine List. There is poor verification of prescriptions leading to constant script rejections. Training and mentoring is on-going.
- The accumulation of dormant patients remains a challenge. Tracking and tracing of clients is on-going utilising the outreach teams and in house facility resources.
- Facilities are removing patients that are no longer qualifying to be on CCMDD without deactivating their profiles with the service provider.
- The supply constraints leading to stock shortages of certain essential medicines e.g. carbamazepine and hydrochlorothiazide have been a challenge.
- Equipment (including SIM cards for data) goes missing at facilities.
- There are no authorised nurses to prescribe Schedule 5 medicines as the nurses at the clinics do not have the required mental health qualifications; hence all scripts have to be written by a visiting medical officer. The doctor visits to clinics are not always regular.
- Not all CCMDD patients are captured correctly on Tier.Net; thus still incorrectly reflecting large numbers of defaulters and loss to follow-up. The guidance in this regard is continuously provided at Nerve Centre meetings and District Management Forums.
- The patients are not bringing their identity documents and at times give incorrect ID numbers resulting in profile duplication.
- At times facilities are renewing patient scripts in the absence of patients.
- The facilities are not managing patient medicine packs correctly which at times results in issuing from their facility stock and opening CCMDD parcels to replace the stock.
- There are clinicians that still do not see the value of using SyNCH.
- iLembe and uMkhanyakude District facilities are still relying heavily on paper /manual systems as they have not been able to implement SyNCH.

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Service Provider (Pharmacy Direct) Issues

- Late deliveries of patient medicine parcels from Pharmacy Direct (PD) results in patients having to return to the facility for medicine collections.
- Deliveries of patient medicine parcels to the wrong pick up point resulting in patients needing return to the facility for medicine collections.
- There are challenges that have been noted with regards to parcels being delivered to originating facilities instead of the pick-up points.
- Pharmacy Direct changes collection dates without informing the facilities.
- There are patients that still do not receive their parcels when they arrive at pick-up points and upon investigation it is established that they have duplicate profiles.
- Query resolution using the PD call centre number is not efficient. Callers are transferred between departments without a responsible person to resolve the query and without a call reference number. Often the query resolution is not achieved
- Pharmacy Direct lost a District Coordinator for Harry Gwala District at the end of the 2nd Quarter and the District is now serviced by the uMgungundlovu District Coordinator.
- The District Coordinator is not adequately supported by Pharmacy Direct as the District Coordinator has not been provided with a laptop computer and a safe vehicle to support two districts.

Internal Pick-up-Points (PUPs)

- Some facilities are still operating Spaced and Fast Lane Appointment System (SFLA) that have many patients due to lack of external pick-up points in the area.
- A large number of patients on the CCMDD programme still prefer to collect their medicine parcels from the facility as opposed to choosing external pick-up points.
- There are space and infrastructural limitations at facilities to operate efficient SFLAs. Most SFLAs do not have adequate space to store patient medicine parcels (PMPs), air conditioning units and proper storage cabinets or shelves for PMPs.
- We have not been successful in establishing external pick up points for Stafford and Osizweni Clinic 3. Hence these clinics are still not decongested and have long queues for CCMDD parcels. We have assessed and sent over potential pick up points to NDOH. We are awaiting approval.
- Internal pick-up points are continuing to create confusion to the staff and other competing programmes at some facilities. Patients are subjected to several screening processes and are included in the facility head count. On arrival they are compelled to take their files out for further screening. This has created a negative attitude in most patients collecting at internal pick-up points; as a result their visit to collect becomes longer and frustrating.

External Pick-up-Points

- Some external pick-up points are doing very well. They have embraced the programme. Patients who do not receive medication parcels are assisted by calling the service provider. A list of patients who fail to arrive on time is compiled by the external pick-up point. These patients are then contacted, and the list is then forwarded to the originating facility for further tracing and follows up. The use of the “PUP assessment tool” which is being piloted is going very well. It has been observed that one of the assessment points in the tool assesses the monitoring of temperature. It has thus been noted that none

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of the external pick-up points except those that are pharmacies actually have any temperature monitoring devices and as a result do not monitor the temperature in the morning and afternoon.

- The New Assembly of God Church (at Amajuba District) shut down with immediate effect on the 27th of March 2020 as a pick-up point. The reasons cited by the pick-up point for closure were the lack of personal protective equipment for the Covid-19 pandemic. All clients from this pick-up point were routed back to the originating facility.
- The rural areas do not have many contracted pick-up points. The current structures are often limited to shops, crèches and schools which do not meet criteria for suitability as pick-up points.
- The uptake at certain contracted pick-up points is still low. However with the current Covid-19 pandemic lockdown, a small proportion of clients are now choosing these external pick-up points as we are actively market them to the clients collecting at our facility fast lanes.
- In iLembe District three approved external pick-up points terminated their contracts: 1 GP Practice that closed down – patients were routed to another accessible pick-up point; Dis-Chem Lifestyle's owner chose to come off the programme – clients were directed to another nearby Dis-Chem branch; and one of the doctors chose to come off the programme as well.
- Uncollected parcels are not being timeously returned to Service provider.
- The districts that do not have supporting partners struggle to conduct monitoring visits to the external pick-up points. The institutional pharmacists are current visiting and supporting all the external pick-up points.

Recommendations

- Integration with Non-Communicable Diseases (NCD) & HIV, AIDS, STI and TB (HAST) programmes to own and monitor CCMDD programme activities and data with Pharmaceutical Services as a support partner.
- Reporting on CCMDD indicators must be the responsibility of Programmes (NCD & HAST) and not Pharmaceutical Services. The Provincial Annual Performance Plan (APP) for 2020/21 has correctly placed the CCMDD indicators under Programme 2: District Health Services; however the District Operational Plans have not put these indicators under the correct Sub-Programme(s) – NCD & HAST. The programmes are responsible for enrolling patients and establishment of pick-up points. Pharmaceutical Services is providing technical support with regard to medicine availability and interpretation of circulars on treatment changes. Furthermore pharmacists will assist with monitoring of adherence to medicine storage conditions at the pick-up points.
- Prioritisation of Information Technology (IT) infrastructure for PHC facilities.
- Special arrangements for nurses to enrol stable Regimen 2 patients on CCMDD as long as they were initiated by a medical officer.
- Pharmacy Direct to stop creating duplicate profiles and Quality Assurance (QA) staff at PD must be able to pick up duplicate profiles and correct the problem timeously.
- The current service provider should not be considered for award of the new contract as it has not been able to deliver on the expansion of the programme to the level before it took over from the previous service provider. The District Coordinators are not as effective as the ones we used to have in the previous contract. Therefore the Department must prepare for transitioning between service providers.

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EHealth Strategy

Health Patient Registration System (HPRS)

HPRS is a system where the users should register and be identifiable at the point of the use, using a unique identifier linked to the Department of Home Affairs. HPRS installations have been done in **710** Primary Health Care Facilities in KwaZulu-Natal (KZN). 614 Facilities have network connectivity in KZN.

There are **10 552 661** clients registered to HPRS in KZN as at the 31 March 2020.

Quality Improvement

Office of Health Standard Compliance (OHSC)

The Office of Health Standard compliance (OHSC) is established in terms of section 77(1) of the National Amendment Act, 2013 (Act No. 12 of 2013 (“the Amendment Act”). In terms of Section 78 (A) of the Amendment Act, it is the Office’s mandate to monitor and enforce compliance by health establishments with norms and standards as prescribed by the Minister of Health in relation to the National health system.

The role of OHSC is to ensure compliance with National Quality Standards for Health by all health establishments in both public and private health sectors.

The role of the inspectorate within the OHSC is to enforce compliance with norms and standards. To meet these standards, health facilities must be certified by the Office of Health Standard Compliance.

Ideal Clinic Realization and Maintenance (ICRM)

Ideal Clinic Realisation and Maintenance programme was designed in response to the current deficiencies in the

The Ideal Clinic Realization and Maintenance (ICRM) programme was initiated by the National Department of Health (NDOH) in July 2013 as a way of systematically improving the deficiencies in public Primary Health Care (PHC) facilities as well as to improve the quality of care provided.

An Ideal clinic is defined as a clinic with good infrastructure, adequate staff, adequate medicines and supplies, good administrative processes and sufficient adequate bulk supplies.

KZN status determination by PPTICRM in 2019

- Facilities conducted status determination are 600
- Facilities obtained ideal clinic status are 431
- Facilities obtained silver status are 174
- Facilities obtained gold status are 218
- Facilities obtained platinum status are 39

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Health Care Services Leadership Capacity

The Department has a responsibility to provide effective health service delivery in the Province which includes PHC Re-Engineering strategy by the trained and competent health care workers which includes PHC Supervisors, Operational Managers and District Coordinators in the field of leadership and Governance.

A funding proposal was developed to source funding for leadership training from Health and Welfare Sector Education and Training Authority (HWSETA). Funding was approved with the effect from 1st April 2019 for a period of twenty four months. The approved service provider is Sefako Makgatho University. Approved Number of candidates to be trained is 547 and the budget approved is R11 728 452.

Districts trained on module one (1)

District	Venue
uMkhanyakude	Richards bay/Mkuze
Zululand and Amajuba	Vryheid
iLembe and uMzinyathi	KwaDukuza/Stanger
Harry Gwala and uMgungundlovu	Pietermaritzburg

Strategic Goal 4: Strengthen Human Resources for Health

Human Resource Management Services (HRMS) endeavoured to pursue its strategic intent by aligning internal human resource processes to Government's human resource policies and strategies, to ensure the execution of the Department's mandated functions. In doing so, HRMS accomplished significant achievements in some areas whilst the most prominent challenge experienced related to the Compensation of Employees (CoE) budget allocation received.

Achievements

- Although the vacancy rate is at 10.8%, a request has been sent to the Office of the Premier to abolish post on Persal and this will result in the vacancy rate being reduced to 8.8%.
- 10 Organisational structures were finalised and submitted for approval to Executive Authority.
- The Department has awarded 55 bursaries for first year medical students in January 2020.
- All Hospital Chief Executive Officers (including those acting in posts) and all District Directors had signed performance agreement during 2019/20.
- In order to ensure the availability of staff with scarce skills in the Department, the ratio of key personnel per 100 000 populated increased as follows during 2019/20:
 - Medical Officers from 28.6 in Q1 to 31 in Q4;
 - Professional Nurses from 150.6 in Q1 to 151.7 in Q4; and
 - Pharmacists from 7.8 in Q1 to 8.3 in Q4.
- As part of the Mid-Level Worker Programme, there are 90 Lay counsellors training as Pharmacy Assistant and 230 Lay Counsellors training as Social Auxiliary Workers.
- A total 14 438 employees have undergone various training and development initiatives during 2019/20 through the Department's skill development budget.

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- 1267 Managers were trained in Leadership Development programmes as additional training was done for National Health Insurance (NHI), Managers that were appointed on Senior Management Service (SMS) (Competency assessments) and Managers attending conferences and seminars which were conducted during 2019/20.
- *The KZN College of Nursing (KZNCN) has been gazetted as a Public Higher Education Institution. Accreditation has been received for the Diploma in Nursing and the course has commenced. Regulations for the Post Graduate Diploma Programmes are awaited from the South African Nursing Council.*
- A total of 178 students commenced 1st year training for 2019/2020. There were 156 bursary holders and 22 in-service nurses in total. The target of 100 was exceeded due to the South African Nursing Council allowing for a concessionary group in November 2019, due to uncertainty of a January 2020 intake due to accreditation issues.
- 107 Advanced Midwives graduated for the period 2019/2020 due to the increased number of campuses offering the programme.
- The Department continues to partner with the Office of the Premier and work with other Departments in ensuring ways to finalise labour cases within the prescribed period.

Challenges

- On a year-on-year basis, the average human resource strength reduced by 1424 employees from 67 013 in FY 2018/19 to 65 589 in FY 2019/20. The reduced human resource strength for the year under review was mainly due to natural attrition, of which the majority of personnel separated by means of resignation and contract expiry. This trajectory is foreseen to continue in the medium-term, given the prescribed cumbersome appointment processes to fill vacancies, particularly non-exempt posts. The constricting funding envelope also impacts on the Department's ability to fill critical posts.
- Training initiatives and training intakes are limited due to the constricting funding envelope.
- The reason for not evaluating all jobs in the Department is due to outstanding Job Evaluation verification results from the Department of Public Service and Administration (DPSA) for Administration posts (a DPSA competence) and the non-finalisation of the consultation process with OTP/Premier and DPSA/MPSA in order to evaluate the remaining 1% of posts for Head Office.
- The reviewed process for the filling of posts has a negative impact on service delivery as replacement posts cannot be filled immediately which implies that existing staff have to take on additional workloads which consequently have a negative impact of staff well-being as well as the service delivery backlogs of having unfilled posts.

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Transfer Payments

Transfer Payments to all Organisations other than Public Entities.

Table 12: Transfer payments for the period 1 April 2019 to 31 March 2020

Name of transferee	Type of organisation	Purpose for which the funds were used	Did the Department comply with s38(1) (j) of the PFMA	Amount transferred R'000	Amount spent by the Entity R'000	Reasons for funds unspent by the Entity
eThekwini Municipal Clinic	Local Government	Primary Health Care Services	Yes	R222 891 848.70	R222 891 848.70	N/A
Ekukhanyeni Clinic	Non Profit Institution	Home Base Care Services	Yes	R 1 146 279.41	R 1 146 279.41	N/A
Highway Hospice	Non Profit Institution	Home Base Care Services	Yes	R 797 797.00	R 797 797.00	N/A
DPSA – COMM BASED REHAB PROJ	Non Profit Institution	District Health Services	Yes	R 1 043 556.00	R 1 043 556.00	N/A
DSPSA WHEELCHAIR REPAIR/ MAINT	Non Profit Institution	District Health Services	Yes	R 958 322.00	R 958 322.00	N/A
Matikwe Oblate	Non Profit Institution	District Health Services	Yes	R 541 671.00	R 541 671.00	N/A
Power of God (Philakade TLC)	Non Profit Institution	District Health Services	Yes	R 1 275 201.00	R 1 275 201.00	N/A
The Bhekimpilo Trust	Non Profit Institution	District Health Services	Yes	R 9 437 790.00	R 9 437 790.00	N/A
Austerville Halfway House	Non Profit Institution	Psychiatric Stepdown Services	Yes	R 621 370.00	R 621 370.00	N/A
Azalea House	Non Profit Institution	Psychiatric Stepdown Services	Yes	R 573 841.00	R 573 841.00	N/A
Claremont Daycare Centre	Non Profit Institution	Psychiatric Stepdown Services	Yes	R 438 205.00	R 438 205.00	N/A
Happy Hour Amaoti	Non Profit Institution	Psychiatric Stepdown Services	Yes	R 585 434.00	R 548 434.00	N/A

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Name of transferee	Type of organisation	Purpose for which the funds were used	Did the Department comply with s38(1) (j) of the PFMA	Amount transferred R'000	Amount spent by the Entity R'000	Reasons for funds unspent by the Entity
Happy Hour Durban North	Non Profit Institution	Psychiatric Stepdown Services	Yes	R 512 399.00	R 521 399.00	N/A
Happy Hour KwaXimba	Non Profit Institution	Psychiatric Stepdown Services	Yes	R 468 347.00	R 468 347.00	N/A
Happy Hour Mpumalanga	Non Profit Institution	Psychiatric Stepdown Services	Yes	R 468 347.00	R 468 347.00	N/A
Happy Hour Phoenix	Non Profit Institution	Psychiatric Stepdown Services	Yes	R 292 137.00	R 292 137.00	N/A
Jona Vaughn Centre	Non Profit Institution	Psychiatric Stepdown Services	Yes	R 2 723 676.00	R 2 723 676.00	N/A
Madeline Manor	Non Profit Institution	Psychiatric Stepdown Services	Yes	R 1 003 931.00	R 1 003 931.00	N/A
Scadifa Centre	Non Profit Institution	Psychiatric Stepdown Services	Yes	R 1 072 647.00	R 1 072 647.00	N/A
Sparkes Estate	Non Profit Institution	Psychiatric Stepdown Services	Yes	R 1 274 042.00	R 1 274 042.00	N/A
Umlazi Halfway House	Non Profit Institution	Psychiatric Stepdown Services	Yes	R 310 685.00	R 310 685.00	N/A

Table 13: Transfer payments budgeted for period 1 April 2019 to 31 March 2020

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
eThekweni Municipal Clinic	Local Government	R225 396 000.00	R222 891 848.70	The under spending was under the conditional grant which the Municipality could have utilised to fill posts. A written communication

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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
				was sent to the Municipal HOH to explain the under spending but no response was received.
Ekukhanyeni Clinic	Non Profit Institution	R 1 152 000.00	R 1 146 279.00	
Highway Hospice	Non Profit Institution	R 798 000.00	R 797 797.00	
DPSA – COMM BASED REHAB PROJ	Non Profit Institution	R 1 044 000.00	R 1 043 556.00	
DSPSA WHEELCHAIR REPAIR/ MAINT	Non Profit Institution	R 958 000.00	R 958 322.00	
Matikwe Oblate	Non Profit Institution	R 542 000.00	R 541 671.00	
Power of God (Philakade TLC)	Non Profit Institution	R 1 275 000.00	R 1 275 201.00	
The Bhekimpilo Trust	Non Profit Institution	R 9 438 000.00	R 9 437 790.00	
Austerville Halfway House	Non Profit Institution	R 621 000.00	R 621 370.00	
Azalea House	Non Profit Institution	R 574 000.00	R 573 841.00	
Claremont Daycare Centre	Non Profit Institution	R 438 000.00	R 438 205.00	
Happy Hour Amaoti	Non Profit Institution	R 585 000.00	R 585 434.00	
Happy Hour Durban North	Non Profit Institution	R 512 000.00	R 512 399.00	
Happy Hour KwaXimba	Non Profit Institution	R 468 000.00	R 468 347.00	
Happy Hour Mpumalanga	Non Profit Institution	R 468 000.00	R 468 347.00	
Happy Hour Phoenix	Non Profit Institution	R 292 000.00	R 292 137.00	
Jona Vaughn	Non Profit Institution	R 2 724 000.00	R 2 723 676.00	
Madeline Manor	Non Profit Institution	R 1 004 000.00	R 1 003 931.00	
Scadifa Centre	Non Profit Institution	R 1 073 000.00	R 1 072 647.00	
Sparkes Estate	Non Profit Institution	R 1 274 00.00	R 1 274 042.00	
Umlazi Halfway House	Non Profit Institution	R 311 000.00	R 310 685.00	

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Conditional Grants

Table 14: Comprehensive HIV and AIDS Grant

Name of the Grant	Comprehensive HIV / AIDS Grant		
Department who transferred the Grant	National Department of Health		
Purpose of the Grant	To enable the health sector to develop and implement an effective response to HIV/AIDS, TB and STIs. (source 2017 HIV/ AIDS and TB conditional grant framework)		
Expected outputs of the Grant and actual achievements.	Indicators	Expected Outcomes	Actual Achievements
	Number of facilities offering ART	680	883
	Number of new patients that started treatment on ART	195 295	194 064
	Number of patients on ART remaining in care	1 578 737	1 481 682
	Number of antenatal clients initiated on ART	27 200	21 208
	Number of beneficiaries served by Home-Based Carers		1 814 400
	Number active Home-Based Carers receiving stipends	10 100	10 080
	Number of male condoms distributed	170 755 053	108 503 920
	Number of female condoms distributed	7 722 085	2 804 576
	Number of HTA intervention sites (cumulative)	99	99
	Number of HIV positive patients that started on IPT	155 365	130 603
	Number of active lay counsellors on stipends	1 830	1 715
	Number of clients tested for HIV (including antenatal)	3 074 435	4 361 478
	Number of health facilities offering Medical male Circumcision (MMC) services	80	539
	Number of MMCs performed	148 209	144 513
	Number of babies PCR tested around 10 weeks	52 000	54 820
	Number of sexual assault cases offered ARV prophylaxis	4 441	4 244
	Number of Doctors trained on HIV/AIDS, STIs, TB and chronic diseases	237	335
	Number of Professional Nurses trained on HIV/AIDS, STIs, TB and chronic diseases	4 750	4819
Number of HIV positive clients screened for TB	220 891	241 875	
Amount per amended DORA (R'000)	R 5 840 629		
Amount received (R'000)	R 5 840 629		
Reasons if amount as per DORA was not received	N/A		
Amount spent by the Department (R'000)	R 5 840 629		
Reasons for the funds unspent by the entity	The grant was fully spent.		
Reasons for deviations on performance	1. Inadequate number of distribution points for condoms to be easily accessible to youth and key populations. The VMMC contract expired during quarter four hence, set targets are not met.		

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Name of the Grant	Comprehensive HIV / AIDS Grant
	<ol style="list-style-type: none"> The number of clients remaining on ART is encouraging as KZN has saved more than 1.387 688 lives by initiating them on treatment. The CCMDD programme is a model that KZN has implemented however, some patients do not honour their appointments and need to be traced. Although remarkable strides have been made towards the epidemic control of TB and HIV, there are still gaps in the TB and HIV care cascades. HIV Testing services have improved over the years but viral load completion remains a challenge much as we are performing reasonably well with viral load suppression. The HAST programmes have done well generally but the challenges in the healthcare systems are failing the programme. The gaps identified in healthcare system which affect HAST programmes are the poor infrastructure (shortage of space and overcrowding in clinics) as well as shortage of staff in clinics resulting in delays in rendering services and capturing of data. The additional resources provided by the grant for personnel have been fruitfully utilized to strengthen services, particularly at primary care level however, recruitment of suitably trained staff, namely doctors, nurses and pharmacists has been hampered by shortage of funds.
Measures taken to improve performance	<ol style="list-style-type: none"> Review current distribution system to identify distribution points most accessible to youth, and key populations per ward; Expand high-impact condom distribution outlets (public/private/NGO, etc.) at ward level per sub-district; Increase condom distribution targets per sector, per programme and per distribution outlet. Set monthly condom distribution target for CHW's, THP's, TB tracers, CHF's, Mobile clinics, EHPs, WBOTS, OSS champions, etc. and to monitor monthly performance. The Province has been able to infiltrate the male sector with prevention and screening programmes. This was evident by thousands of men circumcised and others serviced at HTA sites. Isibaya Samadoda Programme has been a huge success and aided in the acceptability and uptake of VMMC. More than one million 500 thousand of KZN citizens know their status and many were channelled to the Pre-ART and ART programmes. Facility visits were conducted to ensure that challenges encountered at facility level were addressed timely.
Monitoring mechanism by the receiving Department	<ol style="list-style-type: none"> Quarterly financial and non-financial reviews were conducted on the HIV/AIDS & TB Conditional Grant. District quarterly visits were also conducted as technical support from the Provincial Office and Quarterly M&E Platforms were held to present impact made by the programme and corrective measures taken. Financial management is performed by means of cash flow monitoring, which takes place monthly, quarterly and annually.

Table 15: National Tertiary Services Grant

Name of the Grant	National Tertiary Services Grant
Department who transferred the Grant	NDOH
Purpose of the Grant	<ul style="list-style-type: none"> Ensure provision of tertiary health services for all South African To compensate tertiary facilities for the additional costs associated with provision of these services
Expected outputs of the Grant	<ul style="list-style-type: none"> Number of inpatient separations Number of day patient separations Number of outpatient first visits Number of outpatient follow up visits Number of inpatient days Average Length of stay by Facility (Tertiary) Bed Utilization Rate by facility (all Levels of Care)
Actual outputs achieved	<p>1. Tertiary Package of Services.</p> <p>Tertiary clinical service compliance with the YES List and the number of Tertiary beds were used as determinants of the percentage of Tertiary services provided at each hospital:</p> <p>IALCH = 100%, Greys = 80%, KEH = 60% and Ngwelezane = 33%.</p>

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Name of the Grant	National Tertiary Services Grant
	<p>The package of Tertiary Health Care Services was sustained, only neurosurgery at Greys in partnership with IALCH was commissioned. Minimal commissioning of new services was undertaken in 2019/20 in KZN due to Global and National fiscus, budgetary constraints, the COVID-19 Pandemic and declaration of the state of National Disaster and Lockdown by the President.</p> <p>Other outputs achieved in 2019/20 NTSG Framework were:</p> <p>2. RECRUITMENT AND RETENTION OF APPROPRIATELY SKILLED AND SPECIALIZED HEALTH CARE PROFESSIONAL: Recruitment of the following Specialist Doctors, Nurses and Allied Health Professional have been achieved :</p> <p>IALCH: Pharmacy – x1 Assistant Manager and x1 Deputy Manager, Pharmacists x2: Medical Officers x24, Medical Specialists x20, Head Clinical Unit Medicine x1; Nursing Specialty x 7.</p> <p>GREYS: Nursing x5, Internal Medicine Medical Officer x3, Casualty Medical Officer x1, Plastic Surgery Medical Officer x1</p> <p>KEH: Specialists - Neonatal x 2; Paediatrics x2; ICUx3; O&Gx1; Orthopaedics x 2; Theatre & Nursing x 4; Anaesthetics x 2. NGWELEZANE: HCU Medicine x2, Specialists x 3 , Medical Officers x 2 , Prof. Nurses Specialized x15</p> <p>3. OUTREACH PROGRAMMES: Outreach Programmes to improve the provision of and to ensure access, appropriate referrals and reduce patient waiting times to specialized services are enhanced through high quality clinical care to regional hospitals and outlying selected district hospitals. Consultants and specialists consult patients, train professional staff, and make recommendations on clinical protocols and on infrastructure and medical equipment issues to the RH hospital management. This clinical governance process enables clinical personnel by promoting service delivery which impacts directly on clinical outcomes.</p> <p>Each Central Hospital (CH) and Tertiary Hospital (TH) conducts outreach programmes as follows:</p> <p>3.1 IALCH – patient consultation, teaching staff wards rounds, service delivery reviews, and site visits to outlying hospitals including In –service training programmes have been conducted by IALCH Multidisciplinary teams. The use of telemedicine is one of the main methodologies for academic teaching and case discussions.</p> <p>Outreach programmes were conducted in the following clinical disciplines: development of clinical skills in Obstetrics, Orthopaedics, Endocrinology and Diabetes, Vascular Surgery, Neurology, Burns, Nephrology, Paediatric cardiology, Paediatric nephrology, Plastic Surgery, Paediatric Pulmonology, Dermatology, Anaesthetics, Specialized Surgery, Trauma, Paed Surgery, Critical care, PICU, Ophthalmology and Cardiology.</p> <p>These outreach developmental programmes were provided at Regional Hospitals namely: Port Shepstone, Addington, RKK, MGHM, PMMH, KDHC, Edendale, and Stanger. Selected district hospitals were also visited by consultants and specialist e.g. Richards Bay/ Hluhluwe, Wentworth, KDHC, Eshowe and Nkandla.</p> <p>Plastic Surgery and Anaesthetics for Operational Smile, and Tele Dermatology were conducted in SADC countries and internationally to add quality of life to vulnerable communities through these Outreach programmes.</p> <p>Academic teaching and case discussions via telemedicine/ teleconferencing; which are the system that allows real time viewing of the patient and their monitors in ICU, and presentation of cases on a face to face basis were also conducted.</p> <p>In Reach programmes are also provided by each department through in-service training and academic programmes for upskilling clinical staff both provincially and nationally.</p> <p>3.2 GREYS: Outreach: Extensive amounts of the resources available to Greys and Northdale hospitals to achieve the outreach responsibilities from PMB metropole/ UMgungundlovu district to the</p>

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Name of the Grant	National Tertiary Services Grant
	<p>periphery have been consumed by direct outreach to Edendale hospital. This was due to inability of Edendale hospital to fill the Anaesthetic medical officer posts The rest of the PMB system has contributed the equivalent of the work of 5 experienced Medical Officers. This represents about three times the amount of outreach programme provided by Greys specialists.</p> <p>The SAFE Caesarean Section (CS) programme has demonstrated to be a very significant phase for Anaesthesia development. Large numbers of unskilled doctors providing Anaesthesia has been identified. The SAFE CS programme has been conducted for all district hospitals doctors and specialists within the catchment area of Greys. This programme has also enabled the integration of clinical specialties e.g. participation by O&G consultants in the Caesarean accreditation program has increased awareness of needs of the individual hospitals, deepened their understanding in setting goals for ongoing in-service trainings and strengthened relationships between the Hospital management and the Department of O&G.</p> <p>Effective training, monitoring and service delivery were provided in the catchment area of Grey's hospital. The following outreach programmes: 133 visits were scheduled for Anaesthetics and 107 occurred. Other outreach programmes were provided to RH in Nephrology, Haematology, Endocrinology, Neurology, Rheumatology, Gastroenterology and Cardiology.</p> <p>Orthopaedics outreach support from greys to Madadeni enabled the retention of HCU for 4 years. There have been no recorded Medico-legal incidents, an average of 85 theatre cases including Arthroplasty have been conducted. The success of this outreach is that Outreach programmes is a KRA for every Doctor in the Orthopaedic Department, especially Ladysmith Hospital as there is no full-time Specialist. Cost savings at Greys Orthopaedic services was due to implants being performed at designated Regional Hospitals. The surgery outreach programme consultants /specialists have created a strong relationship between district or regional hospitals and PMB Complex through monthly visits, ad hoc telephone calls for advice and referral of emergencies when the traditional referral system fails.</p> <p>The Paediatric Department's ethos is a strongly supported Outreach Programme aligned to the Provincial Guidelines for Paediatric Outreach. This programme forms part of clinical governance and consists of Monthly Outreach visits (at least 9 per hospital required), weekly telephonic ward rounds with Paediatric/Neonatal MO at Outreach Hospital, ad hoc phone calls for assistance and in-reach.</p> <p>Operational Logistics planning, Management visits and review combined with undergraduate teaching from Jan – Dec 2019 were 21 visits.</p> <p>Clinical psychology and social work conducted interactive presentations, displays and symposia e.g. Child Protection Week on Parenting, Child abuse and Domestic violence awareness. Outreach & Pre-visit needs assessment to several organisations within the catchment area were provided during the Mental Illness & Disability Month. Other programmes were: Youth awareness and Men's imbizo, 67 Minutes of Mandela day: A programme was held jointly with various internal and external stakeholders: making of safe baby carriers for 5 Kangaroo Mother Care Ward, staff donated the material used and sponsored the baby welcoming comfort packs which were handed out to mothers in the NICU. During Women's Month, Childhood Cancer Month fundraising sales were initiated to support CHOC in their contribution distributed to patients and families dealing with cancer. On World Kidney Day the Outreach team had exhibition tables at Liberty Mall on pamphlets to educate the public on prevention of kidney disease and organ donation.</p> <p>To commemorate 16 Days of Activism-no violence against Gender based violence this outreach team together with the Women's Forum organised the following a Peace Walk in which health professionals, external stakeholders and patients & civil society employees, received informative presentations on Violence in our society and Moving towards Peace in our society, by Lifeline and Finance.</p> <p>In Reach a system has been set up for the SAFE CS programme to train doctors to the correct skill level. The system has proven effective, but is underutilized due to staff shortages.</p>

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Name of the Grant	National Tertiary Services Grant
	<p>Clinical psychology and social work Outreach teams have conducted several workshops, awareness programmes and skills development by the following activities: Burns Prevention and Teenage Pregnancy Awareness Programme, Career Open Day, Child Protection Week, Awareness Educational Programme on Chronic Kidney Disease and Healthy Lifestyle, National ADHD Awareness Day, Healthy Staff Day, International week for older persons, World hospice & Palliative Care Day, Mental Health Promotion and Suicide Prevention, Mental Health and Substance Abuse Risk Relay Symposium and Child/World diabetes awareness day.</p> <p>3.3. KEH - Outreach: Regional hospitals referring to KEH are visited in order to upskill staff e.g. Obstetrics & Paediatrics. Clinical support is provided telephonically, via WhatsApp consultations and some departments have begun using the Vula App. Planned roll out of wider usage of the Vula App.</p> <p>In Reach: senior consultants from IALCH and KEH sustain ongoing teaching of registrars and specialists. Appropriate referrals from designated referring hospitals and patients from other hospitals that are faced with a staffing crisis or bed shortages are accepted by all clinical departments. Ongoing teaching of registrars and specialists are sustained between IALCH and KEH senior consultants.</p> <p>3.4. NGWELEZANE – Outreach: Due to staff skill set and constraints as well as the COVID 19 pandemic outreach could not be successfully conducted.</p> <p>In Reach: Oversight responsibility of urology specialist clinic resulted in the reduction of urology elective list backlog. Capacity building to the medical officers and interdepartmental consultation of patients. Capacitate medical interns. Surgeons have contributed immensely in the development and expansion of tertiary services with the reduction of surgical and orthopaedics elective list. Neurology clinic has been initiated. Specialists are involved in academic teaching programme of the medical students from UKZN programme.</p>
Amount per amended DORA (R'000)	R 1 895 149 000
Amount received (R'000)	R 1 895 149 000
Reasons if amount as per DORA was not received	NA
Amount spent by the Department (R'000)	<p>R 1 895 149 000</p> <p>All four NTSG funded hospitals delivered clinical services specified on the “Yes” List.</p> <p>The COE allocation as per staff linked to the NTSG and the G&S allocation from the NTSG was fully spent.</p> <p>Delays in procurement of Capital Medical Equipment resulted in the MTS allocation being reviewed to ensure no underspending of the NTSG. Thus the NTSG Business Plan was amended and approved by NDOH resulting in 100% expenditure.</p>
Reasons for the funds unspent by the entity	NA
Reasons for deviations on performance	NA
Measures taken to improve performance	<p>As a schedule 4 conditional grant the NTSG allocation supplements the Equitable Share allocation to enhance central and tertiary service funding. The procurement of capital medical equipment and the replacement of obsolete or broken medical equipment in the TH has been escalated which strengthens the modernization of tertiary services strategy.</p> <p>Public Private Partnerships, Memoranda of Understanding and improved revenue collection at Central and Tertiary Hospitals can be expedited to enable systemic development towards NHI.</p>

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Name of the Grant	National Tertiary Services Grant
	<p>Budget and procurement schedules are being used for the planning and monitoring of expenditure of certain Goods and Services items. At Grey's Hospital ROBUST (Rationalization of Blood Use Strategic Programme) spearheaded by Medical Management at Grey's Hospital is another fiscal initiative to monitor usage and expenditure on blood and blood products within budget.</p> <p>Transparency in budget and expenditure facilitates prudent fiscal awareness</p> <p>Electronic Gatekeeping (EGK) for Laboratory expenditure has been rolled out in KZN.</p> <p>Two minor theatres at Greys are also being used now for elective surgery to alleviate the backlog of elective cases due to shortage of theatre time.</p>
Monitoring mechanism by the receiving Department	<p>KZN DOH has a monitoring framework in place.</p> <p>The Tertiary Services Programme Manager (TSPM) Dr. M. Pillay is responsible for monitoring Tertiary Service provision.</p> <p>An integrated team approach ensured that consultation, participation, accountability, responsiveness to tertiary service needs and good governance in monitoring the NTSG were sustained.</p> <p>The TSPM facilitated co designing Tertiary Hospital Business Plans and Performance Indicators with the Tertiary Hospital Executive Managers, Provincial Data Managers and Provincial Financial Managers by using integral principles such as equitability, inclusiveness and consensus orientated strategies.</p> <p>This integral approach enabled alignment of the NTSG Business Plans and monitoring to the Conditional Grants Schedule 4, DORA and PFMA prescripts.</p> <p>Monitoring tools developed and utilized by the TSPM to consistently review the NTSG utilization also include the Tertiary Services Annual Performance Plan in which activities are integrated and aligned to National and Provincial Strategic priorities for the delivery of Tertiary Services.</p> <p>At institutional level - each Tertiary and Central hospital conducts weekly cash flow meetings, monthly extended management meetings and quarterly performance review meetings.</p> <p>The District and Provincial finance management component and the TSPM receive these reports from the TH and the NTSG is analysed and monitored by the TSPM.</p> <p>Each hospital also conducts monthly clinical audits managed by multidisciplinary teams; as well as hospital efficiency and quality indicators are monitored and reported on quarterly to the TSPM.</p> <p>At the Provincial level expenditure reviews of NTSG funded Tertiary and Central Hospitals are conducted by the TSPM and the Provincial Budget Office representative, monthly.</p> <p>Quality Improvement Plans (QIP) and Medical Equipment Procurement Plans which are aligned to the NTSG Business Plans are monitored by Quality Management Teams and the Medical Technical Committee in each NTSG funded hospitals. These reports are submitted to the TSPM who compiles the Consolidated Provincial Report and submits to the Chief Director – Hospital Management Services, Deputy Director General – Specialized Services and Clinical Support, Chief Financial Officer, Head KZN Health and the Provincial Treasury Intervention Task Teams.</p> <p>The TSPM also analyses, reviews and reports on clinical and financial data which are collected monthly at each hospital and collated quarterly on monitoring reporting templates then forwarded to the KZN DOH and NDOH Principals.</p> <p>Patient Activity and financial performance reports from the Tertiary hospitals are submitted to the TSPM quarterly.</p> <p>Governance Teams at each Tertiary and Central Hospital monitors the Service Delivery outputs, budgeting process and expenditure reviews. Analysis of these reports and feedback are conducted by the TSPM which is sent to the Governance Structure members namely: Hospital Executive Management, MTEC Meetings and Extended Management meetings.</p>

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Name of the Grant	National Tertiary Services Grant
	Site visits and Managing by Walk-ABOUTS are also conducted by the TSPM, quarterly and adhoc, to monitor provision and quality of clinical services.

Table 16: Social Sector EPWP Incentive Grant for Provinces

Name of the Grant	EPWP Incentive Grant for Provinces
Department who transferred the Grant	National department of Public Works
Purpose of the Grant	To enhance the number of full time equivalent jobs created through labour intensive infrastructure programmes, which utilises local people to maintain grounds and clean buildings.
Expected outputs of the Grant	2 400 Work opportunities
Actual outputs achieved	3 992 jobs created
Amount per amended DORA (R'000)	R10 313
Amount received (R'000)	R10 313
Reasons if amount as per DORA was not received	N/A
Amount spent by the Department (R'000)	R10 313
Reasons for the funds unspent by the Entity	N/A
Reasons for deviations on performance	N/A
Measures taken to improve performance	N/A
Monitoring mechanism by the receiving Department	N/A

Table 17: Health Facility Revitalisation Grant

Name of the Grant	Health Facility Revitalisation Grant
Department who transferred the Grant	National Department of Health
Purpose of the Grant	To enable provinces to plan, manage, modernise, rationalise and transform health infrastructure, health technology, monitoring and evaluation of hospitals and to transform hospital management and improve quality of care in line with the national policy objectives
Expected outputs of the Grant	2 new and replaced projects 30 upgrade and addition projects 12 renovation and refurbishment projects
Actual outputs achieved	1 new and replaced projects 30 upgrade and addition projects 12 renovation and refurbishment projects
Amount per amended DORA (R'000)	R 1 271 414
Amount received (R'000)	R 1 271 414
Reasons if amount as per DORA was not received	N/A
Amount spent by the Department (R'000)	R 1 271 414
Reasons for the funds unspent by the Entity	N/A

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Name of the Grant	Health Facility Revitalisation Grant
Reasons for deviations on performance	Late information and payment delays in Dr Pixley Ka Isaka Seme Memorial Hospital (DPKISMH)
Measures taken to improve performance	Dr Pixley Ka Isaka Seme Memorial Hospital (DPKISMH) Project will be completed in 2020/21, Construction progress on site is at 98%.
Monitoring mechanism by the receiving Department	N/A

Donor Funds

Donor Funds Received

Table 18: Donor funds received

Name of Donor	Astra Zeneca (Astra Zeneca Pharm)
Full amount of the funding	R 196 000
Period of the commitment	Not specified.
Purpose of the funding	Drug Trials
Expected outputs	Drug Trials
Actual outputs achieved	The project is still in progress.
Amount carried over (R'000)	R26
Amount spent by the Department (R'000)	R0
Reasons for the funds unspent	The project is still in progress
Monitoring mechanism by the Donor	Not specified.
Name of Donor	Atlantic Philanthropies
Full amount of the funding	R 9 429 000
Period of the commitment	Two years (further extension received).
Purpose of the funding	To strengthen the institutional capacity of the KwaZulu-Natal College of Nursing to enhance training and research Capacity.
Expected outputs	Position the KwaZulu-Natal College of Nursing in the Higher Education landscape by the year 2016/2017 in respect of education, training and research; quality improvement; and leadership and governance
Actual outputs achieved	Curriculum Development completed for the Diploma in Nursing – General Programme (R171). Process of accreditation commenced with the respective accreditation bodies (CHE and SANC). Clinical Skills Laboratory set up at Ngwelezane Campus. Capacity building and Policy Development programmes conducted in line with the roll out of the New Nursing Qualifications. Curriculum Development for Post Graduate Diploma and the Advanced Diploma in Midwifery commenced.
Amount carried over (R'000)	R1,603
Amount spent by the Department (R'000)	R701
Reasons for the funds unspent	This project has progressed well. The College is in the process of closing out the project and reconciling all funds and expenditure.
Monitoring mechanism by the Donor	Annual Progress reports submitted.
Conforth investments	

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Full amount of the funding	R 151 000
Period of the commitment	Not specified.
Purpose of the funding	Improvement of the infection control unit in ward A4.
Expected outputs	Installation of access control doors and purchasing of furniture in the Haematology Department.
Actual outputs achieved	Installations of 2 access control doors and additional seating for patients in ward A4 west.
Amount carried over (R'000)	R 26
Amount spent by the Department (R'000)	Nil
Reasons for the funds unspent	Feedback/Approval awaited to spend the balance of the funding.
Monitoring mechanism by the Donor	None
Name of donor	Impumelelo Trust Innovation
Full amount of the funding	R 24 000
Period of the commitment	Not specified
Purpose of the funding	Training programmes for HIV and AIDS
Expected outputs	Prize money to be spent on HIV/AIDS related project
Actual outputs achieved	None
Amount carried over (R'000)	R 24
Amount spent by the Department (R'000)	R 0
Reasons for the funds unspent	Still in the planning phase.
Monitoring mechanism by the Donor	None.
Name of donor	MASEA AWARDS
Full amount of the funding	R 125 000
Period of the commitment	Not Specified
Purpose of the funding	Annual Service Excellence Awards
Expected outputs	Awardees receive funding as prize money.
Actual outputs achieved	N/A
Amount carried over (R'000)	R2
Amount spent by the Department (R'000)	R0
Reasons for the funds unspent	Encountered problems with Bank account details for recipients.
Monitoring mechanism by the Donor	None

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Capital Investment

Table 19: Capital Investment, Maintenance and Asset Management Plan

Infrastructure Projects	2019/20			2018/19		
	Financial Appropriation	Actual Expenditure	(Over)/ Under Expenditure	Financial Appropriation	Actual Expenditure	(Over)/ Under Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000
New and replacement assets	118 042	498 254	(380 212)	756 422	804 330	(47 908)
Existing infrastructure assets	1 083 738	901 761	181 977	939 176	891 268	47 908
Upgrades and additions	400 797	259 730	141 067	220 049	250 275	(30 226)
Rehabilitation, renovations & refurbishment	268 106	170 341	97 765	319 047	244 419	74 628
Maintenance and repairs	414 835	471 690	(56 855)	400 080	396 574	3 506
Infrastructure transfer						
Current	414 835	471 690	(56 855)	400 080	396 574	3 506
Capital	786 945	928 325	(141 380)	1 295 518	1 299 024	(3 506)
Total	1 201 780	1 400 015	(198 235)	1 695 598	1 695 598	-

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PROGRAMME 1 - ADMINISTRATION

Programme Description & Purpose

Conduct the strategic management and overall administration of the Department of Health.

There are no changes to the Programme 1 structure.

Sub-Programme 1.1: Office of the Member of the Executive Council (MEC)

Render advisory, secretarial and administrative support, and public relations, communication and parliamentary support

Sub-Programme 1.2: Management

Policy formulation, overall leadership, management and administration support of the Department and the respective districts and institutions within the Department.

Strategic objectives for the year under review

Strategic Objective 1.2: Improve financial management and compliance to PFMA prescripts

Strategic Objective 1.3: Improve Supply Chain Management

Strategic Objective 1.4: Improve health technology and information management

Strategic Objective 4.1: Improve human resources for health

Strategic Objective 5.2: Improve quality of care

Strategic Objectives, Performance Indicators, Targets and Actual Achievements

Strategic Objective 1.2: Improve financial management and compliance to PFMA prescripts

The Department aimed to receive an unqualified audit opinion for the 2019/20 financial year.

Strategic Objective 1.4: Improve health technology and information management

The Department has made progress in connectivity for hospitals and clinics. Since 2018/19, hospitals improved from 66.7% to 80.3% but fell short of the targeted 92.9% for the percentage of hospitals with Broadband access. The focus shifted towards improving the speed of existing 2 Megabits per second (Mbps) to higher speeds.

The percentage of fixed PHC facilities with broadband access improved from 36.5% (2018/19) to 95.3% (2019/20), thereby exceeding the target of 50.2%. The District and Facility Information Officers (DIOs and FIOs) were trained to support the connectivity system for clinics.

Strategic Objective 1.3: Improve Supply Chain Management

The Department has exceeded the target for the percentage of supplier invoices paid within 30 days by implementing controls such as investigation and mitigation of delays in payments. This resulted in 95.7% (2019/20) of supplier invoices being paid within 30 days against the 80% target.

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Strategic Objective 4.1: Improve human resources for health

The Department was able to achieve coverage of 30.9 Medical Officers per 100 000 (2019/20) people against the target of 27.4. The Presidential Stimulus package yielded the appointment of Medical Interns, Community services and other critical Medical Practitioners. The Coverage of Professional Nurses (PNs) per 100 000 people fell marginally short of the target of 151.7 PNs per 100 000 people. The natural attrition of nurses resulted in the marginal shift of coverage. The placement of Pharmacy bursary holders assisted to fill posts that were vacant and this resulted in the Department exceeding the targeted 7.4 Pharmacists per 100 000 people. At the end of 2019/20, there were 8.3 pharmacists per 100 000 people compared to 7.9 at the end of 2018/19. The appointment of Community care givers went according to plans and the targeted number of 10 080 CCG appointments was met in 2019/20.

For 2019/20, 45 Ethics workshops were planned but only 35 were conducted. The workshops that were planned to take place in March 2020 to fill the gap were cancelled due to the COVID-19 outbreak.

Strategic Objective 5.2: Improve quality of care

The percentage of public health hospitals that scored more than 75% on the Food Service Monitoring Standards Grading System increased from 76% in 2018/19 to 85.5% in 2019/20. Although the increase was observed, the performance fell short of the targeted 100% due to the high attrition of Food Service Managers who are the technical implementers of this operation. Four kitchens were closed for renovations in the financial year under review. In addition, the COVID-19 lockdown resulted in the cancellation of some assessments.

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Table 20: Customised Performance Indicators

APP 2019/20: Page 60: Table 11 (ADMIN 2)							
Strategic Objective Statement	Performance Indicator	Data Source	Actual 2018/19	Target 2019/20	Actual 2019/20	Deviation from Planned 2019/20 Target	Comment on Deviation
Strategic Objective 1.2: Improve financial management and compliance to PFMA prescripts							
1.2.1) Annual unqualified audit opinion for financial statements and performance information from 2015/16 onwards	1. Audit opinion from Auditor-General	Annual Report	Qualified	Unqualified Audit	Qualified	Not achieved	See Auditor General's report: Page 248 Annual Financial Statements.
Strategic Objective 1.4: Improve health technology and information management							
1.4.1) Connectivity established in 90% public health facilities by March 2020	2. Percentage of Hospitals with broadband access	Network reports that confirm availability of broadband	66.7%	92.9%	80.3%	(13.6%)	Upgrade of already qualified hospitals from 2Mbps to a higher capacity
	<i>Total number of hospitals with minimum 2 Mbps connectivity</i>	Network reports that confirm availability of broadband	48	66	57		
	<i>Total number of public hospitals</i>	DHIS	72	71	71		
	3. Percentage of fixed PHC facilities with broadband access	Network reports that confirm availability of broadband	36.5%	50.2%	95.3%	89.8%	Long-Term Evolution [LTE] routers configuration has contributed to improved broadband access at Primary Health Care [PHC] facilities. District Information Officers [DIOs] and Facility Information Officers [FIOs] were

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APP 2019/20: Page 60: Table 11 (ADMIN 2)							
Strategic Objective Statement	Performance Indicator	Data Source	Actual 2018/19	Target 2019/20	Actual 2019/20	Deviation from Planned 2019/20 Target	Comment on Deviation
	<i>Number of PHC facilities that have access to at least 1Mbps connectivity</i>	<i>Network reports that confirm availability of broadband</i>	222	305	582		trained to support the connectivity system for Clinics.
	<i>Total number of fixed PHC facilities</i>	<i>DHIS</i>	608	608	611		
FINANCE AND SUPPLY CHAIN MANAGEMENT							
Strategic Objective 1.3: Improve Supply Chain Management							
1.3.3 Effective and efficient process for the timely payment of suppliers.	4. Percentage of supplier invoices paid within 30 days	Tracking system	Not monitored	80%	95.7% (294 852/308 098)	19.6%	The department has improved from the previous years due to controls such as the investigation and mitigation of delays in payments that have been implemented.
HUMAN RESOURCE MANAGEMENT SERVICES							
Strategic Objective 4.1: Improve human resources for health							
4.1.9) Provide sufficient staff with appropriate skills per occupational group within the framework of Provincial staffing norms by March 2020	5. Medical Officers per 100 000 people ⁱⁱⁱ	Persal/ Stats SA	34	27.4	30.9	12.8%	The Department was able to employ more Medical Practitioners (Registrars) due to the Presidential Stimulus Package. The Department also appointed additional Medical Interns, Community Services and filled other critical Medical Practitioner posts.
	<i>Number of Medical Officers posts filled</i>	<i>Persal</i>	<i>3 879</i>	<i>3 039</i>	<i>3 590</i>		
	<i>Total population</i>	<i>Stats SA (DHIS)</i>	<i>11 417 126</i>	<i>11 565 963</i>	<i>11 603 112</i>		
	6. Professional Nurses per 100 000 people	Persal/ Stats SA	153	151.7	149.6	(1.4%)	Results are within acceptable deviation of the target. There has been a minimal decrease in numbers and this can be ascribed to natural attrition.
	<i>Number of Professional Nurses posts filled</i>	<i>Persal</i>	<i>17 444</i>	<i>17 360</i>	<i>17 353</i>		
	<i>Total population</i>	<i>Stats SA (DHIS)</i>	<i>11 417 126</i>	<i>11 565 963</i>	<i>11 603 112</i>		

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APP 2019/20: Page 60: Table 11 (ADMIN 2)							
Strategic Objective Statement	Performance Indicator	Data Source	Actual 2018/19	Target 2019/20	Actual 2019/20	Deviation from Planned 2019/20 Target	Comment on Deviation
	7. Pharmacists per 100 000 people	Persal/ Stats SA	7.9	7.4	8.3	12.2%	Institutions were able to attract recruits and fill posts. Placement of bursary holders also assisted in the filling of posts.
	<i>Number of Pharmacists posts filled</i>	<i>Persal</i>	<i>898</i>	<i>870</i>	<i>957</i>		
	<i>Total population</i>	<i>Stats SA (DHIS)</i>	<i>11 417 126</i>	<i>11 565 963</i>	<i>11 603 112</i>		
Strategic Objective 5.2) Improve quality of care							
5.2.5) 100% Public health hospitals score more than 75% on the Food Service Monitoring Standards Grading System (FSMSGs) by March 2020	8. Percentage of public health hospitals that scored more than 75% on the Food Service Monitoring Standards Grading System	Food services grading register	76%	100%	85.5%	(14.5%)	Contributing factors include: <ul style="list-style-type: none"> • High attrition rate of hospital Food Service Managers [FSMs], who are the technical implementers of this operation • 4 kitchens closed for renovations i.e. Osindisweni, Wentworth, Clairwood & Niemeyer Hospitals • The National lockdown has distracted remaining assessments and were left unfinished in Q4
	<i>Public health hospitals that score more than 75% on the FSMSGs</i>	<i>Food services grading register</i>	<i>55</i>	<i>71</i>	<i>47</i>		
	<i>Number of public health hospitals assessed</i>	<i>DHIS</i>	<i>72</i>	<i>71</i>	<i>55</i>		
EXECUTIVE SUPPORT SERVICES							
Strategic Objective 4.1) Improve human resources for health							
4.1.11) Appoint an average of 10 000 CCGs per annum on contract	9. Number of Community care Givers appointed on contract	CCG database/ Persal	10 080	10 080	10 080	0%	No deviation. The appointments were kept constant in line with the Budget
Strategic Objective 5.2) Improve quality of care							
5.2.6) Conduct at least 40 ethics workshops per annum from 2017/18 onwards	10. Number of ethics workshops conducted	Attendance registers	34	45	35	(22.2%)	A number of workshops planned for March 2020 had to be cancelled due to the COVID-19 outbreak. This was done in the interest of staff that would be expected to travel and congregate in a venue for the workshops.

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Strategies to overcome areas of under-performance

Audit & Internal Control

- A plan to undertake Internal Control Assessments remotely by requesting information to confirm and support the implemented actions has been developed and will commence in the 2nd Quarter of the 2020/21 financial year to validate the implemented actions.
- Interactions to discuss additional corrective measures with the management teams on the development and implementation of additional controls to be undertaken through virtual meetings as well as in part through physical interaction at an institutional level.

Financial Management Services

- Monthly payment cycle analysis report being compiled and distributed to all districts requesting that they investigate delays in payment so that they can identify and address the cause(s) of late payments to ensure future payments are made within 30 days as required by section 38(1)(f) of the PFMA and Treasury Regulation 8.2.3

ICT

- To improve hospital access further, the department is planning to install a second network to run other services and engage State Information Technology Agency (SITA) to speed up the broadband upgrading process.
- Radical procurement strategy (Leasing is the only option that will resolve the provincial shortage)
- Skill upgrade to nurses (Mass training) and deployment of computers in nursing stations to allow nurses to practise to get them ready for automation

Human resources

- To sustain the improvement by timeously filling of medical officer's as well as Pharmacists posts.
- The Department commenced with the development of a Minimum Staff Establishment for professional nurses to identify critical gaps and minimum staffing needs that will inform re-prioritisation and equitable distribution of human resources.

Food Services

- Food services 2020/21 targets to be revised in line with the availability of resources to implement this operation.

Executive support Services

- The Ethics Office will explore other avenues for conducting such as:
 - Virtual workshops – dependent on connectivity and Information and Communication Technology (ICT) resources at Districts and Institutions.
 - Conducting workshops with smaller groups in order to allow for proper social distancing once all staff has returned to duty.

Changes to planned targets

There were no changes to the planned target during the reporting cycle.

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Linking performance with budget

Table 21: Budget appropriation and expenditure

Sub-Programmes	2019/20							2018/19		
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final Appropriation	Final Appropriation	Actual Expenditure	
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000	
1.1	Office of the MEC									
	Current payments	21 503	-	-1 051	20 452	20 452	-	100.0%	19 752	19 752
	Transfers and subsidies	15	-	2	17	17	-	100.0%	-	-
	Payments for capital assets	1 372	-	23	1 395	1 395	-	100.0%	-	-
	Total	22 890	-	-1 026	21 864	21 864	-	100.0%	19 752	19 752
1.2	Management									
	Current payments	717 887	-	11 681	729 568	729 568	-	100.0%	742 612	742 612
	Transfers and subsidies	23 290	-	1 505	24 795	24 795	-	100.0%	6 979	6 979
	Payments for capital assets	46 978	-	-27 097	19 881	19 881	-	100.0%	41 144	41 144
	Payment for financial assets		-	89	89	89	-	100.0%	371	371
	Total	788 155	-	-13 822	774 333	774 333	-	100.0%	791 106	791 106

Source: BAS

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PROGRAMME 2 - DISTRICT HEALTH SERVICES

Programme Description & Purpose

There are no changes to the structure of Programme 2.

Programme Purpose

To render Primary Health Care and District Hospital Services.

Sub-Programmes

Sub-Programme 2.1: District Management

Planning and administration of health services; manage personnel and financial administration; coordination and management of Day Hospital Organisation and Community Health Services rendered by Local Authorities and Non-Governmental Organisations within the Metro; determine working methods and procedures and exercising district control.

Sub-Programme 2.2: Community Health Clinics

Render a nurse driven Primary Health Care service at clinic level including visiting points, mobile and local authority clinics.

Sub-Programme 2.3: Community Health Centres

Render primary health services with full-time Medical Officers in respect of mother and child, health promotion, geriatrics, occupational therapy, physiotherapy, and psychiatry.

Sub-Programme 2.4: Community-Based Service

Render a community-based health service at non-health facilities in respect of home-based care, abuse victims, mental and chronic care, school health, etc.

Sub-Programme 2.5: Other Community Services

Render environmental, port health and part-time district surgeon services, etc.

Programme 2.6: HIV and AIDS

Render a Primary Health Care service in respect of HIV and AIDS campaigns and special projects.

Sub-Programme 2.7: Nutrition

Render nutrition services aimed at specific target groups and combines nutrition specific and nutrition sensitive interventions to address malnutrition.

Sub-Programme 2.8: Coroner Services

Render forensic and medico legal services to establish the circumstances and causes of unnatural death

Sub-Programme 2.9: District Hospitals

Render hospital services at General Practitioner level.

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Strategic objectives for the year under review

- SO 1.5) Accelerate implementation of PHC re-engineering*
- SO 1.6) Scale up implementation of Operational Phakisa Ideal Clinic Realisation and Maintenance*
- SO 1.7) Improve hospital efficiencies*
- SO 2.2) Reduce HIV incidence*
- SO 2.3) Manage HIV prevalence*
- SO 2.5) Reduce infant mortality*
- SO 2.6) Reduce under 5 mortality*
- SO 2.7) Reduce maternal mortality*
- SO 2.8) Improve women's health*
- SO 2.9) Reduce the morbidity and mortality of non-communicable diseases*
- SO 2.10) Eliminate malaria*
- SO 5.1) Improve compliance to the Ideal Clinic and National Core Standards*

Strategic Objectives, Performance Indicators, Targets and Achievements

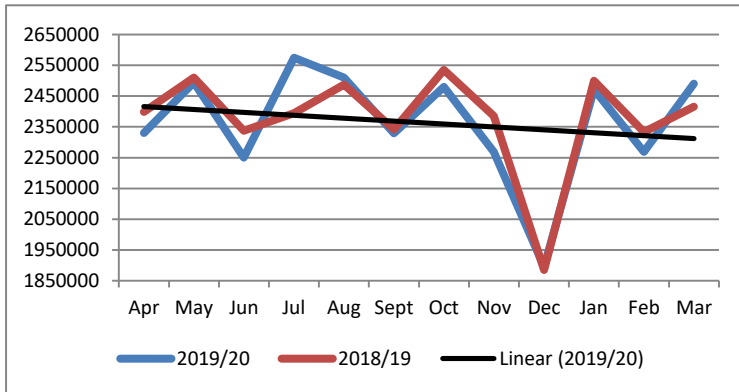
SO 1.5) Accelerate implementation of PHC re-engineering

The drop in the Primary Health Care (PHC) headcount, and hence the PHC utilisation rate, was attributed to the COVID-19 pandemic. The study done within the Department's Research Unit did highlight that there was a drop in utilization of all facilities beyond PHC. This might be attributed to fears related to COVID-19 and disaster regulations in terms of lockdown. One of the Department's strategies is to promote the community based model, deliver chronic medication at home and discourage patients, who do not need urgent medical treatment, to come to the facilities since facilities are high risk areas for COVID-19 infection. An intervention to decongest clinics, is the promote of the Centralised Chronic Medicines Dispensing and Distribution (CCMDD) program. It should be noted that more patients were enrolled on CCMDD program, during this year, than previously.

Through the NHI Grant, the Department has deployed 105 contracted General practitioners across the 11 districts as such that it is hoped that the the PHC headcount will improve going forward. The deployment of SyNCh and Rx Solution to the PHC facilities will adress the challenge of medicine challenges in the clinics, thus indirectly contribute to the attractiveness of the PHC Facilities to the users. The Department needs to urgently adress the gaps highlighted by the OHSC assesment in 2019, if it is to make PHC Services an entry point in the health system. The co-relationship between the OHSC findings and the utilization rate communicate a mouthful.

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Graph 19: Comparison for PHC headcount 2019/20 and 2018/19, month-on-month

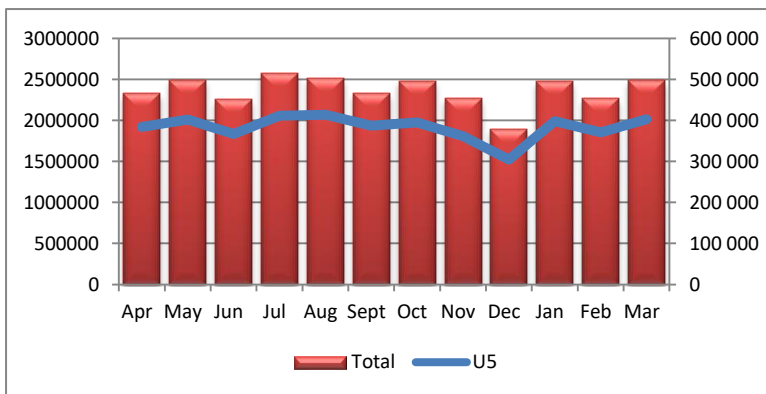


Overall, the PHC headcount for 2019/20 increased by 74 628 when compared to 2018/19. However it should be noted that the major contributing factor was the abnormally high headcount in July 2019 (179 953) and March 2020 (74 628), with August (22 149) and December (10 898) the only other 2 months to record a higher patient workload than 2018/19. The trend for PHC headcount is decreasing, however

there should be an indepth analysis as to the reasons why, as the introduction and upscaling of the Ward Based PHC teams could be realising this effect.

The PHC Utilisation rate under 5 years has seen a general decline of in-facility utilisation of services for children under 5 and the COVID-19 pandemic did influence the drop. The trend with regards to a sharp decline in headcounts, both for adults and children, in the month of December is again prevalent in this reporting cycle, as is the expected dip in the month of June. There are many assumptions surrounding these two annual dips in headcount, but no conclusive evidence as to why it occurs.

Graph 20: Total PHC headcount compared with the U5 headcount 2019/20



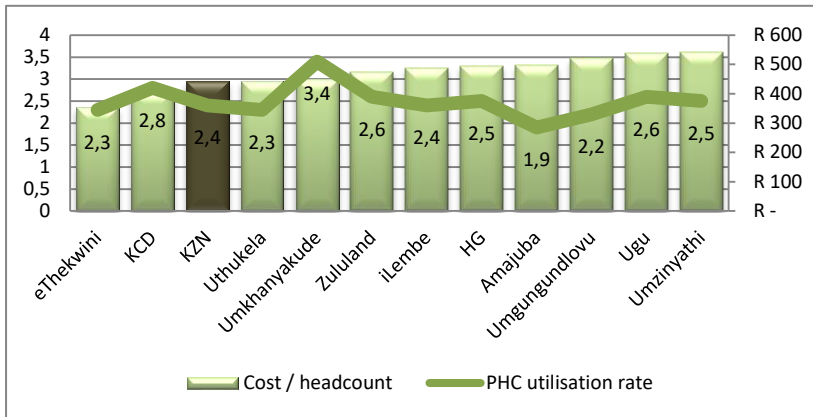
The implementation of the community based model so that children could be attended to in crèches, schools and community halls, is anticipated to have a positive influence on the number of under 5 years receiving preventative PHC services.

The Department has not been able to expand the number of school health teams due to budgetary constraints.

However the Department is promoting integration between the school health teams and ward based outreach primary health care teams in order to fill the gaps at ward level. The increase in the number of WBPHCOT teams is attributed to the support received from support partners like Health Systems trust (HST), Maternal, Adolescent and Child Health Institute (MatCH) and Broad Reach Health Care (BRHC). In the 2020/21 financial year, some of the these new teams will be funded from the HIV / TB Conditional Grant to allow for the implementation of the Community Based Model.

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Graph 21: PHC cost per headcount per district – 2019/20



The PHC cost per headcount is one of the indicators used to determine efficiency and effective useage of resources. This indicator should show the principle of “Economy of Scales” in action, meaning that the higher the utilisation rate, the lower the cost per headcount. Exceptions are noted with the main outlier being eThekweni. This is due to the fact that eThekweni

Metropoliatian manages 51 PHC clinics compared to the 49 managed by Provincial Health . The expenditure for the metropoliatian clinics has not be included in the analysis above, hence the cost per headcount is the erronous reflected as the lowest. Expenditure at uMzinyathi and Ugu is increased as there are comparatively more WBPHCOT’s and clinics in these two districts, hence increasing the cost to provide services. These additional resources can be justified when reviewed in relation to the PHC utilisation rate. uMkhanyakudehas the highest PHC utilisation rate at 3.4 visits per capita per annum, with a lower cost per headcount at R 450. The topography in this district, and the vast expanses between facilities, means that most of the population access health services via the clinic, with good effeciences.

SO 1.6) Scale up implementation of Operational Phakisa Ideal Clinic Realisation and Maintenance

A total of 10 552 661 clients registered on HPRS as at the end of March 2020.

In 2019/20, the Ideal Programme targetted 601 PHC clinics in the Province with 39 clinics achieving platinum status, 241 gold status and 189 silver status. A major reason for facilities not achieving the required status is due to poor infrastructure especially those facilities that were inherited from the municipalities. These facilities have been included into the 5 year Infrastructure Plan although funding remains a challenge, as the rebuilding of all these facilities is not financial viable.

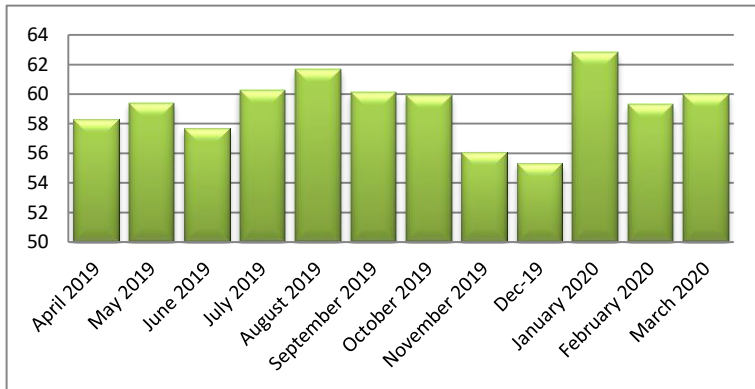
Outreach housefold registration has increased howver the number of WBPHCOT Teams remains insufficient to cover all municipal wards with priority being given to the 169 identified as part of the Provincial Poverty Eradication Plan. The Department will continue to collaborate with support partners in order to improve this performance.

SO 1.7) Improve hospital effeciencies

The are 39 district hospitals operational within the Province, with 8 having a Bed Utilisation Rate below, 50% which is deemed ineffecient. However, within the public health sphere and mvoing towards the full implementation of Naational Health Insurance (NHI) services have to be available and accessible to all populations. The Hospital Rationalisation Plan will provide the framework on how to make these ineffecient district hospitals more efficient.

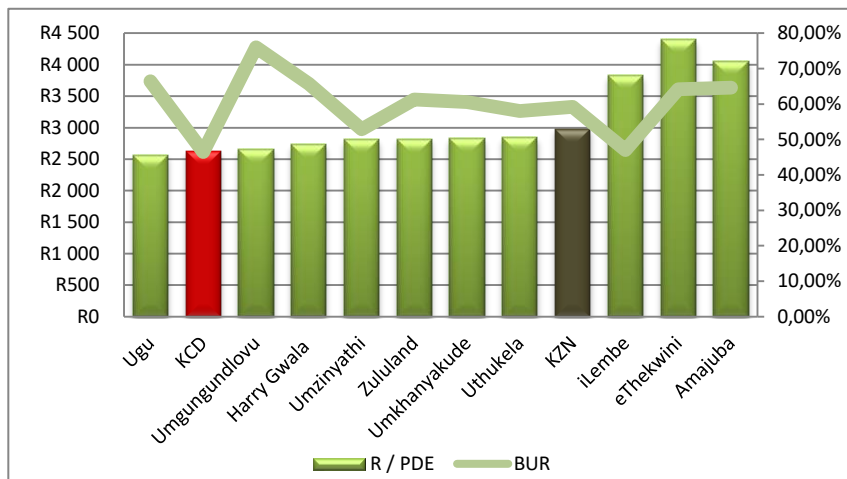
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Graph 22: Bed utilisation rate per month



It is evident that the months of July and August, coupled with January are the busiest months for district hospitals. The dip in June is accounted for by the school holidays and the drop in November and December is due to people having other priorities than their health with the festive season approaching. Once Christmas and New Year are over, the spike can be clearly seen in the patient activity for January.

