



KWAZULU-NATAL PROVINCE

HEALTH
REPUBLIC OF SOUTH AFRICA

2020/21 ANNUAL REPORT VOTE 7



**GROWING
KWAZULU-NATAL
TOGETHER**



KwaZulu-Natal Department of Health



KZN Department of Health



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ANNUAL REPORT

2020/21

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SUBMITTING THE 2020/21 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 2020 to 31 March 2021.



Dr S C Tshabalala

Accounting Officer

KwaZulu-Natal department of Health

Date: 25/10/2024

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DEPARTMENT'S GENERAL INFORMATION

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ABBREVIATIONS

Abbreviation	Description
A	
A&E	Accident and Emergency
AGSA	Auditor-General of South Africa
AIDS	Acquired Immune Deficiency Syndrome
AIP	Annual Implementation Plan
ALOS	Average Length of Stay
ANC	Antenatal Care
APP	Annual Performance Plan
ART	Anti-Retroviral Therapy
ASSA	AIDS Committee of Actuarial Society of South Africa
B	
BAS	Basic Accounting System
BMH	Basic Mental Health
BOD	Burden of Disease
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)
CFR	Case Fatality Rate
CHC(s)	Community Health Centre(s)
CHW	Community Health Worker
COE	Compensation of Employees
CSD	Central Supplier Database
CWIP	Capital Work in Progress
CYPR	Couple Year Protection Rate
D	
DDG	Deputy Director General
DHIS	District Health Information System
DHS	District Health System
DIS	Departmental Investigation Services
DOPW	Department of Public Works
DPKISMH	Dr Pixley ka Isaka Seme Memorial Hospital
DPSA	Department of Public Service and Administration

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Abbreviation	Description
DR-TB	Drug Resistant Tuberculosis
E	
ECD	Early Child Development
EGK	Electronic Gate Keeping
EMS	Emergency Medical Services
EPMDS	Employee Performance Management and Development System
EPWP	Expanded Public Works Programme
F, G, H	
HAI	Hospital Care Associated Infections
HIV	Human Immuno Virus
HOH	Head of Health
HPV	Human Papilloma Virus
HTA's	High Transmission Areas
HWSETA	Health and Welfare Sector Education and Training Authority
I	
IALCH	Inkosi Albert Luthuli Central Hospital
ICT	Information Communication Technology
ICU	Intensive Care Unit
IDT	Independent Development Trust
IMCI	Integrated Management of Childhood Illnesses
IMLCs	Institutional Management and Labour Committees
IM&T	Information Management and Technology
IPC	Infection Prevention and Control
IPT	Ionized Preventive Therapy
IT	Information Technology
K, L	
KMC	Kangaroo Mother Care
KPA	Key Performance Area
KZN	KwaZulu-Natal
LAM	Lipoarabinomannan Assay
LARC	Long-Acting Contraceptive Devices
LG	Local Government
LOGIS	Logistical Information System
LRO	Labour Relations Office
LV	Low Voltage
M	
MBFI	Mother and Baby-Friendly Initiative

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Abbreviation	Description
MCS	Modified Cash Standard
M&E	Monitoring and Evaluation
MDR	Multi Drug Resistant
MDR-TB	Multi Drug Resistant Tuberculosis
MEC	Member of the Executive Council
MMC	Medical Male Circumcision
MMR	Maternal Mortality Rate
MNC&WH	Maternal, Neonatal, Child & Women's Health
MPAT	Management Performance Assessment Tool
MOPD	Medical Outpatients Department
MTEF	Medium Term Expenditure Framework
MTSF	Medium Term Strategic Framework
MUAC	Mid-Upper Arm Circumference
N	
NDP	National Development Plan
NGO(s)	Non-Governmental Organisation(s)
NHI	National Health Insurance
NHLS	National Health Laboratory Services
NICD	National Institute for Communicable Diseases
NTSG	National Tertiary Services Grant
O	
OECD	Organisation for Economic Co-operation and Development
OES	Organisational Efficiency Services
OHS	Occupational Health and Safety
OPD	Out-Patient Department
OSS	Operation Sukuma Sakhe
OT	Operating Theatre
OTP	Office of the Premier
P	
PCR	Polymerase Chain Reaction
PDE	Patient Day Equivalent
PERSAL	Personnel and Salaries System
PFMA	Public Finance Management Act
PGDP	Provincial Growth and Development Plan
PHC	Primary Health Care
PPE	Personal Protective Equipment
PPSD	Provincial Pharmaceutical Supply Depot

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Abbreviation	Description
PPT	Planned Patient Transport
PSETA	Public Service Education and Training Authority
PSI	Patient safety Incident
PTS	Patient Transport Services
Q, R, S	
QIP(s)	Quality Improvement Plan(s)
RTC	Regional Training Centre
RWOPS	Remunerated Work Outside Public Service
SA	South Africa
SAM	Severe Acute Malnutrition
SAPC	South African Pharmacy Council
SASSA	South African Social Security Agency
SBD	Supplier Business Declaration
SCM	Supply Chain Management
SCOPA	Standing Committee on Public Accounts
SITA	State Information Technology Agency
SMS	Senior Management Service
SOP(s)	Standard Operating Procedure(s)
SRH	Sexual and Reproductive Health
Stats SA	Statistics South Africa
STG	Standard Treatment Guidelines
STI(s)	Sexually Transmitted Infection(s)
T	
TB	Tuberculosis
TPT	TB Preventive Therapy
U	
UKZN	University of KwaZulu-Natal
V, W, X	
WHO	World Health Organisation
XDR-TB	Extreme Drug Resistant Tuberculosis

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FOREWORD BY THE MEC FOR HEALTH

I am honoured to present the KwaZulu-Natal (KZN) Department of Health's Annual Report for the financial year 2020 to 2021. The report reflects the achievements and challenges that the Department faced during the reporting period, as well as strategies to overcome those challenges and improve the quality of service to our fellow compatriots.

Over the course of the past financial year, the COVID-19 pandemic continued to have a profoundly adverse impact on the lives of the people of KwaZulu-Natal, since the first local case that was confirmed on the 5th of March 2020.

Many people suffered the anguish of suddenly losing their loved ones, as well as livelihoods, on an unprecedented scale. They have also had to deal with the psychological impact of reduced social and religious interactions under the "New Normal" situation in which we find ourselves.

We especially pay tribute to our loyal and dedicated health workers who have fought gallantly, under trying circumstances, with some contracting COVID – 19 while in the line of duty. We also take our hats off and remember the many heroes who lost their lives to this virus, while leading from the frontlines in the fight against COVID-19.

As we navigated our way through these uncharted waters, the reconfiguration and upgrading of a number of hospitals became a critical part of our COVID – 19 response plan.

In this regard, we reconfigured hospitals such as Doris Goodwin, Richmond, Clairwood, Dundee, St Francis, Siloah, Bethesda, Mosvold, Wentworth, GJ Crookes and Niemeyer Memorial hospitals.

We have also established four Field Hospitals, which provide temporary treatment wards with the required Heating, Ventilation, and Air Conditioning (HVAC) systems, as well as piped oxygen to beds, to mention but a few infrastructural features. These are Royal Agricultural Showgrounds (RAS), Clairwood, General Justice Gizenga Mpanza and Ngwelezane Field Hospitals.

All of this work was delivered in record time.

These new facilities allow our hospitals to treat COVID-19 cases at the present moment; but will also cater for any potential future pandemic or infectious disease outbreaks.

Most importantly, they also provide long-term isolation wards for facilities that previously had none or limited capacity. This is part of our progression towards the implementation of National Health Insurance.

However, buildings hold little meaning in the absence of Human Resource capacity. That is why we have recruited – on a contractual basis – no fewer than 15 000 staff members in various categories, such as Professional Nurses (General), Professional Nurses (Specialty), Staff Nurses, Nursing Assistants, Administration Clerks, Physiotherapists, Radiographers, Clinical Psychologists, Audiologists, Optometrists, Data capturers, General Orderlies and Porters.

In this regard, we express our sincere gratitude for the support that we have received from the National Department of Health as well as the Provincial Government, under the leadership of our Honourable Premier, Mr Sihle Zikalala.

As a Department, we have also had to move quickly to establish and mobilise teams to conduct the mass screening and testing of people for COVID - 19, tracking and tracing the contacts of those who tested positive, as well as ultimately implementing the vaccination roll-out programme.

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The COVID-19 vaccination grant has enabled the Department to procure much-needed essential items and services for the smooth roll-out of the vaccination process.

Our mandate as the Department of Health is to “improve health status through the prevention of illness, disease and the promotion of healthy lifestyles, and to consistently improve the health care delivery system by focusing on access, equity, efficiency, quality and sustainability.”

Within this tough environment, the Department has had to reprioritise its budget to ensure that it is able to prepare and execute an adequate catch-up programme, as well as an effective response to the pandemic.

With restrictions on movements and gatherings, Communication emerged as a key strategy to keep the public suitably informed in order to minimise the spread of the pandemic, and also made aware of all developments pertaining to COVID – 19.

In this regard, we have found a number of creative ways to continue reaching out to our people and interacting with them through the usage of various communication channels. These include media buying in the form of print adverts, radio slots, and outdoor advertising. We have also established our own unmediated and interactive TV/radio and online programme KZN Health Chat, which connects us with multitudes of people, to arm them with knowledge.

In view of the disruptions caused by COVID – 19, we have also established a strong and effective Recovery Plan that we will be implementing in the new financial year.

It will have a particular focus on strengthening programmes that are aimed at reducing the burden of disease – such as:

- HIV/AIDS and TB;
- Maternal and Child Mortality,
- Non-Communicable Diseases; and
- The Impact of Incidents of Trauma and Personal Injury.

Despite the challenges that we have experienced, KwaZulu-Natal continues to strive to perform well in respect of health outcomes.

The Department has used the 2020/21 year to accelerate progress towards the opening of the Dr Pixley Ka-Isaka Memorial Hospital, which is expected to open in 2021/22.

We are also re-invigorating our IT component in order to make meaningful progress in the implementation of our e-Health solution. Once fully operational, this new system will overhaul and rapidly improve how our health facilities function, with a particular focus on:

- Reducing patient waiting times;
- Addressing the issue of missing and damaged patient files; while
- Enabling the Department to defend itself against medico-legal claims.

This will save a lot of money in the process.

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Even in these tough times, we have made gains in certain key areas, and will need to consolidate and build from these.

During this financial year, the success rate of TB client treatment increased from 79.2% in the previous financial year to 81.2% during the year under review.

Our Anti-Retroviral Treatment roll-out programmes has grown and had 1, 508 336 clients remaining on ART at the end of the reporting period.

None of the achievements that we have accomplished during these trying times would have been possible without the support of the Head of Department and his management team.

To this end, I would therefore like to thank each staff member for their resilience in the midst of these challenging circumstances. We appreciate all the support that we receive from the Health Portfolio Committee, as well as the other similar political oversight structures, in our quest to achieve better health outcomes. Long may this spirit of co-operation continue.



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

Ms Nomagugu Simelane

MEC for Health: KwaZulu-Natal Department of Health

Date: 2021/11/02

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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 2020/21 financial year marks the first year of the new 5 years strategic planning cycle. The 2020-2025 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.

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 2020/21 financial year marks the first year of the new 5 years strategic planning cycle. The 2020/21 to 2024/25 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 2020/21 the policy priorities set out in the APP were in line with the three over-arching outcomes that seek to achieve the IMPACT of “Increased Life Expectancy”. The outcomes are “Universal Health Coverage”, “Improved Client Experience of Care” and “reduced Morbidity and Mortality”.

Details of the actual performance of the Department during 2020/21 are included in the Annual Report, highlighting the achievements and challenges. During this financial year, the Department:

- Managed 22 809 881 patients at PHC.
- Screened 11 449 440 people for mental disorders
- The mother to child HIV transmission rate decreased from 0.53% to 0.44%.
- The number of severe acute malnutrition deaths under 5 years decreased from 176 to 164, pneumonia deaths under 5 years decreased from 192 to 148 and the diarrhoea deaths under 5 years decreased from 171 to 133.
- Diarrhoea with dehydration incidence decreased from 7.4/1000 to 3.7 (3.8)/1000; pneumonia incidence from 28.9/1000 to 11.5 (11.6)/1000; and severe acute malnutrition incidence from 1.9/1000 to 1.2 (1.3)/1000.
- The number of children under 1 year fully immunised decreased from 239 295 to 217 217 (227 198)
- A total of 3 671 285 (3 685 603) people were tested for HIV and a total of 1 508 336 patients remained on ART at the end of March 2021.

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- The maternal mortality in facility rate increased from 76.9 per 100 000 live births to 125.2 (123.9) per 100 000 live births

Enabling Systems

The Department had 69 079 filled posts with a vacancy rate of 13.9% as at 31st March 2021. 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.

Human Resource Development inputs for Accounting Officer's Report as at 26 May 2021

The Department in order to address the skills shortage in the medical Professionals have 357 Students at local universities and 63 within the Cuban Programme with a total of 420. 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 also implemented various training and development initiatives which were also reported in the Annual Training Report submitted to the Public Service Sector Education and Training Authority (PSETA) and Health and Welfare Sector Education and Training Authority (HWSETA).

The total training expenditure for 2020/21 financial year covered initiatives related to the following training programmes:

NO.	ITEM	EXPENDITURE
1	Bursaries (for employees and prospective employees)	R 218 682 922.05
2	Interns	R 21 125 873.37
3	Transversal and Clinical Training (inclusive of HWSETA administration Levy)	R 35 943 604.00
4	HWSETA and PSETA Grants: Special Projects	R 6 546 112.80
5	Regional Training Centres (RTC)	R 19 726 700.01
Grand Total Expenditure		R 302 025 212.23

The total number of employees trained was **20546 out of 22186** planned beneficiaries which amount to **92.60%** achievement of the target, main contributing factor being Nurse training, RTC, COVID-19 and EMS training programmes. Department did not achieve the planned target on generic and transversal skills programmes due to COVID-19 pandemic that compelled the postponement or cancelling of most training sessions. As a post Covid recovery strategy some training sessions has been accommodated in the Workplace Skills Plan for 2021/2022 financial year.

As a caring government, the Department was able to implement training and development programmes targeting the unemployed beneficiaries of training that entered various training / learning programmes. For this reporting period there were **1530 unemployed youth who benefited**. This is comprised of mainly Bursaries,

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Internship programme for medical and unemployed graduates; and learners on Work Integrated Learning that require practical workplace learning to achieve their qualifications.

The Department has a Nursing College which offers Nurse Training; the total number of students currently on training is 643, of which 442 are enrolled in legacy nursing programmes accredited by the South African Nursing Council. A total of 201 students are registered in the Diploma in Nursing, which forms part of the New Nursing Qualifications being offered in the Country, which requires accreditation with the Council for Higher Education and the South African Nursing Council. The accreditation processes with the above mentioned accreditation bodies are currently underway for the remaining programmes to be offered by the Department's College.

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 which was exacerbated in 2020/21, due to the COVID-19 outbreak. However, progress has been measured using the approved Annual Implementation Plan and the end of year reports. The AIP originally had 945 projects but at the end of the financial year had 993 projects. The main reason for the increase in projects is due to the unexpected COVID-19 intervention projects. The budgets were adjusted accordingly.

A total of 139 Projects was budgeted for but had no expenditure, mainly due to COVID-19 pandemic, 46 Projects was closed, 72 Projects had no budget but reflected expenditure of which 49 projects was for the COVID-19 intervention programme, 3 maintenance packages, 1 Real Estate package, 10 New projects and 9 projects were closed.

Furthermore a number of projects is on hold (as per 10-year Infrastructure Plan) due to limited funding and include the following, 41 New clinics, 18 Replacement clinics, 8 Community Health Centres, 4 District hospitals, 1 Regional hospital and 2 New Forensic Mortuaries

Numerous packages were implemented in 2020/21. Projects have been consolidated into packages as they are similar in nature and as part of the department's new procurement initiatives. The following packages (to be or implemented at various facilities) were in planning stage up to completion in 2020/21. There are Generators, Asbestos eradication, Installation and upgrading of sewage disposal, Autoclaves, Fence Replacement, Elevated Water Tanks, Emergency Medical Services new wash Bays, Medical Waste Areas, HVAC Installations, Installation of Oxygen Supply, Replacement of Lifts and Hoist, Electrical upgrade to (Low voltage) LV switchgear, LV Cables, distribution boards.

Total estimated project cost = R493,522,696

Projects in Construction:

Projects of interest in construction in 2020/21 are as follows:

1. Dr Pixley ka Isaka Seme Memorial Hospital: New 500 Bed Regional Hospital - Project Cost: R 2,382,700,708
2. Hlabisa Hospital: Construction of OPD, Accident & Emergency, Pharmacy and Allied services - Project Cost: R 230,945,091.42
3. Project: King Edward VIII Hospital - Upgrade Nursery - Project Cost: R115,461,002.65
4. Catherine Booth Hospital - Phase 1& 2 Refurbish existing wards - Project Cost: R 63,030,253.49
5. Nkonjeni Hospital - Build a new Neonatal facility & renovate existing - Project Cost: R 78,740,233.17
6. McCord's Hospital - Renovations to doctor's residence and RTC - Project Cost: R 11 030 994.56
7. McCord's Hospital- Major refurbishment on Sinikithemba and Administration buildings - Project Cost: R22, 641, 874.63

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8. King Dinuzulu Hospital - New Psychiatric Hospital Phase 2 (Completion Contract) - Project Cost: R 106,686,785.00

Projects at Practical Completion:

For the period 2018/19 to 2020/21, a total of 65 projects reached Practical Completion at a total cost of R 1,019,362,068.50.

COVID-19 Intervention projects:

Projects initiated and completed in 2020/21 include the following:

1. Ozwathini: Appelsbosch Hospital: New 12-bed Isolation Ward (Parkhome)
2. Pietermaritzburg: Doris Goodwin Hospital: Conversion of Ward H and ward G into COVID-19 wards with outdoor staff change and rest facilities.
3. Durban: Clairwood Hospital: Complete refurbishment of U-shape ward, including roof, windows, sewer and plumbing
4. Durban: Clairwood Hospital: Alterations and additions to wards C1, C2, FS3, MS6, MS2, MM1 and OT as well as Pharmacy, Laundry, Mortuary & Medical Outpatients Department (MOPD)
5. Richmond: Richmond Chest Hospital: Conversion of Wards A2, A3 and Ward B3 into isolation wards.
6. Richmond: Richmond Chest Hospital: Conversion of Ward B2 into an isolation ward.
7. Richmond: Richmond Chest Hospital: COVID-19: Alterations to existing wards: Ward A4, B1, Dining Hall
8. Richmond: Richmond Chest Hospital: Main power supply upgrade
9. Richmond: Richmond Chest Hospital: Power Upgrade, renovations & repairs to existing wards
10. Scottburgh: G J Crookes Hospital: Replacement of roof and Alterations to Old Casualty Building Block A
11. Scottburgh: G J Crookes Hospital: Replacement of roof and Alterations to Old Casualty Building Block B
12. Scottburgh: G J Crookes Hospital: Upgrade the roof and plumbing in maternity ward
13. Greytown: Greytown TB Hospital: New 12-bed Isolation Ward (Parkhome)
14. Dundee: Dundee Hospital: Alterations to two existing wards to create isolation and quarantine wards
15. Utrecht: Niemeyer Memorial Hospital: Conversion of existing wards A, B C & D into isolation and quarantine wards
16. Vryheid: Siloah Lutheran Mission Hospital: Upgrade Existing Wards to 11 bed Isolation Ward and upgrade existing Nurses Home
17. Ulundi: St Francis Hospital: Upgrade Existing TB Wards to Isolation Ward and Auxiliary building to Quarantine Ward
18. Durban: Wentworth Hospital: Alterations and additions to 2 existing Crèche buildings & Ward D2 as well as OPD and Accident and Emergency (A&E)
19. Jozini: Mosvold Hospital: Upgrade Existing TB Wards to Isolation Ward and upgrade Existing Auxiliary to Quarantine Ward, Fencing and walkways
20. Mkuze : Bethesda Hospital: Upgrade Existing TB Wards to Isolation Ward and upgrade Existing Nurses Accommodation to Quarantine Ward; Fencing, awning and walkways
21. Gingindlovu: Catherine Booth Hospital: Upgrade MDR wards to be COVID 19 compliant. Oxygen piping and bulk tank, Ventilation, Waterproofing of roofs, External and internal fencing, Temporary Flu Clinic and Ablution Container. New EMS wash bay
22. Durban: King Dinuzulu Hospital: Roof repairs and Star Shaped Wards Renovations for COVID 19 response
23. Durban: King Dinuzulu Hospital: Psych Phase 2 Completion Contract
24. Durban: KZN EMS College: Refurbishment of Staff Accommodation Phase 1 - Emergency Covid-19 Quarantine Facility
25. Durban: KZN Infrastructure Maintenance Hub: Refurbishment of existing buildings to create Quarantine facility
26. Mandeni: Amatikulu RTC: Install borehole, renovate lecture hall and 19 bedrooms, ablutions & kitchens

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27. Pietermaritzburg: Fort Napier Hospital: Renovations and Additions of OT building for COVID-19 treatment facility

Field Hospitals

28. Pietermaritzburg: Royal Agricultural Show Grounds: Temporary conversion of 4 x Exhibition halls and provision of temporary ablution blocks Decommissioned
29. Durban: Clairwood Hospital: New temporary structure for complete Field hospital
30. KwaDukuza: General Justice Gizenga Mpanza Hospital Field Hospital: New temporary structure for complete Field hospital
31. Empangeni: Ngwelezane Field Hospital: New temporary structure for complete Field hospital
32. Port Shepstone: Ugu Sports centre: Temporary conversion of Spaces and halls including provision of temporary ablution blocks
33. Pietermaritzburg: Royal Agricultural Show Grounds: Re-commissioning of Exhibition halls 7, 8 & 9, auxiliary space and containers

Total beds delivered: Isolation beds - 1119 Quarantine beds – 226

Estimated cost - R1, 631,874,377

Revenue: The Department did not reach its revenue collection target for 2020/21, this was mainly due to Covid 19 pandemic and the challenges the Road Accident Fund is experiencing. While progress has been made in rolling out patient revenue systems in hospitals, the IT infrastructure and connectivity still poses a challenge.