Graph 23: Bed Utilisation Rate vs Expenditure per PDE – 2019/20



The expenditure per Patient Day Equivalent (PDE) is directly linked to the bed utilisation rate via the financial principle of “Economy of Scales”. Thus the fixed costs are distributed among many patients making it more economically viable. The relationship is expressed as the higher the BUR, the lower the cost per PDE and vice versa. Two examples of this principle are iLembe (low BUR and high Exp / PDE) and

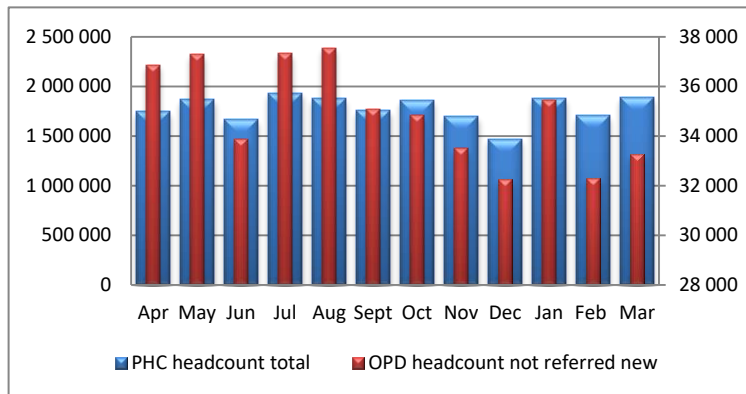
uMgungundlovu (Low Exp / PDE and high BUR). The small number of district beds in Amajuba (56 beds) means that the cost per PDE will always be high. eThekweni has a high cost per PDE as there is a misalignment between DHIS (PDE) and finance (Expenditure) data. In DHIS, King Dinizulu is categorised as a TB Hospital (should be a district hospital with regional units for Psychiatry and TB), and McCords is categorised as a District Hospital (should be a regional hospital). The expenditure is correctly allocated in BAS for the respectively budgetary sub-programmes.

Hospitals with low BUR’s have been prioritised to create bed space for people under investigation for COVID and isolation wards.

The downward trend in Total OPD headcount is attributed to programmes like CCMDD and WBPHCOT’s. Furthermore, the OPD Not referred new has remained above target. Many district hospitals are situated in areas where there are no PHC facilities, hence the OPD is utilised as an extension of the PHC centre to access services and be treated by a doctor.

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Graph 24: OPD not referred New compared with PHC Headcount per month 2019/20



It is interesting to note that the OPD Headcount Not Referred New, follows the same trends, over the course of the reporting cycle, as does the PHC Headcount, with significant dips in June and December and an increase in May, July and August. The assumption is made that the OPD Headcount Not referred New are patients accessing PHC services at hospitals that do not have a gateway clinic. The graph above

supports that assumption.

The winter months of May, July and August always have a higher headcount with the rationale being that this is flu season and more patients access PHC services during this time period. June there is always a drop in headcount that co-incides with the June school holidays, as with December when the economy winds down for the festive season.

SO 2.2) Reduce HIV incidence

Testing of key populations, vulnerable populations and communities in hard to reach areas was prioritised thus exceeding the annual target. Although testing was exceeded, the positivity rate was low thus the initiations and target for patients remaining on treatment, was not met for 2019/20.

Initiations for children under 15 years remains low despite a focussed intervention on this age group.

The distribution of male condoms proved a challenge in 2019/20 due to implementation of primary distribution sites, in some districts, that do not have adequate storage space. The impact of this is that condoms are kept at alternative storage sites with no dedicated staff resulting in poor reporting. There is also limited IEC material available for condom useage. The procurement of IEC will be prioritised after the COVID “lock-down”. The recruitment and appointment of Logistical Information Management System Staff, in all districts, will assist with the quality of reporting.

The Male Medical Circumcision programme has experienced challenges with regards to the PEPFAR transition between supporting partners and the RT35 Contracts (GP contracts) expiring. There is also under-reporting by partners in some districts. Overall the programme was 3 211 circumcisions short of their annual target. New contracts will be implemented post lockdown. The establishment of data management task teams have been established to resolve data variances.

The Department engaged with traditional leadership through different platforms with Isibaya Samadoda being the main platform where issues regarding male behaviour change are discussed and strategies to create demand for circumcisions are engaged. MMC camps, are held in collaboration with Amakhosi and Izinduma, who lead the discussion on behaviour change. The MMC venues are selected close to where traditional leaders reside for ease of access and participation. 58 MMC co-ordinators were contracted by the Department, and nominated by traditional leadership.

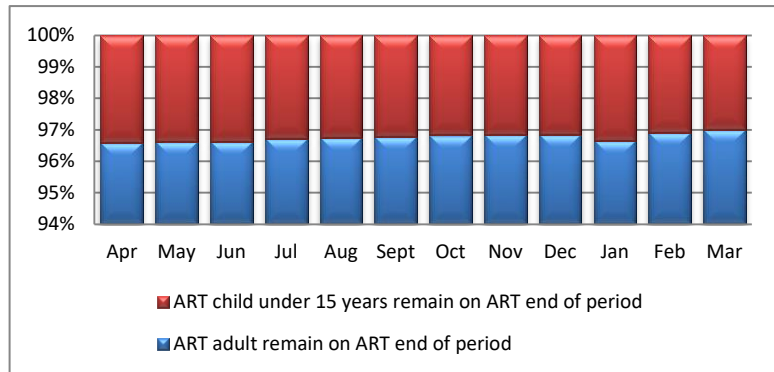
The high Male Urethritis Syndrome Incidence, is a cause for concern, as this is an indication of the prevalence of the usage of condoms within the general population. The high incidence in 2019/20 of 29.1 / 1000 is an indication of the high number of cases identified due to district campaigns focusing on key populations. eThekweni consistently has an incidence of over 30 / 1000 however this could be due to cross-border populations seeking health care services nearby their place of work rather than within the area of their residence.

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SO 2.3) Manage HIV prevalence

The patients remaining on treatment are 1 481 679, 97 058 below the target of 1 578 737 set by NDoH for KwaZulu-Natal for 2019/20. One of the contributing challenges is the identification of children under 15 years for initiation, and the retention thereof. A high lost to follow up rate also contributes negatively. The Province to engage with NDoH on the reduction of the children under 15 years target

Graph 25: The % that children under 15 years contribute to the total TROA – 2019/20



Children under 15 years contribute between 3% to 4% of the total patients remaining on treatment, although the actual figure varies between 48 889 (January 2020) and 44 474 (March 2020).

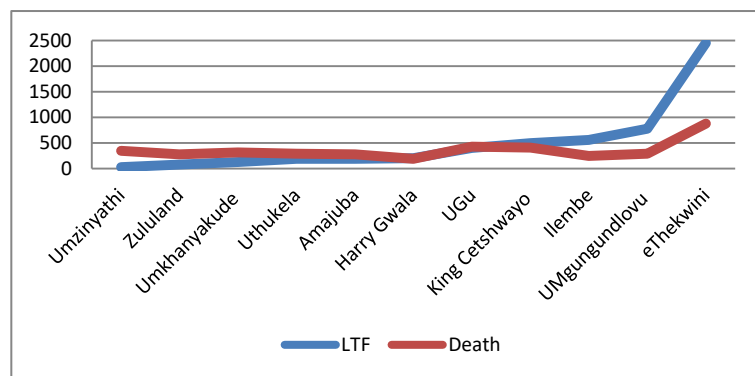
The Department continues to cater for adolescents, youth and young women through programmes such as School Health Services, Happy hour at PHC facilities providing Youth Friendly Services and through collaboration with other Departments such as Department of Education (DoE), Department of Social Development (DSD) etc.

The Global fund project came to an end and funded the education and training of 1 472 Soul Buddyz, 976 Rise Young Women, 235 Child protection and 306 Teen parenting. In 5 districts, across 9 sub-districts 42 611 vulnerable people were reached and 3 536 girls for the initiative “Keeping Girls in School). 18 926 people enrolled on Cash Plus Care and 1 362 positive people were linked to care.

The Dreams Initiative, also implemented through the Global Fund was completed with 158 780 prevention school based activities, 86 325 adolescent girls young women and sex workers were tested for HIV. 1 164 509 Adolescent and young women attended sessions at PHC level. 1 891 308 Sexual reproductive services (male and female condoms) were dispensed.

SO 2.4) Improve TB Outcomes

Graph 26: Lost to follow up compared with death numbers, per District



There is an indirect tenuous relationship between the number of TB cases lost to follow up and the number of TB deaths within a district. One school of thought states that the higher the number of lost to follow up cases, the lower the death rate. The rationale behind this thought process is that if a patient is lost to follow up, they are not in the system and therefore their death is not (identified and) recorded as a TB death.

The converse to this thought would therefore also apply, if there is a high number of TB deaths there should be a low number of lost to follow up cases, as patients will die within the public health system. Examples of this can

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be seen in the graph above, with Harry Gwala being the pivot point for the “cross-over”. However, the number of lost to follow up cases in eThekweni is high at 2 453 which could be deemed an outlier, as the number of deaths is also high at 879.

There are inadequate resources allocated to TB for data capturing coupled with poor tracing of patients has contributed to the high lost to follow up rate. The fast tracking of procurement of vehicles and the employment of data capturers for high volume sites will be prioritised in 20/21.

Missed opportunities at PHC level due to poor implementation of the TB case identification and follow-up register has led to delayed case identification and diagnosis. In other instances, patients are presenting late at health facilities, leading to a poor prognosis. Focus will be on the implementation of the TB case identification register and patient education.

SO 2.5) Reduce infant mortality

Real Time PCR monitoring for infants PCR positive around 10 weeks rate, coupled with support facility visits, assisted in closing the gap resulting in a reduction in the indicator.

Table 22: Immunisation coverage and measles 2nd dose coverage for 2019/20

Indicator	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Immunisation under 1 year coverage	87.5%	91.1%	88.2%	94.0%	84.5%	89.0%	94.9%	91.2%	79.8%	103.4%	98.3%	97.9%
Measles 2 nd dose coverage	85.2%	84.0%	78.0%	84.3%	78.0%	86.7%	87.0%	80.8%	66.3%	91.7%	83.3%	86.4%

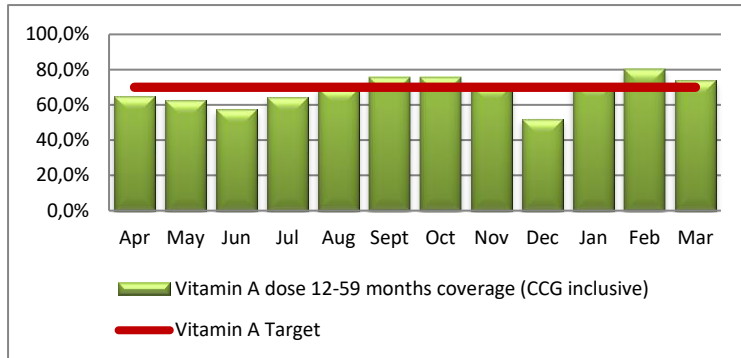
The annual target for fully immunised under 1 year rate was achieved due to Community health care workers, Ward Based outreach teams [WBOTS] and healthcare workers who are actively tracing children who have missed immunisations. Interventions planned for 20/21 include to conduct catch-up in all districts, batch BCG for babies that have missed their dose due to stock-outs and to support and monitor district teams to trace children who have missed immunisations.

Measles 2nd dose coverage was low in some districts e.g Ugu, uMgungundlovu and uThukela due to incomplete recording of data in the source register and poor data analysis for action. Mobile clinics and catch-up vaccinations campaigns will be utilized to increase immunisation coverage in remote and high risk areas of poor performing districts.

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SO 2.6) Reduce under 5 mortality

Graph 27: Vitamin A dose 12 – 59 months coverage



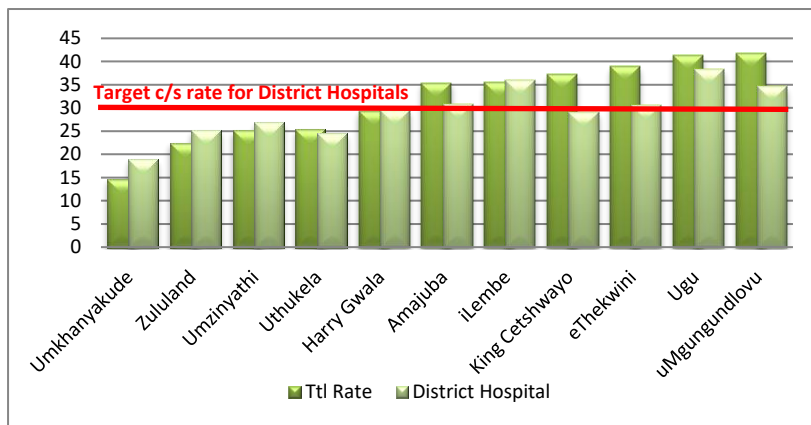
The Province experienced challenges with the supply of Vitamin A in quarters 1 and 2, which resulted in lower coverage. The supply stabilised in quarter 4, however June, December, and January were challenging months as Early Childhood Development [ECD] sites were closed for school holidays. Districts will be supported and encouraged to conduct coordinated ECD outreach once

the sites open. Outreach teams will be encouraged to issue vitamin A supplements at household level when it is safe to do so.

There were 1 044 Phila Mntwana centres operational during the reporting cycle, with 423 ECD sites, 290 War Rooms and 331 in other structures. 360 327 children were screened through the Phila Mntwana sites.

SO 2.7) Reduce maternal mortality

Graph 28: Total Caesarean Section rate compared with District Hospital Caesarean Section Rate – 2019/20



Caesarean sections increase the cost of a delivery and could have an indirect relationship with maternal mortality, if not done in accordance with the Minimum Standards for Safe Caesarean Section. With all HIV infected pregnant women now routinely taking ART, there is no need to do caesarean sections to prevent Maternal to Child Transmission (MTCT). The number of

Caesarean section deliveries should be compared against all deliveries done within health facilities and not per specific level of care (i.e. district, regional or tertiary hospital). Thus in districts such as Umkhanyakude, Zululand, and uMzinyathi where there are no regional hospitals and many deliveries take place at clinic level, the total c/s rate is lower than the c/s rate quoted for district hospitals. Harry Gwala’s c/s rate remains the same as 26 deliveries happened at clinic level (2019/20). In iLembe, Sundumbili CHC is one of the busiest in terms of deliveries with 1 194 (2019/20). Ndwedwe CHC had 272 deliveries for the same period. Iisthebe Clinic (a large 24 hour clinic) is the only clinic in iLembe that did a substantial number of deliveries at 123 for the same period. The remaining districts all have a total c/s rate higher than the district hospital average as there are regional and tertiary hospitals within those districts that influences the c/s rate upwards. Amajuba and King Cetshwayo have specialised Mother and Child Regional Hospitals, which has an impact on both expenditure and human resources. There are many variables that can influence caesarean section rates, in that a generalised target might not yield the intended outcome. More important, is for each hospital to review trends in its own rates, and to review the relation between perinatal and maternal mortality rates. For example, if the caesarean section rate decreases

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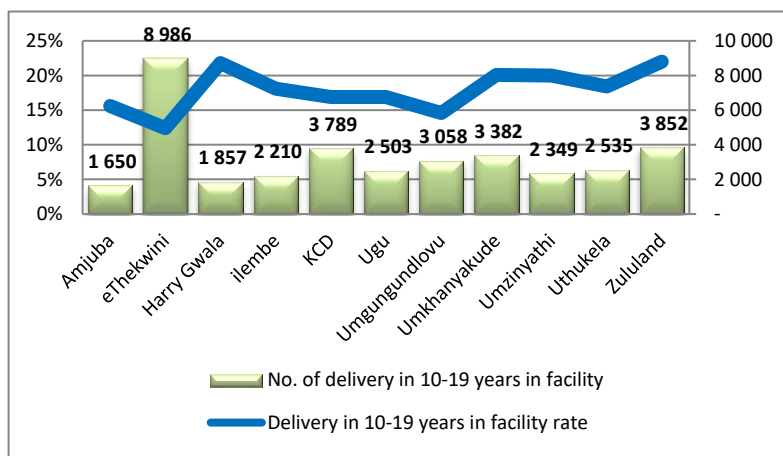
and perinatal mortality rate (PNMR) also decreases this suggests better quality of care. However, if the decrease in the caesarean section rate is accompanied by rising perinatal mortality rate, then that suggests there is a problem of women not being able to access caesarean sections when required.

Due to the high caesarean section rate in some districts, District Clinical Specialist Teams (DSCTs) have been requested to conduct a thorough analysis of caesarean sections within each district. One of the minimum standards for safe caesarean section is that the hospital must audit its Caesarean sections including indications.

An Antenatal Care 1st visit before 20 weeks is essential in ensuring a positive outcome however it was identified there were missed opportunities for screening, within the facilities. CHW's are overburden with competing priorities within the community, hence in-facility pregnancy testing of child bearing age women has been introduced to commence from April 2020.

The post natal visits within 6 days is a challenge for others in some districts i.e. Zululand, uMkhanyakude, Harry Gwala, Ugu, and eThekweni due to international (Swaziland, Mocambique and Lesotho) and provincial (Eastern Cape) cross-border mothers who do not return for their post-natal check up. It is believed that mothers from Lesotho, Swaziland and Mocambique prefer to give birth in a South African facility due to better quality of health care received and the ability to access the child grant as their child is a South African citizen. Teenage mothers also leave babies with care givers, mostly grannies and return to school. Poor linkage of pregnant women to CCGs when accessing ANC services means that post natal services at a ward level cannot be delivered. Community awareness, through mass media is planned for districts that are poorly performing.

Graph 29: Deliveries in facility 10 – 19 years old



The target of 21% set in 2017/18 was based on the assumption that the the percentage would escalate as the indicator numerator changed from deliveries in girls under 18 to include from 10 to 19 years. This change indicates that there are not as many deliveries in 18 and 19 year old teenage girls as previously expected. The target for 20/21 was reviewed to 15.5% based on the estimated performance for 2019/20.

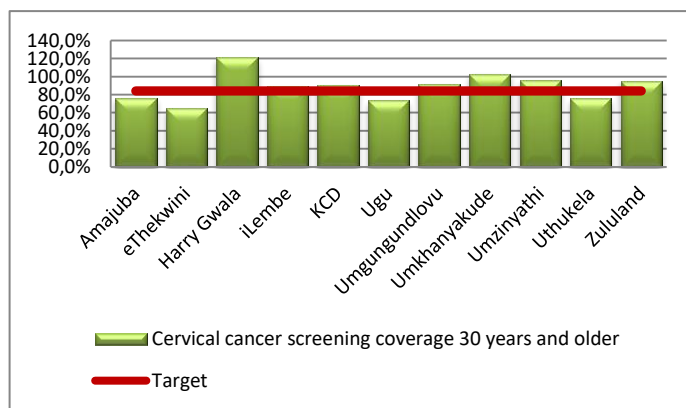
eThekweni with the lowest rate of 12.4% had 8 986 girls under 20 giving birth. The same is true of uMgungundlovu, which also had a low rate at 15%. There seems to be a correlation between the more urban centres (districts) and a lower delivery in facility 10 – 19 rate. This may be due to women of 20 years and older from rural areas migrating to the urban centres for studies or employment, whereas school going teenagers from rural areas will tend to remain in the rural area until they finish school. . Amajuba, had a low number of births (1 650) and a low delivery in facility rate for 10 – 19 years at 16%. In contrast, Harry Gwala's deliveries in facility under 20 years of age, accounted for 22% of their total deliveries or 1 857 deliveries. The Province has established 8 Ante-natal Care youth zones to prevent recurrent pregnancies in these teenagers. in collaboration with "She Conquers", 10 dialogues were conducted in high burden districts, in high schools with school governing bodies in attendance, this is anticipated to have positive results. Integration with School Health and mental health programmes to promote "Health promoting schools" is also an intervention that has been implemented. The promotion of LARC in post-natal units and the distribution of IEC material is also being implemented toto prevent unwanted and unplanned pregnancies..

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SO 2.8) Improve women's health

The target for cervical cancer screening has not been achieved due to competing priorities within the districts which impacted negatively on campaigns. This combined with the fact that health care workers not adhering to the Policy of 2 pap smears per day per professional nurse has meant the target has not been achieved. Data quality remains a challenge at source level, as all pap smears are included in the numerator, and not just screening pap smears as stipulated, thus over-inflating the number screened. The quality of the sample taken for the pap smear itself is also problematic, as if this is not of good quality or sufficient to do the necessary analysis, the patient has to be recalled and the procedure redone thereby overloading the NHLS system. The districts will be encouraged to continue with cervical cancer awareness campaigns in the 20/21 reporting cycle.

Graph 30: Cervical Cancer Screening for 30 years and older per district 2019/20



eThekweni has a 64.1% screening rate which has implications considering this metropolitan has a greatest population within the Province. Harry Gwala has an above target screening rate per population at 121.8% which could be due to the inclusion of diagnostic and repeat pap smears being included in the numerator. The same could be true for uMkhanyakude at 102.3%. It is important that this performance indicator be accurately monitored as it has implications for

oncology in the Province.

The HPV Vaccine Campaign policy shifted from targeting Grade 4 girl learners to Grade 5 girl learners, as from February 2020. The Majority of girl learners currently in Grade 5 had been immunised in Grade 4. The figures provided for 19/20 1st done are for the girl learners who missed their first dose during the 1st round February/March 2019 as well as those who missed 1st dose during August/September 2019. Other challenges are no consent forms received from parents and / or guardians, absenteeism and contrac-indications. The early closure of schools due to COVID-19 also meant that teams did not reach all schools, as scheduled. Awaiting guidance from National Department of Health regarding the learners who have not been immunised. Moreover HPV Vaccine Campaign for August/September 2020; has be deferred to 2021, due to COVID-19.

SO 2.9) Reduce the morbidity and mortality of non-communicable diseases

The Department introduced an Employee Assistance healthy lifestyle Health Promotion programme for employees at all health instutions and to integrate all health events. The programme targets key activities including weight, chronic illness and stress management, socialisation between government departments, wellness day promotions in districts and music competitions.

Cataract surgery

During 2019/ 2020 financial year **20 516** operations were done in partnership with Private facilities, local and international NGO, as well as Turkey and Palestine Ophthalmologist. The department had entered into Memorandum of Understanding with these stakeholders aimed at increasing resources and manpower during cataract operations. McCord Provincial Eye Hospital has been the leading facility in performing more cataract, supporting other facilities with logistics as well as capacity building of staff in eye units towards improving eye care services.

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Hypertension Incidence

This indicator takes into consideration under 5yrs population who are unlikely to have hypertension thus the trend is declining . If the denominator can be reviewed against target screened will get the correct trend.

Diabetes Incidence

There has been declining trend on the new cases diagnosed due to increasing public awareness on the importance of living a healthy lifestyle. Most communities has been engaged on physical activities to improve their health, healthy eating behaviours and screening to know their Diabetes status. On the other side ,more people below the age of 40 years are diagnosed with diabetes.

Dental Services

The Province had seen an improving ratio in the past 5yrs between extraction and preservation, although some districts are still struggling. During the year under review, the performance was target of 18:1 was exceed, with a ratio of 14:1, meaning that more patients had their teeth restored other than extracted. Community awareness through health promotion especially with tooth brushing initiative at school is yielding positive impact. Partnership with Colgate and the use of their mobile truck enhanced restoration as well.

Disability and Rehabilitation

The strategic objective of the Programme is improve access of all disability and rehabilitation services to persons with disabilities, those at risk and their families in order to sustain their quality of life and promote their independence. During the year under review, the Programme provided rehabilitation services to more than 731 384 persons with disabilities at all levels of care. Further, more than 4 159 wheelchairs, 3 663 hearing aids and 48 004 other assistive devices were issued to eligible persons with disabilities in the province

In addition, the Programme through Service Level Agreements repaired 5 796 wheelchairs at 23 wheelchair repair sites; more than 1152 visually impaired persons were provided with independence and orientation and mobility services; while more than 4 896 persons with disabilities accessed Community Based Rehabilitation (CBR) services in the Province, and a further 669 referred for assistive devices. The Department followed the WHO Strategy for implementation of Community Based Rehabilitation for Disabled People of South Africa. The wheelchair Repair Services of DPSA are jointly co-ordinated between Occupational Therapists and the Disabled Society of SA, and include the repair and maintenance of wheelchairs. During the year, 11 762 wheelchairs and 363 other devices were repaired as part of this programme.

Mental Health

The process of implementing Mental Health Strategy has commenced with the Standard Operating Procedures being piloted in Amajuba District. The situational analysis to evaluate the impact of the implementation of the new Mental health Strategy tools is being undertaken and thereafter a policy will be developed to ensure a seamless rollout.

SO 2.10) Eliminate malaria

The malaria case fatality rate increased due to late presentation of imported cases at health facilities by patients. The continued Malaria case management training for Health Care Workers is planned to reduce the fatality rate. It should be noted that the actual number of deaths reduced year-on-year from 7 to 5 deaths, it was the dramatic decrease in the number of cases reported of 44% (1 493 cases in 2018/19 to 835 cases in 2019/20) that contributed to the increase in the indicator value.

The malaria incidence per 1000 population at risk, refers only to the residents of uMkhanyakude District. The number of reported cases increased from 162 (2018/19) to 593 (2019/20) this could be due in part to the lack of

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preventative spraying. Malaria Field Operations were disrupted by communities in some of the targeted areas, due to a lack of understanding on the importance of spraying structures. Engagements with the aggrieved communities by the Malaria Special Committee, are continuing.

SO 5.1) Improve compliance to the Ideal Clinic and National Core Standards

Complaints

The major reasons for the non-closure of complaints is that wrong contact details provided and some complaints had not been resolved because they had been registered towards the end of this financial year. Health education to explain the importance of correct addresses to facilitate feedback will be emphasised at all health facilities.

Infection Prevention and Control

Ten districts reported on functional multidisciplinary IPC committee, with only eThekweni outstanding on the requirement.

Effective surveillance of healthcare associated infections (HAI) remains a key aspect of Infection prevention and control. Functional surveillance systems have been established in neonatal unit, which also serve as an early warning system for outbreaks. Guidelines, prevention bundles and surveillance tools for central line associated blood stream infection, ventilator associated infections, surgical site sepsis and catheter associated urinary tract infection have been revised .

Twelve outbreaks were investigated within 48 hours of reporting and resolved. There was an overall decrease of 7.69% from 2018/9.

38 IPC practitioners, from 6 districts (Zululand, Amajuba, uMzinyathi, uThukela, uMgungundlovu and Harry Gwala) were capacitated in IPC practices over the five day training. Attention to hand hygiene (HH) is a simple measure that would result in a significant decrease in HAIs. However, the lack of compliance amongst HCWs is high and the reasons for non-compliance is multi-factorial. Experience locally and further afield has shown that hand hygiene improvement campaigns rarely result in sustainable change in practice. The main reason for this failure is the lack of a systematic approach in the addressing hand hygiene improvement as well as the lack of continuous quality improvement projects related to hand hygiene.

Hand hygiene projects are ongoing in the Province and these activities were strengthened briefly, the steps that were followed identify Hand Hygiene as a core infection prevention strategy.

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Table 23: (DHS1) District Health Service – 2019/20 (DHIS)⁵

Health District	Facility Type	Number of facilities	Total PHC headcount 2019/20	Per Capita Utilisation 2019/20	District Population (DHIS 2019/20)
Ugu	Mobiles	16	2 049 134	2.6	794 844
	Fixed Clinics (including satellite)	52			
	CHCs	2			
	Total Fixed Clinics	54			
	District Hospitals	3			
uMgungundlovu	Mobiles	16	2 615 831	2.2	1 182 063
	Fixed Clinics	50			
	CHCs	3			
	Total Fixed Clinics	53			
	District Hospitals	2			
uThukela	Mobiles	14	1 781 007	2.3	768 840
	Fixed Clinics	36			
	CHCs	1			
	Total Fixed Clinics	37			
	District Hospitals	2			
uMzinyathi	Mobiles	13	1 465 620	2.5	582 624
	Fixed Clinics	53			
	CHCs	1			
	Total Fixed Clinics	54			
	District Hospitals	4			
Amajuba	Mobiles	8	1 135 721	1.9	590 488
	Fixed Clinics	25			
	CHCs	1			
	Total Fixed Clinics	26			
	District Hospitals	1			
Zululand	Mobiles	22	2 308 227	2.6	897 543
	Fixed Clinics	73			

⁵ Source: Quarter 4 2019/20 Facility count and WebDHIS

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Health District	Facility Type	Number of facilities	Total PHC headcount 2019/20	Per Capita Utilisation 2019/20	District Population (DHIS 2019/20)
	CHCs	1			
	Total Fixed Clinics	74			
	District Hospitals	5			
uMkhanyakude	Mobiles	19	2 381 702	3.4	706 829
	Fixed Clinics	58			
	CHCs	1			
	Total Fixed Clinics	59			
	District Hospitals	5			
King Cetshwayo District	Mobiles	16	2 865 295	2.8	1 010 919
	Fixed Clinics	63			
	CHCs	1			
	Total Fixed Clinics	64			
	District Hospitals	6			
iLembe	Mobiles	11	1 711 721	2.4	718 702
	Fixed Clinics	34			
	CHCs	2			
	Total Fixed Clinics	36			
	District Hospitals	3			
Harry Gwala	Mobiles	14	1 327 230	2.5	523 577
	Fixed Clinics	39			
	CHCs	1			
	Total Fixed Clinics	40			
	District Hospitals	4			
eThekweni	Mobiles	20	8 723 923	2.3	3 826 684
	Fixed Clinics (including LG/satellite)	106			
	CHCs (including LG)	8			
	Total Fixed Clinics	114			
	District Hospitals	4			
Province	Mobiles	169	28 365 411	2.4	11 603 112

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Health District	Facility Type	Number of facilities	Total PHC headcount 2019/20	Per Capita Utilisation 2019/20	District Population (DHIS 2019/20)
	Fixed Clinics (including LG and satellite clinics)	589			
	CHCs (including LG)	22			
	Total Fixed Clinics	611			
	District Hospitals	39			

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Primary Health Care

Table 24: (DHS2) Situation Analysis Indicators – 2019/20

APP 2019/20: Page 76; Table 17 (DHS 2)													
Indicators	Type	Provincial 2019/20	Ugu 2019/20	uMgungundlovu 2019/20	uThukela 2019/20	uMzinyathi 2019/20	Amajuba 2019/20	Zululand 2019/20	uMkhanyakude 2019/20	King Cetshwayo 2019/20	iLembe 2019/20	Harry Gwala 2019/20	eThekwini 2019/20
1. Ideal clinic (IC) status rate	%	76.8%	64.8%	58.5%	81.1%	100%	100%	94.6%	86.4%	79.7%	86.1%	77.5%	53.5%
<i>Ideal clinic status</i>	No	469	35	31	30	54	26	70	51	51	31	31	61
<i>Fixed PHC clinics/fixed CHCs/CDCs</i>	No	611	54	53	37	54	26	74	59	64	36	40	114
2. PHC utilisation rate (total)	Rate	2.4	2.6	2.2	2.3	2.5	1.9	2.6	3.4	2.8	2.4	2.5	2.3
<i>Sum of PHC headcount breakdowns (under 5 years, 5-9 years, 10-19 years, 20 years and older)</i>	No	28 365 411	2 049 134	2 615 831	1 781 007	1 465 620	1 135 721	2 308 227	2 381 702	2 865 295	1 711 721	1 327 230	8 723 923
<i>Population - Total</i>	No	11 603 112	794 844	1 182 063	768 840	582 624	590 488	897 543	706 829	1 010 919	718 702	523 577	3 826 684
3. Complaint resolution within 25 working days rate (PHC)	%	96.9%	91.6%	92.9%	98.6%	97.6%	94.6%	97.9%	98.5%	97.5%	94.4%	97.9%	97.7%

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APP 2019/20: Page 76; Table 17 (DHS 2)

Indicators	Type	Provincial 2019/20	Ugu 2019/20	uMgungundlovu 2019/20	uThukela 2019/20	uMzinyathi 2019/20	Amajuba 2019/20	Zululand 2019/20	uMkhanyakude 2019/20	King Cetshwayo 2019/20	iLembe 2019/20	Harry Gwala 2019/20	eThekweni 2019/20
Complaints resolved within 25 working days	No	4 202	315	290	214	121	141	323	830	346	118	189	1315
Complaints resolved	No	4 338	344	312	217	124	149	330	843	355	125	193	1346

Table 25: Strategic Objectives, Indicators & Targets

APP 2019/20: Page 78; Table 19 (DHS 3)

Strategic Objective Statement	Performance Indicator	Data Source	Actual 2018/19	Target 2019/20	Actual 2019/20	Deviation from Planned 2019/20 Target	Comment on Deviation
Strategic Objective 1.6: Scale up implementation of Operation Phakisa Ideal Clinic Realisation and Maintenance (ICRM)							
1.6.1 100% clinics with Ideal clinic status rate	1. Ideal clinic (IC) status rate	Ideal Clinic review tools	75%	100%	76.8%	(23.2%)	Main reason for facilities not meeting the target is due to non-compliance due to infrastructure challenges specifically in facilities inherited from municipalities.
	<i>Ideal clinic status</i>	<i>Ideal Clinic review tools</i>	461	608	469		
	<i>Fixed clinics plus fixed CHCs/CDCs</i>	<i>DHIS</i>	610	608	611		
Strategic Objective 1.5: Accelerate implementation of PHC re-engineering							
1.5.3: PHC utilisation rate of at least 2.5	2. PHC Utilisation Rate – total	Daily Reception Headcount register on HPRS	2.5	2.5	2.4	(4%)	This is a demand driven indicator and therefore not possible to predict with 100% accuracy.

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APP 2019/20: Page 78; Table 19 (DHS 3)							
Strategic Objective Statement	Performance Indicator	Data Source	Actual 2018/19	Target 2019/20	Actual 2019/20	Deviation from Planned 2019/20 Target	Comment on Deviation
visits per person per year by March 2020	<i>Sum of PHC headcount breakdowns (under 5 years, 5-9 years, 10-19 years, 20 years and older)</i>	<i>Daily Reception Headcount register on HPRS</i>	28 368 964	28 914 908	28 365 411		The drop in the Primary Health Care (PHC) headcount was attributed to the COVID-19 pandemic and fears related to COVID-19. The study done within the Department by research unit did highlight that there was a drop in utilization of all facilities beyond PHC.
	<i>Population - Total</i>	<i>DHIS/ Stats SA</i>	11 417 126	11 565 93	11 603 112		
5.1.7) Sustain a 95% (or more) complaint resolution within 25 working days rate in all public health facilities from March 2020 onwards	3. Complaint resolution within 25 working days rate (PHC)	Complaints register; DHIS	95.7%	96%	96.9%	0.9%	This indicator is situational and therefore not possible to predict with 100% accuracy.
	<i>Complaints resolved within 25 working days</i>	<i>Complaints Register</i>	3 824	4 032	4 202		
	<i>Complaints resolved</i>	<i>Complaints Register</i>	3 996	4 200	4 338		
Strategic Objective 2.1: Increase life expectancy at birth							
2.1.1) Increase the total life expectancy to 61.5 years by March 2020	4. Life expectancy at birth - Total	Stats SA mid-year estimates	60.9 years	61.5 years	60.4 years	(1.8%)	Reporting is based on Stats SA annual projections, which change the baseline year on year. It is therefore not possible for the Department to project this target with accuracy. Life expectancy is used as a proxy indicator to measure the impact of improved quality of life (not isolated to health).
2.1.2) Increase the life expectancy of males to 58.4 years by March 2020	5. Life expectancy at birth - Male	Stats SA mid-year estimates	57.7 years	58.4 years	57.1 years	(2.2%)	
2.1.3) Increase the life expectancy of females to 64.5 years by March 2020	6. Life expectancy at birth - Female	Stats SA mid-year estimates	64.1 years	64.5 years	63.7 years	(1.2%)	
Strategic Objective 1.5: Accelerate implementation of PHC re-engineering							

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APP 2019/20: Page 78; Table 19 (DHS 3)							
Strategic Objective Statement	Performance Indicator	Data Source	Actual 2018/19	Target 2019/20	Actual 2019/20	Deviation from Planned 2019/20 Target	Comment on Deviation
1.5.4) Sustain an under 5 utilisation rate of at least 3.9 visits per child per year	7. PHC utilisation rate under 5 years (annualised)	PHC register; DHIS	3.5	3.9	3.5	(10.3%)	This is a demand driven indicator and therefore not possible to predict with 100% accuracy. The general trend is a decline in facility utilisation of services for children under 5 years and the COVID-19 pandemic did influence the drop.
	<i>PHC headcount under 5 years</i>	<i>PHC register; DHIS</i>	<i>4 681 382</i>	<i>5 162 329</i>	<i>4 598 365</i>		
	<i>Population under 5 years</i>	<i>Stats SA; DHIS</i>	<i>1 330 901</i>	<i>1 323 774</i>	<i>1 321 978</i>		
1.5.6) Increase the expenditure per PHC headcount to R 471 by March 2020	8. Expenditure per PHC headcount	DHIS; BAS	R 464	R 471	R 442	6.2%	This indicator is situational and therefore not possible to predict with 100% accuracy.
	<i>Total expenditure PHC (Sub-Programmes 2.2-2.7)</i>	<i>BAS ('000)</i>	<i>R 13 156 267</i>	<i>R 13 618 921</i>	<i>R 12 531 566 473</i>		
	<i>PHC headcount total</i>	<i>DHIS</i>	<i>28 368 964</i>	<i>28 914 908</i>	<i>28 365 411</i>		
1.5.7) Increase School Health Teams to 215 by March 2020	9. Number of school health teams (cumulative)	Persal; BAS	206	215	202	(6%)	Budgetary constraints have impacted on the number of school health teams.
1.5.2: Increase the number of ward based outreach teams to 160 by March 2020	10. Number of ward based outreach teams ^{iv} (cumulative)	Persal; BAS	146	160	305	90.6%	The increase in the number of teams is attributed to partner support from Health Systems trust (HST), Maternal, Adolescent and Child Health Institute (MatCH) and Broad Reach Health Care (BRHC).
1.5.8) Increase the accredited Health Promoting Schools to 420 by March 2020	11. Number of accredited health promoting schools (cumulative)	Accreditation Certificate; Health Promotion database	406	420	429	2.1%	Aggressive school support resulted in more schools being accredited in the third quarter
Strategic Objective 1.6: Scale up implementation of Operation Phakisa Ideal Clinic Realisation and Maintenance (ICRM)							

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APP 2019/20: Page 78; Table 19 (DHS 3)							
Strategic Objective Statement	Performance Indicator	Data Source	Actual 2018/19	Target 2019/20	Actual 2019/20	Deviation from Planned 2019/20 Target	Comment on Deviation
1.5.1) Accelerate implementation of PHC re-engineering by increasing household registration coverage with at least 15% per annum	12. Outreach household registration visit coverage (annualised)	Outreach Registers; DHIS	22.6%	36.1%	24.5%	(32.1%)	The number of ward based primary health care outreach-teams remains insufficient to cover all municipal wards.
	<i>Outreach households registration visit</i>	<i>Outreach Registers</i>	683 483	1 052 316	769 478		
	<i>Households in the population</i>	<i>Stats SA – Community Survey</i>	3 021 392	2 915 002	3 130 604		
Strategic Objective 5.1: Improve compliance to the Ideal Clinic and National Core Standards							
5.1.6) Sustain a complaint resolution rate of 95% (or more) in all public health facilities from March 2020 onwards	13. Complaint resolution rate	Complaints Register; DHIS	94.5%	95%	93.8%	(1.3%)	Target setting did not take the fact that there are delays in complaints registered at the end of the year into consideration
	<i>Complaint resolved</i>	<i>Complaints Register</i>	3 996	4 200	4 338		
	<i>Complaint received</i>	<i>Complaints Register</i>	4 227	4 421	4 623		

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District Hospitals

Table 26: (DHS 5) Situation Analysis Indicators - 2019/20

APP 2019/20: Page 82; Table 21 (DHS 5)

Indicators	Type	Provincial 2019/20	Ugu 2019/20	uMgungundlovu 2019/20	uThukela 2019/20	uMzinyathi 2019/20	Amajuba 2019/20	Zululand 2019/20	uMkhanyakude 2019/20	King Cetshwayo 2019/20	iLembe 2019/20	Harry Gwala 2019/20	eThekweni 2019/20
1. Average length of stay	Days	5.2 Days	5.3 Days	5.5 Days	5 Days	5.8 Days	4.8 Days	5 Days	5.4 Days	5.7 Days	5.3 Days	4.4 Days	4.4 Days
<i>Inpatient days - total</i>	No	1 785 213	195 190	157 881	97 810	218 811	13 073	263 436	242 836	202 934	64 888	168 801	159 553
<i>½ Day patients</i>	No	17 428	972	1 266	367	716	281	2 330	581	524	1 354	822	8 215
<i>Inpatient separations</i>	No	347 359	37 022	28 942	19 641	38 025	2 730	53 141	45 115	35 420	12 326	38 115	36 882
2. Inpatient bed utilisation rate - total	%	59.2%	66.4%	76%	58%	52.9%	64.6%	61.3%	60.6%	46.5%	47%	65.7%	64.2%
<i>Inpatient days - total</i>	No	1 785 213	195 190	157 881	97 810	218 811	13 073	263 436	242 836	202 934	64 888	168 801	159 553
<i>½ Day patients</i>	No	17 428	972	1 266	367	716	281	2 330	581	524	1 354	822	8 215
<i>Inpatient bed days available</i>	No	3 027 855	294 587	208 438	169 044	413 995	20 422	431 437	401 179	436 770	139 445	257 718	254 798
3. Expenditure per PDE	R	R 2 977	R 2 569	R 2 659	R 2 841	R 2 816	R 4 046	R 2 823	R 2 825	R 2 620	R 3 827	R 2 730	R 4 400
<i>Expenditure total</i>	R'000	R 7 679 317	719 224	632 972	402 892	836 501	88 620	1 018 507	934 565	808 475	340 480	584 631	1 311 945
<i>Patient day equivalent</i>	No	2 579 960	280 023	238 048	141 811	296 969	21 904	360 477	330 814	308 628	88 971	214 175	298 141
4. Complaint resolution within 25 working days rate	%	94.4%	85.1%	96.8%	92.6%	83.6%	100%	96.6%	96.3%	92.9%	86.9%	100%	100%

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APP 2019/20: Page 82; Table 21 (DHS 5)

Indicators	Type	Provincial 2019/20	Ugu 2019/20	uMgungundlovu 2019/20	uThukela 2019/20	uMzinyathi 2019/20	Amajuba 2019/20	Zululand 2019/20	uMkhanyakude 2019/20	King Cetshwayo 2019/20	iLembe 2019/20	Harry Gwala 2019/20	eThekweni 2019/20
Complaint resolved within 25 working days	No	2 287	160	92	200	178	12	142	466	301	53	289	394
Complaint resolved	No	2 423	188	95	216	213	12	147	484	324	61	289	394

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Table 27: Strategic Objectives, Indicators and Targets

APP 2019/20: Page 83; Table 23(DHS 6)							
Strategic Objective Statement	Performance Indicator	Data Source	Actual 2018/19	Target 2019/20	Actual 2019/20	Deviation from Planned 2019/20 Target	Comment on Deviation
Strategic Objective 1.7: Improve hospital efficiencies							
1.7.3) Improve hospital efficiencies by reducing the average length of stay to at least 5.5 days (District), 5.3 (Regional), 15 days (TB), 286.5 days (Psych), 28.5 days (Chronic), 9 days (Tertiary), and 8.6 days (Central) by March 2020	1. Average length of stay - total	DHIS	5.4 Days	5.5 Days	5.2 Days	5.5%	This is a demand driven indicator and therefore not possible to predict with 100% accuracy.
	<i>In-patient days - total</i>	<i>Midnight census</i>	<i>1 787 781</i>	<i>1 804 998</i>	<i>1 785 213</i>		
	<i>½ Day patients</i>	<i>Admission/ Discharge Register</i>	<i>17 345</i>	<i>14 268</i>	<i>17 428</i>		
	<i>Inpatient separations</i>	<i>Admission/ Discharge Register</i>	<i>335 059</i>	<i>329 478</i>	<i>347 359</i>		
1.7.1) Maintain a bed utilisation rate of 75% (or more) by March 2020	2. Inpatient bed utilisation rate – total	DHIS	59.5%	62.7%	59.2%	(5.6%)	This is a demand driven indicator and therefore not possible to predict with 100% accuracy.
	<i>In-patient days - total</i>	<i>Midnight census</i>	<i>1 787 781</i>	<i>1 804 998</i>	<i>1 785 213</i>		
	<i>½ Day patients</i>	<i>Admission/ Discharge Register</i>	<i>17 345</i>	<i>14 268</i>	<i>17 428</i>		
	<i>Inpatient bed days available</i>	<i>DHIS</i>	<i>3 019 888</i>	<i>2 899 411</i>	<i>3 027 855</i>		
Strategic Objective 1.7: Improve hospital efficiencies							
1.7.4) Maintain expenditure per PDE	3. Expenditure per patient day equivalent (PDE)	BAS; DHIS	R 2 582	R 2 781	R 2 977	(7%)	This indicator is situational and therefore not possible to predict with 100% accuracy.

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APP 2019/20: Page 83; Table 23(DHS 6)							
Strategic Objective Statement	Performance Indicator	Data Source	Actual 2018/19	Target 2019/20	Actual 2019/20	Deviation from Planned 2019/20 Target	Comment on Deviation
within the Provincial norms	<i>Expenditure total</i>	<i>BAS ('000)</i>	<i>R 6 649 557</i>	<i>R 7 507 560</i>	<i>R 7 679 317</i>		
	<i>Patient day equivalent</i>	<i>DHIS</i>	<i>2 574 973</i>	<i>2 699 977</i>	<i>2 579 960</i>		
Strategic Objective 5.1: Improve compliance to the Ideal Clinic and National Core Standards							
5.1.6) Sustain a complaint resolution rate of 95% (or more) in all public health facilities from March 2020 onwards	4. Complaint resolution within 25 working days rate	DHIS/ QA database	92%	95%	94.4%	(0.6%)	Target setting did not take the fact that there are delays in complaints registered at the end of the year into consideration
	<i>Complaints resolved within 25 working days</i>	<i>Complaints Register</i>	<i>2 265</i>	<i>2 050</i>	<i>2 287</i>		
	<i>Complaints resolved</i>	<i>Complaints Register</i>	<i>2 462</i>	<i>2 158</i>	<i>2 423</i>		
5.1.6) Sustain a complaint resolution rate of 95% (or more) in all public health facilities from March 2020 onwards	5. Complaints resolution rate	DHIS/ QA database	92.3%	94.7%	92.8%	(2%)	
	<i>Complaints resolved</i>	<i>Complaints Register</i>	<i>2 462</i>	<i>2 158</i>	<i>2 423</i>		
	<i>Complaints received</i>	<i>Complaints Register</i>	<i>2 667</i>	<i>2 279</i>	<i>2 612</i>		
Strategic Objective 2.7: Reduce maternal mortality							
2.7.2) Reduce the caesarean section rate to 27.5% (District), 37% (Regional), 60% (Tertiary), and 67% or	6. Delivery by caesarean section rate	DHIS	27.4%	27.5%	28.2%	2.5%	This is a demand driven indicator and therefore not possible to predict with 100% accuracy.
	<i>Delivery by caesarean section</i>	<i>Delivery & Theatre registers</i>	<i>23 651</i>	<i>23 622</i>	<i>25 567</i>		

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APP 2019/20: Page 83; Table 23(DHS 6)							
Strategic Objective Statement	Performance Indicator	Data Source	Actual 2018/19	Target 2019/20	Actual 2019/20	Deviation from Planned 2019/20 Target	Comment on Deviation
less (Central) by March 2020	<i>Delivery in facility total</i>	<i>Delivery register</i>	84 596	85 897	90 722		No proper investigation has been done to ascertain the indication for caesarean section.
Strategic Objective 1.7: Improve hospital efficiencies							
1.7.5) Reduce the un-referred outpatient Department (OPD) headcounts with at least 7% per annum	7. OPD Headcount - total	DHIS/ OPD tick register	2 041 042	2 299 385	2 082 725	9.4%	Attributed to programmes like CCMD and Ward Based outreach teams (WBOTS).
	8. OPD headcount not referred new	DHIS/ OPD tick register	415 274	380 013	419 517	(10.4%)	Most hospitals are situated where there are no PHC facilities hence they utilize Out Patient department (OPD) as a PHC centre and another reason is that most patients want to be treated by the doctor.

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HIV, AIDS, STI and TB Control

Table 28: (HIV1) Situation Analysis Indicators – 2019/20

APP 2019/20: Page 87; Table 25 (DHS 8)													
Indicator	Type	Provincial 2019/20	Ugu 2019/20	uMgungundlovu 2019/20	uThukela 2019/20	uMzinyathi 2019/20	Amajuba 2019/20	Zululand 2019/20	uMkhanyakude 2019/20	King Cetshwayo 2019/20	iLembe 2019/20	Harry Gwala 2019/20	eThekweni 2019/20
1. ART client remain on ART end of month - total	No	1 481 679	105 588	174 301	97 249	67 207	65 903	113 662	102 443	135 495	81 462	63 906	474 463
2. TB / HIV co-infected client on ART rate	%	65.6%	63.8%	63.7%	65.4%	61%	73.6%	75.4%	69.6%	68.2%	68.9%	60.7%	63.1%
<i>TB/HIV co-infected client on ART</i>	<i>No</i>	<i>16 409</i>	<i>1 549</i>	<i>1 532</i>	<i>617</i>	<i>562</i>	<i>791</i>	<i>1 238</i>	<i>1 006</i>	<i>1 631</i>	<i>1 156</i>	<i>543</i>	<i>5 784</i>
<i>HIV positive TB client</i>	<i>No</i>	<i>24 997</i>	<i>2 428</i>	<i>2 406</i>	<i>943</i>	<i>921</i>	<i>1 074</i>	<i>1 642</i>	<i>1 446</i>	<i>2 391</i>	<i>1 679</i>	<i>894</i>	<i>9 173</i>
3. HIV test done - total	No	4 386 195	367 539	442 500	242 125	276 223	176 672	308 914	182 126	323 007	177 183	274 356	1 615 550
4. Male condoms distributed	No	108 503 920	8 106 000	12 420 000	11 157 400	8 592 000	5 816 400	8 052 000	8 322 000	6 232 000	7 686 000	3 884 000	28 236 120
5. Medical male circumcision - Total	No	144 998	17 564	15 157	12 496	6 217	3 994	9 360	7 949	16 706	4 494	4 651	46 410
6. TB client 5 years and older start on treatment rate	%	99%	97%	97%	94.9%	93.7%	112.3%	94.9%	98.5%	130.3%	92.8%	98.7%	95.9%

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APP 2019/20: Page 87; Table 25 (DHS 8)

Indicator	Type	Provincial 2019/20	Ugu 2019/20	uMgungundlovu 2019/20	uThukela 2019/20	uMzinyathi 2019/20	Amajuba 2019/20	Zululand 2019/20	uMkhanyakude 2019/20	King Cetshwayo 2019/20	iLembe 2019/20	Harry Gwala 2019/20	eThekweni 2019/20
<i>TB client 5 years and older start on treatment</i>	No	41 848	3 801	4 501	1 696	734	1 664	2 616	1 698	3 978	3 003	1 334	16 823
<i>TB symptomatic client 5 years and older tested positive</i>	No	42 278	3 917	4 642	1 788	783	1 482	2 758	1 723	3 053	3 235	1 352	17 545
7. TB client treatment success rate	%	79.1%	72.9%	76.3%	78.1%	82.6%	71.8%	87.5%	86.4%	77.8%	76.1%	77.6%	79.8%
<i>TB client successfully completed treatment</i>	No	41 858	3 001	3 606	1 982	1 962	1 362	2 679	3 166	3 763	2 770	1 601	15 566
<i>TB client start on treatment</i>	No	52 423	4 116	4 726	2 538	2 375	1 897	3 060	3 664	4 835	3 638	2 062	19 512
8. TB client loss to follow up rate ^v	%	10.5%	9.7%	16.5%	7.4%	1.1%	10%	2.6%	3.5%	10.2%	15.4%	9.7%	12.6%
<i>TB client lost to follow up</i>	No	5 499	401	778	187	27	190	79	129	494	560	201	2 453
<i>TB client start on treatment</i>	No	52 423	4 116	4 726	2 538	2 375	1 897	3 060	3 664	4 835	3 638	2 062	19 512
9. TB client death rate	%	7.5%	10.3%	6.1%	11.5%	14.5%	14.6%	9.2%	8.6%	8.4%	6.8%	9.2%	4.5%

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APP 2019/20: Page 87; Table 25 (DHS 8)

Indicator	Type	Provincial 2019/20	Ugu 2019/20	uMgungundlovu 2019/20	uThukela 2019/20	uMzinyathi 2019/20	Amajuba 2019/20	Zululand 2019/20	uMkhanyakude 2019/20	King Cetshwayo 2019/20	iLembe 2019/20	Harry Gwala 2019/20	eThekweni 2019/20
TB client died during treatment	No	3 947	426	287	292	344	277	280	316	408	248	190	879
TB client start on treatment	No	52 423	4 116	4 726	2 538	2 375	1 897	3 060	3 664	4 835	3 638	2 062	19 512
10. TB MDR treatment success rate	%	56.6%	50.5%	58.6%	57.9%	56.6%	51.5%	60.8%	65.8%	52.4%	57.7%	67.4%	55.2%
TB MDR client successfully completed treatment	No	1 544	98	140	55	47	53	110	133	118	64	60	666
TB MDR confirmed client start on treatment	No	2 728	194	239	95	83	103	181	202	225	111	89	1 206

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Table 29: Strategic Objectives, Indicators & Targets

APP 2019/20: Page 90; Table 27 (DHS 9)							
Strategic Objective Statement	Performance Indicator	Data Source	Actual 2018/19	Target 2019/20	Actual 2019/20	Deviation from Planned 2019/20 Target	Comment on Deviation
Strategic Objective 2.3: Manage HIV prevalence							
2.3.2) Increase the number of patients on ART to at least 1.5 million (cumulative) by March 2020	1. ART client remain on ART end of month - total	Tiered system	1 387 804	1 578 737	1 481 679	(6.1%)	This is a demand driven indicator and therefore not possible to predict with 100% accuracy. Challenges in the Paediatrics Anti-Retroviral (ART) indicator. There are 98 143 children who are projected to be living with HIV, 45 863 (47%) know their status and 44 478 (97%) were initiated on ART. The Adult indicator has performed well. In the adult population, 1 950 239 are estimated to be living with HIV, 1 482 182 (97%) know their status and 1 437 208 (97%) are on ART. Low (6%) HIV positivity rate, not all positive patients are linked to care as well as high loss to follow up (33.5% for adults and 23.7% in children),
	2. TB/ HIV co-infected client on ART rate	ETR/Tier	86.3%	95%	65.6%	(30.9%)	
	<i>TB/HIV co-infected client on ART</i>	<i>ART Register; ETR.Net</i>	<i>31 247</i>	<i>36 408</i>	<i>16 409</i>		No updating of patients receiving ART at another facility due to system error.
	<i>HIV positive TB client</i>	<i>ART Register; ETR.Net</i>	<i>36 204</i>	<i>38 324</i>	<i>24 997</i>		
Strategic Objective 2.2: Reduce HIV Incidence							

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APP 2019/20: Page 90; Table 27 (DHS 9)

Strategic Objective Statement	Performance Indicator	Data Source	Actual 2018/19	Target 2019/20	Actual 2019/20	Deviation from Planned 2019/20 Target	Comment on Deviation
2.2.2) Test at least 16.5 million people for HIV by March 2020 (cumulative)	3. HIV test done - total	PHC Comprehensive Tick Register, HTS Register (HIV Testing Services) or HCT module in TIER.Net	3 684 143 (16 663 896 cumulative)	3 074 435	4 386 195	42.7%	This is a demand driven indicator and therefore not possible to predict with 100% accuracy. Testing the key population, vulnerable population and also testing in the hard to reach areas as prioritised to ensure that there is a high Human Immunodeficiency Virus (HIV) positives yield.
2.2.3) Increase the male condom distribution to 220 million by March 2019	4. Male condoms distributed	Stock control stock card	111 028 599	170 755 053	108 503 920	(36.5%)	This is a demand driven indicator and therefore not possible to predict with 100% accuracy. The challenge relates to the Primary Distribution Sites (PDS) at districts which do not have adequate storage space leading to condoms being kept at other places or facilities away from the site where reporting takes place, with no dedicated staff, reporting is poor. There is also no condom Information Education and Communication (IEC) material.

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APP 2019/20: Page 90; Table 27 (DHS 9)							
Strategic Objective Statement	Performance Indicator	Data Source	Actual 2018/19	Target 2019/20	Actual 2019/20	Deviation from Planned 2019/20 Target	Comment on Deviation
2.2.4) Increase the medical male circumcisions to 1.1 million by March 2020 (cumulative)	5. Medical male circumcision – Total	MMC Register	1 194 745 Cumulative (209 732 annual)	148 209	1 339 743 Cumulative (144 998 annual)	(2.2%)	<p>This is a demand driven indicator and therefore not possible to predict with 100% accuracy.</p> <p>Target was not met due to challenges with PEPFAR partner in eThekweni and Zululand at a short notice, the unplanned transition affected performance and RT35. Provincial General Practitioner (GP) contracts have expired reducing their contribution to the target being met.</p> <p>RT35 is a contract for the group of private practitioners to perform MMC either during camps or in their service platforms. This contract was valid for three years which ended mid last year (2019). SCM processes to get another contract take time.</p> <p>Under-reporting by partners in some districts.</p>
Strategic Objective 2.4: Improve TB outcomes							
2.4.5) Increase the TB clients 5 years and older start on treatment to 99% by March 2020	6. TB client 5 years and older start on treatment rate	TB identification (suspect) register/TIER.Net	104.6%	92%	99%	7.6%	Consistent weekly, monthly and quarterly monitoring and follow up on gaps had positive impact on meeting the target.
	<i>TB client 5 years and older start on treatment</i>	<i>TB/HIV Registers; TIER.Net</i>	<i>42 918</i>	<i>48 818</i>	<i>41 848</i>		

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APP 2019/20: Page 90; Table 27 (DHS 9)							
Strategic Objective Statement	Performance Indicator	Data Source	Actual 2018/19	Target 2019/20	Actual 2019/20	Deviation from Planned 2019/20 Target	Comment on Deviation
	<i>TB symptomatic client 5 years and older tested positive</i>	<i>TB/HIV Registers; TIER.Net;</i>	41 014	53 063	42 278		
2.4.1) Increase the TB client treatment success rate to 87% (or more) by March 2020	7. TB client treatment success rate	ETR/Tier.Net	72.2%	87%	79.1%	(9.1%)	Limited resources (Human and material) to trace Lost to follow up patients and to update data on Tier.net system.
	<i>TB client successfully completed treatment</i>	<i>TB Register</i>	42 178	45 483	41 458		
	<i>TB client start on treatment</i>	<i>TB Register</i>	58 411	52 279	52 423		
2.4.6) Decrease the TB client lost to follow up to 2.6% (or less) by March 2020	8. TB client loss to follow up rate	ETR/Tier.Net	6.5%	5%	10.5%	(110%)	Inadequate resources led to backlog in data capturing and poor tracing of patients lost to follow-up contributing to a high loss to follow up rate.
	<i>TB client on treatment lost to follow up</i>	<i>TB Register</i>	3 792	2 614	5 499		
	<i>TB client start on treatment</i>	<i>TB Register</i>	58 411	52 279	52 423		
2.4.3) Sustain a TB death rate of 5% (or less) by March 2020	9. TB client death rate	ETR/Tier.Net	6.2%	5%	7.5%	(50%)	Missed TB patients, due to poor implementation of the TB case identification and follow up register, led to delayed case identification, diagnosis and treatment. Late presentation of undiagnosed patients to facilities contributed.
	<i>TB client died during treatment</i>	<i>TB Register</i>	3 593	2 614	3 947		
	<i>TB client start on treatment</i>	<i>TB Register</i>	58 411	52 279	52 423		
2.4.4) Increase the MDR-TB treatment success rate to 60% (or more) by March 2020	10. TB MDR treatment success rate	DR TB register and captured in EDR.Web	58.7%	60%	56.6%	(5.7%)	Introduction of repurposed, new DRTB drugs and revision of the treatment regimens has contributed to improved success rate. Outcomes could be better if death rate and defaulter rate is low.
	<i>TB MDR client successfully complete treatment</i>	<i>MDR Register</i>	1 696	1 996	1 544		

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Strategic Objective Statement	Performance Indicator	Data Source	Actual 2018/19	Target 2019/20	Actual 2019/20	Deviation from Planned 2019/20 Target	Comment on Deviation
	<i>TB MDR confirmed client start on treatment</i>	<i>MDR Register</i>	<i>2 888</i>	<i>3 200</i>	<i>2 728</i>		
2.4.2) Reduce the TB incidence to 500 (or less) per 100 000 by March 2020	11. TB incidence	TB register; ETR.Net	507.3 / 100 000	500 / 100 000	442.4 / 100 000	11.52%	A decline in TB cases declined from 57921 in 2018 to 51330 last year despite all attempts employed to find the TB missing patients,
	<i>New confirmed TB cases</i>	<i>TB Register</i>	<i>57 921</i>	<i>57 830</i>	<i>51 330</i>		
	<i>Total population in KZN</i>	<i>DHIS; Stats SA</i>	<i>11 417 132</i>	<i>11 565 963</i>	<i>11 603 112</i>		
2.4.7) Improve Drug Resistant TB outcomes by ensuring that 90% (or more) diagnosed MDR/XDR-TB patients are initiated on treatment by March 2020	12. TB XDR confirmed client start on treatment	XDR TB register; EDR Web; TIER.Net	263	160	128	20%	There is decrease in number of Extreme Drug Resistant Tuberculosis (XDRTB) notifications nationally.
2.4.11) Maintain new smear positive PTB cure rate of 85% or more from March 2017 onwards	13. New smear positive PTB cure rate	TB register; ETR.Net; TIER.Net	55%	85%	55%	(32.3%)	Poor retrieval and use of data validation reports due to limited resources led to non-achievement of the target.
	<i>New smear positive pulmonary TB client cured</i>	<i>TB Register</i>	<i>6 624</i>	<i>12 656</i>	<i>6 624</i>		
	<i>New smear positive pulmonary TB client start on treatment</i>	<i>TB Register</i>	<i>12 050</i>	<i>12 890</i>	<i>12 050</i>		
Strategic Objective 2.2: Reduce HIV Incidence							

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Strategic Objective Statement	Performance Indicator	Data Source	Actual 2018/19	Target 2019/20	Actual 2019/20	Deviation from Planned 2019/20 Target	Comment on Deviation
2.2.1) Reduce the HIV incidence to 1% (or less) by March 2020 (ASSA2008 estimates)	14. HIV incidence	Thembisa Model Version 4.3	0.61%	0.52%	0.5%	3.8%	There is a decline in the HIV incidence in population as reported in the recent HSRC study, this is a result of all prevention and treatment activities implemented towards HIV epidemic control.
2.2.5) Decrease male urethritis syndrome to at least 30/1000 by March 2020	15. Male urethritis syndrome incidence	DHIS; Stats SA	28.4 / 1000	26.2 / 1000	29.1 / 1000	(11.1%)	A number of campaigns in districts with high MUS incidence focusing on key populations resulted in more new cases being identified.
	<i>Male urethritis syndrome treated – new episodes</i>	<i>PHC Register</i>	<i>81 869</i>	<i>77 210</i>	<i>86 187</i>		
	<i>Male population 15-49 years</i>	<i>DHIS; Stats SA</i>	<i>2 885 117</i>	<i>2 942 528</i>	<i>2 957 497</i>		

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Maternal, Neonatal, Child & Women's Health and Nutrition

Table 30: (MCWH1) Situation Analysis Indicators - 2019/20

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Indicator	Type	Provincial 2019/20	Ugu 2019/20	uMgungundlovu 2019/20	uThukela 2019/20	uMizinyathi 2019/20	Amajuba 2019/20	Zululand 2019/20	uMkhanyakude 2019/20	King Cetshwayo 2019/20	iLembe 2019/20	Harry Gwala 2019/20	eThekweni 2019/20
1. Antenatal 1st visit before 20 weeks rate	%	74.5%	73.8%	72.1%	81.1%	71.3%	73.5%	78.1%	78%	71.5%	75.2%	74.9%	73.8%
<i>Antenatal 1st visit before 20 weeks</i>	No	168 237	10 103	14 148	10 201	9 928	7 434	15 062	13 354	15 972	9 845	7 768	54 422
<i>Antenatal 1st visit - total</i>	No	225 846	13 684	19 628	12 586	13 916	10 116	19 296	17 128	22 335	13 092	10 369	73 696
2. Mother postnatal visit within 6 days rate	%	76.1%	69.4%	68.8%	87.3%	72.9%	66.9%	76.8%	81.7%	87.8%	74.8%	79.9%	74.3%
<i>Mother postnatal visit within 6 days after delivery</i>	No	168 515	10 254	14 370	10 235	10 063	7 071	13 296	13 732	19 686	9 124	6 791	53 893
<i>Delivery in facility - total</i>	No	221 507	14 770	20 881	11 725	13 799	10 571	17 317	16 803	22 428	12 211	8 502	72 500
3. Infant PCR test positive around 10 weeks rate	%	0.53%	0.55%	0.44%	0.55%	0.23%	0.71%	0.68%	0.52%	0.27%	0.84%	0.62%	0.55%
<i>Infant PCR test positive around 10 weeks</i>	No	293	20	22	15	8	16	31	19	13	34	15	100

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Indicator	Type	Provincial 2019/20	Ugu 2019/20	uMgungundlovu 2019/20	uThukela 2019/20	uMzinyathi 2019/20	Amajuba 2019/20	Zululand 2019/20	uMkhanyakude 2019/20	King Cetshwayo 2019/20	iLembe 2019/20	Harry Gwala 2019/20	eThekweni 2019/20
<i>Infant PCR test around 10 weeks</i>	No	54 832	3 610	5 035	2 743	3 420	2 268	4 584	3 647	4 803	4 055	2 431	18 236
4. Immunisation under 1 year coverage	%	91,8	82,3	85,6	97,7	85,1	88,2	94,0	98,1	84,9	101,8	81,4	98,0
<i>Immunised fully under 1 year new</i>	No	239 295	15 346	20 414	15 099	17 575	13 514	21 280	18 002	22 297	15 221	11 655	68 892
<i>Population under 1 year</i>	No	260 734	18 636	23 861	15 459	20 644	15 326	22 638	18 357	26 259	14 959	14 314	70 282
5. Measles 2nd dose coverage	%	82,9	68,8	71,1	96,0	73,8	80,8	86,4	90,9	79,8	95,1	77,5	87,4
<i>Measles 2nd dose</i>	No	217 727	12 970	17 218	14 725	15 144	12 178	19 897	16 857	21 100	14 454	11 220	61 964
<i>Target population 1 year</i>	No	262 526	18 848	24 217	15 346	20 511	15 064	23 016	18 547	26 437	15 203	14 473	70 864
6. Diarrhoea case fatality under 5 years rate	%	1.7%	1.1%	1.1%	1.9%	1.7%	1.4%	3.8%	1.7%	0.92%	3.5%	1.8%	1.2%
<i>Diarrhoea death under 5 years</i>	No	171	9	9	13	12	7	36	11	12	20	12	30
<i>Diarrhoea separation under 5 years</i>	No	10 055	790	799	676	716	494	959	659	1 300	576	670	2 416

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Indicator	Type	Provincial 2019/20	Ugu 2019/20	uMgungundlovu 2019/20	uThukela 2019/20	uMzinyathi 2019/20	Amajuba 2019/20	Zululand 2019/20	uMkhanyakude 2019/20	King Cetshwayo 2019/20	iLembe 2019/20	Harry Gwala 2019/20	eThekweni 2019/20
7. Pneumonia case fatality under 5 years rate	%	2%	2.4%	1.1%	3.7%	1.6%	1.3%	3.2%	1.9%	3.7%	3.4%	1.7%	1.2%
<i>Pneumonia death under 5 years</i>	No	192	24	10	19	13	5	14	10	31	17	13	36
<i>Pneumonia separation under 5 years</i>	No	9 588	1 003	870	519	813	386	431	514	848	499	758	2 947
8. Severe acute malnutrition case fatality under 5 years rate	%	7.6%	4.8%	3.6%	10.7%	11.7%	5.7%	18.3%	6.6%	8%	7.2%	7.7%	5.9%
<i>Severe acute malnutrition (SAM) death in facility under 5 years</i>	No	176	6	7	17	20	6	24	8	20	15	13	40
<i>Severe acute malnutrition (SAM) in facility under 5 years</i>	No	2 319	124	196	159	171	105	131	122	251	209	168	683
9. School Grade 1 - learners screened	No	68 972	4 461	8 902	5 585	7 881	4 710	2 962	7 023	3 253	5 512	5 009	13 674
10. School Grade 8 - learners screened	No	46 506	2 982	8 077	4 027	4 212	1 507	5 579	7 210	1 779	2 455	2 153	6 525

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Indicator	Type	Provincial 2019/20	Ugu 2019/20	uMgungundlovu 2019/20	uThukela 2019/20	uMzinyathi 2019/20	Amajuba 2019/20	Zululand 2019/20	uMkhanyakude 2019/20	King Cetshwayo 2019/20	iLembe 2019/20	Harry Gwala 2019/20	eThekweni 2019/20
11. Delivery in 10 to 19 years in facility rate	%	16.3%	16.9%	14.6%	20%	18.4%	15.6%	22.2%	20.1%	16.9%	18.1%	21.8%	12.4%
<i>Delivery 10 to 19 years in facility</i>	No	36 171	2 503	3 058	2 349	2 535	1 650	3 852	3 382	3 789	2 210	1 857	8 986
<i>Delivery in facility - total</i>	No	221 507	14 770	20 881	11 725	13 799	10 571	17 317	16 803	22 428	12 211	8 502	72 500
12. Couple year protection rate (Int)	%	56.1%	60.3%	56.9%	72.3%	73.6%	59.3%	51.5%	65%	48.8%	62.1%	55%	49.7%
<i>Couple year protection</i>	No	1 767 547	130 353	189 525	117 832	146 526	93 933	129 360	123 701	130 595	124 052	76 967	504 703
<i>Population 15-49 years females</i>	No	3 125 661	216 642	333 215	200 697	160 162	158 693	251 415	188 897	265 420	198 088	140 003	1 012 431
13. Cervical cancer screening coverage 30 years and oldervi	%	80.9%	74,6	91,1	95,5	75,8	76,7	94,7	102,8	90,9	89,9	122,1	65,1
<i>Cervical cancer screening in woman 30 years and older</i>	No	197 924	11 635	23 239	10 714	10 761	8 657	16 216	13 583	17 483	13 644	11 852	60 140

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Indicator	Type	Provincial 2019/20	Ugu 2019/20	uMgungundlovu 2019/20	uThukela 2019/20	uMzinyathi 2019/20	Amajuba 2019/20	Zululand 2019/20	uMkhanyakude 2019/20	King Cetshwayo 2019/20	iLembe 2019/20	Harry Gwala 2019/20	eThekweni 2019/20
Target population 30 years and older female	No	244 691	15 599	25 511	11 222	14 195	11 286	17 133	13 218	19 226	15 176	9 708	92 418
14. Vitamin A dose 12-59 months coverage	%	68,6	55,1	69,4	79,8	66,8	65,3	71,9	73,4	60,7	79,1	70,0	68,7
Vitamin A dose 12 - 59 months	No	1 455 506	84 184	137 652	97 223	109 366	77 526	133 926	110 164	129 490	98 311	81 479	396 185
Target population 12-59 months *2	No	2 122 480	152 782	198 346	121 850	163 612	118 804	186 386	150 046	213 500	124 262	116 406	576 488
15. Antenatal client start on ART rate	%	98.3%	99.7%	99%	100.4%	99.4%	98.7%	99.7%	98.7%	98.7%	99.4%	99.9%	96.4%
Antenatal client start on ART	No	21 207	1 196	1 830	918	1 159	1 056	1 945	1 593	1 958	1 612	821	7 119
Antenatal client known HIV positive but NOT on ART at 1st visit	No	21 575	1 200	1 849	914	1 166	1 070	1 951	1 614	1 983	1 622	822	7 384
16. HPV 1st dose	No	3 731	177	435	180	185	58	341	161	487	119	88	1 500
17. HPV 2nd dose	No	96 744	6 439	7 639	7 237	7 398	4 683	8 197	9 355	8 437	7 174	5 581	24 604

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Indicator	Type	Provincial 2019/20	Ugu 2019/20	uMgungundlovu 2019/20	uThukela 2019/20	uMzinyathi 2019/20	Amajuba 2019/20	Zululand 2019/20	uMkhanyakude 2019/20	King Cetshwayo 2019/20	iLembe 2019/20	Harry Gwala 2019/20	eThekweni 2019/20
18. Maternal mortality in facility ratio	No per 100k	76.9 /100k	52.1 /100k	163.3 /100k	32.8 /100k	81.1 /100k	27.7 /100k	43.3 /100k	51.3 /100k	73.7 /100k	62.5 /100k	54.1 /100k	91.5 /100k
Maternal death in facility	No	176	8	35	4	12	3	8	9	17	8	5	67
Live births known to facility (Live birth in facility)+ SUM (Born alive before arrival at facility)	No	228 889	15 348	21 428	12 196	14 795	10 830	18 474	17 536	23 061	12 790	9 245	73 186
19. Neonatal death in facility rate	No per 1000	10.9 / 1000	12.2 / 1000	10.7 / 1000	8.1 / 1000	8.9 / 1000	8.7 / 1000	12.3 / 1000	9.4 / 1000	11.6 / 1000	11.1 / 1000	10.7 /1000	11.6 / 1000
Neonatal 0-28 days death in facility	No	2 375	177	220	93	122	91	211	157	257	135	90	822
Live birth in facility	No	218 420	14 543	20 646	11 545	13 651	10 458	17 178	16 648	22 213	12 108	8 441	70 989

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Table 31: Strategic Objectives, Indicators & Targets

APP 2019/20: Page 99; Table 31 (DHS 12)							
Strategic Objective Statement	Performance Indicator	Data Source	Actual 2018/19	Target 2019/20	Actual 2019/20	Deviation from Planned 2019/20 Target	Comment on Deviation
Strategic Objective 2.7: Reduce maternal mortality							
2.7.3) Increase the antenatal 1 st visit before 20 weeks rate to 70% (or more) by March 2020	1. Antenatal 1st visit before 20 weeks rate	PHC Comprehensive Tick Register	73.2%	75%	74.5%	(0.6%)	This is a demand driven indicator and therefore not possible to predict with 100% accuracy. There were missed opportunities for pregnancy screening in facilities. Household pregnancy testing is no longer yielding desired results as Community Care Givers [CCGs] are overburdened with other responsibilities.
	<i>Antenatal 1st visit before 20 weeks</i>	<i>PHC register</i>	<i>162 296</i>	<i>156 677</i>	<i>168 237</i>		
	<i>Antenatal 1st visit total</i>	<i>PHC register</i>	<i>221 857</i>	<i>208 903</i>	<i>225 846</i>		
2.7.4) Increase the postnatal visit within 6 days rate to 70% (or more) by March 2020	2. Mother postnatal visit within 6 days rate	PHC Comprehensive Tick Register	74.9%	81%	76.1%	(6%)	There are couple of reasons that are believed to contribute to poor performance in this indicator. The major contributing factors are:- 1) Cross border mothers, from Lesotho, Mozambique and Swaziland, and from the
	<i>Mother postnatal visit within 6 days after delivery</i>	<i>PHC register</i>	<i>153 369</i>	<i>147 752</i>	<i>168 515</i>		

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APP 2019/20: Page 99; Table 31 (DHS 12)							
Strategic Objective Statement	Performance Indicator	Data Source	Actual 2018/19	Target 2019/20	Actual 2019/20	Deviation from Planned 2019/20 Target	Comment on Deviation
	<i>Delivery in facility total</i>	<i>Delivery Register</i>	204 635	182 188	221 507		<p>Mpumalanga and the Eastern Cape, still pose a problem because they don't come back for postnatal care.</p> <p>2) Teenagers most of the time do not attend antenatal care and if they do, they present late, this is noticeable even post-delivery where care-givers take care of the babies. Mostly care givers do not bring babies back in time for post-natal care within 3-6 days.</p> <p>3) Poor linkage to CCGs in antenatal as well as postnatal is another challenge as post-delivery mothers are not immediately followed up and reminded to return to clinic within 3-6 days.</p>
Strategic Objective 2.5: Reduce infant mortality							
2.5.2) Reduce the mother to child transmission of HIV to 0.6% by March 2020	3. Infant PCR test positive around 10 weeks rate	PHC Comprehensive Tick Register	0.62%	0.6%	0.53%	11.6%	Real Time PCR Monitoring with facility visits assisted in closing any gaps that led to transmission of the virus from mother to child.
	<i>Infant PCR test positive around 10 weeks</i>	<i>PHC register</i>	332	312	293		
	<i>Infant PCR test around 10 week</i>	<i>PHC register</i>	53 330	52 000	54 832		
Strategic Objective 2.6: Reduce under 5 mortality							
2.6.3) Increase immunisation coverage to 88% or more by March 2020	4. Immunisation under 1 year coverage	PHC Comprehensive Tick Register	90.8%	88%	91.8%	4.3%	This is a demand driven indicator and therefore not possible to predict with 100% accuracy. Community health care workers, Ward Based outreach teams [WBOTS] and community care
	<i>Immunised fully under 1 year new</i>	<i>PHC register</i>	233 732	229 000	239 295		

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Strategic Objective Statement	Performance Indicator	Data Source	Actual 2018/19	Target 2019/20	Actual 2019/20	Deviation from Planned 2019/20 Target	Comment on Deviation
	<i>Population under 1 year</i>	<i>DHIS; Stats SA</i>	257 459	260 227	260 734		givers are actively tracing children who have missed immunisations
2.6.4) Maintain the measles 2 nd dose coverage of 90% (or more) from March 2020 onwards	5. Measles 2nd dose coverage	PHC Comprehensive Tick Register	77.8%	90%	82.9%	(7.9%)	This is a demand driven indicator and therefore not possible to predict with 100% accuracy. Low coverage in some districts e.g. Ugu, uMgungundlovu and uThukela. Incomplete recording of data in the source register and poor data analysis for action.
	<i>Measles 2nd dose</i>	<i>PHC register</i>	204 737	236 381	217 727		
	<i>Target population 1 year</i>	<i>DHIS; Stats SA</i>	262 988	262 645	262 526		
2.6.6) Reduce the under-5 diarrhoea case fatality rate to 2% (or less) by March 2020	6. Diarrhoea case fatality under 5 years rate	Ward register	2.2%	2%	1.7%	0.15%	Satisfactory implementation of Committee on Mortality and Morbidity in Children (CoMMIC) recommendations in the Province which included Integrated Management of Childhood Illnesses and Emergency Triage, Assessment and Treatment (ETAT).
	<i>Diarrhoea death under 5 years</i>	<i>Death Register</i>	171	115	171		
	<i>Diarrhoea separation under 5 years</i>	<i>Admission & Discharge register</i>	7 702	5 773	10 055		
2.6.7) Reduce the under-5 pneumonia case fatality rate to 2.1% (or less) by March 2020	7. Pneumonia case fatality under 5 years rate	Ward register	2.3%	2.4%	2%	16.7%	Greater awareness of the importance of early referral resulted in successful treatment.
	<i>Pneumonia death under 5 years</i>	<i>Tick Register/ Death Register</i>	279	200	192		
	<i>Pneumonia separation under 5 years</i>	<i>Admission & Discharge records</i>	12 370	8 533	9 588		
2.6.8) Reduce the under-5 severe acute	8. Severe acute malnutrition case fatality under 5 years rate	Ward register	7.8%	6%	7.6%	(26.7%)	Social issues continue to contribute significantly to children developing Severe

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APP 2019/20: Page 99; Table 31 (DHS 12)							
Strategic Objective Statement	Performance Indicator	Data Source	Actual 2018/19	Target 2019/20	Actual 2019/20	Deviation from Planned 2019/20 Target	Comment on Deviation
malnutrition case fatality rate to 6 % by March 2020	Severe acute malnutrition (SAM) death in facility under 5 years	<i>Tick Register/ Death Register</i>	179	191	176		Acute Malnutrition [SAM]. Poor implementation of the WHO protocol on the inpatient management of severe acute malnutrition at some hospitals.
	Severe acute malnutrition (SAM) in facility under 5 years	<i>Admission & Discharge records</i>	2 289	3 170	2 319		
Strategic Objective 1.5: Accelerate implementation of PHC re-engineering							
1.5.9) Increase the number of learners screened with at least 5% per annum	9. School Grade 1 - learners screened	School Health register; DHIS	66 777	60 147	68 972	14.7%	During the Human Papillomavirus vaccine (HPV) Vaccine Campaign, February/March 2020, Districts hired additional vehicles and contract staff (Professional Nurses as well as Enrolled Nurses) to assist with the HPV and Tetanus & Diphtheria (Td) Vaccine Campaigns. Ward based Primary Health Care Outreach teams (WBPHCOT) were also available to assist. Once the teams completed vaccinating learners, they continued to screen Grade 1 and 8 learners as the resources were available, thus surpassing the annual target.
	10. School Grade 8 -learners screened	School Health register; DHIS	33 967	31 473	46 506	47.7%	
2.7.6) Reduce deliveries under 19	11. Delivery in 10 to 19 years in facility rate	Delivery Register	17.3%	21%	16.3%	22.4%	This number reduced because the total number of births went up, not because the number of teenage pregnancies went down.
	<i>Delivery 10 to 19 years in facility</i>	<i>Tick Register</i>	35 471	38 260	36 171		

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APP 2019/20: Page 99; Table 31 (DHS 12)							
Strategic Objective Statement	Performance Indicator	Data Source	Actual 2018/19	Target 2019/20	Actual 2019/20	Deviation from Planned 2019/20 Target	Comment on Deviation
years to 8% or less by March 2020	<i>Delivery in facility - total</i>	DHIS/Stats SA	204 635	182 188	221 507		Interventions included: <ul style="list-style-type: none"> The establishment of 8 Antenatal Care (ANC) youth zones to prevent recurrent pregnancies in teenagers. Long-Acting Reversible Contraception [LARC] campaigns held to promote use of long acting reversible contraceptives, in collaboration with Sexual and Reproductive Health (SRH) unit 10 dialogues in higher learning setting were conducted with School Governing Bodies in attendance in high burden districts, in collaboration with "She Conquers" Integration with School Health and Mental Health Programmes to promote "Health promoting school"
Strategic Objective 2.8: Improve women's health							
2.8.1) Increase the couple year protection rate to at least 56% by March 2020	12. Couple year protection rate (Int)	PHC Comprehensive Tick Register	59.6%	56%	56.1%	0.2%	This is a demand driven indicator and therefore not possible to predict with 100% accuracy. Community awareness campaigns and the provision of a wide range of contraceptives to women contributed to the outcome.
	<i>Couple year protection</i>	<i>Tick Register PHC/ Hospital Register</i>	<i>1 827 928</i>	<i>174 471</i>	<i>1 767 547</i>		
	<i>Population 15-49 years females</i>	<i>DHIS/Stats SA</i>	<i>3 066 350</i>	<i>3 113 342</i>	<i>3 125 661</i>		

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APP 2019/20: Page 99; Table 31 (DHS 12)							
Strategic Objective Statement	Performance Indicator	Data Source	Actual 2018/19	Target 2019/20	Actual 2019/20	Deviation from Planned 2019/20 Target	Comment on Deviation
2.8.2) Maintain the cervical cancer screening coverage of 75% (or more)	13. Cervical cancer screening coverage 30 years and older ^{viii}	PHC Comprehensive Tick Register OPD tick register	85.7%	84%	80.9%	(3.7%)	This is a demand driven indicator and therefore not possible to predict with 100% accuracy. Competing priorities in the districts which impacted negatively on conducting cervical cancer awareness campaigns. Health care workers not adhering to the policy of 2 pap smears per day per professional nurse
	<i>Cervical cancer screening in woman 30 years and older</i>	<i>Tick Register PHC/ Hospital Register</i>	<i>203 457</i>	<i>204 315</i>	<i>197 924</i>		
	Target population 30 years and older females	<i>DHIS/Stats SA</i>	<i>237 422</i>	<i>243 232</i>	<i>244 691</i>		
Strategic Objective 2.5: Reduce infant mortality							
2.6.9) Increase the Vitamin A dose 12-59 months coverage to 64% or more by March 2020	14. Vitamin A dose 12-59 months coverage	PHC Comprehensive Tick Register OPD tick register	70.8%	70%	68.6%	(2%)	This is a demand driven indicator and therefore not possible to predict with 100% accuracy. Provincially, challenges with supply of Vitamin A in Q1-2 were experienced, which resulted in lower coverage. The supply stabilised in Q4, however December, January and March were challenging months as Early Childhood Development (ECD) sites were closed for school holidays
	<i>Vitamin A dose 12 - 59 months</i>	<i>PHC register</i>	<i>1 520 604</i>	<i>1 488 834</i>	<i>1 455 506</i>		
	<i>Target population 12-59 months *2</i>	<i>DHIS; Stats SA</i>	<i>2 146 784</i>	<i>2 126 906</i>	<i>2 122 480</i>		
Strategic Objective 2.7: Reduce maternal mortality							
2.7.5) Initiate 99% eligible antenatal clients on ART by March 2020	15. Antenatal client start on ART rate	ART register, Tier.Net	98.9%	97%	98.3%	1.3%	The indicator is monitored on the KwaZulu-Natal (KZN) Dashboard which promotes linkage to care for all eligible antenatal clients and capturing into the Tier.Net system.
	<i>Antenatal client start on ART</i>	<i>ART & PHC register</i>	<i>26 972</i>	<i>27 200</i>	<i>21 207</i>		

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APP 2019/20: Page 99; Table 31 (DHS 12)							
Strategic Objective Statement	Performance Indicator	Data Source	Actual 2018/19	Target 2019/20	Actual 2019/20	Deviation from Planned 2019/20 Target	Comment on Deviation
	<i>Antenatal client known HIV positive but NOT on ART at 1st visit</i>	ART & PHC register	27 259	28 042	21 575		
Strategic Objective 2.8: Improve women's health							
2.8.3) Maintain programme to target 9 year old girls with HPV vaccine 1 st and 2 nd dose as part of cervical cancer prevention programme	16. HPV 1 st dose	HPV register; DHIS	71 109	60 000	3 731	(93.8%)	<p>The HPV Vaccine Campaign policy shifted from targeting Grade 4 girl learners to Grade 5 girl learners, as from February 2020. Majority of girl learners currently in Grade 5 had been immunised in Grade 4.</p> <p>The results are of the girl learners who missed their first dose during the 1st round February/March 2019 as well as those who missed 1st dose during August/September 2019.</p> <p>Other challenges resulting in girls not being immunised include:</p> <ol style="list-style-type: none"> 1. Girls under 9 years in grade 5, i.e. they are not of the required age. 2. No consent from parental/guardian/care givers. 3. Absenteeism 4. Contra-indications
	17. HPV 2 nd dose	HPV register; DHIS	98 759	60 000	96 744	61.24%	Previously data was collected electronically, which was not an accurate record due to network and server challenges. National Department of Health requested Provinces to collect data using the registers as source documents, until further notice, resulting in improved reporting.

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APP 2019/20: Page 99; Table 31 (DHS 12)							
Strategic Objective Statement	Performance Indicator	Data Source	Actual 2018/19	Target 2019/20	Actual 2019/20	Deviation from Planned 2019/20 Target	Comment on Deviation
Strategic Objective 2.7: Reduce maternal mortality							
2.7.1) Reduce the maternal mortality in facility ratio to 100 (or less) per 100 000 live births by March 2020	18. Maternal mortality in facility ratio	Maternal death register, Delivery Register	88.4 / 100 000	95 / 100 000	76.9 / 100 000	19.1%	Essential Steps in Managing Obstetric Emergencies (ESMOE) trainings for Master Trainers were done. Training of maternity staff on the new ESMOE modules which include Hypertension management. Integrated Prevention of Mother to Child Transmission (PMTCT)/Basic Antenatal Care (BANC) trainings for midwives. Procurement and demonstration on Non-pneumatic Anti Shock Garment (NASG) for all districts. Minimum standards for safe Caesarean section introduced in 2018. Resulted specifically in large drop in maternal deaths post Caesarean section
	<i>Maternal death in facility</i>	<i>Midnight census/ Death Register</i>	188	184	176		
	Live births known to facility (Live birth in facility)+ SUM (Born alive before arrival at facility)	<i>Maternity Register</i>	212 723	193 871	228 889		
Strategic Objective 2.5: Reduce infant mortality							
2.5.3) Reduce the neonatal death in facility rate to at least 11.3/1000 by March 2020	19. Neonatal death in facility rate	Delivery register, Midnight report	11.5 / 1000	11.3 / 1000	10.9 / 1000	3.5%	Increase in respiratory support coverage and improved prevention and control practices Kangaroo Mother Care (KMC)
	<i>Neonatal 0-28 days death in facility</i>	<i>Midnight census/ Death Register</i>	2 316	2 033	2 375		
	<i>Live birth in facility</i>	<i>Maternity register</i>	202 134	179 899	218 420		

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APP 2019/20: Page 99; Table 31 (DHS 12)							
Strategic Objective Statement	Performance Indicator	Data Source	Actual 2018/19	Target 2019/20	Actual 2019/20	Deviation from Planned 2019/20 Target	Comment on Deviation
2.5.1) Reduce the infant mortality rate to 30.9 per 1000 live births by March 2020	20. Infant mortality rate	ASSA2008 (2011) Stats SA and RMS ^{viii} (2012 onwards)	30.9 / 1000	30.9 / 1000	30.3 / 1000	1.9%	Improved compliance with essential package of neonatal care, including Kangaroo Mother Care (KMC) and nCPAP (nasal Continuous Positive Airways Pressure) and facility support visits from district and provincial teams.
Strategic Objective 2.6: Reduce under 5 mortality							
2.6.1) Reduce the under 5 mortality rate to 42.5 per 1000 live births by March 2020	21. Under 5 mortality rate	ASSA2008 (2011) Stats SA and RMS ^{ix} (2012 onwards)	41.9 / 1000	42.5 / 1000	40.3 / 1000	5.2%	Improved PHC implementation of Integrated Management of Childhood Illness (IMCI), earlier presentation at hospitals and better care on arrival at hospitals related to implementation of Emergency Triage, Assessment and Treatment (ETAT)
2.6.10) Reduce under-5 diarrhoea with dehydration incidence to 10 (or less) per 1000 by March 2020	22. Diarrhoea with dehydration in child under 5 years incidence (annualised)	PHC register; DHIS; Stats SA	7.9 / 1000	10 / 1000	7.4 / 1000	26%	Early identification and management of children with diarrhoea.
	<i>Diarrhoea with dehydration new in child under 5 years</i>	<i>PHC register</i>	<i>10 553</i>	<i>13 237</i>	<i>9 891</i>		
	<i>Population under 5 years</i>	<i>DHIS; Stats SA</i>	<i>1 330 901</i>	<i>1 323 674</i>	<i>1 321 978</i>		
2.6.11) Reduce the under-5 pneumonia incidence to 63 (or less) per 1000 by March 2020	23. Pneumonia in child under 5 years incidence (annualised)	PHC register; DHIS; Stats SA	39.2 / 1000	52 / 1000	28.9 / 1000	44.4%	Improved immunization coverage of children with pneumococcal vaccine. Implementation of e-IMCI in all districts.
	<i>Pneumonia new in child under 5 years</i>	<i>PHC register</i>	<i>52 169</i>	<i>68 831</i>	<i>38 299</i>		
	<i>Population under 5 years</i>	<i>DHIS; Stats SA</i>	<i>1 330 901</i>	<i>1 323 674</i>	<i>1 321 978</i>		

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Strategic Objective Statement	Performance Indicator	Data Source	Actual 2018/19	Target 2019/20	Actual 2019/20	Deviation from Planned 2019/20 Target	Comment on Deviation
2.6.2) Reduce severe acute malnutrition incidence under 5 years to 4.6 per 1000 by March 2020	24. Child under 5 years severe acute malnutrition incidence (annualised)	DHIS	1.9 / 1000	2.2 / 1000	1.9 / 1000	13.6%	Improved case detection of Moderate Acute Malnutrition (MAM) through CCG screening and at PHC facilities.
	<i>Child under 5 years with severe acute malnutrition new</i>	<i>DHIS/ Tick Register PHC</i>	<i>2 557</i>	<i>2 915</i>	<i>2 471</i>		
	<i>Population under 5 years</i>	<i>DHIS/Stats SA</i>	<i>1 330 901</i>	<i>1 323 674</i>	<i>1 321 978</i>		
2.6.12) Reduce the death in facility under 1 year rate to 5.5% or less by March 2020	25. Death in facility under 1 year rate (annualised)	Midnight census; Admission Discharge & Death register; DHIS	5.4%	6%	5.5%	8.3%	Improved compliance with essential package of neonatal care, including Kangaroo Mother Care (KMC) and nCPAP (nasal Continuous Positive Airways Pressure) and facility support visits from district and provincial teams.
	<i>Death in facility under 1 year total</i>	<i>Death Register</i>	<i>3 055</i>	<i>2 616</i>	<i>3 132</i>		
	<i>Inpatient separations under 1 year</i>	<i>Midnight census/ Admissions, Discharge & Death registers</i>	<i>57 009</i>	<i>43 598</i>	<i>57 826</i>		
2.6.13) Reduce the death in facility under 5 years rate to 5.0% (or less) by March 2020	26. Death in facility under 5 years rate	Midnight census; Admission Discharge & Death register; DHIS	3.9%	4.3%	4%	7%	Improved PHC implementation of Integrated Management of Childhood Illness (IMCI), earlier presentation at hospitals and better care on arrival at hospitals related to implementation of Emergency Triage, Assessment and Treatment (ETAT)
	<i>Death in facility under 5 years total</i>	<i>Death Register</i>	<i>3 444</i>	<i>3 147</i>	<i>3 487</i>		

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APP 2019/20: Page 99; Table 31 (DHS 12)

Strategic Objective Statement	Performance Indicator	Data Source	Actual 2018/19	Target 2019/20	Actual 2019/20	Deviation from Planned 2019/20 Target	Comment on Deviation
	<i>Inpatient separations under 5 years</i>	<i>Midnight census/ Admissions, Discharge & Death registers</i>	88 884	73 207	88 773		

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Disease Prevention and Control

Table 32: (DCP1) Situation Analysis Indicators - 2019/20

APP 2019/20: Page 107; Table 33(DHS 14)

Indicator	Type	Provincial 2019/20	Ugu 2019/20	uMgungundlovu 2019/20	uThukela 2019/20	uMzinyathi 2019/20	Amajuba 2019/20	Zululand 2019/20	uMkhanyakude 2019/20	King Cetshwayo 2019/20	iLembe 2019/20	Harry Gwala 2019/20	eThekweni 2019/20
1. Cataract surgery total	No	20 516	1 577	3 478	383	608	1 419	0	1 303	1 130	679	9 279	20 516
2. Malaria case fatality rate	%	0.6%	14.3%	0%	0%	0%	0%	0%	0.3%	0%	0%	0%	2.9%
<i>Deaths from malaria</i>	No	5	1	0	0	0	0	0	2	0	0	0	2
<i>Total number of Malaria cases reported</i>	No	835	7	20	8	3	11	16	593	88	19	1	69

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Table 33: Strategic Objectives, Indicators & Targets

APP 2019/20: Page 108; Table 35 (DHS 15)							
Strategic Objective Statement	Performance Indicator	Data Source	Actual 2018/19	Target 2019/20	Actual 2019/20	Deviation from Planned 2019/20 Target	Comment on Deviation
Strategic Objective 2.9: Reduce incidence of non-communicable diseases							
2.9.6) Increase the cataract surgery rate to at least 850 per 1 mil uninsured population by March 2020	1. Cataract surgery - total	DHIS/Theatre Register	14 816	9 700	20 516	111.5%	This is a demand driven indicator and therefore not possible to predict with 100% accuracy. Private Public Partnership initiative.
Strategic Objective 2.10: Eliminate malaria							
2.10.2) Reduce the malaria case fatality rate to 0.5% by March 2020	2. Malaria case fatality rate	Malaria Information System	0.5%	0.5%	0.6%	(20%)	Late Presentation to Health Facilities by patients. Deaths cases were reported from Imported malaria cases.
	<i>Deaths from malaria</i>	<i>Malaria register/Tick sheets PHC</i>	7	6	5		
	<i>Total number of Malaria cases reported</i>	<i>Malaria register/Tick sheets PHC</i>	1 493	1 100	835		
2.10.1) Malaria incidence of under 1/1 000 population at risk by March 2020	3. Malaria incidence per 1000 population at risk	Malaria Register; Stats SA	0.23 / 1000	0.5 / 1000	0.84 / 1000	(68%)	Malaria Field Operations disruption by communities in some of the targeted areas.
	<i>Number of malaria cases (new)</i>	<i>Malaria Register/Tick Register PHC</i>	162	352	593		
	<i>Population uMkhanyakude</i>	<i>DHIS; Stats SA</i>	696 042	704 651	706 829		

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APP 2019/20: Page 108; Table 35 (DHS 15)							
Strategic Objective Statement	Performance Indicator	Data Source	Actual 2018/19	Target 2019/20	Actual 2019/20	Deviation from Planned 2019/20 Target	Comment on Deviation
Strategic Objective 2.9: Reduce incidence of non-communicable diseases							
2.9.3) Screen at least 2.5 million people (40 years and older) per annum for hypertension by March 2020	4. Clients 40 years and older screened for hypertension	DHIS/ Tick Register	5 517 003	2 555 563	5 519 985	116%	This is a demand driven indicator and therefore not possible to predict with 100% accuracy. Implementation of National Wellness resulted in an increased demand for screening.
2.9.1) Hypertension incidence of 24.6 or less per 1000 population by March 2020	5. Hypertension incidence (annualised)	PHC register; DHIS	16 / 1000	23 / 1000	13.2 / 1000	42.6%	National Wellness Campaign has been widely implemented. Increased screening has resulted in active detection of new Hypertension cases.
	<i>Hypertension client treatment new</i>	<i>PHC register</i>	<i>41 054</i>	<i>60 348</i>	<i>34 917</i>		
	<i>Population 40 years and older</i>	<i>DHIS; Stats SA</i>	<i>2 570 165</i>	<i>2 638 431</i>	<i>2 638 146</i>		
2.9.4) Screen at least 2.5 million people (40 years and older) per annum for diabetes by March 2020	6. Clients 40 years and older screened for diabetes	DHIS/ Tick Register	5 472 699	2 555 563	5 803 402	127.1%	This is a demand driven indicator and therefore not possible to predict with 100% accuracy. National Wellness Campaign has created demand for screening services.
2.9.2) Diabetes incidence of 3.1 per 1000 population by March 2020	7. Diabetes incidence (annualised)	PHC register; DHIS	3 / 1000	3.1 / 1000	2.2 / 1000	29%	Active Case finding and healthy lifestyle promotion as a result of the National Wellness Campaign
	<i>Diabetes client treatment new</i>	<i>PHC register</i>	<i>33 744</i>	<i>35 854</i>	<i>25 537</i>		
	<i>Population total</i>	<i>DHIS; Stats SA</i>	<i>11 417 126</i>	<i>11 565 963</i>	<i>11 603 112</i>		
2.9.5) Screen at least 1.5 million people for	8. Mental disorders screening rate	PHC register; DHIS	41% ⁶	35%	44.7%	27.7%	Achieved through the mentoring of clinics on the mental health screening tool.

⁶ DHIS reflects a value of 40.7%. If the raw data is used in the calculation, the value is 40.965%

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APP 2019/20: Page 108; Table 35 (DHS 15)							
Strategic Objective Statement	Performance Indicator	Data Source	Actual 2018/19	Target 2019/20	Actual 2019/20	Deviation from Planned 2019/20 Target	Comment on Deviation
mental disorders at PHC services by March 2020	<i>PHC client screened for mental disorders</i>	<i>PHC register</i>	11 621 594	10 216 306	12 690 131		
	<i>PHC headcount - total</i>	<i>PHC register</i>	28 368 964	29 189 445	28 365 411		
2.9.7) Improve the number of wheelchairs issued to 3 500 by March 2020	9. Wheelchairs issued	PHC & OPD register; DHIS	3 859	3 500	4 156	18.7%	This is a demand driven indicator and therefore not possible to predict with 100% accuracy. Donation of wheelchairs by partners. Damaged wheelchairs were repaired and re-issued to clients.
Strategic Objective 5.2) Improve quality of care							
5.2.7) Improve the restoration to extraction ratio to 18:1 or less by March 2020	10. Dental extraction to restoration ratio	PHC register; OPD & Theatre register; DHIS	19:1	18:1	14:1	22.2%	This is a demand driven indicator and therefore not possible to predict with 100% accuracy. Implementation of the Strategic Oral Health Improvement Plan
	<i>Tooth extraction</i>	PHC register; OPD & Theatre register	532 891	432 250	467 884		
	<i>Tooth restoration</i>	PHC register; OPD & Theatre register	27 709	24 013	34 518		

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Strategies to overcome areas of under-performance

Infection Prevention and Control

- Guidelines, prevention bundles and surveillance tools for central line associated blood stream infection, ventilator associated infections, surgical site sepsis and catheter associated urinary tract infection have been revised and will be targeted for approval and then implementation with the 20/21 reporting cycle.

Primary Health Care

- The Ideal Clinic rate will be improved by including facilities into the infrastructure plan although funding remains a challenge for the rebuilding of these facilities.
- The PHC utilisation rate should include community visits. The strategy is to promote the community based model, to delivery chronic medication to home and totally discourage patients from visiting clinics, unless necessary. The promotion of the Centralised Chronic Medicines Dispensing and Distribution programme has yield results as more people have enrolled on this programme, than previously.
- The under 5 PHC utilisation rate will be increased by the implementation of the community based model ensuring that children are attended to at crèches, schools and community halls.
- The Department is promoting integration between the school health teams and ward based primary health care outreach teams, to fill the gap with regards to school health services.
- Ward based outreach PHC teams are being increased with partner support and promoting relations between the Department and NGO's.
- Outreach household visits will be supported by collaboration with supporting partners to improve performance.

District Hospitals

- Inpatient bed utilisation for District Hospitals with low bed occupancy rates will converted to hospitals for admission of people under investigation of COVID-19 and isolation wards.
- The Department is liaising with all facilities to ensure that they re-check contact details of all patients who have filed complaints and provide necessary education regarding the importance of providing correct contact details to allow for closing of the feedback loop.
- The Department will request District Clinical Specialist Teams to conduct a thorough analysis of caesarean sections and the clinical indications.
- In order to decrease the OPD Headcount not referred, by increasing the number of PHC facilities visited by doctors.

HIV / AIDS and TB

- The unit will facilitate the strengthening of the Paediatric ART Programme. The unit will liaise with the National Department of Health to reduce the target for the Paediatric Total Remaining on ART since there are few HIV positive children under 15 years.
- The Unit will continue to follow up with the latest version of TIER.Net to allow for the updating of patients receiving ART at another facility for TB / HIV co-infected clients on ART.
- The distribution of male condoms has proved a challenge for the 19/20 reporting cycle. The recruitment of Logistic Information Management System (LIMS) staff to support the programme in all districts will improve performance. District Directors will be tasked with sourcing storage space for condoms. There will also be constant supervision at all primary distribution sites by District HIV co-ordinators.

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- Male medical circumcisions will be supported by the implementation of the new GP contract (RT35). Data management teams have also been established in districts where data variances between partners and DHIS, were observed.
- The Male Urethritis Syndrome has 2 interventions namely to monitor partner treatment and the promotion of condom distribution focusing on eThekweni, uMkhanyakude, Zululand and .
- Continue to enforce weekly, monthly and quarterly monitoring for TB clients 5 years and older started on treatment.
- The fast tracking of the procurement of vehicles and the employment of data capturers for high volume sites means that the TB client treatment success and the TB lost to follow up rate should both improve.
- The TB XDR confirmed client started on treatment rate continues to improve as the numbers decline globally. The continued monitoring of linkage to care weekly by using the laboratory patient line list to ensure timely linkage to treatment and care. The enforcement of adherence counselling on Rifampicin Resistant and Multi-Drug resistant TB patients to prevent relapse.
- The TB new smear positive PTB cure rate will improve with the mentoring of facilities on analysis and actioning of reports during facility visits. The fast tracking of the recruitment of data capturers and linkage officers in the 20/21 financial year.
- Monitoring of the correct implementation of the TB case identification register and the follow up of the TB presumptive patients according to protocol will improve the TB client death rate. Monitoring of the LAM (Urine Lipoarabinomannan) implementation by hospitals and CHC's should also improve the TB death rate.
- The MDR TB success rate will continue to performance with the continue training of TB outreach teams, clinical audits and quality improvement plans.

Maternal Neonatal Child and Women's Health

- Facilitate in-facility pregnancy testing of all ages of women of child bearing age by health care workers to improve the ANC 1st visit before 20 weeks.
- The post-natal visit within 6 days will be improved through community awareness via media.
- The reduction of deliveries in teenagers, will be through the establishment of ANC youth zones and the promotion of LARC in post-natal units to prevent recurrent pregnancies.
- The increase in the promotion of LARC through community awareness campaigns in the media will improve the couple year protection rate. The National Contraceptives Clinical Guidelines to improve contraceptive uptake.
- Cervical cancer screening will continue to be encouraged through awareness campaigns. Data quality needs to be assessed to address over / under reporting.
- The facilitation of Real Time PCR visits by districts will continue to improve the infant PCR test positive rate around 10 weeks.
- The immunisation under 1 year coverage will continue to perform through catch-up campaigns. Batch BCG for babies that have missed their dose due to stock-outs will also continue. The province will continue to support and monitor districts teams to trace children who have missed immunisations.
- The measles 2nd dose will be improved through mobile clinics and catch-up vaccination campaigns in remote and high risk areas. Registers must be completed accurately in real time for the improvement of data quality.
- Maintain existing interventions which are ETAT and staff training integrated management of childhood illnesses, non-rotation of staff and facility support visits will maintain the diarrhoea case fatality under 5 years rate.
- The pneumonia case fatality rate under 5 years, will be maintained through the effective referral and case management at community and health facilities, and to ensure every sick child has access to the right care from both community based health services and health facilities.

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- The severe acute malnutrition case fatality rate for under 5 years will be strengthened by social worker support and interventions for families of children admitted with SAM. Continued capacity building on in-hospital management of SAM.
- Vitamin A dose coverage 12 to 59 months will be continued to be supported and encouraged to conduct co-ordinated ECD outreach. Outreach teams will be encouraged to issue vitamin A supplements at household levels.
- The HPV campaign is awaiting guidance from NDoH regarding learners who have not be immunised. The Campaign for August / September 2020, has been deferred to 2021.
- The Antenatal client started on ART intervention will be to the implementation of the safer conception services in 6 districts.
- Maternal mortality will be further strengthened through the orientation and emphasis on the use of non-pneumatic anti-shock garment (NASG) will continue in small numbers per facility. In facility pregnancy screening will be done to improve early booking thus promoting health pregnancy and positive outcomes.
- The intervention for the neonatal death rate in facility will be to maintain the existing interventions which care the KwaZulu-Natal initiative for new-born care (KINC), CPAP and KMC, and staff training.
- The SAM incidence will continue with supporting district to facilitate community outreach activities, and for the CHW's to conduct Mid-Upper Arm Circumference (MUAC) screening for early detection of children at risk of malnutrition. Improve growth monitoring and promotion of timeous management of children at risk of malnutrition to prevent SAM. Conduct audits to ensure implementation of malnutrition standard operating procedure (SOP).
- The death in facility under 1 year will continue with adherence to the essential package of neonatal care and facility support visits from district and provincial teams.
- The death in facility under 5 years rate will maintain existing programmes especially to support PHC services and promotion of ETAT.

Disease Prevention and Control

- The cataract surgery partnership will maintain functional relationships.
- The malaria case fatality will strengthening health promotion and Information Education and Communication (IEC) on malaria prevention and control measures. Continuation of the malaria case management training to health care workers.
- For the malaria incidence, continuous engagement with the aggrieved communities by special committee.
- Hypertension screening will be strengthened adherence to the screening tool by health care providers. The hypertension incident will promote active case finding as early as possible to reduce morbidity and mortality.
- Diabetes screening will be strengthened by adherence to screening. The diabetes incidence will continue to promote the healthy lifestyle campaign.
- The implementation of the strategic oral health improvement plan will be further strengthened across all districts to improve the dental extraction and restoration ratio.

Changes to planned targets

There were no changes to the planned target during the reporting cycle.

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Linking performance with budget

Table 34: Budget appropriation and expenditure

Programme per Sub-Programme	2019/20							2018/19		
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final Appropriation	Final Appropriation	Actual Expenditure	
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000	
2.1	District Management									
	Current payments	306 117	-	4 113	310 230	310 230	-	100.0%	291 287	290 805
	Transfers and subsidies	1 262	-	-157	1 105	1 105	-	100.0%	1 474	1 474
	Payments for capital assets	4 524	-	-970	3 554	3 554	-	100.0%	7 031	7 031
	Total	311 903	-	2 986	314 889	314 889	-	100.0%	299 792	299 310
2.2	Community Health Clinics									
	Current payments	4 411 403	-	71 133	4 482 536	4 503 485	-20 949	100.5%	4 115 111	4 150 600
	Transfers and subsidies	132 596	-	-730	131 866	131 643	223	99.8%	146 843	146 843
	Payments for capital assets	50 448	-	-26 314	24 134	24 134	-	100.0%	70 094	34 605
	Total	4 594 447	-	44 089	4 638 536	4 659 262	-20 726	100.4%	4 332 048	4 332 048
2.3	Community Health Centres									
	Current payments	1 872 395	-	10 344	1 882 739	1 882 739	-	100.0%	1 718 483	1 718 483
	Transfers and subsidies	8 131	-	8 371	16 502	16 502	-	100.0%	12 427	12 427
	Payments for capital assets	23 399	-	-3 150	20 249	20 249	-	100.0%	22 994	22 994
	Total	1 903 925	-	15 565	1 919 490	1 919 490	-	100.0%	1 753 904	1 753 904
2.4	Community Based Services									
	Current payments	409 293	-	-3 363	405 930	405 930	-	100.0%	369 851	369 851

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Programme per Sub-Programme		2019/20						2018/19		
		Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final Appropriation	Final Appropriation	Actual Expenditure
		R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
	Transfers and subsidies	1 049	-	-294	755	755	-	100.0%	724	724
	Payment for capital assets	12 777	-	-3 742	9 035	9 035	-	100.0%	8 897	5 438
	Total	423 119	-	-7 399	415 720	415 720	-	100.0%	379 472	376 013
2.5	Other Community Services									
	Current payments	1 354 832	-	-124 156	1 230 676	1 230 676	-	100.0%	1 132 268	1 132 268
	Transfers and subsidies	30 400	-	706	31 106	29 411	1 695	94.6%	29 910	28 594
	Payments for capital assets	13 303	-	-12 823	480	480	-	100.0%	9 100	2 767
	Total	1 398 535	-	-136 273	1 262 262	1 260 567	1 695	99.9%	1 171 278	1 163 629
2.6	HIV and AIDS									
	Current payments	5 689 791	-	11 619	5 701 410	5 801 364	-99 954	101.8%	5 567 332	5 577 168
	Transfers and subsidies	138 762	-	970	139 732	136 060	3 672	97.4%	132 246	133 694
	Payments for capital assets	12 075	-	-8 183	3 892	3 892	-	100.0%	16 036	4 752
	Total	5 840 628	-	4 406	5 845 034	5 941 316	-96 282	101.6%	5 715 614	5 715 614
2.7	Nutrition									
	Current payments	40 724	-	-8 019	32 705	32 705	-	100.0%	31 929	31 929
	Total	40 724	-	-8 019	32 705	32 705	-	100.0%	31 929	31 929
2.8	Coroner Services									
	Current payments	244 887	-	-4 482	240 405	240 405	-	100.0%	221 959	221 959

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Programme per Sub-Programme		2019/20						2018/19		
		Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final Appropriation	Final Appropriation	Actual Expenditure
		R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
	Transfers and subsidies	675	-	-34	641	641	-	100.0%	623	623
	Payments for capital assets	9 646	-	-9 268	378	378	-	100.0%	408	408
	Total	255 208	-	-13 784	241 424	241 424	-	100.0%	222 990	222 990
2.9	District Hospitals									
	Current payments	7 613 726	-	65 590	7 679 316	7 679 316	-	100.0%	6 649 557	6 649 557
	Transfers and subsidies	65 625	-	31 773	97 398	97 398	-	100.0%	149 258	149 258
	Payments for capital assets	120 380	-	44 374	164 754	164 754	-	100.0%	107 752	107 752
	Payment for financial assets		-	22	22	22	-	100.0%	60	60
	Total	7 799 731	-	141 759	7 941 490	7 941 490	-	100.0%	6 906 627	6 906 627

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PROGRAMME 3 - EMERGENCY MEDICAL SERVICES

Programme Description & Purpose

Rendering pre-hospital Emergency Medical Services, including Inter-hospital Transfers and Planned Patient Transport

The previous structure included Sub-Programme 3.3: Disaster Management which is a Municipal function.

Sub-Programme 3.1: Emergency Transport

Render Emergency Medical Services including Ambulance Services, Special Operations, and Communication and Air Ambulance services.

Sub-Programme 3.2: Planned Patient Transport

Render Planned Patient Transport including Local Outpatient Transport (within the boundaries of a given town or local area) and Inter-City/Town Outpatient Transport (Into referral centres).

Strategic objectives for the year under review

Strategic Objective 1.8: Improve EMS efficiencies

Strategic Objectives, Performance Indicators, Targets and Achievements

Strategic Objective 1.8: Improve EMS efficiencies

In 2019/20, the total number of EMS clients was 486 760, a 0.5% decrease from 2018/19. Response times achieved in 2019/20 are as follows. The percentage of response times to red codes (P1) within 15 minutes for urban areas increased from 35.7% to 36.5% and the percentage of response times to red codes (P1) within 40 minutes for rural areas decreased from 50% to 37.6%. The population per scheduled operational ambulance is currently 61 820 as opposed to the national norm of 1 ambulance per 10 000 population. This gap places a huge amount of pressure on the delivery of services. A further 767 operational ambulances are required in KZN in order to meet the norm.

During 2019/20, the total number of inter facility transfers done increased from 199 449 to 217 655 and the total number of patients transported by Planned Patient Transport Services (PPTS) was 587 772. The demand for this service is continuously increasing.

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Table 35: (EMS 1) Situation Analysis Indicators – 2019/20

APP 2019/20: Page 118; Table 40 (EMS 1)													
Indicators	Type	Provincial 2019/20	Ugu 2019/20	uMgungundlovu 2019/20	uThukela 2019/20	uMzinyathi 2019/20	Amajuba 2019/20	Zululand 2019/20	uMkhanyakude2 019/20	King Cetshwayo 2019/20	iLembe 2019/20	Harry Gwala 2019/20	eThekweni 2019/20
1. EMS P1 urban response under 15 minutes rate	%	36.5%	23.7%	18%	16%	38.5%	67%	-	-	29.8%	10.2%	-	38.6%
EMS P1 urban response under 15 minutes	No	50 568	1 324	1 312	305	145	2 124	-	-	93	368	-	44 897
EMS P1 urban responses	No	138 665	5 585	7 415	1 907	377	3 180	-	-	312	3 617	-	116 272
2. EMS P1 rural response under 40 minutes rate	%	37.6%	32%	29%	27.4%	33.2%	72.4%	27%	37.2%	31.3%	32.4%	44.8%	43.2%
EMS P1 rural response under 40 minutes	No	73 946	6 054	3 678	6 628	6 440	13 685	3 882	2 949	7 890	4 511	18 006	223
EMS P1 rural responses	No	196 512	18 980	12 700	24 190	19 422	18 896	14 608	7 929	25 181	13 919	40 171	516
3. EMS inter-facility transfer rate	%	44.7%	44.7%	55%	35.1%	24.8%	11.7%	47%	81.2%	65%	39.8%	(37%)	50%
EMS inter-facility transfer	No	217 655	14 917	21 050	14 980	5 707	4 569	14 758	21 198	23 408	11 379	22 757	62 932
EMS clients transport - total	No	486 760	33 363	38 280	42 713	22 977	38 977	31 431	26 091	36 180	28 563	62 259	125 926

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Table 36: Strategic Objectives, Indicators & Targets

APP 2019/20: Page 119; Table 42 (EMS 2)							
Strategic Objective Statement	Performance Indicator	Data Source	Actual 2018/19	Target 2019/20	Actual 2019/20	Deviation from Planned 2019/20 Target	Comment on Deviation
Strategic Objective 1.8: Improve EMS efficiencies							
1.8.4) Improve P1 urban response times of under 15 minutes to 26% by March 2020	1. EMS P1 urban response under 15 minutes rate	Patient report form & Communications Centre (Vehicle Control Form)	35.7%	26%	36.5%	40.4%	The target was achieved possibly as a result of the addition of 88 ambulances during Q3, as well as improved data recording and reporting.
	<i>EMS P1 urban response under 15 minutes</i>	Patient report form & Communications Centre (Vehicle Control Form)	46 492	31 857	50 568		
	<i>EMS P1 urban calls</i>	Patient report form & Communications Centre (Vehicle Control Form)	130 168	138 674	138 665		
1.8.5) Improve P1 rural response times of under 40 minutes to 36% by March 2020	2. EMS P1 rural response under 40 minutes rate	Patient report form & Communications Centre (Vehicle Control Form)	50%	36 %	37.6%	4.4%	The target was achieved possibly as a result of the addition of 88 ambulances during Q3, as well as improved data recording and reporting.
	<i>EMS P1 rural response under 40 minutes</i>	Patient report form & Communications Centre (Vehicle Control Form)	119 792	77 873	73 946		
	<i>EMS P1 rural responses</i>	Patient report form & Communications Centre (Vehicle Control Form)	239 472	214 762	196 512		

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APP 2019/20: Page 119; Table 42 (EMS 2)

Strategic Objective Statement	Performance Indicator	Data Source	Actual 2018/19	Target 2019/20	Actual 2019/20	Deviation from Planned 2019/20 Target	Comment on Deviation
1.8.6) Increase the inter-facility transfer rate to 39% by March 2020	3. EMS inter-facility transfer rate	Patient report form & Communications Centre (Vehicle Control Form)	40.8%	39%	44.7%	14.6%	Emergency and Inter Facility Transfer cases are determined by the demand for the service, and is therefore difficult to predict.
	<i>EMS inter-facility transfer</i>	Patient report form & Communications Centre (Vehicle Control Form)	199 449	198 265	217 655		
	<i>EMS clients transported- total</i>	Patient report form & Communications Centre (Vehicle Control Form)	489 059	488 436	486 760		
1.8.2) Increase the average number of daily operational ambulances to 200 by March 2020	4. Average number of daily operational ambulances	EMS daily Operations Reports/ EMS database	171	200	166	(17%)	The current ambulance fleet is old with high mileage which contributes to increased downtime for repairs and maintenance.
1.8.7) Increase number bases with network access to 50 by March 2020	5. Number of bases with access to intranet/ e-mail	ICT roll-out report/ IT database	22	50	22	(56%)	Delays in the roll-out of the private network

Strategies to overcome areas of under-performance

- Transit Solutions has been engaged to increase the pool of service providers and increase supervision of fleet matters.
- A total of 302 vehicles have been ordered. These will be converted to ambulances and rapid response units.

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Changes to planned targets

There were no changes to the planned target during the reporting cycle.

Linking performance with budget

Table 37: Budget appropriation and expenditure

Programme per sub programme	2019/20							2018/19		
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure	
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000	
3.1	Emergency Transport									
	Current payments	1 275 593	-	8 323	1 283 916	1 283 916	-	100.0%	1 236 727	1 236 727
	Transfers and subsidies	3 825	-	335	4 160	4 160	-	100.0%	3 757	3 757
	Payments for capital assets	132 745	-	39 362	172 107	172 107	-	100.0%	65 802	65 802
	Total	1 412 163	-	48 020	1 460 183	1 460 183	-	100.0%	1 306 286	1 306 286
3.2	Planned Patient Transport									
	Current payments	150 417	-	-7 828	142 589	142 589	-	100.0%	140 333	140 333
	Transfers and subsidies	18	-	96	114	114	-	100.0%	31	31
	Payments for capital assets	8 448	-	-8 448	-	-	-	-	-	-
	Total	158 883	-	-16 180	142 703	142 703	-	100.0%	140 364	140 364

Source: Annual Financial Statements and BAS

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PROGRAMME 4 - REGIONAL & SPECIALISED HOSPITALS

Programme Description & Purpose

Programme Purpose

Deliver hospital services, which are accessible, appropriate, and effective and provide general specialist services, including a specialized rehabilitation service, as well as a platform for training health professionals and research. *There are no changes to the Programme 4 structure.*

Sub-Programmes

Sub-Programme 4.1: General (Regional) Hospitals

Render hospital services at a general specialist level and a platform for training of health workers and research.

Sub-Programme 4.2: Tuberculosis Hospitals

Convert present Tuberculosis hospitals into strategically placed centres of excellence. TB centres of excellence will admit patients with complicated TB requiring isolation for public protection and specialised clinical management in the intensive phase of treatment to improve clinical outcomes. This strategy will reduce operational costs in the long term.

Sub-Programme 4.3: Psychiatric/ Mental Health Hospitals

Render a specialist psychiatric hospital service for people with mental illness and intellectual disability and provide a platform for the training of health workers and research.

Sub-Programme 4.4: Sub-Acute, Step down and Chronic Medical Hospitals

Provide medium to long term care to patients who require rehabilitation and/or a minimum degree of active medical care but cannot be sent home. These patients are often unable to access ambulatory care at our services or their socio-economic or family circumstances do not allow for them to be cared for at home.

Sub-Programme 4.5: Dental Training Centre

Render an affordable and comprehensive oral health service and training, based on the primary health care approach.

Strategic objectives for the year under review

Strategic Objective 1.7: Improve hospital efficiencies

Strategic Objective 5.1: Improve compliance to the Ideal Clinic and National Core Standards

Strategic Objective 2.7: Reduce maternal mortality

Strategic Objectives, Performance Indicators, Targets and Achievements

Strategic Objective 1.7: Improve hospital efficiencies

All hospitals had a decrease in the Inpatient Bed Utilization rate except the Regional hospitals that had no change between 2018/19 and 2019/20. Reasons for the decrease include institutions scaling down elective operations, new TB treatment guidelines advocating for community-based treatment of TB patients.

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Generally there was a decrease in the OPD headcount not referred new with the exception of Regional hospitals that had a 10% increase compared to the 2018/19 baseline. The decrease occurred as a result of the focus on down referral.

The number of dentures issued per annum decreased by two and was 25.3% lower than the 2019/20 target.

Strategic Objective 5.1: Improve compliance to the Ideal Clinic and National Core Standards

All hospital types had increase in both complaints resolution and complaint resolution within 25 working days rates except chronic hospitals.

Strategic Objective 2.7: Reduce maternal mortality

The target for the Caesarean section rate (Regional hospitals) was exceeded by 0.7% and the increase in both the deliveries by Caesarean section and deliveries in facility increased by 10% and 4% respectively.

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Regional Hospitals

Table 38: Strategic Objectives, Indicators and Targets

APP 2019/20: Page 129; Table 48 (PHS 1)							
Strategic Objective Statement	Performance Indicator	Data Source	Actual 2018/19	Target 2019/20	Actual 2019/20	Deviation from Planned 2019/20 Target	Comment on Deviation
Strategic Objective 1.7: Improve hospital efficiencies							
1.7.3) Improve hospital efficiencies by reducing the average length of stay to at least 5.5 days (District), 5.3 (Regional), 15 days (TB), 286.5 days (Psych), 28.5 days (Chronic), 9 days (Tertiary), and 8.6 days (Central) by March 2020	1. Average length of stay	Midnight census	6.3 Days	6.3 Days	6.2 Days	1.6%	The functionality of the various Clinical Governance structures was improved through road shows and facility based support which resulted in the improvement of clinical outcomes and quality of clinical care. Demand –driven indicator therefore difficult to predict with 100% accuracy.
	<i>Inpatient days -total</i>	Midnight census	1 831 609	1 869 491	1 839 716		
	<i>½ Day Patients</i>	Midnight census	24 908	63 322	46 896		
	<i>Inpatient separations</i>	Midnight census	296 541	305 795	301 069		
1.7.1) Maintain a bed utilisation rate of 75% (or more) by March 2020	2. Inpatient bed utilisation rates	Midnight census	73.3%	74.7%	73.3%	(1.9%)	Demand –driven indicator therefore difficult to predict with 100% accuracy. In quarter 3, particularly in December and part of January, institutions scale down elective operations due to December holidays. In quarter 4, in March 2020 institutions scaled down elective operations and focused on emergency interventions due to COVID-19.
	<i>Inpatient days</i>	DHIS/ Midnight Census	1 831 609	1 869 491	1 839 716		
	<i>½ Day Patients</i>	Admission/ Discharge Register	24 908	63 322	46 896		
	<i>Inpatient bed days available</i>	DHIS	2 532 070	2 585 938	2 540 435		
1.7.4) Maintain expenditure per PDE within the provincial norms	3. Expenditure per PDE	BAS/ DHIS	R 3 068	R 3 245	R 3 289	1.4%	Demand –driven indicator therefore difficult to predict with 100% accuracy.
	<i>Expenditure - total</i>	BAS	R 8 543 973	R 8 879 173	R 9 187 992 000		
	<i>Patient day equivalent</i>	DHIS	2 785 187	2 735 892	2 793 969,20		

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APP 2019/20: Page 129; Table 48 (PHS 1)							
Strategic Objective Statement	Performance Indicator	Data Source	Actual 2018/19	Target 2019/20	Actual 2019/20	Deviation from Planned 2019/20 Target	Comment on Deviation
Strategic Objective 5.1: Improve compliance to the Ideal Clinic and National Core Standards							
5.1.7) Sustain a 95% (or more) complaint resolution within 25 working days rate in all public health facilities by March 2020 onwards	4. Complaint resolution within 25 working days rate	Complaints Register	87.3%	95.0%	94.9%	(0.1%)	A percentage of clinical complaints require in-depth investigations and inputs of clinical specialists resulting in more than 25 working days of investigation.
	<i>Complaint resolved within 25 working days</i>	<i>Complaints Register</i>	<i>1 655</i>	<i>1 376</i>	<i>1 660</i>		
	<i>Complaints resolved</i>	<i>Complaints Register</i>	<i>1 895</i>	<i>1 448</i>	<i>1 749</i>		
5.1.6) Sustain a complaint resolution rate of 95% (or more) in all public health facilities from March 2020 onwards	5. Complaints resolution rate	DHIS	89.2%	95%	91.7%	(3.5%)	The outcomes of investigations of certain clinical complaints do not often meet the predetermined expectations of complainants as a result some complaints are referred to OHSC.
	<i>Complaint resolved</i>	<i>Complaints Register</i>	<i>1 895</i>	<i>1 448</i>	<i>1 749</i>		
	<i>Complaint received</i>	<i>Complaints Register</i>	<i>2 124</i>	<i>1 542</i>	<i>1 907</i>		
Strategic Objective 2.7: Reduce maternal mortality							
2.7.2) Reduce the caesarean section rate to 27.5% (District), 37% (Regional), 60% (Tertiary), and 67% or less (Central) by March 2020	6. Delivery by caesarean section rate	DHIS	41.2%	40.2%	40.5%	(0.7%)	Demand –driven indicator therefore difficult to predict with 100% accuracy. Within acceptable deviation of the target. Complicated deliveries are managed at a regional level and caesarean sections are clinically indicated.
	<i>Delivery by caesarean section</i>	<i>Theatre & Delivery Register</i>	<i>31 014</i>	<i>30 213</i>	<i>31 722</i>		
	<i>Delivery in facility total</i>	<i>Delivery Register</i>	<i>75 196</i>	<i>75 230</i>	<i>78 376</i>		
Strategic Objective 1.7: Improve hospital efficiencies							

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APP 2019/20: Page 129; Table 48 (PHS 1)

Strategic Objective Statement	Performance Indicator	Data Source	Actual 2018/19	Target 2019/20	Actual 2019/20	Deviation from Planned 2019/20 Target	Comment on Deviation
1.7.5) Reduce the unreferral outpatient Department (OPD) headcounts with at least 7% per annum	7. OPD headcount – total	DHIS/OPD tick Register	2 440 240	2 242 904	2 447 897	9.1%	High OPD headcount at Prince Mshiyeni Memorial Hospital [PMMH], RK Khan Hospital (OPD Headcount more than 80 000) - there is no district hospital within the catchment area, PHCs do not open 24 hours. Some Centralised Chronic Medicines Dispensing and Distribution [CCMDD] points were closed particularly in Quarter 4 due to COVID-19.
	8. OPD headcount new case not referred	DHIS/ OPD tick Register	246 774	212 874	271 630	(27.6%)	High OPD headcount at Prince Mshiyeni Memorial Hospital [PMMH], RK Khan Hospital (OPD Headcount more than 80 000) - there is no district hospital within the catchment area, PHCs do not open 24 hours. Some Centralised Chronic Medicines Dispensing and Distribution [CCMDD] points were closed particularly in Quarter 4 due to COVID-19.

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Specialised TB Hospitals

Table 39: Strategic Objectives, Indicators and Targets

APP 2019/20: Page 132; Table 50 (PHS 3a)							
Strategic Objective Statement	Performance Indicator	Data Source	Actual 2018/19	Target 2019/20	Actual 2019/20	Deviation from Planned 2019/20 Target	Comment on Deviation
Strategic Objective 5.1: Improve compliance to the Ideal Clinic and National Core Standards							
5.1.7) Sustain a 95% (or more) complaint resolution within 25 working days rate in all public health facilities by March 2020 onwards	1. Complaint resolution within 25 working days rate	Complaints Register	97.7%	95%	100%	5.3%	Implementation of the clinical governance structures at all levels of health care to improve the management of complaints.
	<i>Complaint resolved within 25 working days</i>	<i>Complaints Register</i>	85	93	78		
	<i>Complaint resolved</i>	<i>Complaints Register</i>	87	98	78		
5.1.6) Sustain a complaint resolution rate of 95% (or more) in all public health facilities from March 2020 onwards	2. Complaints resolution rate	DHIS	100%	94.7%	96.3%	1.7%	Implementation of the clinical governance structures at all levels of health care to improve the management of complaints.
	<i>Complaint resolved</i>	<i>Complaints Register</i>	87	98	78		
	<i>Complaint received</i>	<i>Complaints Register</i>	87	103	81		
Strategic Objective 1.7: Improve hospital efficiencies							
Improve hospital efficiencies by reducing the average length of stay to at least 5.5 days (District), 5.3 (Regional), 15 days (TB), 286.5 days (Psych), 28.5 days	3. Average length of stay – total	DHIS	44.9 Days	46.6 Days	48.2 Days	(3.4%)	Demand –driven indicator therefore difficult to predict with 100% accuracy. Significant progress has been made although Charles James and Richmond Hospital have Average Length of Stay [ALOS] above 50 days. Charles James receives down referrals mainly from King Dinuzulu which are often complicated TB cases with comorbidities.
	<i>Inpatient days-total</i>	<i>Midnight Census</i>	87 703	138 066	66 649		
	<i>½ Day Patients</i>	<i>Admission/ Discharge Register</i>	2	95	0		

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APP 2019/20: Page 132; Table 50 (PHS 3a)							
Strategic Objective Statement	Performance Indicator	Data Source	Actual 2018/19	Target 2019/20	Actual 2019/20	Deviation from Planned 2019/20 Target	Comment on Deviation
(Chronic), 9 days (Tertiary), and 8.6 days (Central) by March 2020	<i>Inpatient separations total</i>	<i>Admission/ Discharge Register</i>	1 955	2 963	1 382		Richmond Hospital was decommissioned as a TB Hospital and reconfigured to accommodate COVID-19 patients.
1.7.1) Maintain a bed utilisation rate of 75% (or more) by March 2020	4. Inpatient bed utilisation rate – total	DHIS	36.5%	44.6%	30.6%	(31.4%)	Demand –driven indicator therefore difficult to predict with 100% accuracy. New treatment guideline advocating for community based treatment of TB patients has resulted in low BUR. Richmond Hospital was decommissioned as a TB Hospital and reconfigured to accommodate COVID-19 patients.
	<i>Inpatient days-total</i>	<i>Midnight Census</i>	87 703	138 066	66 649		
	<i>½ Day Patients</i>	<i>Admission/ Discharge Register</i>	2	95	0		
	<i>Inpatient bed days available</i>	<i>DHIS</i>	240 561	309 736	217 807		
1.7.4) Maintain expenditure per PDE within the provincial norms	5. Expenditure per PDE *	BAS/ DHIS	R 6 190	R 4 320	R 8 451	(95.6%)	Low Bed Utilisation Rate (BUR) at Richmond, Don McKenzie and Charles James is a contributory factor to this performance.
	<i>Total expenditure TB Hospitals</i>	BAS	R 697 285	R 720 450	R 697 889 000		
	<i>Patient day equivalents</i>	<i>DHIS</i>	112 649	166 755	82 581		
1.7.5) Reduce the unreferral outpatient Department (OPD) headcounts with at least 7% per annum	6. OPD headcount – total	DHIS/OPD tick Register	74 824	93 150	47 783	48.7%	Demand –driven indicator therefore difficult to predict with 100% accuracy. The department focused its efforts on down referral of cases to PHC level.
	7. OPD headcount new case not referred	DHIS/OPD tick Register	3 746	6 773	896	86.8%	The department focused its efforts on down referral of cases to PHC level.