The process to revive the efficiency within the SCM component of the Department is on-going and progress is beginning to be evident. The time that is taken to process bids has been significantly reduced. The decentralization of delegations to institutions is yielding the desired results in that service delivery lead times have been greatly reduced. The system is now more responsive to end-user requests. Head Office SCM, as a result, is now better able to respond and process the bids quicker than previously. A total of 143 bids were advertised during the financial year.

In order to further increase the efficiencies in the system, the Department has embarked on a process of implementing the Logistical Information System (LOGIS) system which will assist in automating some critical aspects of the SCM system and thus allow for better monitoring and management. It is envisaged that implementation of the system will take up to two years due to the stringent requirements by National Treasury.

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 2020/2021 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 2021 for period ending 31st March 2021, whereby an adjustment had been undertaken.

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

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Financial Performance

Table 1: Departmental Receipts

Departmental receipts	2020/2021			2019/2020		
	Estimate	Actual Amount Collected	(Over)/ Under Collection	Estimate	Actual Amount Collected	(Over)/ Under Collection
	R'000	R'000	R'000	R'000	R'000	R'000
Sale of goods and services other than capital assets	289,664	198, 229	91,435	276,510	277, 427	(917)
Fines, penalties and forfeits	72	26	46	68	42	26
Interest, dividends and rent on land	166	932	(766)	157	263	(106)
Sale of capital assets	8,000	17	7,983	6,000	9 536	(3,536)
Financial transactions in assets and liabilities	18,531	17,414	1,117	17,565	16 ,690	875
Total	316,433	216,618	99,815	300,301	303, 958	(3,657)

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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 use Department facilities and accommodation by the staff which includes boarding fees, non-residents and parking fees.

During the last two previous financial years, the Department has seen substantial over collection against sale of goods and services as a result of concerted effort to ensure revenue recoveries and through provision of training to the institutions. Due to the Covid 19 Pandemic revenue collection was decreased during the financial year. The set revenue target was under collected by R99,815 million, the budget revenue collection for 2020/21 was R316,433 million and the actual revenue collected was R216,618 million. The main reason for under collection is due to Covid 19 pandemic, the Road Accident Fund experiencing financial difficulties and was unable to settle outstanding accounts and the Department was unable to have the number of Auctions for sale of Capital Assets due to the state of emergency and the National lockdown

Tariff policy

The main source of revenue for the Department, over and above its voted amount, is patient fees which are charged using 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	2020/2021			2019/2020			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								
Current payment	1,667,613	1,629,315	398,318	750,020	750,020	0	Refer notes to the Appropriation Statement	
Transfers and subsidies	11,697	11,076	621	24,812	24,812	0		
Payment for capital assets	240,692	22,631	218,061	21,276	21,276	0		
Payment for financial assets	4,039	4,039	0	89	89	0		
Total	1,924,061	1,307,061	617,000	796,197	796,197	0		
District Health Services								
Current payment	24,641,611	24,341,051	300,560	21,965,947	22,086,850	(120 903)		
Transfers and subsidies	403,756	364,206	39,550	419,105	413,515	5, 590		
Payment for capital assets	328,272	231,896	96,376	226,476	226, 476	0		
Payment for financial assets	99	99	0	22	22	0		
Total	25,373,738	24,937,252	436,486	22,611,550	22,726,863	(115,313)		
Emergency Medical Services								
Current payment	1,462,376	1,429,072	33,304	1,426,505	1,426,505	0		
Transfers and subsidies	6,737	5,818	919	4,274	4,274	0		
Payment for capital assets	195,098	171,037	24,061	172,107	172,107	0		

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Programme Name	2020/2021			2019/2020			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		
Payment for financial assets	0	0	0	0	0	0	Refer notes to the appropriation Statement	
Total	1,664,211	1,605,927	58,284	1,602,886	1,602,886	0		
Provincial Hospital Services								
Current payment	11,706,304	11,102,742	603,562	11,198,706	11,198,706	0		
Transfers and subsidies	98,455	98,425	30	114,731	114,731	0		
Payment for capital assets	222,280	124,438	97,842	207,496	207,496	0		
Payment for financial assets	34	34	0	281	281	0		
Total	12,027,073	11,325,639	701,434	11,521,214	11,521,214	0		
Central Hospital Services								
Current payment	5,341,332	5,270,488	70,844	4,975,407	4,975,407	0		
Transfers and subsidies	27,098	27,104	(6)	22,593	22,593	0		
Payment for capital assets	132,261	87,868	44,393	171,169	171,169	0		
Total	5,500,691	5,385,460	115,231	5,169,169	5,169,169	0		
Health Science and Training								
Current payment	1,122,076	1,137,118	(15,042)	1,067,189	1,067,189	0		
Transfers and subsidies	126,123	126,123	0	228,430	228,430	0		
Payment for capital assets	16,998	1,956	15,042	8,954	8,954	0		

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Programme Name	2020/2021			2019/2020			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	
Payment for financial assets	0	0	0	0	0	0	Refer notes to the appropriation Statement
Total	1,265,197	1,265,197	0	1,304,573	1,304,573	0	
Health Care Support Services							
Current payment	406,908	423,608	(16,700)	289,617	249,044	40,573	
Transfers and subsidies	1,001	1,001	0	1,493	1,493	0	
Payment for capital assets	5,266	5,905	(639)	829	829	0	
Total	413,175	430,175	(17,339)	291 939	251 366	40 573	
Health Facilities Management							
Current payment	614,018	712,973	(98,955)	630,496	630,496	0	
Transfers and subsidies	0	0	0	0	0	0	
Payment for capital assets	2,525,902	2,400,222	125,680	1,223,812	1,223,812	0	
Total	3,139,920	3,113,195	26,725	1,854,308	1,854,308	0	
Departmental Total	51,308,066	49,370,245	1,937,821	45,151,836	45,226,576	(74,740)	

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UNAUTHORISED EXPENDITURE

The Department did not incur any unauthorized expenditure for the financial year. However the balance of R 108 074 million (*Note 10*) is for the prior year's which is awaiting approval from the relevant Committees.

PUBLIC PRIVATE PARTNERSHIP

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. 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 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 value of R156, 861 million were received and are reflected in the annexure 1F 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

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 48 to 185 and Annual Financial Statements set out on pages 267 to 404 are hereby approved by the Acting Accounting Officer of the Department of Health: KwaZulu-Natal.





Dr S C Tshabalala
Accounting Officer
KwaZulu-Natal Department of Health
Date 25/10/2021

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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 2021.

Yours faithfully,



Dr S C Tshabalala

Accounting Officer

KwaZulu-Natal Department of Health

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
- Respect

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.

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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.

- 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.

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- 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.
- 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.

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Government Policy Frameworks that Govern the Department

Statements to Health Sector Policies and Strategies

The following National and Provincial Policies, Frameworks and Strategies are relevant to 2020-2025:

- National Health Insurance Bill
- National Development Plan (NDP): Vision 2030
- Sustainable Development Goals
- Medium Term Strategic Framework and NDP Implementation Plan 2019-2024
- Provincial Growth and Development plan
- 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 Impact and Outcomes

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

Table 3: ALIGNMENT OF THE PDOH IMPACT AND OUTCOMES TO HEALTH SECTOR POLICIES AND STRATEGIES

KZN DOH Impact and Outcome 2020-2025	Medium Term Strategic Framework (MTSF)2019-2024 Impacts	MTSF Priorities 2019-2024	National Development Plan: Vision 2030 goals	Sustainable Development Goals	Provincial Growth and Development Plan (PGDP) 2030	Health sector's strategy 2019-2024
Impact: Increased Life Expectancy	Life expectancy of South Africans improved to 70 years by 2030	Priority 3: Education Skills and Health	Average male and female life expectancy at birth increases to at least 70 years		Goal Indicator: • Life expectancy at birth. Strategic Objective 3.2: Enhance the health of communities and citizens	Goal 1: Increase Life Expectancy improve Health and Prevent Disease <i>Inter sectoral collaboration to address social determinants of health</i>
Outcome: Universal Health Coverage	Universal Health Coverage for all South Africans achieved and all citizens protected from the catastrophic financial impact of	Priority 3: Education Skills and Health Priority 2: Economic Transformation and Job creation Priority 3: Capable, Ethical	Complete Health System Reforms (Strengthen the District Health System) Primary Health Care teams provide care to families and communities	3.8 - Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable	3.2(a) Scale up implementation of strategic interventions to fast track transformation of public health services towards universal health coverage. 3.2(e) Facilitate health research	Goal 2: Achieve Universal Health Coverage by Implementing NHI SO: <i>Progressively achieve</i>

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KZN DOH Impact and Outcome 2020-2025	Medium Term Strategic Framework (MTSF)2019-2024 Impacts	MTSF Priorities 2019-2024	National Development Plan: Vision 2030 goals	Sustainable Development Goals	Provincial Growth and Development Plan (PGDP) 2030	Health sector's strategy 2019-2024
	seeking health care by 2030	and Developmental State	Universal Health Care Coverage Fill posts with skilled, committed and competent individuals	essential medicines and vaccines for all 3. c - Substantially increase health financing and the ... health workforce in developing countries... Strengthen the capacity of all countries ... for early warning, risk reduction and management of national and global health risks	and knowledge management to inform evidence-based and responsive planning and decision-making.	<p><i>Universal Health Coverage through NHI</i></p> <p><i>SO: Improve quality and safety of care</i></p> <p><i>SO: Provide leadership and enhance governance in the health sector for improved quality of care</i></p> <p><i>SO: Improve community engagement and reorient the system towards Primary Health Care through Community based health Programmes to promote health</i></p> <p><i>SO: Improve equity, training and enhance management of Human Resources for Health</i></p> <p><i>SO: Improving availability to medical products, and equipment</i></p> <p><i>SO: Robust and effective health information systems to automate business processes and improve</i></p>

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KZN DOH Impact and Outcome 2020-2025	Medium Term Strategic Framework (MTSF)2019-2024 Impacts	MTSF Priorities 2019-2024	National Development Plan: Vision 2030 goals	Sustainable Development Goals	Provincial Growth and Development Plan (PGDP) 2030	Health sector's strategy 2019-2024
						<p><i>evidence based decision making</i></p> <p><i>SO: Execute the infrastructure plan to ensure adequate, appropriately distributed and well maintained health facilities</i></p>
Improved Client Experience of Care	Outcome: Progressive improvement in the total life expectancy of South Africans	Priority 3: Education Skills and Health			Strategic Objective 3.2: Enhance the health of communities and citizens	<p><i>SO: Improve community engagement and reorient the system towards Primary Health Care through Community based health Programmes to promote health</i></p>
Reduced Morbidity and Mortality	<p>Outcome: Reduce Maternal and Child Mortality</p> <p>Outcome: Progressive improvement in the total life expectancy of South Africans</p> <p>Outcome: Improved educational and health outcomes and skills development for all women, girls, youth and persons with disability</p>	Priority 3: Education Skills and Health	<p>Improvement in evidence-Based preventative and therapeutic interventions for HIV</p> <p>Progressively improve TB prevention and cure</p> <p>Reduce maternal and child mortality</p> <p>Reduce the prevalence of non-communicable chronic diseases by 28 percent</p> <p>Reduce Injury, accidents and</p>	<p>3.1 - By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births</p> <p>3.2 - By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births</p> <p>3.3 - By 2030, end the epidemics of AIDS,</p>	<p>3.2(b) Implement the KZN 2017-2022 Multi-Sectoral Response Plan for HIV, TB and STIs to reduce the burden of communicable diseases.</p> <p>3.2(c) Accelerate implementation of comprehensive integrated community- and facility-based services/ interventions to improve maternal, neonatal and child health.</p> <p>3.2(d) Accelerate implementation of comprehensive and integrated</p>	<p>Goal 1: Increase Life Expectancy improve Health and Prevent Disease</p> <p>SO:</p> <p><i>Improve health outcomes by responding to the quadruple burden of disease of South Africa</i></p>

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KZN DOH Impact and Outcome 2020-2025	Medium Term Strategic Framework (MTSF)2019-2024 Impacts	MTSF Priorities 2019-2024	National Development Plan: Vision 2030 goals	Sustainable Development Goals	Provincial Growth and Development Plan (PGDP) 2030	Health sector's strategy 2019-2024
			violence by 50% from 2010 levels	tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases 3.4 - By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being 3.5 - Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol 3.6 - By 2020, halve the number of global deaths and injuries from road traffic accidents 3.7 - By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes	community- and facility-based services/ interventions to reduce the burden of non-communicable diseases.	

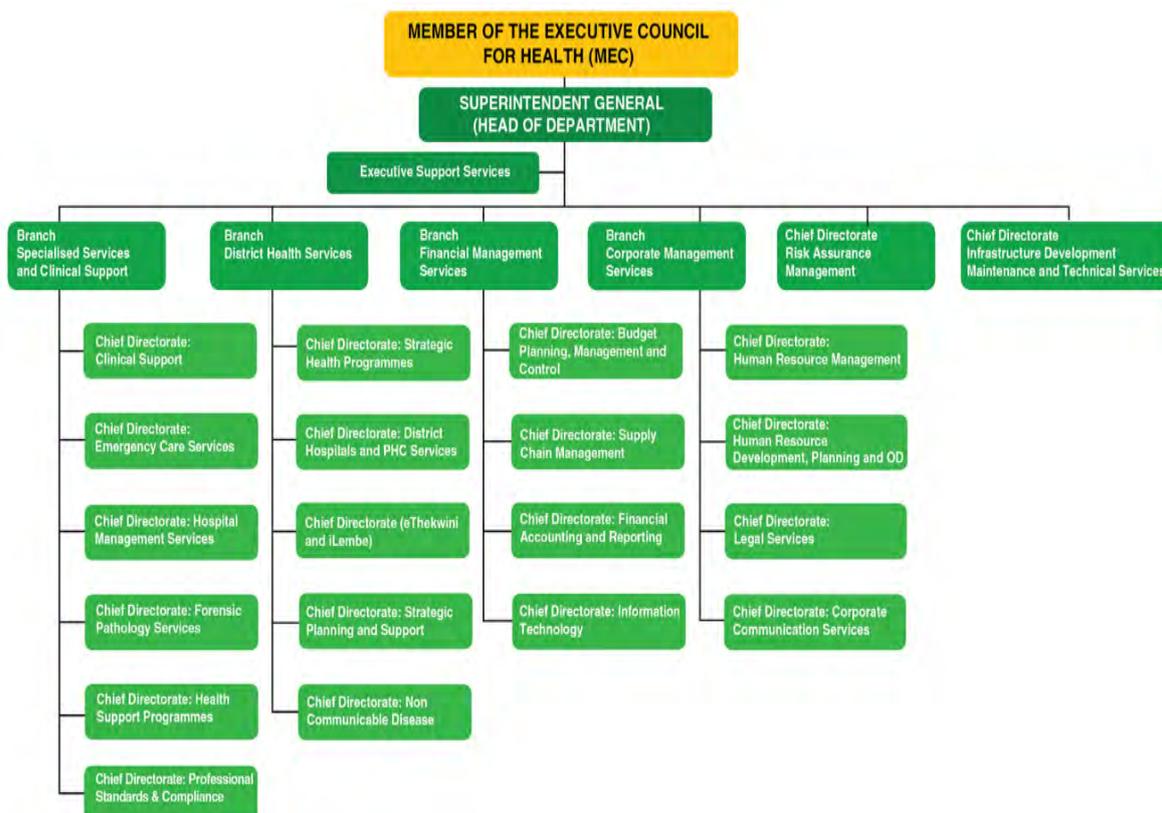
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KZN DOH Impact and Outcome 2020-2025	Medium Term Strategic Framework (MTSF)2019- 2024 Impacts	MTSF Priorities 2019-2024	National Development Plan: Vision 2030 goals	Sustainable Development Goals	Provincial Growth and Development Plan (PGDP) 2030	Health sector's strategy 2019- 2024
				<p>3.9 - By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination</p> <p>3.a - Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate</p> <p>3.b - Support the research and development of vaccines and medicines for the communicable and non-communicable diseases ...</p>		

Organisational Structure

The Figure below is the approved MACRO structure by Department of Public Service Administration (DPSA) /Office of the Premier (OTP). A review of the Head Office and District Office Macro structures is underway to improve the cohesiveness and alignment of the structure to better respond to the interventions

FIGURE 1: KZN DOH MACRO STRUCTURE



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The **Department of Health reporting lines structure** is below. A review of the Head Office and District Office Macro structures is underway to improve the cohesiveness and alignment of the structure to better respond to the interventions.

FIGURE 2: KZN DOH REPORTING LINES, 2021



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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

PART B: PERFORMANCE INFORMATION

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Auditor General Report on Predetermined Objectives

The Auditor General of South Africa (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 253 to 264 of the Report of the Auditor General, published as Part E: Financial Information.

Overview of Departmental Performance

Service Delivery Environment

Overview

The KZN population increased from 11 603 112 in 2019/20 to 11 749 501 in 2020/21, and the uninsured population increased from an estimated 10 083 104 to 10 210 316. The main beneficiaries for public health services remained the uninsured population with only 13.1% of the population on medical aid (2019 General Household survey; 17 December 2020 STATS SA).

South Africa is classified as an upper-middle-income country with a per capita income of R55 258. Despite the perceived wealth, most of the country's households are plagued by poverty. Although significant progress was made prior to the economic crisis in addressing poverty, many South African households have fallen back or still remain in the trap of poverty through inadequate access to clean water, proper health care facilities and household infrastructure (Provincial Treasury, 2019).

Health is influenced by the environment in which people live and work as well as societal risk conditions such as polluted environments, inadequate housing, poor sanitation, unemployment, poverty, racial and gender discrimination, destruction and violence (National Department of Health, 2019). Globally, it is recognized that health and health outcomes are not only affected by healthcare or access to health services. They result from multidimensional and complex factors linked to the social determinants of health, which include a range of social, political, economic, environmental, and cultural factors, including human rights and gender equality (National Department of Health, 2019).

Comparing 2011 and 2016 data, there is a decline in people living in informal dwelling and an increase in traditional dwellings. The Province has made gains in the access to piped water and electricity but uMkhanyakude remains at unacceptably high percentages of households with no access to piped water and electricity for lighting, food preparation and storage.

Epidemiologically, South Africa is confronted with a quadruple burden of disease (BOD) because of HIV and TB, high maternal and child morbidity and mortality, rising non-communicable diseases and high levels of violence and trauma (National Department of Health, 2019). This is also the case in KZN.

The top 10 causes of death in KZN have remained essentially unchanged from last year. The burden of disease in KZN, as reflected by the most important causes of mortality, remains a complex mix of communicable and non-communicable diseases, with the latter including a significant component of non-natural causes of death.

Grouped according to these categories, communicable diseases constitute 19.9% of the top ten causes of death in KZN, non-communicable diseases 28.3%, diseases of lifestyle (a sub-component of non-communicable causes)

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13.6% and non-natural causes 12.6%. This mix of causes of death illustrates that KZN is still undergoing an epidemiological transition, from a state characterized by high numbers of death due to communicable diseases, often in younger people, to one characterized by higher number of deaths due to non-communicable diseases, mostly in older people. KZN's profile of deaths differs from that for Africa as a whole, where infectious diseases predominate causing 35.1% of deaths (Statista 2020). The most important causes of death in KZN also differ from those in Europe, where only pneumonia features in the top 10 causes of death; most deaths result from non-infectious causes and more than 80% of deaths occur in people over the age of 65 (OECD/European Union 2018). Furthermore, KZN society remains highly inequitable in terms of household income and living conditions, and the profile of deaths reflects this.

The effect of HIV on the death rate in KZN has declined since the implementation of mass treatment, but its impact on morbidity in the province remains significant, especially through its role in increasing vulnerability to tuberculosis (the most important cause of death in KZN for this year, and several years preceding). However, tuberculosis is also the quintessential disease of poverty, and, like the other communicable diseases in the top ten causes of death in the province, it demonstrates that poverty remains a major obstacle to improved health status in KZN. This is in spite of declines in the incidence of malnutrition in the province, and the disappearance of diarrhoeal diseases from the top ten causes of death. The improvement of living standards, especially in housing and nutrition, remains vital to the elimination of diseases of poverty from KZN. There is a global crisis occasioned by the coronavirus pandemic (COVID19). This is a challenge that has undermined some of the work of government not only in KwaZulu-Natal but on a global scale.