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Specialised Psychiatric Hospitals

Table 40: Strategic Objectives, Indicators and Targets

APP 2019/20: Page 135; Table 52 (PHS 3b)							
Strategic Objective Statement	Performance Indicator	Data Source	Actual 2018/19	Target 2019/20	Actual 2019/20	Deviation from Planned 2019/20 Target	Comment on Deviation
Strategic Objective 5.1: Improve compliance to the Ideal Clinic and National Core Standards							
5.1.7) Sustain a 95% (or more) complaint resolution within 25 working days rate in all public health facilities by March 2020 onwards	1. Complaint resolution within 25 working days rate	Complaints register	98.1%	95%	100%	5.3%	Attributed to the functionality and effectiveness of the facility based Patient Safety Incident and Complaints committees.
	<i>Complaints resolved within 25 days</i>	<i>Complaints Register</i>	52	122	92		
	<i>Complaints resolved</i>	<i>Complaints Register</i>	53	128	92		
5.1.6) Sustain a complaint resolution rate of 95% (or more) in all public health facilities from March 2020 onwards	2. Complaints resolution rate	DHIS	86.9%	97.1%	98.9%	1.9%	Attributed to the functionality and effectiveness of the facility based Patient Safety Incident and Complaints committees.
	<i>Complaint resolved</i>	<i>Complaints Register</i>	53	128	92		
	<i>Complaint received</i>	<i>Complaints Register</i>	61	132	93		
Strategic Objective 1.7: Improve hospital efficiencies							
1.7.3) Improve hospital efficiencies by reducing the average length of stay to at least 5.5 days (District), 5.3 (Regional), 15 days (TB), 286.5 days (Psych), 25.8 days (Chronic), 9 days	3. Average length of stay – total	DHIS	399.4 Days	310.2 Days	390.7 Days	(26%)	Demand –driven indicator therefore difficult to predict with 100% accuracy. Long stay patients at Ekuhlengeni and Umgeni Hospitals results in high in-patient numbers and skews the performance of Mental Health Hospitals. Acute shortage of Psychiatrists and
	<i>Inpatient days-total</i>	<i>Midnight Census</i>	634 493	648 239	629 445		
	<i>½ Day Patients</i>	<i>Admission/ Discharge Register</i>	202	9	6		

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APP 2019/20: Page 135; Table 52 (PHS 3b)							
Strategic Objective Statement	Performance Indicator	Data Source	Actual 2018/19	Target 2019/20	Actual 2019/20	Deviation from Planned 2019/20 Target	Comment on Deviation
(Tertiary), and 8.6 days (Central) by March 2020	<i>Inpatient separations total</i>	<i>Admission/ Discharge Register</i>	1 589	2 090	1 611		Allied Professionals to support rehabilitation programme.
1.7.1) Maintain a bed utilisation rate of 75% (or more) by March 2020	4. Inpatient bed utilisation rate – total	DHIS	72.1%	73.0%	70.9%	(2.9%)	Demand –driven indicator therefore difficult to predict with 100% accuracy. Long stay patients at Ekuhlengeni and Umgeni distorts performance of this service platform, in addition there is a critical shortage of mental health beds in the province resulting in acute cases being managed at district hospitals.
	<i>Inpatient days-total</i>	<i>Midnight Census</i>	634 493	648 239	629 445		
	<i>½ Day Patients</i>	<i>Admission/ Discharge Register</i>	202	9	6		
	<i>Inpatient bed days available</i>	<i>DHIS</i>	880 233	887 868	888 142		
1.7.4) Maintain expenditure per PDE within the provincial norms	5. Expenditure per PDE	BAS/ DHIS	R 1 449	R 1 345	R 1 529	(13.7%)	St Frances has very high Patient Day Equivalent [PDE] and Low BUR.
	<i>Total expenditure Psychiatric Hospitals</i>	<i>BAS</i>	<i>R 924 660</i>	<i>R 862 811</i>	<i>R 967 804 000</i>		
	<i>Patient day equivalents</i>	<i>DHIS</i>	<i>638 137</i>	<i>641 520</i>	<i>632 929,30</i>		
1.7.5) Reduce the unreferrred OPD headcounts with at least 7% per annum	6. OPD headcount – total	DHIS/OPD tick Register	10 328	11 974	10 443	12.8%	Demand –driven indicator therefore difficult to predict with 100% accuracy. The department focused its efforts on down referral of cases to PHC level.
	7. OPD headcount new case not referred	DHIS/OPD tick Register	457	680	235	65.4%	The department focused its efforts on down referral of cases to PHC level.

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Chronic/ Sub-Acute Hospitals

Table 41: Strategic Objectives, Indicators and Targets

APP 2019/20: Page 138; Table 54 (PHS 3c)							
Strategic Objective Statement	Performance Indicator	Data Source	Actual 2018/19	Target 2019/20	Actual 2019/20	Deviation from Planned 2019/20 Target	Comment on Deviation
Strategic Objective 5.1: Improve compliance to the Ideal Clinic and National Core Standards							
5.1.7) Sustain a 95% (or more) complaint resolution within 25 working days rate in all public health facilities by March 2020 onwards	1. Complaint resolution within 25 working days rate	Complaints Register	94.3%	95%	100%	5.3%	Attributed to the functionality and effectiveness of the facility based Patient Safety Incident and Complaints committees.
	<i>Complaint resolved within 25 days</i>	<i>Complaints Register</i>	50	46	80		
	<i>Complaint resolved</i>	<i>Complaints Register</i>	53	48	80		
5.1.6) Sustain a complaint resolution rate of 95% (or more) in all public health facilities from March 2020 onwards	2. Complaints resolution rate	DHIS	93%	98.3%	89.9%	8.5%	The outcomes of investigations of certain clinical complaints do not often meet the predetermined expectations of complainants as a result some complaints are referred to Office of Health Standards Compliance [OHSC].
	<i>Complaint resolved</i>	<i>Complaints Register</i>	53	48	80		
	<i>Complaint received</i>	<i>Complaints Register</i>	57	49	89		
Strategic Objective 1.7: Improve hospital efficiencies							
Improve hospital efficiencies by reducing the average length of stay to at least 5.5 days (District), 5.3 (Regional), 15 days (TB), 286.5 days (Psych), 28.5 days (Chronic), 9 days (Tertiary), and 8.6 days (Central) by March 2020	3. Average length of stay – total	DHIS	35.9 Days	38.2 Days	33.2 Days	13.1%	Demand –driven indicator therefore difficult to predict with 100% accuracy. Patients in Hillcrest hospital are chronic with a much longer average length of stay thus increasing and sustaining their BUR. In quarter 4 patients in Clairwood were transferred to Wentworth Hospital to allow for reconfigurations and repurposing for COVID-19.
	<i>Inpatient days-total</i>	<i>Midnight Census</i>	96 875	97 223	90 379		
	<i>½ Day patients</i>	<i>Admission/ Discharge Register</i>	6	0	3		
	<i>Inpatient separations total</i>	<i>Admission/ Discharge Register</i>	2 702	2 543	2 726		

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APP 2019/20: Page 138; Table 54 (PHS 3c)							
Strategic Objective Statement	Performance Indicator	Data Source	Actual 2018/19	Target 2019/20	Actual 2019/20	Deviation from Planned 2019/20 Target	Comment on Deviation
1.7.1) Maintain a bed utilisation rate of 75% (or more) by March 2020	4. Inpatient bed utilisation rate – total	DHIS	51.5%	50.2%	46.6%	(7.2%)	Demand –driven indicator therefore difficult to predict with 100% accuracy. In quarter 4 patients in Clairwood were transferred to Wentworth Hospital to allow for reconfigurations and repurposing for COVID-19.
	<i>Inpatient days-total</i>	<i>Midnight Census</i>	<i>96 875</i>	<i>97 223</i>	<i>90 379</i>		
	<i>½ Day Patients</i>	<i>Admission/ Discharge Register</i>	<i>6</i>	<i>0</i>	<i>3</i>		
	<i>Inpatient bed days available</i>	<i>DHIS</i>	<i>187 996</i>	<i>193 772</i>	<i>194 019</i>		
1.7.4) Maintain expenditure per PDE within the provincial norms	5. Expenditure per PDE	BAS/ DHIS	R 3 277	R 2 856	R 3 761	(31.7%)	In quarter 4 patients in Clairwood were transferred to Wentworth Hospital to allow for reconfigurations and repurposing for COVID-19.
	<i>Total expenditure – Chronic Hospitals</i>	<i>BAS</i>	<i>R 402 745</i>	<i>R 372 697</i>	<i>R 425 973 000</i>		
	<i>Patient day equivalent</i>	<i>DHIS</i>	<i>122 894</i>	<i>130 489</i>	<i>113 271,50</i>		
1.7.5) Reduce the unreferral outpatient Department (OPD) headcounts with at least 7% per annum	6. OPD headcount – total	DHIS/OPD tick Register	78 039	121 009	68 672	43.3%	Demand –driven indicator therefore difficult to predict with 100% accuracy. Hillcrest Hospital focused its efforts on down referral of cases to PHC level.
	7. OPD headcount new cases not referred	DHIS/OPD tick Register	41 373	38 847	28 175	27.5%	Hillcrest Hospital focused its efforts on down referral of cases to PHC level.

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Oral and Dental Training Centre

Table 42: Strategic Objectives, Indicators and Targets

APP 2019/20: Page 141; Table 56							
Strategic Objective Statement	Performance Indicator	Data Source	Actual 2018/19	Target 2019/20	Actual 2019/20	Deviation from Planned 2019/20 Target	Comment on Deviation
Strategic Objective 5.1: Improve compliance to the Ideal Clinic and National Core Standards							
4.1.12) Provision of dental prosthesis and training platform	1. Number of dentures issued per annum	Dental Register	129	170	127	(25.3%)	The Dental Lab at Inkosi Albert Luthuli Central Hospital often experiences shortage of material to fabricate dentures resulting in delays. Previously funding was available to enable the use of Private dental prosthetic lab, which improved turnaround times for the fabrication process.
	2. Number of Oral Hygienist and Dental Therapists trained per annum	Training Register	34	33	39	18.2%	The breakdown per academic year was as follow: 1st years : 56 students 2nd years: 48 students 3rd years: 39 students (There were no Oral Hygienist intake for 2019/20)

Strategies to overcome areas of under-performance

- Provide facility based support in order to sustain performance
- Strengthen the functionality of Cash flow Committees and Clinical Governance Committees at institutional level
- Monitor the functionality and effectiveness of the facility based Patient Safety Incident and Complaints committees
- Establish new CCMDD points and reopen CCMDD points
- Implement rationalization plan – closure of Charles James and Don Mackenzie Hospitals

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- Continue to improve accessibility of services at PHC Level and community education on referral pathways
- Monitor the functionality and effectiveness of the facility based Patient Safety Incident and Complaints committees
- Improve procurement processes
- Align future targets to availability of resources

Changes to planned targets

There were no changes to the planned target during the reporting cycle.

Linking performance with budget

Table 43: Budget appropriation and expenditure

Programme per sub programme		2019/20						2018/19		
		Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final Appropriation	Final Appropriation	Actual Expenditure
		R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
4.1	General (Regional) Hospitals									
	Current payments	9 042 089	-	45 206	9 087 295	9 087 295	-	100.0%	8 515 563	8 543 972
	Transfers and subsidies	98 810	-	1 887	100 697	100 697	-	100.0%	228 993	240 068
	Payments for capital assets	125 950	-	52 184	178 134	178 134	-	100.0%	116 192	98 066
	Payment for financial assets	-	-	281	281	-	-	100.0%	-	-
	Total	9 266 849	-	99 558	9 366 407	9 366 407	-	100.0%	8 860 748	8 882 106
4.2	Tuberculosis Hospitals									
	Current payments	714 834	-	-16 945	697 889	697 889	-	100.0%	696 766	697 285

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Programme per sub programme		2019/20							2018/19	
		Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final Appropriation	Final Appropriation	Actual Expenditure
		R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
	Transfers and subsidies	9 345	-	-469	8 876	8 876	-	100.0%	18 003	18 003
	Payments for capital assets	8 917	-	-4 330	4 587	4 587	-	100.0%	10 014	2 254
	Total	733 096	-	-21 744	711 352	711 352	-	100.0%	724 783	717 542
4.3	Psychiatric / Mental Hospitals									
	Current payments	969 615	-	-1 811	967 804	967 804	-	100.0%	924 660	924 660
	Transfers and subsidies	4 105	-	16	4 121	4 121	-	100.0%	4 755	4 755
	Payments for capital assets	10 358	-	-2 558	7 800	7 800	-	100.0%	5 180	4 322
	Total	984 078	-	-4 353	979 725	979 725	-	100.0%	934 595	933 737
4.4	Chronic Medical Hospitals									
	Current payments	424 345	-	1 628	425 973	425 973	-	100.0%	402 746	402 746
	Transfers and subsidies	835	-	162	997	997	-	100.0%	2 092	2 092
	Payments for capital assets	20 012	-	-3 037	16 975	16 975	-	100.0%	6 600	3 096
	Total	445 192	-	-1 247	443 945	443 945	-	100.0%	411 438	407 934
4.5	Dental Training Hospitals									
	Current payments	20 127	-	-382	19 745	19 745	-	100.0%	22 775	22 775
	Transfers and subsidies	15	-	25	40	40	-	100.0%	-	-
	Total	20 142	-	-357	19 785	19 785	-	100.0%	22 775	22 775

Source: Annual Financial Statements (BAS)

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PROGRAMME 5 - CENTRAL AND TERTIARY HOSPITALS

Programme Description & Purpose

Programme Purpose

To provide tertiary services and creates a platform for training of health professionals

There are no changes to the structure of Programme 5.

Sub-Programmes

Sub-Programme 5.1: Central Hospital Services

Render highly specialised medical health tertiary and quaternary services on a national basis and serve as platform for the training of health workers and research.

Sub-Programme 5.2: Provincial Tertiary Hospital Services

To provide tertiary health services and creates a platform for the training of Specialist Health Professionals.

Strategic objectives for the year under review

Strategic Objective 1.7: Improve hospital efficiencies

Strategic Objective 5.1: Improve compliance to the Ideal Clinic and National Core Standards

Strategic Objective 2.7: Reduce maternal mortality

Strategic Objectives, Performance Indicators, Targets and Achievements

Strategic Objective 1.7: Improve hospital efficiencies

The Average Length of Stay for Tertiary hospitals decreased from 7.9 to 7.3 Days, exceeding the target by 2.5%. The Average Length of Stay for Central hospital decreased from 8.7 to 8.5, even though the target of 8.4 Days was not met. The achievement for both hospital types is attributed to improvements in the availability of essential equipment, specialist staff coverage and theatre time, which came as a result of the reopening of theatres at King Edward VIII Hospital. Tertiary hospitals exceeded the Inpatient Bed Utilization Rate target, whilst Central hospital did not. The target for OPD headcount new cases not referred for Tertiary hospitals was not met due to the continuing challenge of lack of District hospitals around Ngwelezane and King Edward hospitals.

Strategic Objective 5.1: Improve compliance to the Ideal Clinic and National Core Standards

Tertiary hospitals had an increase in complaints resolution rates as compared to 2018/19 baseline even though the complaint resolution rate target was not met. All Central hospital complaints were resolved.

Strategic Objective 2.7: Reduce maternal mortality

Delivery by Caesarean section targets for both Tertiary and Central hospitals were not met.

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Tertiary Hospitals

Table 44: Strategic Objectives, Indicators and Targets – Greys, King Edward VIII, Ngwelezana Hospitals

APP 2019/20: Page 149; Table 62 (C&THS 1)							
Strategic Objective Statement	Performance Indicator	Data Source	Actual 2018/19	Target 2019/20	Actual 2019/20	Deviation from Planned 2019/20 Target	Comment on Deviation
Strategic Objective 1.7: Improve hospital efficiencies							
1.7.3) Improve hospital efficiencies by reducing the average length of stay to at least 5.5 days (District), 5.3 (Regional), 15 days (TB), 286.5 days (Psych), 28.5 days (Chronic), 9 days (Tertiary), and 8.6 days (Central) by March 2020	1. Average length of stay	Midnight Census	7.9 Days	7.5 Days	7.3 Days	2.7%	Improvements in the availability of essential equipment, theatre time (reopening of theatres at King Edward VIII Hospital) and specialist staff coverage. Demand driven indicator therefore difficult to predict with 100% accuracy.
	<i>Inpatient days</i>	<i>Midnight Census</i>	<i>437 438</i>	<i>429 807</i>	<i>438 591</i>		
	<i>½ Day Patients</i>	<i>Admission / Discharge Register</i>	<i>6 911</i>	<i>17 893</i>	<i>5 998</i>		
	<i>Inpatient separations total</i>	<i>Admission / Discharge Register</i>	<i>56 435</i>	<i>59 399</i>	<i>60 566</i>		
1.7.1) Maintain a bed utilisation rate of 75% (or more) by March 2020	2. Inpatient bed utilisation rates	DHIS	69.7%	71.7%	74%	3.2%	Reopening of theatres at King Edward VIII Hospital. Improved clinical specialist coverage. Demand driven indicator therefore difficult to predict with 100% accuracy.
	<i>Inpatient days</i>	<i>Midnight Census</i>	<i>437 438</i>	<i>429 807</i>	<i>438 591</i>		
	<i>½ Day Patients</i>	<i>Admission/ Discharge Register</i>	<i>6 911</i>	<i>17 893</i>	<i>5 998</i>		
	<i>Inpatient bed days available</i>	<i>DHIS</i>	<i>637 269</i>	<i>624 192</i>	<i>597 114</i>		
1.7.4) Maintain expenditure per PDE	3. Expenditure per PDE	BAS report and Midnight census	R 4 050	R 4 129	R 4 299	4.1%	Increased number of clinical operations particularly at King Edward VIII Hospital

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APP 2019/20: Page 149; Table 62 (C&THS 1)							
Strategic Objective Statement	Performance Indicator	Data Source	Actual 2018/19	Target 2019/20	Actual 2019/20	Deviation from Planned 2019/20 Target	Comment on Deviation
within the provincial norms	<i>Expenditure – total Tertiary Hospital</i>	BAS	R 2 435 582	R 2 396 266	R 2 608 607 000		resulting in the increased consumption of surgical consumables.
	<i>Patient day equivalents</i>	DHIS	601 433	580 294	606 826		
Strategic Objective 5.1: Improve compliance to the Ideal Clinic and National Core Standards							
5.1.7) Sustain a 95% (or more) complaint resolution within 25 working days rate in all public health facilities by March 2020 onwards	4. Complaint resolution within 25 working days rate	DHIS	89.5%	95%	97.2%	2.3%	Implementation of the clinical governance structures at all levels of health care to improve the management of complaints
	<i>Complaints resolved within 25 working days</i>	<i>Complaints Register</i>	171	269	171		
	<i>Complaints resolved</i>	<i>Complaints Register</i>	191	283	176		
5.1.6) Sustain a complaint resolution rate of 95% (or more) in all public health facilities from March 2020 onwards	5. Complaints resolution rate	DHIS	84.5%	95.7%	86.3%	(9.8%)	The outcomes of investigations of certain clinical complaints do not often meet the predetermined expectations of complainants' as a result some complaints are referred to OHSC.
	<i>Complaint resolved</i>	<i>Complaints Register</i>	191	283	176		
	<i>Complaint received</i>	<i>Complaints Register</i>	226	296	204		
Strategic Objective 2.7: Reduce maternal mortality							
2.7.2)) Reduce the caesarean section rate to 27.5% (District),	6. Delivery by caesarean section rate	DHIS	51.7%	51.1%	55%	7.6%	Deliveries at this level are clinically indicated due to complications Demand driven indicator therefore difficult to predict with 100% accuracy.

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APP 2019/20: Page 149; Table 62 (C&THS 1)							
Strategic Objective Statement	Performance Indicator	Data Source	Actual 2018/19	Target 2019/20	Actual 2019/20	Deviation from Planned 2019/20 Target	Comment on Deviation
37% (Regional), 60% (Tertiary), and 67% or less (Central) by March 2020	<i>Delivery by caesarean section</i>	<i>Theatre Register</i>	4 270	3 763	4 385		
	<i>Delivery in facility total</i>	<i>Delivery Register</i>	8 259	7 370	7 974		
Strategic Objective 1.7: Improve hospital efficiencies							
1.7.5) Reduce the unreferrred OPD headcounts with at least 7% per annum	7. OPD headcount – total	DHIS/ Tick Register OPD	411 005	381 280	434 056	13.8%	Demand driven indicator therefore difficult to predict with 100% accuracy. Shortage of specialised clinical expertise at Regional Hospitals particularly those in rural areas makes it difficult to down refer patients for follow up care. Most clinical disciplines have curtailed clinical outreach services due to shortage of staff. In quarter 4 most patients congested facilities due to COVID-19 Lockdown intervention which resulted in the closure of CCMDD points.
	8. OPD headcount new cases not referred	DHIS/ Tick Register OPD	31 956	32 927	39 878	(21.1%)	Ngwelezane and King Edward Hospitals have no district level of care and PHC services nearby. Due to easy access of these hospitals patients access the hospitals directly without referral especially after hours.

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Central Hospital

Table 45: Strategic Objectives, Indicators and Targets – Inkosi Albert Luthuli Central Hospital

APP 2019/20 Page 152; Table 64 (C&THS 3)							
Strategic Objective Statement	Performance Indicator	Data Source	Actual 2018/19	Target 2019/20	Actual 2019/20	Deviation from Planned 2019/20 Target	Comment on Deviation
Strategic Objective 1.7: Improve hospital efficiencies							
Improve hospital efficiencies by reducing the average length of stay to at least 5.5 days (District), 5.3 (Regional), 15 days (TB), 286.5 days (Psych), 28.5 days (Chronic), 9 days (Tertiary), and 8.6 days (Central) by March 2020	1. Average length of stay	<i>Midnight Census</i>	8.7 Days	8.4 Days	8.5 Days	(1.2%)	Improved theatre time due to the reopening of theatres and surgical wards at King Edward VIII Hospital.
	<i>Inpatient days</i>	<i>Midnight Census</i>	202 355	204 775	191 208		
	<i>½ Day Patients</i>	<i>Admission/ Discharge Register</i>	799	1 642	1 492		
	<i>Inpatient separations</i>	<i>Admission/ Discharge Registers</i>	23 428	24 660	22 495		
1.7.1) Maintain a bed utilisation rate of 75% (or more) by March 2020	2. Inpatient bed utilisation rates	Midnight Census	65.8%	66.8%	62.2%	(6.9%)	Curtailing of elective interventions in December due to holidays and in quarter 4 due to COVID-19.
	<i>Inpatient days</i>	<i>Midnight Census</i>	202 355	204 775	191 208		
	<i>½ Day Patients</i>	<i>Admission/ Discharge Register</i>	799	1 642	1 492		
	<i>Inpatient bed days available</i>	<i>DHIS</i>	308 824	308 824	308 824		
1.7.4) Maintain expenditure per PDE within the provincial norms	3. Expenditure per PDE	BAS/ DHIS	R 9 456	R 8 980	R 9 240	(2.9%)	As a result of the decreased BUR due to curtailment of elective interventions in December due to holidays and in quarter 4 due to COVID-19.
	<i>Total expenditure Central Hospital</i>	<i>BAS</i>	<i>R 2 525 312</i>	<i>R 2 391 301</i>	<i>R 2 389 393 000</i>		

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APP 2019/20 Page 152; Table 64 (C&THS 3)							
Strategic Objective Statement	Performance Indicator	Data Source	Actual 2018/19	Target 2019/20	Actual 2019/20	Deviation from Planned 2019/20 Target	Comment on Deviation
	<i>Patient day equivalent</i>	<i>DHIS</i>	<i>267 069</i>	<i>266 296</i>	<i>258 591</i>		
Strategic Objective 5.1: Improve compliance to the Ideal Clinic and National Core Standards							
5.1.7) Sustain a 95% (or more) complaint resolution within 25 working days rate in all public health facilities by March 2020 onwards	4. Complaint resolution within 25 working days rate	DHIS	100%	95%	100%	5.3%	No deviation
	<i>Complaints resolved within 25 working days</i>	<i>Complaints Register</i>	<i>138</i>	<i>139</i>	<i>137</i>		
	<i>Complaints resolved</i>	<i>Complaints Register</i>	<i>138</i>	<i>146</i>	<i>137</i>		
5.1.6) Sustain a complaint resolution rate of 95% (or more) in all public health facilities from March 2020 onwards	5. Complaints resolution rate	DHIS	100%	100%	100%	0%	No deviation
	<i>Complaint resolved</i>	<i>Complaints Register</i>	<i>138</i>	<i>146</i>	<i>137</i>		
	<i>Complaint received</i>	<i>Complaints Register</i>	<i>138</i>	<i>146</i>	<i>137</i>		
Strategic Objective 2.7: Reduce maternal mortality							
2.7.2) Reduce the caesarean section rate to 27.5% (District), 37% (Regional), 60% (Tertiary), and 67% or less (Central) by March 2020	6. Delivery by caesarean section rate	DHIS	77.8%	73.3%	76.7%	4.6%	Within the acceptable deviation from target. Demand driven indicator that is difficult to predict with 100% accuracy. Complicated deliveries are managed at this level and caesarean sections are clinically indicated.
	<i>Delivery by caesarean section</i>	<i>Theatre Register</i>	<i>365</i>	<i>326</i>	<i>332</i>		
	<i>Delivery in facility total</i>	<i>Delivery Register</i>	<i>469</i>	<i>445</i>	<i>433</i>		

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APP 2019/20 Page 152; Table 64 (C&THS 3)							
Strategic Objective Statement	Performance Indicator	Data Source	Actual 2018/19	Target 2019/20	Actual 2019/20	Deviation from Planned 2019/20 Target	Comment on Deviation
Strategic Objective 1.7: Improve hospital efficiencies							
1.7.6) Appropriate referral as per referral criteria	7. OPD headcount – total	DHIS/ Tick Register OPD	187 053	189 473	194 958	2.9%	Demand driven indicator therefore difficult to predict with 100% accuracy. Prioritization of emergency cases resulting in the increased number of elective patients managed on outpatient basis due to staff shortage.

Strategies to overcome areas of under-performance

- Monitor performance quarterly and provide facility based support
- Strengthen the functionality of cash flow committees and clinical governance committees at institutional level
- Monitor the functionality and effectiveness of the facility based Patient Safety Incident and Complaints committees.
- Monitor performance and conduct Caesarean Section audits
- Improve the package of service at Regional and specialist clinical coverage for the core clinical disciplines.
- Review the functionality of Gateway Clinics at Tertiary level
- Finalize minimum staff establishment

Changes to planned targets

There were no changes to the planned target during the reporting cycle.

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Linking performance with budget

Table 46 : Budget appropriation and expenditure

Programme per sub programme		2019/20						2018/19		
		Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final Appropriation	Final Appropriation	Actual Expenditure
		R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
5.1	Central Hospital Services									
	Current payments	2 499 348	-	-114 067	2 385 281	2 385 281	-	100.0%	2 525 312	2 525 312
	Transfers and subsidies	2 364	-	1 748	4 112	4 112	-	100.0%	8 867	13 360
	Payments for capital assets	-	-	-	-	-	-	-	706	706
	Total	2 501 712	-	-112 319	2 389 393	2 389 393	-	100.0%	2 534 885	2 539 378
5.2	Provincial Tertiary Hospitals Services									
	Current payments	2 580 105	-	10 021	2 590 126	2 590 126	-	100.0%	2 420 564	2 435 583
	Transfers and subsidies	23 792	-	-5 311	18 481	18 481	-	100.0%	18 130	70 003
	Payments for capital assets	174 589	-	-3 420	171 169	171 169	-	100.0%	120 131	53 239
	Total	2 778 486	-	1 290	2 779 776	2 779 776	-	100.0%	2 558 825	2 558 825

Source: Annual Financial Statements and BAS

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PROGRAMME 6 - HEALTH SCIENCES & TRAINING

Programme Description & Purpose

Render training and development opportunities for actual and potential employees of the Department of Health.

There are no changes to the structure of Programme 6.

Sub-Programme 6.1: Nurse Training College

Train nurses at undergraduate and post-basic level. Target group includes actual and potential employees.

Sub-Programme 6.2: EMS Training College

Train rescue and ambulance personnel. Target group includes actual and potential employees.

Sub-Programme 6.3: Bursaries

Provision of bursaries for health science training programmes at under- and postgraduate levels targeting actual and potential employees

Sub-Programme 6.4: PHC Training

Provision of PHC related training for personnel, provided by the regions.

Sub-Programme 6.5: Training (Other)

Provision of skills development programmes for all occupational categories in the Department. Target group includes actual and potential employees.

Strategic objectives for the year under review

Strategic Objective 4.1: Improve human resources for health

Strategic Objectives, Performance Indicators, Targets and Achievements

Strategic Objective 4.1: Improve human resources for health

During the 2019/20 financial year, additional budget was allocated and this allowed the number of bursaries for first year medical students to increase from 12 in 2018/19 to 55 in 2019/20 against the target of 30. The number of bursaries for first year nursing students in 2019/20 was another success with 156 bursaries being awarded compared to the target of 100. The KZN College of nursing was approved to take additional students in November 2019 and this resulted in the higher number of bursaries being awarded and an increase from 120 in the 2018/19 financial years.

Another enabling factor in 2019/20 was the increase in the number of campuses offering the programme of Advanced Midwifery. This resulted in the Department having 107 Advanced Midwives graduating in 2019/20 compared to 80 in 2018/19. The target for 2019/20 was 60. There was no deviation in the number of Medical Ortho Prosthetists (MOPs) graduating in 2019/20 with all targeted 6 MOPs successfully completing the degree course at DUT.

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The Health and Welfare Sector Education and Training Authority (HWSETA) increased budget for training in 2019/20. As a result 320 new mid-level workers were enrolled in training courses compared to the target of 150. Another success in improving human resources for health was the graduation of 74 students on the Intermediate Life Support training in 2019/20 compared to the target of 72 and the 2018/19 performance of 70.

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Table 47: Strategic Objectives, Indicators and Targets

APP 2019/20: Page 161; Table 70 (HST 1)							
Strategic Objective Statement	Performance Indicator	Data Source	Actual 2018/19	Target 2019/20	Actual 2019/20	Deviation from Planned 2019/20 Target	Comment on Deviation
Strategic Objective 4.1: Improve human resources for health							
4.1.4) Allocate 120 bursaries for first year medicine students between 2015/16 and 2019/20	1. Number of Bursaries awarded to first year medicine students	Bursary Register	12	30	55	83.3%	Human Resource Development (HRD) had initially set a target of 30 due to financial constraints; however, additional budget was approved by management that allowed the Department to award 55 bursaries (05 allocations per district.)
4.1.5) Allocate 600 bursaries for first year nursing students between 2015/16 and 2019/20	2. Number of Bursaries awarded to first year nursing students	Bursary Register	120 ⁷	100	156	56%	The KZN College of Nursing (KZNCN) was approved to take an additional group of students in November 2019, resulting in the target being exceeded.
Strategic Objective 4.1: Improve human resources for health							
4.1.10) Increase enrolment of Advanced Midwives by at least 10% per annum ^d	3. Number of Advanced Midwives graduating per annum	KZNCN database	80	60	107	78.3%	The number of campuses offering the programme increased from 1 to 3.
4.1.8) Increase the number of MOPs who successfully completed the degree course at DUT to 61 (cumulative) by March 2020	4. Number of MOPs that successfully completed the degree course at DUT	Training Report/ Student Records DUT	22	6 ⁸	6	0%	No deviation

⁷ The total number of students which were taken is 120, 20 were in-service employees according to departmental policy

⁸ This programme is phased out and there is no more new intake but to maintain the existing bursary holders

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APP 2019/20: Page 161; Table 70 (HST 1)							
Strategic Objective Statement	Performance Indicator	Data Source	Actual 2018/19	Target 2019/20	Actual 2019/20	Deviation from Planned 2019/20 Target	Comment on Deviation
4.1.6) Increase intake of Mid-Level Workers with at least 10% per annum (Based on need per category)	5. Number of new mid-level workers enrolled in training courses per category	Annual Training Report	Not monitored	150	320	113.3%	90 Lay counsellors training as Pharmacy Assistant and 230 Lay Counsellors training as Social Auxiliary. The Department was sponsored by the Health and Welfare Sector Education and Training Authority (HWSETA) thus increasing the available budget for training which resulted in the increase on the numbers to be trained.
4.1.7) Increase the EMS skills pool by increasing the number of ILS student intakes to 300 by March 2020	6. Number of Intermediate Life Support graduates per annum	Training Report/ EMS College Register	70	72	74	2.8%	The pass rate was better than anticipated.

Strategies to overcome areas of under-performance

There are no areas of under reporting however; the following initiatives by the Office of the Premier and the Department of Public Service and Administration will enhance the Human Resource Development Programme.

- Office of the Premier is in the process of developing a standardised tool for skills audit in the Province. The tool has not yet been received from OTP.
- Skills audit is also conducted through competency assessment tool for all senior officials as stipulated by Department of Public Service and Administration (DPSA). In 2019/20 - 9 officials conducted competency assessments.

Changes to planned targets

There were no changes to the planned target during the reporting cycle.

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Linking performance with budget

Table 48: Budget appropriation and expenditure

Programme per sub programme	2019/20							2018/19		
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure	
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000	
6.1	Nursing Training Colleges									
	Current payments	236 403	-	-3 860	232 543	232 543	-	100.0%	250 331	251 382
	Transfers and subsidies	1 753	-	1 049	2 802	2 802	-	100.0%	3 579	3 579
	Payments for capital assets	5 810	-	333	6 143	6 143	-	100.0%	1 185	134
	Total	243 966	-	-2 478	241 488	241 488	-	100.0%	255 095	255 095
6.2	EMS Training Colleges									
	Current payments	19 803	-	-1 129	18 674	18 674	-	100.0%	18 671	18 671
	Payments for capital assets	186	-	2 613	2 799	2 799	-	100.0%	39	39
	Total	20 007	-	1 557	21 564	21 564	-	100.0%	18 850	18 850
6.3	Bursaries									
	Current payments	16 951	-	-2 464	14 487	14 487	-	100.0%	14 661	14 661
	Transfers and subsidies	203 302	-	-279	203 023	203 023	-	100.0%	248 319	248 319
	Total	220 253	-	-2 743	217 510	217 510	-	100.0%	262 980	262 980
6.4	Primary Health Care Training									
	Current payments	44 394	-	-396	43 998	43 998	-	100.0%	46 381	46 381
	Transfers and subsidies	468	-	-36	432	432	-	100.0%	378	378
	Payments for capital assets	2 500	-	-2 500	-	-	-	-	-	-

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Programme per sub programme		2019/20						2018/19		
		Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
		R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
	Total	47 362	-	-2 932	44 430	44 430	-	100.0%	46 759	46 759
6.5	Training Other									
	Current payments	789 969	-	-32 482	757 487	757 487	-	100.0%	576 916	576 916
	Transfers and subsidies	22 080	-	2	22 082	22 082	-	100.0%	21 020	21 020
	Payments for capital assets	-	-	12	12	12	-	100.0%	10	10
	Total	812 049	-	-32 468	779 581	779 581	-	100.0%	597 946	597 946

Source: Annual Financial Statements (BAS)

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PROGRAMME 7 - HEALTH CARE SUPPORT SERVICES

Programme Description & Purpose

To render support services required by the Department to realise its aims.

There are no changes to the structure of Programme 7.

Sub-Programme 7.1: Laundry Services

Render laundry services to hospitals, care and rehabilitation centres and certain local authorities.

Sub-Programme 7.4: Orthotic and Prosthetic Services

Render specialised orthotic and prosthetic services.

Sub-Programme 7.5: Medicine Trading Account (Pharmaceutical Service)

Render Pharmaceutical services to the Department. Manage the supply of pharmaceuticals and medical sundries to hospitals, Community Health Centres and local authorities via the Medicine Trading Account.

Strategic objectives for the year under review

Strategic Objective 1.9: Strengthen health system effectiveness

Strategic Objective 5.2: Improve quality of care

Strategic Objectives, Performance Indicators, Targets and Achievements

Strategic Objective 1.9: Strengthen health system effectiveness

There were 14.1% of facilities reporting a stock out of clean linen in 2019/20 compared to 8.3% in the previous year. The limited laundry machine capacities and staff shortages as well as the limited new linen availability were challenges that prevented the Department from reaching the targeted 0% of facilities reporting clean linen stock outs.

The Department had anticipated that 5 Orthotic centres would be operational in 2019/20, an increase from 2 in the 2018/19 year. This was not met due to challenges in procuring the necessary equipment and as a result, only 3 operational Orthotic Centres were achieved.

Strategic Objective 5.2: Improve quality of care

Pharmacy performance was successful in the 2019/20 year with most of the targets for indicators being met. The percentage of pharmacies obtaining A and B grading inspection remained at 97.9% against the target of 97% for 2019/20. The stock out rate of Tracer Medicines at PPSD was 8.9% in 2019/20 and fell short of the target of 5%. This was, however, a decrease from 10.1% in the previous financial year. The external factors contributing to this were not within the control of the Department.

The tracer medicine stock out rate at institutions was 3% for 2019/20 and on par with the target. This was a decrease from 3.2% in 2018/19. All facilities were successful in remaining on the Direct Delivery Model in 2019/20. There were 755 facilities implementing CCMDD compared to the target of 735 in 2019/20 and the performance of 735 facilities in 2018/19. The CCMDD programme expanded to include 1 276 699 enrolled in 2019/20 compared to 994 263 in 2018/19. There were 790 external pick up points linked to CCMDD in 2019/20 compared to the target of 429.

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Table 49: Strategic Objectives, Indicators and Targets

APP 2019/20: Page 170; Table 76 (HCSS 1)							
Strategic Objective Statement	Performance Indicator	Data Source	Actual 2018/19	Target 2019/20	Actual 2019/20	Deviation from Planned 2019/20 Target	Comment on Deviation
Strategic Objective 1.9: Strengthen health system effectiveness							
1.9.2) Decrease and maintain zero clean linen stock outs in facilities from March 2020 onwards	1. Percentage of facilities reporting clean linen stock outs	Laundry Register	8.3%	0%	14.1%	14.1%	<ul style="list-style-type: none"> Staff shortages Insufficient laundry machine capacity Limited new linen availability
	<i>Number of facilities reporting clean linen stock out</i>	<i>Laundry Register</i>	6	0	10		
	<i>Facilities total</i>	<i>DHIS</i>	72	71 ⁹	71		
1.9.1) Increase the number of operational Orthotic Centres to 5 by March 2020	2. Number of operational Orthotic Centres - cumulative	Operational Centres reports	2	5	3	(40%)	Operational at King Edward, Wentworth hospitals and Pietermaritzburg Satellite Centre. The decentralisation of services is an ongoing process. Procurement of equipment through SCM is causing challenges.
Strategic Objective 5.2: Improve quality of care							
5.2.1) Increase the percentage pharmacies that comply with the SA Pharmacy Council Standards (A or B grading) to 97% by March 2020	3. Percentage of Pharmacies that obtained A and B grading on inspection	Pharmacy database/ Grading Certificates	97.9%	97%	97.9%	0.9%	Doris Godwin Hospital is working on structural alterations as per recommendations of the South African Pharmacy Council [SAPC]. Othobothini (Jozini) CHC is waiting for inspection by SAPC.
	<i>Pharmacies with A or B Grading</i>	<i>Grading Certificates</i>	92	91	92		
	<i>Number of pharmacies</i>	<i>Pharmacy records</i>	94	94 ¹⁰	94		
5.2.3) Decrease medicine stock-out rates to less than 6% in	4. Tracer medicine stock-out rate (PPSD)	Pharmacy database	10.1%	5%	8.9%	(78%)	There has been concerning supply constraints attributed to: <ul style="list-style-type: none"> shortage of raw materials, manufacturing constraints; packaging constraints;
	<i>Number of tracer medicine out of stock</i>	<i>Pharmacy records</i>	56	28	82		

⁹ Dunstan Farrell Specialised TB Hospital closed down in June 2018

¹⁰ Removed KZN Children's Hospital

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APP 2019/20: Page 170; Table 76 (HCSS 1)							
Strategic Objective Statement	Performance Indicator	Data Source	Actual 2018/19	Target 2019/20	Actual 2019/20	Deviation from Planned 2019/20 Target	Comment on Deviation
all health facilities and PPSD by March 2020	<i>Total number of tracer medicine expected to be in stock</i>	Pharmacy records	552	552	924		<ul style="list-style-type: none"> demand higher than forecast; Non-award of contracts / No bids; regulatory constraints; etc.
	5. Tracer medicine stock-out rate (Institutions)	Pharmacy database	3.2%	3%	3%	0%	No deviation Although the target was met (on tracer medicines); there is still challenges with medicine availability at facilities, as listed in the indicator above. Stock was moved between facilities to mitigate for supply constraints.
	<i>Number of tracer medicines stock out in bulk store</i>	Pharmacy records	8 880	<i>Fluctuates</i>	13 045		
	<i>Number of tracer medicines expected to be stocked in the bulk store</i>	Pharmacy records	273 882	<i>Fluctuates</i>	433 390		
5.2.4) improve pharmaceutical procurement and distribution reforms	6. Percentage facilities on Direct Delivery Model	Pharmacy database	100%	100%	100%	0%	No deviation
	<i>Number of facilities on Direct Delivery Model</i>	Facilities records	93	94	94		
	<i>Total number of facilities eligible for Direct Delivery Model</i>	Pharmacy database	93	94	94		
	7. Number of facilities implementing the CCMDD Programme	Pharmacy database	735	735	755	2.7%	All hospitals and Community Health Centres (CHCs) have high volume products on direct delivery.
	8. Number of patients enrolled on CCMDD programme (cumulative)	Pharmacy database	994 263	1 163 586	1 276 699	9.7%	Some districts have enrolled mobile clinics.
	9. Number of external pick-up points linked to CCMDD	Pharmacy database	4 390	429	790	84.1%	Synchronised National Communication in Health (SyNCH) was implemented at clinics and that has improved maintenance of data/records.

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Strategies to overcome areas of under-performance

Laundry services

- Overtime granted to existing staff
- Submissions to create, unfreeze and fill critical laundry posts although approved, availability of funds still a constraint
- Infrastructure Development to implement Service Level Agreements with agents approved by manufacturers of laundry machines to reduce downtime
- SCM process underway to put a period contract in place for procurement of new linen
- Linen budget at facility assists facilities to prioritise procurement of own linen requirements

Orthotic Centres

- Infrastructure is in the process of finalising plans for the existing building.
- Opening of the new centres deferred to 2021.
- Three Orthotic and Prosthetic Centres currently operational at King Edward VIII Hospital, Wentworth Hospital and in PMB. The Department is busy with commissioning centres in Madadeni and Ngwelezana Hospitals, which is ongoing.

Pharmaceuticals

- Doris Godwin Hospital is working on structural alterations as per recommendations of the SAPC.
- Othobothini CHC is waiting for Inspection expected to be conducted when the circumstances allow.
- The NDOH is liaising with suppliers about resolution of the supply constraints.
- The KZN Department of Health is participating in the national Demand Planning processes to assist with having accurate national forecast for use for contracting.
- Rx Solution (electronic stock management system) is being rolled out for enforcing controls and standardisation across all facilities.
- The processes and systems are being continuously strengthened.

Changes to planned targets

There were no changes to the planned target during the reporting cycle.

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Linking performance with budget

Table 50: Budget appropriation and expenditure

Programme per sub programme	2019/20							2018/19		
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure	
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000	
7.1	Medicine Trading Accounts									
	Current payments	77 338	-	-18 089	59 249	25 076	34 173	42.3%	251 465	251 465
	Transfers and subsidies	22	-	-	22	22	-	100.0%	36	36
	Payments for capital assets	227	-	-	227	227	-	100.0%	190	190
	Total	77 587	-	-18 089	59 498	25 325	34 173	42.6%	251 691	251 691
7.2	Laundry Services									
	Current payments	174 758	-	2 063	176 821	170 421	6 400	96.4%	179 151	179 151
	Transfers and subsidies	626	-	160	786	786	-	100.0%	199	199
	Payments for capital assets	5 394	-	-4 792	602	602	-	100.0%	131	131
	Total	180 778	-	-2 569	178 209	171 809	6 400	96.4%	179 481	179 481
7.3	Orthotic and Prosthetic Services									
	Current payments	58 249	-	-4 702	53 547	53 547	-	100.0%	44 890	46 315
	Transfers and subsidies	368	-	317	685	685	-	100.0%	218	218
	Payments for capital assets	377	-	-377	-	-	-	-	9 357	7 932
	Total	58 994	-	-4 762	54 232	54 232	-	100.0%	54 465	54 465

Source: Annual Financial Statements and BAS

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PROGRAMME 8 - HEALTH FACILITIES MANAGEMENT

Programme Description & Purpose

Provision of new health facilities and the refurbishment, upgrading and maintenance of existing health facilities

There are no changes to the structure of Programme 8.

Sub-Programme 8.1: Community Health Facilities

Construction of new facilities and refurbishment, upgrading and maintenance of existing Community Health Centres and Primary Health Care clinics and facilities

Sub-Programme 8.2: Emergency Medical Rescue Services

Construction of new facilities and refurbishment, upgrading and maintenance of existing EMS facilities

Sub-Programme 8.3: District Hospital Services

Construction of new facilities and refurbishment, upgrading and maintenance of existing District Hospitals

Sub-Programme 8.4: Provincial (Regional) Hospital Services

Construction of new facilities and refurbishment, upgrading and maintenance of existing Provincial/ Regional Hospitals and Specialised Hospitals

Sub-Programme 8.5: Central Hospital Services

Construction of new facilities and refurbishment, upgrading and maintenance of existing Tertiary and Central Hospitals

Sub-Programme 8.6: Other Facilities

Construction of new facilities and refurbishment, upgrading and maintenance of other health facilities including forensic pathology facilities and nursing colleges and schools

Strategic objectives for the year under review

Strategic objective 3.2) Create job opportunities

Strategic objective 3.3) Improve health facility planning and infrastructure delivery

Strategic Objectives, Performance Indicators, Targets and Achievements

Strategic objective 3.2) Create job opportunities

The Department performed well with 3 992 jobs created through EPWP against the target of 2 400 in 2019/20.

This was an improvement from 3 747 in 2018/19.

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Strategic objective 3.3) Improve health facility planning and infrastructure delivery

The targeted number of 151 health facilities in the NHI pilot districts and 529 health facilities outside of the NHI pilot Districts have all underwent major and minor refurbishment as targeted in the 2019/20 year. This was an increase from 148 and 464 health facilities in the NHI pilot districts and Outside of NHI pilot districts respectively that underwent major and minor refurbishment in 2018/19. There was one new and replacement project completed in 2019/20 against the targeted 2 projects. This was a decline from 14 new and replacement projects completed in 2018/19. Late information and payment delays resulted in this indicator falling short of the target. The number of upgrade and addition projects were completed as planned with all 30 projects being completed in 2019/20. This was an increase of 15 from the previous financial year. The previous financial year saw 117% of the maintenance and repairs budget being spent. This year, 97.3% of the budget was spent. The increase in maintenance budget in the 3rd quarter resulted in the Department falling short of spending 100% of maintenance and repairs budget being spent.

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Table 51: Strategic Objectives, Indicators and Targets

APP 2019/20: Page 179; Table 82 (HFM 1)							
Strategic Objective Statement	Performance Indicator	Data Source	Actual 2018/19	Target 2019/20	Actual 2019/20	Deviation from Planned 2019/20 Target	Comment on Deviation
3.3.4) Major and minor refurbishment completed as per approved Infrastructure Plan	1. Number of health facilities that have undergone major and minor refurbishment in NHI Pilot District	IRM, PMIS and monthly reports	148	151	151	0%	No deviation
	2. Number of health facilities that have undergone major and minor refurbishment outside NHI Pilot District	IRM, PMIS and monthly reports	464	529	529	0%	No deviation
3.2.1) Create 11 800 jobs through the Expanded Public Works Programme by March 2020 (cumulative)	3. Number of jobs created through the EPWP	IRS and EPWP Quarterly reports	3 747	2 400	3 992	66.3%	The positive deviation is due to improved replacement processes for expired contracts for the maintenance of gardens and grounds programme.
3.3.1) Complete 28 new and replaced projects by March 2020	4. Number of new and replacement projects completed	IRM, PMIS and monthly reports	14	2	1	(50%)	Late information and payment delays in Dr Pixley Ka Isaka Seme Memorial Hospital (DPKISMH)
3.3.2) Complete 47 upgrade and addition projects by March 2020	5. Number of upgrade and addition projects completed	IRM, PMIS and monthly reports	15	30	30	0%	No deviation
3.3.3) Complete 24 renovation and refurbishment projects by March 2020	6. Number of renovation and refurbishment projects completed	IRM, PMIS and monthly reports	12	12	12	0%	No deviation
3.3.5) 100% of maintenance budget spent annually	7. Percentage of maintenance and repairs budget spent	BAS	117.1%	100%	112.6%	(13%)	The over expenditure is due to the increased number of breakdowns in facilities which necessitated repairs.
	<i>Maintenance budget expenditure</i>	BAS	309 259 000	327 316	447 752 499		
	<i>Total maintenance budget</i>	BAS	264 022 000	327 316	397 617 001		

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Strategies to overcome areas of under-performance

- Dr Pixley Ka Isaka Seme Memorial Hospital (DPKISMH) Project will be completed in 2020/21. Construction progress on site is at 98%.
- With the COVID 19 pandemic outbreak, this hospital has been earmarked to serve as an isolation and quarantine facility. This is expected to be finalised by August 2020.

Changes to planned targets

There were no changes to the planned target during the reporting cycle.

Linking performance with budget

Table 52: Budget appropriation and expenditure

Programme per Sub-Programme	2019/20							2018/19		
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final Appropriation	Final Appropriation	Actual Expenditure	
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000	
8.1	Community Health Facilities									
	Current payments	89 556	-	13 652	103 208	103 208	-	100.0%	50 303	50 303
	Payments for capital assets	99 680	-	-6 873	92 807	92 807	-	100.0%	87 699	87 699
	Total	189 236	-	6 779	196 015	196 015	-	100.0%	138 002	138 002
8.2	District Hospital Services									
	Current payments	127 633	-	10 987	138 620	138 620	-	100.0%	77 124	77 124
	Payments for capital assets	186 864	-	16 534	203 398	203 398	-	100.0%	182 412	182 412
	Total	314 497	-	27 521	342 018	342 018	-	100.0%	259 536	259 536
8.3	Provincial Hospital Services									
	Current payments	165 671	-	2 167	167 838	167 838	-	100.0%	128 468	131 974
	Payments for capital assets	835 073	-	7 104	842 177	842 177	-	100.0%	915 886	912 380
	Total	1 000 744	-	9 271	1 010 015	1 010 015	-	100.0%	1 044 354	1 044 354
8.4	Central Hospital Services									
	Current payments	31 333	-	2 227	33 560	33 560	-	100.0%	25 035	25 035

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Programme per Sub-Programme		2019/20						2018/19		
		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
	Payments for capital assets	50 026	-	-1 094	48 932	48 932	-	100.0%	3 576	3 576
	Total	81 359	-	1 133	82 492	82 492	-	100.0%	28 611	28 611
8.5	Other Facilities									
	Current payments	190 240	-	-2 970	187 270	187 270	-	100.0%	180 719	180 719
	Payments for capital assets	34 898	-	1 600	36 498	36 498	-	100.0%	109 451	109 451
	Total	225 138	-	-1 370	223 768	223 768	-	100.0%	290 191	290 191

Source: Annual Financial Statements (BAS)

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PART C: GOVERNANCE

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Risk Management

The Department has an approved Risk Management Policy, Risk Appetite Statement, Risk Management Strategy and Implementation (Action) Plan. Furthermore, the Department has an approved Business Continuity Management Policy and Terms of Reference. Progress on implementation of the Action Plan is reported to the Management Committee and the Risk Management Committee on a monthly and quarterly basis, respectively. Four Internal Risk Management Committee meetings were held during the 2019/20 financial year.

The Department has a functional Risk Management Committee (RMC) comprising of internal officials with the Head of Health serving as the Chairperson. The RMC executes its mandate in terms of the approved Risk Management Charter and is accountable to the Head of Health.

The focus of the Department's Risk Management Unit has been on supporting the Department to continue to improve its risk management maturity through a programme of activity. In 2019/20 this included:

- Facilitating strategic and operational risk assessments,
- Risk support, advice and training within the business units and
- Providing ongoing risk education aimed at enhancing risk awareness.

The Department is a member of the Provincial Cluster Audit and Risk Committee, which is also responsible for discharging an oversight role over Risk Management activities. Progress reports on all activities relating to risk management are submitted quarterly to Cluster Audit and Risk Committee through the Provincial Treasury.

There has been some progress in the management of risks, however this has not yet transmitted into significant improvements in the Department's performance as the risk maturity level is still at different levels within the organisation. Measures to improve the situation include changes to the risk management activities which should ensure closer monitoring of risk mitigation by the Accounting Officer and foster greater accountability and ownership at senior management level.

Fraud and Corruption

The Department has established Directorate: Departmental Investigation Services (DIS) that focuses on two pillars of fraud risk management, namely fraud prevention and investigations; the third element, which is the implementation of corrective actions, is handled by the Department's Labour Relations Office (LRO).

The Department, through its Fraud Prevention Plan and Strategies has adopted proactive measure to prevent risk of fraud and corruption, this include the pre-screening of applicants before an appointment is made and the requirement that all senior management be vetted. In addition, all senior management and designated employees are obliged to disclose their financial interests annually.

The Department provides for a confidential whistle-blowing platform that enables any member of staff and public to report suspected actions of fraud and corruption. The Ethics Office has introduced awareness publications aimed at, amongst other, educating employees on how to identify fraudulent and corrupt behaviour.

The Department has established a case management system where all reported and known cases are recorded and monitored. Once a case is reported, Department Investigations Services performs a preliminary investigation followed by a full investigation where appropriate. In addition, progress in respect of these cases, as well as those that have been referred by the Public Service Commission, through National Anti-Corruption Hot-line (NACH), are reported quarterly to the Cluster Audit and Risk Committee (CARC).

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In FY 2019/2020 the Department registered a total number of two hundred and thirteen (213) enquiries, one hundred and fifty (150) cases were recommended for full investigation, one hundred and fourteen (114) cases were completed / finalised. Disciplinary hearings resulted dismissal of nine (9) employees, nine (9) other sanctions and fifteen (15) employees resigned during investigation or after being served with charges; acknowledgement of debts (AOD) signed and submitted are thirty two (32) and an amount of R 1 810 000.00 was recovered through Other Remunerative Work Outside of Public Service (ORWOPS) recovery.

Minimising Conflict of Interest

Conflict of interest is addressed legislatively and formally within the Public Service Act and Regulations, Public Administration Management Act (PAMA) and Public Finance Management Act (PFM). ORWOPS Policy has a built in mechanism that seeks to address conflict of interest as well. There is an express provision in the PAMA that public servants are prohibited from conducting business with the State or Organ of State.

- Proactively, at the Ethics workshops that are conducted, the matter of conflict of interest is included in the presentation.
- This aspect was also widely published in the Health Chat that can reach all staff who have access to the intranet.
- The Public Service Commission and DPSA has published reports and best practise documents in the matter.
- Financial Disclosures are required to be completed by the various categories of officials.
- At all SCM processes levels , declaration of interest forms require completion
- Members of committees are required to complete declaration forms as well.
- The Central Supplier Database (CSD) has a built in functionality to confirm if any Directors list in a company profile, are Public Servants. This CSD report is required to be attached to all bids and further confirmed at SCM Committee level. Prior to any award being made, SCM must verify this. Any supplier who has a Public Servant listed as an active Director, the offer should be overlooked, even if it is the lowest offer.
- Conflict of interests cases that are referred to the Department are forwarded for attention :
 - The individual concerned to ascertain the veracity of the information, to advise them of the violation of the Act and requests corrective action. Should there be no response and the CSD continues to reflect that official as a Director in the company, normal investigations and disciplinary processes should follow.
 - SCM is also advised that action should be taken against officials who proceeded to award in instances where there are public servants who are listed as Directors of companies

Code of Conduct

Department follows the Public Service Regulations (PSR) code of conduct, as contained in Chapter 2. The Department has developed its own Code of Ethical Conduct Shared at workshops. Disciplinary action must be aligned to Code of Conduct. Charges that are preferred are quoted as violation of a specific clause in the Code of conduct.

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Health and Safety and Environmental Issues

It is critical that the environment is kept free of potential hazards especially identified risk .Increase in health care risk waste poses a threat both to human health and environment in a form of exposure of both health care workers and patients as well the community at large if not handled accordingly.

In order to protect life, environment and moreover to avert litigation against the department, protocols and guidelines to manage undesirable outcomes from hazardous substances has been put in place and working together with Department of Economic Development, Tourism and Environmental Affairs (EDTEA) measures to protect the environment from issues such as illegal dumping are being instituted.

Health Portfolio Committee

The Health Portfolio Committee exercises oversight over departmental performance and the 2019/20 meetings were held as follows:

- 11 July 2019
- 10 & 11 September 2019 (Postponed)
- 20 November 2019
- 05 December 2019
- 30 January 2020
- 28 February 2020
- 17 March 2020

SCOPA Resolutions

Table 53: SCOPA Resolutions summary

Resolution No.	Subject	Details	Response by the department	Resolved (Yes/No)
22/2019	Irregular Expenditure - Misstatement of R13.44 Billion	The Accounting Officer to report on progress made in resolving the backlog in: <ul style="list-style-type: none"> - Procurement of goods and services on period contracts as well as time frames for clearing all backlogs - The review of the Irregular Expenditure Register - The finalising investigations and submitting the schedule to Provincial Treasury for condonation - The implementation of the long-term strategy in relation to Internal Control. 	Refer to the detailed responses submitted to the SCOPA	Refer to the response submitted to the SCOPA
23/2019	Movable Tangible Capital Assets (R3.74 Billion) and Minor Assets (R1.07 Billion)	The Accounting Officer to report on the progress made in the valuation process and the review of the valuations by Internal Audit.	Refer to the detailed responses submitted to the SCOPA	Refer to the response submitted to the SCOPA

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Resolution No.	Subject	Details	Response by the department	Resolved (Yes/No)
24/2019	Capital Work In Progress (CWIP) (Misstatement Of R3.34 Billion)	The Accounting Officer to report on whether the Capital Work In Progress (CWIP) finding has been resolved.	Refer to the detailed responses submitted to the SCOPA	Refer to the response submitted to the SCOPA
25/2019	Current Commitments: (Misstatement of R928.28 Million)	The Accounting Officer to report on progress in reviewing all commitments and whether the steps implemented have resolved the Capital Work In Progress (CWIP) audit finding and that a recurrence in 2019/20 will be avoided.	Refer to the detailed responses submitted to the SCOPA	Refer to the response submitted to the SCOPA
26/2019	Compensation Of Employees - Compensative / Circumstantial Allowances (Commuted Overtime Allowances: R984.89 Million In 2018/19)	The Accounting Officer to report on whether this audit finding has now been resolved and will not re-occur in the 2019/20 financial year, due to the strict application of, and adherence to, the Interim Policy on Commuted Overtime (2017).	Refer to the detailed responses submitted to the SCOPA	Refer to the response submitted to the SCOPA
27/2019	Payables Not Recognised (R308.49 Million)	The Accounting Officer to report on whether the steps implemented have addressed this audit finding and that it will not re-occur in the 2019/20 financial year.	Refer to the detailed responses submitted to the SCOPA	Refer to the response submitted to the SCOPA
28/2019	Audit Of Performance Information - Programme 2: District Health Services And Programme 5: Central And Tertiary Hospitals	The Accounting Officer to report on whether the measures implemented by the Department have resolved this audit finding and that it will not re-occur in the 2019/20 financial year.	Refer to the detailed responses submitted to the SCOPA	Refer to the response submitted to the SCOPA
29/2019	Conditional Grant Spending - Human Papillomavirus Vaccine Grant	The Accounting Officer to report on whether the roll-over has been approved and whether an adequate supply of the vaccines has been secured to enable the Department to fully spend this grant in the 2019/20 financial year.	Refer to the detailed responses submitted to the SCOPA	Refer to the response submitted to the SCOPA
30/2019	Material Irregularity: Radiology Equipment Contracts Awarded to Bidders who did not Score the Highest Points in the Evaluation Process	The Accounting Officer to report on the outcome of the investigation, as well as findings and recommendations and steps taken to implement the recommendations, once the investigation has been finalised.	Refer to the detailed responses submitted to the SCOPA	Refer to the response submitted to the SCOPA
TRANSVERSAL RESOLUTIONS				
50/2019	(All Provincial Departments) - Irregular Expenditure of R 11,421,907 Billion Recorded in	Accounting Officers of all Departments report on the following: 1. Progress made in the implementation of the proposed interventions to improve the control environment to	Refer to the detailed responses submitted to the SCOPA	Refer to the response submitted

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Resolution No.	Subject	Details	Response by the department	Resolved (Yes/No)
	the 2018/19 Financial Year	<p>detect and prevent irregular expenditure and to avoid a recurrence of the audit findings in relation to irregular expenditure, as well the effectiveness of these interventions.</p> <p>2. The reasons for these interventions not being implemented in the 2018/19 financial year and in prior years and why such omission does not constitute an act of financial misconduct.</p> <p>3. Whether irregular expenditure reported in the annual financial statements in 2018/19 and not yet condoned, has been investigated, the outcomes and findings of the investigations, details of disciplinary steps taken against any official/employee responsible for irregular expenditure and where investigations and disciplinary proceedings have not yet been concluded, the reasons and timeframes for anticipated completion.</p> <p>4. In relation to irregular expenditure not yet condoned, steps taken to apply to Provincial Treasury for condonation and progress made and where application has not yet been made, the reasons for this.</p> <p>5. Steps taken to recover losses from any official responsible for irregular expenditure and progress made in this regard.</p> <p>6. Where irregular expenditure is related to fraud, corruption or other criminal conduct, whether the matter has been reported to the South African Police Service or the Provincial Treasury Internal Audit Services for investigation and progress made in such investigations.</p>		to the SCOPA
52/2019	Fruitless and Wasteful Expenditure	<p>Accounting Officers and Accounting Authorities of all Departments report on the following:</p> <p>1. The reasons for the prior years' fruitless and wasteful expenditure not yet being resolved and steps taken to resolve it, with time frames.</p>	Refer to the detailed responses submitted to the SCOPA	Refer to the response submitted to the SCOPA

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Resolution No.	Subject	Details	Response by the department	Resolved (Yes/No)
		<p>2. Steps taken to prevent a recurrence of fruitless and wasteful expenditure. Sufficient particularity must be provided to enable the committee to assess the effectiveness of those steps.</p> <p>3. The reasons for the steps listed under [2] above not being implemented in the 2018/19 financial year and prior years and why such omission does not constitute an act of financial misconduct.</p> <p>4. Which officials are responsible for the fruitless and wasteful expenditure, disciplinary steps taken against those officials and the outcomes thereof, as well as steps taken to recover the losses from them. Where no disciplinary steps or steps to recover the loss were taken, detailed reasons must be provided.</p>		
53/2019	Procurement and Contract Management	<p>Accounting Officers report to the Committee on the following:</p> <p>1. Detailed audit action plans submitted to Provincial Treasury specifically to address findings on procurement and contract management plus a progress report on the effectiveness of the audit plans.</p> <p>2. Steps implemented to ensure risk assessment processes and reviews are adequate to ensure that key compliance risks are mitigated and responded to in good time to prevent a recurrence.</p>	Refer to the detailed responses submitted to the SCOPA	Refer to the response submitted to the SCOPA
54/2019	Forensic Investigations	<p>The Accounting Officers to report on:</p> <p>1. The steps taken to implement the recommendations, progress made therein, the reasons for any delays and where no steps are being contemplated, a detailed explanation supported by legal opinion.</p> <p>2. Where forensic investigations are being delayed due to insufficient documentation or information being provided by Departments, an explanation as well as a report on action taken against the guilty officials and steps taken to remedy the default.</p>	Refer to the detailed responses submitted to the SCOPA	Refer to the response submitted to the SCOPA

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Resolution No.	Subject	Details	Response by the department	Resolved (Yes/No)
55/2019	Internal Investigations	<p>The Accounting Officers to report on:</p> <ol style="list-style-type: none"> 1. Provide copies of all reports of investigations that have been completed in the 2018/19 financial year to the Committee. 2. Report to the Committee on progress made in the implementation of the recommendations contained in the reports, including disciplinary cases that have been initiated against officials and the outcomes thereof, criminal cases that have been opened, civil proceedings that have been commenced to recover monies and blacklisting of service providers. 3. Where investigations are still in progress, provide a report on the anticipated date of completion, challenges experienced in conducting or finalising the investigations and steps taken to address the challenges. 	Refer to the detailed responses submitted to the SCOPA	Refer to the response submitted to the SCOPA
56/2019	Risk Management	<p>The Accounting Officers to report on:</p> <ol style="list-style-type: none"> 1. The steps taken to implement all outstanding risk mitigation plans identified in the 2018/19 departmental risk registers. 2. A progress report on the implementation of the 2019/20 departmental risk mitigation plans, particularly those relating to critical and major risks and steps taken to ensure a speedy implementation of risk mitigation plans. 3. Steps taken to capacitate the departmental risk management function, including risk management training for members of the risk management committee. 4. Progress made in linking risks to departmental performance indicators. 	Refer to the detailed responses submitted to the SCOPA	Refer to the response submitted to the SCOPA
57/2019	Consequence Management (Transgressions)	<p>The Accounting Officers to report on:</p> <ol style="list-style-type: none"> 1. The reasons for their failure to investigate and resolve all matters reported by the Auditor-General for investigation in the 2017/18 audit. 2. The steps taken to investigate and resolve all the 2017/18 as well as the 2018/19 matters reported by the Auditor-General for 	Refer to the detailed responses submitted to the SCOPA	Refer to the response submitted to the SCOPA

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Resolution No.	Subject	Details	Response by the department	Resolved (Yes/No)
		<p>investigation and time frames for finalisation thereof.</p> <p>3. The findings and recommendations, as well as the outcomes of each investigation, including disciplinary steps taken, civil proceedings commenced for recovery of losses, criminal cases opened where relevant and steps taken to “blacklist” suppliers, where applicable.</p>		
58/2019	Predetermined Objectives	The Accounting Officers to report on measures implemented to address the audit findings and to prevent a recurrence, with timeframes for implementation.	Refer to the detailed responses submitted to the SCOPA	Refer to the response submitted to the SCOPA
59/2019	Filling of Critical Posts	The Accounting Officers of the relevant departments report on progress made in the filling of critical posts and the time frames for the filling of those posts.	Refer to the detailed responses submitted to the SCOPA	Refer to the response submitted to the SCOPA
60/2019	Material Misstatements in Annual Financial Statements	<p>The Accounting Officers to report to the Committee on the following:</p> <ol style="list-style-type: none"> 1. The reasons for non-compliance with section 40(1)(b) of the PFMA. Sufficient particularity must be provided to enable the committee to establish whether the failure was due to wilfulness or negligence. 2. Disciplinary steps taken against any official who acted wilfully or negligently. Where the non-compliance was due to a lack of capacity or skills or vacancies, the report must state the steps taken to address this with time frames. 3. Measures put in place to prevent a recurrence of this audit finding and an evaluation of the effectiveness of these measures in the current financial year. 	Refer to the detailed responses submitted to the SCOPA	Refer to the response submitted to the SCOPA
61/2019	Expenditure Management - Non-Payment of Invoices Within 30 Days	The Accounting Officers submit a report to the Committee on the reasons for non-payment of invoices within 30 days with sufficient particularity to enable the Committee to determine whether an act of financial misconduct was committed, the steps taken to address this audit finding and measures put in place to prevent a recurrence.	Refer to the detailed responses submitted to the SCOPA	Refer to the response submitted to the SCOPA

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Resolution No.	Subject	Details	Response by the department	Resolved (Yes/No)
62/2019	Commitments on Audit Findings and Related Matters	The Accounting Officers to report on the reasons for the commitments being unresolved, the steps taken to resolve the commitments and time frames for finalisation thereof.	Refer to the detailed responses submitted to the SCOPA	Refer to the response submitted to the SCOPA
SPECIAL RESOLUTIONS 2018/2019 - UNAUTHORISED EXPENDITURE 2018/2019				
68/2019	Department of Health (Vote 7): Unauthorised Expenditure of R14 248 000 incurred in 2018/19	The Accounting Officers to submit a detailed explanation for their unauthorised expenditure before it can be approved.	Refer to the detailed responses submitted to the SCOPA	Refer to the response submitted to the SCOPA

Prior modifications to Audit reports

The 2018/19 Regularity Audit of the Auditor-General was concluded on 31 July 2019. However, the report was only finalised at the end of August 2019 and forwarded to the Department in September 2019. The Auditor-General had concluded the audit with the Department receiving a qualified audit opinion in the following areas:

- Irregular Expenditure
- Movable Tangible Capital Assets
- Commitments
- Capital Work In Progress

Further, it should be noted that the Departments audit opinion was modified on the comparatives in respect of the following areas:

- Compensation of Employees
- Accruals and Payables Not Recognised

Considering the above, the Department has had a reduction in the number of qualifications when compared to the 2017/18 financial year.

Subsequent to the Department receiving the Final Audit Report and the Management Report at the beginning of September 2019, Audit and Internal Control had perused the findings on the individual communications and had compiled a comprehensive Audit Improvement Plan to ensure that the Department is on the path to achieving unqualified audit opinions/reports. The Audit Improvement Plan was divided into five (5) parts, these being:

- Part 1 - Audit Report Findings
- Part 2 - Head Office Findings
- Part 3 - Institutional Findings
- Part 4 - Information Systems Findings
- Part 5 - Sector Audit Findings

The Audit Improvement Plan was finalised and was posted on the Departments Intranet for all institutions and Head Office Units and Components to implement the relevant actions. Audit and Internal Control is in the process of receiving and collating the status updates and has been monitoring the status of the implementation of the developed actions on a quarterly basis and this is then submitted the Audit Committee on a quarterly basis.

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Internal Control Unit

The Audit and Internal Control Component which comprises of two sub-components, namely Audit Management and Internal Control has been responsible for the following functions:

1. Audit Management
2. Internal Control
3. Co-ordination and collation of information for the compilation of reports to the Oversight Committees
4. Reporting on Improvement Plan for the Governance and Accountability Key Performance Area (KPA 2) of the Management Performance Assessment Tool (MPAT)

1. Audit Management

Audit and Internal Control is responsible for the management of all audit assignments that are undertaken in the Department by the Auditor-General and the KwaZulu-Natal Provincial Treasury's Internal Audit Unit. In this regard, the component is responsible for ensuring that all audit queries/findings as identified by the Office of the Auditor-General and the Internal Audit Unit of the KwaZulu-Natal Provincial Treasury are analysed, co-ordinated and responded to, as well to create and maintain a working relationship with both the Office of the Auditor-General and the Internal Audit Unit of the KwaZulu-Natal Provincial Treasury. The component is also responsible for the compilation of the Audit Improvement Plans relative to the audits that were undertaken as well as the reporting on the status of implemented actions and the reporting thereof to the Cluster Audit and Risk Committee (CARC).

2. Internal Control

The Component is also responsible for the undertaking and finalising of internal control assessments in respect of all administrative disciplines as well providing management at Head Office, Districts and Institutions with information concerning the various risk areas that prevail within their institutions/areas of responsibility as well as developing strategies and actions to ensure that the identified control weaknesses are mitigated.

During the reporting period, Audit and Internal Control in partnership with the Provincial Treasury's Internal Control team had embarked upon the following initiatives:

- a. Conducting spot checks in selected administrative focus areas to identify issues to identify internal control weaknesses as well as the development and implementation of internal control measures to address inherent risks and weaknesses that were identified during these assessments
- b. Development and implementation of Control Frameworks and process flows for various administrative focus areas.
- c. Development and implementation of a finance management pack / reporting tool for institutional Chief Executive Officers. Conducted training workshops on the finance management pack / reporting tool. Undertaken reviews of the financial performance of various institutions and held meetings with the relevant CEO's and Finance Managers to review the findings.

3. Co-ordination and reporting to the Oversight Committees

The Component is also responsible for the drafting of reports to the Standing Committee on Public Accounts (SCOPA) and the Cluster Audit and Risk Committee (CARC) relative to the reports of the Auditor-General and that of the KwaZulu-Natal Provincial Treasury's Internal Audit Unit. Further, the Component is also responsible

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for the co-ordination, formulation and finalisation of all responses to resolutions of the Finance Portfolio Committee and the Health Portfolio Committee.

4. Reporting on Improvement Plan for the Management Performance Assessment Tool (MPAT)

The Component was responsible for compilation and reporting on the improvement plan for the Governance and Accountability Key Performance Area (KPA 2) of the MPAT.

Internal Audit and Audit Committees

Name	No. of Meetings attended ¹¹
Mr P Christianson (Acting Chairman of Social Cluster)	9 of 10
Ms T Njozela	9 of 10
Mr D O'Connor	10 of 10
Ms N Sithole (Resigned in July 2019)	3 of 10
Mr S Simelane (Acting Chairman of PARC)	10 of 10
Mr V Ramphal	10 of 10
Mr M Tarr	10 of 10

¹¹ Provincial Audit and Risk meetings

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REPORT OF THE AUDIT & RISK COMMITTEE ON

VOTE 7 – HEALTH

The Committee reports that it has complied with its responsibilities arising from the Public Finance Management Act, No.1 of 1999 (PFMA), Treasury Regulations 3.1, including all other related prescripts, and is pleased to present its report for the financial year ended 31 March 2020.

The Provincial Audit and Risk Committee (PARC) is the shared audit and risk committee for the provincial departments, and is further sub-divided into three Cluster Audit & Risk Committees (CARC's) that provide oversight of key functions to the KZN Provincial Government Departments. The Department of Health is served by the Social Protection, Community & Human Development (SPCHD) Cluster Audit & Risk Committee.

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

1. Audit Committee Members and Attendance

The PARC and SPCHD CARC consists of the members listed hereunder who have met as reflected below, in line with the approved terms of reference.

#	Name of Member	PARC Meetings Attended	SPCHD CARC Meetings Attended
1.	Mr P Christianson (Acting Chairman of Social Cluster)	9 of 10	4 of 4
2	Ms T Njozela	9 of 10	2 of 4
3.	Mr D O'Connor	10 of 10	4 of 4
4.	Ms N Sithole (Resigned in July 2019)	3 of 10	1 of 4
5.	Mr S Simelane (Acting Chairman of PARC)	10 of 10	N/A*
6.	Mr V Ramphal	10 of 10	N/A*
7.	Mr M Tarr	10 of 10	N/A*

* refers to PARC members who did not serve on the SPCHD CARC

2. The Effectiveness of Internal Controls

The Committee has reviewed the reports of the Provincial Internal Audit Service (PIAS), the Audit Report on the Annual Financial Statements and Management Report of the Auditor

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General of South Africa (AGSA) and has noted with concern, the weaknesses in controls around the following areas:

- Leave Management;
- Performance Information;
- Supply Chain Management;
- Inventory Management,
- Expenditure Management – irregular expenditure; failure to pay invoices within 30 days;
- Accruals and payables;
- Asset Management and
- Contingent Liabilities.

The Committee notes the significant number of areas in which control weaknesses were identified. The appropriateness of management's planned interventions to improve the overall control environment were considered, however management again, did not adequately respond to internal control deficiencies raised by PIAS and the AGSA during the current and previous financial year; and was urged to implement remedial interventions timeously, to ensure that the Department improves on its audit outcomes.

3. Effectiveness of Internal Audit

PIAS activities were reviewed by the Committee during the PARC and CARC monitoring processes. The Committee evaluated internal audit reports detailing the assessment of the adequacy and effectiveness of controls designed to mitigate the risks associated with the operational and strategic activities of the Department.

The PIAS had planned to conduct fifteen (15) audit assignments for the period under review, of which thirteen (13) were finalised, one (1) was rolled over due to disruptions by COVID-19 National Lockdown and one (1) was cancelled at the request of the Department. These amendments to the operational plan were made with the formal approval of the Provincial Audit and Risk Committee.

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The Committee is satisfied that PIAS performed effectively during the period under review. During the 2020/21 financial year, the Committee will continue to monitor the progress made by the PIAS against its operational plans in order to ensure that it continues to fulfil its mandate and add value to the Department.

4. Risk Management

The responsibilities of the Committee with respect to risk management are formally defined in its Charter. For the period under review, the Committee's responsibilities have been focused, amongst other things, on the quarterly review of the Department's risk register and monitoring progress against the Risk Management Operational Plan.

As at the 2019/20 financial year-end, the Department's risk register status was as follows:

	Risk Grouping					Total
	Critical	Major	Moderate	Minor	Insignificant	
No of identified risks	35	0	0	0	0	35
No of agreed action plans	92	0	0	0	0	92
No of implemented action	0	0	0	0	0	0
% completion of action plans	0%	0	0	0	0	0%

In terms of the Department's risk register, the Committee noted that although the Department has 96 risks on its risk register (which were monitored during the quarters one, two and three), the focus during the fourth quarter was on 35 critical risks as indicated in the table above. Although these risks were overseen by a functional risk management committee, the Committee is extremely concerned that these critical risks are not being addressed. The Department is urged to report on all 96 risks on a quarterly basis, and to ensure that all risk mitigation plans, particularly for risks classified as critical and major are addressed within a period of three to six months as required by the Provincial Risk Management Framework. The Department is also urged to increase its inadequate capacity within its risk management function to assist the Department to effectively manage risk.

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With regard to risk-related improvement plans, although there is some improvement on the Occupational Health and Safety (OHS) and Fraud Prevention improvement plans, the Committee remains concerned that the Department's Business Continuity Steering Committee is not convening on a regular quarterly basis. In light of the current COVID 19 challenges, the Department is urged to improve its business continuity management practices and ensure continued compliance with prescribed COVID 19 and OHS control measures at all its offices and institutions, including health facilities.

5. Quality of in year management and monthly/quarterly reports

The Committee noted the content of quarterly reports in respect of in year management and quarterly performance, prepared and issued by the Accounting Officer of the Department during the year under review, in terms of the PFMA and the Division of Revenue Act. The Committee is of the view that the quality of these reports can be improved to reflect information more accurately; and draws attention to the payables of R365.34m over the Departments voted funds that would have constituted unauthorised expenditure had it been paid within 30 days.

Based on the reports of the Internal Auditors and the Auditor General, the Committee notes with concern the deficiencies identified in the usefulness and reliability of reported performance information due to the failure of the Department to implement adequate systems to collect, collate, verify and retain performance related data. The management of the Department has been urged to implement the appropriate improvement strategies in order to address the identified shortcomings with immediate effect.

6. Evaluation of Financial Statements

The Committee has:

- Reviewed and discussed the Annual Financial Statements with the Accounting Officer, Auditor General and Internal Audit;
- Reviewed the Auditor General's Audit Report;
- Reviewed the Department's processes for compliance with legal and regulatory provisions, and concerns have been noted around reliability of performance information, procurement and contract management, failure to maintain an accurate fixed asset register, failure to recognise and properly account for contingent liabilities, failure to pay suppliers within 30 days, failure to prevent irregular expenditure as a result of non-compliance with supply

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chain management prescripts and failure to account for goods and services received by the Department.

- Reviewed the conclusions on the reliability and usefulness of performance information resulting from the external audit of the Department. We note with concern that reported performance on significantly important targets were not reliable when compared to the source information or portfolio of evidence provided. There were also concerns raised with regard to the absence of acceptable evidence to support the reported performance information. The Department needs to urgently attend to the issues highlighted with respect to the production of performance information, in particular the maintenance of accurate and reliable underlying records.

7. Forensic Investigations

During the 2019/2020 financial year, the Committee noted that there were eleven (11) forensic investigations from 1 April 2019 to 31 March 2020, relating to alleged supply chain management and procurement, irregular payments, and mismanagement of funds, which the Department has referred to the PIAS for investigation.

The Committee further noted:

- Of the eleven (11) matters, four (4) Phase 1 investigations were completed (i.e. forensic reports were issued to the department) and seven (7) investigations are still in-progress.
- From the four (4) matters completed, three (3) had disciplinary actions recommended, of which disciplinary proceedings are in-progress on all three (3) matters and one (1) had no significant recommendations.
- Only one (1) matter had criminal recommendations and a criminal case has been registered and is currently under criminal investigation by the South African Police Service (SAPS).

The Department and the PIAS are urged to promptly finalise the outstanding investigations and work together to implement recommendations made in the finalised investigations.

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8. Auditor-General's Report

The Committee has monitored the implementation of corrective action plans to address the audit issues raised by the Auditor General in the prior financial year. The Committee has met with the Auditor General of South Africa to discuss and evaluate the major issues that emanated from the current regulatory audit. The Committee notes with concern that management did not respond with the required urgency to internal control deficiencies raised by PIAS and the AGSA, during the current and previous financial year, as evidenced by the number of unresolved findings on both the AGSA and Internal Audit consolidated logs at year end. The Committee will continue to monitor the corrective actions in respect of the detailed findings emanating from the current regulatory audit on a quarterly basis through the CARC processes.

The Committee concurs and accepts the conclusion of the Auditor General's qualified opinion on the Annual Financial Statements, and is of the opinion that the Audited Annual Financial Statements be accepted and read together with the report of the Auditor General.

9. Appreciation

The Committee wishes to express its appreciation to the Management of the Department, the Auditor General of South Africa, and the Provincial Internal Audit Services for the co-operation and support they have provided to enable us to compile this report.



Mr S Simelane

Acting Chairman: Provincial Audit and Risk Committee

18 December 2020

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PART D: HUMAN RESOURCES OVERSIGHT REPORT

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Personnel Related Expenditure

Table 54: (3.1.1) Personnel expenditure by programme: 01/04/2019 – 31/03/2020

Programme	Total expenditure (R'000)	Personnel expenditure (R'000)	Training expenditure (R'000)	Professional and special services expenditure (R'000)	Personnel expenditure as a % of total expenditure	Average personnel cost per employee (R'000)
Administration	910 784	423 967	0	0	46,5	436
Central Hospital Services	5 159 038	3 035 426	0	0	58,8	513
District Health Services	22 649 136	14 101 050	0	0	62,3	303
Emergency Medical Services	1 603 210	1 031 521	0	0	64,3	356
Health Care Support Services	252 138	154 472	0	0	61,3	304
Health Facilities Management	1 854 741	79 667	0	0	4,3	25
Health Sciences & Training	1 307 327	1 013 533	0	0	77,5	409
Provincial Hospital Services	11 495 934	8 352 307	0	0	72,7	469
Total as on Financial Systems (BAS)	45 232 308	28 191 943	0	0	62,3	351

Source: Vulindlela HR Oversight Report extracted on 06/05/2020

Table 55: (3.1.2) Personnel cost by salary band: 01/04/2019 – 31/03/2020

Salary band	Personnel expenditure (R'000)	% of total personnel cost	Number of employees	Average personnel cost per employee (R'000)
Lower skilled (Levels 1-2)	642 021	2	3 624	177 158
Skilled (Levels 3-5)	7 239 207	25	28 387	255 018
Highly skilled production (Levels 6-8)	5 813 405	20	14 546	399 657
Highly skilled supervision (Levels 9-12)	11 654 290	41	14 053	829 310
Senior management (Levels >= 13)	106 119	0	83	1 278 542
Other	298 004	1	665	448 126
Contract (Levels 3-5)	107 909	0	572	188 652
Contract (Levels 6-8)	318 138	1	721	441 245
Contract (Levels 9-12)	1 629 512	6	2 084	781 916
Contract (Levels >= 13)	5 997	0	5	1 199 400
Contract Other	56 403	0	849	66 435
Periodical Remuneration	91 189	0	869	104 879

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Salary band	Personnel expenditure (R'000)	% of total personnel cost	Number of employees	Average personnel cost per employee (R'000)
Abnormal Appointment	472 182	2	13 940	33 872
TOTAL	28 434 376	100	80 398 ¹²	353 667

Source: Vulindlela HR Oversight Report extracted on 06/05/2020

Table 56: (3.1.3) Salaries, Overtime, Home Owners Allowance & Medical Aid by Programme: 01/04/2019 – 31/03/2020

Programme	Salaries		Overtime		Home Owners Allowance		Medical Aid	
	Amount (R'000)	Salaries as % of personnel costs	Amount (R'000)	Overtime as % of personnel costs	Amount (R'000)	Home Owners Allowance as % of personnel costs	Amount (R'000)	Medical Aid as % of personnel costs
Administration	390 113	82,7	2 848	0,6	9 269	2	16 957	3,6
Central Hospital Services	2 327 322	76	236 251	7,7	81 767	2,7	128 783	4,2
District Health Services	11 469 946	80,3	321 009	2,2	515 144	3,6	666 834	4,7
Emergency Medical Services	714 840	68,6	116 565	11,2	45 522	4,4	74 473	7,2
Health Care Support Services	111 884	71,2	8 070	5,1	8 226	5,2	13 208	8,4
Health Facilities Management	44 071	98,6	4	0	33	0,1	92	0,2
Health Sciences & Training	804 924	78,5	170 095	16,6	6 236	0,6	10 758	1
Provincial Hospital Services	6 484 139	76,4	587 846	6,9	253 949	3	383 804	4,5
TOTAL	22 347 239	78,2	1 442 688	5,1	920 146	3,2	1 294 909	4,5

Source: Vulindlela HR Oversight Report extracted on 06/05/2020

¹² Includes periodical and abnormal appointments.

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Table 57: (3.1.4) Salaries, Overtime, Home owners Allowance & Medical Aid by salary band: 01/04/2019 – 31/03/2020

Programme	Salaries		Overtime		Home Owners Allowance		Medical Aid	
	Amount (R'000)	Salaries as % of personnel costs	Amount (R'000)	Overtime as % of personnel costs	Amount (R'000)	Home Owners Allowance as % of personnel costs	Amount (R'000)	Medical Aid as % of personnel costs
Lower skilled (Levels 1-2)	472 488	73,6	542	0,1	58 781	9,2	47 355	7,4
Skilled (Levels 3-5)	5 358 957	73,6	110 554	1,5	467 946	6,4	604 468	8,3
Highly skilled production (Levels 6-8)	4 589 306	78,6	64 701	1,1	227 291	3,9	357 497	6,1
Highly skilled supervision (Levels 9-12)	9 259 493	79,1	900 169	7,7	163 325	1,4	282 320	2,4
Senior management (Levels >= 13)	91 258	82,4	3 616	3,3	774	0,7	857	0,8
Other	294 270	98,7	941	0,3	422	0,1	852	0,3
Contract (Levels 3-5)	105 508	96,7	48	0	560	0,5	193	0,2
Contract (Levels 6-8)	312 660	97,8	1 599	0,5	524	0,2	701	0,2
Contract (Levels 9-12)	1 238 312	75,9	360 361	22,1	523	0	654	0
Contract (Levels >= 13)	5 476	85,2	153	2,4	0	0	6	0,1
Contract Other	56 313	99,1	5	0	0	0	8	0
Periodical Remuneration	91 180	96,7	0	0	0	0	0	0
Abnormal Appointment	472 018	100	0	0	0	0	0	0
TOTAL	22 347 239	78,20	1 442 689	5,1	920 146	3,2	1 294 911	4,5

Source: Vulindlela HR Oversight Report extracted on 06/05/2020

Employment and Vacancies

The tables in this section summarise the position with regard to employment and vacancies including the number of posts on the establishment, the number of employees, the vacancy rate, and whether there are any staff additional to the approved establishment. This information is presented in terms of three key variables namely:

- Programmes
- Salary Bands
- Critical Occupations

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Table 58: (3.2.1.) Employment and vacancies by programme as on 31 March 2020

Programme	Number of posts on approved establishment ¹³	Number of posts filled ¹⁴	Vacancy rate %	Number of employees additional to the establishment
Administration	948	858	9,5	27
Central Hospital Services	6 623	5 902	10,9	0
District Health Services	39 545	35 281	10,8	1 502
Emergency Medical Services	3 090	2 895	6,3	0
Health Care Support Services	559	507	9,3	0
Health Facilities Management	5	5	0	1
Health Sciences & Training	2 920	2 409	17,5	1 151
Provincial Hospital Services	19 842	17 732	10,6	23
TOTAL	73 532	65 589	10,8	2 704

Source: Vulindlela HR Oversight Report extracted on 06/05/2020

Table 59: (3.2.2.) Employment and vacancies by salary band as on 31 March 2020

Salary band	Number of posts on approved establishment	Number of posts filled ¹⁵	Vacancy rate %	Number of employees additional to establishment ¹⁶
Lower Skilled (Levels 1-2)	3 949	3 624	8,2	0
Skilled (Levels 3-5)	31 050	28 387	8,6	5
Highly Skilled Production (Levels 6-8)	16 617	14 546	12,5	19
Highly Skilled Supervision (Levels 9-12)	16 911	14 053	16,9	3
Senior Management (Levels >= 13)	109	83	23,9	0
Other	1 514	1 514	0	422
Contract (Levels 3-5)	572	572	0	430
Contract (Levels 6-8)	721	721	0	602
Contract (Levels 9-12)	2 084	2 084	0	1 220
Contract (Levels >= 13)	5	5	0	3
TOTAL	73 532	65 589	10,8	2 704

Source: Vulindlela HR Oversight Report extracted on 06/05/2020

Table 60: (3.2.3.) Employment and vacancies by critical occupation as on 31 March 2020

Critical occupations	Number of posts on approved establishment	Number of posts filled	Vacancy rate %	Number of employees additional to establishment
All Artisans In The Building Metal Machinery Etc.	375	322	14,1	0

¹³ These are actual Posts on Persal. Organograms are not captured to ensure compliance with Cabinet Resolution to keep vacancy rates below 10%.

¹⁴ This refers to filled **posts**. Please note that more than one sessional employee may occupy a post.

¹⁵ This refers to filled **posts**. Please note that more than one sessional employee may occupy a post.

¹⁶ Please note that as per a DPSA Directive, employees in training ranks e.g. Medical Interns and Community Service ranks e.g. Community Service Pharmacists are employed on contract and their posts are created as additional to the establishment.

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Critical occupations	Number of posts on approved establishment	Number of posts filled	Vacancy rate %	Number of employees additional to establishment
Ambulance And Related Workers	2940	2750	6,5	4
Dental Practitioners	164	149	9,1	46
Dieticians And Nutritionists	228	195	14,5	40
Emergency Services Related	46	46	0	0
Engineering Sciences Related	41	34	17,1	4
Environmental Health	100	86	14	4
Head Of Department	1	1	0	0
Medical Practitioners	4519	3991	11,7	848
Medical Research And Related Professionals	144	115	20,1	1
Medical Specialists	1139	837	26,5	0
Medical Technicians/Technologists	177	154	13	0
Occupational Therapy, Permanent	245	191	22	66
Optometrists And Opticians	65	60	7,7	0
Oral Hygiene	34	32	5,9	0
Pharmacists	1010	936	7,3	280
Physicists	4	3	25	0
Physiotherapy	391	316	19,2	74
Professional Nurse	19604	17238	12,1	425
Psychologists And Vocational Counsellors	106	68	35,8	23
Radiography	755	682	9,7	81
Social Work And Related Professionals	289	266	8	15
Speech Therapy And Audiology	230	161	30	69
TOTAL	32607	28633	12,2	1980

Source: Vulindlela HR Oversight Report extracted on 06/05/2020

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 61: (3.3.1) SMS post information as on 31 March 2020

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
Head: Health	1	1	0,88%	0	0%
Salary level 16 ¹⁷	1	1	0,88%	0	0%
Salary level 15	7	5	4,42%	2	1,77%
Salary level 14	20	14	12,39%	6	5,31%
Salary level 13	84	66	58,41%	18	15,93%

¹⁷ MEC's Post

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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
Total	113	87	76,99%	26	23,01%

Source: Persal Report as at 31/03/2020 and Director: HR Practices and Administration

Table 62: (3.3.2) SMS post information as on 30 September 2019

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
Head: Health	1	0	0%	1	0,87%
Salary level 16 ¹⁸	1	1	0,87%	0	0%
Salary level 15	7	5	4,35%	2	1,74%
Salary level 14	21	15	13,04%	6	5,22%
Salary level 13	85	67	58,26%	18	15,65%
Total	115	88	76,52%	27	23,48%

Source: Persal Report as at 30/09/2019 and Director: HR Practices and Administration

Table 63: (3.3.3) Advertising and filling of SMS posts: 01/04/2019 – 31/03/2020

SMS Level ¹⁹	Advertising	Filling of Posts	
	Number of vacancies per level advertised in 6 months of becoming vacant	Number of vacancies per level filled in 6 months of becoming vacant	Number of vacancies per level not filled in 6 months but filled in 12 months
Head: Health	1	0	1
Salary Level 16 ²⁰	1	1	0
Salary Level 15	0	0	0
Salary Level 14	0	0	0
Salary Level 13	11	11	0
Total	13	12	1

Source: Director: HR Practices and Administration

Table 64: (3.3.4) Reasons for not having complied with the filling of funded vacant SMS - Advertised within 6 months and filled within 12 months after becoming vacant for the period : 01/04/2019 – 31/03/2020

Reasons for vacancies not advertised within 6 months
<p>Provincial Treasury has directed that the Department must undertake a reprioritisation exercise to indicate how the filling of non-exempted posts will be funded before consideration can be given to fill these posts.</p> <p>The Department is finalising the minimum staff establishment project which must be approved by Provincial Treasury and Office of the Premier. It is anticipated that this process will pave the way for the Department to be able to fill critical posts in all occupational categories provided, funds are available.</p>
Reasons for vacancies not filled within 6 months
<p>Provincial Treasury has directed that the Department must undertake a reprioritisation exercise to indicate how the filling of non-exempted posts will be funded before consideration can be given to fill these posts.</p> <p>The Department is finalising the minimum staff establishment project which must be approved by Provincial Treasury and Office of the Premier. It is anticipated that this process will pave the way for the Department to be able to fill critical posts in all occupational categories provided, funds are available.</p>

Source: Director: HR Practices and Administration

¹⁸ MEC's Post

¹⁹ Please note that the recruitment and selection process for the MEC and Head: Health Posts are facilitated by the Office of the Premier.

²⁰ MEC's Post

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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 65: (3.3.5) Disciplinary steps taken for not complying with the prescribed timeframes for filling SMS posts within 12 months for the period: 01/04/2019 – 31/03/2020

Disciplinary steps taken: Reasons for vacancies not advertised within six months
N/A. Please note that the recruitment and selection process for the Head: Health Posts are facilitated by the Office of the Premier.
Disciplinary steps taken: Reasons for vacancies not filled within six months
N/A.

Source: Director: HR Practices and Administration

Notes

- In terms of the Public Service Regulations Chapter 1, Part VII C.1A.2, departments must indicate good cause or reason for not having complied with the filling of SMS posts within the prescribed timeframes. In the event of non-compliance with this regulation, the relevant executive authority or head of department must take appropriate disciplinary steps in terms of section 16A (1) or (2) of the Public Service Act.

Job Evaluations

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 66: (3.4.1) Job Evaluation by salary band: 01/04/2019 – 31/03/2020

Salary band	Number of posts on approved establishment	Number of jobs evaluated	% of posts evaluated by salary bands	Posts upgraded		Posts downgraded	
				Number	% of posts evaluated	Number	% of posts evaluated
Skilled (Levels 3-5)	31050	222	0,7	0	0	0	0
Highly Skilled Production (Levels 6-8)	16617	7	0	0	0	0	0
Highly Skilled Supervision (Levels 9-12)	16911	0	0	0	0	0	100
Senior Management Service Band A	81	0	0	0	0	0	0
Senior Management Service Band B	19	0	0	0	0	0	0
Senior Management Service Band C	7	0	0	0	0	0	0
Senior Management Service Band D	2	0	0	0	0	0	0
Other	1514	0	0	0	0	0	0
Contract (Levels 3-5)	572	0	0	0	0	0	0
Contract (Levels 6-8)	721	0	0	0	0	0	0
Contract (Levels 9-12)	2084	1	0	0	100	0	0

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Salary band	Number of posts on approved establishment	Number of jobs evaluated	% of posts evaluated by salary bands	Posts upgraded		Posts downgraded	
				Number	% of posts evaluated	Number	% of posts evaluated
Contract Band A	1	0	0	0	0	0	0
Contract Band B	2	1	50	0	0	0	0
Contract Band C	1	0	0	0	0	0	0
Contract Band D	1	0	0	0	0	0	0
TOTAL	73532	408	0,6	0	100	0	100

Source: Vulindlela HR Oversight Report extracted on 06/05/2020 and Director: Organisational Efficiency Services

The following table provides a summary of the number of employees whose salary positions were upgraded due to their posts being upgraded. The number of employees might differ from the number of posts upgraded since not all employees are automatically absorbed into the new posts and some of the upgraded posts could also be vacant.

Table 67: (3.4.2) Profile of employees whose positions were upgraded due to their posts being upgraded: 01/04/2019 – 31/03/2020

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

Source: Vulindlela HR Oversight Report extracted on 06/05/2020

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 68: (3.4.3) Employees with salary levels higher than those determined by job evaluation by occupation: 01/04/2019 – 31/03/2020

Occupation	Number of employees	Job evaluation level	Remuneration level	Reason for deviation
Chief Executive Officer	2	13	14	To recruit and retain scarce skills in the Department.
Chief Executive Officer	1	14	15	To recruit and retain scarce skills in the Department.
Technical Advisor: Infrastructure Program Delivery Improvement	1	14	15	To recruit and retain scarce skills in the Department.
Chief Director: Infrastructure Development	1	14	16	To recruit and retain scarce skills in the Department.
Director (Office of the MEC)	2	13	14	To recruit and retain scarce skills in the Department.
Total number of employees whose salaries exceeded the level determined by job evaluation				7
Percentage of total employed				0,0108%

Source: Persal Report (extracted on 31/03/2020)

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Table 69: (3.4.4) Profile of employees who have salary levels higher than those determined by job evaluation: 01/04/2019 – 31/03/2020

Gender	African	Asian	Coloured	White	Total
Female	1	0	0	0	1
Male	5	0	0	1	6
TOTAL	6	0	0	1	7
Employees with a Disability	0	0	0	0	0

Source: PERSAL Report (extracted on 31/03/2020)

Notes

- If there were no cases where the salary levels were higher than those determined by job evaluation, keep the heading and replace the table with the following:

Total number of employees whose salaries exceeded the grades determined by job evaluation	7
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Source: PERSAL Report (extracted on 31/03/2020)

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 70: (3.5.1) Annual turnover rates by salary band: 01/04/2019 – 31/03/2020

Salary band	Number of employees at beginning of 1 April 2019	Appointments and transfers into the Department	Terminations and transfers out of the Department	Turnover rate
Lower Skilled (Levels 1-2)	3792	17	145	3,8
Skilled (Levels 3-5)	29542	367	961	3,3
Highly Skilled Production (Levels 6-8)	14951	297	745	5
Highly Skilled Supervision (Levels 9-12)	13759	642	886	6,4
Senior Management Service Band A Permanent	63	1	6	9,5
Senior Management Service Band B Permanent	15	0	1	6,7
Senior Management Service Band C Permanent	5	0	0	0
Senior Management Service Band D Permanent	2	1	1	50
Other	1761	929	879	49,9
Contract (Levels 3-5) Permanent	597	395	31	5,2
Contract (Levels 6-8) Permanent	754	537	1028	136,3
Contract (Levels 9-12) Permanent	1873	1299	1036	55,3
Contract Band A Permanent	1	0	0	0
Contract Band C Permanent	1	0	0	
TOTAL	67116	4485	5719	8,5

Source: Vulindlela HR Oversight Report extracted on 06/05/2020

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Table 71: (3.5.2) Annual turnover rates by critical occupation: 01/04/2019 – 31/03/2020

Critical Occupation	Number of employees at beginning of 1 April 2019	Appointments and transfers into the Department	Terminations and transfers out of the Department	Turnover rate
All Artisans In The Building Metal Machinery Etc.	338	7	23	6,8
Ambulance And Related Workers	2698	101	56	2,1
Dental Practitioners	156	47	52	33,3
Dieticians And Nutritionists	207	37	47	22,7
Emergency Services Related	43	1	0	0
Engineering Sciences Related	36	2	3	8,3
Environmental Health	86	4	7	8,1
Medical Practitioners	3678	1615	1157	31,5
Medical Research And Related Professionals	122	3	9	7,4
Medical Specialists	836	135	133	15,9
Medical Technicians/Technologists	167	2	14	8,4
Occupational Therapy	192	76	73	38
Optometrists And Opticians	62	0	2	3,2
Oral Hygiene	33	0	1	3
Pharmacists	873	313	248	28,4
Physicists	4	0	1	25
Physiotherapy	327	80	89	27,2
Professional Nurse	17327	960	1576	9,1
Psychologists And Vocational Counsellors	82	26	39	47,6
Radiography	617	142	82	13,3
Social Work And Related Professionals	273	10	16	5,9
Speech Therapy And Audiology	183	68	91	49,7
TOTAL	28340	3629	3719	13,1

Source: Vulindlela HR Oversight Report extracted on 06/05/2020

Notes:

The CORE classification, as prescribed by the DPSA, should be 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.

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Table 72: (3.5.3) Reasons why staff left the Department: 01/04/2019 – 31/03/2020

Termination type	Number	% of Total resignations
Death	254	4,4
Resignation	1599	28
Expiry of contract	2718	47,5
Transfers	2	0
Discharged due to ill health	46	0,8
Dismissal-misconduct	57	1
Retirement	1009	17,6
Other	34	0,6
TOTAL	5719	100

Source: Vulindlela HR Oversight Report extracted on 06/05/2020

Table 73: (3.5.4) Promotions by critical occupation: 01/04/2019 – 31/03/2020

Occupation	Employees As At 1 April 2019	Promotions To Another Salary Level	Salary Level Promotions As A % Of Employees By Occupation	Progressions To Another Notch Within A Salary Level	Notch Progressions As A % Of Employees By Occupation
All Artisans In The Building Metal Machinery Etc.	338	0	0	269	79,6
Ambulance And Related Workers	2698	1	0	1698	62,9
Dental Practitioners	156	0	0	71	45,5
Dieticians And Nutritionists	207	0	0	125	60,4
Emergency Services Related	43	0	0	27	62,8
Engineering Sciences Related	36	1	2,8	17	47,2
Environmental Health	86	4	4,7	67	77,9
Medical Practitioners	3678	61	1,7	974	26,5
Medical Research And Related Professionals	122	0	0	46	37,7
Medical Specialists	836	24	2,9	348	41,6
Medical Technicians/Technologists	167	0	0	86	51,5
Occupational Therapy	192	0	0	85	44,3
Optometrists And Opticians	62	0	0	46	74,2
Oral Hygiene	33	0	0	26	78,8
Pharmacists	873	16	1,8	393	45
Physicists	4	0	0	2	50
Physiotherapy	327	1	0,3	180	55
Professional Nurse	17327	389	2,2	5750	33,2
Psychologists And Vocational Counsellors	82	0	0	42	51,2
Radiography	617	11	1,8	319	51,7
Social Work And Related Professionals	273	0	0	89	32,6
Speech Therapy And Audiology	183	0	0	75	41
TOTAL	28340	508	1,8	10735	37,9

Source: Vulindlela HR Oversight Report extracted on 06/05/2020

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Table 74: (3.5.5) Promotions by salary band: 01/04/2019 – 31/03/2020

Salary Band	Employees On 1 April 2019	Promotions To Another Salary Level	Salary Bands Promotions As A % Of Employees By Salary Level	Progressions To Another Notch Within A Salary Level	Notch Progressions As A % Of Employees By Salary Band
Lower Skilled (Levels 1-2), Permanent	3792	0	0	1576	41,6
Skilled (Levels 3-5), Permanent	29542	21	0,1	17421	59
Highly Skilled Production (Levels 6-8)	14951	66	0,4	6981	46,7
Highly Skilled Supervision (Levels 9-12)	13759	476	3,5	5542	40,3
Senior Management (Levels >= 13)	85	5	5,9	2	2,4
Other	1761	0	0	49	2,8
Contract (Levels 3-5)	597	8	1,3	16	2,7
Contract (Levels 6-8)	754	0	0	17	2,3
Contract (Levels 9-12)	1873	3	0,2	126	6,7
Contract (Levels >= 13)	2	1	50	1	50
TOTAL	67116	580	0,9	31731	47,3

Source: Vulindlela HR Oversight Report extracted on 06/05/2020

Employment Equity²¹

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

Table 75: (3.6.1) Total number of employees (including employees with disabilities) in each of the following occupational categories as on 31 March 2020

Occupational categories (SASCO)	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Senior Officials And Managers	43	1	10	3	34	3	8	6	108
Professionals	2243	63	939	343	2426	104	1332	394	7844
Technicians And Associate Professionals	3831	49	344	22	16977	439	1829	284	23775
Clerks	2423	39	312	24	4118	115	408	88	7527
Service Shop And Market Sales Workers	3924	34	437	15	13561	98	326	38	18433
Craft And Related Trade Workers	304	20	51	36	20	0	0	0	431
Plant And Machine Operators And Assemblers	473	11	50	1	176	4	8	1	724
Labourers And Related Workers	2178	33	188	20	4150	43	123	12	6747
Total	15419	250	2331	464	41462	806	4034	823	65589
Employees with disabilities	182	5	43	9	172	1	23	7	442

Source: Deputy Director: Employment Equity

²¹ Please note that the Employment Equity data on the Tables below differ from Table 2 as sessional and periodical employees are not factored in for purposes of Employment Equity.

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Table 76: (3.6.2) Total number of employees (including employees with disabilities) in each of the following occupational bands as on 31 March 2020

Occupational Bands	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Top Management	5	0	0	0	2	0	0	0	7
Senior Management	29	0	7	3	30	1	3	3	76
Professionally Qualified And Experienced Specialists And Mid-Management	2147	56	783	213	8362	288	1869	335	14053
Skilled Technical And Academically Qualified Workers, Junior Management, Supervisors, Foremen	2798	69	655	52	9464	250	1076	182	14546
Semi-Skilled And Discretionary Decision Making	7972	77	425	31	19164	163	512	43	28387
Unskilled And Defined Decision Making	1553	18	220	50	3058	40	166	33	5138
Contract (Top Management)	1	0	0	1	0	0	0	0	2
Contract (Senior Management)	3	0	0	0	0	0	0	0	3
Contract (Professionally Qualified)	568	26	223	108	683	38	300	138	2084
Contract (Skilled Technical)	156	3	17	5	351	17	89	83	721
Contract (Semi-Skilled)	187	1	1	1	348	9	19	6	572
TOTAL	15419	250	2331	464	41462	806	4034	823	65589

Source: Deputy Director: Employment Equity

Table 77: (3.6.3) Recruitment: 01/04/2019 – 31/03/2020

Occupational Bands	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Top Management	0	0	0	0	1	0	0	0	1
Senior Management	1	0	0	0	0	0	0	0	1
Professionally Qualified And Experienced Specialists And Mid-Management	183	5	47	26	266	12	78	25	642
Skilled Technical And Academically Qualified Workers, Junior Management, Supervisors, Foremen	89	2	3	0	159	9	34	1	297
Semi-Skilled And Discretionary Decision Making	186	0	9	1	169	0	2	0	367
Unskilled And Defined Decision Making	392	4	68	23	377	5	57	20	946
Contract (Senior Management)	1	0	0	0	0	0	0	0	1
Contract (Professionally Qualified)	358	14	130	47	440	20	202	88	1299
Contract (Skilled Technical)	96	3	14	5	248	17	73	81	537
Contract (Semi-Skilled)	90	0	3	1	253	10	31	7	395
TOTAL	1396	28	274	103	1913	73	477	222	4486
<i>Employees with disabilities</i>	6	0	1	1	7	0	0	0	15

Source: Deputy Director: Employment Equity

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Table 78: (3.6.4) Promotions: 01/04/2019 – 31/03/2020

Occupational Bands	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Senior Management	3	0	0	0	4	0	0	0	7
Professionally Qualified And Experienced Specialists And Mid-Management	1023	29	434	118	3219	119	927	149	6018
Skilled Technical And Academically Qualified Workers, Junior Management, Supervisors, Foremen	1416	43	362	33	4405	128	566	94	7047
Semi-Skilled And Discretionary Decision Making	5509	53	278	22	11102	110	346	22	17442
Unskilled And Defined Decision Making	573	9	27	5	994	4	11	2	1625
Contract (Top Management)	1	0	0	0	0	0	0	0	1
Contract (Senior Management)	1	0	0	0	0	0	0	0	1
Contract (Professionally Qualified)	51	3	14	12	19	3	17	10	129
Contract (Skilled Technical)	5	0	0	0	10	0	0	2	17
Contract (Semi-Skilled)	10	0	0	0	13	0	1	0	24
TOTAL	8592	137	1115	190	19766	364	1868	279	32311
<i>Employees with disabilities</i>	142	4	30	5	106	0	17	2	306

Source: Deputy Director: Employment Equity

Table 79: (3.6.5) Terminations: 01/04/2019 – 31/03/2020

Occupational Bands	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Top Management	1	0	0	0	0	0	0	0	1
Senior Management	4	0	1	0	2	0	0	0	7
Professionally Qualified And Experienced Specialists And Mid-Management	119	3	50	35	524	20	90	45	886
Skilled Technical And Academically Qualified Workers, Junior Management, Supervisors, Foremen	127	6	32	6	467	18	68	21	745
Semi-Skilled And Discretionary Decision Making	316	2	21	4	581	11	23	3	961
Unskilled And Defined Decision Making	346	2	67	24	491	8	69	17	1024
Contract (Professionally Qualified)	226	13	106	56	326	18	200	91	1036
Contract (Skilled Technical)	215	4	6	7	568	33	97	98	1028
Contract (Semi-Skilled)	16	0	0	0	14	0	1	0	31
TOTAL	1370	30	283	132	2973	108	548	275	5719
<i>Employees with disabilities</i>	11	0	2	3	9	0	0	3	28

Source: Deputy Director: Employment Equity

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Table 80: (3.6.6) Disciplinary action: 01/04/2019 – 31/03/2020

Disciplinary action	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Dismissal	39	0	05	0	54	1	0	0	99
Final Written Warning	44	0	07	0	31	0	02	0	84
No Outcome	09	0	0	0	05	0	0	0	14
Suspended Without Payment	06	01	0	0	06	0	03	0	16
Written Warning	46	01	20	03	64	04	33	02	173
TOTAL	144	02	32	03	160	05	38	02	386

Source: Acting Director: Labour Relations, Persal and FOSAD Reports

Table 81: (3.6.7) Skills development: 01/04/2019 – 31/03/2020

Occupational categories	Male					Female					Total
	African	Coloured	Indian	White	Total Male	African	Coloured	Indian	White	Total Female	
Clerical Support Workers	2348	31	280	19	2678	3323	91	324	72	3810	6488
Elementary Occupations	708	17	47	7	779	535	3	25	3	566	1345
Managers	531	14	197	82	824	1248	27	173	60	1508	2332
Plant and Machine Operators and Assemblers	547	10	85	2	644	441	1	35	2	479	1123
Professionals	3202	40	584	137	3963	15234	403	2145	384	18166	22129
Service and Sales Workers	2750	27	171	22	2970	8603	91	261	30	8985	11955
Skilled Agricultural, Forestry, Fishery, Craft and Related Trades Workers	272	19	45	38	374	32	1	2	0	35	409
Technicians and Associate Professionals	3688	44	576	16	4324	10915	140	613	75	11743	16067
Total	14046	202	1985	323	16556	40331	757	3578	626	45292	61848

Source: Acting Director: HRD

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.

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Table 82: (3.7.1) Signing of Performance Agreements by SMS members as on 31 May 2019²²

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
Head: Health ²³	0	0	N/A	N/A
Salary level 16	1	1	1	100
Salary level 15	7	5	5	100
Salary level 14	21	15	15	100
Salary level 13	84	65	61	93.85
Total	114	86	82	95.35

Source: Acting Director: HRD

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 of the period under review.

Table 83: (3.7.2) Reasons for not having concluded Performance Agreements for all SMS members as on 31 May 2019

Reasons
3 SMS members completed but submitted after the extended deadline date of 31 August 2019 and 1 SMS member did not submit.

Source: Acting Director: HRD

Table 84: (3.7.3) Disciplinary steps taken against SMS members for not having concluded Performance Agreements as on 31 May 2019

Disciplinary steps taken
Disciplinary letters were issued advising the SMS member that he/she will not be granted the pay progression.

Source: Acting Director: HRD

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).

²² Due to the National Elections in 2019, the deadline date for the submission of Performance Agreements for SMS Members was extended to 31 August 2019.

²³ The Head: Health post was vacant however; the acting incumbent had a signed performance agreement.

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Table 85: (3.8.1) Performance rewards by race, gender, and disability: 01/04/2019 – 31/03/2020

Race and Gender	Beneficiary Profile			Cost	
	Number of beneficiaries	Number of employees	% of total within group	Cost (R'000)	Average cost per employee (R)
African, Female	1	41290	0	7,74	7739
African, Male	1	15237	0	7,74	7739
Asian, Female	0	4011	0	0	0
Asian, Male	0	2288	0	0	0
Coloured, Female	0	805	0	0	0
Coloured, Male	0	245	0	0	0
Total Blacks, Female	1	46106	0	7,74	7739
Total Blacks, Male	1	17770	0	7,74	7739
White, Female	0	816	0	0	0
White, Male	0	455	0	0	0
Employees with a disability	0	442	0	0	0
TOTAL	2	65589	0	15,48	7739

Source: Acting Director: HRD

Table 86: (3.8.2) Performance Rewards by salary band for personnel below SMS: 01/04/2019 – 31/03/2020

Salary bands	Beneficiary Profile			Cost	
	Number of beneficiaries	Number of employees	% of total within salary bands	Total Cost (R'000)	Average cost per employee (R)
Lower Skilled (Levels 1-2)	0	3604	0	0	0
Skilled (Levels 3-5)	1	28172	0	7,74	7739
Highly Skilled Production (Levels 6-8)	1	14316	0	7,74	7739
Highly Skilled Supervision (Levels 9-12)	0	13686	0	0	0
Other	0	1426	0	0	0
Contract (Levels 3-5)	0	572	0	0	0
Contract (Levels 6-8)	0	713	0	0	0
Contract (Levels 9-12)	0	2060	0	0	0
TOTAL	2²⁴	64549	0	15,48	7739

Source: Vulindlela HR Oversight Report extracted on 06/05/2020

²⁴ Due to financial constraints performance bonuses are not paid in the Department. In terms of the information on performance rewards granted, the 2 employees indicated in the table were transferred into the Department of Health and the Department had to pay the performance bonus on behalf of the releasing Department (Gauteng Health) as the releasing Departments no longer have access to the employee salary records on Persal due to the transfer.

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Table 87: (3.8.3) Performance Rewards by critical occupations: 01/04/2019 – 31/03/2020

Critical Occupations	Beneficiary Profile			Cost	
	Number of beneficiaries	Number of employees	% of total within occupation	Total Cost (R'000)	Average cost per employee (R)
All Artisans In The Building Metal Machinery Etc.	0	319	0	0	0
Ambulance And Related Workers	0	2750	0	0	0
Dental Practitioners	0	140	0	0	0
Dieticians And Nutritionists	0	178	0	0	0
Emergency Services Related	0	46	0	0	0
Engineering Sciences Related	0	34	0	0	0
Environmental Health	0	86	0	0	0
Head Of Department	0	1	0	0	0
Medical Practitioners	0	3841	0	0	0
Medical Research And Related Professionals	0	106	0	0	0
Medical Specialists	0	772	0	0	0
Medical Technicians/Technologists	0	139	0	0	0
Occupational Therapy	0	186	0	0	0
Optometrists And Opticians	0	57	0	0	0
Oral Hygiene	0	29	0	0	0
Pharmacists	0	920	0	0	0
Physicists	0	0	0	0	0
Physiotherapy	0	295	0	0	0
Professional Nurse	0	17049	0	0	0
Psychologists And Vocational Counsellors	0	66	0	0	0
Radiography	0	643	0	0	0
Social Work And Related Professionals	0	253	0	0	0
Speech Therapy And Audiology	0	147	0	0	0
TOTAL	0	28057	0	0	0

Source: Vulindlela HR Oversight Report extracted on 06/05/2020

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 –
 - (a) 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;
 - (b) 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;
 - (c) where the inherent nature of the occupation requires consistent exercise of discretion and is predominantly intellectual in nature; and

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- (d) in respect of which a department experiences a high degree of difficulty to recruit or retain the services of employees;

Table 88: (3.8.4) Performance related rewards (cash bonus), by salary band for SMS: 01/04/2019 – 31/03/2020

Salary band	Beneficiary Profile			Cost		Total cost as a % of the total personnel expenditure
	Number of beneficiaries	Number of employees	% of total within band	Total Cost (R'000)	Average cost per employee (R)	
Band A	0	62	0	0	0	0
Band B	0	14	0	0	0	0
Band C	0	6	0	0	0	0
Band D	0	3	0	0	0	0
TOTAL	0	85	0	0	0	0

Source: Vulindlela HR Oversight Report extracted on 06/05/2020

Foreign Workers

The tables below summarise the employment of foreign nationals in the Department in terms of salary bands and by major occupation.

Table 89: (3.9.1) Foreign Workers by salary band: 01/04/2019 – 31/03/2020

Salary Band	01 April 2019		31 March 2020		Change	
	Number	% total	Number	% total	Number	% change
Highly Skilled Production (Levels 6-8)	32	6,6	30	5,9	-2,	-9,1
Highly Skilled Supervision (Levels 9-12)	426	87,5	451	88,6	25	113,6
Lower Skilled (Levels 1-2)	1	0,2	1	0,2	0	0
Other	22	4,5	19	3,7	-3	-13,6
Senior Management (Levels 13-16)	1	0,2	1	0,2	0	0
Skilled (Levels 3-5)	5	1	7	1,4	2	9,1
TOTAL	487	100	509	100	22	100

Source: Vulindlela HR Oversight Report extracted on 06/05/2020

Table 90: (3.9.2) Foreign Workers by major occupation: 01/04/2019 – 31/03/2020

Salary Band	01 April 2019		31 March 2020		Change	
	Number	% total	Number	% total	Number	% change
Administrative Office Workers	2	0,4	2	0,4	0	0
Craft And Related Trades Workers	1	0,2	1	0,2	0	0
Elementary Occupations	2	0,4	2	0,4	0	0
Other Occupations	0	0	1	0,2	1	4,5
Professionals And Managers	480	98,6	500	98,2	20	90,9
Social Natural Technical And Medical Sciences + Support	2	0,4	2	0,4	0	0

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Technicians And Associated Professionals	0	0	1	0,2	1	4,5
TOTAL	487	100	509	100	22	100

Source: Vulindlela HR Oversight Report extracted on 06/05/2020

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 provided.

Table 91: (3.10.1) Sick leave: 1 January 2019 - 31 December 2019

Salary Band	Total days	% days with medical certification	Number of Employees using sick leave	% of total employees using sick leave	Average days per employee	Estimated Cost (R'000)
Contract (Levels 3-5)	2503	74,4	533	1	5	1836
Contract (Levels 6-8)	4248	69,9	898	1,6	5	4990
Contract (Levels 9-12)	7709	61	1524	2,8	5	17400
Contract Other	2355	69,1	556	1	4	803
Highly Skilled Production (Levels 6-8)	122978	84,9	13126	23,8	9	169240
Highly Skilled Supervision (Levels 9-12)	109231	82,7	11959	21,7	9	292457
Lower Skilled (Levels 1-2)	24524	84,7	2702	4,9	9	14373
Other	257	86	32	0,1	8	433
Senior Management (Levels 13-16)	285	77,5	49	0,1	6	1265
Skilled (Levels 3-5)	218440	84,4	23675	43	9	184586
TOTAL	492528	83,5	55054	100	9	687382

Source: Vulindlela HR Oversight Report extracted on 06/05/2020

Table 92: (3.10.2) Incapacity leave (temporary and permanent): 1 January 2019 - 31 December 2019

Salary Band	Total days	% days with medical certification	Number of Employees using disability leave	% of total employees using disability leave	Average days per employee	Estimated Cost (R'000)
Contract (Levels 3-5)	25	100	3	0,4	8	20
Contract (Levels 6-8)	67	100	4	0,5	17	75
Contract (Levels 9-12)	696	100	12	1,5	58	1461
Contract Other	22	100	1	0,1	22	7
Highly Skilled Production (Levels 6-8)	14413	100	237	28,9	61	19596
Highly Skilled Supervision (Levels 9-12)	10224	100	206	25,1	50	28570
Lower Skilled (Levels 1-2)	2807	100	49	6	57	1712
Skilled (Levels 3-5)	14715	100	309	37,6	48	12283
TOTAL	42969	100	821	100	52	63723

Source: Vulindlela HR Oversight Report extracted on 06/05/2020

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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 93: (3.10.3) Annual leave: 1 January 2019 - 31 December 2019

Salary bands	Total days taken	Number of employees using annual leave	Average per employee
Contract (Levels 13-16)	36	18	2
Contract (Levels 3-5)	7670,84	12	638
Contract (Levels 6-8)	17047,92	15	1130
Contract (Levels 9-12)	33981,44	17	1971
Contract Other	15879	15	1083
Highly Skilled Production (Levels 6-8)	377952,11	25	15333
Highly Skilled Supervision (Levels 9-12)	355521,54	25	14269
Lower Skilled (Levels 1-2)	86045,54	24	3655
Other	837,92	23	36
Senior Management (Levels 13-16)	1978	23	87
Skilled (Levels 3-5)	695823,83	24	29262
TOTAL	1592774,14	24	67466

Source: Vulindlela HR Oversight Report extracted on 06/05/2020

Table 94: (3.10.4) Capped leave: 1 January 2019 - 31 December 2019

Salary Band	Total days of capped leave taken	Number of Employees using capped leave	Average number of days taken per employee	Average capped leave per employee as on 31 March 2020
Contract (Levels 13-16)	0	0	0	0
Contract (Levels 3-5)	0	0	0	0
Contract (Levels 6-8)	0	0	0	0
Contract (Levels 9-12)	0	0	0	52,52
Contract Other	0	0	0	0
Highly Skilled Production (Levels 6-8)	962,75	179	5	126765,36
Highly Skilled Supervision (Levels 9-12)	1211,98	219	6	159312,87
Lower Skilled (Levels 1-2)	8	3	3	2193,23
Other	0	0	0	547,14
Senior Management (Levels 13-16)	9,34	3	3	2543,11
Skilled (Levels 3-5)	912,75	152	6	132747,76
TOTAL	3104,82	556	6	424161,99

Source: Vulindlela HR Oversight Report extracted on 06/05/2020

The following table summarise payments made to employees as a result of leave that was not taken.

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Table 95: (3.10.5) Leave pay-outs: 01/04/2019 – 31/03/2020

Reason	Total Amount (R'000)	Number of Employees	Average per employee (R'000)
Annual - Discounting With Resignation (Work Days)	23280	1082	21516
Annual - Discounting With Resignation (Work Days)	23280	1082	21516
Annual - Discounting: Unused Vacation Credits (Suspension)	62	5	23833
Annual - Gratuity: Death/Retirement/Medical Retirement(Work	38741	1330	29129
Annual - Head Of Departments (Gratuity) (Work Days)	29	1	29000
Capped - Discounting With Resignation (Work Days)	0	1	0
Capped - Gratuity: Death/Retirement/Medical Retirement(Work	58547	750	78063
Capped - Head Of Departments (Gratuity) (Work Days)	115	1	115000
TOTAL	120776	3170	

Source: Vulindlela HR Oversight Report extracted on 06/05/2020 and Deputy Director: Service Conditions

HIV, AIDS and Health Promotion Programmes

Table 96: (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
Nurses	Empowerment Hepatitis B immunizations, HIV Counselling and Testing (HCT), Provision of PPE
Doctors	Occupational Post Exposure Prophylaxis (OPEP), Provision of PPE
General Assistants	Use of Personal Protective Clothing, education
All other employees	
Sexually active.	Baseline assessments .Health Education.
Long distance relationship	Psychosocial Support through EAP.
Married couples –not staying together–for some other reasons e.g. employment/on separation.	Conducting wellness activities in institutions, for health promotion.
Drugs/Alcohol abusers	Counselling through EAP services
Vulnerable groups e.g. on divorce process/widow/widower/elderly.	Monitor implementation of COID Act regarding occupational diseases & injuries.
Employees at risk of being raped e.g. night shift staff/staff in wards where prisoners are admitted.	Provision of adequate security measures. Monitoring of implementation of OHS Act and Education.
Single parents-staying alone.	Psychosocial Support through EAP and Health education.
Front-Line /OPD/Casualty/Crisis Centre/CDC & Medical, Maternity Wards and Theatre employees.	Provision of EAP services and referrals accordingly, Personal Protective Equipment (PPE), Education and OPEP.
Tracer & injection teams /Family Health Teams/CCG's/School Health Teams.	Implementation of HIV and AIDS policies and education.
Staff diagnosed with TB.	All tested for HIV

Source: Chief Director: OES, EHW and Labour Relations

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Table 97: (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.	Yes		Mr S. Dlamini Chief Director: Labour Relations (LR), Organisational Efficiency Services (OES), and Employee Health and Wellness (EHW)
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.	Yes		EHW Units composed of Occupational Health Nurses, Safety officers and EAPs in our health institutions. Compensation budget for staff- From Voted Funds
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.	Yes		HIV & AIDS management (Prevention, Treatment, Giving Care and Support) HIV & AIDS workshops Healthy lifestyle programme Counselling Organizational Wellness Protecting Health Care Workers against Covid-19

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Question	Yes	No	Details, if yes																								
<p>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.</p>	Yes		<p>EMPLOYEE HEALTH AND WELLNESS COMMITTEE</p> <p>Designated Senior Manager(s): EHW (Chairperson)</p> <table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">Initials & Surname</th> </tr> </thead> <tbody> <tr> <td>1. S. Dlamini</td> </tr> </tbody> </table> <p>Members of the Committee</p> <table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">Initials & Surname</th> </tr> </thead> <tbody> <tr><td>1. M. Killeen –Ugu District</td></tr> <tr><td>2. Ms Mahlaba – uMzinyathi District</td></tr> <tr><td>3. Shezi N. uMzinyathi District</td></tr> <tr><td>4. N. Mgaga – Amajuba District</td></tr> <tr><td>5. Z.M.Ndwandwe – Ugu District</td></tr> <tr><td>6. B. Thusi – ilembe District</td></tr> <tr><td>7. R.Phahla – ilembe District</td></tr> <tr><td>8. L. Hutchinson - uMgungundlovu</td></tr> <tr><td>9. N.P. Fihlela - EHW</td></tr> <tr><td>10. A. Mahlobo – Zululand District</td></tr> <tr><td>11. N.Zwane - uMgungundlovu</td></tr> <tr><td>12. D.R. Mhlanga –K. Cetshwayo</td></tr> <tr><td>13. P.S. Mabaso (Gamede) -eThekwini</td></tr> <tr><td>14. N.Mdluli- uMkhanyakude</td></tr> <tr><td>15. L. Mdubeki –Harry Gwala District</td></tr> <tr><td>16. Z.Dladla –Harry Gwala District</td></tr> <tr><td>17. C.H.Hadebe-uThukela District</td></tr> <tr><td>18. C. Khumalo –King Cetshwayo</td></tr> <tr><td>19. N.Bhengu – eThekwini District</td></tr> <tr><td>20. P. Ntshangase - Zululand</td></tr> <tr><td>21. N. Molwane - uThukela</td></tr> </tbody> </table>	Initials & Surname	1. S. Dlamini	Initials & Surname	1. M. Killeen –Ugu District	2. Ms Mahlaba – uMzinyathi District	3. Shezi N. uMzinyathi District	4. N. Mgaga – Amajuba District	5. Z.M.Ndwandwe – Ugu District	6. B. Thusi – ilembe District	7. R.Phahla – ilembe District	8. L. Hutchinson - uMgungundlovu	9. N.P. Fihlela - EHW	10. A. Mahlobo – Zululand District	11. N.Zwane - uMgungundlovu	12. D.R. Mhlanga –K. Cetshwayo	13. P.S. Mabaso (Gamede) -eThekwini	14. N.Mdluli- uMkhanyakude	15. L. Mdubeki –Harry Gwala District	16. Z.Dladla –Harry Gwala District	17. C.H.Hadebe-uThukela District	18. C. Khumalo –King Cetshwayo	19. N.Bhengu – eThekwini District	20. P. Ntshangase - Zululand	21. N. Molwane - uThukela
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<p>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.</p>	Yes		<p>Management of HIV and AIDS, TB and STIs in the workplace.</p>																								
<p>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.</p>	Yes		<p>Human rights workshops Workshops on HIV and AIDS discrimination and stigma Confidentiality emphasis and GEMS initiatives</p>																								

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Question	Yes	No	Details, if yes
7. Does the department encourage its employees to undergo Voluntary Counselling and Testing? If so, list the results that you have achieved.	Yes		Results for 2019/20 financial year: 7097 staff pre-test counselled 7097 staff tested 162 staff tested positive
8. Has the department developed measures/indicators to monitor & evaluate the impact of your health promotion programme? If so, list these measures/indicators.	Yes		Data Element Name Eligible staff initiated on ART Staff diagnosed with MDR TB Staff diagnosed with TB - new Staff diagnosed with XDR TB Staff injury on duty (excluding needle sticks - blood splashes - human bites - assault) Staff pre-test counselled Staff screened for TB Staff tested HIV positive screened for TB Staff tested for HIV Staff tested positive for HIV Staff with fluid splashes - new TB diagnosed staff tested for HIV TB staff with a DOTS supporter TB/HIV co-infected staff initiated on ART Total HIV Positive Staff seen in the Occupational Health Clinic Total staff on ART treatment Total staff who died while on ART Treatment Total number of Cases other than Needle Stick Injuries Total number of cases Sero-Converted Total number of clients given ART Prophylaxis for Needle Stick Injuries TB suspects - Staff Total Needle Stick Injuries - New

Source: Chief Director: OES, EHW and Labour Relations

Table 98: (3.15.3) Analysis of consultant appointments using Donor funds, in terms of Historically Disadvantaged Individuals (HDIs): 01/04/2019 – 31/03/2020

Project title	Percentage ownership by HDI groups	Percentage management by HDI groups	Number of Consultants from HDI groups that worked on the project

Labour Relations

The following collective agreements were entered into with Trade Unions within the Department.

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Table 99: (3.12.1) Collective agreements: 01/04/2019 – 31/03/2020

Subject matter	Date
Nil	

Total Number of Collective Agreements	Nil
--	-----

Source: Acting Director: Labour Relations and Public Health and Social Development Sectoral Bargaining Council Annual Report

The following table summarises the outcome of disciplinary hearings conducted within the department for the year under review.

Table 100: (3.12.2) Misconduct and disciplinary hearings finalised: 01/04/2019 – 31/03/2020

Outcomes of disciplinary hearings ²⁵	Number	% of total
Corrective Counselling	46	10%
Verbal Warning	43	9%
Written Warning	173	36.6%
Final Written Warning	84	18%
Suspension without pay	16	3%
Dismissal	99	21%
Not guilty	14	3%
TOTAL	475	100%

Source: Acting Director: Labour Relations, Persal and FOSAD Reports

Table 101: (3.12.3) Types of misconduct addressed at disciplinary hearings: 01/04/2019 – 31/03/2020 ²⁶

Type of misconduct	Number	% of total
Fraud / Theft / Commits Fraud	20	13%
Misuse of State Property	2	1%
Insubordination	5	3%
Absenteeism from work without reason or permission	23	15%
Sexual Harassment	2	1%
Under influence of alcohol /drugs	6	4%
Assault	4	3%
Remunerative work outside the department without approval	1	1%
Fails to comply with or contravenes any Act	7	5%
Displaying insolent behaviour	3	2%
Mismanagement of patients	4	3%
Possess firearm / dangerous weapon on State premises	1	1%

²⁵ Misconduct cases is based on finalised cases.

²⁶ Misconduct cases is based on finalised cases.

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Type of misconduct	Number	% of total
Falsified records or any documents	4	3%
Participation in unprotected strike action	36	24%
Negligence and mismanagement of patient	13	9%
Desertion of workplace	2	1%
Failure to comply with Employee Performance Management and Development System (EPMDS)	3	2%
Conduct self in improper / unacceptable manner	2	1%
Non-compliance with disclosure of information	13	9%
TOTAL	151	100%

Source: Acting Director: Labour Relations, Persal and FOSAD Reports

Utilisation of Consultants

The following tables relate 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:

- The rendering of expert advice;
- The drafting of proposals for the execution of specific tasks; and
- The execution of a specific task which is of a technical or intellectual nature, but excludes an employee of a department.

Table 102: (3.15.1a) Report on Consultant appointments using appropriated funds: 01/04/2019 – 31/03/2020

Project Title	Total number of Consultants that worked on project	Duration – Work days	Contract value in Rand
Nil	N/A	N/A	N/A

Table 103: (3.15.1b) Report on Consultant appointments using appropriated funds: 01/04/2019 – 31/03/2020

Total number of projects	Total individual Consultants	Total duration – Work days	Total contract value in Rand
N/A	N/A	N/A	N/A
TOTAL	N/A	N/A	N/A

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Table 104: (3.15.2) Analysis of consultant appointments using appropriated funds, in terms of Historically Disadvantaged Individuals (HDIs) 01/04/2019 – 31/03/2020

Project title	Percentage ownership by HDI groups	Percentage management by HDI groups	Number of Consultants from HDI groups that worked on the project
Nil	N/A	N/A	N/A

Table 105: (3.15.3) Report on consultant appointments using Donor funds: 01/04/2019 – 31/03/2020

Project title	Total Number of consultants that worked on project	Duration (Work days)	Donor and contract value in Rand
Nil	N/A	N/A	N/A

Total number of projects	Total individual consultants	Total duration Work days	Total contract value in Rand
N/A	N/A	N/A	N/A

Table 106: (3.15.3) Analysis of consultant appointments using Donor funds, in terms of Historically Disadvantaged Individuals (HDIs): 01/04/2019 – 31/03/2020

Project title	Percentage ownership by HDI groups	Percentage management by HDI groups	Number of Consultants from HDI groups that worked on the project
Nil	N/A	N/A	N/A

Severance Packages

Table 107: (3.16.1) Granting of employee initiated severance packages: 01/04/2019 – 31/03/2020

Salary band	Number of applications received	Number of applications referred to the MPSA	Number of applications supported by MPSA	Number of packages approved by the 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 Service Band A	0	0	0	0
Senior Management Service Band B	0	0	0	0
Senior Management Service Band C	0	0	0	0
Senior Management Service Band D	0	0	0	0
Other	0	0	0	0
Contract (Levels 1-2)	0	0	0	0
Contract (Levels 3-5)	0	0	0	0
Contract (Levels 6-8)	0	0	0	0
Contract (Levels 9-12)	0	0	0	0
Contract Band A	0	0	0	0
Contract Band B	0	0	0	0

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Salary band	Number of applications received	Number of applications referred to the MPSA	Number of applications supported by MPSA	Number of packages approved by the department
Contract Band C	0	0	0	0
Contract Band D	0	0	0	0
TOTAL	0	0	0	0

Source: Vulindlela HR Oversight Report extracted on 06/05/2020 and Deputy Director: Service Conditions

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PART E: ANNUAL FINANCIAL STATEMENTS

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Department of Health

Audit report for the year ended 31 March
2020

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Report of the auditor-general to the KwaZulu-Natal Provincial Legislature on vote no. 7: Department of Health

Report on the audit of the financial statements

Qualified opinion

1. I have audited the financial statements of the Department of Health set out on pages 264 to 366, which comprise the appropriation statement, statement of financial position as at 31 March 2020, statement of financial performance, statement of changes in net assets, and cash flow statement for the year then ended, as well as the notes to the financial statements, including a summary of significant accounting policies.
2. In my opinion, except for the effects of the matters described in the basis for qualified opinion section of this auditor's report, the financial statements present fairly, in all material respects, the financial position of the Department of Health as at 31 March 2020, and its financial performance and cash flows for the year then ended in accordance with Modified Cash Standard (MCS) prescribed by National Treasury and the requirements of the Public Finance Management Act of South Africa, 1999 (Act No. 1 of 1999) (PFMA) and the Division of Revenue Act of South Africa, 2019 (Act No. 16 of 2019) (Dora).

Basis for qualified opinion

Irregular expenditure

3. Transactions which did not meet the definition of irregular expenditure were incorrectly recorded as such by the department. This was contrary to paragraph 56 (a)(i) of chapter 9 in the MCS, *General department assets and liabilities*. I was unable to determine the impact of this misstatement as it was impractical to do so. I was also unable to obtain sufficient and appropriate audit evidence for irregular expenditure. I was unable to confirm this irregular expenditure by alternative means. Consequently, I was unable to determine whether any further adjustments were necessary to the irregular expenditure stated at R9,92 billion (2019: R8,49 billion) in note 26 to the financial statements.

Movable tangible capital assets and minor assets

4. The department did not correctly record movable tangible capital assets and minor assets in accordance with paragraph 65, of chapter 11, *Capital assets* in the MCS. The department incorrectly applied the criteria to fair value its assets. I was unable to determine the impact of the misstatements on movable tangible capital assets and minor assets as it was impracticable

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to do so. Furthermore, I was also unable to obtain sufficient and appropriate audit evidence for movable tangible capital assets and minor assets. I was unable confirm these assets by alternative means. Consequently, I was unable to determine whether any further adjustments were necessary to the movable tangible assets stated at R5,5 billion (2019: R3,74 billion) as well as minor assets stated at R944 million (2018: R1,07 billion) in note 31 and 31.4 to the financial statements, respectively.