Non-communicable diseases, including diseases of lifestyle such as type 2 diabetes and hypertension, are becoming increasingly important in KZN. Whilst this reflects an ageing population, it does not necessarily reflect a more affluent one (Hsu et al, 2012). Reductions in poverty levels as well as patient education are vital to reduce the impact of diseases of lifestyle on morbidity and mortality in KZN.

The high proportion of deaths due to non-natural causes in KZN reflects the continuing high rates of motor vehicle accidents and inter-personal violence in the province. The rapid increase in motorization in South Africa has not been matched with increased and more effective law enforcement, leading to increased numbers of motor vehicle accidents and consistently high mortality rates from these (Haagsma et al 2016). Interpersonal violence remains an important cause of death in the province. There are many factors, which contribute to the high rates seen in KZN, including poverty (Foster et al 2007), social inequality (Hawkins 1993) and culture (Hughes et al 2005).

Services Provided

Community-based services

Non-acute health services are provided at community and household level through Ward Based Outreach teams, School Health Teams, TB Surveillance and 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 to Operation Sukuma Sakhe (OSS) War Rooms, provide promotive and preventive services targeting children. OSS is used as 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 and waste removal.

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.

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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. Services offered at these easily accessible sites increases the possibility of 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. Included are 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 increases access to clinical services at entry point.

Hospital Services

In and out-patient services are rendered at District, Regional, Specialised, Tertiary and Central Hospitals. District Hospitals (8 274 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 in especially rural areas.

Regional Hospitals, with 6 932 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 location of hospitals.

Queen Nandi and Newcastle Hospitals, with 631 usable beds, provide mother and child services.

The McCord's Provincial Eye Care Hospital, with 77 usable beds is in the first phase of commissioning and provides specialised eye care services only.

Specialised TB (201 usable beds) and Psychiatric (2 433 usable beds) Hospitals provide acute and sub-acute services for the two clinical disciplines. Don McKenzie and Charles James Specialised TB Hospitals were both decommissioned in 2020 whilst Richmond Hospital became a dedicated COVID-19 hospital. Doris Goodwin TB Hospital beds allocation has been amended as one wing is functioning as a TB wing and the other is catering for COVID-19 care.

The Step Down/ Sub-Acute Hospitals (175 usable beds) provide stepdown care. Clairwood Hospital was repurposed to a COVID-19 Hospital with Hillcrest Hospital remaining as a step down hospital.

Tertiary Hospitals, with 1 653 usable beds, and one Central Hospital, with 846 usable beds, provide highly specialised 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. District hospitals provide outreach services to PHC clinics.

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 the use of all available aeromedical services in KZN, namely Air Mercy Services, Netcare and Black Eagle. These are dispatched as and when required.

Forensic Pathology Services

Specialised Forensic Pathology Services are provided at 39 Medico-Legal Mortuaries throughout the Province.

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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).

Service Delivery Challenges

Some of the challenges experienced include poor access to Infrastructure Technology (IT) due to server challenges, ground roots level technical support and limited broadband access.

Food services in the Province faced the challenge with processes at a district level including the monitoring and reporting of performance. The infrastructure, maintenance and HR resource constraints impact on the Department's ability to deliver food services that is of a good standard as the food services units require inputs from all of these areas in order for significant improvements to be effected.

The access to emergency medical services further challenges the access of our clients to good quality of health care. The resource constraints including vehicle, infrastructure and staffing all yield performance that is suboptimal.

The challenges faced by the support services for health include the Forensic pathology minimum staff establishment not being finalized, pharmacy infrastructure challenges, shortages in linen, Central Chronic Medicine Dispensing and Distribution (CCMDD) programme data challenges making it difficult to track the performance of the programme.

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 at least there is someone acting in these posts.

Health Facilities Management experienced overspending due to unanticipated corrective maintenance.

The challenges relating to Human Resources include poor implementation of Employee Health and Wellness. Employees are a valuable asset to the Department and wellness contributes to the sustainability of the workforce. The Department is plagued by inadequate staffing of the correct skills mix. This includes challenges with the attraction and retention of specialists. The emergence of COVID 19 has, however, enabled the Department to employ around 15 000 staff members to help in the fight against the pandemic (Vote 7 Budget Speech).

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.

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Table 4: Main services and standards

Main services	Beneficiaries	Current/ Actual Standard of Services	Desired Standard of Services	Actual Achievement
Provision of Primary Health Care services: Average Waiting Times	Citizens of KZN, neighbouring provinces and other countries	105 minutes	108 minutes	89 minutes

Table 5: Batho Pele arrangements with beneficiaries

Current Arrangements (2019/20)	Desired Arrangements	Actual Achievements (2020/21)
Consultation		
There is 81.5% (205/251) consultation with clinic committees ¹ .	Consultation with stakeholders through Clinic committee and Provincial Health Consultative Forum meetings	Consultation with stakeholders through Clinic Committees
Access		
There is 97% (243/251) access to the clinics ²	<ul style="list-style-type: none"> 95% of facilities adherent to operating times as per service board 	<ul style="list-style-type: none"> 100% of facilities are adherent to operating times
Information		
93% (233/251) there is signage for most clinics ³ 100% (251/251) patients are informed of all pick up points ⁴ <ul style="list-style-type: none"> 100% (251/251) education communication material is available at clinics⁵ 	<ul style="list-style-type: none"> 460 out of 610 facilities (75%) 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"> 80% of facilities have signage. Some signage need replacement by local government 100% of facilities have medicine pick up points and patients are picking up their medication
Courtesy		
<ul style="list-style-type: none"> 86% (215/251) scored over 70% on the Ideal Clinic dashboard⁶ Complaints Resolution Rate is 87.8% (961/1094) 	Facilities fully compliant in terms of : <ul style="list-style-type: none"> Fixed PHC facilities scoring above 70% on the ideal clinic dashboard Hospital achieved 75% and more on National Core Standards self-assessment rate (District Hospitals) Complaint resolution rate 	Facilities fully compliant in terms of: <ul style="list-style-type: none"> Fixed PHC facilities scored 93.2% on the ideal clinic dashboard 19/66 (29%) facilities were compliant during the 2020-2021 Norms and Standards assessment 4095/4233 (97%) complaint resolution rate

¹ Batho Pele principles report received from eThekweni, Harry Gwala, UMkhanyakude and uThukela districts for 2019-20 financial year

² Service boards and Patient Experience of Care Survey conducted in 2019

³ Batho Pele principles report received from eThekweni, Harry Gwala, UMkhanyakude and uThukela districts for 2019-20 financial year.

⁴ Batho Pele principles report received from eThekweni, Harry Gwala, UMkhanyakude and uThukela districts for 2019-20 financial year.

⁵ Batho Pele principles report received from eThekweni, Harry Gwala, UMkhanyakude and uThukela districts for 2019-20 financial year.

⁶ Batho Pele report sent by eThekweni, Harry Gwala, UMkhanyakude and uThukela districts for the 2019-20 financial year

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Current Arrangements (2019/20)	Desired Arrangements	Actual Achievements (2020/21)
		<ul style="list-style-type: none"> 3931/4095(96%) complaints resolution within 25 days rate
Openness and Transparency		
<ul style="list-style-type: none"> 100% full disclosure is provided to clients according to set guidelines⁷ 97% of clinic committees are informed of operations and management of complaints⁸ 	<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
Redress		
87.8% (961/1094) Complaints resolution rate.	95% complaint resolution rate	97% complaints resolution rate
Value for Money		
87.8% (961/1094) Complaints resolution rate.	95% complaint resolution rate	<ul style="list-style-type: none"> 97% complaints resolution rate

Table 6: Service delivery information tool

Current/ Actual information tools	Desired information tools	Actual achievements
93% (233/251) there is signage for most clinics ⁹	<ul style="list-style-type: none"> 460 out of 610 facilities (75%) adherent to standardised signage requirements 	<ul style="list-style-type: none"> 80% of facilities have signage. Some signage need replacement by local government

Table 7: 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 process to link the Provincial Health Operations Centre and the National Department of Health system has stalled. Will be pursued in the current financial year

⁷ Batho Pele principles report received from eThekweni, Harry Gwala, UMkhanyakude and uThukela districts for 2019-20 financial year.

⁸ Batho Pele principles report received from eThekweni, Harry Gwala, UMkhanyakude and uThukela districts for 2019-20 financial year.

⁹ Batho Pele principles report received from eThekweni, Harry Gwala, UMkhanyakude and uThukela districts for 2019-20 financial year.

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Organisational Environment

Resignations and/or Appointments in Senior Management Service¹⁰

Changes due to attrition occurred in the senior management service (SMS) during 2020/21 as follows:

Retirements

Subban PS (Chief Executive Officer), St Aiden's Hospital, 28/02/2021

Bhekiswayo CM (Director: Health Ombudsperson), Head Office, 28/02/2021

Resignations

Vabaza N (Chief Executive Officer), GJG Mpanza Hospital, 30/04/2020

Gumede M (DDG: Specialised Services and Clinical Support), Head Office, 30/04/2020

Zulu MT Director (District Health Office), Uthukela DHO, 31/12/2020

New Appointments

Zulu MT (Director: District Health Office), UMgungundlovu DHO, 18/01/2021

Promotions and transfers

Mthethwa JM (Chief Executive Officer), Dr Pixley KISM Hospital, 01/06/2020

Contract Expiry

Zondi ZPK (Director: Hazardous Substances Policy Development), Head Office, 30/08/2020

Deceased

Msibi BL (Chief Executive Officer), Ladysmith Hospital, 22/01/2021

Industrial Action

- Unlawful work stoppage at Phoenix CHC on the 19th May 2020 related to demands for mass COVID testing involving around 50 officials
- Unlawful work stoppage at Estcourt Hospital on the 22nd May 2020 due to the demand Demands for the fumigation of Outpatients Department (OPD) involving around 20 officials
- Unlawful work stoppage at King Edward Viii Hospital on 31/05/2020 due to demands for closure of theatre and all staff to be tested involving 34 officials
- Unlawful work stoppage at Tongaat CHC on 01/06/2020 due to demands for disinfecting of the facility and testing for all staff involving around 100 staff
- Picketing / Demonstration at Edendale Hospital on 25/02/2021 due to Demands for the removal of a Manager and withdrawal of charges against Shop stewards involving around 15 staff
- Picketing at KwaMashu CHC due to Demands for leave of absence by 25 employees on the 24/08/2020

¹⁰ Source: HR

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- Picketing at Inkosi Albert Luthuli Central Hospital on 24/08/2020 over a Salary dispute by 108 officials
- Picketing at Ekuhlengeni Psychiatric Hospital on the 25-26/08/2020 over Cost of living adjustment involving 15 officials
- Picketing at Umgeni Hospital on 25-28/08/2020 over Support for health workers and shortage of quality Personal Protective Equipment (PPE) involving 85 officials
- Section 77: Protest action at Prince Mshiyeni Hospital, PPSD, Nkandla Hospital, Charles Johnson Memorial Hospital, Dundee Hospital, Greytown Hospital, Madadeni Hospital, Newcastle Hospital, General Gizenga Mpanza Regional Hospital, Untunjambili Hospital, Manguzi Hospital, Edendale Hospital, Appelsbosch Hospital, Doris Goodwin Hospital, Northdale Hospital, Town Hill Hospital, Mfundo Arnold Lushaba (Formerly Turton) CHC, Imbalenhle CHC, Bruntville CHC, Amajuba District Office, Ilembe District Office, Ugu District Office and Head Office. This was a Socio economic strike on the 7th October 2020 involving 332 officials

System Failures (Office of the HOD)

There were no major system failures during the period under review.

Impact of COVID-19 Lockdown periods

The COVID-19 global outbreak was declared a pandemic on the 11th March 2020 by the World Health Organisation (WHO). On the 5th March, South Africa reported its first case. The COVID-19 outbreak was declared a national disaster on the 15th March 2020 and a 6-week national lockdown was imposed from the 27th March 2020. The lockdown was intended to retard the spread of the virus, allowing the health system time to prepare for the expected surge. During the lockdown, the public was urged to stay home and report to health facilities for emergencies. This has resulted in fewer people presenting at health facilities over the 2020/21 year. Screening, testing and adherence to treatment have been adversely affected as a result of the restricted movement of people (Vote 7 Budget Speech, 21 May 2021).

National Health Insurance (NHI)

The Health Practitioner Contracting Programme is an essential step in health system strengthening and ensuring integrated services at Primary Health Care (PHC) level to address the health needs of the population. Private General Practitioners (GPs) were contracted by NDOH under an Indirect grant since 13/14 in the 3 NHI Pilot Districts:-Amajuba, uMzinyathi and uMgungundlovu. In 18/19 the programme was handed over to the Provincial Department of Health for management. In 19/20 the budget was handed down to the Province as a direct grant.

Towards the end of 19/20, the programme was expanded to all 11 districts in KwaZulu-Natal. High volume PHC facilities were prioritised during allocation of GPs. The KZN DOH framework and administrative systems for contracted GPs was developed by the Provincial NHI unit together with the 11 Districts.

Health Infrastructure

Health Facilities Management experienced overspending due to unanticipated corrective maintenance. Jobs were created through the Department's Gardens and Grounds Programme and Dr Pixley ka Isaka Seme Memorial Hospital project, which is informed by available funding.

During 20/21, The Department prepared for the opening of Dr Pixley Ka-Isaka Memorial Hospital which is expected to take place in 21/22. The Department placed focus on the recruitment process with over 50% of the recruitments being done.

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Greys, Addington, Ngwelezane and Manguzi Hospitals were prepared for COVID-19 Isolation units. In addition, other facilities that were underutilised were identified and these were all upgraded. The purpose was to create facilities with isolation and quarantine wards. The design was done with flexibility in mind so that the facilities will be able to be used in future and to treat various categories of patients.

IN addition, infrastructure projects to the value of R1.3 billion were completed in 2020/21. The projects completed were largely part of the Generator, fencing and Asbestos programmes running across all district municipalities.

System Challenges

Some of the challenges experienced include poor access to Infrastructure Technology (IT) due to server challenges, ground roots level technical support and limited broadband access. Food services in the Province faced the challenge with processes at a district level including the monitoring and reporting of performance. The infrastructure, maintenance and HR resource constraints impact on the Department's ability to deliver food services that is of a good standard. The Departmental policies are often not costed, not developed in consultation with transversal programme and not driving the change in strategies. The Medical sins (overstocking of medication, theft and incineration, moonlighting) continue to be a challenge in optimally using resources in a financially constrained environment. The management of health care risk waste has also been found to be a challenge as a result of prescripts not being complied to. There is also a poor response to outbreak Investigations. The access to emergency medical services further challenges the access of our clients to good quality of health care. The resource constraints including vehicle, infrastructure and staffing all yield performance that is suboptimal. The challenges faced by the support services for health include the Forensic pathology minimum staff establishment not being finalized, pharmacy infrastructure challenges, shortages in linen, Central Chronic Medicine Dispensing and Distribution (CCMDD) programme data challenges making it difficult to track the performance of the programme.

Significant progress has been made in the E-Health pilot with the employment of qualified officials for the development and programming of ICT systems. The in-house developed system currently has modules that are fully functional. These include modules for patient administration, patient consultation and prescription of medication. From March 2020, Prince Mshiyeni and Madadeni Hospitals went live as pilot hospitals for E-Health. In 2020/21, staff from Ngwelezana, Queen Nandi, Greys, Edendale, Port Shepstone, EG and Usher, General Justice Mpanza, Vryheid, Dundee, Bethesda, Emmaus and Newcastle Hospitals were trained on patient administration. The Department is engaging the State Information Technology Agency (SITA) on the upgrade of data lines and network points as this is a limitation in the E-health rollout.

Communications

During efforts to contain the spread of COVID-19, the public was urged to stay home and only present to health facilities in emergencies. AS a result, fewer clients came to the facilities over the past year. The Department improved the communication platforms to reach clients. Efforts included interactive TV/radio and online shows and Health chat which connects the Department with the public to arm them with knowledge on health related content.

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Human Resources for Health

The challenges relating to Human Resources include poor implementation of Employee Health and Wellness. Employees are a valuable asset to the Department and wellness contributes to the sustainability of the workforce. The Department is plagued by inadequate staffing of the correct skills mix. This includes challenges with the attraction and retention of specialists. The HR training, reporting and accountability platform has been integrated into Programme Six (6). Lack of change management strategies and acceptance of innovations at service delivery level has the potential to retard progress in meeting outcomes. Financial constraints impact on the Department's ability to absorb bursary holders into the KZN health system.

The emergence of COVID 19 has enabled the Department to employ around 15 000 staff members to help in the fight against the pandemic (Vote 7 Budget Speech)

Key policy developments and legislative changes

National Policy and Legislative Changes¹¹

- Disaster Management Regulations were available at various levels of COVID-19 lockdown throughout 2020/21.
- National Health Insurance (NHI) Bill - Due in part to the disruption caused by the COVID-19 pandemic, progress on the National Health Insurance Bill has been limited
- National Health Act: Regulations: Functioning of Office of Health Standards Compliance and Handling of Complaints by Ombud: Enforcement policy - 4 December 2020
- National Public Health Institute of South Africa Act 1 of 2020 – 7 August 20

National Health Insurance (NHI) Bill

The objective of the NHI Bill is to achieve universal access to quality health care services for all South Africans in accordance with Section 27 of the Constitution. The Bill will ensure that no one is deprived of access to health care because of their socio-economic status. The Bill will also ensure that there is one Public health fund created with adequate resources to plan and effectively meet the needs of the entire population thus achieving Universal Health Coverage.

The released Bill will pave the way for more access to medical health care through NHI and provide much relief to patients who find themselves in financial distress due to the cost of health care. The Bill is still at Parliament waiting to be promulgated to be an Act.

Provincial Policy & Legislative Changes

There were no provincial policy and legislative changes with significant implications for the provincial health system, which came into effect during the period of review.

¹¹ Source: www.gov.za

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Achievement of Institutional Impacts and Outcomes

Impact: Life expectancy at birth

In the current 5 year Strategic Plan (2020/21-2024/25), the Department is focusing its efforts on the three Outcomes of Universal Health Coverage, Improved Client Experience of Care and Reduced Morbidity and Mortality. The Impact that the Department seeks to achieve through this, is an increase in the life expectancy of the citizens of the Province. Together with good governance and leadership practices, the outcomes seek to enable optimal health for all persons in the Province.

The 2018/19 Provincial Baselines were 60.9 years, 64.1 Years and 57.7 years for Life Expectancy at birth, Life Expectancy at birth: Female and Life Expectancy at birth: Male respectively. The five-year target for life expectancy at birth is 62.2 years with the targets for female and male life expectancy at birth set at 65.4 years and 59 years respectively. The South African picture shows that Life expectancy at birth for 2020 is estimated at 62.5 years for males and 64.6 years for females. In KZN, Life expectancy at birth for 2020 is estimated at 58.2 years for males and 68.5 years for females. The life expectancy at birth for people in the Province is estimated at 61.4 years.

The Province has increased from a baseline Life Expectancy of 60.9 years to 61.4 years and appears to be on track towards the 5-year target of 62.2 years despite the setbacks that have resulted from the COVID-19 pandemic. The Female and male life expectancy at birth displayed similar patterns of growth away from the 2018/19 baseline and towards the 2024/25 targets. There is no indication that amendments to the Strategic plan are required at present

Outcome: Universal Health Coverage

The Department seems to be not moving towards the five year UHC index target of 73.5% due to the decrease from the baseline of 71.7% in 2018/19 to 59% in 2020/21. The decrease is attributed to the National Health Insurance that is not yet operational. The 2020/21 actual of R 110 302 969 for the contingent liability of medico-legal cases showed a decrease which exceeded even the five year target of R18bn. This decrease may not be a true reflection taking into consideration that Due to Coronavirus Disease 2019 (COVID-19) pandemic, courts were disrupted and cases that were due to be heard during that time were postponed. Only 5.3 % of facilities were certified by Office of the Health Standards Compliance (OHSC) against the target of 68.7%. The 2020/21 performance is 93% less than the five year target of 71.4% and is due to the fact that assessments for accreditation are dependent on the OHSC. The Department reported 88.4% hospitals with functional boards due to appointments expired appointments or terms that have ended. That is 11% less than the 2020/21 and 2024/25 targets of 100%. The Professional nurses per 100 000 population and the Medical officers per 100 000 population targets of 152.5/100k and 27.4%, respectively were exceeded due to the additional Professional Nurses and medical officers that were employed to deal with the COVID-19.

There is positive progress towards the five year target of 100% for the Ideal Clinic obtained rate indicator. The indicator moved from a baseline of 75.6% in 20198/19 to 76.8% in 2019/20 and 77.8% in 2020/21.