Contingent liabilities

5. The department did not adequately record contingent liabilities – claims against the department, as required by paragraphs 49 of chapter 14, *Provisions and contingents* in the MCS. I was unable to determine the impact of the misstatement on contingent liabilities as it was impracticable to do so. Consequently, I was unable to determine whether any further adjustment to contingent liabilities stated at R27,04 billion in note 20 to the financial statements were necessary.

Accruals and payables not recognised

6. The department did not adequately record accruals and payables not recognised, as required by paragraphs 27 and 28 of chapter 2, *Concepts and principles* in the MCS, due to inadequate systems and processes to account for this disclosure. I was unable to determine the impact of the misstatement on accruals and payables not recognised as it was impracticable to do so. Consequently, I was unable to determine whether any further adjustment to accruals stated at R410,64 million and payables not recognised stated at R1,18 billion in note 22 to the financial statements were necessary.

Goods and services

7. I was unable to obtain sufficient appropriate evidence that payments made were in respect of goods and services that were actually received by the department as internal controls had not been established to confirm the receipt of goods and services. I was unable to confirm these goods and services by alternative means. Consequently, I was unable to determine whether any further adjustments were necessary to goods and services stated at R14,19 billion in note 5 to the financial statements

Context for the opinion

8. I conducted my audit in accordance with the International Standards on Auditing (ISAs). My responsibilities under those standards are further described in the auditor-general's responsibilities for the audit of the financial statements section of this auditor's report.

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9. I am independent of the department in accordance with sections 290 and 291 of the *Code of Ethics for Professional Accountants* and parts 1 and 3 of the *International Code of Ethics for Professional Accountants (including International Independence Standards)* of the International Ethics Standards Board for Accountants (IESBA codes) as well as the ethical requirements that are relevant to my audit in South Africa. I have fulfilled my other ethical responsibilities in accordance with these requirements and the IESBA codes.
10. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my qualified opinion.

Emphasis of matter

11. I draw attention to the matter below. My opinion is not modified in respect of this matter.

Payables

12. As disclosed in note 22 to the financial statements, payables of R382,22 million exceeded the payment term of 30 days, as required by treasury regulation 8.2.3. This amount, in turn, exceeded the R16,88 million of voted funds to be surrendered by R365,34 million as per the statement of financial performance. The amount of R365,34 million would therefore have constituted unauthorised expenditure had the amounts due been paid on time

Other matter

13. I draw attention to the matter below. My opinion is not modified in respect of this matter.

Unaudited supplementary schedules

14. The supplementary information set out on pages 367 to 394 does not form part of the financial statements and is presented as additional information. I have not audited these schedules and, accordingly, I do not express an opinion on them.

Responsibilities of the accounting officer for the financial statements

15. The accounting officer is responsible for the preparation and fair presentation of the financial statements in accordance with the MCS and the requirements of the PFMA and Dora, and for such internal control as the accounting officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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16. In preparing the financial statements, the accounting officer is responsible for assessing the department's ability to continue as a going concern, disclosing, as applicable, matters relating to going concern and using the going concern basis of accounting unless the appropriate governance structure either intends to liquidate the department or to cease operations, or has no realistic alternative but to do so.

Auditor-general's responsibilities for the audit of the financial statements

17. My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with the ISAs will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

18. A further description of my responsibilities for the audit of the financial statements is included in the annexure to this auditor's report.

Report on the audit of the annual performance report

Introduction and scope

19. In accordance with the Public Audit Act of South Africa, 2004 (Act No. 25 of 2004) (PAA) and the general notice issued in terms thereof I have a responsibility to report material findings on the reported performance information against predetermined objectives for selected programmes presented in the annual performance report. I was engaged to perform procedures to raise findings but not to gather evidence to express assurance.

20. I was engaged to evaluate the usefulness and reliability of the reported performance information in accordance with the criteria developed from the performance management and reporting framework, as defined in the general notice, for programme 2 – district health services presented on pages 90 to 151 in the annual performance report of the department for the year ended 31 March 2020.

21. I performed procedures to determine whether the reported performance information was properly presented and whether performance was consistent with the approved performance planning documents. I performed further procedures to determine whether the indicators and

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related targets were measurable and relevant, and assessed the reliability of the reported performance information to determine whether it was valid, accurate and complete.

22. The material findings in respect of the usefulness and reliability of the selected programme is as follows:

Programme 2 – District health services

Various indicators

23. The indicators below were reported in the annual performance report. However, some supporting evidence provided materially differed from the reported achieved, while in other instances I was unable to obtain sufficient appropriate audit evidence. This was due to the lack of accurate and complete records. I was unable to confirm the reported achievements by alternative means. Consequently, I was unable to determine whether any further adjustments were required to these reported achievements:

Indicator number	Indicator description	Number of indicators
DHS 3.2, DHS 6.1 and DHS 6.2	Utilisation rate related indicators	3
DHS 9.1, DHS 9.2, DHS 9.3, DHS 9.5, DHS 9.6, DHS 9.7, DHS 9.8, DHS 9.9	HIV and TB-related indicators	8
DHS 12.1, DHS 12.2, DHS 12.3, DHS 12.4, DHS 12.5, DHS 12.12 and DHS 12.13	Maternal health-related indicators	7
DHS 12.6, DHS 12.7, DHS 12.8, DHS 12.18, DHS 12.19	Fatality rate indicators	5
DHS 12.9, DHS 12.10, DHS 12.16 and DHS 12.17	Integrated school health programme indicators	4

Ideal clinic status rate

24. I was unable to obtain sufficient appropriate audit evidence for the achievement of 76,8% reported against target of 100% in the annual performance report, due to the lack of accurate and complete records. I was unable to confirm the reported achievement by alternative means.

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Consequently, I was unable to determine whether any adjustments were required to the reported achievement

Other matter

25. I draw attention to the matter below:

Achievement of planned targets

26. The annual performance report on pages 40 to 196 sets out information on the achievement of planned targets for the year and explanations are also provided for the under and over-achievement of a significant number of targets. This information should be considered in the context of the material findings on the usefulness and reliability of the reported performance information in paragraphs 23 and 24 of this report.

Report on the audit of compliance with legislation

Introduction and scope

27. In accordance with the PAA and the general notice issued in terms thereof, I have a responsibility to report material findings on the department's compliance with specific matters in key legislation. I performed procedures to identify findings but not to gather evidence to express assurance.

28. The material findings on compliance with specific matters in key legislation are as follows:

Annual financial statements

29. The financial statements submitted for auditing were not prepared in accordance with the prescribed financial reporting framework and supported by full and proper records, as required by section 40(1)(a) and (b) of the PFMA. Material misstatements identified by the auditors in the submitted financial statements were not adequately corrected and the supporting records could not be provided subsequently, which resulted in the financial statements receiving a qualified opinion.

Procurement and contract management

30. Sufficient appropriate audit evidence could not be obtained for some quotations to support that they were awarded in accordance with the legislative requirements, as there is an inadequate records management system. Similar limitations were also reported in the prior year.

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31. Some of the goods and services with a transaction value below R500 000 were procured without obtaining the required price quotations, as required by treasury regulation 16A6.1. Similar non-compliance was also reported in the prior year.
32. Some of the goods and services of a transaction value above R500 000 were procured without inviting competitive bids and deviations were approved by the accounting officer but it was practical to invite competitive bids, as required by treasury regulations 16A6.1 and 16A6.4. Similar non-compliance was also reported in the prior year.
33. Sufficient appropriate audit evidence could not be obtained that contracts were awarded only to bidders who submitted a declaration on whether they are employed by the state or connected to any person employed by the state, which is prescribed in order to comply with treasury regulation 16A8.3. Similar limitation was also reported in the prior year.
34. Some of the contracts were awarded to suppliers whose tax matters had not been declared by the South African Revenue Services to be in order as required by treasury regulations 16A9.1(d). Similar non-compliance was also reported in the prior year.
35. Sufficient appropriate audit evidence could not be obtained that awards to suppliers who committed a corrupt or fraudulent act in competing for the contract were rejected, as required by treasury regulation 16A9.1(e) and 16A9.2(a)(ii).
36. Sufficient appropriate audit evidence could not be obtained that the preference point system was applied in the procurement of goods and services above R30 000, as required by section 2(a) of the Preferential Procurement Policy Framework Act of South Africa, 2000 (Act No. 5 of 2000) (PPPFA) and treasury regulation 16A6.3(b). Similar limitations were also reported in the prior year.
37. Sufficient appropriate audit evidence could not be obtained that contracts and quotations were awarded to suppliers based on preference points that were allocated and calculated in accordance with the requirements of the PPPFA and its regulations. Similar non-compliance was reported in the prior year.
38. Some of the contracts were awarded to bidders that did not score the highest points in the evaluation process, as required by section 2(1)(f) of PPPFA and the Preferential Procurement Regulations (PPR). In addition, sufficient appropriate audit evidence could not be obtained that some of the contracts and quotations were awarded to bidders that scored the highest points in the evaluation process, as required by the PPPFA and the PPR. Similar non-compliances were identified in the prior year.

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39. Bid documentation for procurement of commodities designated for local content and production, did not stipulate the minimum threshold for local production and content as required by the 2017 PPR 8(2).
40. Commodities designated for local content and production, were procured from suppliers who did not submit a declaration on local production and content as required by the 2017 PPR. Similar non-compliance was also reported in the prior year.
41. Persons in service of the department who had a private or business interest in contracts awarded by the department failed to disclose such interest, as required by treasury regulation 16A8.4 and the public service regulations 18(1). Similar non-compliance was reported in the previous year and disciplinary action was not taken against the officials involved.
42. Persons in service of the department whose close family members, partners or associates had a private or business interest in contracts awarded by the Department failed to disclose such interest, as required by treasury regulation 16A8.4. Similar non-compliance was reported in the previous year and disciplinary action was not taken against the officials involved.

Expenditure Management

43. Effective and appropriate steps were not taken to prevent unauthorised expenditure amounting to R91,62 million, as disclosed in note 10 to the annual financial statements, as required by section 38(1)(c)(ii) of the PFMA and treasury regulation 9.1.1.
44. Effective and appropriate steps were not taken to prevent irregular expenditure, as required by section 38(1)(c)(ii) of the PFMA and treasury regulation 9.1.1. As reported in the basis for qualified opinion, the full extent of the irregular expenditure could not be quantified. The majority of the irregular expenditure disclosed in the financial statements was as a result of the continued use of and payments made on expired contracts.
45. Payments were not made within 30 days or an agreed period after receipt of an invoice, as required by treasury regulation 8.2.3.

Consequence Management

46. I was unable to obtain sufficient appropriate audit evidence that disciplinary steps were taken against officials who had incurred unauthorised and irregular expenditure as required by section 38(1)(h)(iii) of the PFMA. This was due to proper and complete records that were not maintained as evidence to support the investigations into unauthorised and irregular expenditure.

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Conditional grants

47. The national tertiary service grant was not spent in accordance with the applicable framework, as required by section 17(1) of the Dora.

Strategic planning and performance management

48. Specific information systems were not effectively implemented to enable the monitoring of progress made towards achieving targets, core objectives and service delivery as required by public service regulation 25(1)(e)(i) and (iii).

Other information

49. The accounting officer is responsible for the other information. The other information comprises the information included in the annual report which includes the accounting officer's report and audit committee's report. The other information does not include the financial statements, the auditor's report and that selected programme presented in the annual performance report that has been specifically reported in this auditor's report.

50. My opinion on the financial statements and findings on the reported performance information and compliance with legislation do not cover the other information and I do not express an audit opinion or any form of assurance conclusion thereon.

51. In connection with my audit, my responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements and the selected programme presented in the annual performance report, or my knowledge obtained in the audit, or otherwise appears to be materially misstated.

52. The other information I obtained prior to the date of this auditor's report is the MEC foreword and the accounting officer report. The audit committee's report is expected to be made available to us after 19 November 2020.

53. If, based on the work I have performed on the other information that I obtained prior to the date of this auditor's report, I conclude that there is a material misstatement of this other information, I am required to report that fact. I have nothing to report in this regard.

54. When I do receive and read the audit committee's report, if I conclude that there is a material misstatement therein, I am required to communicate the matter to those charged with governance and request that the other information be corrected. If the other information is not corrected, I may have to retract this auditor's report and re-issue an amended report as appropriate. However, if it is corrected this will not be necessary

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Internal control deficiencies

55. I considered internal control relevant to my audit of the financial statements, reported performance information and compliance with applicable legislation, however, my objective was not to express any form of assurance on it. The matters reported below are limited to the significant internal control deficiencies that resulted in the basis for the qualified opinion, the findings on the performance report and the findings on compliance with legislation included in this report.
56. Leadership did not provide adequate oversight and monitoring, in that the accounting officer did not ensure that approved policies and action plans were implemented to fully address previous findings on the financial statements, predetermined objectives and compliance with legislation. Furthermore, consequence management was not effectively implemented for non-performance, and slow responses in addressing and implementing recommendations and transgressions reported.
57. Management did not implement a proper document management and record-keeping system to ensure that complete, relevant and accurate information is accessible and available to support financial and performance reporting, including compliance with legislation.
58. Controls and processes over the preparation of the financial statements and the annual performance report were not effectively implemented by senior management in ensuring that they were accurately prepared and comply with the applicable framework which resulted in material misstatements identified in the submitted financial statements and annual performance report.

Material irregularities

59. In accordance with the PAA and the Material Irregularity Regulations, I have a responsibility to report on material irregularities identified during the audit and on the status of the material irregularities reported in the previous year's auditor's report.

Status of previously reported material irregularity

Radiology equipment contracts awarded to bidders that did not score highest points in the evaluation process

60. An award of R27,54 million was made by the department in September 2017 for the supply of radiology equipment to bidders that did not score the highest points, as required by section 2(1)(f) of the PPPFA. The non-compliance is likely to result in a material financial loss as the

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cost of the equipment purchased from the winning bidders was higher than the prices submitted by the highest scoring bidders.

61. The accounting officer was notified of the material irregularity on 25 June 2019. The following actions have been taken to resolve the material irregularity:

- A preliminary investigation was concluded on 22 July 2019 by the special investigation unit of the department. In light of the seriousness of the preliminary findings the acting accounting officer requested the provincial treasury's forensic investigations unit on 13 August 2019 to undertake a comprehensive investigation on the matter.
- The investigation was completed on 29 June 2020. It concluded that there was no non-compliance based on a different interpretation of the requirements of the PPPFA. The Provincial Treasury was engaged and on 02 October 2020 it was agreed to obtain the view of the National Treasury to resolve the disagreement. The investigations unit which now falls under the Office of the Premier is reviewing the outcomes of its investigation, based on the view provided by the National Treasury on 09 November 2020.
- The accounting officer plans to take the necessary action based on the revised outcome and recommendation of the investigation.

62. I will follow up on the implementation of the above actions during my next audit.

Other reports

63. In addition to the investigations relating to material irregularities, I draw attention to the following engagements conducted by various parties which had, or could have, an impact on the matters reported in the department's financial statements, reported performance information, compliance with applicable legislation and other related matters. These reports did not form part of my opinion on the financial statements or my findings on the reported performance information or compliance with legislation.

64. The special investigations unit at the department is performing investigations relating to allegations of incorrect awarding of certain contracts, accusations of theft, employees performing unauthorised remunerative work outside the public service and the misappropriation of inventory, covering the period 1 April 2018 to 31 March 2020. The investigations were still in progress at the date of this report.

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65. The shared internal audit unit for departments in the province conducted 11 investigations at the request of the department, covering the period 1 April 2014 to 31 March 2020. These investigations related to irregularities around deviation from work and variation orders in respect of projects managed by the department, and alleged fraud and corruption in the appointment and termination of service providers. Four of the investigations had been completed and seven were still in progress. Implementation of the recommendations are in progress for the completed investigations.

Auditor General

Pietermaritzburg

19 November 2020



AUDITOR - GENERAL
SOUTH AFRICA

Auditing to build public confidence

Annexure – Auditor-general’s responsibility for the audit

1. As part of an audit in accordance with the ISAs, I exercise professional judgement and maintain professional scepticism throughout my audit of the financial statements and the procedures performed on reported performance information for the selected programme and on the department’s compliance with respect to the selected subject matters.

Financial statements

2. In addition to my responsibility for the audit of the financial statements as described in this auditor’s report, I also:
 - identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error; design and perform audit procedures responsive to those risks; and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal control
 - obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the department’s internal control
 - evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the accounting officer
 - conclude on the appropriateness of the accounting officer’s use of the going concern basis of accounting in the preparation of the financial statements. I also conclude, based on the audit evidence obtained, whether a material uncertainty exists relating to events or conditions that may cast significant doubt on the ability of the Department of Health to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor’s report to the related disclosures in the financial statements about the material uncertainty or, if such disclosures are inadequate, to modify my opinion on the financial statements. My conclusions are based on the information available to me at the date of this auditor’s report. However, future events or conditions may cause a department to cease operating as a going concern
 - evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and determine whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation

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Communication with those charged with governance

3. I communicate with the accounting officer regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.
4. I also confirm to the accounting officer that I have complied with relevant ethical requirements regarding independence, and communicate all relationships and other matters that may reasonably be thought to have a bearing on my independence and, where applicable, actions taken to eliminate threats or safeguards applied.

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APPROPRIATION STATEMENT

For the year ended 31 March 2020

Appropriation per economic classification									
	2019/20							2018/19	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	42 381 329	-	-77 442	42 303 887	42 384 217	-80 330	100.2%	39 589 702	39 684 474
Compensation of employees	28 408 488	-	-217 715	28 190 773	28 190 773	-	100.0%	26 336 189	26 336 189
Salaries and wages	24 851 380	-	-165 340	24 686 040	24 686 040	-	100.0%	23 031 756	23 031 756
Social contributions	3 557 108	-	-52 375	3 504 733	3 504 733	-	100.0%	3 304 433	3 304 433
Goods and services	13 971 832	-	139 474	14 111 306	14 191 636	-80 330	100.6%	13 247 628	13 342 400
Administrative fees	3 799	-	2 052	5 851	5 851	-	100.0%	3 134	3 277
Advertising	13 980	-	-2 439	11 541	11 541	-	100.0%	21 290	21 290
Minor assets	37 249	-	11 287	48 536	48 536	-	100.0%	45 539	43 923
Audit costs: External	24 045	-	-851	23 194	23 194	-	100.0%	22 260	21 041
Bursaries: Employees	4 395	-	-815	3 580	3 580	-	100.0%	2 520	2 520
Catering: Departmental activities	6 688	-	343	7 031	7 031	-	100.0%	2 216	3 484
Communication (G&S)	103 272	-	-963	102 309	102 309	-	100.0%	103 947	103 146
Computer services	116 608	-	-5 431	111 177	111 177	-	100.0%	111 820	110 171
Consultants: Business and advisory services	167 840	-	-17 850	149 990	149 990	-	100.0%	35 580	40 433
Laboratory services	2 296 188	-	18 076	2 314 264	2 314 264	-	100.0%	2 063 870	2 063 388
Legal services	113 931	-	-17 018	96 913	96 913	-	100.0%	65 914	84 287
Contractors	214 520	-	-53 586	160 934	160 934	-	100.0%	184 834	178 615
Agency and support / outsourced services	1 081 181	-	-67 039	1 014 142	1 014 142	-	100.0%	1 161 657	1 161 781
Entertainment	2	-	-2	-	-	-	-	10	358
Fleet services (including government motor transport)	365 678	-	39 963	405 641	405 641	-	100.0%	389 284	388 612
Inventory: Clothing material and accessories	21 231	-	11 391	32 622	32 181	441	98.6%	34 387	30 069

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APPROPRIATION STATEMENT

For the year ended 31 March 2020

Appropriation per economic classification									
	2019/20							2018/19	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Inventory: Food and food supplies	125 006	-	-7 055	117 951	117 951	-	100.0%	113 152	113 152
Inventory: Fuel, oil and gas	104 382	-	4 202	108 584	108 584	-	100.0%	92 273	96 396
Inventory: Learner and teacher support material	-	-	509	509	509	-	100.0%	-	109
Inventory: Materials and supplies	15 800	-	3 231	19 031	19 031	-	100.0%	15 842	15 581
Inventory: Medical supplies	1 808 062	-	113 183	1 921 245	1 921 245	-	100.0%	1 765 096	1 778 353
Inventory: Medicine	3 954 568	-	108 401	4 062 969	4 184 313	-121 344	103.0%	3 978 546	4 028 221
Medsas inventory interface	-	-	-58	-58	-34 231	34 173	59019.0%	195 014	195 014
Inventory: Other supplies	201 988	-	-11 781	190 207	183 807	6 400	96.6%	181 034	180 946
Consumable supplies	135 023	-	-177	134 846	134 846	-	100.0%	130 059	130 847
Consumable: Stationery, printing and office supplies	94 310	-	18 892	113 202	113 202	-	100.0%	87 047	86 860
Operating leases	150 871	-	-5 080	145 791	145 791	-	100.0%	142 833	139 357
Property payments	2 577 252	-	19 952	2 597 204	2 597 204	-	100.0%	2 109 034	2 130 234
Transport provided: Departmental activity	75 181	-	-17 892	57 289	57 289	-	100.0%	77 982	76 835
Travel and subsistence	86 034	-	7 431	93 465	93 465	-	100.0%	67 656	68 068
Training and development	31 864	-	-11 701	20 163	20 163	-	100.0%	9 632	9 757
Operating payments	36 303	-	-871	35 432	35 432	-	100.0%	32 754	33 615
Venues and facilities	713	-	-118	595	595	-	100.0%	1 358	1 406
Rental and hiring	3 868	-	1 288	5 156	5 156	-	100.0%	54	1 254
Interest and rent on land	1 009	-	799	1 808	1 808	-	100.0%	5 885	5 885
Interest (Incl. interest on unitary payments (PPP))	1 009	-	799	1 808	1 808	-	100.0%	5 885	5 885
Transfers and subsidies	773 551	-	41 887	815 438	809 848	5 590	99.3%	1 039 022	1 106 595
Provinces and municipalities	231 742	-	-101	231 641	229 137	2 504	98.9%	217 505	219 387
Provinces	6 346	-	-101	6 245	6 245	-	100.0%	4 111	4 111

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APPROPRIATION STATEMENT

For the year ended 31 March 2020

Appropriation per economic classification	2019/20							2018/19	
	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
Province Revenue funds	1	-	-	1	1	-	100.0%	-	-
Provincial agencies and funds	6 345	-	-101	6 244	6 244	-	100.0%	4 111	4 111
Municipalities	225 396	-	-	225 396	222 892	2 504	98.9%	213 394	215 276
Municipal bank accounts	225 396	-	-	225 396	222 892	2 504	98.9%	213 394	215 276
Departmental agencies and accounts	22 246	-	196	22 442	22 442	-	100.0%	21 157	21 157
Departmental agencies	22 246	-	196	22 442	22 442	-	100.0%	21 157	21 157
Non-profit institutions	56 513	-	-	56 513	53 427	3 086	94.5%	65 226	62 473
Households	463 050	-	41 792	504 842	504 842	-	100.0%	735 134	803 578
Social benefits	115 986	-	5 390	121 376	121 376	-	100.0%	116 204	116 441
Other transfers to households	347 064	-	36 402	383 466	383 466	-	100.0%	618 930	687 137
Payments for capital assets	1 996 956	-	35 163	2 032 119	2 032 119	-	100.0%	1 918 017	1 758 330
Buildings and other fixed structures	899 373	-	28 952	928 325	928 325	-	100.0%	1 249 816	1 249 066
Buildings	887 112	-	22 440	909 552	909 552	-	100.0%	1 242 108	1 241 358
Other fixed structures	12 261	-	6 512	18 773	18 773	-	100.0%	7 708	7 708
Machinery and equipment	1 097 583	-	6 211	1 103 794	1 103 794	-	100.0%	668 201	509 264
Transport equipment	252 387	-	-25 855	226 532	226 532	-	100.0%	164 253	129 154
Other machinery and equipment	845 196	-	32 066	877 262	877 262	-	100.0%	503 948	380 110
Payment for financial assets	-	-	392	392	392	-	100.0%	431	431
	45 151 836	-	-	45 151 836	45 226 576	-74 740	100.2%	42 547 172	42 549 830

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APPROPRIATION STATEMENT

For the year ended 31 March 2020

Programme 1: Administration

	2019/20							2018/19	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Sub programme									
1 Office of the MEC	22 890	-	-1 026	21 864	21 864	-	100.0%	19 752	19 752
2 Management	788 155	-	-13 822	774 333	774 333	-	100.0%	791 106	791 106
	811 045	-	-14 848	796 197	796 197	-	100.0%	810 858	810 858
Economic classification									
Current payments	739 390	-	10 630	750 020	750 020	-	100.0%	762 364	762 364
Compensation of employees	437 754	-	-13 864	423 890	423 890	-	100.0%	404 266	404 266
Salaries and wages	382 457	-	-13 104	369 353	369 353	-	100.0%	355 101	355 101
Social contributions	55 297	-	-760	54 537	54 537	-	100.0%	49 165	49 165
Goods and services	301 126	-	24 474	325 600	325 600	-	100.0%	357 951	357 951
Administrative fees	1 359	-	614	1 973	1 973	-	100.0%	1 298	1 168
Advertising	7 126	-	-606	6 520	6 520	-	100.0%	3 558	5 371
Minor assets	331	-	-109	222	222	-	100.0%	1 764	544
Audit costs: External	24 045	-	-851	23 194	23 194	-	100.0%	22 260	21 041
Bursaries: Employees	-	-	-	-	-	-	-	-	-2
Catering: Departmental activities	2 455	-	1 927	4 382	4 382	-	100.0%	727	1 154
Communication (G&S)	15 825	-	-609	15 216	15 216	-	100.0%	10 641	10 903
Computer services	105 727	-	-5 876	99 851	99 851	-	100.0%	102 758	101 109
Consultants: Business and advisory services	40 407	-	2 121	42 528	42 528	-	100.0%	30 600	35 464

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APPROPRIATION STATEMENT For the year ended 31 March 2020

	2019/20							2018/19	
	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
Laboratory services	-1 638	-	2 239	601	601	-	100.0%	69 925	69 925
Legal services	13 016	-	17 208	30 224	30 224	-	100.0%	6 360	8 662
Contractors	7 910	-	5 572	13 482	13 482	-	100.0%	40 299	34 200
Agency and support / outsourced services	-	-	-	-	-	-	-	217	217
Entertainment	2	-	-2	-	-	-	-	10	-
Fleet services (including government motor transport)	7 859	-	91	7 950	7 950	-	100.0%	6 898	6 803
Inventory: Clothing material and accessories	28	-	104	132	132	-	100.0%	103	53
Inventory: Food and food supplies	20	-	64	84	84	-	100.0%	28	49
Inventory: Fuel, oil and gas	-	-	-	-	-	-	-	-	1
Inventory: Materials and supplies	99	-	-30	69	69	-	100.0%	31	20
Inventory: Medical supplies	-82	-	177	95	95	-	100.0%	-	-
Inventory: Medicine	-	-	1	1	1	-	100.0%	-	-
Inventory: Other supplies	75	-	153	228	228	-	100.0%	110	-19
Consumable supplies	214	-	14	228	228	-	100.0%	9	15
Consumable: Stationery, printing and office supplies	3 301	-	-773	2 528	2 528	-	100.0%	1 754	2 123
Operating leases	8 941	-	-270	8 671	8 671	-	100.0%	5 067	5 537
Property payments	38 849	-	84	38 933	38 933	-	100.0%	33 647	34 038
Transport provided: Departmental activity	616	-	34	650	650	-	100.0%	-	87
Travel and subsistence	19 329	-	2 571	21 900	21 900	-	100.0%	17 866	16 522
Training and development	9	-	68	77	77	-	100.0%	10	-
Operating payments	1 792	-	-117	1 675	1 675	-	100.0%	665	982
Venues and facilities	293	-	-	293	293	-	100.0%	1 322	1 045
Rental and hiring	3 218	-	675	3 893	3 893	-	100.0%	24	939
Interest and rent on land	510	-	20	530	530	-	100.0%	147	147

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APPROPRIATION STATEMENT

For the year ended 31 March 2020

	2019/20							2018/19	
	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 (Incl. interest on unitary payments (PPP))	510	-	20	530	530	-	100.0%	147	147
Transfers and subsidies	23 305	-	1 507	24 812	24 812	-	100.0%	6 979	6 979
Provinces and municipalities	3 648	-	-84	3 564	3 564	-	100.0%	2 516	2 516
Provinces	3 648	-	-84	3 564	3 564	-	100.0%	2 516	2 516
Provincial agencies and funds	3 648	-	-84	3 564	3 564	-	100.0%	2 516	2 516
Departmental agencies and accounts	1	-	6	7	7	-	100.0%	-	-
Departmental agencies	1	-	6	7	7	-	100.0%	-	-
Households	19 656	-	1 585	21 241	21 241	-	100.0%	4 463	4 463
Social benefits	4 104	-	-1 468	2 636	2 636	-	100.0%	3 057	3 057
Other transfers to households	15 552	-	3 053	18 605	18 605	-	100.0%	1 406	1 406
Payments for capital assets	48 350	-	-27 074	21 276	21 276	-	100.0%	41 144	41 144
Machinery and equipment	48 350	-	-27 074	21 276	21 276	-	100.0%	41 144	41 144
Transport equipment	4 859	-	-385	4 474	4 474	-	100.0%	4 442	4 442
Other machinery and equipment	43 491	-	-26 689	16 802	16 802	-	100.0%	36 702	36 702
Payment for financial assets	-	-	89	89	89	-	100.0%	371	371
	811 045	-	-14 848	796 197	796 197	-	100.0%	810 858	810 858

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APPROPRIATION STATEMENT For the year ended 31 March 2020

Sub programme: 1.1: Office of the MEC

	2019/20							2018/19	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	21 503	-	-1 051	20 452	20 452	-	100.0%	19 752	19 752
Compensation of employees	13 654	-	-598	13 056	13 056	-	100.0%	13 763	13 763
Goods and services	7 849	-	-453	7 396	7 396	-	100.0%	5 989	5 989
Transfers and subsidies	15	-	2	17	17	-	100.0%	-	-
Households	15	-	2	17	17	-	100.0%	-	-
Payments for capital assets	1 372	-	23	1 395	1 395	-	100.0%	-	-
Machinery and equipment	1 372	-	23	1 395	1 395	-	100.0%	-	-
Total	22 890	-	-1 026	21 864	21 864	-	100.0%	19 752	19 752

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APPROPRIATION STATEMENT

For the year ended 31 March 2020

Sub programme: 1.2: Management

Economic classification	2019/20							2018/19	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	717 887	-	11 681	729 568	729 568	-	100.0%	742 612	742 612
Compensation of employees	424 100	-	-13 266	410 834	410 834	-	100.0%	390 503	390 503
Goods and services	293 277	-	24 927	318 204	318 204	-	100.0%	351 962	351 962
Interest and rent on land	510	-	20	530	530	-	100.0%	147	147
Transfers and subsidies	23 290	-	1 505	24 795	24 795	-	100.0%	6 979	6 979
Provinces and municipalities	3 648	-	-84	3 564	3 564	-	100.0%	2 516	2 516
Departmental agencies and accounts	1	-	6	7	7	-	100.0%	-	-
Households	19 641	-	1 583	21 224	21 224	-	100.0%	4 463	4 463
Payments for capital assets	46 978	-	-27 097	19 881	19 881	-	100.0%	41 144	41 144
Machinery and equipment	46 978	-	-27 097	19 881	19 881	-	100.0%	41 144	41 144
Payment for financial assets	-	-	89	89	89	-	100.0%	371	371
Total	788 155	-	-13 822	774 333	774 333	-	100.0%	791 106	791 106

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APPROPRIATION STATEMENT

For the year ended 31 March 2020

Programme 2: District Health Services

	2019/20							2018/19	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Sub programme									
1 District Management	311 903	-	2 986	314 889	314 889	-	100.0%	299 792	299 310
2 Community Health Clinics	4 594 447	-	44 089	4 638 536	4 659 262	-20 726	100.4%	4 332 048	4 332 048
3 Community Health Centres	1 903 925	-	15 565	1 919 490	1 919 490	-	100.0%	1 753 904	1 753 904
4 Community Based Services	423 119	-	-7 399	415 720	415 720	-	100.0%	379 472	376 013
5 Other Community Services	1 398 535	-	-136 273	1 262 262	1 260 567	1 695	99.9%	1 171 278	1 163 629
6 HIV and AIDS	5 840 628	-	4 406	5 845 034	5 941 316	-96 282	101.6%	5 715 614	5 715 614
7 Nutrition	40 724	-	-8 019	32 705	32 705	-	100.0%	31 929	31 929
8 Coroner Services	255 208	-	-13 784	241 424	241 424	-	100.0%	222 990	222 990
9 District Hospitals	7 799 731	-	141 759	7 941 490	7 941 490	-	100.0%	6 906 627	6 906 627
	22 568 220	-	43 330	22 611 550	22 726 863	-115 313	100.5%	20 813 654	20 802 064
Current payments	21 943 168	-	22 779	21 965 947	22 086 850	-120 903	100.6%	20 097 777	20 142 620
Compensation of employees	14 245 200	-	-145 302	14 099 898	14 099 898	-	100.0%	12 946 954	12 946 954
Salaries and wages	12 402 330	-	-96 161	12 306 169	12 306 169	-	100.0%	11 303 794	11 303 794
Social contributions	1 842 870	-	-49 141	1 793 729	1 793 729	-	100.0%	1 643 160	1 643 160
Goods and services	7 697 544	-	168 068	7 865 612	7 986 515	-120 903	101.5%	7 148 522	7 193 365
Administrative fees	1 541	-	995	2 536	2 536	-	100.0%	1 129	1 231
Advertising	5 805	-	-1 293	4 512	4 512	-	100.0%	16 133	15 144
Minor assets	21 620	-	5 909	27 529	27 529	-	100.0%	31 653	25 561
Catering: Departmental activities	3 517	-	-1 330	2 187	2 187	-	100.0%	1 319	2 129

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	2019/20							2018/19	
	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
Communication (G&S)	52 276	-	412	52 688	52 688	-	100.0%	55 755	55 733
Computer services	-	-	867	867	867	-	100.0%	-	-
Consultants: Business and advisory services	1 638	-	-975	663	663	-	100.0%	1 114	1 082
Laboratory services	1 634 669	-	15 291	1 649 960	1 649 960	-	100.0%	1 401 665	1 401 183
Legal services	32 509	-	-7 848	24 661	24 661	-	100.0%	32 712	32 758
Contractors	49 663	-	-8 755	40 908	40 908	-	100.0%	51 781	51 242
Agency and support / outsourced services	166 294	-	4 768	171 062	171 062	-	100.0%	147 687	146 983
Fleet services (including government motor transport)	97 583	-	18 182	115 765	115 765	-	100.0%	115 035	114 884
Inventory: Clothing material and accessories	9 997	-	2 172	12 169	11 728	441	96.4%	10 262	10 428
Inventory: Food and food supplies	78 349	-	-6 949	71 400	71 400	-	100.0%	66 867	66 867
Inventory: Fuel, oil and gas	23 838	-	1 537	25 375	25 375	-	100.0%	21 452	21 454
Inventory: Materials and supplies	10 386	-	1 860	12 246	12 246	-	100.0%	10 354	10 308
Inventory: Medical supplies	568 220	-	49 417	617 637	617 637	-	100.0%	547 060	547 061
Inventory: Medicine	3 357 727	-	91 574	3 449 301	3 570 645	-121 344	103.5%	3 373 208	3 422 940
Inventory: Other supplies	73 925	-	3 361	77 286	77 286	-	100.0%	67 025	67 025
Consumable supplies	58 070	-	536	58 606	58 606	-	100.0%	54 112	54 101
Consumable: Stationery, printing and office supplies	58 638	-	14 632	73 270	73 270	-	100.0%	46 554	48 141
Operating leases	41 558	-	-5 529	36 029	36 029	-	100.0%	27 781	27 793
Property payments	1 292 394	-	-14 255	1 278 139	1 278 139	-	100.0%	1 036 744	1 036 399
Transport provided: Departmental activity	1 514	-	-109	1 405	1 405	-	100.0%	1 645	2 084
Travel and subsistence	37 149	-	5 562	42 711	42 711	-	100.0%	22 995	24 052
Training and development	12 155	-	-3 623	8 532	8 532	-	100.0%	900	1 035
Operating payments	6 109	-	1 490	7 599	7 599	-	100.0%	5 578	5 460
Venues and facilities	-	-	-	-	-	-	-	2	2

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	2019/20							2018/19	
	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	400	-	169	569	569	-	100.0%	-	285
Interest and rent on land	424	-	13	437	437	-	100.0%	2 301	2 301
Interest (Incl. interest on unitary payments (PPP))	424	-	13	437	437	-	100.0%	2 301	2 301
Transfers and subsidies	378 500	-	40 605	419 105	413 515	5 590	98.7%	473 505	473 637
Provinces and municipalities	225 397	-	-	225 397	222 893	2 504	98.9%	213 395	215 277
Provinces	1	-	-	1	1	-	100.0%	1	1
Province Revenue Funds	1	-	-	1	1	-	100.0%	-	-
Provincial agencies and funds	-	-	-	-	-	-	-	1	1
Municipalities	225 396	-	-	225 396	222 892	2 504	98.9%	213 394	215 276
Municipal bank accounts	225 396	-	-	225 396	222 892	2 504	98.9%	213 394	215 276
Departmental agencies and accounts	29	-	145	174	174	-	100.0%	98	98
Departmental agencies	29	-	145	174	174	-	100.0%	98	98
Non-profit institutions	51 034	-	-	51 034	47 948	3 086	94.0%	48 762	46 009
Households	102 040	-	40 460	142 500	142 500	-	100.0%	211 250	212 253
Social benefits	62 593	-	-359	62 234	62 234	-	100.0%	62 095	62 139
Other transfers to households	39 447	-	40 819	80 266	80 266	-	100.0%	149 155	150 114
Payments for capital assets	246 552	-	-20 076	226 476	226 476	-	100.0%	242 312	185 747
Machinery and equipment	246 552	-	-20 076	226 476	226 476	-	100.0%	242 312	185 747
Transport equipment	91 514	-	-37 552	53 962	53 962	-	100.0%	84 090	53 222
Other machinery and equipment	155 038	-	17 476	172 514	172 514	-	100.0%	158 222	132 525
Payment for financial assets	-	-	22	22	22	-	100.0%	60	60
	22 568 220	-	43 330	22 611 550	22 726 863	-115 313	100.5%	20 813 654	20 802 064

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Sub programme: 2.1: District Management

	2019/20							2018/19	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	306 117	-	4 113	310 230	310 230	-	100.0%	291 287	290 805
Compensation of employees	259 108	-	-1 211	257 897	257 897	-	100.0%	245 739	245 739
Goods and services	47 001	-	5 321	52 322	52 322	-	100.0%	45 534	45 052
Interest and rent on land	8	-	3	11	11	-	100.0%	14	14
Transfers and subsidies	1 262	-	-157	1 105	1 105	-	100.0%	1 474	1 474
Households	1 262	-	-157	1 105	1 105	-	100.0%	1 474	1 474
Payments for capital assets	4 524	-	-970	3 554	3 554	-	100.0%	7 031	7 031
Machinery and equipment	4 524	-	-970	3 554	3 554	-	100.0%	7 031	7 031
Total	311 903	-	2 986	314 889	314 889	-	100.0%	299 792	299 310

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Sub programme: 2.2: Community Health Clinics

	2019/20							2018/19	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	4 411 403	-	71 133	4 482 536	4 503 485	-20 949	100.5%	4 115 111	4 150 600
Compensation of employees	2 748 571	-	-12 768	2 735 803	2 735 803	-	100.0%	2 600 198	2 600 198
Goods and services	1 662 790	-	83 850	1 746 640	1 767 589	-20 949	101.2%	1 514 820	1 550 309
Interest and rent on land	42	-	51	93	93	-	100.0%	93	93
Transfers and subsidies	132 596	-	-730	131 866	131 643	223	99.8%	146 843	146 843
Provinces and municipalities	103 904	-	-	103 904	104 669	-765	100.7%	98 394	98 394
Departmental agencies and accounts	-	-	25	25	25	-	100.0%	6	6
Non-profit institutions	12 547	-	-	12 547	11 559	988	92.1%	12 181	11 222
Households	16 145	-	-755	15 390	15 390	-	100.0%	36 262	37 221
Payments for capital assets	50 448	-	-26 314	24 134	24 134	-	100.0%	70 094	34 605
Machinery and equipment	50 448	-	-26 314	24 134	24 134	-	100.0%	70 094	34 605
Total	4 594 447	-	44 089	4 638 536	4 659 262	-20 726	100.4%	4 332 048	4 332 048

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Sub programme: 2.3: Community Health Centres

	2019/20							2018/19	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	1 872 395	-	10 344	1 882 739	1 882 739	-	100.0%	1 718 483	1 718 483
Compensation of employees	1 381 517	-	-3 147	1 378 370	1 378 370	-	100.0%	1 286 170	1 286 170
Goods and services	490 847	-	13 493	504 340	504 340	-	100.0%	432 288	432 288
Interest and rent on land	31	-	-2	29	29	-	100.0%	25	25
Transfers and subsidies	8 131	-	8 371	16 502	16 502	-	100.0%	12 427	12 427
Departmental agencies and accounts	9	-	28	37	37	-	100.0%	6	6
Households	8 122	-	8 343	16 465	16 465	-	100.0%	12 421	12 421
Payments for capital assets	23 399	-	-3 150	20 249	20 249	-	100.0%	22 994	22 994
Machinery and equipment	23 399	-	-3 150	20 249	20 249	-	100.0%	22 994	22 994
Total	1 903 925	-	15 565	1 919 490	1 919 490	-	100.0%	1 753 904	1 753 904

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Sub programme: 2.4: Community Based Services

	2019/20							2018/19	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	409 293	-	-3 363	405 930	405 930	-	100.0%	369 851	369 851
Compensation of employees	284 175	-	2 035	286 210	286 210	-	100.0%	227 901	227 901
Goods and services	125 118	-	-5 398	119 720	119 720	-	100.0%	141 950	141 950
Transfers and subsidies	1 049	-	-294	755	755	-	100.0%	724	724
Households	1 049	-	-294	755	755	-	100.0%	724	724
Payments for capital assets	12 777	-	-3 742	9 035	9 035	-	100.0%	8 897	5 438
Machinery and equipment	12 777	-	-3 742	9 035	9 035	-	100.0%	8 897	5 438
Total	423 119	-	-7 399	415 720	415 720	-	100.0%	379 472	376 013

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Sub programme: 2.5: Other Community Services

	2019/20							2018/19	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	1 354 832	-	-124 156	1 230 676	1 230 676	-	100.0%	1 132 268	1 132 268
Compensation of employees	1 326 080	-	-126 376	1 199 704	1 199 704	-	100.0%	1 103 567	1 103 567
Goods and services	28 752	-	2 219	30 971	30 971	-	100.0%	28 701	28 701
Interest and rent on land	-	-	1	1	1	-	100.0%	-	-
Transfers and subsidies	30 400	-	706	31 106	29 411	1 695	94.6%	29 910	28 594
Non-profit institutions	26 470	-	-	26 470	24 775	1 695	93.6%	25 700	24 384
Households	3 930	-	706	4 636	4 636	-	100.0%	4 210	4 210
Payments for capital assets	13 303	-	-12 823	480	480	-	100.0%	9 100	2 767
Machinery and equipment	13 303	-	-12 823	480	480	-	100.0%	9 100	2 767
Total	1 398 535	-	-136 273	1 262 262	1 260 567	1 695	99.9%	1 171 278	1 163 629

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Sub programme: 2.6: HIV and AIDS

	2019/20							2018/19	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	5 689 791	-	11 619	5 701 410	5 801 364	-99 954	101.8%	5 567 332	5 577 168
Compensation of employees	2 394 662	-	1 181	2 395 843	2 395 843	-	100.0%	2 261 799	2 261 799
Goods and services	3 295 129	-	10 438	3 305 567	3 405 521	-99 954	103.0%	3 305 533	3 315 369
Transfers and subsidies	138 762	-	970	139 732	136 060	3 672	97.4%	132 246	133 694
Provinces and municipalities	121 492	-	-	121 492	118 223	3 269	97.3%	115 000	116 882
Non-profit institutions	12 017	-	-	12 017	11 614	403	96.6%	10 881	10 403
Households	5 253	-	970	6 223	6 223	-	100.0%	6 365	6 409
Payments for capital assets	12 075	-	-8 183	3 892	3 892	-	100.0%	16 036	4 752
Machinery and equipment	12 075	-	-8 183	3 892	3 892	-	100.0%	16 036	4 752
Total	5 840 628	-	4 406	5 845 034	5 941 316	-96 282	101.6%	5 715 614	5 715 614

Sub programme: 2.7: Nutrition

	2019/20							2018/19	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	40 724	-	-8 019	32 705	32 705	-	100.0%	31 929	31 929
Goods and services	40 724	-	-8 019	32 705	32 705	-	100.0%	31 929	31 929
Total	40 724	-	-8 019	32 705	32 705	-	100.0%	31 929	31 929

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Sub programme: 2.8: Coroner Services

	2019/20							2018/19	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	244 887	-	-4 482	240 405	240 405	-	100.0%	221 959	221 959
Compensation of employees	205 164	-	-5 285	199 879	199 879	-	100.0%	184 973	184 973
Goods and services	39 722	-	801	40 523	40 523	-	100.0%	36 972	36 972
Interest and rent on land	1	-	2	3	3	-	100.0%	14	14
Transfers and subsidies	675	-	-34	641	641	-	100.0%	623	623
Households	675	-	-34	641	641	-	100.0%	623	623
Payments for capital assets	9 646	-	-9 268	378	378	-	100.0%	408	408
Machinery and equipment	9 646	-	-9 268	378	378	-	100.0%	408	408
Total	255 208	-	-13 784	241 424	241 424	-	100.0%	222 990	222 990

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Sub programme: 2.9: District Hospitals

	2019/20							2018/19	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	7 613 726	-	65 590	7 679 316	7 679 316	-	100.0%	6 649 557	6 649 557
Compensation of employees	5 645 923	-	269	5 646 192	5 646 192	-	100.0%	5 036 607	5 036 607
Goods and services	1 967 461	-	65 363	2 032 824	2 032 824	-	100.0%	1 610 795	1 610 795
Interest and rent on land	342	-	-42	300	300	-	100.0%	2 155	2 155
Transfers and subsidies	65 625	-	31 773	97 398	97 398	-	100.0%	149 258	149 258
Provinces and municipalities	1	-	-	1	1	-	100.0%	1	1
Departmental agencies and accounts	20	-	92	112	112	-	100.0%	86	86
Households	65 604	-	31 681	97 285	97 285	-	100.0%	149 171	149 171
Payments for capital assets	120 380	-	44 374	164 754	164 754	-	100.0%	107 752	107 752
Machinery and equipment	120 380	-	44 374	164 754	164 754	-	100.0%	107 752	107 752
Payment for financial assets	-	-	22	22	22	-	100.0%	60	60
Total	7 799 731	-	141 759	7 941 490	7 941 490	-	100.0%	6 906 627	6 906 627

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Programme 3: Emergency Medical Services

	2019/20							2018/19	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Sub programme									
1 Emergency Services	1 412 163	-	48 020	1 460 183	1 460 183	-	100.0%	1 306 286	1 306 286
2 Planned Patient Transport	158 883	-	-16 180	142 703	142 703	-	100.0%	140 364	140 364
	1 571 046	-	31 840	1 602 886	1 602 886	-	100.0%	1 446 650	1 446 650
Economic classification									
Current payments	1 426 010	-	495	1 426 505	1 426 505	-	100.0%	1 377 060	1 377 060
Compensation of employees	1 042 533	-	-11 019	1 031 514	1 031 514	-	100.0%	976 075	976 075
Salaries and wages	888 661	-	-11 813	876 848	876 848	-	100.0%	829 284	829 284
Social contributions	153 872	-	794	154 666	154 666	-	100.0%	146 791	146 791
Goods and services	383 477	-	11 513	394 990	394 990	-	100.0%	400 915	400 915
Administrative fees	42	-	14	56	56	-	100.0%	22	31
Advertising	9	-	-9	-	-	-	-	18	1
Minor assets	867	-	1 800	2 667	2 667	-	100.0%	2 172	7 728
Catering: Departmental activities	-	-	41	41	41	-	100.0%	-	-
Communication (G&S)	8 788	-	176	8 964	8 964	-	100.0%	10 068	8 931
Consultants: Business and advisory services	-	-	4	4	4	-	100.0%	-	-
Legal services	202	-	3	205	205	-	100.0%	171	386
Contractors	1 181	-	321	1 502	1 502	-	100.0%	1 356	1 395
Agency and support / outsourced services	845	-	335	1 180	1 180	-	100.0%	736	830
Fleet services (including government motor transport)	239 185	-	18 981	258 166	258 166	-	100.0%	241 683	241 683

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	2018/19							2019/20	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Inventory: Clothing material and accessories	4 787	-	6 072	10 859	10 859	-	100.0%	14 981	10 664
Inventory: Fuel, oil and gas	-273	-	8	-265	-265	-	100.0%	-681	3 224
Inventory: Materials and supplies	242	-	102	344	344	-	100.0%	251	223
Inventory: Medical supplies	11 935	-	1 888	13 823	13 823	-	100.0%	14 199	13 247
Inventory: Medicine	343	-	-8	335	335	-	100.0%	370	429
Inventory: Other supplies	1 888	-	-203	1 685	1 685	-	100.0%	1 824	1 626
Consumable supplies	216	-	-146	70	70	-	100.0%	307	127
Consumable: Stationery, printing and office supplies	2 579	-	-771	1 808	1 808	-	100.0%	2 932	1 890
Operating leases	2 107	-	409	2 516	2 516	-	100.0%	1 533	1 270
Property payments	32 248	-	-217	32 031	32 031	-	100.0%	29 759	29 229
Transport provided: Departmental activity	72 613	-	-17 626	54 987	54 987	-	100.0%	76 126	74 459
Travel and subsistence	3 672	-	265	3 937	3 937	-	100.0%	3 059	3 511
Training and development	-	-	-	-	-	-	-	29	29
Operating payments	1	-	-	1	1	-	100.0%	-	2
Rental and hiring	-	-	74	74	74	-	100.0%	-	-
Interest and rent on land	-	-	1	1	1	-	100.0%	70	70
Interest (Incl. interest on unitary payments (PPP))	-	-	1	1	1	-	100.0%	70	70
Transfers and subsidies	3 843	-	431	4 274	4 274	-	100.0%	3 788	3 788
Provinces and municipalities	2 697	-	-17	2 680	2 680	-	100.0%	1 592	1 592
Provinces	2 697	-	-17	2 680	2 680	-	100.0%	1 592	1 592

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	2019/20							2018/19	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Provincial Agencies and fund	2 697	-	-17	2 680	2 680	-	100.0%	1 592	1 592
Households	1 146	-	448	1 594	1 594	-	100.0%	2 196	2 196
Social benefits	1 040	-	486	1 526	1 526	-	100.0%	2 084	2 084
Other transfers to households	106	-	-38	68	68	-	100.0%	112	112
Payments for capital assets	141 193	-	30 914	172 107	172 107	-	100.0%	65 802	65 802
Machinery and equipment	141 193	-	30 914	172 107	172 107	-	100.0%	65 802	65 802
Transport equipment	122 161	-	26 736	148 897	148 897	-	100.0%	58 765	58 765
Other machinery and equipment	19 032	-	4 178	23 210	23 210	-	100.0%	7 037	7 037
Total	1 571 046	-	31 840	1 602 886	1 602 886	-	100.0%	1 446 650	1 446 650

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Sub programme: 3.1: Emergency Services

	2019/20							2018/19	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	1 275 593	-	8 323	1 283 916	1 283 916	-	100.0%	1 236 727	1 236 727
Compensation of employees	964 149	-	-5 985	958 164	958 164	-	100.0%	911 444	911 444
Goods and services	311 444	-	14 307	325 751	325 751	-	100.0%	325 213	325 213
Interest and rent on land	-	-	1	1	1	-	100.0%	70	70
Transfers and subsidies	3 825	-	335	4 160	4 160	-	100.0%	3 757	3 757
Provinces and municipalities	2 697	-	-17	2 680	2 680	-	100.0%	1 592	1 592
Households	1 128	-	352	1 480	1 480	-	100.0%	2 165	2 165
Payments for capital assets	132 745	-	39 362	172 107	172 107	-	100.0%	65 802	65 802
Machinery and equipment	132 745	-	39 362	172 107	172 107	-	100.0%	65 802	65 802
Total	1 412 163	-	48 020	1 460 183	1 460 183	-	100.0%	1 306 286	1 306 286

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Sub programme: 3.2: Planned Patient Transport

	2019/20							2018/19	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	150 417	-	-7 828	142 589	142 589	-	100.0%	140 333	140 333
Compensation of employees	78 384	-	-5 034	73 350	73 350	-	100.0%	64 631	64 631
Goods and services	72 033	-	-2 794	69 239	69 239	-	100.0%	75 702	75 702
Transfers and subsidies	18	-	96	114	114	-	100.0%	31	31
Households	18	-	96	114	114	-	100.0%	31	31
Payments for capital assets	8 448	-	-8 448	-	-	-	-	-	-
Machinery and equipment	8 448	-	-8 448	-	-	-	-	-	-
Total	158 883	-	-16 180	142 703	142 703	-	100.0%	140 364	140 364

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Programme 4: Provincial Hospital Services

	2019/20							2018/19	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Sub programme									
1 General (Regional) Hospitals	9 266 849	-	99 558	9 366 407	9 366 407	-	100.0%	8 860 748	8 882 106
2 Tuberculosis Hospitals	733 096	-	-21 744	711 352	711 352	-	100.0%	724 783	717 542
3 Psychiatric-Mental Hospitals	984 078	-	-4 353	979 725	979 725	-	100.0%	934 595	933 737
4 Sub-acute, Step-down and Chronic Medical Hospitals	445 192	-	-1 247	443 945	443 945	-	100.0%	411 438	407 934
5 Dental Training Hospital	20 142	-	-357	19 785	19 785	-	100.0%	22 775	22 775
	11 449 357	-	71 857	11 521 214	11 521 214	-	100.0%	10 954 339	10 964 094
Economic classification									
Current payments	11 171 010	-	27 696	11 198 706	11 198 706	-	100.0%	10 562 510	10 591 438
Compensation of employees	8 355 310	-	-395	8 354 915	8 354 915	-	100.0%	8 115 122	8 115 122
Salaries and wages	7 305 811	-	-2 756	7 303 055	7 303 055	-	100.0%	7 074 597	7 074 597
Social contributions	1 049 499	-	2 361	1 051 860	1 051 860	-	100.0%	1 040 525	1 040 525
Goods and services	2 815 627	-	27 783	2 843 410	2 843 410	-	100.0%	2 444 884	2 473 812
Administrative fees	168	-	8	176	176	-	100.0%	121	119
Advertising	864	-	-467	397	397	-	100.0%	1 157	357
Minor assets	6 656	-	5 356	12 012	12 012	-	100.0%	7 375	7 583
Bursaries: Employees	-3	-	-	-3	-3	-	100.0%	-	-
Catering: Departmental activities	66	-	12	78	78	-	100.0%	69	71
Communication (G&S)	17 981	-	-491	17 490	17 490	-	100.0%	19 145	19 191

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	2019/20							2018/19	
	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
Computer services	75	-	51	126	126	-	100.0%	219	219
Consultants: Business and advisory services	118 927	-	-15 079	103 848	103 848	-	100.0%	299	302
Laboratory services	432 006	-	7 072	439 078	439 078	-	100.0%	380 330	380 330
Legal services	45 056	-	-14 285	30 771	30 771	-	100.0%	18 626	34 398
Contractors	97 204	-	-31 437	65 767	65 767	-	100.0%	44 841	45 234
Agency and support / outsourced services	196 149	-	16 491	212 640	212 640	-	100.0%	176 136	176 875
Fleet services (including government motor transport)	13 517	-	2 011	15 528	15 528	-	100.0%	16 404	16 109
Inventory: Clothing material and accessories	4 106	-	2 211	6 317	6 317	-	100.0%	5 614	5 499
Inventory: Food and food supplies	39 872	-	231	40 103	40 103	-	100.0%	39 753	39 732
Inventory: Fuel, oil and gas	26 312	-	2 150	28 462	28 462	-	100.0%	24 092	24 262
Inventory: Materials and supplies	4 409	-	841	5 250	5 250	-	100.0%	3 816	3 989
Inventory: Medical supplies	660 211	-	32 280	692 491	692 491	-	100.0%	609 566	608 674
Inventory: Medicine	366 604	-	16 287	382 891	382 891	-	100.0%	384 473	384 357
Inventory: Other supplies	58 007	-	6 736	64 743	64 743	-	100.0%	52 700	52 766
Consumable supplies	30 408	-	68	30 476	30 476	-	100.0%	30 370	30 332
Consumable: Stationery, printing and office supplies	23 040	-	4 128	27 168	27 168	-	100.0%	25 895	25 854
Operating leases	12 685	-	2 844	15 529	15 529	-	100.0%	10 952	11 060
Property payments	653 853	-	-10 137	643 716	643 716	-	100.0%	585 703	599 056
Transport provided: Departmental activity	438	-	-192	246	246	-	100.0%	211	205
Travel and subsistence	3 118	-	772	3 890	3 890	-	100.0%	3 393	3 379
Operating payments	3 648	-	-48	3 600	3 600	-	100.0%	3 594	3 829
Rental and hiring	250	-	370	620	620	-	100.0%	30	30
Interest and rent on land	73	-	308	381	381	-	100.0%	2 504	2 504

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	2019/20							2018/19	
	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 (Incl. interest on unitary payments (PPP))	73	-	308	381	381	-	100.0%	2 504	2 504
Transfers and subsidies	113 110	-	1 621	114 731	114 731	-	100.0%	253 843	264 918
Provinces and municipalities	-	-	-	-	-	-	-	2	2
Provinces	-	-	-	-	-	-	-	2	2
Provincial agencies and funds	-	-	-	-	-	-	-	2	2
Departmental agencies and accounts	100	-	16	116	116	-	100.0%	130	130
Departmental agencies	100	-	16	116	116	-	100.0%	130	130
Non-profit institutions	5 479	-	-	5 479	5 479	-	100.0%	16 464	16 464
Households	107 531	-	1 605	109 136	109 136	-	100.0%	237 247	248 322
Social benefits	34 087	-	2 758	36 845	36 845	-	100.0%	33 401	33 401
Other transfers to households	73 444	-	-1 153	72 291	72 291	-	100.0%	203 846	214 921
Payments for capital assets	165 237	-	42 259	207 496	207 496	-	100.0%	137 986	107 738
Machinery and equipment	165 237	-	42 259	207 496	207 496	-	100.0%	137 986	107 738
Transport equipment	19 606	-	-8 666	10 940	10 940	-	100.0%	13 786	11 654
Other machinery and equipment	145 631	-	50 925	196 556	196 556	-	100.0%	124 200	96 084
Payment for financial assets	-	-	281	281	281	-	100.0%	-	-
	11 449 357	-	71 857	11 521 214	11 521 214	-	100.0%	10 954 339	10 964 094

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Sub programme: 4.1: General (Regional) Hospitals

	2019/20							2018/19	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	9 042 089	-	45 206	9 087 295	9 087 295	-	100.0%	8 515 563	8 543 972
Compensation of employees	6 662 721	-	12 951	6 675 672	6 675 672	-	100.0%	6 483 097	6 483 097
Goods and services	2 379 319	-	31 968	2 411 287	2 411 287	-	100.0%	2 030 043	2 058 452
Interest and rent on land	49	-	287	336	336	-	100.0%	2 423	2 423
Transfers and subsidies	98 810	-	1 887	100 697	100 697	-	100.0%	228 993	240 068
Departmental agencies and accounts	74	-	-4	70	70	-	100.0%	80	80
Households	98 736	-	1 891	100 627	100 627	-	100.0%	228 913	239 988
Payments for capital assets	125 950	-	52 184	178 134	178 134	-	100.0%	116 192	98 066
Machinery and equipment	125 950	-	52 184	178 134	178 134	-	100.0%	116 192	98 066
Payment for financial assets	-	-	281	281	281	-	100.0%	-	-
Total	9 266 849	-	99 558	9 366 407	9 366 407	-	100.0%	8 860 748	8 882 106

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Sub programme: 4.2: TUBERCULOSIS HOSPITALS

	2019/20							2018/19	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	714 834	-	-16 945	697 889	697 889	-	100.0%	696 766	697 285
Compensation of employees	533 483	-	-5 615	527 868	527 868	-	100.0%	520 318	520 318
Goods and services	181 341	-	-11 333	170 008	170 008	-	100.0%	176 429	176 948
Interest and rent on land	10	-	3	13	13	-	100.0%	19	19
Transfers and subsidies	9 345	-	-469	8 876	8 876	-	100.0%	18 003	18 003
Departmental agencies and accounts	13	-	-	13	13	-	100.0%	21	21
Non-profit institutions	5 479	-	-	5 479	5 479	-	100.0%	16 464	16 464
Households	3 853	-	-469	3 384	3 384	-	100.0%	1 518	1 518
Payments for capital assets	8 917	-	-4 330	4 587	4 587	-	100.0%	10 014	2 254
Machinery and equipment	8 917	-	-4 330	4 587	4 587	-	100.0%	10 014	2 254
Total	733 096	-	-21 744	711 352	711 352	-	100.0%	724 783	717 542

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Sub programme: 4.3: Psychiatric-Mental Hospitals

	2019/20							2018/19	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	969 615	-	-1 811	967 804	967 804	-	100.0%	924 660	924 660
Compensation of employees	792 336	-	-2 985	789 351	789 351	-	100.0%	762 210	762 210
Goods and services	177 265	-	1 170	178 435	178 435	-	100.0%	162 423	162 423
Interest and rent on land	14	-	4	18	18	-	100.0%	27	27
Transfers and subsidies	4 105	-	16	4 121	4 121	-	100.0%	4 755	4 755
Provinces and municipalities	-	-	-	-	-	-	-	2	2
Departmental agencies and accounts	13	-	12	25	25	-	100.0%	20	20
Households	4 092	-	4	4 096	4 096	-	100.0%	4 733	4 733
Payments for capital assets	10 358	-	-2 558	7 800	7 800	-	100.0%	5 180	4 322
Machinery and equipment	10 358	-	-2 558	7 800	7 800	-	100.0%	5 180	4 322
Total	984 078	-	-4 353	979 725	979 725	-	100.0%	934 595	933 737

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Sub programme: 4.4: Sub-acute, Step-down and Chronic Medical Hospitals

	2019/20							2018/19	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	424 345	-	1 628	425 973	425 973	-	100.0%	402 746	402 746
Compensation of employees	347 729	-	-4 427	343 302	343 302	-	100.0%	327 905	327 905
Goods and services	76 616	-	6 041	82 657	82 657	-	100.0%	74 806	74 806
Interest and rent on land	-	-	14	14	14	-	100.0%	35	35
Transfers and subsidies	835	-	162	997	997	-	100.0%	2 092	2 092
Departmental agencies and accounts	-	-	8	8	8	-	100.0%	9	9
Households	835	-	154	989	989	-	100.0%	2 083	2 083
Payments for capital assets	20 012	-	-3 037	16 975	16 975	-	100.0%	6 600	3 096
Machinery and equipment	20 012	-	-3 037	16 975	16 975	-	100.0%	6 600	3 096
Total	445 192	-	-1 247	443 945	443 945	-	100.0%	411 438	407 934

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Sub programme: 4.5: Dental Training Hospital

	2019/20							2018/19	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	20 127	-	-382	19 745	19 745	-	100.0%	22 775	22 775
Compensation of employees	19 041	-	-319	18 722	18 722	-	100.0%	21 592	21 592
Goods and services	1 086	-	-63	1 023	1 023	-	100.0%	1 183	1 183
Transfers and subsidies	15	-	25	40	40	-	100.0%	-	-
Households	15	-	25	40	40	-	100.0%	-	-
Total	20 142	-	-357	19 785	19 785	-	100.0%	22 775	22 775

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Programme 5: Central Hospital Services

	2019/20							2018/19	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Sub programme									
1 Central Hospital Services	2 501 712	-	-112 319	2 389 393	2 389 393	-	100.0%	2 534 885	2 539 378
2 Provincial Tertiary Hospital Services	2 778 486	-	1 290	2 779 776	2 779 776	-	100.0%	2 558 825	2 558 825
	5 280 198	-	-111 029	5 169 169	5 169 169	-	100.0%	5 093 710	5 098 203
Economic classification									
Current payments	5 079 453	-	-104 046	4 975 407	4 975 407	-	100.0%	4 945 876	4 960 895
Compensation of employees	3 038 760	-	-5 831	3 032 929	3 032 929	-	100.0%	2 819 304	2 819 304
Salaries and wages	2 657 244	-	-6 300	2 650 944	2 650 944	-	100.0%	2 461 382	2 461 382
Social contributions	381 516	-	469	381 985	381 985	-	100.0%	357 922	357 922
Goods and services	2 040 693	-	-98 287	1 942 406	1 942 406	-	100.0%	2 125 712	2 140 731
Administrative fees	25	-	-3	22	22	-	100.0%	7	7
Advertising	133	-	-124	9	9	-	100.0%	327	327
Minor assets	584	-	226	810	810	-	100.0%	1 107	1 107
Catering: Departmental activities	9	-	-7	2	2	-	100.0%	3	3
Communication (G&S)	6 469	-	-483	5 986	5 986	-	100.0%	6 317	6 317
Computer services	8 026	-	-613	7 413	7 413	-	100.0%	6 401	6 401
Consultants: Business and advisory services	35	-	11	46	46	-	100.0%	98	98
Laboratory services	231 151	-	-6 526	224 625	224 625	-	100.0%	211 950	211 950
Legal services	23 083	-	-12 106	10 977	10 977	-	100.0%	8 012	8 012
Contractors	51 642	-	-14 614	37 028	37 028	-	100.0%	45 233	45 233

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	2019/20							2018/19	
	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
Agency and support / outsourced services	717 785	-	-88 703	629 082	629 082	-	100.0%	836 741	836 741
Fleet services (including government motor transport)	749	-	58	807	807	-	100.0%	733	733
Inventory: Clothing material and accessories	1 712	-	563	2 275	2 275	-	100.0%	2 109	2 109
Inventory: Food and food supplies	6 765	-	-401	6 364	6 364	-	100.0%	6 504	6 504
Inventory: Fuel, oil and gas	23 815	-	-2 996	20 819	20 819	-	100.0%	23 149	23 149
Inventory: Materials and supplies	289	-	262	551	551	-	100.0%	990	990
Inventory: Medical supplies	552 226	-	29 416	581 642	581 642	-	100.0%	585 697	600 716
Inventory: Medicine	229 894	-	523	230 417	230 417	-	100.0%	220 495	220 495
Inventory: Other supplies	21 055	-	-1 013	20 042	20 042	-	100.0%	21 230	21 230
Consumable supplies	10 348	-	-214	10 134	10 134	-	100.0%	10 182	10 182
Consumable: Stationery, printing and office supplies	4 634	-	1 137	5 771	5 771	-	100.0%	6 041	6 041
Operating leases	1 680	-	421	2 101	2 101	-	100.0%	1 403	1 403
Property payments	145 698	-	-2 755	142 943	142 943	-	100.0%	127 328	127 328
Transport provided: Departmental activity	-	-	1	1	1	-	100.0%	-	-
Travel and subsistence	1 106	-	-129	977	977	-	100.0%	1 417	1 417
Operating payments	1 780	-	-218	1 562	1 562	-	100.0%	2 238	2 238
Interest and rent on land	-	-	72	72	72	-	100.0%	860	860
Interest (Incl. interest on unitary payments (PPP))	-	-	72	72	72	-	100.0%	860	860
Transfers and subsidies	26 156	-	-3 563	22 593	22 593	-	100.0%	26 997	83 363
Departmental agencies and accounts	80	-	29	109	109	-	100.0%	61	61
Departmental agencies	80	-	29	109	109	-	100.0%	61	61
Households	26 076	-	-3 592	22 484	22 484	-	100.0%	26 936	83 302
Social benefits	10 863	-	2 408	13 271	13 271	-	100.0%	10 844	11 037
Other transfers to households	15 213	-	-6 000	9 213	9 213	-	100.0%	16 092	72 265

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	2019/20							2018/19	
	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
Payments for capital assets	174 589	-	-3 420	171 169	171 169	-	100.0%	120 837	53 945
Machinery and equipment	174 589	-	-3 420	171 169	171 169	-	100.0%	120 837	53 945
Transport equipment	1 087	-	513	1 600	1 600	-	100.0%	1 735	937
Other machinery and equipment	173 502	-	-3 933	169 569	169 569	-	100.0%	119 102	53 008
	5 280 198	-	-111 029	5 169 169	5 169 169	-	100.0%	5 093 710	5 098 203

Sub programme: 5.1: Central Hospital Services

Economic classification	2019/20							2018/19	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	2 499 348	-	-114 067	2 385 281	2 385 281	-	100.0%	2 525 312	2 525 312
Compensation of employees	1 230 046	-	-19 619	1 210 427	1 210 427	-	100.0%	1 123 717	1 123 717
Goods and services	1 269 302	-	-94 449	1 174 853	1 174 853	-	100.0%	1 401 330	1 401 330
Interest and rent on land	-	-	1	1	1	-	100.0%	265	265
Transfers and subsidies	2 364	-	1 748	4 112	4 112	-	100.0%	8 867	13 360
Departmental agencies and accounts	63	-	-	63	63	-	100.0%	61	61
Households	2 301	-	1 748	4 049	4 049	-	100.0%	8 806	13 299
Payments for capital assets	-	-	-	-	-	-	-	706	706
Machinery and equipment	-	-	-	-	-	-	-	706	706
Total	2 501 712	-	-112 319	2 389 393	2 389 393	-	100.0%	2 534 885	2 539 378

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Sub programme: 5.2: Provincial Tertiary Hospital Services

Economic classification	2019/20							2018/19	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	2 580 105	-	10 021	2 590 126	2 590 126	-	100.0%	2 420 564	2 435 583
Compensation of employees	1 808 714	-	13 788	1 822 502	1 822 502	-	100.0%	1 695 587	1 695 587
Goods and services	771 391	-	-3 838	767 553	767 553	-	100.0%	724 382	739 401
Interest and rent on land	-	-	71	71	71	-	100.0%	595	595
Transfers and subsidies	23 792	-	-5 311	18 481	18 481	-	100.0%	18 130	70 003
Departmental agencies and accounts	17	-	29	46	46	-	100.0%	-	-
Households	23 775	-	-5 340	18 435	18 435	-	100.0%	18 130	70 003
Payments for capital assets	174 589	-	-3 420	171 169	171 169	-	100.0%	120 131	53 239
Machinery and equipment	174 589	-	-3 420	171 169	171 169	-	100.0%	120 131	53 239
Total	2 778 486	-	1 290	2 779 776	2 779 776	-	100.0%	2 558 825	2 558 825

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Programme 6: Health Sciences and Training

	2019/20							2018/19	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Sub programme									
1 Nursing Training Colleges	243 966	-	-2 478	241 488	241 488	-	100.0%	255 095	255 095
2 EMS Training Colleges	20 007	-	1 557	21 564	21 564	-	100.0%	18 850	18 850
3 Bursaries	220 253	-	-2 743	217 510	217 510	-	100.0%	262 980	262 980
4 Primary Health Care Training	47 362	-	-2 932	44 430	44 430	-	100.0%	46 759	46 759
5 Training Other	812 049	-	-32 468	779 581	779 581	-	100.0%	597 946	597 946
	1 343 637	-	-39 064	1 304 573	1 304 573	-	100.0%	1 181 630	1 181 630
Economic classification									
Current payments	1 107 520	-	-40 331	1 067 189	1 067 189	-	100.0%	906 960	908 011
Compensation of employees	1 046 109	-	-32 624	1 013 485	1 013 485	-	100.0%	859 174	859 174
Salaries and wages	1 003 840	-	-28 696	975 144	975 144	-	100.0%	820 249	820 249
Social contributions	42 269	-	-3 928	38 341	38 341	-	100.0%	38 925	38 925
Goods and services	61 409	-	-8 092	53 317	53 317	-	100.0%	47 785	48 836
Administrative fees	657	-	380	1 037	1 037	-	100.0%	549	714
Advertising	37	-	8	45	45	-	100.0%	83	74
Minor assets	162	-	-35	127	127	-	100.0%	1 357	242
Bursaries: Employees	4 398	-	-815	3 583	3 583	-	100.0%	2 520	2 520
Catering: Departmental activities	641	-	-300	341	341	-	100.0%	98	127
Communication (G&S)	797	-	89	886	886	-	100.0%	773	864
Computer services	215	-	-	215	215	-	100.0%	175	175

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	2019/20							2018/19	
	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
Consultants: Business and advisory services	36	-	-25	11	11	-	100.0%	7	11
Legal services	65	-	-	65	65	-	100.0%	33	71
Contractors	11	-	52	63	63	-	100.0%	3	-
Agency and support / outsourced services	-	-	-	-	-	-	-	-	1
Entertainment	-	-	-	-	-	-	-	-	358
Fleet services (including government motor transport)	2 152	-	298	2 450	2 450	-	100.0%	3 362	3 296
Inventory: Clothing material and accessories	97	-	-89	8	8	-	100.0%	6	22
Inventory: Fuel, oil and gas	-	-	76	76	76	-	100.0%	-	-
Inventory: Learner and teacher support material	-	-	509	509	509	-	100.0%	-	109
Inventory: Materials and supplies	12	-	15	27	27	-	100.0%	142	137
Inventory: Medical supplies	59	-	31	90	90	-	100.0%	17	98
Inventory: Other supplies	436	-	161	597	597	-	100.0%	344	472
Consumable supplies	835	-	-63	772	772	-	100.0%	793	808
Consumable: Stationery, printing and office supplies	1 062	-	737	1 799	1 799	-	100.0%	2 810	1 858
Operating leases	1 366	-	-51	1 315	1 315	-	100.0%	1 232	1 123
Property payments	9 131	-	563	9 694	9 694	-	100.0%	7 562	8 772
Travel and subsistence	19 041	-	-1 665	17 376	17 376	-	100.0%	17 004	17 333
Training and development	19 629	-	-8 171	11 458	11 458	-	100.0%	8 689	8 689
Operating payments	150	-	321	471	471	-	100.0%	192	603
Venues and facilities	420	-	-118	302	302	-	100.0%	34	359
Interest and rent on land	2	-	385	387	387	-	100.0%	1	1
Interest (Incl. interest on unitary payments (PPP))	2	-	385	387	387	-	100.0%	1	1

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	2019/20							2018/19	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Transfers and subsidies	227 621	-	809	228 430	228 430	-	100.0%	273 436	273 436
Departmental agencies and accounts	22 036	-	-	22 036	22 036	-	100.0%	20 868	20 868
Departmental agencies	22 036	-	-	22 036	22 036	-	100.0%	20 868	20 868
Households	205 585	-	809	206 394	206 394	-	100.0%	252 568	252 568
Social benefits	2 283	-	1 088	3 371	3 371	-	100.0%	4 249	4 249
Other transfers to households	203 302	-	-279	203 023	203 023	-	100.0%	248 319	248 319
Payments for capital assets	8 496	-	458	8 954	8 954	-	100.0%	1 234	183
Machinery and equipment	8 496	-	458	8 954	8 954	-	100.0%	1 234	183
Transport equipment	8 010	-	-1 915	6 095	6 095	-	100.0%	1 185	134
Other machinery and equipment	486	-	2 373	2 859	2 859	-	100.0%	49	49
	1 343 637	-	-39 064	1 304 573	1 304 573	-	100.0%	1 181 630	1 181 630

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Sub programme: 6.1: Nursing Training Colleges

	2019/20							2018/19	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	236 403	-	-3 860	232 543	232 543	-	100.0%	250 331	251 382
Compensation of employees	223 331	-	-4 940	218 391	218 391	-	100.0%	236 957	236 957
Goods and services	13 072	-	1 080	14 152	14 152	-	100.0%	13 374	14 425
Transfers and subsidies	1 753	-	1 049	2 802	2 802	-	100.0%	3 579	3 579
Households	1 753	-	1 049	2 802	2 802	-	100.0%	3 579	3 579
Payments for capital assets	5 810	-	333	6 143	6 143	-	100.0%	1 185	134
Machinery and equipment	5 810	-	333	6 143	6 143	-	100.0%	1 185	134
Total	243 966	-	-2 478	241 488	241 488	-	100.0%	255 095	255 095

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Sub programme: 6.2: EMS Training Colleges

	2019/20							2018/19	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	19 803	-	-1 129	18 674	18 674	-	100.0%	18 671	18 671
Compensation of employees	17 298	-	-999	16 299	16 299	-	100.0%	15 812	15 812
Goods and services	2 505	-	-130	2 375	2 375	-	100.0%	2 859	2 859
Transfers and subsidies	18	-	73	91	91	-	100.0%	140	140
Households	18	-	73	91	91	-	100.0%	140	140
Payments for capital assets	186	-	2 613	2 799	2 799	-	100.0%	39	39
Machinery and equipment	186	-	2 613	2 799	2 799	-	100.0%	39	39
Total	20 007	-	1 557	21 564	21 564	-	100.0%	18 850	18 850

Sub programme: 6.3: Bursaries

	2019/20							2018/19	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	16 951	-	-2 464	14 487	14 487	-	100.0%	14 661	14 661
Goods and services	16 951	-	-2 464	14 487	14 487	-	100.0%	14 661	14 661
Transfers and subsidies	203 302	-	-279	203 023	203 023	-	100.0%	248 319	248 319
Households	203 302	-	-279	203 023	203 023	-	100.0%	248 319	248 319
Total	220 253	-	-2 743	217 510	217 510	-	100.0%	262 980	262 980

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Sub programme: 6.4: Primary Health Care Training

	2019/20							2018/19	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	44 394	-	-396	43 998	43 998	-	100.0%	46 381	46 381
Compensation of employees	38 616	-	-408	38 208	38 208	-	100.0%	41 615	41 615
Goods and services	5 778	-	-372	5 406	5 406	-	100.0%	4 766	4 766
Interest and rent on land	-	-	384	384	384	-	100.0%	-	-
Transfers and subsidies	468	-	-36	432	432	-	100.0%	378	378
Households	468	-	-36	432	432	-	100.0%	378	378
Payments for capital assets	2 500	-	-2 500	-	-	-	-	-	-
Machinery and equipment	2 500	-	-2 500	-	-	-	-	-	-
Total	47 362	-	-2 932	44 430	44 430	-	100.0%	46 759	46 759

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Sub programme: 6.5: Training Other

	2019/20							2018/19	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	789 969	-	-32 482	757 487	757 487	-	100.0%	576 916	576 916
Compensation of employees	766 864	-	-26 277	740 587	740 587	-	100.0%	564 790	564 790
Goods and services	23 103	-	-6 206	16 897	16 897	-	100.0%	12 125	12 125
Interest and rent on land	2	-	1	3	3	-	100.0%	1	1
Transfers and subsidies	22 080	-	2	22 082	22 082	-	100.0%	21 020	21 020
Departmental agencies and accounts	22 036	-	-	22 036	22 036	-	100.0%	20 868	20 868
Households	44	-	2	46	46	-	100.0%	152	152
Payments for capital assets	-	-	12	12	12	-	100.0%	10	10
Machinery and equipment	-	-	12	12	12	-	100.0%	10	10
Total	812 049	-	-32 468	779 581	779 581	-	100.0%	597 946	597 946

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Programme 7: Health Care Support Services

	2019/20							2018/19	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Sub programme									
1 Medicine Trading Account	77 587	-	-18 089	59 498	25 325	34 173	42.6%	251 691	251 691
2 Laundry Services	180 778	-	-2 569	178 209	171 809	6 400	96.4%	179 481	179 481
3 Orthotic and Prosthetic Services	58 994	-	-4 762	54 232	54 232	-	100.0%	54 465	54 465
	317 359	-	-25 420	291 939	251 366	40 573	86.1%	485 637	485 637
Economic classification									
Current payments	310 345	-	-20 728	289 617	249 044	40 573	86.0%	475 506	476 931
Compensation of employees	163 094	-	-8 627	154 467	154 467	-	100.0%	150 219	150 219
Salaries and wages	134 887	-	-6 705	128 182	128 182	-	100.0%	125 091	125 091
Social contributions	28 207	-	-1 922	26 285	26 285	-	100.0%	25 128	25 128
Goods and services	147 251	-	-12 101	135 150	94 577	40 573	70.0%	325 285	326 710
Administrative fees	7	-	36	43	43	-	100.0%	7	6
Advertising	6	-	-6	-	-	-	-	14	16
Minor assets	274	-	40	314	314	-	100.0%	108	107
Communication (G&S)	1 136	-	-57	1 079	1 079	-	100.0%	1 248	1 207
Computer services	2 565	-	40	2 605	2 605	-	100.0%	2 267	2 267
Consultants: Business and advisory services	-	-	13	13	13	-	100.0%	-	14
Legal services	-	-	10	10	10	-	100.0%	-	-
Contractors	221	-	179	400	400	-	100.0%	194	194
Agency and support / outsourced services	108	-	70	178	178	-	100.0%	115	109
Fleet services (including government motor transport)	4 633	-	342	4 975	4 975	-	100.0%	5 169	5 104

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	2019/20							2018/19	
	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	504	-	346	850	850	-	100.0%	1 312	1 294
Inventory: Fuel, oil and gas	30 690	-	3 427	34 117	34 117	-	100.0%	24 261	24 306
Inventory: Materials and supplies	318	-	8	326	326	-	100.0%	113	256
Inventory: Medical supplies	15 284	-	-1 616	13 668	13 668	-	100.0%	8 557	8 557
Inventory: Medicine	-	-	24	24	24	-	100.0%	-	-
Medsas inventory interface	-	-	-58	-58	-34 231	34 173	59019.0%	195 014	195 014
Inventory: Other supplies	38 184	-	-13 374	24 810	18 410	6 400	74.2%	37 801	37 846
Consumable supplies	2 686	-	-1 037	1 649	1 649	-	100.0%	1 162	1 162
Consumable: Stationery, printing and office supplies	948	-	-90	858	858	-	100.0%	951	953
Operating leases	516	-	-17	499	499	-	100.0%	563	511
Property payments	26 324	-	1 599	27 923	27 923	-	100.0%	25 807	27 232
Travel and subsistence	137	-	399	536	536	-	100.0%	131	114
Training and development	22	-	-22	-	-	-	-	4	4
Operating payments	22 688	-	-2 357	20 331	20 331	-	100.0%	20 487	20 437
Interest and rent on land	-	-	-	-	-	-	-	2	2
Interest (Incl. interest on unitary payments (PPP))	-	-	-	-	-	-	-	2	2
Transfers and subsidies	1 016	-	477	1 493	1 493	-	100.0%	453	453
Households	1 016	-	477	1 493	1 493	-	100.0%	453	453
Social benefits	1 016	-	477	1 493	1 493	-	100.0%	453	453
Payments for capital assets	5 998	-	-5 169	829	829	-	100.0%	9 678	8 253
Machinery and equipment	5 998	-	-5 169	829	829	-	100.0%	9 678	8 253
Transport equipment	5 150	-	-4 586	564	564	-	100.0%	250	-
Other machinery and equipment	848	-	-583	265	265	-	100.0%	9 428	8 253
	317 359	-	-25 420	291 939	251 366	40 573	86.1%	485 637	485 637

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Sub programme: 7.1: Medicine Trading Account

	2019/20							2018/19	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	77 338	-	-18 089	59 249	25 076	34 173	42.3%	251 465	251 465
Compensation of employees	35 559	-	-80	35 479	35 479	-	100.0%	33 047	33 047
Goods and services	41 779	-	-18 009	23 770	-10 403	34 173	(43.8%)	218 418	218 418
Transfers and subsidies	22	-	-	22	22	-	100.0%	36	36
Households	22	-	-	22	22	-	100.0%	36	36
Payments for capital assets	227	-	-	227	227	-	100.0%	190	190
Machinery and equipment	227	-	-	227	227	-	100.0%	190	190
Total	77 587	-	-18 089	59 498	25 325	34 173	42.6%	251 691	251 691

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Sub programme: 7.2: Laundry Services

	2019/20							2018/19	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	174 758	-	2 063	176 821	170 421	6 400	96.4%	179 151	179 151
Compensation of employees	87 077	-	-4 790	82 287	82 287	-	100.0%	80 884	80 884
Goods and services	87 681	-	6 853	94 534	88 134	6 400	93.2%	98 265	98 265
Transfers and subsidies	626	-	160	786	786	-	100.0%	199	199
Households	626	-	160	786	786	-	100.0%	199	199
Payments for capital assets	5 394	-	-4 792	602	602	-	100.0%	131	131
Machinery and equipment	5 394	-	-4 792	602	602	-	100.0%	131	131
Total	180 778	-	-2 569	178 209	171 809	6 400	96.4%	179 481	179 481

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Sub programme: 7.3: Orthotic and Prosthetic Services

	2019/20							2018/19	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	58 249	-	-4 702	53 547	53 547	-	100.0%	44 890	46 315
Compensation of employees	40 458	-	-3 757	36 701	36 701	-	100.0%	36 288	36 288
Goods and services	17 791	-	-945	16 846	16 846	-	100.0%	8 602	10 027
Transfers and subsidies	368	-	317	685	685	-	100.0%	218	218
Households	368	-	317	685	685	-	100.0%	218	218
Payments for capital assets	377	-	-377	-	-	-	-	9 357	7 932
Machinery and equipment	377	-	-377	-	-	-	-	9 357	7 932
Total	58 994	-	-4 762	54 232	54 232	-	100.0%	54 465	54 465

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Programme 8: Health Facilities Management

	2019/20							2018/19	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Sub programme									
1 Community Health Facilities	189 236	-	6 779	196 015	196 015	-	100.0%	138 002	138 002
2 District Hospital Services	314 497	-	27 521	342 018	342 018	-	100.0%	259 536	259 536
3 Provincial Hospital Services	1 000 744	-	9 271	1 010 015	1 010 015	-	100.0%	1 044 354	1 044 354
4 Central Hospital Services	81 359	-	1 133	82 492	82 492	-	100.0%	28 611	28 611
5 Other Facilities	225 138	-	-1 370	223 768	223 768	-	100.0%	290 191	290 191
	1 810 974	-	43 334	1 854 308	1 854 308	-	100.0%	1 760 694	1 760 694

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APPROPRIATION STATEMENT

For the year ended 31 March 2020

	2019/20							2018/19	
	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
Economic classification									
Current payments	604 433	-	26 063	630 496	630 496	-	100.0%	461 649	465 155
Compensation of employees	79 728	-	-53	79 675	79 675	-	100.0%	65 075	65 075
Salaries and wages	76 150	-	195	76 345	76 345	-	100.0%	62 258	62 258
Social contributions	3 578	-	-248	3 330	3 330	-	100.0%	2 817	2 817
Goods and services	524 705	-	26 116	550 821	550 821	-	100.0%	396 574	400 080
Administrative fees	-	-	8	8	8	-	100.0%	1	1
Advertising	-	-	58	58	58	-	100.0%	-	-
Minor assets	6 755	-	-1 900	4 855	4 855	-	100.0%	3	1 051
Bursaries: Employees	-	-	-	-	-	-	-	-	2
Computer services	-	-	100	100	100	-	100.0%	-	-
Consultants: Business and advisory services	6 797	-	-3 920	2 877	2 877	-	100.0%	3 462	3 462
Contractors	6 688	-	-4 904	1 784	1 784	-	100.0%	1 127	1 117
Agency and support / outsourced services	-	-	-	-	-	-	-	25	25
Inventory: Clothing material and accessories	-	-	12	12	12	-	100.0%	-	-
Inventory: Materials and supplies	45	-	173	218	218	-	100.0%	145	-342
Inventory: Medical supplies	209	-	1 590	1 799	1 799	-	100.0%	-	-
Inventory: Other supplies	8 418	-	-7 602	816	816	-	100.0%	-	-
Consumable supplies	32 246	-	665	32 911	32 911	-	100.0%	33 124	34 120
Consumable: Stationery, printing and office supplies	108	-	-108	-	-	-	-	110	-
Operating leases	82 018	-	-2 887	79 131	79 131	-	100.0%	94 302	90 660
Property payments	378 755	-	45 070	423 825	423 825	-	100.0%	262 484	268 180
Travel and subsistence	2 482	-	-344	2 138	2 138	-	100.0%	1 791	1 740

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APPROPRIATION STATEMENT

For the year ended 31 March 2020

	2019/20							2018/19	
	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
Training and development	49	-	47	96	96	-	100.0%	-	-
Operating payments	135	-	58	193	193	-	100.0%	-	64
Transfers and subsidies	-	-	-	-	-	-	-	21	21
Households	-	-	-	-	-	-	-	21	21
Social benefits	-	-	-	-	-	-	-	21	21
Payments for capital assets	1 206 541	-	17 271	1 223 812	1 223 812	-	100.0%	1 299 024	1 295 518
Buildings and other fixed structures	899 373	-	28 952	928 325	928 325	-	100.0%	1 249 816	1 249 066
Buildings	887 112	-	22 440	909 552	909 552	-	100.0%	1 242 108	1 241 358
Other fixed structures	12 261	-	6 512	18 773	18 773	-	100.0%	7 708	7 708
Machinery and equipment	307 168	-	-11 681	295 487	295 487	-	100.0%	49 208	46 452
Other machinery and equipment	307 168	-	-11 681	295 487	295 487	-	100.0%	49 208	46 452
	1 810 974	-	43 334	1 854 308	1 854 308	-	100.0%	1 760 694	1 760 694

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APPROPRIATION STATEMENT

For the year ended 31 March 2020

Sub programme: 8.1: Community Health Facilities

	2019/20							2018/19	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	89 556	-	13 652	103 208	103 208	-	100.0%	50 303	50 303
Goods and services	89 556	-	13 652	103 208	103 208	-	100.0%	50 303	50 303
Payments for capital assets	99 680	-	-6 873	92 807	92 807	-	100.0%	87 699	87 699
Buildings and other fixed structures	96 790	-	-6 125	90 665	90 665	-	100.0%	86 641	86 641
Machinery and equipment	2 890	-	-748	2 142	2 142	-	100.0%	1 058	1 058
Total	189 236	-	6 779	196 015	196 015	-	100.0%	138 002	138 002

Sub programme: 8.2: District Hospital Services

	2019/20							2018/19	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	127 633	-	10 987	138 620	138 620	-	100.0%	77 124	77 124
Goods and services	127 633	-	10 987	138 620	138 620	-	100.0%	77 124	77 124
Payments for capital assets	186 864	-	16 534	203 398	203 398	-	100.0%	182 412	182 412
Buildings and other fixed structures	170 920	-	20 881	191 801	191 801	-	100.0%	172 353	172 353
Machinery and equipment	15 944	-	-4 347	11 597	11 597	-	100.0%	10 059	10 059
Total	314 497	-	27 521	342 018	342 018	-	100.0%	259 536	259 536

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APPROPRIATION STATEMENT

For the year ended 31 March 2020

Sub programme: 8.3: Provincial Hospital Services

	2019/20							2018/19	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	165 671	-	2 167	167 838	167 838	-	100.0%	128 468	131 974
Goods and services	165 671	-	2 167	167 838	167 838	-	100.0%	128 468	131 974
Payments for capital assets	835 073	-	7 104	842 177	842 177	-	100.0%	915 886	912 380
Buildings and other fixed structures	573 997	-	15 449	589 446	589 446	-	100.0%	913 121	913 121
Machinery and equipment	261 076	-	-8 345	252 731	252 731	-	100.0%	2 765	-741
Total	1 000 744	-	9 271	1 010 015	1 010 015	-	100.0%	1 044 354	1 044 354

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APPROPRIATION STATEMENT

For the year ended 31 March 2020

Sub programme: 8.4: Central Hospital Services

	2019/20							2018/19	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	31 333	-	2 227	33 560	33 560	-	100.0%	25 035	25 035
Goods and services	31 333	-	2 227	33 560	33 560	-	100.0%	25 035	25 035
Payments for capital assets	50 026	-	-1 094	48 932	48 932	-	100.0%	3 576	3 576
Buildings and other fixed structures	22 806	-	1 919	24 725	24 725	-	100.0%	1 081	1 081
Machinery and equipment	27 220	-	-3 013	24 207	24 207	-	100.0%	2 495	2 495
Total	81 359	-	1 133	82 492	82 492	-	100.0%	28 611	28 611

Sub programme: 8.5: Other Facilities

	2019/20							2018/19	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	190 240	-	-2 970	187 270	187 270	-	100.0%	180 719	180 719
Compensation of employees	79 728	-	-53	79 675	79 675	-	100.0%	65 075	65 075
Goods and services	110 512	-	-2 917	107 595	107 595	-	100.0%	115 644	115 644
Transfers and subsidies	-	-	-	-	-	-	-	21	21
Households	-	-	-	-	-	-	-	21	21
Payments for capital assets	34 898	-	1 600	36 498	36 498	-	100.0%	109 451	109 451
Buildings and other fixed structures	34 860	-	-3 172	31 688	31 688	-	100.0%	76 620	75 870
Machinery and equipment	38	-	4 772	4 810	4 810	-	100.0%	32 831	33 581
Total	225 138	-	-1 370	223 768	223 768	-	100.0%	290 191	290 191

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NOTES TO THE APPROPRIATION STATEMENT

For the year ended 31 March 2020

1. Detail of transfers and subsidies as per Appropriation Act (after Virement):

Detail of these transactions can be viewed in note on Transfers and subsidies and Annexure 1 (A-H) to the Annual Financial Statements.

2. Detail of specifically and exclusively appropriated amounts voted (after Virement):

Detail of these transactions can be viewed in note 1 (Annual Appropriation) to the Annual Financial Statements.

3. Detail on payments for financial assets

Detail of these transactions per programme can be viewed in the note to 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	Variance as a % of Final Appropriation
	R'000	R'000	R'000	%
DISTRICT HEALTH SERVICES	22 611 550	22 726 863	-115 313	-0.51%
Overspending due HIV / AIDS medication				
HEALTH CARE SUPPORT SERVICES	291 939	251 366	40 573	14%
Accrual invoices received after 31st March 2020; hence transactions could not be captured and approved.				

	Final Appropriation	Actual Expenditure	Variance	Variance as a % of Final Appropriation
	R'000	R'000	R'000	%
4.2 Per economic classification:				
Current expenditure				
Compensation of employees	28 190 773	28 190 773	0	0%
Goods and services	14 111 306	14 191 636	-80 330	0.05%
Interest and rent on land	1 808	1 808	0	0%
Transfers and subsidies				
Provinces and municipalities	231 641	229 137	2 504	0.01%
Departmental agencies and accounts	22 442	22 442	0	0%
Non-profit institutions	56 513	53 427	3 086	0.05%
Households	504 842	504 842	0	0
Payments for capital assets				
Buildings and other fixed structures	2 032 119	2 032 119	0	0%
Machinery and equipment	1 103 794	1 103 794	0	0%
Payments for financial assets	392	392	0	0%

Overspending on HIV / AIDS medication

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NOTES TO THE APPROPRIATION STATEMENT

For the year ended 31 March 2020

	Final Appropriation	Actual Expenditure	Variance	Variance as a % of Final Appropriation
4.3 Per conditional grant	R'000	R'000	R'000	%
Health				
National Tertiary Services Grant	1 895 149	1 895 149	0	0%
HIV, TB Malaria & Community Outreach	5 840 629	5 840 629	0	0%
Health Facility Revitalisation Grant	1 353 497	1 353 497	0	0%
Human Papillomavirus Vaccine Grant	37 563	37 563	0	0%
Health Professional & Training and Development Grant	370 863	370 863	0	0%
Human Resources Capacitation grant	191 730	191 730	0	0%
Social Sector EPWP Incentive Grant for Provinces	20 998	20 998	0	0%
EPW Integrated Grant to Provinces	10 313	10 313	0	0%
National Health Insurance	55 376	38 499	16 877	30.40%

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STATEMENT OF FINANCIAL PERFORMANCE

for the year ended 31 March 2020

	Note	2019/20 R'000	2018/19 R'000
REVENUE			
Annual appropriation	<u>1</u>	45 151 836	42 547 172
Department Revenue	<u>2</u>	303 958	303 140
TOTAL REVENUE		45 455 794	42 850 312
EXPENDITURE			
Current expenditure			
Compensation of employees	<u>4</u>	28 190 771	26 336 186
Goods and services	<u>5</u>	14 191 638	13 342 397
Interest and Rent on land		1 808	5 885
Total current expenditure		42 384 217	39 684 468
Transfers and subsidies			
Transfers and subsidies	<u>8</u>	809 846	1 106 598
Total transfers & subsidies		809 846	1 106 598
Expenditure for capital assets			
Tangible assets	<u>9</u>	2 032 121	1 758 333
Total expenditure for capital assets		2 032 121	1 758 333
Unauthorised expenditure approved without funding		-	-
Payments for Financial Assets	<u>7</u>	392	431
TOTAL EXPENDITURE		45 226 576	42 549 830
SURPLUS/ (DEFICIT) FOR THE YEAR		229 218	300 482
Reconciliation of Net Surplus/ (Deficit) for the year			
Voted Funds		-74 740	-2 658
Annual Appropriation		-91 617	-14 248
Conditional grants		16 877	11 590
Departmental Revenue and NRF Receipts	<u>15</u>	303 958	303 140
SURPLUS / DEFICIT FOR THE YEAR		229 218	300 482

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STATEMENT OF FINANCIAL PERFORMANCE

for the year ended 31 March 2020

	Note	2019/20 R'000	2018/19 R'000
ASSETS			
Current Assets		129 117	68 457
Unauthorised expenditure	10	108 074	35 453
Cash and Cash Equivalent	11	424	414
Prepayments and advances		20	-
Receivables	13	20 599	32 590
Non-Current Assets		10 022	7 785
Receivables		10 022	7 785
TOTAL ASSETS		139 139	76 242
LIABILITIES			
Current Liabilities		128 706	66 095
Voted funds to be surrendered to the Revenue Fund	14	16 878	13 799
Departmental revenue and NRF Receipts to be surrendered to the Revenue Fund	15	8 488	18 508
Bank overdraft	16	81 607	15 848
Payables	17	21 733	17 940
TOTAL LIABILITIES		128 706	66 095
NET ASSETS		10 433	10 147
Represented by:			
Recoverable revenue		10 433	10 147
TOTAL		10 433	10 147

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STATEMENT OF CHANGES IN NET ASSETS

For the year ended 31 March 2020

	Note	2019/20 R'000	2018/19 R'000
Recoverable revenue			
Opening balance		10 147	9 662
Transfers	8	286	485
Debts revised		-1 096	-2 043
Debts recovered (included in departmental receipts)		-4 348	-4 827
Debts raised		5 730	7 355
Closing balance		10 433	10 147

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STATEMENT OF CASH FLOW

for the year ended 31 March 2020

	Note	2019/20 R'000	2018/19 R'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts		45 446 258	42 843 273
Annual appropriated funds received	<u>1.1</u>	45 151 836	42 547 172
Departmental revenue received	<u>2</u>	294 159	295 514
Interest received		263	587
Net (increase)/ decrease in working capital		-56 857	-23 285
Surrendered to Revenue Fund		-327 777	-315 921
Current payments		-42 290 791	-39 664 335
Interest paid		-1 808	-5 885
Payments for Financial Assets		-392	-431
Transfers and subsidies paid		-809 846	-1 106 598
Net cash flow available from operating activities	<u>18</u>	1 958 787	1 726 818
CASH FLOWS FROM INVESTING ACTIVITIES			
Payments for capital assets	<u>9</u>	-2 032 121	-1 758 333
Proceeds from sale of capital assets	<u>2.4</u>	9 536	7 039
(Increase)/decrease in non-current receivables		-2 237	-
Net cash flows from investing activities		-2 024 822	-1 751 294
CASH FLOWS FROM FINANCING ACTIVITIES			
Increase/ (decrease) in net assets		286	485
Net cash flows from financing activities		286	485
Net increase/ (decrease) in cash and cash equivalents		-65 749	-23 991
Cash and cash equivalents at beginning of period		-15 434	8 557
Cash and cash equivalents at end of period	<u>19</u>	-81 183	-15 434

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ACCOUNTING POLICIES FOR THE YEAR ENDED 31 MARCH 2020

Summary of significant accounting policies

The financial statements have been prepared in accordance with the following policies, which have been applied consistently in all material aspects, unless otherwise indicated. Management has concluded that the financial statements present fairly the department's primary and secondary information.

The historical cost convention has been used, except where otherwise indicated. Management has used assessments and estimates in preparing the annual financial statements. These are based on the best information available at the time of preparation.

Where appropriate and meaningful, additional information has been disclosed to enhance the usefulness of the financial statements and to comply with the statutory requirements of the Public Finance Management Act (PFMA), Act 1 of 1999 (as amended by Act 29 of 1999), and the Treasury Regulations issued in terms of the PFMA and the annual Division of Revenue Act.

1	<p>Basis of preparation</p> <p>The financial statements have been prepared in accordance with the Modified Cash Standard.</p>
2	<p>Going concern</p> <p>The financial statements have been prepared on a going concern basis.</p>
3	<p>Presentation currency</p> <p>Amounts have been presented in the currency of the South African Rand (R) which is also the functional currency of the department.</p>
4	<p>Rounding</p> <p>Unless otherwise stated financial figures have been rounded to the nearest one thousand Rand (R'000).</p>
5	<p>Foreign currency translation</p> <p>Cash flows arising from foreign currency transactions are translated into South African Rands using the spot exchange rates prevailing at the date of payment / receipt.</p>
6	<p>Comparative information</p>
6.1	<p>Prior period comparative information</p> <p>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.</p>
6.2	<p>Current year comparison with budget</p> <p>A comparison between the approved, final budget and actual amounts for each programme and economic classification is included in the appropriation statement.</p>

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ACCOUNTING POLICIES FOR THE YEAR ENDED 31 MARCH 2020

	Revenue
7.1	<p>Appropriated funds</p> <p>Appropriated funds comprises of departmental allocations as well as direct charges against the revenue fund (i.e. statutory appropriation).</p> <p>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.</p> <p>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.</p>
7.2	<p>Departmental revenue</p> <p>Departmental revenue is recognised in the statement of financial performance when received and is subsequently paid into the relevant revenue fund, unless stated otherwise.</p> <p>Any amount owing to the relevant revenue fund at the reporting date is recognised as a payable in the statement of financial position.</p>
7.3	<p>Accrued departmental revenue</p> <p>Accruals in respect of departmental revenue (excluding tax revenue) are recorded in the notes to the financial statements when:</p> <ul style="list-style-type: none"> • 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. <p>The accrued revenue is measured at the fair value of the consideration receivable.</p> <p>Accrued tax revenue (and related interest and / penalties) is measured at amounts receivable from collecting agents.</p> <p>Write-offs are made according to the department's debt write-off policy</p>
8	Expenditure
8.1	Compensation of employees
8.1.1	<p>Salaries and wages</p> <p>Salaries and wages are recognised in the statement of financial performance on the date of payment.</p>
8.1.2	<p>Social contributions</p> <p>Social contributions made by the department in respect of current employees are recognised in the statement of financial performance on the date of payment.</p> <p>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.</p>
8.2	<p>Other expenditure</p> <p>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.</p>

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ACCOUNTING POLICIES FOR THE YEAR ENDED 31 MARCH 2020

8.3	Accruals and payables not recognised Accruals and payables not recognised are recorded in the notes to the financial statements at cost at the reporting date.
8.4	Leases
8.4.1	Operating leases Operating lease payments made during the reporting period are recognised as current expenditure in the statement of financial performance on the date of payment. The operating lease commitments are recorded in the notes to the financial statements.
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: <ul style="list-style-type: none"> • cost, being the fair value of the asset; or • the sum of the minimum lease payments made, including any payments made to acquire ownership at the end of the lease term, excluding interest.
9	Aid Assistance
9.1	Aid assistance received Aid assistance received in cash is recognised in the statement of financial performance when received. In-kind aid assistance is recorded in the notes to the financial statements on the date of receipt and is measured at fair value. Aid assistance not spent for the intended purpose and any unutilised funds from aid assistance that are required to be refunded to the donor are recognised as a payable in the statement of financial position.
9.2	Aid assistance paid Aid assistance paid is recognised in the statement of financial performance on the date of payment. Aid assistance payments made prior to the receipt of funds are recognised as a receivable in the statement of financial position.
10	Cash and cash equivalents Cash and cash equivalents are stated at cost in the statement of financial position. Bank overdrafts are shown separately on the face of the statement of financial position as a current liability. For the purposes of the cash flow statement, cash and cash equivalents comprise cash on hand, deposits held, other short-term highly liquid investments and bank overdrafts.

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ACCOUNTING POLICIES FOR THE YEAR ENDED 31 MARCH 2020

11	<p>Prepayments and advances</p> <p>Prepayments and advances are recognised in the statement of financial position when the department receives or disburses the cash.</p> <p>Prepayments and advances are initially and subsequently measured at cost.</p> <p><Indicate when prepayments are expensed and under what circumstances.></p>
12	<p>Payables</p> <p>Payables recognised in the statement of financial position are recognised at cost.</p>
13	<p>Capital Assets</p>
13.1	<p>Immovable capital assets</p> <p>Immovable assets reflected in the asset register of the department are recorded in the notes to the financial statements at cost or fair value where the cost cannot be determined reliably. Immovable assets acquired in a non-exchange transaction are recorded at fair value at the date of acquisition. Immovable assets are subsequently carried in the asset register at cost and are not currently subject to depreciation or impairment.</p> <p>Subsequent expenditure of a capital nature forms part of the cost of the existing asset when ready for use.</p> <p>Additional information on immovable assets not reflected in the assets register is provided in the notes to financial statements.</p>
13.2	<p>Movable capital assets</p> <p>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.</p> <p>Where the cost of movable capital assets cannot be determined reliably, the movable capital assets are measured at fair value and where fair value cannot be determined; the movable assets are measured at R1.</p> <p>All assets acquired prior to 1 April 2002 (or a later date as approved by the OAG) may be recorded at R1.</p> <p>Movable capital assets are subsequently carried at cost and are not subject to depreciation or impairment.</p> <p>Subsequent expenditure that is of a capital nature forms part of the cost of the existing asset when ready for use.</p>
13.3	<p>Intangible assets</p> <p>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.</p> <p>Where the cost of intangible assets cannot be determined reliably, the intangible capital assets are measured at fair value and where fair value cannot be determined; the intangible assets are measured at R1.</p> <p>All assets acquired prior to 1 April 2002 (or a later date as approved by the OAG) may be recorded at R1.</p> <p>Intangible assets are subsequently carried at cost and are not subject to depreciation or impairment.</p> <p>Subsequent expenditure of a capital nature forms part of the cost of the existing asset when ready for use.</p>

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ACCOUNTING POLICIES FOR THE YEAR ENDED 31 MARCH 2020

13.4	<p>Project Costs: Work-in-progress</p> <p>Expenditure of a capital nature is initially recognised in the statement of financial performance at cost when paid.</p> <p>Amounts paid towards capital projects are separated from the amounts recognised and accumulated in work-in-progress until the underlying asset is ready for use. Once ready for use, the total accumulated payments are recorded in an asset register. Subsequent payments to complete the project are added to the capital asset in the asset register.</p> <p>Where the department is not the custodian of the completed project asset, the asset is transferred to the custodian subsequent to completion.</p>
14	<p>Provisions and Contingents</p>
14.1	<p>Provisions</p> <p>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.</p>
14.2	<p>Contingent liabilities</p> <p>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.</p>
14.3	<p>Contingent assets</p> <p>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.</p>
14.4	<p>Capital Commitments</p> <p>Capital Commitments (other than for transfers and subsidies) 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.</p>
15	<p>Unauthorised expenditure</p> <p>Unauthorised expenditure is recognised in the statement of financial position until such time as the expenditure is either:</p> <ul style="list-style-type: none"> • 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. <p>Unauthorised expenditure is measured at the amount of the confirmed unauthorised expenditure.</p>

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ACCOUNTING POLICIES FOR THE YEAR ENDED 31 MARCH 2020

16	<p>Fruitless and wasteful expenditure</p> <p>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.</p> <p>Fruitless and wasteful expenditure is removed from the notes to the financial statements when it is resolved or transferred to receivables for recovery.</p> <p>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.</p>
17	<p>Irregular expenditure</p> <p>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.</p> <p>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.</p> <p>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.</p>
18	<p>Changes in accounting policies, accounting estimates and errors</p> <p>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.</p> <p>Changes in accounting estimates are applied prospectively in accordance with MCS requirements.</p> <p>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.</p>
19	<p>Events after the reporting date</p> <p>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.</p>
20	<p>Recoverable revenue</p> <p>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.</p>

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ACCOUNTING POLICIES FOR THE YEAR ENDED 31 MARCH 2020

21	<p>Related party transactions</p> <p>A related party transaction is a transfer of resources, services or obligations between the reporting entity and a related party. Related party transactions within the Minister/MEC's portfolio are recorded in the notes to the financial statements when the transaction is not at arm's length.</p> <p>Key management personnel are those persons having the authority and responsibility for planning, directing and controlling the activities of the department. The number of individuals and their full compensation is recorded in the notes to the financial statements.</p>
22	<p>Inventories</p> <p>At the date of acquisition, inventories are recognised at cost in the statement of financial performance. Where inventories are acquired as part of a non-exchange transaction, the inventories are measured at fair value as at the date of acquisition.</p> <p>Inventories are subsequently measured at the lower of cost and net realisable value or where intended for distribution (or consumed in the production of goods for distribution) at no or a nominal charge, the lower of cost and current replacement value.</p> <p>The cost of inventories is assigned by using the weighted average cost basis.</p>
23	<p>Public-Private Partnerships</p> <p>Public Private Partnerships are accounted for based on the nature and or the substance of the partnership. The transaction is accounted for in accordance with the relevant accounting policies.</p> <p>A summary of the significant terms of the PPP agreement, the parties to the agreement, and the date of commencement thereof together with the description and nature of the concession fees received, the unitary fees paid, rights and obligations of the department are recorded in the notes to the financial statements.</p>
24	<p>Employee benefits</p> <p>The value of each major class of employee benefit obligation (accruals, payables not recognised and provisions) is disclosed in the Employee benefits note.</p>

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NOTES TO ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

1. Annual Appropriation

1.1 Annual Appropriation

Included are funds appropriated in terms of the Appropriation Act for Provincial Departments (Equitable Share).

Programmes	Final Appropriation R'000	2019/20 Actual Funds received R'000	Funds not requested/ not received R'000	Final Appropriation R'000	2018/19 Appropriation received R'000
Administration	796 197	796 197	-	810 858	810 858
District Health Services	22 611 550	22 611 550	-	20 813 654	20 813 654
Emergency Medical Services	1 602 886	1 602 886	-	1 446 650	1 446 650
Provincial Hospital Services	11 521 214	11 521 214	-	10 954 339	10 954 339
Central Hospital Services	5 169 169	5 169 169	-	5 093 710	5 093 710
Health Sciences and Training	1 304 573	1 304 573	-	1 181 630	1 181 630
Health Care Support Services	291 939	291 939	-	485 637	485 637
Health Facilities Management	1 854 308	1 854 308	-	1 760 694	1 760 694
Total	45 151 836	45 151 836	-	42 547 172	42 547 172

1.2 Conditional grants

	Note	2019/20 R'000	2018/19 R'000
Total grants received	Annexure 1A	9 776 118	9 303 113
Provincial Grants included in Total grants received		31 311	33 078

(It should be noted that Conditional grants are included in the amounts per the Total Appropriation in Note 1.1)

2. Departmental Revenue

		2019/20 R'000	2018/19 R'000
Sales of goods and services other than capital assets	2.1	277 427	278 256
Fines, penalties and forfeits	2.2	42	48
Interest, dividends and rent on land	2.3	263	587
Sales of capital assets	2.4	9 536	7 039
Transactions in financial assets and liabilities	2.5	16 690	17 210
Total Revenue Collected		303 958	303 140
Departmental revenue collected		303 958	303 140
		2019/20 R'000	2018/19 R'000
2.1 Sales of goods and services other than capital assets	2		

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NOTES TO ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

	Sales of goods and services produced by the department	276 717	277 503
	Sales by market establishment	13 911	14 878
	Administrative Fees	10 606	9 973
	Other sales	252 200	252 652
	Sales of scrap, waste and other used current goods	710	753
	Total	277 427	278 256
2.2	Fines, penalties and forfeits	<u>2</u>	
	Penalties	42	48
	Forfeits	-	-
	Total	42	48
2.3	Interest, dividends and rent on land	<u>2</u>	
	Interest	263	587
	Total	263	587
2.4	Sales of capital assets	<u>2</u>	
	Tangible Assets	9 536	7 039
	Machinery and Equipment	<u>2</u> 9 536	7 039
	Total	9 536	7 039
2.5	Transactions in Financial assets and liabilities	<u>2</u>	
	Receivables	16 673	17 194
	Stale cheques written back	-	-
	Other receipts including recoverable revenue	17	16
	Total	16 690	17 210
3.	Aid assistance		
3.1	Opening Balance	-	-
	Prior period error	-	-
	As restated	-	-
	Transferred from statement of financial performance	-	-
	Paid during the year	-	-
	Closing balance	-	-
		2019/20	2018/19
		R'000	R'000
4.	Compensation of employees		
4.1	Salaries and wages		
	Basic Salary	18 136 516	17 008 269

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NOTES TO ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

	Performance award	8 251	8 207
	Service Based	20 283	22 024
	Compensative/circumstantial	2 657 233	2 431 027
	Periodic payments	89 384	38 837
	Other non-pensionable allowances	3 774 372	3 523 389
	Total	24 686 039	23 031 753
4.2	Social contributions		
	Employer contributions		
	Pension	2 205 309	2 089 142
	Medical	1 294 529	1 210 137
	UIF	160	167
	Bargaining council	4 734	4 987
	Total	3 504 732	3 304 433
	Total compensation of employees	28 190 771	26 336 186
	Average number of employees	77 431	78 595
5.	Goods and services		
	Administrative fees	5 852	3 279
	Advertising	11 542	21 289
	Minor Assets 5.1	48 536	43 922
	Bursaries (employees)	3 580	2 520
	Catering	7 030	3 484
	Communication	102 306	103 146
	Computer services 5.2	111 176	110 170
	Laboratory services	2 314 265	2 063 389
	Legal services	96 913	84 288
	Contractors	160 934	178 613
	Agency and support / outsourced services	1 164 133	1 202 473
	Entertainment	-	358
	Audit cost - External 5.3	23 194	20 782
	Fleet services	405 642	388 611
	Inventory 5.4	6 500 696	6 407 659
	Consumables 5.5	280 738	247 884
	Operating leases	150 947	140 611
	Property payments 5.6	2 597 206	2 130 231
	Transport provided as part of the departmental activities	57 289	76 836
	Travel and subsistence 5.7	93 467	68 073
	Goods and services - continue	2019/20	2018/19
		R'000	R'000
	Venues and facilities	595	1 405
	Training and development	20 163	9 757
	Other operating expenditure 5.8	35 434	33 617

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NOTES TO ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

Total		14 191 638	13 342 397	
		Note	2019/20 R'000	2018/19 R'000
5.1	Minor Assets	<u>5</u>		
	Tangible assets		48 536	43 922
	Machinery and equipment		48 536	43 922
	Total		48 536	43 922
		Note	2019/20 R'000	2018/19 R'000
5.2	Computer services	<u>5</u>		
	SITA computer services		91 203	84 170
	External computer service providers		19 973	26 000
	Total		111 176	110 170
		Note	2019/20 R'000	2018/19 R'000
5.3	Audit cost – external	<u>5</u>		
	Regularity audits		23 194	20 782
	Total		23 194	20 782
		Note	2019/20 R'000	2018/19 R'000
5.4	Inventory	<u>5</u>		
	Food and food supplies		117 949	113 154
	Fuel, oil and gas		108 584	96 397
	Materials and supplies		202 094	195 314
	Medical supplies		1 921 267	1 778 652
	Medicine		4 185 033	4 029 128
	Medsas inventory interface		-34 231	195 014
	Total		6 500 696	6 407 659
		Note	2019/20 R'000	2018/19 R'000
5.5	Consumables	<u>5</u>		
	Consumable supplies		167 028	160 917
	Uniform and clothing		121 887	117 494
	Household supplies		8 537	7 097
	Building material and supplies		35 410	35 679
	IT consumables		526	615
	Other consumables		668	32

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NOTES TO ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

Stationery, printing and office supplies	113 710	86 967
Total	280 738	247 884

	<i>Note</i>	2019/20 R'000	2018/19 R'000
5.6 Property Payment	5		
Municipal Services		713 586	631 440
Property maintenance and repairs		424 623	268 504
Other		1 458 997	1 230 287
Total		2 597 206	2 130 231

	<i>Note</i>	2019/20 R'000	2018/19 R'000
5.7 Travel and subsistence	5		
Local		83 697	65 704
Foreign		9 770	2 369
Total		93 467	68 073

	<i>Note</i>	2019/20 R'000	2018/19 R'000
5.8 Other operating expenditure	5		
Professional bodies, membership and subscription fees		2 765	2 775
Resettlement costs		11 700	9 672
Other		20 969	21 170
Total		35 434	33 617

	2019/20 R'000	2018/19 R'000
6. Interest and Rent on Land		
Interest paid	1 808	5 885
Total	1 808	5 885

	<i>Note</i>	2019/20 R'000	2018/19 R'000
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NOTES TO ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

7. Payment for Financial Assets			
Material losses through criminal conduct		80	-
Theft		-	-
Other material losses		80	-
Debts written off	7.2	312	431
Total		392	431

		2019/20 R'000	2018/19 R'000
7.1 Other material losses	7		
Nature of losses			
Incident	Disciplinary Steps taken/ Criminal proceeding		
Expired Stock	Expired Medication	80	
Total		80	-

		2019/20 R'000	2018/19 R'000
7.2 Debts written off	7		
Nature of debts written off			
Other debt written off			
Staff Debts written Off		312	431
Total		312	431

	Note	2019/20 R'000	2018/19 R'000
8. Transfers and subsidies			
Provinces and municipalities	Annexure 1B	229 137	219 386
Departmental agencies and accounts	Annexure 1C	22 443	21 157
Public corporations and private enterprises		-	-
Non-profit institution	Annexure 1D	53 426	62 474
Households	Annexure 1E	504 840	803 581
Total		809 846	1 106 598

	Note	2019/20 R'000	2018/19 R'000
9. Expenditure for capital assets			
Tangible assets	32	2 032 121	1 758 333
Buildings and other fixed structures		928 324	1 249 068

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NOTES TO ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

Machinery and equipment	1 103 797	509 265
Intangible assets		
Software	-	-
Total	2 032 121	1 758 333

9.1 Analysis of funds utilised to acquire capital assets

	2019/20		
	Voted Funds R'000	Aid assistance R'000	TOTAL R'000
Tangible assets	2 032 121	-	2 032 121
Buildings and other fixed structures	928 324	-	928 324
Machinery and equipment	1 103 797	-	1 103 797
Intangible assets	-	-	-
Software	-	-	-
Total	2 032 121	-	2 032 121

9.2 Analysis of funds utilised to acquire capital assets-

	2018/19		
	Voted Funds R'000	Aid assistance R'000	TOTAL R'000
Tangible Assets	1 758 333	-	1 758 333
Buildings and other fixed structures	1 249 068	-	1 249 068
Machinery and equipment	509 265	-	509 265
Intangible Assets	-	-	-
Software	-	-	-
Total	1 758 333	-	1 758 333

	Note	2019/20 R'000	2018/19 R'000
10. Unauthorised expenditure			
10.1 Reconciliation of unauthorised expenditure			
Opening balance		35 453	21 205

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NOTES TO ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

Prior period error	-	-
As restated	35 453	21 205
Unauthorised expenditure- discovered in current year(as restated)	91 618	14 248
Less: Amount approved by parliament/ legislature with funding	-18 997	-
Closing balance	108 074	35 453
Analysis of closing balance		
Unauthorised expenditure awaiting authorisation	91 618	35 449
Total	91 618	35 449
10.2 Analysis of unauthorised expenditure awaiting authorisation per economic classification		
Current	91 618	35 449
Total	91 618	35 449
10.3 Analysis of unauthorised expenditure awaiting authorisation per type		
Unauthorised expenditure relating to overspending of the vote or a main division within the vote	91 618	35 449
Total	91 618	35 449
10.4 Details of unauthorised expenditure - current year		
Incident	Disciplinary steps taken/criminal proceedings	2019/2020 R'000
Overspending	Overspending on Programme 2	74 740
Underspending Conditional Grant	NHI Grants - Roll over applied	16 878
Total		91 618
10.5 Prior period error		
		2018/19 R'000

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NOTES TO ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

Nature of prior period error
Relating to 2018/19 (affecting the opening balance)

	-
	-
Relating to 2018/19	-
	-
	-
Total	-

	2019/20 R'000	2018/19 R'000
11. Cash and cash equivalents		
Cash receipts	195	194
Cash on hand	229	220
Total	424	414

	2019/20 R'000	2018/19 R'000
12. Prepayments and advances		
Staff advances	20	-
Total	20	-

	Note	2019/20			2018/2019		
		Current R'000	Non-current R'000	Total R'000	Current R'000	Non-current R'000	Total R'000
13. Receivable							
Claims recoverable	13.1	1 071	-	1 071	6 001	-	6 001
Recoverable Expenditure	13.2	2 783	-	2 783	2 266	-	2 266
Staff debt	13.3	14 009	10 022	24 031	24 320	7 785	32 105
Other receivables	13.4	2 736	-	2 736	3	-	3
Total		20 599	10 022	30 621	32 590	7 785	40 375

	Note	2019/20 R'000	2018/19 R'000
13.1 Claims recoverable	13		

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NOTES TO ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

National departments	-	101
Provincial departments	1 071	471
Public entities	-	-
Higher education institutions	-	5 429
Local governments	-	-
Total	1 071	6 001

	<i>Note</i>	2019/20 R'000	2018/19 R'000
13.2 Recoverable Expenditure (disallowance accounts)	<u>13</u>		
Sal:Medical Aid:CI		-	13
Medsas Clearing account		7	-
Salary deduction disallowance		98	5
Disallowances Damages and losses Recover: CA		-184 846	-6 440
Disallowances Damages and losses: CA		184 846	6 440
Salary Reversal Control		2 610	1 773
Salary Pension Fund		68	475
Total		2 783	2 266

	<i>Note</i>	2019/20 R'000	2018/19 R'000
13.3 Staff debt	<u>13</u>		
Breach of Contract Employees and Non Employees		3 054	3 277
Employee Debt Salary overpayment		16 603	14 599
Fruitless and wasteful		1	4
Government Accidents		47	89
Fraud		138	280
Supplier Debt		917	10 745
Bursary Debt		-	24
Medical Bursary Debt		4	-
Tax Debt		3 159	3 087
Losses and Damages Employees		108	-
Total		24 031	32 105

	<i>Note</i>	2019/20 R'000	2018/19 R'000
13.4 Other receivables	<u>13</u>		
Disall. Dishonoured Cheques		18	3
National Claims Clearing Account		2 718	-
Total		2 736	3

	<i>Note</i>	2019/20	2018/19
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NOTES TO ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

		R'000	R'000
13.5 Impairment of receivables	<u>13</u>		
Estimate of impairment of receivables		5 208	-
Total		<u>5 208</u>	<u>-</u>

	<i>Note</i>	2019/20 R'000	2018/19 R'000
14. Voted funds to be surrendered to the Revenue Fund			
Opening balance		13 799	21 363
Prior period error		-	-
As restated		13 799	21 363
Transfer from Statement of Financial Performance (as restated)		-74 740	-2 658
Add: Unauthorised expenditure for current year	<u>10</u>	91 618	14 248
Paid during the year		-13 799	-19 154
Closing balance		<u>16 878</u>	<u>13 799</u>

	<i>Note</i>	2018/19 R'000
14.1 Prior period error		
Nature of prior period error	<u>14</u>	
Overspending on Health Revitalisation Grant		-
Relating to 2018/19		-
Total		<u>-</u>

	2019/20 R'000	2018/19 R'000
15. Departmental revenue and NRF Receipts to be surrendered to the Revenue Fund		
Opening balance	18 508	12 135
Prior period error	-	-
As restated	18 508	12 135
Transfer from Statement of Financial Performance (as restated)	303 958	303 140
Paid during the year	-313 978	-296 767
Closing balance	<u>8 488</u>	<u>18 508</u>

2019/20 R'000	2018/19 R'000
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NOTES TO ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

16. Bank overdraft			
Consolidated Paymaster General Account		81 607	15 848
Total		81 607	15 848

	<i>Note</i>	2019/20 R'000	2018/19 R'000
17. Payables - current			
Clearing accounts	17.1	21 733	17 940
Total		21 733	17 940

	<i>Note</i>	2019/20 R'000	2018/19 R'000
17.1 Clearing account	17		
Sal ACB Recalls		456	556
Sal Bargaining Council		14	6
Sal Garnishee Order		177	132
Sal Income Tax		5 128	1 485
Salary Medical Aid		158	-
Sal Disallowance Account		4	-
Adv: Dom/Prov KZN		9 643	4 794
Sal Recoverable		38	-
Sal Subscriptions and Prof Bodies		4	-
Sal: GEH Refund Control Account		6 111	10 967
Total		21 733	17 940

	<i>Note</i>	2019/20 R'000	2018/19 R'000
17.2 Other payables	17		
Medsas Clearing Account		-	-
Total		-	-

		2019/20 R'000	2018/19 R'000
18. Net cash flow available from operating activities			

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NOTES TO ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

Net surplus / (deficit) as per Statement of Financial Performance	229 218	300 482
Add back non-cash movements/ movements not deemed operating activities:	1 729 569	1 426 336
(Increase)/decrease in receivables	11 991	-12 755
Increase)/decrease in prepayments and advances	-20	-
(Increase)/decrease in other current assets	18 997	-
Increase/(decrease) in payables current	3 793	3 718
Proceeds from sale of capital assets	-9 536	-7 039
Expenditure on capital assets	2 032 121	1 758 333
Surrenders to revenue fund	-327 777	-315 921
Net cash flow generated by operating activities	1 958 787	1 726 818

	2019/20 R'000	2018/19 R'000
19. Reconciliation of cash and cash equivalents for cash flow purposes		
Consolidated Paymaster General Account	-81 607	-15 848
Cash receipts	195	194
Cash on hand	229	220
Total	-81 183	-15 434

	Note	2019/20 R'000	2018/19 R'000
20. Contingent liabilities and Contingent Assets			
Contingent liabilities			
20.1			
Liable to	Nature		
Housing loan guarantees	Employees		
	Annex 2A	546	579
Claims against the department	Annex 2B	24 418	20 917
Intergovernmental payables (unconfirmed balances)	Annex 4	999	987
Other		9 087	645 379
		2 615	2 615
		049	049
Total		27 043	24 178
		681	994

	2019/20 R'000	2018/19 R'000
21. Capital commitments		
Infrastructure Assets	1 172 832	634 354
Machinery and Equipment	449 910	350 187

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NOTES TO ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

Total	<u>1 622 742</u>	<u>984 541</u>
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	30 Days R'000	30+ Days R'000	2019/20 Total R'000	2018/19 Total R'000
22. Accruals, Payables not recognised				
22.1 Listed by economic classification				
Goods and services	244 872	125 584	370 456	374 678
Capital Assets	40 131	62	40 193	21 629
Total	<u>285 003</u>	<u>125 646</u>	<u>410 649</u>	<u>396 307</u>

	2019/20 R'000	2018/19 R'000
Listed by programme level		
Administration	36 423	160 848
District Health Services	104 758	119 835
Emergency Medical Services	2 697	23 357
Provincial Hospital Services	194 015	64 659
Central Hospital Services	17 959	7 720
Health Service and Training	4 339	6 124
Health Care		
Support	3 345	1 976
Health Facilities Management	47 113	11 788
Total	<u>410 649</u>	<u>396 307</u>

	30 Days R'000	30+ Days R'000	Total R'000	Total R'000
22.2 Payables not recognised				
Listed by economic classification				
Goods and services	619 522	369 049	988 571	865 873
Capital assets	173 397	13 167	186 564	164 746
Total	<u>792 919</u>	<u>382 216</u>	<u>1 175 135</u>	<u>1 030 619</u>

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	2019/20 R'000	2018/19 R'000
Listed by programme level		
Administration	174 742	93 088
District Health Services	87 869	168 003
Emergency Medical Services	31 664	8 080
Provincial Hospital Services	191 144	91 528
Central Hospital Services	123 444	75 297
Health Services and Training	4 879	103 089
Health Care Support	460 421	321 612
Health Facilities Management	100 972	169 922
Total	1 175 135	1 030 619

	2019/20 R'000	2018/19 R'000
<u>Included in the above totals are the following:</u>		
Confirmed balances with other departments	Annex 4 71 808	71 328
Confirmed balances with other government entities	Annex 4 263 916	360 866
Total	335 724	432 194

	2019/20 R'000	2018/19 R'000
23. Employee benefit		
Leave entitlement	1 064 942	973 246
Service Bonus	703 290	666 403
Capped leave	531 258	565 468
Other	27 700	23 468
Total	2 327 190	2 228 585

Long service awards is displayed under Other to value of R22,696 million

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24. Lease commitments

24.1 Operating leases expenditure

2019/20	Specialised military assets R'000	Land R'000	Buildings and other fixed structures R'000	Machinery and equipment R'000	Total R'000
Not later than 1 year	-	-	62 810	105 441	105 441
Later than 1 year and not later than 5 years	-	-	104 753	19 673	124 426
Total lease commitments	-	-	167 563	62 304	229 867

2018/19	Specialised military assets R'000	Land R'000	Buildings and other fixed structures R'000	Machinery and equipment R'000	Total R'000
Not later than 1 year	-	-	12 775	40 446	40 446
Later than 1 year and not later than 5 years	-	-	9 768	40 943	50 711
Total lease commitments	-	-	22 543	68 614	91 157

24.2 Finance leases

2019/20	Specialised military assets R'000	Land R'000	Buildings and other fixed structures R'000	Machinery and equipment R'000	Total R'000
Not later than 1 year	-	-	-	3 245	3 245
Later than 1 year and not later than 5 years	-	-	-	1 679	1 679
Total lease commitments	-	-	-	4 924	4 924

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2018/19	Specialised military assets R'000	Land R'000	Buildings and other fixed structures R'000	Machinery and equipment R'000	Total R'000
Not later than 1 year	-	-	-	2 184	2 184
Later than 1 year and not later than 5 years	-	-	-	453	453
Total lease commitments	-	-	-	2 637	2 637

** This note excludes leases relating to public private partnerships as they are separately disclosed to note no. 29.

	2019/20 R'000	2018/19 R'000
25. Accrued Departmental Revenue		
Sales of goods and services other than capital assets	244 866	205 750
Other	57 385	57 195
Total	302 251	262 945

	2019/20 R'000	2018/19 R'000
25.1 Analysis of accrued departmental revenue		
Opening Balances	262 945	244 651
Less: Amounts received	134 552	142 881
Add: Amounts recognised	263 250	203 034
Less: Amounts written-off/reversed as irrecoverable	89 392	41 859
Closing balance	302 251	262 945

	2019/20 R'000	2018/19 R'000
25.2 Accrued Department Revenue written off		
Nature of losses		
Write Off	5 690	5 956
Reduction of Fees based on re-assessment	83 702	35 899
Total	89 392	41 855

	2019/20 R'000	2018/19 R'000
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25.3 Impairment of accrued departmental revenue

Estimate of impairment of accrued departmental revenue	44 654	15 927
Total	44 654	15 927

	2019/20 R'000	2018/19 R'000
26. Irregular Expenditure		
26.1 Reconciliation of irregular expenditure		
Opening balance	8 491 818	8 956 119
Prior period error	-	-2 857 127
As restated	8 491 818	6 098 992
Add: Irregular expenditure - relating to prior year	-	1 541 732
Add: Irregular expenditure - relating to current year	1 433 975	881 747
Less: Prior year amounts condoned	-	-30 653
Irregular expenditure awaiting condonation	9 925 793	8 491 818

Analysis of closing balance

Current year	1 433 975	881 747
Prior years	8 491 818	7 610 071
Total	9 925 793	8 491 818

		2019/20 R'000
26.2	Details of irregular expenditure - Incident	
	Current year Disciplinary steps taken/criminal proceedings	
	Expired Month to month contracts	975 019
	Procurement of Expired contract	264 523
	Other SCM reasons	194 433
	Total	1 433 975

26.3 Details of irregular expenditure under assessment (not included in the main note)

Incident	Condoned by (condoning authority)	2019/20 R'000
2016/2017 Expenditure	To be assessed	334 548
2017/2018 Expenditure	To be assessed	2 522 579

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2018/2019 Expenditure	To be assessed	2 095 356
2019/2020 Expenditure	To be assessed	322 808
Total		5 275 291

26.4 Prior Period Error	2018/19
	R'000
Nature of Prior Period Error	
Irregular Expenditure still being assessed and not confirmed	-2 857 127
2016 / 2017 Expenditure	-334 548
2017 /2018 Expenditure	-2 522 579
Relating to 2018/19	-2 095 356
2018/2019	-2 095 356
Total	-4 952 483

27 Fruitless and wasteful expenditure	2019/20	2018/19
	R'000	R'000
27.1 Reconciliation of fruitless and wasteful expenditure		
Opening balance	9 032	8 949
As restated	9 032	8 949
Fruitless and wasteful expenditure – relating to current year	1 533	6 089
Less: Amounts recoverable	-	-200
Less: Amounts written off	-6 537	-5 806
Closing balance	4 028	9 032

27.2	Details of current and prior year fruitless and wasteful expenditure – added current year (under determination and investigation)	2019/20
		R'000
	Incident	Disciplinary steps taken/criminal proceedings
	Expired Stock	In process of disciplinary proceedings
	HR Related	
	Interest Municipal and other	
	SCM Related	
	S&T: No show / cancelled booking	
	Total	1 533
27.3	Details of fruitless and wasteful expenditure written off	2019/20
	Incident	R'000
	Write Off of the 2018/2019 Financial Year	6 089
	Current year 2019/2020 various items	448
	Total	6 537

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NOTES TO ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

27.4	Details of fruitless and wasteful expenditure under investigation (not in the main note)	2019/20
	Incident	R'000
	Various Transactions	377
	Total	377

	<i>No of Individuals</i>	2019/20 R'000	2018/19 R'000
28. Key management personnel			
Political office bearers	1	1 978	1 978
Officials:			
EXCO	5	7 986	11 057
MANCO	14	18 182	17 836
Family members of key management personnel	6	3 071	3 720
Total		31 217	34 591

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NOTES TO ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

29. Public Private Partnership

Inkosi Albert Luthuli Central Hospital PPP

The Department has in place a public private partnership agreement with Cowslip Investments (Pty) Ltd and Impilo Consortium for the delivery of non-clinical services to the Inkosi Albert Luthuli Central Hospital. The Department is satisfied that the performance of the PPP partners was adequately monitored in terms of the provisions of the agreement.

The Department has the right to the full use of the assets and the consortium may not pledge the assets as security against any borrowings for the duration of the agreement.

The Impilo Consortium is responsible for the provision of the following goods and services:

- supply of Equipment and IM&T Systems that are State of the Art and replace the Equipment and IM&T Systems so as to ensure that they remain State of the Art;
- supply and replacement of Non-Medical Equipment;
- provision of all Services necessary to manage the Project Assets in accordance with Best Industry Practice;
- maintenance and replacement of the Departmental Assets in terms of the replacement schedules;
- provision or procurement of Utilities and Consumables and Surgical Instruments; and
- Provision of Facilities Management Services.

The agreement was concluded with a view to provide the Department with the opportunity to concentrate on the delivery of clinical services at the highest standards in terms of quality, efficiency, effectiveness and patient focussed care.

The Department is responsible for the employment of all healthcare staff and the administration staff, together with the provision of all consumables used in the provision of the healthcare services.