Outcome: Improved Client Experience of Care

The Patient Safety Incident case closure rate District, Regional, TB hospitals, Chronic, Tertiary and Central increased except the one for PHC facilities which decreased in relation to the five year target of 93%. That happened as a result of human resources shortage which resulted to Patient Safety Incident (PSI) committees not being able to meet and execute their duties. The province lost professional nurses to COVID-19. Improved reporting and implementation of complaints management guidelines contributed to the Patient Experience of

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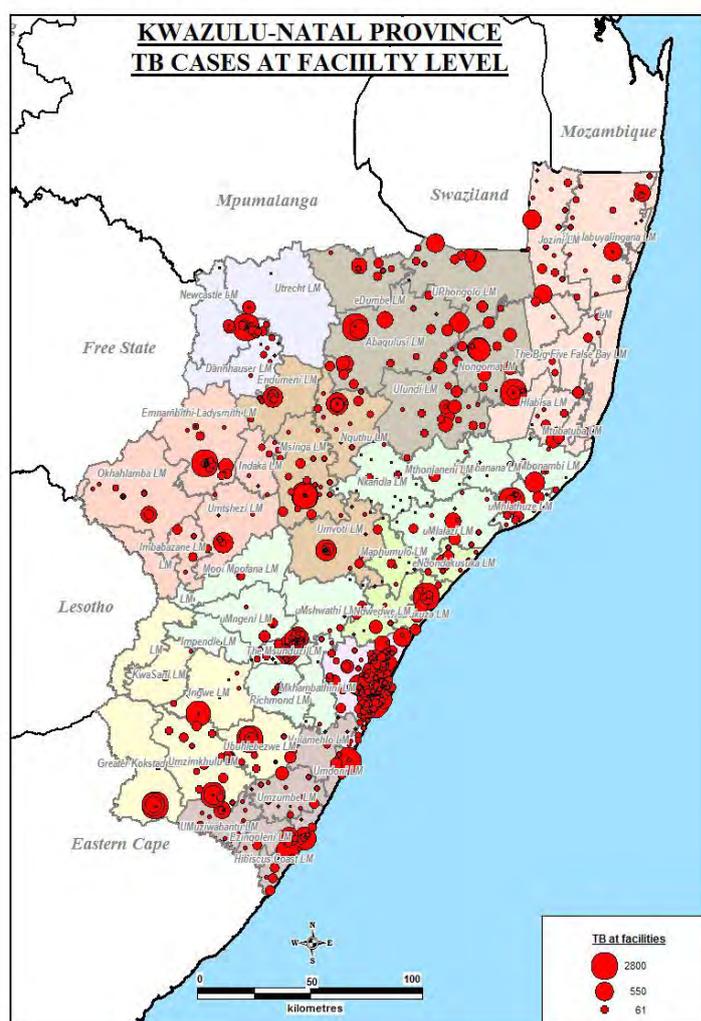
Care satisfaction rate for PHC, District, Regional, Psychiatric and Chronic hospitals' performance increasing towards the five year targets.

Outcome: Reduced Morbidity and Mortality

TB Programme

KwaZulu-Natal has the highest burden of TB and HIV in the country. Although the TB notifications have declined from 1128 in 2009/10 to 410 per 100 000 population in 2019/20, this is more than threefold what WHO declares a crisis (200 per 100 000).

TB Notification Rate per 100 000 population by district



Despite the high burden of TB in the Province, the TB treatment outcomes have improved substantially over 10 years from 58% treatment success rate in 2009 to 81.1% in 2019 for susceptible TB. The loss to follow up and death rates are still high at 10.7% and 7.5% respectively. The map depicts diagnosed TB cases at facility level. Care should be taken when interpreting the map, as bigger facilities, and facilities with more robust screening practices, will have a higher incident rate.

Within South Africa, KwaZulu-Natal had the highest prevalence of drug-resistant TB and accounts for 38% (2,799) of 7,350 MDR TB cases and 50% (270) of 536 XDR TB cases in the country. The reported MDR TB incidence rate per 100,000 population of KwaZulu-Natal is among the highest worldwide.

Strategies used to find TB missing patients

The TB programmatic response is guided by the National Strategic Plan for HIV, TB and STIs (NSP 2017-2022), and aims to achieve the National 90-90-90 targets for

TB as outlined in the Stop TB Partnerships' Global TB Plan and National TB strategy for Finding TB missing cases. Strategies for finding missing TB patients included optimised TB screening, improved diagnostics, index patient contact screening, and TB / HIV collaboration.

Optimised TB screening

TB screening is provided in all health facilities and the screening rate is at 85%. The TB presumptive rate is stable at 4% but below the Provincial target (10%). This will improve as facilities are mentored on implementation of

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TB case identification register and capturing on the Tier.net. Eighty-eight percent (88.5 %) of TB presumptive patients were investigated for TB and 97% of the TB positive patients were linked to care.

Improved Diagnostics

Since the introduction of LAM urine testing in January 2018, 5 676 patients were tested for TB using ULAM, 1 248 tested positive and were all initiated on treatment. The positive yield of ULAM is 22%.

KZN was allocated 80 GeneXpert Ultra machines which have been distributed to all districts. The Ultra has been developed to overcome the limitations of the old Xpert MTB/RIF G4 assay with improved sensitivity in the detection of TB and RIF resistance. Last year 601 400 TB tests were processed, 52 504 pulmonary TB was diagnosed with 10.4% positivity rate. In the same year 2 818 (5.4%) TB cases were resistant to rifampicin and treated for multi-resistant TB. 128 (4.5%) of drug resistant TB were extremely resistant (XDR-TB).

Index patients Contact screening and testing (less than 5 years)

TB contact screening is at 18 195 (98%) of which 12 996 (60%) were asymptomatic compared to 9008 (37%) reported on the previous year, 73% of the eligible were initiated on TB preventive therapy (last year - 48%). TB positivity yield is at (2.1%), 99% of children diagnosed with TB were initiated on treatment.

TB / HIV Collaboration

A total of 137 069 clients newly tested positive for HIV and 67% were eligible for TB preventive therapy (TPT) and 94% were initiated on treatment.

DR- TB Treatment Outcomes

There has been a slight increase to 70% for long treatment regimen treatment success rate due to slight decrease in loss to follow up from 18.8% to 12.3% and death rate from 17,4% to 13.6%. No improvement was marked on the short term treatment regimen.

Advocacy, Communication and Social mobilisation

TB is not only a health problem as its spread is amplified by poverty and living conditions. New educational materials have been developed and produced to reach audiences. Radio adverts have been flighted to reach men, women and learners. Workshops have been held with Traditional Leaders and Traditional Healers. COVID-19 restrictions have hampered plans to partner with Faith Based Organisations to provide screening and education to religious leaders and congregants.

Challenges and Remedial Action

A challenge experienced by the TB Control Programme is that TB treatment initiations have dropped as a result of less patients attending health care facilities because of the COVID-19 pandemic. The remedial action to be undertaken includes conducting community engagements through the media to lobby patients to visit health care facilities when they require health services.

Another challenge experienced is that DR-TB treatment outcomes declined as a result of high death rate (16%) and loss to follow up rate (15%). The remedial action to be taken to overcome this is have all MDR-TB treatment sites conduct clinical audits to identify causes of deaths, as most patients have co-morbidities. To decrease loss to follow, patient literacy classes have been standardised and the material will be integrated as most patients

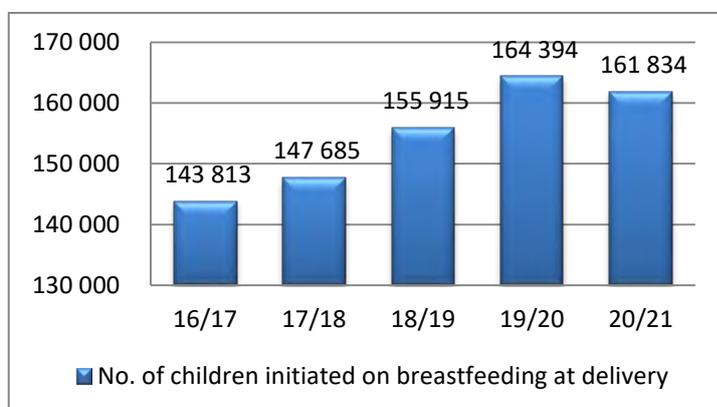
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have co-morbidities. Decentralised MDR-TB services have assisted to improve loss to follow up as patients access services closer to their homes.

INTEGRATED NUTRITION PROGRAMME

The 2020/21 financial year has proved to be an extremely challenging year for the support of breastfeeding practices in KwaZulu-Natal. As the pandemic hit, the consequent reprioritization of services, and with the resultant decreased access to primary and community health care services, the number of infants initiated on breastfeeding at delivery decreased. This is the direct result of limited access to antenatal, perinatal maternal infant feeding counselling and support, but exacerbated due to the lack of community follow-up.

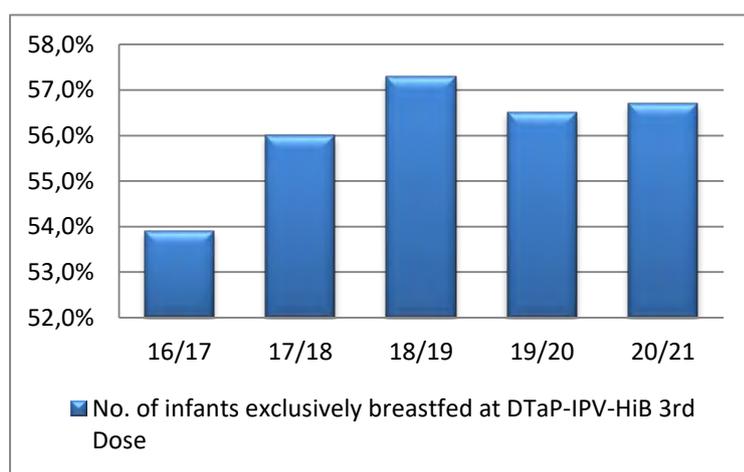
Graph 1: Trend data on Infants initiated on breastfeeding at delivery (raw data) KwaZulu-Natal Province 2016 – 2020/21



As the hard lockdown progressed, the capacity of healthcare workers on maternal support was halted.

Breastfeeding is a primary healthcare child survival intervention that needs promotion, support, and protection to be successful.

Graph 2: Trend data on exclusively breastfed at DTaP-IPV-Hib-HBV 3rd dose rate (%) 16/17 – 2020/21

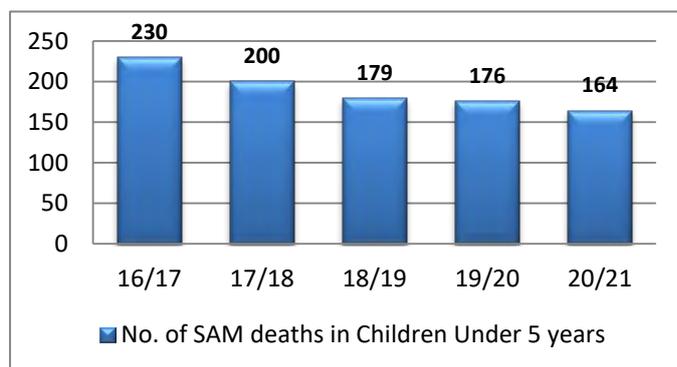


When practiced exclusively for the first six months and continued up to two years of life, it supports optimal growth and development. Successfully breastfed infants are more likely to survive until their fifth birth, whilst their risk of malnutrition (both chronic (stunting) and acute (wasting) is lowered. As such the COVID-19 interventions, at all levels of care, have eroded the already fragile infant feeding practices in KZN.

There has been a decrease in number of SAM Deaths in KZN reported on the DHIS for the last 5 financial years.

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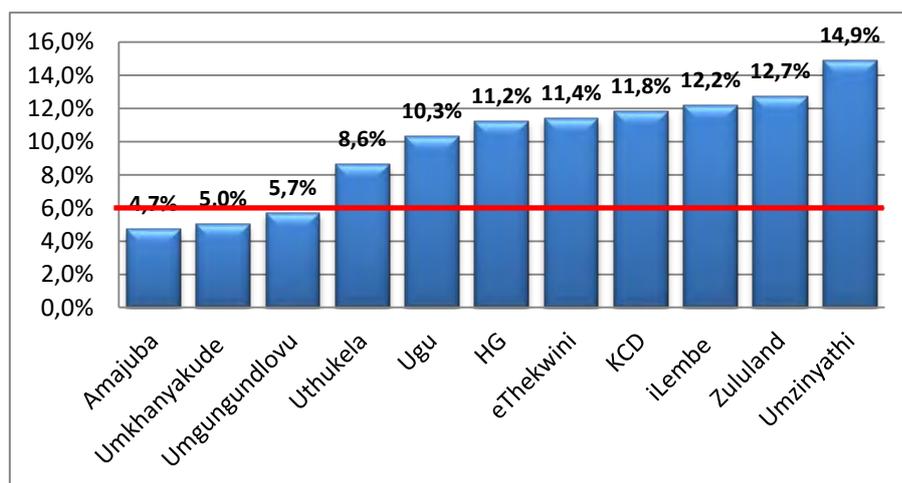
Graph 3: Sam Deaths in Children Under 5 (N) – Five Year Review



Zululand and Umzinyathi districts presented with the highest Severe Acute Malnutrition (SAM) Case fatality rate, (CFR), whilst eThekweni district presented with the highest number of deaths. The implications of the COVID 19 on food and nutrition insecurity as well as poor PHC utilization was a contributing factor to this. Additional, routine services of child Mid Upper Arm Circumference (MUAC) screening by community health workers were disrupted due to reprioritization of COVID

tracing and screening. Towards the end of 20/21, as PHC utilization improved and Community Health Worker (CHW) services resumed, there was an increase in case detection and a higher number of deaths due to admission of complicated cases.

Graph 4: Child Under 5 Sam Case Fatality (2020/2021): KZN Target 6%



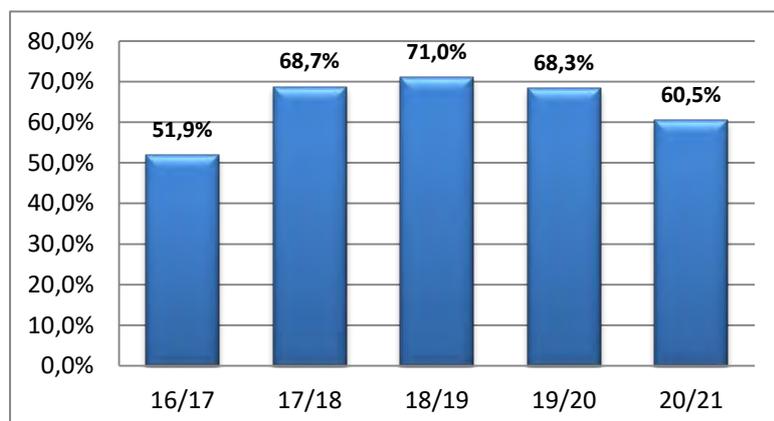
Whilst there has been a decline in children who present with SAM being HIV positive, poor infant and young child feeding combined with social issues have been identified as key contributing factors for SAM prevalence.

The underlying disease is also a significant contributing factor, with 30% of deaths presenting with a co-morbid condition.

Improvements have been made in engagements with SASSA on accessing the Zero Hunger Campaign for the children of families identified with moderate or severe acute malnutrition in KZN in 2019, however, this was disrupted by the onset of the COVID 19 pandemic. The implementation of the Zero Hunger campaign has since ceased implementation.

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Graph 5: Vitamin A Coverage 12-59 Months 2016/17- 2020/21



Vitamin A supplementation is an intervention that contributes to the reduced in under 5 child mortality and morbidity. There has been an upward trend in the past 5 years, due to the contribution made by community health workers through administering Vitamin A capsules at a community level.

A decline in performance as noted in 2019/20 and 2020/21 due to the implications of the Covid-19 lockdown restrictions. Although routine services were reinstated after the hard lockdown, the target for 2020/21 of 72% was not reached. In the 2021/22 Financial year, the Districts will be sensitized and monitored to ensure that each facility meets the set facility targets.

CHILD MORTALITY

In the 19/20 financial year neonatal deaths accounted for 81.7% of under-1 deaths, and 74.4% of under-5 deaths in KwaZulu-Natal. Early neonatal deaths, within the first week of life, accounted for 77.4% of neonatal deaths (0 – 28 days) and 57.6% of under-5 deaths. The proportion of under-5 deaths occurring in the neonatal period has increased progressively over the past five years from just 66.4% in the 16/17 financial year to 81.7% (19/20). This trend is due to a combination of decreasing child (12 -59 months) deaths and increasing neonatal deaths (0 – 28 days). This increase in neonatal deaths has occurred despite minimal change in the low birth weight rate and increasing rates of both antenatal attendance and facility deliveries. It raises questions around quality of care rather than coverage and access to care.

Over the past financial year there were 2 558 neonatal deaths, including 1 981 deaths in the first week of life. This is 183 more deaths than the previous year. Over the same period the number of recorded live births declined by 1% from 216 521 to 214 341.

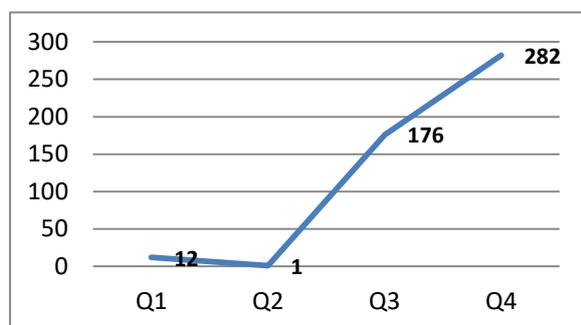
Whilst the greatest influence on early neonatal deaths are antenatal and intrapartum events late neonatal deaths are a reflection of postnatal care in new-born nurseries. The high proportion of early neonatal deaths raises questions around the quality of maternity services whilst the increase in late neonatal deaths raises questions around the quality of neonatal care.

With respect to neonatal care there was a 20% increase in deaths related to prematurity due largely to inadequate capacity in the neonatal services. Using the upper range of norms for neonatal beds (4 general, 2 high care and 1 ICU bed per 1 000 live births) the Province has a shortfall of 568 especially ICU, high care and Kangaroo Mother Care (KMC) beds. This limited capacity has resulted in overcrowding in regional and tertiary hospitals leading to outbreaks of hospital acquired infections and an inability to accept appropriate referrals from district hospitals. This situation has been aggravated by the loss of KMC beds to COVID-19 related services in many facilities as well as increasing patient to staff ratios due to staff re-deployment. The high demand for oxygen to treat COVID-19 patients has caused low oxygen delivery pressures thereby compromising the ability

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of all hospitals to provide respiratory support to premature new-borns, especially in regional and tertiary hospitals.

Graph 6: Number of Health Associated Infections reported in Neonatal ICU / Neonatal Units



There has been a marked increase in HAIs noted from 2019/20 with a sharp increase from quarter three onwards. This could be attributed to the staff shortages as staff were re-allocated to Covid isolation and quarantine wards. Infection Prevention and Control (IPC) coordinators focusing on Covid, and there is a need to strengthen the role of Neonatal Operational Managers within the context of IPC for oversight at ward level. Shortage of neonatal beds thus putting pressure on bed occupancy rates and poor compliance

to basic IPC practices e.g. hand hygiene and environmental hygiene.

Over half (52%) of the neonatal deaths occurred in regional hospitals and a further 41% in district hospitals. Although the mortality rate increased in regional hospitals this was due to a drop in the number of live births. There were 216 more deaths in district hospitals. Deliveries also increased at this level.

Of the 28 551 new-borns admitted into neonatal nurseries, 2 363 died resulting in an In-hospital mortality rate (IHMR) of 9%. The majority of deaths (1 090; 46%) were due to prematurity; 10.4% to sepsis; 10.1% to hypoxic ischaemic encephalopathy; 9.8% to congenital abnormalities and the remaining 23% to other causes. Many of the prematurity related deaths may also be attributed to healthcare associated infections as these numbers have been increasing in the Province since monitoring was introduced.

Since the neonatal dashboard was introduced in 2019/20 the findings have been an improvement in compliance reporting, improvement in leadership indicators, and improved availability of consumables and pharmaceuticals. Although compliance with infection prevention and control measures are good, nosocomial sepsis rates are not decreasing. Care in the neonatal, post-natal and KMC Units needs to be strengthened, with antenatal steroid and HBB coverage poor. Infrastructure and equipment, support services, systems and staffing continue to remain challenges.

Only about 50% of neonatal deaths can be prevented through improved care in neonatal units. The remainder of neonatal deaths are dependent on upstream interventions.

General interventions for implementation, to prevent maternal and neonatal deaths include improved labour, care during delivery and resuscitation can decrease deaths due to asphyxia.

Five (5) factors directly contributing to prematurity are the 1) low couple year protection rate (family planning uptake, ideally it should be 80% coverage), 2) the current high teenage delivery pregnancy rate ($\pm 16\%$), 3) the low antenatal steroid coverage (ideally if there was $>80\%$ coverage, a 22% reduction in neonatal deaths would be achievable), 4) poor respiratory support and poor KMC. An increase in KMC to $>80\%$ coverage would result in an 18% reduction in premature deaths.

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Infection and prevention is paramount in decreasing child mortality and include improved hand hygiene, decrease overcrowding and reduce congenital syphilis.

ORTHOTICS AND PROSTHETICS

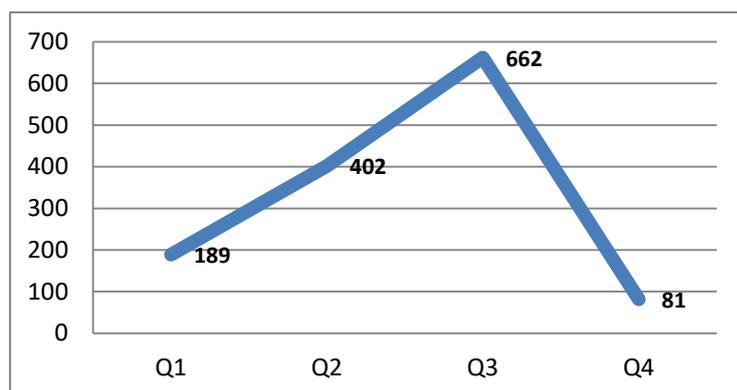
The main challenge facing the programme is the decentralization of services project at Madadeni Hospital. Space has been provided, however the Component is in discussions with Infrastructure regarding funding for the renovations.