Impilo Consortium is required at its own cost and risk to provide, deliver, Commission, manage, maintain and repair (as the case may be) Project Assets and Department Assets (or part thereof), including the renewal or replacement of Project Assets and Department Assets at such times and in such manner as to enable it to meet the IM&T Output Specifications and the FM Output Specifications; as to ensure that the Department is, at all times, able to provide Clinical Services that fulfil Hospital's Output Specifications using State of the Art Equipment and IM&T Systems; as would be required having regard to Best Industry Practice; and as required by Law.

The replacement of assets over the period of the contract is based on the Replacement Programme which operates on a rolling basis. To that end, at least 1 (one) month prior to the start of each Contract Year thereafter, Impilo Consortium is required to furnish to the Asset Replacement Committee for approval a revised Replacement Programme.

The assets will only transfer to the Department at the end of the period of the agreement.

The Impilo Consortium has to ensure that, at the end of the Project Term the Project Assets and Department Assets comply with the requirements of the Agreement and are in a state of repair which is sound and operationally safe, fair wear and tear excepted and the items comprising each level of Project Assets specified in the agreement between them have an average remaining useful life not less than one third of the original useful life.

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Public Private Partnership – (continued)

Amendment 2 to the PPP agreement was concluded during December 2005. The main aim thereof was to consolidate various amendments agreed upon since the inception date of the contract and no additional financial implications were incurred as a result of the amendments.

The commencement date of the contract was 4 February 2002, with a final commissioning date for the hospital functions being 31 August 2003. The contract is for a period of 15 years from the commencement date. The Department has the option to renew the agreement only for a further year after 15 years.

The agreement requires the Department to pay a monthly service fee as stipulated in the schedule of payments to cover the monthly operational costs for facilities management, provision of information technology services, maintenance of equipment and the supply of equipment related consumables which the consortium is responsible for. The service fee is adjusted monthly for applicable performance penalties in accordance with the provisions of the penalty regime. The Department is also responsible for the payment of a quarterly fee towards the asset replacement reserve.

Amendment

The PPP agreement contract was signed on the 27th January 2017 for a further 3 years extension. The commitment / obligation are as follows:

2019/2020 R737 million

Total Obligation to remaining period is R 1,449 billion

	2019/20 R'000	2018/19 R'000
Unitary fee paid	643 202	800 690
Indexed component	643 202	800 690
Analysis of indexed component	643 202	800 690
Goods and Services(excluding lease payments)	643 202	800 690
Capital/(Liabilities)	771 411	805 185
Plant and equipment	771 411	805 185
Other	1 149	737 000
Other obligations	1 149	737 000
	2019/20 R'000	2018/19 R'000
30. Provisions		
Building and other Fixed Structures	6 028	4 419

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NOTES TO ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

<u>6 028</u>	<u>4 419</u>
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30.1 Reconciliation of movement in provisions - 2019/20

	Provision 1	Provision 2	Provision 3	Provision 4	Total provisions
	R'000	R'000	R'000	R'000	R'000
Opening balance	4 419	6 028	-	-	10 447
Settlement of provision	-4 419	-	-	-	-4 419
Closing balance	-	6 028	-	-	6 028

Reconciliation of movement in provisions - 2018/19

	Provision 1	Provision 2	Provision 3	Provision 4	Total provisions
	R'000	R'000	R'000	R'000	R'000
Opening balance	38 799	1 536 924	-	-	1 575 723
Increase in provision	1 727	-	-	-	1 727
Settlement of provision	-36 107	-	-	-	-36 107
Change in provision due to change in estimation of inputs	-	-1 536 924	-	-	-1 536 924
Closing balance	4 419	-	-	-	4 419

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NOTES TO ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

31. Movable Tangible Capital Assets

Movement in movable tangible capital assets per asset register for the year ended 31 March 2020

	Opening balance Cost R'000	Current Year Adjustments to prior year balances Cost R'000	Additions Cost R'000	Disposals Cost R'000	Closing balance Cost R'000
HERITAGE ASSETS	-	-	-	-	-
Heritage assets	-	-	-	-	-
Machinery and Equipment	3 738 679	863 491	999 261	96 950	5 504 481
Transport Assets	1 150 412	-5 101	235 817	53 450	1 327 678
Computer equipment	289 939	185 963	17 747	38	493 611
Furniture and Office equipment	108 777	-25 980	19 500	1 217	101 080
Other machinery & Equipment	2 189 551	708 609	726 197	42 245	3 582 112
Total movable tangible assets	3 738 679	863 491	999 261	96 950	5 504 481

Movable Tangible Capital Assets under investigation

Included in the above total of the movable tangible capital assets per the asset register are assets that are under investigation:

	Number	Value R'000
Machinery and equipment	81 328	334 488

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NOTES TO ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

31.1 Additions to movable tangible capital asset per asset register for the year ended 31 March 2020

	Cash Cost R'000	Non-Cash Fair Value R'000	(Capital work in progress - current costs) Cost R'000	Received current year, not paid (Paid current year, received prior year) Cost R'000	Total Cost R'000
Machinery and equipment	975 951	16 383	-	6 927	999 261
Transport assets	221 948	6 942	-	6 927	235 817
Computer equipment	14 407	3 340	-	-	17 747
Furniture and Office equipment	19 491	9	-	-	19 500
Other machinery and equipment	720 105	6 092	-	-	726 197
Total additional to movable	975 951	16 383	-	6 927	999 261

31.2 Disposals of movable tangible capital assets per asset register for the year ended 31 March 2020

	Sold for cash Cost R'000	Transfer out or destroyed or scrapped Fair Value R'000	Total disposals Cost R'000	Cash received Actual R'000
MACHINERY AND EQUIPMENT	96 950	-	96 950	9 536
Transport assets	53 450	-	53 450	9 515
Computer equipment	38	-	38	-
Furniture and office equipment	1 217	-	1 217	21
Other machinery and equipment	42 245	-	42 245	-
Total	96 950	-	96 950	9 536

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NOTES TO ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

Movement for 2018/2019

31.3 Movement in movable tangible capital assets per asset register for the year ended 31 March 2019

	Opening balance R'000	Current year adjustments to prior year balances R'000	Additions R'000	Disposals R'000	Closing Balance R'000
Machinery and equipment	3 469 141	-	596 603	327 065	3 738 679
Transport assets	1 072 965	-	132 006	54 559	1 150 412
Computer equipment	229 099	-	91 358	30 518	289 939
Furniture and office equipment	116 846	-	4 590	12 659	108 777
Other machinery and equipment	2 050 231	-	368 649	229 329	2 189 551
Total tangible assets	3 469 141	-	596 603	327 065	3 738 679

31.4 Minor assets

Movement in minor asset per the asset register for the year ended 31 March 2020

	Specialised military assets R'000	Intangible assets R'000	Heritage assets R'000	Machinery and equipment R'000	Biologic al assets R'000	Total R'000
Opening balance	-	-	-	1 068 588	-	1 068 588
Value adjustments	-	-	-	-149 512	-	-149 512
Additions	-	-	-	32 687	-	32 687
Disposals	-	-	-	7 286	-	7 286
TOTAL	-	-	-	944 477	-	944 477

Minor Capital Assets under investigation

	Numbers	Values R'000
Included in the above total of the minor capital assets per the asset register are assets that are under investigation:		
Machinery and equipment	16 525	133 625

Minor assets

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NOTES TO ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

Movement in minor asset per the asset register for the year ended 31 March 2019

	Specialised military assets R'000	Intangible assets R'000	Heritage assets R'000	Machinery and equipment R'000	Biologic al assets R'000	Total R'000
Opening balance	-	-	-	1 134 425	-	1 134 425
Additions	-	-	-	45 851	-	45 851
Disposals	-	-	-	111 688	-	111 688
TOTAL	-	-	-	1 068 588	-	1 068 588

32. Immovable Tangible Capital Assets

Movement In Immovable Tangible Capital Assets Per Asset Register For The Year Ended 31 March 2020

	Opening balance R'000	Value adjustments R'000	Additions R'000	Disposals R'000	Closing balance R'000
Buildings And Other Fixed Structures	297 182	-	784 125	34 595	1 046 712
Non-residential buildings	185 747	-	340 725	-	526 472
Other fixed structures	111 435	-	443 400	34 595	520 240
TOTAL	297 182	-	784 125	34 595	1 046 712

32.1 Additions

Additions To Immovable Tangible Capital Assets Per Asset Register For The Year Ended 31 March 2020

	Cash R'000	Non-cash R'000	(Capital work-in- progress current costs and finance lease payments) R'000	Received current, not paid (Paid current year, received prior year R'000	Total R'000
Buildings And Other Fixed Structures	784 125	-	-	-	784 125
Non-residential buildings	340 725	-	-	-	340 725
Other fixed structures	443 400	-	-	-	443 400
TOTAL	784 125	-	-	-	784 125

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NOTES TO ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

32.2 Disposals

Disposals Of Immovable Tangible Capital Assets Per Asset Register For The Year Ended 31 March 2020

	Sold for cash	Non-cash disposal	Total disposals	Cash received Actual
	R'000	R'000	R'000	R'000
Buildings And Other Fixed Structures	-	34 595	34 595	-
Other fixed structures	-	34 595	34 595	-
TOTAL	-	34 595	34 595	-

32.3 Movement for 2018/19

Movement In Immovable Tangible Capital Assets Per Asset Register For The Year Ended 31 March 2019

	Opening balance	Prior period error	Additions	Disposals	Closing balance
	R'000	R'000	R'000	R'000	R'000
Buildings And Other Fixed Structures	206 276	-	100 844	9 938	297 182
Non-residential buildings	122 311	-	63 436	-	185 747
Other fixed structures	83 965	-	37 408	9 938	111 435
TOTAL	206 276	-	100 844	9 938	297 182

32.3.1 Prior period error

	Note	2018/19 R'000
Nature of prior period error Relating to 2018/19 (affecting the opening balance)		-
Relating to 2018/19 Disposal for prior year		9 938
Total		9 938

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33. Capital Work-in-progress
33.1 CAPITAL WORK-IN-PROGRESS AS AT 31 MARCH 2020

	Opening Balance 1 April 2019	Current Year WIP	Ready for use (Assets to the AR) / Contracts terminated	" Closing Balance 31 March 2020 "
	R'000	R'000	R'000	R'000
Buildings and other fixed structures	3 398 401	845 815	784 125	3 460 091
Total	3 398 401	845 815	784 125	3 460 091

Age analysis on ongoing projects

	Number of projects		2019/20
	Planned, construction not started	Planned, construction started	"Total R'000"
0 to 1 year	22	10	52 687
1 to 3 year(s)	25	44	260 050
3 to 5 years	5	-	11 191
Longer than 5 years	7	6	3 136 163
Total	59	60	3 460 091

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NOTES TO ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

LIST OF PROJECTS WITH DURATION OF LONGER THAN FIVE YEARS AND THE ACTIONS TAKEN TO COMPLETE THE PROJECTS

PROJECT ON CONSTRUCTION

1. **DR PIXLEY KA ISAKA SEME MEMORIAL HOSPITAL: NEW 500-BED REGIONAL HOSPITAL**

This is a major Project which its duration for Design and Construction takes a much longer time. The construction commenced on 19 January 2015 and was anticipated to take Practical Completion on 05 October 2018.

The project has gone over the tendered project duration due to delays as summarised below

- *COVID-19 global lockdowns delayed delivery of the imported materials for the finishes. This prevented the commissioning of dependent activities e.g. the floor coverings could not be done until all wall cladding had arrived in the country and installed.*
- *The site experienced shutdowns due to workers contracting COVID-19 virus. This affected the interface and synchronization of the systems that must function in a particular way when there is fire and load shedding e.g. Fire Detection and Protection Systems, Security Systems, Lifts and HVAC system.*

The current delay claims are being reviewed and the Project anticipates to be completed by 20 November 2020.

2. **HLABISA HOSPITAL: PROJECT: UPGRADE OPD, PHARMACY, A&E AND ALLIED SERVICES**

This Project was originally done by IDT as the Implementing Agent. It was then ceded to DOH after the SLA for IDT was not renewed. The Design and Tender processes were then moved to DOH for finalisation but there were few delays experienced during the ceding of Professional Services from IDT to DOH.

The construction commenced on 26 April 2018; currently the contractor is on site with 61% and anticipated to complete on 20 October 2021.

3. **NGWELEZANE HOSPITAL: 192 BED WARD BLOCK - SURGICAL WARDS**

Contractor: Clear Choice Builders experienced the financial problems in 2018/19 and did not pay his sub-contractors. The sub-contractors walked off site. In order to complete the project (and not terminate the contract), the Direct Subcontractors were appointed by DPW (approval received from HOD). Met Builders and Sizwe Sub-contractors were appointed to complete the project.

- *Repairs to the damage caused by burst water pipe in ICU / High Care. This Variation Order was only issued in June 2020, and the repairs were urgently needed by DOH due to the use of this area for COVID 19 patients.*

The latest programme of completion indicates end of October 2020 as the date for the Practical Completion of the entire project. The progress on site is being monitored closely by the consulting team.

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4. STANGER (GJGM) HOSPITAL: NEW LABOUR AND NEO NATAL WARDS

The Project has reached Practical Completion on 20 August 2020 and Final Delivery is anticipated on 20 August 2021.

5. PRINCE MSHIYENI MEMORIAL HOSPITAL: UPGRADE FIRE SYSTEM

The Project has reached Practical Completion on 12 June 2020 and Final Delivery is anticipated on 12 June 2021.

6. BRUNTVILE COMMUNITY HEALTH CENTRE: CONSTRUCTION OF A NEW PHARMACY, DISPENSARY AREA, WALKWAYS, PARKING AND RELOCATION OF PARKHOMES

This Project experienced a lot of challenges on site such as:

- Principal Agent passing away and Public Works having to re-tender for the new one
- Poor Performance of a Profession Quantity Surveyor which resulted to termination of their services and for re-tendering of a new one
- Suspension of Work on site due to fire outbreak
- Poor performance of a contractor which resulted to his termination in February 2020.
- Public Works is already working on the Completion Contract which is anticipated to be on site by 10 December 2020

PROJECTS IN PLANNING

1. NORTHDALE HOSPITAL: RENOVATIONS TO EXISTING STAFF RESIDENCE AND CONSTRUCTION OF THE NEW 28 UNITS DOCTORS RESIDENCE

The need for the project was identified based on the shortage of Student and Internship Doctors accommodation within the Institution. The condition assessment was carried out in 2011 onto an existing 5-storey Staff Accommodation Building in a view to try and undertake alterations to the existing building to create additional 24 flatlets. During the condition assessments it was also found that the building required major renovations.

The Independent Development Trust (IDT) was nominated to manage this project during the planning of 2012/13 financial year and the project brief was issued to IDT during 2012 which marked the start of the project.

13 March 2013: The first group of consultants was appointed by IDT including the Principal Agent and the Quantity Surveyor; all Engineers were appointed under the Principal Agent during 2013 towards the end of 2013. The project investigations started in 2014 until the beginning of 2015

On 28 April 2015 the IDT–DOH Service Level Agreement was terminated, there was a delay of approximately 7 months whilst the closing and transfer of IDT Programme was underway impacting on all projects that were under planning including Northdale project

The project took on again in September 2015 and whilst the design was underway, the institution the discussions started with Northdale Hospital in pursuant of the decanting plan which would include moving out the occupants of the building elsewhere when renovations began. The staff started picketing which led to the Northdale Institutional Labour and Management Committee appointed.

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NOTES TO ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

On 23 November 2015 the Institutional Labour and Management Committee wrote to the Infrastructure Development Unit advising of the Committees decision to put the project on hold until all Labour issues arising from the proposed decanting plan were put to rest. The Project was put on hold until the beginning of 2017 financial year.

On 12 May 2017 the consultants tabled the project at DOH Plans approval committee, the project was not approved as it emerged that fire design had not been included. It emerged that IDT during the appointment of Consultants had left out the Fire Engineer and the Land Surveyor. A further delay was experienced whilst processes to employ the Fire Engineer and the Land Surveyor took place.

In August 2017 and December 2017 respectively the project was again presented at the DOH Plans approval Committee at this time the committee raised a concern on the financial viability of the project as suggested that the team investigate the costs of building a new building as the cost for alterations to provide additional space in the existing building proved were exorbitant.

Mid-January 2018 the design based on the new scope of works which now included Major renovations of the existing building (excluding alterations) and the building of a new 28 unit block began in January 2018.

In October 2019 the FIPDM 2 (then SIPDM stage 4) was presented to the Department and the certificate of approval was issued thereby allowing the project to proceed to detailed design

The detailing of design was completed by May 2020 and the FIPDM 3 HIAC Certificate was approved on **18 May 2020**
The project was ready to proceed to stage 5 which is the design documentation

This stage was completed in **August 2020** and the draft Tender Document was received on 10 August 2020 reviewed and sent back to the consultant for correction on 17 August 2020. The reviewed tender document was anticipated back from the Consultants on 4 September 2020 did not arrive.

A warning letter have been sent the QS on Mid-day **28 September 2020** to which the QS responded by sending the required Tender Document in the evening of the same day. The DOH QS is reviewing the document.

It is anticipated that the project be presented at HIAC stage 5, design documentation on Friday 16 October 2020. Thereafter the presentation at the Infrastructure Technical Specification Committee will take place on Monday 23 October 2020 and if approved the project will be advertised.

2. UMPHUMULO HOSPITAL: NEW CORE BLOCK

The project at Umphumulo Hospital was initially identified in 2013 as the 'Construction of OPD with X-ray', implemented through Department of Public Works.

In November 2016 a decision was made to revise the project brief to build a new core block that would include OPD, Emergency Centre, Admissions, Theatres, CSSD, Pharmacy, Radiology, Administration, Helipad and new main entrance with security and parking to improve legibility of the hospital as well as upgrade the congested services.

The project was then delayed due to resource constraints, including budget constraints. The department has reviewed the project to bring it into compliance with revised norms and standards. The revised brief was presented to National Health (NDoH) for review in March 2019. Further consultation with stakeholders, including the facility, the district and clinicians was undertaken to address revisions requested by NDoH. The brief was resubmitted for review in July 2020. NDOH made further

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comments and the brief will be reissued by the end September 2020. The brief has been reviewed internally by stakeholders and HIAC and been approved, pending NDoH's approval.

3. MADUNDUBE CLINIC: CONSTRUCTION OF A NEW MEDIUM CLINIC

The project was identified in 2008. The project was delayed due to budget constraints and further delayed when construction all clinics were placed on hold by NDoH in order to ensure it complies to Ideal Clinic standards. The development of new standard designs took longer than expected due to time constraints and approval of new design was delayed by NDoH. In April 2020 NDoH confirmed verbally that the DOH could continue with the design. The project is being re-scoped and will be designed to comply with the Ideal Clinic requirements. The final brief will be submitted to HIAC by mid October 2020.

4. PORT SHEPSTONE HOSPITAL: NEW 28 BEDDED PSYCHIATRIC UNIT

This project was originally initiated in 2012. The design for a Psychiatric Ward commenced but was placed on hold in 2013 due to funding constraints. The project was revived in 2016. A project Confirmation Brief was done and approved

on 17 October 2016. There was a change in Norms and Standards which necessitated that all New Facilities must undergo a Peer Review with National Health.

NDoH required the submission of a Clinical Brief which was done by KZN DoH Planning, and eventually approved by NDoH on 11 July 2017. This was based on regulations around Mental Healthcare Act and Clinical requirements at the time. Approval was given to proceed to design development.

HIAC approval for Stage 4 and 5 were granted in December 2018. Designs were further developed and Tender documentation was prepared and ready to be presented at HIAC in early 2019. NDoH indicated that they should form part of the Design Development Stage.

NDoH attended two meetings with the Province in 2019 and perused the layouts of the facilities and were not in agreement with the designs and highlighted what they required to be changed. KZN DoH have affected as much of the changes as physically possible due to site constraints within the facilities

NDoH have recently required the actual Clinical Brief document to be amended to reflect all these requirements more clearly. KZN DoH together with KZN Mental Health is working through the Clinical Brief for resubmission by 15 October 2020.

5. STANGER HOSPITAL: NEW 28 BEDDED PSYCHIATRIC UNIT

This project was originally initiated in 2012 together with the Port Shepstone Hospital Psychiatric Ward. The design for a Psychiatric Ward commenced but was placed on hold in 2013 due to funding constraints. The project was revived in 2016. A project Confirmation Brief was done and approved on 17 October 2016. There was a change in Norms and Standards which necessitated that all New Facilities must undergo a Peer Review with National Health.

NDoH required the submission of a Clinical Brief which was done by KZN DoH Planning, and eventually approved by NDoH on 11 July 2017. This was based on regulations around Mental Healthcare Act and Clinical requirements at the time. Approval was given to proceed to design development.

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HIAC approval for Stage 4 and 5 were granted in December 2018. Designs were further developed and Tender documentation was prepared and ready to be presented at HIAC in early 2019. NDoH indicated that they should form part of the Design Development Stage.

NDoH attended two meetings with the Province in 2019 and perused the layouts of the facilities and were not in agreement with the designs and highlighted what they required to be changed. KZN DoH have affected as much of the changes as physically possible due to site constraints within the facilities. NDoH have recently required the actual Clinical Brief document to be amended to reflect all these requirements more clearly. KZN DoH together with KZN Mental Health is working through the Clinical Brief for resubmission by 15 October 2020.

6. OSINDISWENI MDR-TB DECENTRALISED UNIT

Osindisweni Hospital Project was initiated in 2010. The project brief was approved in June 2011. The Brief was originally repairs and renovations to the existing TB Wards. In 2012 it was found that the costs of renovating the wards was unfeasible versus building new and it was decided that the existing wards would be demolished and new inpatient and outpatient facilities provided for treatment of Drug Resistant TB. A confirmation brief was prepared and approved in 2016.

In 2017 the brief was further revised to expand the clinical brief and motivation for the decentralized unit for drug resistant TB treatment. The document detailed the accommodation required to ensure compliance with the IUSS TB Services guideline. An approval was granted by National Health for the Clinical Brief on 28 February 2018. Concept Report was approved on 30 November 2018.

The design was revised accordingly and design development (Stage 3) was approved on 10 February 2020. Tender Documentation was approved on 24 June 2020. The project is in Tender Stage and was advertised on 21 August 2020, Tender Briefing was held on 8 September 2020 and the Closing Date is on 30 September 2020.

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7. UPGRADE TO THE REGIONAL LAUNDRY BUILDING

Project started in 5 July 2013. The Project was placed on hold in December 2014 due to funding constraints. The Project was revived on 18 April 2017. The Project has received approval for all IDMS Stages and is now at Tender Stage.

CAPITAL WORK-IN-PROGRESS AS AT 31 MARCH 2019

	Opening Balance	Prior period error	Current Year WIP	Ready for use (Assets to the AR) / Contracts terminated	"Closing Balance 31 March 2019 "
	R'000	R'000	R'000	R'000	R'000
Buildings and other fixed structures	2 330 044	59 353	1 109 848	100 844	3 398 401
Total	2 330 044	59 353	1 109 848	100 844	3 398 401

Age analysis on ongoing projects

	Number of projects		2018/19
	Planned, construction not started	Planned, construction started	"Total R'000"
0 to 1 year	7	4	52 890
1 to 3 year(s)	57	24	438 457
3 to 5 years	10	13	348 396
Longer than 5 years	12	5	2 558 658
Total	86	46	3 398 401

34. Prior period errors

	Note	2018/2019	
		Amount before error correction	Prior period error
		R'000	R'000
Other: (e.g. Irregular expenditure, fruitless and wasteful expenditure, etc.)			
Irregular Expenditure 2016/2017	26.4	1 325 084	-334 548
			990 536

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Irregular Expenditure 2017/2018	26.4	3 006 074	-2 522 579	483 495
Irregular Expenditure 2018/2019	26.4	2 977 103	-2 095 356	881 747
				20 110
Contingent Liabilities Medical Legal	20.1	19 928 054	182 260	314
Contingent Liabilities Civil, Transport and other	20.1	801 782	5 891	807 673
Capital Work in Progress	31.1	3 339 048	59 353	3 398 401
Immovable Capital Asset – prior year disposal	31	-	-9 938	-9 938
				26 662
Net effect		31 377 145	-4 714 917	228

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ANNEXURE 1 A

STATEMENT OF CONDITIONAL GRANTS RECEIVED

NAME OF GRANT	GRANT ALLOCATION					SPENT				2018/19	
	Division of Revenue Act/Provincial Grants	Roll Overs	DORA Adjustments	Other Adjustments	Total Available	Amount received by department	Amount spent by department	Under / (overspending)	% of available funds spent by dept.	Division of Revenue Act	Amount spent by department
	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
National Tertiary Services Grant	1 895 149	-	-	-	1 895 149	1 895 149	1 895 149	-	100%	1 794 649	1 794 649
HIV, TB Malaria & Community Outreach	5 840 629	-	-	-	5 840 629	5 840 629	5 840 629	-	100%	5 677 225	5 677 225
Health Facility Revitalisation Grant	1 353 497	-	-	-	1 353 497	1 353 497	1 353 497	-	100%	1 401 988	1 401 988
Human Papillomavirus Vaccine Grant	47 495	5 260	-	-15 192	37 563	37 563	37 563	-	100%	44 976	33 386
Health Professional & Training and Development Grant	370 863	-	-	-	370 863	370 863	370 863	-	100%	351 197	351 197
Human Resources Capacitation grant	122 316	-	-	69 414	191 730	191 730	191 730	-	100%	-	-
Social Sector EPWP Incentive Grant for Province	20 998	-	-	-	20 998	20 998	20 998	-	100%	24 182	24 182
EPW Integrated Grant to Provinces	10 313	-	-	-	10 313	10 313	10 313	-	100%	8 896	8 896
National Health Insurance	-	-	-	55 376	55 376	55 376	38 499	16 877	70%	-	-
	9 661 260	5 260	-	109 598	9 776 118	9 776 118	9 759 241	16 877		9 303 113	9 291 523

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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

ANNEXURE 1 B

STATEMENT OF CONDITIONAL GRANTS AND OTHER TRANSFERS TO MUNICIPALITIES

NAME OF MUNICIPALITY	GRANT ALLOCATION				TRANSFER			SPENT				2018/19	
	DoRA and other transfers	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	Unspent funds	% of available funds spent by municipality	Division of Revenue Act	Actual Transfer
	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	
eThekwini : Conditional Grant	118 223	-	-	118 223	118 223	-	-	118 223	118 223	-	100%	116 882	116882
eThekwini : Equitable Share	103 904	-	-	103 904	104 669	-	-	104 669	104 669	-	0%	98 394	98394
PD Vehicle Licences	6 346	-	-	6 346	6 245	-	-	6 245	6 245	-	100%	4 110	4110
TOTAL	228 473	-	-	228 473	229 137	-	-	229 137	229 137	-		219 386	219 386

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ANNEXURE 1C

STATEMENT OF TRANSFERS TO DEPARTMENTAL AGENCIES AND ACCOUNTS

DEPARTMENT/AGENCY/ACCOUNT	TRANSFER ALLOCATION				TRANSFER		2018/19
	Adjusted appropriation	Roll Overs	Adjustments	Total Available	Actual Transfer	% of Available funds transferred	Appropriation Act
	R'000	R'000	R'000	R'000	R'000	%	R'000
Skills Development Levy	22 036	-	-	22 036	22 036	100%	20 868
Com: SABC TV Licences	210	-	-	210	407	194%	289
Rounding	-	-	-	-	-	-	-
TOTAL	22 246	-	-	22 246	22 443		21 157

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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

ANNEXURE 1D

STATEMENT OF TRANSFERS TO NON-PROFIT INSTITUTIONS

NON-PROFIT INSTITUTIONS	TRANSFER ALLOCATION				EXPENDITURE		2018/19
	Adjusted appropriation Act	Roll Overs	Adjustments	Total Available	Actual Transfer	% of Available funds transferred	Appropriation Act
	R'000	R'000	R'000	R'000	R'000	%	R'000
Transfers	-	-	-	-	-	-	-
	-	-	-	-	-	-	-
Subsidies							
Austerville Halfway House	621	-	-	621	621	100%	603
Azalea House	574	-	-	574	574	100%	557
The Bekimpilo Trust	9 438	-	-	9 438	9 438	100%	9 163
Budget Control Holding Funds	988	-	-	988	-	0%	-
Claremont Day Care Centre	438	-	-	438	438	100%	425
DPSA-Comm Based Rehab Project	1 044	-	-	1 044	1 044	100%	979
DPSA - Wheelchair repair & maintenance	658	-	-	658	958	146%	965
Duduza Care Centre	424	-	-	424	424	100%	412
Ekukhanyeni Clinic	1 146	-	-	1 146	1 146	100%	1 081
Enkumane Clinic	304	-	-	304	304	100%	295
Estcourt Hospice	592	-	-	592	592	100%	574
Ethembeni Stepdown Centre	4 572	-	-	4 572	4 572	100%	3 780
Genesis care Centre	2 946	-	-	2 946	2 946	100%	2 946
Happy Hour Amaoti	585	-	-	585	585	100%	568

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STATEMENT OF TRANSFERS TO NON-PROFIT INSTITUTIONS - CONTINUE

NON-PROFIT INSTITUTIONS	TRANSFER ALLOCATION				EXPENDITURE		2018/19
	Adjusted appropriation Act	Roll Overs	Adjustments	Total Available	Actual Transfer	% of Available funds transferred	Appropriation Act
	R'000	R'000	R'000	R'000	R'000	%	R'000
Happy Hour Durban North	512	-	-	512	512	100%	497
Happy Hour Kwaximba	468	-	-	468	468	100%	455
Happy Hour Mpumalanga	468	-	-	468	468	100%	455
Happy Hour Ninikhona	292	-	-	292	292	100%	284
Happy Hour Nyangwini	307	-	-	307	307	100%	298
Happy Hour Phoenix	292	-	-	292	292	100%	284
Highway Hospice	798	-	-	798	798	100%	775
Hibberdene Care Centre	351	-	-	351	-	0%	227
Hlanganani Ngothando DCC	411	-	-	411	411	100%	399
Howick Hospice	655	-	-	655	655	100%	636
Ikhwezi Cripple Care	1 357	-	-	1 357	1 357	100%	1 317
Ikhanzi Care Centre	143	-	-	143	131	92%	138
John Peattie House	1 371	-	-	1 371	1 371	100%	1 332
Jona Vaughn Centre	2 724	-	-	2 724	2 724	100%	2 644
KZN Blind and Deaf Society	927	-	-	927	927	100%	900
Lynn House	688	-	-	688	690	100%	668
Madeline Manor	1 004	-	-	1 004	1 004	100%	975
Magaye School for the Blind	580	-	-	580	483	83%	563
Matikwe Oblate Clinic	542	-	-	542	542	100%	526
Mountain View Special Hospital	5 479	-	-	5 479	5 479	100%	5 169
Philanjolo Hospice	2 950	-	-	2 950	2 950	100%	2 595

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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

STATEMENT OF TRANSFERS TO NON-PROFIT INSTITUTIONS - CONTINUE

NON-PROFIT INSTITUTIONS	TRANSFER ALLOCATION				EXPENDITURE		2018/19
	Adjusted appropriation Act	Roll Overs	Adjustments	Total Available	Actual Transfer	% of Available funds transferred	Appropriation Act
	R'000	R'000	R'000	R'000	R'000	%	R'000
Power of God	1 275	-	-	1 275	1 275	100%	1 238
Rainbow Haven	460	-	-	460	460	100%	446
Scadifa Centre	1 073	-	-	1 073	1 073	100%	1 041
South Coast Hospice	202	-	-	202	202	100%	196
Siloah Hospital	-	-	-	-	-	-	11 296
Solid Found for Rural development	1 448	-	-	1 448	724	50%	703
Sparks Estate	1 274	-	-	1 274	1 274	100%	1 237
St. Lukes Home	1 027	-	-	1 027	513	50%	499
Tender Loving Care	248	-	-	248	248	100%	241
Sunfield Home	303	-	-	303	303	100%	294
Umlazi Halfway House	311	-	-	311	311	100%	302
Unsuuzi Hospice	1 540	-	-	1 540	1 540	100%	1 495
Rounding	-	-	-	-	-	-	1
	55 810	-	-	55 810	53 426		62 474
Total	55 810	-	-	55 810	53 426		62 474

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ANNEXURE 1E

STATEMENT OF TRANSFERS TO HOUSEHOLDS

HOUSEHOLDS	TRANSFER ALLOCATION				EXPENDITURE		2018/19
	Adjusted appropriation Act	Roll Overs	Adjustments	Total Available	Actual Transfer	% of Available funds transferred	Appropriation Act
	R'000	R'000	R'000	R'000	R'000	%	R'000
Transfers							
Employee Social Benefits - Injury on Duty	989	-	-	989	1 088	110%	1 066
Employee Social Benefits - Severance Package	733	-	-	733	733	100%	-
Employee Social Benefits - Leave Gratuity	380 748	-	-	380 748	119 552	31%	115 377
Bursaries : Non Employee	215 409	-	-	215 409	203 023	94%	248 319
Claims Against the State	239 265	-	-	239 265	180 444	75%	438 819
Rounding	-	-	-	-	-	-	-
Total	837 144	-	-	837 144	504 840		803 581

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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

ANNEXURE 1F

STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2019/20	2018/19
		R'000	R'000
Received in cash			
Prior year balance		-	1
Subtotal		-	1
Received in kind			
Prior year balance		-	87 476
Neuberg Global Viral Laboratory	Sponsorship for Dr SC Tshabalala for accommodation & meals	15	-
SA Van Conversions	Donation towards the MASEA Awards	5	-
Wits RHI	Sponsorship for Officials for travel and accommodation	12	-
Supporting Operational Aids Research (SOAR)	Sponsorship for Ms M Phalanndwa for flights, accommodation & meals	38	-
World Health Organization (WHO)	Sponsorship for Dr McKerrow for flights, accommodation & meals	33	-
Umgeni Water	Donation of construction of a shelter at Cramond Clinic	172	-
Trending Ideas	Donation of various equipment to 3 identified Clinics	17	-
Medecins Sans Frontieres (MSF)	Sponsorship for officials to attend the 9th SA AIDS Conference 2019	21	-
JHB Dept. of Anaesthesiology Augustine Medical SA	Sponsorship for Dr V Rahden for sponsorship of flights & accommodation	9	-
Friends of Umgeni	Donation of 2 Television sets	8	-
Friends of Umgeni	Donation of Windy Dryers	8	-
POPCRU	Donation of meals for the Outpatient Department	5	-
Dr SCS Mkhize	Donation of Beurer baby scale by 80	3	-
Medecins Sans Frontieres (MSF)	Donation of a vehicle	115	-
Amgen South Africa (Pty) Ltd	Sponsorship for Dr S Parasnath for travel, accommodation, visa application, transfers & meals	31	-

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STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED – CONTINUE

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2019/20	2018/19
		R'000	R'000
Sanofi Genzyme	Aldurazyme inj x8 vials	7	-
Dr M Naidoo	Donation of a Laparoscopic Stack	400	-
Pan African Thoracic Society	Sponsorship for Dr M Archary for flights, accommodation, course fee & land travel	30	-
Richards Bay Minerals	Donation of 2generators to Nhlabane & Umbonambi Clinic	750	-
Foundation for Professional Development USAID	Donation of 2 vehicles & 1 trailer to King Cetshwayo, Ugu & Zululand District	515	-
Medecins Sans Frountieres (MSF)	Donation of Flucytosine and Liposomal Amphotericin B tablets	139	-
Widex South Africa (Pty) Ltd	Sponsorship towards the catering for the Provincial Speech Therapy & Audiology Forum meeting: 7 June 2019	3	-
National Department of Health	Sponsorship for 2 Officials for flights, accommodation & meals	6	-
CAPRISA	Donation of catering for a meeting: 17 May 2019	8	-
London School of Hygiene & Tropical Medicine	Sponsorship for Mrs Ngozo for accommodation & dinner	1	-
Medecins Sans Frountieres (MSF)	Donation for the Linezolid 600MG tablets to King Dinuzulu Complex Hospital	141	-
Intelligence Transfer Centre	Sponsorship for Dr MT Zulu for flights & accommodation	3	-
Mr MA Ntombela	Donation of a Cellphone	1	-
Dira Sengwe	Sponsorship for Dr TP Gwetu for registration fees	5	-
Disa Vascular Distribution	Sponsorship for MT Mabaso & TC Kunene for flights, transfers, meals & the scrubs	6	-
Nitricia Advanced Medical Nutrition SA (Pty) Ltd	Sponsorship for Mrs R Lachman for accommodation, flights & registration fees	15	-
Dr I Manga	Donation towards the Nurses Day Celebration	8	-
Fresenius Kabi South Africa (Pty) Limited	Sponsorship for Dr C Cairns for congress registration, flights & accommodation	44	-
Roche Diabetes Care SA	Donation of 40 glucose meters	11	-
Roche Diabetes Care SA	Donation of 110 glucose meters	33	-
Amgen South Africa (Pty) Ltd	Sponsorship for Dr S Parasnath for travel, accommodation, registration, visa application, transfers & meals	49	-
Janssen Pharmaceuticals (Pty) Ltd	Sponsorship for Dr Z Moorad for flights, accommodation & registration fees	48	-
Novartis South Africa (Pty) Ltd	Sponsorship for Dr L Matema for travel, accommodation & registration fees	42	-
University of KwaZulu-Natal (UKZN)	Donation towards the minor space refurbishment	3 100	-

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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED – CONTINUE

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2019/20	2018/19
		R'000	R'000
Roche Diabetes Care SA (Pty) Ltd	Donation of 75 glucose meters	18	-
Office of the Premier: Eastern Cape	Sponsorship for Mr X Phakathi for flights, shuttle and accommodation	12	-
Old Mutual	Donation of trophies and Nurses lamp	7	-
World Health Organization South Africa	Sponsorship for officials for travel, accommodation and meal cost	17	-
CDC Foundation	Sponsorship for Mrs J Ngozo for accommodation and meals	3	-
Desmond Tutu HIV Foundation	Sponsorship for JR Cele for accommodation and travel cost	16	-
Augustine Medical (Pty) Ltd	Sponsorship for Dr Z Farina for accommodation and course fees	15	-
Medtronic Africa (Pty) Limited	Donation of a laptop for the Cardiology Department	11	-
Play Wards	Donation of Multiple Wall toys to Greys, Edendale and Northdale Hospital	20	-
DISA Vascular Distribution (Pty) Ltd	Sponsorship for 3 Professional Nurse for flights, transport, meals and scrubs	9	-
Smith & Nephew (Pty) Ltd	Sponsorship for Dr TW Yende for flights, transfer, meals & accommodation	10	-
Smith & Nephew (Pty) Ltd	Sponsorship for Dr M Duma for flights, meals and accommodation	10	-
Johnson & Johnson Medical (Pty) Ltd	Sponsorship for Dr TW Yende for accommodation and registration fees	30	-
Athromedix SA Biomedical Company	Sponsorship for Dr VS Mdingi for flights, accommodation and meals	7	-
Medicins Sans Frontieres (MSF)	Donation and installation of Tilly shed	25	-
Augustine Medical (Pty) Ltd	Sponsorship for Dr G Lopez for accommodation and course fees	15	-
Sanofi Genzyme	Donation of Aldurazyme Inj X8 Vials	7	-
Augustine Medical (Pty) Ltd	Sponsorship for JP Arnold for accommodation and course fees	15	-
Muslimah Charity Network Group	Donation of lunch meals for patients (MHCU'S) and staff	16	-
Assupol Life Limited	Sponsorship towards team building	10	-
Kimberly- Clark of South Africa (Pty) Ltd	Donation to paint walls in the Neonatal Ward & Ante-Natal Care Clinics	50	-
National Department of Health	Donation of 12 cellphones	19	-
UNFPA	Sponsorship for Ms M Phalannwa for flights, accommodation & meals	7	-

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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED – CONTINUE

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2019/20	2018/19
		R'000	R'000
IRD SA	Sponsorship for catering for the Health Consortium meeting	5	-
London School of Hygiene & Tropical Medicine (LSHTM)	Sponsorship for Mrs Ngozo for accommodation & meals	3	-
CAPRISA	Donation of catering for the Technical Forum meeting	7	-
UNAIDS	Sponsorship for Ms Msimango for travel, accommodation, meals, visa & transport during conference	34	-
SOMSA	Sponsorship for Mrs N Mzolo for registration, flights, accommodation & airport transfers	13	-
Roche Diabetes Care SA (Pty) Ltd	Donation of 51 blood glucose meter	12	-
Breadreach Health Care	Donation of a Wi-Fi router	6	-
Surgical Innovation (Pty) Ltd	Sponsorship for Dr M O'Connor for flights, meals, accommodation & registration fee	36	-
Next Biologics (Pty) Ltd	Donation of a refrigerator	5	-
Affmed (Pty) Ltd	Sponsorship for Dr TA Mniki for flights & transfers	2	-
Zimmer Bioment SA (Pty) Ltd	Sponsorship for Dr MTN Duma for travel, accommodation & meals	8	-
The Organ Donor Foundation	Sponsorship for Ms ZM Koloane accommodation, registration and flights	7	-
Fortability (Pty) Ltd	Sponsorship for Ms EN Lawrence for accommodation & meals	8	-
Boxer Superstore	Donation of food hamper	1	-
Medicins Sans Frontiers (MSF)	Donation of Iveco Truck	120	-
Dr ST Mathenjwa	Donation of various items	44	-
Dr Turner	Donation of various items	12	-
Marriot House	Donation of a Defy stove	4	-
Fund-raising / completion of Jumble & food sale	Brought various items for the RK Khan Campus	9	-
Consulens Medical Healthcare Solution	Donation of Sterilising Unit with Incubator and Roll Dispenser	947	-
KwaCare (NPC)	Donation of 30 comfort bags	4	-
Roche Diabetes Care SA (Pty) Ltd	Donation of 50 glucose meters	14	-
Dr F Mamdoo	Donation of a mini oven	1	-
Pharmacy Direct (Pty) Ltd	Donation of 15 shelves	30	-

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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED – CONTINUE

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2019/20	2018/19
		R'000	R'000
Forteability (Pty) Ltd	Sponsorship for Mrs RN Khumalo for course fee	8	-
Critical Care Society of South Africa	Sponsorship for Mr MS Govender for registration fee	4	-
Mustek Limited	Donation of two laptops	16	-
Impilo Consortium (RF) (Pty) Ltd	Sponsorship toward the Women's conference	12	-
Liberty Group Limited	Sponsorship towards the sport day & music competition	32	-
National Department of Health	Donation of IT Hardware - RX Solution, Warehouse Management System & Synch	21 105	-
National Department of Health	Sponsorship for catering	125	-
Clinton Health Access Initiative	Sponsorship for conference package	230	-
South African Pharmacy Council	Sponsorship for 48 Officials to attend Pharmacy conference	231	-
Centre for Public Service Innovation (CPSI)	Centre for Public Service Innovation (CPSI)	11	-
Broadreach Healthcare (Pty) Ltd	Donation of IT equipment	445	-
National Department of Health	Sponsorship for Mrs M Mlotshwa for flights, accommodation and meals	7	-
ICAP	Sponsorship for Ms PZ Zama for flights & shuttle	8	-
The Jes Food Foundation	Donation of 60 comfort packs	4	-
Metropolitan	Donation of soccer kit	3	-
Demonique World	Donation of (2) two Television sets	10	-
The Royal Agricultural Society of Natal	Cash donation	4	-
ABSA Bank Limited	Donation various items	370	-
Ministry: Communication	Donation of (2) two Television & laptop	9	-
Comrads Marathon Association	Donation of 10 new Rainbow wheelchairs	21	-
Discovery Life	Donation towards Open Day	1	-
African Rainbow Life	Donation towards Open Day	1	-
Avbob Mutual Assurance Society	Donation towards Open Day	3	-
Umgeni Hospital Board	Donation of cash, bred rolls, cold drink, chicken, mixed portions, drumstick, juice, milk & 30 golf shirts	22	-

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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED – CONTINUE

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2019/20	2018/19
		R'000	R'000
Medicins Sans Frontieres (MSF)	Donation of coughing booth	10	-
Roche Products (Pty) Ltd	Sponsorship for Dr S Bhadree for travel, accommodation & registration	41	-
Pierre Fabre SA (Pty) Ltd	Sponsorship for Dr S Bhadree for travel, accommodation & registration	18	-
Critical Care Society of Southern Africa	Sponsorship for Dr S Singh for travel, accommodation, registration & gala dinner	12	-
Gentinge South Africa	Sponsorship for SR D Nyawo for travel, accommodation & registration	12	-
Gentinge South Africa	Sponsorship for SR B Roskruge for travel, accommodation & registration	12	-
Janssen Pharmaceutica (Pty) Ltd	Sponsorship for Dr A Mosam for travel & accommodation	29	-
Queensburgh Islamic Society	Donation for refurbishment of Maternity Ward	90	-
Investec Bank Limited	Donation of equipment & furniture	80	-
Mylan (Pty) Ltd	Sponsorship for Ms TP Mhlongo & Ms N Parbhoo for registration, accommodation, flights & shuttle	23	-
Adcock Ingram Critical Care	Sponsorship for SR BL Crisp for flight, meals & accommodation	10	-
Surgical Innovation (Pty) Ltd	Sponsorship for Dr LW Mshudulu for flight, transfer, accommodation & meals	20	-
University of KwaZulu-Natal (UKZN)	Donation of office furniture	48	-
African Rainbow Life	Sponsorship for catering towards the Health & Wellness Day	5	-
Gideons International of South Africa	Donation of 800 bibles	20	-
Blue Sky Healthcare (Pty) Ltd	Donation of HB Meters	2	-
Medecins Sans Frontieres (MSF)	Sponsorship for Mrs HZ Nqini for registration, accommodation, flights & daily allowance	13	-
South African Petroleum Refineries (Pty) Ltd	Donation for the renovation of Gateway Clinic	368	-
Molecular Diagnostic Services (Pty) Ltd	Donation of a soup kitchen/ potjie for patients	1	-
Holy Trinity Anglican of Hillcrest	Donation of toiletries	7	-
Simens Healthcare Proprietary limited	Donation of 50 maternity bags	14	-
Johnson & Johnson Medical (Pty) Ltd	Sponsorship for Dr LB Mdlalose for registration, accommodation & dinner	26	-
SAME Foundation	Donation of medical equipment	459	-

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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED – CONTINUE

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2019/20	2018/19
		R'000	R'000
Joint Medical Holdings (Pty) Ltd	Donation of Luxmeter	6	-
Various sponsors	Catering & flash drives	17	-
Foundation for Professional Development	Sponsorship for Mrs Charles to attend conference	6	-
Embassy of the People's Republic of China in SA	Sponsorship for Officials for flights, accommodation. Meals & training	47	-
USAID	Sponsorship for Mrs Mlotshwa for flights, transport & conference lunch	9	-
BoardReach Consulting	Sponsorship for Officials for accommodation & transport	9	-
SANOFI	Sponsorship for Mrs Baloyi for accommodation, transport, flights, meals & venue	9	-
UNICEF	Sponsorship for Mrs Reddy for flights, meals & accommodation	5	-
World Health Organisation	Sponsorship for Dr McKerrow for flights, accommodation & meals	33	-
Population Council	Sponsorship for Dr Phalannndwa for transport, flights, food & accommodation	6	-
PHRU	Sponsorship for Mrs Ngozo for accommodation, flights & conferencing	8	-
World Health Organisation	Sponsorship for Dr Master for flights, accommodation & daily allowances	62	-
National Department of Health	Sponsorship for Mr Ngcobo for flights & conferencing	10	-
Emoyo (Pty) Ltd	Donation of a laptop	8	-
Gift of the Givers	Donation of 50 cases of baby diapers	18	-
South African Haemophilia Nurses Committee	Sponsorship for TM Muir for flights & accommodation	11	-
Mr A Samlall	Cash donation towards the Diwali Programme	3	-
Natal Associated Chemical	Donation towards refurbishment	20	-
MSD South Africa (Pty) Ltd	Donation towards catering	3	-
Medtronic (Pty) Ltd	Sponsorship for Dr Mdingi for flights, accommodation & meals	8	-

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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED – CONTINUE

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2019/20	2018/19
		R'000	R'000
Smith & Nephew (Pty) Ltd	Donation to perform 18 Arthroplasties at Ladysmith Hospital	1 743	-
Medecins Sans Frontieres	Donation of personal equipment for the outreach teams	116	-
Reach For a Dream Foundation	Donation for the refurbishment of play area	452	-
Stiegemeyer Africa (Pty) Ltd	Donation of equipment for establishment of Clinical Training Unit	100	-
Storz Endoscopy SA (Pty) Ltd	Sponsorship for Dr Govender for registration fees	20	-
Johnson & Johnson (Pty) Ltd	Sponsorship for Dr Duma for flights, accommodation, registration, dinner & train ticket	128	-
AXIM (Pty) Ltd	Sponsorship for Dr Madlala for registration fees	12	-
SANOFI Aventis	Sponsorship for Dr P Parasnath for travel, accommodation, registration and other cost	30	-
SA Heart Association	Sponsorship for MS Jali for registration, flights, accommodation & transport	14	-
AVBOB	Sponsorship for refreshments	20	-
SA Haemophilia Foundation	Sponsorship for Dr Z Moorad for travel, accommodation and registration fees	5	-
Roche Diabetes Care SA	Donation of Accu- Check glycosometers	17	-
KwaCare (NPC)	Donation of 30 comfort bags	5	-
Gift of the Givers	Donation of 200 cases of baby diapers & 300 bales of sanitary pads	95	-
Investes Bank	Donation of 30 Kangaroo Mother Care	3	-
Bonitus Medical Fund	Donation for refurbishment of Dining Hall Nursing Residence	190	-
AXIM (Pty) Ltd	Sponsorship for Dr Naidoo for registration fees	12	-
Igazi Foundation	Donation for renovation and chairs	236	-
Kidz Décor	Donation of Vinyl wall art	3	-
Sanlam	Donation of pre- packed meals	4	-
Centre for Public Service Innovation	Sponsorship for Mr X Phakathi for accommodation & flights	18	-
Promed Technologies	Donation of HBA1C machines	395	-
University of Stellenbosch	Sponsorship for officials to attend training	20	-

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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED – CONTINUE

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2019/20	2018/19
		R'000	R'000
Cotlands	Donation of toy libraries resources to KZN DOH	710	-
Health Systems Trust	Sponsorship for the Departmental Strategic Planning Session	70	-
Risenga Health Technologist	Sponsorship for 64 officials for training	42	-
Hospersa	Sponsorship for various items	15	-
World Health Organisation (WHO)	Sponsorship for officials for conference, flights, accommodation & meals	28	-
National Department of Health	Sponsorship for officials for flights, accommodation & meals	37	-
The Aurum Institute	Sponsorship for staff to attend training	40	-
The Aurum Institute	Sponsorship for conference package	20	-
Dr C Lee	Donation of two single beds	4	-
Reach for a Dream Foundation	Donation for the refurbishment of the Paediatric Department	452	-
Critical Care Society of Southern Africa	Sponsorship for Dr S Singh for travel & accommodation	8	-
South African Society of Anaesthesiologist	Sponsorship for Dr N Kalafatis for registration and accommodation	6	-
The Rock Church	Donation of various services to the Institution	30	-
Augustine Medical SA (Pty) Ltd	Sponsorship for Dr RR Green-Thompson for accommodation & course fees	25	-
Clinix Private Hospital	Donation for renovation	3 000	-
Match	Donation of height stick & adult scale	36	-
Sinawe Service Station	Donation of 35 food hampers	8	-
SAME Foundation	Donation of medical equipment	659	-
Medecins Sans Frontieres (MSF)	Donation of Levofloxacin 500mg tablets	846	-
Sodexo Southern Africa (Pty) Ltd	Donation of meals towards the HIV awareness	4	-
Nazmeera and Imran Kadir	Sponsorship for Christmas party for children in the ENT Clinic	6	-
Kral Storz Endoscopy SA (Pty) Ltd	Sponsorship for Dr EH Abdel Goad for registration fees	45	-
Childrens Cariac Foundation	Sponsorship to pay volunteers to render service to the Department	128	-
Bard Medical SA (Pty) Ltd	Sponsorship for Dr Z Zikalala for flights, accommodation & meals	30	-

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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED – CONTINUE

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2019/20	2018/19
		R'000	R'000
Centre for Rural Health	Donation of computers and printers	83	-
Health System Trust	Donation of Synch equipment	1 139	-
Clicks Group Limited	Donation of baby packs x20	6	-
Various sponsors	Various sponsorship for the in-service training of the 2020 Community Service Therapists	23	-
Japan International Cooperation Agency (JICA)	Sponsorship for Mr MM Zungu for travel, accommodation & meals	130	-
University of Cape Town	Sponsorship for six officials to attend Motivational Interviewing Training and summit	41	-
ICAP Empowering Health	Sponsorship for Mrs M Mlotshwa for flights, accommodation & shuttle	9	-
Think Tank Secretariat	Sponsorship for Mrs Radebe for flights & conference package	4	-
Think Tank Secretariat	Sponsorship for Mrs Ngozo for flights & conference package	4	-
Play Wards	Donation of second-hand Xbox 360 to the Paediatric Ward	1	-
Johnson & Johnson Medical (Pty) Ltd	Donation for Mr TM Mwelase for registration, accommodation, flights & meals	25	-
Dr HN Marais	Donation of a brand new patient examination couch	2	-
Johnson & Johnson Medical (Pty) Ltd	Sponsorship for Dr R Aboobaker for registration, accommodation, flights & meals	34	-
Johnson & Johnson Medical (Pty) Ltd	Sponsorship for Mrs TS Oliphant for registration, accommodation, flights & meals	25	-
Johnson & Johnson Medical (Pty) Ltd	Sponsorship for Mrs VJ Mpanza for registration, accommodation and meals	15	-
AME Africa (Pty) Ltd	Donation of 900 Unit of 22 inch LCD monitors	180	-
Merck (Pty) Ltd	Sponsorship for Dr K Moodley for registration cost	5	-
Merck (Pty) Ltd	Sponsorship for Dr FH Amod for registration cost	5	-
Merck (Pty) Ltd	Sponsorship for Dr VB Patel for registration cost	5	-
SA Biomedical Group	Sponsorship for Dr SM Mia for registration, accommodation, flights & meals	9	-
Medtronic Africa (Pty) Ltd	Sponsorship for catering for training	5	-
KwaCare (NPC)	Donation of 37 comfort bags	4	-
Dr F Mamdoo	Donation of high black chair	1	-
Surgical Innovations (Pty) Ltd	Sponsorship for Dr J Kubicek for accommodation, travel & course fees	15	-

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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED – CONTINUE

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2019/20	2018/19
		R'000	R'000
Surgical Innovations (Pty) Ltd	Sponsorship for Dr J Arnold for accommodation, travel & course fees	15	-
Neurology Association of SA	Sponsorship for Dr BC Bowles for registration fees	3	-
Neurology Association of SA	Sponsorship for Dr S Moodley for registration fees	3	-
Johnson & Johnson Medical (Pty) Ltd	Sponsorship for Dr T Ntsevu for registration, accommodation, flights & meals	30	-
Johnson & Johnson Medical (Pty) Ltd	Sponsorship for Dr N Bodley for registration, accommodation, flights & meals	30	-
Tongaat Hullels	Donation of 7 500 Units of sanitizer packs to various Institution in KZN	445	-
Mondi South Africa Division	Donation of various items for the COVID-19 to various Institution in KZN	1 155	-
Southern Lodestar Foundation	Donation of 7 500 Units of A+ Plus porridge to various Institution in KZN	121	-
Tongaat Hullels	Donation of 2 000 bags of instant porridge to various Institution in KZN	40	-
The Aurum Institute	Sponsorship for staff for conference package & facilitator package	40	-
South African Medical Research Council	Sponsorship for Mr Nzuzza for flights & accommodation	10	-
South African Medical Research Council	Sponsorship for Ms Langa for flights & accommodation	10	-
Broadreach Healthcare	Sponsorship for 2 Officials for flights, shuttle & accommodation	16	-
Discovery Foundation	Sponsorship for Dr NM Gumede for grant/funding for the research project	320	-
Grobir Medical Suppliers (Pty) Ltd	Donation of assistance to fix a dedicated training room/ dry lab	104	-
Dr Nkosi-Enicker Oncology Inc.	Sponsorship for catering	4	-
South African Thoracic Society Congress 2020	Sponsorship for Prof P Mohan Jeena for registration, accommodation, flights & transfers between airport & hotel	8	-
African Health Research Institute (AHRI)	Sponsorship for Mr F Anderson for registration, accommodation, flights, visa & daily expenses	48	-
Top of the Rock Business Enterprise (Pty) Ltd	Donation of fruit combos	72	-
Roche Diabetes Care SA	Donation of 40 HGT meters	9	-
Subtotal		45 978	-
TOTAL		45 978	1

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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

ANNEXURE 2A

STATEMENT OF FINANCIAL GUARANTEES ISSUED AS AT 31 MARCH 2020 - LOCAL

GUARANTOR INSTITUTION	Guarantee in respect of	Original guaranteed capital amount	Opening balance 1 April 2019	Guarantees drawdowns during the year	Guaranteed repayments/ cancelled/ reduced during the year	Revaluation due to foreign currency movements	Closing balance 31 March 2020	Revaluations due to inflation rate movements	Accrued guaranteed interest for year ended 31 March 2020
		R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000
ABSA	Housing	12 692	-	-	-	-	-	-	-
BOE Bank Ltd	Housing	46	-	-	-	-	-	-	-
FirstRand Bank Ltd	Housing	14 264	378	-	33	-	345	-	-
Green Start Home Loans	Housing	45	6	-	-	-	6	-	-
ITHALA Limited	Housing	1 973	-	-	-	-	-	-	-
Nedbank Ltd (and NBS)	Housing	3 269	69	-	-	-	69	-	-
Old Mutual Bank	Housing	12 898	27	-	-	-	27	-	-
Peoples Bank Ltd	Housing	446	71	-	-	-	71	-	-
SA Home Loans	Housing	51	-	-	-	-	-	-	-
Standard Bank	Housing	7 092	12	-	-	-	12	-	-
Unique Finance	Housing	102	16	-	-	-	16	-	-
Rounding		-	-	-	-	-	-	-	-
		52 878	579	-	33	-	546	-	-
TOTAL		52 878	579	-	33	-	546	-	-

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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

ANNEXURE 2B

STATEMENT OF CONTINGENT LIABILITIES AS AT 31 MARCH 2020

Nature of liability	Opening balance 1 April 2019	Liabilities incurred during the year	Liabilities paid/ cancelled/ reduced during the year	Liabilities recoverable (Provide details hereunder)	Closing balance 31 March 2020
	R'000	R'000	R'000	R'000	R'000
Claims against the department					
Medico Legal	20 110 314	3 701 925	371 270	-	23 440 969
Civil Claims	794 760	215 413	43 723	-	966 450
Transport Claims	12 106	1 598	2 931	-	10 773
Labour Claims	807	-	-	-	807
Subtotal	20 917 987	3 918 936	417 924	-	24 418 999
Other					
MCCords Hospital (Medical Legal Malpractice Claims)	75 000	-	-	-	75 000
National Health Laboratory Service	2 540 049	-	-	-	2 540 049
Subtotal	2 615 049	-	-	-	2 615 049
TOTAL	23 533 036	3 918 936	417 924	-	27 034 048

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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

ANNEXURE 3 CLAIMS RECOVERABLE

GOVERNMENT ENTITY	Confirmed balance outstanding		Unconfirmed balance outstanding		Total		Cash in transit at year end 2019/20*	
	31/03/2020	31/03/2019	31/03/2020	31/03/2019	31/03/2020	31/03/2019	Receipt date up to six (6) working days after year end	Amount
	R'000	R'000	R'000	R'000	R'000	R'000		R'000
DEPARTMENTS								
Department of Agriculture and Rural Development	2	-	-	-	2	-	-	-
KZN Education	-	26	-	-	-	26	-	-
Corporate Governance and Traditional Affairs	1 036	1 346	917	290	1 953	1 636	-	-
Office of the Premier	-	30	83	137	83	167	-	-
KZN Provincial Treasury	42	52	6	-	48	52	-	-
KZN Transport	-	-	4	12	4	12	-	-
KZN Department Public Works	-	27	1	-	1	27	-	-
Community Safety and Liaison	-	-	-	7	-	7	-	-
Gauteng Health	95	-	7	101	102	101	-	-
Eastern Cape : Health	-	7	-	-	-	7	-	-
Mpumalanga: Health	-	370	145	-	145	370	-	-
KZN Social Development	-	-	12	-	12	-	-	-
KZN Sports and Recreation	126	-	120	-	246	-	-	-
KZN Human Settlements	2	-	-	-	2	-	-	-
Department of International Relations	1	-	-	-	1	-	-	-
National Department of Health	-	-	1 932	-	1 932	-	-	-
TOTAL	1 304	1 858	3 227	547	4 531	2 405		-

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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

CLAIMS RECOVERABLE - CONTINUE

GOVERNMENT ENTITY	Confirmed balance outstanding		Unconfirmed balance outstanding		Total	
	31/03/2020	31/03/2019	31/03/2020	31/03/2019	31/03/2020	31/03/2019
	R'000	R'000	R'000	R'000	R'000	R'000
OTHER GOVERNMENT ENTITIES						
University of KwaZulu-Natal (UKZN)	4 188	-	-	5 429	4 188	5 429
SITA	469	-	-	431	469	431
Ithala Limited	4 026	2 485	-	-	4 026	2 485
Subtotal	8 683	2 485	-	5 860	8 683	8 345
Total	9 987	4 343	3 227	6 407	13 214	10 750

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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

ANNEXURE 4

INTER-GOVERNMENT PAYABLES

GOVERNMENT ENTITY	Confirmed balance outstanding		Unconfirmed balance outstanding		Total		Cash in transit at year end 2019/20*	
	31/03/2020	31/03/2019	31/03/2020	31/03/2019	31/03/2020	31/03/2019	Payment date up to six (6) working days before year end	Amount
	R'000	R'000	R'000	R'000	R'000	R'000		R'000
DEPARTMENTS								
Current								
Department of Health: Eastern Cape	250	155	-	-	250	155	-	-
Department of Public Works: Eastern Cape	-	80	-	-	-	80	-	-
Department of Justice and Constitutional Develop	6 227	10 230	-	-	6 227	10 230	-	-
Department of Transport: KwaZulu-Natal	3 538	9 514	-	9 118	3 538	18 632	-	-
Departments of Public Works: KwaZulu-Natal	60 928	36 766	9 087	38 705	70 015	75 471	-	-
Department of Agriculture	3	-	-	-	3	-	-	-
Kwa-Zulu Natal Provincial Treasury	533	14 583	-	-	533	14 583	-	-
Department of Health: Gauteng	311	-	-	-	311	-	-	-
Department of Health: Mpumalanga	-	-	-	-	-	-	-	-
Department of Defence	18	-	-	-	18	-	-	-
Subtotal	71 808	71 328	9 087	47 823	80 895	119 151		-

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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

INTER-GOVERNMENT PAYABLES - CONTINUE

GOVERNMENT ENTITY			Unconfirmed balance outstanding		Total		Cash in transit at year end 2019/20*	
	31/03/2020	31/03/2019	31/03/2020	31/03/2019	31/03/2020	31/03/2019	Payment date up to six (6) working days before year end	Amount
	R'000	R'000	R'000	R'000	R'000	R'000		R'000
CURRENT								
University of Kwa-Zulu Natal National Health Laboratory Services	87 441	94 256	-	188 194	87 441	282 450		-
South African National Blood Services	155 111	263 457	-	351 578	155 111	615 035		-
Auditor General South Africa	16 036	-	-	57 784	16 036	57 784		-
SITA	2 674	3 153	-	-	2 674	3 153		-
	2 654	-	-	-	2 654	-		-
Subtotal	263 916	360 866	-	597 556	263 916	958 422		-
Total Departments	263 916	360 866	-	597 556	263 916	958 422		-
OTHER GOVERNMENT ENTITY								
NON-CURRENT	-	-	-	-	-	-		-
Subtotal	-	-	-	-	-	-		-
Total Other Government Entities	263 916	360 866	-	597 556	263 916	958 422		-
TOTAL INTERGOVERNMENTAL	335 724	432 194	9 087	645 379	344 811	1 077 573		-

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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

ANNEXURE 5

INVENTORY

INVENTORIES FOR THE YEAR ENDED 31 MARCH 2020	Note	Insert major category of inventory	Insert major category of inventory	Insert major category of inventory	Insert major category of inventory	TOTAL
		R'000	R'000	R'000	R'000	R'000
Opening balance		549 892	487 014	-	-	1 036 906
Add: Additions/Purchases - Cash		3 447 449	3 053 247	-	-	6 500 696
(Less): Issues		(3 387 870)	(3 116 034)	-	-	(6 503 904)
Closing balance		609 471	424 227	-	-	1 033 698

End Users

77 137

Clinics

116 427

Notes:

1. End Users comprises of the Wards and NSI Sections.
2. Inventory Management Principles, Techniques and Processes are being implemented on a phase in approach on Clinics and End Users

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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

ANNEXURE 5

INVENTORY - CONTINUE

INVENTORIES FOR THE YEAR ENDED 31 MARCH 2019	Note	Insert major category of inventory R'000	Insert major category of inventory R'000	Insert major category of inventory R'000	Insert major category of inventory R'000	TOTAL R'000
Opening balance		477 890	488 200	-	-	966 090
Add: Additions/Purchases - Cash		3 169 639	3 238 020	-	-	6 407 659
(Less): Issues		(3 097 637)	(3 239 206)	-	-	(6 336 843)
Closing balance		549 892	487 014	-	-	1 036 906

End Users

37 217

Clinics

136 020

Notes:

1. End Users comprises of the Wards and NSI Sections.

2. Inventory Management Principles, Techniques and Processes are being implemented on a phase in approach on Clinics and End Users

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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

ANNEXURE 6

MOVEMENT IN CAPITAL WORK-IN-PROGRESS

MOVEMENT IN CAPITAL WORK-IN-PROGRESS FOR THE YEAR ENDED 31 MARCH 2020

	Opening balance	Current Year Capital WIP	Ready for use (Asset register) / Contract terminated	Closing balance
	R'000	R'000	R'000	R'000
BUILDINGS AND OTHER FIXED STRUCTURES	3 398 401	845 815	(784 125)	3 460 091
Dwellings	8 726	6 681	-	15 407
Non-residential buildings	2 941 442	567 840	(340 725)	3 168 557
Other fixed structures	448 233	271 294	(443 400)	276 127
TOTAL	3 398 401	845 815	(784 125)	3 460 091

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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

ANNEXURE 6 - CONTINUE

MOVEMENT IN CAPITAL WORK-IN-PROGRESS FOR THE YEAR ENDED 31 MARCH 2019

	Opening balance R'000	Prior period errors R'000	Current Year Capital WIP R'000	Ready for use (Asset register) / Contract terminated R'000	Closing balance R'000
BUILDINGS AND OTHER FIXED STRUCTURES	2 330 044	59 353	1 109 848	(100 844)	3 398 401
Dwellings	7 803	(1 440)	2 363	-	8 726 2 941
Non-residential buildings	2 147 924	(9 203)	866 157	(63 436)	442 448
Other fixed structures	174 317	69 996	241 328	(37 408)	233
TOTAL	2 330 044	59 353	1 109 848	(100 844)	3 398 401

i StatsSA Mid-year Pop Est 2019

ii AWG 10 Quarter report

iii Indicators 8, 9 and 10: Minimal increase in the number of staff projected based on the funding envelope – change in estimated populations for 2017/18 MTEF affect value per 100 000

ivThe 169 wards worst affected by poverty is targeted as part of the Poverty Eradication Master Plan

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v Naming of the indicator as "Loss" vs "Lost" as advised by Data Management

vi Indicator changed from final customised indicator "Cervical cancer screening coverage 20 years and older" as per communicate from the Director General health dated 09 February 2017

vii Replaced the approved customised indicator "Cervical cancer screening coverage 20 years and older" as per communicate from the Director General Health dates 09 February 2017

viii Rapid Mortality Surveillance

ix Rapid Mortality Surveillance

x For planning purposes, NHLS costs for GeneXpert and NPI's have been included in the projected budget figures



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