INFECTION PREVENTION AND CONTROL

The acquisition of Health Care Associated Infections (HAIs) may be significantly reduced by adhering to simple infection prevention practices. Having updated governance is critical to guide practice at a facility level and having an effective monitoring system is critical to ensure the desired outcome of any policy, standard operating procedure or guideline.

Due to the Covid pandemic, much of the activities in 2020/21 centered around the Covid Pandemic

Graph 7: Klebsiella pneumoniae isolated from patients admitted 48 hrs – 2020/21



Klebsiella pneumoniae is part of the digestive tract. It survives, transmitted and replicates very easily and is the most frequently implicated organism in HAIs and also antimicrobial resistance. It is therefore critical to monitor this organism. The sharp increase in Quarter 3 coincides with the Covid resurgence, which resulted in staff shortages, increases bed occupancy but also a false sense of security with glove usage.

The sharp increase in Q3 to 97 cases, coincides with the resurgence. Further analysis is required, to determine if these were related to Covid, and might assist to elucidate the data. However, infection prevention compliance and monitoring remains a concern. There is a need for improved surveillance with regards to IPC practices at a facility level.

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Transfer Payments

Transfer Payments to all Organisations other than Public Entities.

Table 8: Transfer payments for the period 1 April 2020 to 31 March 2021

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
AUSTERVILLE HALFWAY HOUSE NGO	NGO	Mental Health Services	Yes	685,000	685,000	N/A
AZALEA HOUSE NGO	NGO	Mental Health Services	Yes	632,000	632,000	N/A
CLAREMONT DAY CARE CENTRE NGO	NGO	Mental Health Services	Yes	483,000	483,000	N/A
EKUKHANYENI CLINIC NGO	NGO	HIV & AIDS: Step-Down	Yes	1,181,000	1,181,000	N/A
HAPPY HOUR AMAOTI (DMH) NGO	NGO	Mental Health Services	Yes	645,000	645,000	N/A
HAPPY HOUR DURBAN NORTH NGO	NGO	Mental Health Services	Yes	565,000	565,000	N/A
HAPPY HOUR KWAXIMBA (DMH) NGO	NGO	Mental Health Services	Yes	516,000	516,000	N/A
HAPPY HOUR MPUMALANGA (DMH) NGO	NGO	Mental Health Services	Yes	516,000	516,000	N/A
HAPPY HOUR PHOENIX NGO	NGO	Mental Health Services	Yes	322,000	322,000	N/A
HIGHWAY HOSPICE (NGO)	NGO	Step-Down: Palliative Care	Yes	880,000	880,000	N/A
JONA VAUGHN CENTRE NGO	NGO	Mental Health Services	Yes	3,002,000	3,002,000	N/A
MADLINE MANOR NGO	NGO	Mental Health Services	Yes	1,106,000	1,106,000	N/A
MATIKWE OBLATE NGO	NGO	PHC Services	Yes	606,000	606,000	N/A
POWER OF GOD (PHILAKADE TLC NGO)	NGO	PHC Services	Yes	1,426,000	1,426,000	N/A
SCADIFA CENTRE NGO	NGO	Mental Health Services	Yes	1,182,000	1,182,000	N/A
SPARKES ESTATE NGO	NGO	Mental Health Services	Yes	1,404,000	1,404,000	N/A
THE BEKIMPILO TRUST NGO	NGO	PHC Services	Yes	10,552,000	10,552,000	N/A
UMLAZI HALFWAY HOUSE NGO	NGO	Mental Health Services	Yes	342,000	342,000	N/A
ETHEKWINI MUNICIPAL CLINIC	Municipal	PHC Services	Yes	199,352,000	199,352,000	N/A

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Table 9: Transfer payments budgeted for period 1 April 2020 to 31 March 2021

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
AUSTERVILLE HALFWAY HOUSE NGO	Mental Health Services	685,000	685,000	N/A
AZALEA HOUSE NGO	Mental Health Services	632,000	632,000	N/A
CLAREMONT DAY CARE CENTRE NGO	Mental Health Services	482,000	483,000	N/A
EKUKHANYENI CLINIC NGO	HIV & AIDS: Step-Down Facility	1,215,000	1,181,000	Paid according to claims submitted.
HAPPY HOUR AMAOTI (DMH) NGO	Mental Health Services	645,000	645,000	N/A
HAPPY HOUR DURBAN NORTH NGO	Mental Health Services	565,000	565,000	N/A
HAPPY HOUR KWAXIMBA (DMH) NGO	Mental Health Services	516,000	516,000	N/A
HAPPY HOUR MPUMALANGA (DMH) NGO	Mental Health Services	516,000	516,000	N/A
HAPPY HOUR PHOENIX NGO	Mental Health Services	322,000	322,000	N/A
HIGHWAY HOSPICE (NGO)	Step-Down: Palliative Care	879,000	880,000	N/A
JONA VAUGHN CENTRE NGO	Mental Health Services	3,001,000	3,002,000	N/A
MADLINE MANOR NGO	Mental Health Services	1,106,000	1,106,000	N/A
MATIKWE OBLATE NGO	PHC Services	606,000	606,000	N/A
POWER OF GOD (PHILAKADE TLC NGO)	PHC Services	1,425,000	1,426,000	N/A
SCADIFA CENTRE NGO	Mental Health Services	1,182,000	1,182,000	N/A
SPARKES ESTATE NGO	Mental Health Services	1,404,000	1,404,000	N/A
THE BEKIMPILO TRUST NGO	PHC Services	10,552,000	10,552,000	N/A
UMLAZI HALFWAY HOUSE NGO	Mental Health Services	342,000	342,000	N/A
ETHEKWINI MUNICIPAL CLINIC	PHC Services	237,793,000	199,352,000	Paid according to claims submitted.

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Conditional Grants

Table 10: 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 2020 HIV/ AIDS and TB conditional grant framework)		
Expected outputs of the Grant and actual achievements.	Indicators	20/21 Target Expected Outcomes	20/21 Actual Achievements
	Number of facilities offering ART	No target	691
	Number of new patients that started treatment on ART	188 953	127 215
	Number of patients on ART remaining in care	1 701 694 Note:2021/22 target reduced	1 508 336
	Number of antenatal clients initiated on ART	19 373	18 524
	Number of CHWs receiving a stipend	10 080	10 350
	Number of HIV defaulters traced	26 057	18 956
	Number of TB defaulters traced	1 078	2 778
	Number of male condoms distributed	142 671 759	96 529 200
	Number of female condoms distributed	7 561 732	3 725 900
	Number of HTA intervention sites (cumulative)	96	99
	Number of HIV positive patients that started on IPT	7 700	85 834
	Number of active lay counsellors on stipends	1 814	1 658
	Number of clients tested for HIV (including antenatal)	3 290 136	3 658 087
	Number of health facilities offering Medical male Circumcision (MMC) services	80	210
	Number of MMCs performed	50 840	29 668
	Number of babies PCR tested around 10 weeks	29 418	50 350
	Number of sexual assault cases offered ARV prophylaxis	6 317	4 001
	Number of Doctors trained on HIV/AIDS, STIs, TB and chronic diseases	266	433
	Number of Professional Nurses trained on HIV/AIDS, STIs, TB and chronic diseases	4307	2152
Number of HIV positive clients screened for TB	220 891	359 169	
Number of patients tested for TB using Xpert	288 685	165 695	
Number of eligible HIV positive patients tested for TB using urine lipoarabinomannan assay	640	4 446	
Amount per amended DORA (R'000)	R 6 898 890		
Amount received (R'000)	R 6 898 890		

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Name of the Grant	Comprehensive HIV / AIDS Grant
Reasons if amount as per DORA was not received	N/A
Amount spent by the Department (R'000)	R 6 801 774
Reasons for the funds unspent by the entity	The grant was not fully spent as a result of the COVID-19 Pandemic and national lockdown regulations in force resulting in the supply of goods and services not delivered timely for payment processing within the 2020-21 financial year. The expenditure was accrued in the subsequent financial year and a roll-over request was submitted to Provincial Treasury for approval.
Reasons for deviations on performance	<p>Male condoms</p> <p>The set target has not been met, there is a gradual improvement in condom distribution from 30% reported last year to 82% this quarter. The increase resulted from the employment of condom logistics offices for all districts and close monitoring of the program performance as well as introduction of the condom stock visibility information system.</p> <p>Female condoms</p> <p>Delays in the procurement process of IEC material and other promotional activities to market the female condom despite budget availability is still a challenge.</p> <p>MMC</p> <p>There is gradual improvement from quarter to quarter, capacity challenges still exist as the provincial GP contracts not yet awarded. Some of MMC sites commissioned for COVID-19 screening and management not released back for MMC services.</p> <p>ART</p> <p>Case finding indicators (low positivity yield, linkage to care for wellness patients) and attrition indicators (LTFU at 12months) remain a challenge for TROA. There are challenges with spatial coverage for men and children below observed on their respective treatment cascades. Targeted testing not done in some areas</p> <p>CHW</p> <p>Global fund supported the Department with additional CHWs. The increased number of CHWs is due inclusion of EThekweni District CHWs funded through the Global Fund</p> <p>HIV Defaulters</p> <p>The number of outreach teams are limited, for the past two years no team leaders were appointed to supervise the CHWs hence it impacted negatively to this indicator. COVID 19 has impacted negatively in terms of outreach activities focusing on screening and contact tracing</p> <p>TB Defaulters</p> <p>The number of outreach teams are limited, for the past two years no team leaders were appointed to supervise the CHWs hence it impacted negatively to this indicator. COVID 19 has impacted negatively in terms of outreach activities focusing on screening and contact tracing</p> <p>Xpert TB testing</p> <p>The targeted number was not met due to low number of symptomatic TB cases in line with the decreased Headcount. 97% of the symptomatic patients had a gene Xpert test.</p> <p>ULAM TB testing</p> <p>The target was met although testing decreased from 1268 (reported the previous quarter) due to interrupted supply of ULAM test strips in January 2021.</p>
Measures taken to improve performance	<p>Male condoms</p> <p>Continue to monitor the program performance through monthly wellness and quarterly review meetings. Analyse the condom stock visibility dashboard report and intervene to address supply chain identified gaps.</p> <p>Female condom</p> <p>Engage provincial supply chain management to fast-track procurement of promotional commodities for the female condoms and having a demand creation agenda.</p> <p>MMC</p> <p>SCM has been appraised on the performance implication of protracted processes in awarding contracts. Monitoring of COVID-19 trends and subsequent engagements with districts in releasing space for MMC services.</p> <p>ART</p> <p>Monitor index testing targets of all patients, especially those with high viral load.</p> <p>Monitor targets for welcome back campaign and review patient satisfaction survey to identify issues on staff attitudes.</p>

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Name of the Grant	Comprehensive HIV / AIDS Grant
	<p>Targeted testing for men and children/adolescents through providing men health services and Adolescent Youth Friendly services.</p> <p>Adherence Guidelines (AGL) rollout linked to literacy classes to improve retention. Revival of support groups for PLWH to support adherence.</p> <p>Revive ART programme engagement platform to review programme performance and share best practices.</p> <p>CHW</p> <p>Lobby to Global fund to continue funding the CHWS</p> <p>HIV Defaulters</p> <p>Lobby for appointment of outreach team leader in order to improve the supervision. Facilitate the implementation of integrated approach by outreach teams when performing COVID 19 contact tracing</p> <p>TB Defaulters</p> <p>Lobby for appointment of outreach team leader in order to improve the supervision. Facilitate the implementation of integrated approach by outreach teams when performing COVID 19 contact tracing</p> <p>Xpert TB testing</p> <p>Upscale integration of TB screening and testing in households and community level by all Outreach teams.</p> <p>ULAM TB testing</p> <p>Engage Provincial Pharmaceutical Supply and Distribution to ensure uninterrupted supply of ULAM test strips. Expand testing to PHC clinics as the 25 packs are now available.</p>
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 11: National Tertiary Services Grant (NTSG)

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 in South Africa 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>Achievement of the NTSG 2020/2021 Business Plan outcomes were sustained by applying an integrated, comprehensive planning, monitoring and evaluation management strategy which was aligned to the NTSG framework. Tertiary Service Delivery outcomes attained were as follows:</p> <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> <p>The package of Tertiary Health Care Services was sustained. No commissioning of new services was undertaken in 2020/21 in KZN due to the COVID-19 Pandemic and the State of National Disaster and Lockdown Regulations declared by the President.</p> <p>Other outputs achieved in 2020/21 NTSG Framework were:</p>

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Name of the Grant	National Tertiary Services Grant
	<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: Pharmacists x1; Medical Officers x37; Medical Specialists x30; Head Clinical Unit Medicine x4; Nursing Specialty x 7.</p> <p>GREYS: Specialist Neurosurgeon x1</p> <p>KEH: Specialists - Internal medicine x3; Orthopaedics x2; Ent x1; Psychiatry x1; Paeds x2</p> <p>NGWELEZANE: Specialists x 4 , Prof. Nurses Specialized x2</p> <p>3. OUTREACH PROGRAMMES: To ensure access, enhanced high quality clinical care, appropriate referrals and reduce patient waiting times to specialized services outreach programmes are conducted at Regional Hospitals (RH) and outlying selected District Hospitals (DH). Consultants and specialists examine patients, train professional staff, and make recommendations on clinical protocols, on infrastructure and medical equipment issues, to the RH hospital management. This clinical governance process enables clinical personnel upskilling 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 –Multidisciplinary teams from IALCH conducted patient consultation, teaching staff on wards rounds, service delivery reviews, and site visits to outlying hospitals. Oncology outpatient consultations to Port Shepstone hospital, cardiothoracic surgery at KDHC, orthopaedic surgery in EThekweni, critical care and PICU outreach services were sustained.</p> <p>In –service training programmes through use of telemedicine methodology for academic teaching and case discussions was conducted as travel for site visits had been decreased under the Covid Lockdown regulations.</p> <p>Clinical specialists providing most outreach programmes were reallocated to manage the Covid pandemic.</p> <p>Digital platforms were used for example Zoom meetings, WhatsApp consultation of high risk patients, monitoring mortality rates and telemedicine was used to supervise or monitor clinical skills.</p> <p>Challenges: In - reach programmes were also curtailed due to the Covid Lockdown regulations in terms of the travel ban and social distancing.</p> <p>3.2 GREYS: Outreach: 2020/21 was marked by the COVID pandemic which was very disruptive to outreach services.</p> <p>Immediate outreach to Edendale hospital in the PMB metropole has consumed large amounts of the resources available to Grey’s and Northdale to fulfill the outreach role to the periphery.</p> <p>Anaesthesia development has been enhanced by the SAFE Caesarian Section (CS) programme which has demonstrated to be significant for upskilling a large number of unskilled doctors providing Anaesthetic services. The Clinical Head of Department has set up an inreach system at Greys hospital to train doctors to the correct skill level. The system has proven effective, but underutilized.</p> <p>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: Anaesthetic training, monitoring and service delivery had occurred in the referral catchment area of Grey’s hospital despite the challenges of COVID lockdown regulations. 123 visits were scheduled from PMB Anaesthesia in 2020/2021. 20 physically occurred, 40 were accomplished by some sort of remote support.</p>

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Name of the Grant	National Tertiary Services Grant
	<p>Telephonic consultations provided an opportunity to discuss vital information about clinical, administrative and logistical needs of the various referral hospitals. This changed method of outreach formed a good link in improving standards of care at peripheral hospitals.</p> <p>Lessons learnt from the Covid 19 crisis is that Tele-medicine connection with referral centers had assisted in terms of capacity building and training, the use of Zoom meetings can also enable clinical audit meetings and training sessions and allows for staff to participate.</p> <p>Challenges: 7 occurrences were cancelled completely. Data on 55 visits are unclear. This indicates inadequate administrative support. The most common cause of direct visit cancellation was Covid lockdown, 54 cancellations were caused by flights not being in operation and the unrenewed contract. The main intervention to improve the efficacy of this outreach programme would be to provide effective administrative support. Staff were redeployed to manage the Covid pandemic.</p> <p>Other outreach programmes were cancelled or limited to telephonic consultations.</p> <p>In Reach was curtailed due to Covid regulations</p> <p>3.3. KEH – Outreach and In Reach: were curtailed due to Covid regulations.</p> <p>3.4. NGWELEZANE – Outreach the full programme could not be successfully conducted due to the COVID 19 pandemic. Surgery, orthopaedics and psychiatric outreach services were sustained. In Reach: scheduled programmes stopped due to Covid regulations.</p>
Amount per amended DORA (R'000)	R 2 015 775 000
Amount received (R'000)	R 2 015 775 000
Reasons if amount as per DORA was not received	NA
Amount spent by the Department (R'000)	R 2 015 775 000
Reasons for the funds unspent by the entity	NA
Reasons for deviations on performance	NA
Measures taken to improve performance	<p>Facility NTSG Business Plans are based on specific Tertiary Service delivery needs. Budget and procurement schedules are being used for the planning and monitoring of expenditure of certain Goods and Services items.</p> <p>The ROBUST (Rationalization of Blood Use Strategic Programme) strategy is a fiscal initiative to monitor usage and expenditure on blood and blood products within budget.</p> <p>Consistent transparency in budget and expenditure facilitates prudent financial responsiveness.</p> <p>Electronic Gatekeeping (EGK) for Laboratory expenditure is utilized in KZN and its results are variable.</p>
Monitoring mechanism by the receiving Department	<p>KZN DOH has a monitoring framework in place.</p> <p>The Tertiary Services Programme Manager (TSPM) is responsible for monitoring Provincial Tertiary Service provision.</p> <p>Consultation, participation, accountability, responsiveness to tertiary service needs and good governance principles by implementing an integrated team approach ensured that monitoring the NTSG were sustained.</p> <p>Co designing Tertiary Hospital Business Plans and Performance Indicators were facilitated by the TSPM with the Tertiary Hospital Executive Managers, Provincial Data Managers and Provincial Financial Managers.</p> <p>By using integral principles such as equitability, inclusiveness and consensus orientated strategies these stakeholders actively participated in the planning, implementation and monitoring of the NTSG.</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 included 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>

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Name of the Grant	National Tertiary Services Grant
	<p>Monthly expenditure reviews of NTSG funded TH and CH are conducted by the TSPM and the Provincial Budget Office representative. Quarterly Patient Activity and Financial Performance Reports from the TH are submitted to the TSPM.</p> <p>Governance Teams at each TH and CH monitors the service delivery outputs, budgeting processes and expenditure reviews. The TSPM analyses these reports and feedback is sent to the Governance Structure members namely: Hospital Executive Management, MTEC Meetings and Extended Management meetings.</p> <p>Site visits and Managing by Walk-about are also conducted by the TSPM, quarterly and adhoc, to monitor provision and quality of clinical services. However there monitoring methods were curtailed due to Covid Lockdown regulations. Instead communication via digital platforms were used for example Zoom / Webinar meetings, WhatsApp messaging and video calls.</p> <p>Weekly cash flow meetings, monthly extended management meetings and quarterly performance review meetings are conducted at each TH and CH. These reports from the TH and CH are received by the District and Provincial finance management component and the TSPM, and the NTSG expenditure is analysed and monitored by the TSPM.</p> <p>Monthly clinical audits managed by multidisciplinary teams at each hospital are also conducted. Hospital efficiency and quality indicators are monitored and reported on quarterly to the TSPM.</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.</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>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 – Clinical Services, Chief Financial Officer, KZN Head of Department Health and the Provincial and National Treasury.</p>

Table 12: Social Sector EPWP Incentive Grant for Provinces

Name of the Grant	EPW Integrated Grant to Province
Department who transferred the Grant	Department of Public Works
Purpose of the Grant	Create Job Opportunities
Expected outputs of the Grant	3000 jobs
Actual outputs achieved	3811 jobs
Amount per amended DORA (R'000)	R10 903
Amount received (R'000)	R10 903
Reasons if amount as per DORA was not received	N/A
Amount spent by the Department (R'000)	R10 903
Reasons for the funds unspent by the Entity	N/A

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Name of the Grant	EPW Integrated Grant to Province
Reasons for deviations on performance	Positive deviation due to unanticipated job opportunities created through COVID-19 projects. Also, improved data collection drive in the department driven by the data capturing component.
Measures taken to improve performance	N/A
Monitoring mechanism by the receiving Department	Head Office Project Leaders for all Projects

Table 13: Health Facility Revitalisation Grant

Name of the Grant	Health Facility Revitalisation Grant
Department who transferred the Grant	National Treasury
Purpose of the Grant	To enable provinces to plan, manage, and transform health infrastructure in line with national and provincial policy objectives
Expected outputs of the Grant	36 projects completed
Actual outputs achieved	45 projects completed
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
Reasons for deviations on performance	Positive deviation is due to the completion of COVID-19 projects which were not part of the initial plan. Projects were also fast-tracked to respond to the pandemic.
Measures taken to improve performance	SCM Technical committees have been reconstituted and Infrastructure is represented at DBAC level. Procurement alternatives are being implemented and investigated. Meetings, both monthly, ad/hoc, and on-line continued with KZN-DOPW to endeavour the achievement of proper reporting and management. However there is still room for improvement. Training of staff on all levels will continue in 2021/22 both internally and externally
Monitoring mechanism by the receiving Department	The follow mechanisms are used to report and monitor: <ul style="list-style-type: none"> • End of Year report • Human Resources (HR) Assessment • IRM reports • APP Reports • Portfolio Committee Feedback • Provincial Health Council • PMIS • Annexure B KZN-DOPW • Site meeting - progress reports

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Donor Funds

Donor Funds Received

Table 14: 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 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 is in progress. The college has received full accreditation for the Advanced Diploma in Midwifery, which will commence in 2022.
Amount carried over (R'000)	R902
Amount spent by the Department (R'000)	R728
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.

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Capital Investment

Table 15: Capital Investment, Maintenance and Asset Management Plan

Infrastructure Projects	2020/21			2019/20		
	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	336 811	392 439	(55 628)	118 042	498 254	(380 212)
Existing infrastructure assets	2 352 152	2 291 854	60 298	1 083 738	901 761	181 977
Upgrades and additions	1 525 111	1 491 640	33 471	400 797	259 730	141 067
Rehabilitation, renovations & refurbishment	377 841	334 789	43 052	268 106	170 341	97 765
Maintenance and repairs	449 200	465 425	(16 225)	414 835	471 690	(56 855)
Infrastructure transfer						
<i>Current</i>	<i>449 200</i>	<i>465 425</i>	<i>(16 225)</i>	<i>414 835</i>	<i>471 690</i>	<i>(56 855)</i>
<i>Capital</i>	<i>2 239 763</i>	<i>2 218 868</i>	<i>20 895</i>	<i>786 945</i>	<i>928 325</i>	<i>(141 380)</i>
Total	2 688 963	2 684 293	4 670	1 201 780	1 400 015	(198 235)

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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 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.

Outcomes for the year under review

- Universal Health Coverage

Outcomes, outputs, output indicators, Targets and actual achievements

Improved SCM

The percentage of supplier invoices paid within 30 days target was exceeded by 13% due to new strategies in receiving of invoices.

Improved Financial Management

The first and second waves of the COVID-19 pandemic were not as costly as initially anticipated. For COE, due to the inability to fill posts, including replacement posts, with inadequate funding over the Medium Term Expenditure Framework (MTEF) period, as well as delays in the filling of COVID-19 contracted posts. Delays in the commissioning of Dr Pixley Ka Isaka Seme Memorial Hospital (DPKISMH). There was under-spending of medicines as a result of slower than expected spending on COVID-19 medicines, due to the first and second waves of the pandemic being lower than expected. Contractors' costs were under-spent in respect of contracting Medical Male Circumcision (MMC) doctors, with the programme put on hold due to the national lockdown. In addition, there were delays in the finalisation of medical equipment maintenance contracts. Legal services' costs were less than budget and this was attributed to courts being affected by the national lockdown. Transfers to municipalities under-spending was mainly attributed to the failure by eThekweni to appoint nursing staff within municipal clinics, with the transfer dependent on how many staff they employ. Machinery and equipment was under-spent by R658.274 million, at 55.9 per cent of the Final Appropriation, related to slow procurement processes for the Private Automatic Branch Exchange (PABX) system, the replacement of computers, Emergency Medical Services (EMS) training equipment, as well as for the generator replacement programme and DPKISMH. There was also slow spending due to the medical equipment plan being finalised late in the financial year. In addition, the spending was impacted by the lengthy conversion process of ambulances. Equipment procurement was further impacted due to shipping delays associated with COVID-19 travel restrictions. Also impacting on the under-spending was that the department benefitted from donated ventilators, as well as less equipment needed for COVID-19 than initially expected.

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Improved human resources

The number of CHWs contracted into the Health System target was exceeded due to Global Fund Grant that funded EThekweni District Community Health Workers.

Compliance to Employee Health, wellness and Safety Regulations

Failure of Occupational Health and Safety (OHS) Committees in Institutions to meet as required contributed to the target not being met. This was due to non-attendance by some members of the OHS Committees, including those representing Labour Unions. High vacancy rate of Health and Safety Officers in the Province is also a contributing factor. Delays in finalisation of investigations and request for postponements at disciplinary hearings had a negative impact. COVID-19 also impacted negatively on disciplinary hearings for both employer and union representatives.

Integrated, electronic, web based Health Information & communication systems

Much as the target for percentage of hospitals electronically recording clinical codes for their patient visits was met, there were delays in upgrading data lines and purchasing desktop computers. 14 hospitals were trained on the patient admin module and the use was still not fully effective due to poor connectivity and Information Communication Technology (ICT) infrastructure.

A reliable and consistently available ICT connectivity to all health facilities.

While a lot more hospitals have data lines, some of these lines are not functional at all times, due to a number of issues, including mostly cable theft. Cables are often installed but stolen again.

There was still a high down time due poor wireless reception, despite many PHC facilities having Global System for Mobile communications (GSM) routers installed for wireless connectivity.

Improvement in Governance and Leadership

There was 100% compliance among the Chief Executive Officers (CEOs) who are below level 13. Only 12 of the 16 CEOs level 13 and above complied. Only 32 SMS members complied. Most of the training was put on hold or cancelled due to COVID-19 pandemic. Consultation on the development of the 2nd draft was not possible due to the COVID-19 Pandemic as the stakeholders had to prioritize commitments relating to the COVID-19 Pandemic.

Improve HR functionality (Staff shortages, Employee wellness, Staff attitudes, Culture change, and Consequence management)

Target for the activity "Consolidated climate survey for all hospitals into a Departmental Report in Q4 (By 31 March 2021)" not met. All 72 Hospitals have completed the survey, however, due to COVID-19 demands and the need to prioritize COVID-19 related projects, the outstanding institutions responded late in the 4th quarter therefore the consolidated report for the Department could not be completed before the end of the quarter.

Management of the Departmental Fleet

The target for the number of new vehicles purchased was not achieved. This was due to stock shortage and unavailability of parts due to COVID-19 implications on the motor industry. Vehicle disposal processes were delayed due to COVID-19 pandemic.

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TABLE 16: OUTCOME INDICATORS (PROGRAMME)

APP 2020/21: Page 58: Table 13						
Outcome Indicator	Data Source	Actual 2019/20	Target 2020/21	Actual 2020/21	Deviation from Planned 2020/21 Target	Comment on Deviation
Outcome: Universal health coverage						
1. UHC service index	SAHR	Not monitored	72%	59,0%	(18%)	National Health Insurance (NHI) fund is not yet operational
2. Audit opinion of Provincial DoH	Annual Reports	Qualified	Unqualified	Qualified	Not achieved	See Auditor-General's report: Page 253 Annual Financial Statements
3. Contingent liability of Medico-legal cases	Medico-legal case management system	Not monitored	22 000 000 000	110 302 969	99%	Due to Coronavirus Disease 2019 (COVID-19) pandemic, courts were disrupted and cases that were due to be heard during that time were postponed
4. Percentage of facilities certified by OHSC	To be determined	Not monitored	68,7%	5,3%	(92%)	So far 36 facilities are credited which is 5% of the KwaZulu-Natal (KZN) facilities. Assessments for accreditation dependent on the Office of the Health Standards Compliance (OHSC)
5. Percentage of PHC facilities with functional Clinic committees	Attendance registers of meetings of clinic committees	Not monitored	80%	30,7%	(62%)	The appointment process for replacements and new committee members was interrupted by the COVID-19 pandemic.
<i>PHC facilities with functional Clinic committees</i>	Attendance registers of meetings of clinic committees	-	488	188		
<i>Total clinics</i>	DHIS	-	610	612		
6. Percentage of hospitals with functional hospital boards	Attendance registers of hospital board meetings	Not monitored	100%	88,9%	(11%)	Some appointments have expired or term ended.

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APP 2020/21: Page 58: Table 13						
Outcome Indicator	Data Source	Actual 2019/20	Target 2020/21	Actual 2020/21	Deviation from Planned 2020/21 Target	Comment on Deviation
<i>Hospitals with functional hospital boards</i>	Attendance registers of hospital board meetings	-	72	64		
<i>Total Hospitals</i>	DHIS	-	72	72		
7. Professional nurses per 100 000 population	PERSAL/StatsSA	149,6/100 000	152,5	160,8	5%	Achieved due to additional Professional Nurses that were employed to deal with the COVID-19
<i>Professional Nurses</i>		17 353	17 765	18 899		
<i>Population</i>		11 603 112	11 649 733	11 749 500,90		
8. Medical officers per 100 000 population	PERSAL/StatsSA	30,9/100 000	27,4	33,7	23%	Achieved due to additional Medical Officers that were employed to deal with the COVID-19 workload
<i>Medical Officers</i>		3 590	3 192	3 958		
<i>Population</i>		11 603 112	11649733	11749500,9		
9. Percentage of the population with private medical cover	StatsSA	Not monitored	Monitor trends	12,7	N/A	N/A

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TABLE 17: OUTPUT PERFORMANCE INDICATORS AND MTEF TARGETS (PROGRAMME 1) - ORIGINALLY TABLED INDICATORS

APP 2020/21 (Initial) : Page 60: Table 14								
Outputs	Output Indicator	Data Source	Actual 2019/20	Target 2020/21	Actual 2020/21	Deviation from Planned 2020/21 Target	Comment on Deviation	Reasons for revisions to the Outputs/Output indicators/Annual targets
Outcome: Universal health coverage								
Improved SCM	1. SMS and CEOs with Annual EPMDS Assessments signed off by due dates	Register on submission of assessment and actual assessments	New indicator	100,0%	NA	NA	None	Amendment of indicator as per programme request
	<i>Assessments signed off by due dates</i>		-	-				
	<i>Number of assessments submitted by SMS and CEO</i>		-	-				

TABLE 18: OUTPUT PERFORMANCE INDICATORS AND MTEF TARGETS (PROGRAMME 1)

APP 2020/21: Page 61: Table 14							
Outputs	Output Indicator	Data Source	Actual 2019/20	Target 2020/21	Actual 2020/21	Deviation from Planned 2020/21 Target	Comment on Deviation
Outcome: Universal health coverage							
Improved SCM	1. Percentage of supplier invoices paid within 30 Days	BAS	95,7%	85,0%	96,3%	13%	Improvement is due to new strategies in receiving of invoices, however there is still room for improvement.
	<i>Supplier invoices paid within 30 Days</i>		294 852	212500	300497		
	<i>Supplier invoices paid</i>		308 098	250000	311902		

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APP 2020/21: Page 61: Table 14							
Outputs	Output Indicator	Data Source	Actual 2019/20	Target 2020/21	Actual 2020/21	Deviation from Planned 2020/21 Target	Comment on Deviation
Improved Financial Management	2. Percentage Over /under expenditure	BAS Reports	Not monitored	0%	3,7%	(3, 7%)	A significant part of the under-spending, i.e. R1.300 billion, relates to COVID-19 funding allocated in the Special Adjustments Estimate in July 2020. Compensation of employees was under-spent by R835.345 million, or at 97.2 per cent of the Final Appropriation. Goods and services were under-spent by R405.648 million.
	<i>Expenditure DoH KZN (R'000)</i>		-	-	<i>1 879 000 000</i>		
	<i>Budget DOH KZN (R'000)</i>		-	-	<i>51 308 066 000</i>		
Improved human resources	3. Number of CHWs contracted into the Health System	CHW database/Persal	10 080	10 100	10 350	2%	This was due to Global Fund Grant that funded EThekweni District Community Health Workers (CHWs)
Compliance to Employee Health, wellness and Safety Regulations	4. Percentage of Hospitals compliant with Occupational Health and Safety	Register on hospitals which comply with OHS with their individual OHS assessment reports	Not monitored	100%	65,3%	(35%)	Failure of Occupational Health and Safety (OHS) Committees in Institutions to meet as required contributed to this target not being met. This was due to non-attendance by some members of the OHS Committees, including those representing Labour Unions. High vacancy rate of Health and Safety Officers in the Province is also a contributing factor.
	<i>Total number of hospitals with OHS compliance reports equal to 100%</i>		-	72	47		
	<i>Total number of hospitals</i>		-	72	72		
Compliance to disciplinary procedures guideline	5. Percent of initiated/instituted disciplinary cases finalised	Register of disciplinary cases with their status	Not monitored	90%	32,3%	(64%)	Delays in finalisation of investigations and request for postponements at disciplinary hearings had a negative impact. COVID-19 also impacted negatively on disciplinary hearings for both employer and union representatives
	<i>Number of initiated/instituted disciplinary cases finalised</i>		-	189	51		

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APP 2020/21: Page 61: Table 14							
Outputs	Output Indicator	Data Source	Actual 2019/20	Target 2020/21	Actual 2020/21	Deviation from Planned 2020/21 Target	Comment on Deviation
	<i>Total number of disciplinary cases initiated/instituted</i>		-	210	158		
Integrated, electronic, web based Health Information & communication systems	6. Percentage of hospitals electronically recording clinical codes for their patient visits	Hospitals that have access to and use an electronic system for patient records	Not monitored	2,8%	2,8%	0%	No deviation
	<i>Total number of hospitals with an electronic system to record clinical codes</i>		-	2	2		
	<i>Total number of hospitals</i>		-	72	72		
A reliable and consistently available ICT connectivity to all health facilities.	7. Percent of hospitals with a stable ICT connectivity	ICT reports on ICT connectivity usage and payment thereof	Not monitored	80,6%	80,6%	0%	No deviation
	<i>Number of hospitals with ICT connectivity</i>		-	58	58		
	<i>Total number of hospitals across the Department</i>		-	72	72		
A reliable and consistently available ICT connectivity to all health facilities.	8. Percent of PHC facilities with stable ICT connectivity	ICT reports on ICT connectivity usage and payment thereof	Not monitored	80%	79,7%	0%	While more PHC facilities have Global System for Mobile communications (GSM) routers installed for wireless connectivity, there was still a high down time due poor wireless reception.
	<i>Number of PHC facilities with ICT connectivity</i>		-	488	488		
	<i>Total number of PHC facilities across the Department</i>		-	610	612		
Improvement in Governance and Leadership	9. Percentage of SMS and CEOs with annual EPMDS assessments signed off by due dates	Register on submission of assessment and actual assessments	Not monitored	100%	69%	(31%)	55 of 71 Chief Executive Officers (CEOs) are below level 13 and have complied 100%
	<i>Number of assessments submitted by SMS and CEO</i>		-	-	99		
	<i>Filled SMS and CEO posts</i>		-	-	143		

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APP 2020/21: Page 61: Table 14							
Outputs	Output Indicator	Data Source	Actual 2019/20	Target 2020/21	Actual 2020/21	Deviation from Planned 2020/21 Target	Comment on Deviation
Improvement in Governance and Leadership	10. Percent achievement on Improvement plans on Leadership and Governance	Leadership and Governance improvement plan as approved annually by the Department's EXCO	Not monitored	100%	0	(100%)	Most of the training was put on hold or cancelled due to COVID-19 pandemic. Consultation on the development of the 2nd draft was not possible due to the COVID-19 Pandemic as the stakeholders had to prioritize commitments relating to the COVID-19 Pandemic.
	<i>Number of activities completed</i>		-	2	0		
	<i>Total number of planned activities</i>		-	2	2		
Improve HR functionality (Staff shortages, Employee wellness, Staff attitudes, Culture change, Consequence management)	11. Percent achievement on Improvement plans on HR Functionality	HR functionality improvement plan as approved annually by the Department's EXCO	Not monitored	100%	50,0%	(50%)	Target for the activity "Consolidated climate survey for all hospitals into a Departmental Report in Q4 (By 31 March 2021)" not met. All 72 Hospitals have completed the survey, however, due to COVID-19 demands and the need to prioritize COVID-19 related projects, the outstanding institutions responded late in the 4th quarter therefore the consolidated report for the Department could not be completed before the end of the quarter.
	<i>Number of activities completed</i>		-	2	1		
	<i>Total number of planned activities</i>		-	2	2		
Management of the Departmental Fleet	12. Number of new vehicles purchased	Departmental Fleet Register	Not monitored	270	10	(96%)	This is due to stock shortage and unavailability of parts due to COVID-19 implications on the motor industry
Management of the Departmental Fleet	13. Number of vehicles disposed	Departmental Fleet Register	Not monitored	200	0	(100%)	Disposal processes delayed due to COVID-19 pandemic.
Management of the Departmental Fleet	14. Percent vehicles that are operational	To be determined	Not monitored	90%	93,0%	3%	The improvement is due to the move to lower levels of lockdown which improved the turn-around time of vehicle repairs and maintenance
	<i>Number of vehicles operational</i>		-	2 632	2 986		
	<i>Total number vehicles on vehicle register</i>		-	2 924	3 212		
Management of the Departmental Fleet	15. Number of new ambulances purchased	Departmental Fleet Register	Not monitored	100	56	(44%)	Progress in procuring vehicles affected and delayed due to COVID-19 pandemic. This is due to stock shortage and unavailability of parts due to COVID-19 implications on the motor industry

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APP 2020/21: Page 61: Table 14							
Outputs	Output Indicator	Data Source	Actual 2019/20	Target 2020/21	Actual 2020/21	Deviation from Planned 2020/21 Target	Comment on Deviation
Management of the Departmental Fleet	16. Number of ambulances disposed	Departmental Fleet Register Disposal Committee minutes	Not monitored	49	0	(100%)	Disposal processes delayed due to COVID-19 pandemic.
Management of the Departmental Fleet	17. Percent ambulances that are operational	Departmental Fleet Register	Not monitored	70%	N/A	N/A	Reporting of this indicator was discontinued for 2020/21 financial year as a similar indicator appears under Programme 3.
	<i>Number of ambulances operational</i>		-	748			
	<i>Total number of ambulances on vehicle register</i>		-	1 069			

Strategies to overcome areas of under-performance

- A second phase of adverts for Hospital board posts will be done to address vacancies due to expired term
- In order to ensure that Hospitals are compliant in terms of health and safety, new Safety Representatives, will be appointed. Unions are being engaged to ensure attendance by their representatives. The Department is in the process of trying to ensure that vacant posts of Health and Safety Officers are filled, even though they are non-exempted.
- New dates for disciplinary hearings that had to be postponed due to COVID-19 will be finalised and confirmed.
- The Department is constantly following up with State Information Technology Agency (SITA) on the connectivity improvements and expediting purchasing of ICT equipment.
- The Department and SITA are in a process to upgrade data lines from copper to fibre or radio wave. The Department through SITA is looking for a tool that will record the daily status of data lines, so as to improve on the recording and reporting on stability of data lines The Department and Vodacom started a process to install booster antennas to improve on the connectivity. This process will be continued for all Primary Health Care (PHC) facilities. The department, together with the Mobile Communications service providers, is also looking for a tool that will record the daily the status of the wireless routers, so to improve on the recording and reporting on stability and downtime of the wireless connection.
- Reminders as well as disciplinary letters for non-compliance are being sent to the managers who did not sign Performance Agreements by the due date.
- Managers are encouraged to enrol online for training conducted by the National School of Government and Office of the Premier.
- Asset Management concluded the auctioneer contract towards the end of the financial year. Thus, disposals will be conducted in the next financial year.

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Linking performance with budget

TABLE 19: BUDGET APPROPRIATION AND EXPENDITURE

Programme per sub programme		2020/21			2019/20		
		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
1.1	Office of the MEC						
	Current payments	20 175	18 943	1 232	20 452	20 452	-
	Transfers and subsidies	-	-	-	17	17	-
	Payments for capital assets	1 430	733	697	1 395	1 395	-
	Total	21 605	19 676	1 929	21 864	21 864	-
1.2	Management						
	Current payments	1 647 458	1 250 372	397 086	729 568	729 568	-
	Transfers and subsidies	11 697	11 076	621	24 795	24 795	-
	Payments for capital assets	228 267	21 898	206 369	19 881	19 881	-
	Payment for financial assets	4 039	4 039	-	89	89	-
	Total	1 891 461	1 287 385	604 076	774 333	774 333	-

Source: Annual Financial Statements and BAS

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

Sub-Programme

Sub-Programme 2.9: District Hospitals

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Render hospital services at General Practitioner level.

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Outcomes for the year under review

- Universal Health Coverage
- Improved Patient Experience of Care
- Reduced Morbidity and Mortality

Outcomes, outputs, output indicators, Targets and actual achievements

Primary Health Care

The number of ideal clinics in the province dropped from 92% in the year 2019/20 to 78% in 2020/21 due to infrastructure challenges. Improved reporting and implementation of PSI and Complaints Management guidelines resulted to complaints and severity assessment code 1 incident reported within 24 hours achievements that exceeded the targets. Only two Healthcare Associated Infections were reported against the target of 8.

District hospitals

The target for percentage of complaints on patient care was exceeded by 121% and the one for the percentage of complaints on staff attitudes by 18.1%. This was due to shortage of health care workers. Improved surveillance and reporting contributed to increase in reported Health Care Associated Infections.

HAST

Low case finding and linkage to care in facility and community settings, consent to screen and test challenges, low uptake of index testing services for children and siblings of positive index clients' transitioning to adult cascade and lost to follow up are the factors that resulted in the ART child under 15 years remain on ART end of period target not being met. The target for HIV tests done was met due to recovery plan put in place when poor performance was identified during the onset of the COVID-19 period. This included targeted testing, community campaigns and testing outside facilities. Districts were encouraged to include HIV testing during the screening of COVID-19. The male urethritis syndrome incidence showed a decline as a result of revived Sexually Transmissible Infections (STI) screening at all health care facility entry points and increased distribution of condoms.

COVID-19 activities led to poor or no focus on tracing of patients who missed appointments and poor updating of the outcomes which somehow exacerbated the loss to follow up. TB XDR treatment start rate was not reported due to non-receipt of laboratory data from the National Institute for Communicable Diseases (NICD). The target for those screened for TB symptoms was exceeded despite the decline in headcount.

MCWH

Total of eight (8) districts did not meet their couple year protection rate target and that can be directly related to the COVID-19 lockdown in this financial year. In general teenage delivery rate is higher in rural districts. It is believed that this is because some areas still practice child marriages. Stock outs of Long Acting Contraceptive Devices (LARCs) that was experienced throughout the province and in some isolated areas also contributed to this challenge. The target for antenatal 1st visit before 20 weeks rate was not met. This was due to the impact of COVID-19 pandemic and the late antenatal care bookers in districts that are bordering the provinces (Ugu and Harry Gwala). The target for mother postnatal visit within 6 days rate was met despite poor linking of pregnant and post-delivery women to community care givers.

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The COVID-19 pandemic and lockdown regulations contributed to the disruption in access on immunisation services resulting in the immunisation targets not being met. Vitamin A coverage was negatively affected by the late opening of Early Childhood Development (ECD) centres, among other things. Some initiations of ANC clients on ART were carried over from the final week of the previous financial year leading to performance exceeding 100%. Infant exclusively breastfed at DTap-IPV-Hib HBV 3rd dose target was not met. This is attributed to existing infant feeding counselling and support that was affected by the COVID-19 pandemic. The related restrictions have impacted PHC attendance and client contact, support and counselling sessions.

Disease Prevention and Control

Malaria case fatality rate target was met however limited Case Management challenges including delayed medical seeking patterns and behaviour by clients continue to contribute to fatalities. High Malaria importation coupled with cross border movement and Mobile Migrant Populations supplement to the receptiveness of the environment that enables re-introduction and persistent local Malaria cases. Although Diabetes and Hypertension incidence performances were positive, the lockdown due to COVID-19 affected patients' attendance to facilities. Covid-19 indicators are developing indicators and are being monitored to determine realistic baseline and targets. Mental disorders screening rate target was exceeded. This is attributed to SOP training on Basic Mental health (BMH) and commencement of standardised tool implementation by all district. COVID-19 pandemic and lockdown restrictions may have contributed to the decreased number of clients accessing disability and rehab services.

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SUB-PROGRAMME: PRIMARY HEALTH CARE

TABLET 20: OUTCOMES INDICATORS (PHC)

APP 2020/21: Page 73: Table 19						
Outcome Indicator	Data Source	Actual 2019/20	Target 2020/21	Actual 2020/21	Deviation from Planned 2020/21 Target	Comment on Deviation
Universal health coverage						
1. Ideal clinic status obtained rate	Ideal Health Facility Software	76,8%	100%	77,8%	(22%)	The target could not be met due to infrastructure challenges
<i>Fixed PHC health facilities have obtained Ideal Clinic status</i>	Ideal clinic report	469	610	476		
<i>Fixed PHC clinics or fixed CHCs and or CDCs</i>	Ideal clinic report	611	610	612		
Improved Patient Experience of Care						
2. Patient Safety Incident case closure rate - PHC facility	Patient Safety Incidence Software	Not monitored	87,3%	55,7%	(36%)	As a result of human resources for health shortage, it was not easy for Patient Safety Incident (PSI) committees at PHC level to meet and execute their duties. The province lost professional nurses to COVID-19.
<i>Patient Safety Incident (PSI) case closed – PHC facility</i>	Patient Safety Incidence Report	-	193	122		
<i>Patient Safety Incident (PSI) case Reported – PHC facility</i>	Patient Safety Incidence Report	-	221	219		
3. Patient Experience of Care satisfaction rate – PHC	Patient surveys data base	Not monitored	68,7%	88,3%	29%	Improved reporting and implementation of PSI and Complaints Management guidelines.
<i>Patient Experience of Care survey satisfied responses - PHC</i>	Patient surveys	-	31 953	68		

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APP 2020/21: Page 73: Table 19						
Outcome Indicator	Data Source	Actual 2019/20	Target 2020/21	Actual 2020/21	Deviation from Planned 2020/21 Target	Comment on Deviation
Patient Experience of Care survey total responses - PHC	Patient surveys	-	46 529	77		

TABLE 21: : OUTPUT PERFORMANCE INDICATORS AND MTEF TARGETS (PHC)

APP 2020/21: Page 75: Table 20							
Outputs	Output Indicator	Data Source	Actual 2019/20	Target 2020/21	Actual 2020/21	Deviation from Planned 2020/21 Target	Comment on Deviation
Outcome: Universal health coverage							
Reviewed models – Community based model	1. Number of Ward Based Outreach Teams (cumulative)	Persal; BAS; District Management	305	217	207	(5%)	Although funding was made available for districts to recruit outreach teams for COVID-19 screening and testing, functionality and subsequent reporting may have been affected by limitation in outreach during lockdown periods.
Outcome: Improved patient experience of care							
Improve the SAC reported incidence within 24 hours rate	2. Severity assessment code 1 incident reported within 24 hours rate – PHC facility	Patient Safety Incident Software	Not monitored	57,9%	55,7%	(4%)	In all quarters, some PSIs remained unclosed due to increased workload facing Operational Managers at PHC clinics within the COVID-19 dynamics
	<i>Severity assessment code 1 incident reported within 24 hours – PHC facility</i>		-	44	122		

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APP 2020/21: Page 75: Table 20							
Outputs	Output Indicator	Data Source	Actual 2019/20	Target 2020/21	Actual 2020/21	Deviation from Planned 2020/21 Target	Comment on Deviation
	<i>Severity assessment code 1 incident reported – PHC facility</i>		-	76	219		
Patients and family treated with courtesy and consideration	3. Percentage of Complaints on Patient Care – PHC	Ideal Health Facility Information System	Not monitored	16,3%	15,9%	2%	Improved reporting and implementation of PSI and Complaints Management guidelines.
	<i>No. of complaints on patient care – PHC</i>		-	358	286		
	<i>Total number of complaints – PHC</i>		-	2 202	1 797		
Patients and family treated with courtesy and consideration	4. Percentage of Complaints on Waiting Times – PHC	Ideal Health Facility Information System	Not monitored	37,5%	26,4%	30%	Improved reporting and implementation of PSI and Complaints Management guidelines.
	<i>No. of complaints on waiting times – PHC</i>		-	825	475		
	<i>Total number of complaints – PHC</i>		-	2 202	1 797		
Patients and family treated with courtesy and consideration	5. Percentage of Complaints on Staff Attitude – PHC	Ideal Health Facility Information System	Not monitored	20,7%	20,4%	1%	Improved reporting and implementation of PSI and Complaints Management guidelines.
	<i>No. of complaints on staff attitude – PHC</i>		-	457	367		
	<i>Total number of complaints – PHC</i>		-	2 202	1 797		

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APP 2020/21: Page 75: Table 20							
Outputs	Output Indicator	Data Source	Actual 2019/20	Target 2020/21	Actual 2020/21	Deviation from Planned 2020/21 Target	Comment on Deviation
Decrease the number of health care associated infections	6. Number of health care associated infections - PHC	Patient safety Incidents	Not monitored	8	2	75%	The infections that can be expected in Primary Health Care (PHC) are Surgical Site Infections (SSI) which should be low in number. The decrease in PHC headcount, meant there were less Health Care Associated Infections (HCAI's) at PHC level

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SUB-PROGRAMME: DISTRICT HOSPITALS

TABLE 22: OUTCOME INDICATORS (DISTRICT HOSPITALS)

APP 2020/21: Page 79: Table 22						
Outcome Indicator	Data Source	Actual 2019/20	Target 2020/21	Actual 2020/21	Deviation from Planned 2020/21 Target	Comment on Deviation
Outcome : Improved Client Experience of Care						
1. Patient Safety Incident case closure rate - District Hospital	Patient Safety Incidence Software	Not monitored	93,6%	94,1%	0,5%	Improved implementation of guidelines contributed to positive performance
<i>Patient Safety Incident (PSI) case closed – District Hospital</i>	Patient Safety Incidence Reports	-	997	777		
<i>Patient Safety Incident (PSI) case Reported – District Hospital</i>	Patient Safety Incidence Reports	-	1 065	826		
2. Patient Experience of Care satisfaction rate – District Hospitals	Patient surveys data base	Not monitored	81,8%	80,6%	(1%)	Lack of funds to employ an independent service provider to conduct Patient Experience of Care (PEC) surveys marginalises objectivity
<i>Patient Experience of Care survey satisfied responses - District Hospitals</i>	Patient surveys	-	2 981	40 966		
<i>Patient Experience of Care survey total responses - District Hospitals</i>	Patient surveys	-	3 645	50 837		
Outcome : Reduced morbidity and mortality						
3. Maternal Mortality in facility ratio -District Hospitals	DHIS	39,6/100k	55,0/100k	67,8/100k	(23%)	Maternal death numbers increased due to the effects of COVID-19 pandemic.
<i>Maternal death in facility – district hospitals</i>	Maternal register	37	48	64		

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APP 2020/21: Page 79: Table 22						
Outcome Indicator	Data Source	Actual 2019/20	Target 2020/21	Actual 2020/21	Deviation from Planned 2020/21 Target	Comment on Deviation
<i>Live births known to facility (Live birth in facility)+ SUM (Born alive before arrival at facility) – District hospitals</i>	Delivery register	93 505	87 282	94 463		
4. Neonatal death in facility rate – District Hospital	DHIS	9,3/1000	9,0/1000	11,7/1000	(30%)	This performance could be due to decreased access to higher level of services in the face of reduction in Kangaroo Mother Care (KMC) beds following the repurposing of beds for the COVID-19. Slow laboratory turnaround times for COVID-19 results during the peak also had an impact. The limited capacity in neonatal nurseries at regional hospitals plus the impact of COVID-19 on staffing levels and bed availability was a challenge. The knock on effect was decreased capacity for up-referrals and increased workload resulting in poorer outcomes.
<i>Neonatal deaths (under 28 days) in facility – District Hospital</i>	Midnight report	837	750	1 063		
<i>Live birth in facility – District Hospital</i>	Delivery register	89 675	83 300	90 701		
5. Death under 5 years against live birth rate – District Hospital	DHIS	1,4%	1,52%	1,5%	1%	COVID has impacted on all child health indicators negatively due to access to services combined with staff shortages.
<i>Death in facility under 5 years total – District Hospital</i>	Midnight report	1 284	1 267	1 399		
<i>Live birth in facility – District Hospital</i>	Delivery register	89 675	83 330	90 701		
6. Child under 5 years diarrhoea case fatality rate – District Hospital	DHIS	1,8%	2,0%	2,2%	(12%)	The increased incidence of diarrhoea and malnutrition suggest that early benefits from behavioural changes have not been sustained and social circumstances have deteriorated due to the COVID-19. Access to services
<i>Diarrhoea death under 5 years – District hospital</i>	Midnight report	97	85	65		

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APP 2020/21: Page 79: Table 22						
Outcome Indicator	Data Source	Actual 2019/20	Target 2020/21	Actual 2020/21	Deviation from Planned 2020/21 Target	Comment on Deviation
<i>Diarrhoea separation under 5 years – district hospital</i>	Ward Register	5 523	4 229	2 892		remains a challenge during the COVID-19 pandemic evident in the decreased separations (32% decrease against target).
7. Child under 5 years pneumonia case fatality rate – District Hospital	DHIS	1,8%	1,7%	2,0%	(20%)	The increased rate is due to an associated reduction in admissions (54% reduction in separations against target) due to poor access to care during the COVID-19 pandemic.
<i>Pneumonia death under 5 years – District Hospital</i>	Midnight report	97	115	63		
<i>Pneumonia separation under 5 years – District Hospital</i>	Ward Register	5 258	6 730	3 078		
8. Child under 5 years Severe Acute Malnutrition case fatality rate – District Hospital	DHIS	8,5%	6,5%	10,1%	(55%)	Poor growth monitoring and promotion at PHC, late case detection and presence of co-morbid conditions, poverty and social ills continue to contribute to this indicator
<i>Severe acute malnutrition death under 5 years – District Hospital</i>	Midnight report	100	68	86		
<i>Severe acute malnutrition inpatient under 5 years</i>	Ward Register	1 174	1 050	851		
9. Death in facility under 5 years rate – District Hospital	Manual calculation	Not monitored	3,3%	5,2%	(59%)	This was aggravated by the impact of COVID-19 on oxygen supplies

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APP 2020/21: Page 79: Table 22						
Outcome Indicator	Data Source	Actual 2019/20	Target 2020/21	Actual 2020/21	Deviation from Planned 2020/21 Target	Comment on Deviation
<i>Death in facility under 5 years – total – District hospital</i>	Midnight report	-	1 267	1 399		(limitations by the supplier), the ability to provide respiratory support to newborns, and the limited number of neonatal Intensive Care Unit (ICU) and high care beds in regional and tertiary hospitals.
<i>Inpatient separations under 5 – years – total – District Hospitals</i>	Ward Register	-	38 400	26 650		
10. Death in facility under 1 year rate – District Hospital	Manual calculation	Not monitored	4,9%	7,7%	(57%)	This was aggravated by the impact of COVID-19 on oxygen supplies, the ability to provide respiratory support to newborns, and the limited number of neonatal Intensive Care Unit (ICU) and high care beds in regional and tertiary hospitals.
<i>Death in facility under 1 year total – District Hospital</i>	Midnight report	-	1 095	1 275		
<i>Inpatient separations under 1 year – District Hospital</i>	Ward Register	-	22 318	16 597		
11. Still Birth in Facility Rate – District hospital	DHIS	18,6/1000	17,6/1000	19,9/1000	(13%)	Health services were overwhelmed due to second wave of COVID and the pandemic as whole. Infections in pregnancy especially syphilis, that are clinical mismanaged also has a contributory effect on this outcome.
<i>Still birth in facility- District Hospitals</i>	Midnight report	1 702	1 493	1 840		
<i>Live birth in facility + still birth in facility – District Hospitals</i>	Delivery register	91 377	84 809	92 541		

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TABLE 23: OUTPUT PERFORMANCE INDICATORS AND TARGETS (DISTRICT HOSPITALS)

APP 2020/21: Page 82: Table 23							
Outputs	Output Indicator	Data Source	Actual 2019/20	Target 2020/21	Actual 2020/21	Deviation from Planned 2020/21 Target	Comment on Deviation
Outcome: Improved Patient Experience of Care							
Improve the Severity Assessment Code 1 incidence reported within 24 hrs rate	1. Severity assessment code 1 incident reported within 24 hours rate – District Hospital	Patient Safety Incident Software	Not monitored	68%	75,1%	10%	Improved reporting
	<i>Severity assessment code 1 incident reported within 24 hours – District Hospital</i>		-	244	220		
	<i>Severity assessment code 1 incident reported – District Hospital</i>		-	359	293		
Patients and family treated with courtesy and consideration	2. Percentage of Complaints on staff Attitudes – District Hospitals	Ideal Health Facility Information System	Not monitored	15,9%	18,1%	(14%)	Shortage of healthcare workers
	<i>No. of complaints on staff attitude – District Hospital</i>		-	397	241		
	<i>Total number of complaints – District hospital</i>		-	2 491	1 330		
Patients and family treated with courtesy and consideration	3. Percentage of Complaints on Patient Care – District Hospital	Ideal Health Facility Information System	Not monitored	21,8%	48,3%	(121%)	Shortage of healthcare workers

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APP 2020/21: Page 82: Table 23							
Outputs	Output Indicator	Data Source	Actual 2019/20	Target 2020/21	Actual 2020/21	Deviation from Planned 2020/21 Target	Comment on Deviation
	<i>No. of complaints on patient care – District Hospital</i>		-	542	642		
	<i>Total number of complaints – District hospital</i>		-	2 491	1 330		
Patients and family treated with courtesy and consideration	4. Percentage of Complaints on Waiting Times	Ideal Health Facility Information System	Not monitored	22,6%	12,2%	46%	Improved implementation of the complaints management guidelines
	<i>No. of complaints on waiting times – District Hospital</i>		-	564	162		
	<i>Total number of complaints – District hospital</i>		-	2 491	1 330		
Outcome: Reduced morbidity and mortality							
Reduce the number of health care associated infections	5. Health Care Associated Infections – District hospitals	Patient safety Incidents	Not monitored	48	368	(667%)	Improved reporting increased the number of HCAI's reported. Contributing issues are poor hand hygiene and wound management

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SUB-PROGRAMME: HIV, AIDS, STI & TB CONTROL

TABLE 24: OUTCOMES INDICATORS (HAST)

APP 2020/21: Page 85: Table 25						
Outcome Indicator	Data Source	Actual 2019/20	Target 2020/21	Actual 2020/21	Deviation from Planned 2020/21 Target	Comment on Deviation
Outcome : Reduced morbidity and mortality						
1. TB Rifampicin resistant/MDR/pre-XDR treatment success rate -short	DHIS	70,2%	71%	70,4%	(1%)	This indicator is compromised by the high rate of unevaluated patients due to delays in capturing patient's test results, poor follow up of patients, and inadequate support for patients due to limited resources.
<i>TB Rifampicin resistant/MDR/pre-XDR successfully complete treatment - short</i>	TB register, XDR Register	1 130	980	1211		
<i>TB Rifampicin Resistant/MDR/pre-XDR start on treatment - short</i>	TB register, XDR Register	1 609	1 380	1 721		
2. TB Rifampicin resistant/MDR/pre-XDR treatment success rate - long	DHIS	59,7%	60%	70,2%	17%	The has a been a shift in MDR TB treatment regimes from long term to short term, therefore there were less patients in this cohort leading to better outcomes.
<i>TB Rifampicin resistant/MDR/pre-XDR successfully complete treatment - long</i>	TB register, XDR Register	1 720	1 488	605		
<i>TB Rifampicin Resistant/MDR/pre-XDR start on treatment - long</i>	TB register, XDR Register	2 882	2 480	862		
3. All DS-TB client death rate	DHIS	7,5%	7%	7,5%	(6%)	Late presentation and missed diagnostic opportunities remain a challenge especially in TB/HIV co-infected patients
<i>All DS-TB client died</i>	DS clinical stationary	3 947	3 710	3 812		

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APP 2020/21: Page 85: Table 25						
Outcome Indicator	Data Source	Actual 2019/20	Target 2020/21	Actual 2020/21	Deviation from Planned 2020/21 Target	Comment on Deviation
<i>All DS-TB patients in treatment outcome cohort</i>	DS clinical stationary	52 423	53 000	51 150		
4. All DS-TB client treatment success rate	DHIS	79,1%	81%	81,2%	0%	No deviation
<i>All DS- TB client successfully completed treatment</i>	DS clinical stationary	41 458	42 930	41 525		
<i>All DS-TB patients in treatment outcome cohort</i>	DS clinical stationary	52 423	53 000	51 150		
5. ART death rate (6 months)	DHIS	1,2%	1,5%	0,7%	54%	There was delayed access to services caused by limited access during COVID-19 peak, amongst men in general and high mortality amongst pregnant women.
<i>ART cumulative death – total</i>	ART register, TIER.net	2 296	3 044	3 152		
<i>ART start minus cumulative transfer out</i>	ART register, TIER.net	188 273	202 938	455 933		
6. Adult Viral load suppressed rate (12 months)	DHIS	90,4%	90%	89,3%	(1%)	Factors impacting on this outcome is the poor implementation of the patient management protocol for high viral load register, and limited interventions on enhanced adherence plans to lower patient viral loads.
<i>ART adult viral load under 400</i>	ART paper register	82 792	38 136	163 200		
<i>ART adult viral load done</i>	ART paper register	91 575	42 374	182 780		

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APP 2020/21: Page 85: Table 25						
Outcome Indicator	Data Source	Actual 2019/20	Target 2020/21	Actual 2020/21	Deviation from Planned 2020/21 Target	Comment on Deviation
7. ART Child viral load suppressed rate (12 months)	DHIS	69,7%	90%	69,3%	(23%)	Inadequate viral load monitoring done at the different appointment intervals and infrequent weight gain checks not done means that the dosage, which is weight dependent, is not optimally adjusted to the child's weight.
<i>ART child viral load under 400</i>	ART paper register	1 800	1 082	3 029		
<i>ART child viral load done</i>	ART paper register	2 583	1 203	4 374		
8. HIV positive 15-24 years (excl ANC) rate	DHIS	Not monitored	Baseline to be established	2,7%	N/A	N/A
<i>HIV positive 15 – 24 years (excl ANC)</i>	PHC comprehensive tick register, HTS register (HIV testing services)	-	-	30 306		
<i>HIV test 15 – 24 years (excl ANC)</i>	PHC comprehensive tick register, HTS register (HIV testing services)	-	-	1 108 767		
9. ART client remain on ART end of month – sum	ART register	1 481 679	1 701 694	1 508 336	(11%)	Case finding indicators (low positivity yield, linkage to care for wellness patients) and attrition indicators (LTFU, Viral Load Set-point (VLS), and defaulter rate) remain a challenge for Total Remaining on Antiretroviral treatment (TROA).

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APP 2020/21: Page 85: Table 25						
Outcome Indicator	Data Source	Actual 2019/20	Target 2020/21	Actual 2020/21	Deviation from Planned 2020/21 Target	Comment on Deviation
10. HIV incidence	Thembisa Model	0,5%	0,52%	0,46%	-12%	Key improvements in reducing incidence included health promotion, same day initiation of Anti-Retro Virals (ARVs) scientifically proven to improve viral suppression thus further reducing new infections, and implementation of Operation Siyenza and Isibhedlela Kubantu which is a new concept of testing and provision of comprehensive health services at community level.
11. TB Incidence	DHIS	442,4/100k	400/100k	280,8/100k	30%	Lower Incidence possibly linked to with reduction of patient headcount in health care facilities and limited community outreach screening and testing for TB during lockdown.
<i>New confirmed TB cases</i>	TB register	51 330	46 598	32 994		
<i>KZN Population</i>	Stats SA	11 603 112	11 649 733	11 749 501		
12. ART adult death rate (6 months)	DHIS	1,2%	1,1%	0,7%	37%	Districts are implementing National Adherence Guidelines (AGL) and literacy classes.
<i>ART adult cumulative death – total</i>	ART register, TIER.net	2 227	2 177	3 089		
<i>ART adult start minus cumulative transfer out</i>		188 399	197 918	445 292		
13. ART child death rate (6 months)	DHIS	1,4%	1,2%	0,6%	46%	Districts are implementing National Adherence Guidelines (AGL) and literacy classes.
<i>ART child cumulative death – total</i>	ART register, TIER.net	69	60	63		

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APP 2020/21: Page 85: Table 25						
Outcome Indicator	Data Source	Actual 2019/20	Target 2020/21	Actual 2020/21	Deviation from Planned 2020/21 Target	Comment on Deviation
<i>ART child start minus cumulative transfer out</i>		4 874	5 020	9 808		
14. HIV prevalence among 15 – 24 year old pregnant women	Thembisa Model	Not monitored	24,9%	19,2%	23%	Overall improvement noted in this age group due to integrated HIV/AIDS program interventions. This has also been noted due to dropping teenage pregnancy as reflected by proxy indicator Delivery in 10 to 19 years in facility rate

TABLE 25: OUTPUT PERFORMANCE INDICATORS AND MTEF TARGETS (HAST) - ORIGINALLY TABLED INDICATORS

APP 2020/21 (Initial): Page 86: Table 26								
Outputs	Output Indicator	Data Source	Actual 2019/20	Target 2020/21	Actual 2020/21	Deviation from Planned 2020/21 Target	Comment on Deviation	Reasons for revisions to the Outputs/Output indicators/Annual targets
Outcome : Reduced morbidity and mortality								
To maintain the number of HIV tests done at 3 100 000 per annum	1. HIV test done – sum	PHC Comprehensive Register; HTS Register (HIV Testing Services) or HCT module in TIER.Net	4 386 195	3 100 000	769 187	75%	Recovery plan put in place when poor performance was identified during the onset of the COVID-19. This included targeted testing, community campaigns and testing outside facilities. Districts were encouraged to include HIV testing during the screening of COVID-19	As per the amended target announced in the 2020 Budget Speech Pronouncement

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TABLE 26: OUTPUT PERFORMANCE INDICATORS AND MTEF TARGETS (HAST)

APP 2020/21: Page 88: Table 26							
Outputs	Output Indicator	Data Source	Actual 2019/20	Target 2020/21	Actual 2020/21	Deviation from Planned 2020/21 Target	Comment on Deviation
Outcome : Reduced morbidity and mortality							
Decreased lost to follow up	1. ART adult remain on ART end of period	ART Register; TIER.Net; DHIS	1 437 205	1 633 626	1 467 110	(10%)	There are challenges with spatial coverage for men observed on their respective treatment cascades.
Decreased lost to follow up	2. ART child under 15 years remain on ART end of period	ART Register; TIER.Net; DHIS	44 474	68 068	41 226	(39%)	Influencing factors include low case finding, poor linkage to care, and poor implementation of index testing services for children and siblings of positive index clients, transitioning of the older children to the adult cascade and high lost to follow up.
Decreased lost to follow up	3. ART adult remain in care rate	ART paper Register; TIER.Net; DHIS	66%	80%	52,6%	(34%)	There is a challenge with spatial coverage for men observed on their respective treatment cascades. Linkage to care for wellness patients and attrition remain a challenge for TROA
	<i>ART adult remain in care – total</i>		113 832	1 633 626	390 644		
	<i>ART adult start minus cumulative transfer out</i>		172 421	2 042 032	741 997		
Decreased lost to follow up	4. ART child remain in care rate	ART paper Register; TIER.Net; DHIS	74,4%	80%	57,6%	(28%)	High loss to follow up, the poor management of patients transferring out, poor information management of patients clinical information, and death are the main contributing factors.
	<i>ART child remain in care – total</i>		3 354	68 068	9 898		
	<i>ART child start minus cumulative transfer out</i>		4 506	85 085	17 177		

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APP 2020/21: Page 88: Table 26							
Outputs	Output Indicator	Data Source	Actual 2019/20	Target 2020/21	Actual 2020/21	Deviation from Planned 2020/21 Target	Comment on Deviation
Decreased lost to follow up	5. All DS-TB client lost to follow-up rate	DS-TB Clinical Stationery;TIER.Net	10,5%	8%	10,7%	(34%)	An emphasis on COVID-19 related activities compromised the tracing of patients who had missed appointments coupled with the poor updating of the patient outcomes, increased the loss to follow up rate.
	<i>All DS-TB client lost to follow-up</i>		5 499	4 240	5495		
	<i>All DS-TB patients in treatment outcome cohort</i>		52 423	53 000	51 150		
Increase the number of TB XDR cases started on treatment	6. TB XDR treatment start rate	NICD	Not monitored	96%	No data	(100)	No laboratory data received from National Institute for Communicable Diseases (NICD) (denominator data). There has been competing priorities for COVID-19. Only patients initiated on treatment have been reported.
	<i>TB XDR client confirmed start on treatment</i>		-	75	-		
	<i>TB XDR confirmed client</i>		-	78	-		

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APP 2020/21: Page 88: Table 26							
Outputs	Output Indicator	Data Source	Actual 2019/20	Target 2020/21	Actual 2020/21	Deviation from Planned 2020/21 Target	Comment on Deviation
Maintain the number of clients screened for TB to 20 million or more	7. Screened for TB symptoms	PHC Comprehensive Register; THIS or TB Identification Register (only for facilities not digitising in THIS)	28 212 190	20 000 000	21 713 609	9%	Despite the decline in PHC headcount almost all patients who attended health care facilities were screened for TB.
To maintain the number of HIV tests done at 3 100 000 per annum	8. HIV test done – sum	PHC Comprehensive Register; HTS Register (HIV Testing Services) or HCT module in TIER.Net	4 386 195	3 300 000	3 671 285	11%	Recovery plan put in place when poor performance was identified during the onset of the COVID-19. This included targeted testing, community campaigns and testing outside facilities. Districts were encouraged to include HIV testing during the screening of COVID-19
Decrease the MUS incidence in KZN to 26 / 1000 by March 2023	9. Male Urethritis syndrome incidence	PHC Register	29,1/1000	28/1000	26,4/1000	6%	The MUS incidence has declined as a result of revived Sexually Transmissible Infections (STI) screening at all health care facility entry points and increased distribution of condoms
	<i>Male Urethritis Syndrome treated – new episode</i>		<i>86 187</i>	<i>85 485</i>	<i>79 568</i>		
	<i>Male population 15- 49 years</i>		<i>2 957 497</i>	<i>3 053 045</i>	<i>3 017 897</i>		

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SUB-PROGRAMME: MATERNAL, NEONATAL, CHILD & WOMEN'S HEALTH AND NUTRITION

TABLE 27: OUTCOME INDICATORS (MCWH&N)

APP 2020/21: Page 93: Table 28						
Outcome Indicator	Data Source	Actual 2019/20	Target 2020/21	Actual 2020/21	Deviation from Planned 2020/21 Target	Comment on Deviation
Outcome : Reduced morbidity and mortality						
1. Maternal Mortality in facility Ratio - Total	DHIS	76,9/100k	85/100k	125,2/100k	(47%)	Maternal death numbers increased by 86 compared to 2019/20 due to the effects of COVID-19 pandemic.
<i>Maternal death in facility - Total</i>	Maternal death register	176	167	262		
<i>Live births known to facility (Live birth in facility)+ SUM (Born alive before arrival at facility) - Total</i>	Delivery register	228 889	196 564	209 253		
2. Live Birth under 2 500 g in facility rate - Total	DHIS	11,7%	11,5%	11,7%	(2%)	Infections and malnutrition, in pregnancy were the main contributors to low birth weight babies.
<i>Live birth under 2500g in facility - Total</i>	Delivery register	25 496	21 437	23 358		
<i>Live birth in facility - Total</i>	Delivery register	218 420	186 412	199 258		
3. Neonatal death in facility rate – Total	DHIS	10,9/1000	11,3/1000	12,5/1000	(10%)	The capacity of neonatal services, especially Intensive Care Unit (ICU) at regional level, is limited and unable to meet the demand. This has been aggravated by an increase in the number of low birth weight babies and the loss of Kangaroo Mother Care (KMC) beds. This has resulted in
<i>Neonatal death (under 28 days) in facility - Total</i>	Midnight report	2 375	2 106	2 487		

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APP 2020/21: Page 93: Table 28						
Outcome Indicator	Data Source	Actual 2019/20	Target 2020/21	Actual 2020/21	Deviation from Planned 2020/21 Target	Comment on Deviation
<i>Live birth in facility - Total</i>	Delivery register	218 420	186 412	199 258		overcrowding of regional and tertiary nurseries with numerous outbreaks of healthcare associated infections.
4. Infant PCR test positive around 10 weeks rate	DHIS	0,53%	0,5%	0,4%	12%	Real-time PCR monitoring with facility teams closed any identified gaps and yielded a positive outcome.
<i>Infant PCR test positive around 10 weeks</i>	PHC Comprehensive tick register	293	266	211		
<i>Infant PCR test around 10 week</i>	PHC Comprehensive tick register	54 832	53 330	48 130		
5. Death under 5 years against live birth rate - Total	DHIS	1,6%	1,8%	1,7%	6%	Improved clinical management combined with the residual effects of the non-pharmaceutical responses to the COVID-19 pandemic i.e. hand hygiene and social distancing have impacted on this outcome
<i>Death in facility under 5 years - total</i>	Midnight report	3 487	3 355	3 364		
<i>Live birth in facility - total</i>	Delivery register	218 420	186 412	199 258		
6. Child under 5 years diarrhoea case fatality rate – total	DHIS	1,7%	2%	2,6%	(30%)	Ongoing deaths most likely due to deteriorating social circumstances and reduced access to health services - PHC under 5 utilization rate has dropped from 3.5 in the past 4 years to 2.5 this year
<i>Diarrhoea death under 5 years - total</i>	Midnight report	171	152	133		

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APP 2020/21: Page 93: Table 28						
Outcome Indicator	Data Source	Actual 2019/20	Target 2020/21	Actual 2020/21	Deviation from Planned 2020/21 Target	Comment on Deviation
<i>Diarrhoea separation under 5 years - total</i>	Ward Register	10 055	7 609	5 097		
7. Child under 5 years Pneumonia case fatality rate – total	DHIS	2%	2,2%	2,3%	(5%)	Mortality has been associated with deteriorating social circumstances leading to delayed entry into the health service and decreased access to respiratory support due to frequent inadequate oxygen supplies.
<i>Pneumonia death under 5 years - total</i>	Midnight report	192	270	148		
<i>Pneumonia separation under 5 years - total</i>	Ward Register	9 588	12 255	6 434		
8. Child under 5 years Severe acute malnutrition case fatality rate – total	DHIS	7,6%	6%	10,5%	(75%)	Poverty and social factors continue to contribute to development of SAM. Poor growth monitoring and promotion at PHC led to late presentation and complications, with an increased risk of death. The presence of co-morbid conditions, and poor adherence / missed opportunities in the management of HIV/TB also impacted on this indicator. Gaps in management at paediatric ward level in inpatient management of SAM by untrained health workers also had an impact.
<i>Severe acute malnutrition (SAM) death in facility under 5 years total</i>	Midnight report	176	120	164		
<i>Severe Acute Malnutrition Under 5 inpatient</i>	Ward Register	2 319	2 000	1 564		
9. Infant Mortality Rate	ASSA 2008 (2011) Stats ST and RM (2012 onwards)	30,3/1000	29/1000	29,5/1000	2%	Late entry to the health services and poor care on arrival in the health service continue to contribute to neonatal and infant deaths.

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APP 2020/21: Page 93: Table 28						
Outcome Indicator	Data Source	Actual 2019/20	Target 2020/21	Actual 2020/21	Deviation from Planned 2020/21 Target	Comment on Deviation
10. Under 5 mortality rate	ASSA 2008 (2011) Stats ST and RM (2012 onwards)	40,3/1000	40/1000	39,4/1000	(2%)	Improved PHC implementation of Integrated Management of Childhood Illnesses (IMCI). Earlier presentation at hospitals and better care on arrival at hospitals related to improvement of Emergency Triage Assessment and Treat (ETAT).
11. Still Birth in Facility Rate – total	DHIS	21,2/1000	21/1000	24,5/1000	(17%)	Health services were overwhelmed due to second wave of COVID and the pandemic as whole. Infections in pregnancy especially syphilis, that are clinical mismanaged also has a contributory effect on this outcome.
<i>Still birth in facility- total</i>	Midnight report	4 733	4 004	5 001		
<i>Live birth in facility + still birth in facility – Total</i>	Delivery register	223 153	190 670	204 259		
12. Early Neonatal death Rate – Total	DHIS	8,7/1000	8,5/1000	9,7/1000	(14%)	Increase in number of low birth weight babies exceeded capacity of neonatal services which led to overcrowding and an increased rate of healthcare associated infections. Neonatal service has been negatively impacted by the provincial response to COVID-19 with the loss of KMC beds and reduced capacity for respiratory support
<i>Death in facility 0-6 days - Total</i>	Midnight report	1 890	1 723	1 932		
<i>Live birth in facility - Total</i>	Delivery register	218 420	202 747	199 258		
13. Death in facility under 1 year rate- Total	DHIS	5,5%	5%	7,5%	(51%)	Late entry to the health services and poor care on arrival in the health

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APP 2020/21: Page 93: Table 28						
Outcome Indicator	Data Source	Actual 2019/20	Target 2020/21	Actual 2020/21	Deviation from Planned 2020/21 Target	Comment on Deviation
<i>Death in facility under 1 year - total</i>	Midnight report	3 132	2 806	3 056		service continue to contribute to neonatal and infant deaths.
<i>Inpatient separations under 1 year - Total</i>	Ward Register	57 826	56 409	40 556		
14. Death in facility under 5 years rate - total	DHIS	4%	4,2%	5,6%	(33%)	The greatest number of childhood deaths were from malnutrition, diarrhoea and pneumonia suggesting deteriorating social circumstances (Poverty, food insecurity that leads to malnutrition). Delayed entry to the health service and poor care on presentation to hospital services
<i>Death in facility under 5 years - total</i>	Midnight report	3 487	3 670	3 364		
<i>Inpatient separations under 5 years – total</i>	Ward Register	88 773	87 391	60 260		
15. Diarrhoea in child under 5 years incidence	DHIS	7,4/1000	7/1000	3,7/1000	47%	The reduced numerator could be due to poor access to care as PHC under 5 utilisation rate was 2.5 visits compared with an average of 3.5 over the past 4 years. Lower headcounts have been observed over the Covid-19 pandemic.
<i>Diarrhoea new in child under 5 years</i>	PHC tick register	9 891	8 405	4 920		
<i>Population under 5 years</i>	Stats SA	1 321 978	1 200 786	1 316 288		

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APP 2020/21: Page 93: Table 28						
Outcome Indicator	Data Source	Actual 2019/20	Target 2020/21	Actual 2020/21	Deviation from Planned 2020/21 Target	Comment on Deviation
16. Child under 5 years Pneumonia incidence	DHIS	28,9/1000	38/1000	11,5/1000	70%	The reduced numerator could be due to poor access to care as PHC under 5 utilisation rate was 2.5 visits compared with an average of 3.5 over the past 4 years. Lower headcounts have been observed over the Covid-19 pandemic.
<i>Pneumonia new in child under 5 years</i>	PHC tick register	38 299	45 630	15 152		
<i>Population under 5 years</i>	Stats SA	1 321 978	1 200 786	1 316 288		
17. Child under 5 years severe acute malnutrition incidence	DHIS	1,9/1000	1,7/1000	1,2/1000	27%	The reduced numerator could be due to poor access to care as PHC under 5 utilisation rate was 2.5 visits compared with an average of 3.5 over the past 4 years. Lower headcounts have been observed over the Covid-19 pandemic.
<i>Child under 5 years with severe acute malnutrition new</i>	PHC tick register	2 471	2 041	1 638		
<i>Population under 5 years</i>	Stats SA	1 321 978	1 200 786	1 316 288		

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TABLE 28: OUTPUT PERFORMANCE INDICATORS AND MTEF TARGETS (MCWH&N) - ORIGINALLY TABLED INDICATORS

APP 2020/21 (Initial) : Page 95: Table 29								
Outputs	Output Indicator	Data Source	Actual 2019/20	Target 2020/21	Actual 2020/21	Deviation from Planned 2020/21 Target	Comment on Deviation	Reasons for revisions to the Outputs/Output indicators/Annual targets
Outcome : Reduced morbidity and mortality								
Improve cervical screening coverage for women 30 years and older to 86%	1. Cervical cancer screening coverage 30 years and older	PHC Comprehensive Tick Register / OPD Tick Registers; Stats SA	80,9%	85%	46,7%	45%	Contributing factors included: Focusing on emergency procedures during lockdown; Low PHC utilisation rate, and clients not accessing services due to fears of being infected;	The indicator and methodology has been amended by NDoH. This indicator is no longer monitored and has been replaced by "Cervical Cancer screening coverage"
	<i>Cervical cancer screening in woman 30 years and older</i>		197 924	212 867	29 260			
	<i>Population 30 years and older female/10</i>		244 691	250 432	62 608			

TABLE 29: OUTPUT PERFORMANCE INDICATORS AND MTEF TARGETS (MCWH&N)

APP 2020/21: Page 97: Table 29							
Outputs	Output Indicator	Data Source	Actual 2019/20	Target 2020/21	Actual 2020/21	Deviation from Planned 2020/21 Target	Comment on Deviation
Outcome : Reduced morbidity and mortality							
Improve uptake of couple year protection	1. Couple year protection rate	PHC Comprehensive Tick Register, DHIS	56,1%	60%	50,4%	(16%)	The COVID-19 lockdown had a direct impact on family planning services as

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APP 2020/21: Page 97: Table 29							
Outputs	Output Indicator	Data Source	Actual 2019/20	Target 2020/21	Actual 2020/21	Deviation from Planned 2020/21 Target	Comment on Deviation
	$\text{Oral pill cycle / 15) + (Medroxyprogesterone injection / 4) + (Norethisterone enanthate injection / 6) + (IUCD inserted * 4.5) + (Male condoms distributed / 120) + (Sterilisation - male * 10) + (Sterilisation - female * 10) + (Female condoms distributed / 120) + (Subdermal implant inserted * 2.5)}$	Denominator: StatsSA	1 767 547	1 900 388	1 599 597		clients were not accessing health services during this time.
	Population 15-49 years female		3 125 661	3 167 313	3 175 848		
Reduce the number of deliveries in age group 10 to 19 years	2. Delivery 10 to 19 years in facility rate	Health Facility Register, DHIS Delivery register	16,3%	16,6%	17,1%	(3%)	In general, the teenage delivery rate is higher in rural districts. It is believed that this is because some areas still practice child marriages. Stock outs of Long Acting Contraceptive Devices (LARCs) were also experienced during the reporting period.
	$[\text{Delivery 10-14 years in facility}] + [\text{Delivery 15-19 years in facility}]$		36 171	35 668	34 572		
	Delivery in facility – total		221 507	214 867	201 783		
Increase the number of 1st antenatal visits before 20 weeks	3. Antenatal 1st visit before 20 weeks rate	PHC Comprehensive Tick Register; DHIS	74,5%	75,9%	74,3%	(2%)	The COVID-19 Lockdown contributed to the slight under performance in this indicator.
	Antenatal 1st visit before 20 weeks		168 237	176 903	163505		

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APP 2020/21: Page 97: Table 29							
Outputs	Output Indicator	Data Source	Actual 2019/20	Target 2020/21	Actual 2020/21	Deviation from Planned 2020/21 Target	Comment on Deviation
	<i>Antenatal 1st visit – total</i>		225 846	232 950	220 105		
Increase the number of postnatal visits for mother within 6 days of delivery	4. Mother postnatal visit within 6 days rate	PHC Comprehensive Tick Register	76,1%	77%	77,6%	1%	There is still poor linking of pregnant and post-delivery women to community care givers.
	<i>Mother postnatal visit within 6 days after delivery</i>		168 515	165 448	156 605		
	<i>Delivery in facility total</i>		221 507	214 867	201 783		
Increase the fully immunised under 1 years coverage	5. Immunisation under 1 year coverage	Numerator: PHC Comprehensive Tick Register Denominator: StatsSA	91,8%	88%	82,8%	(6%)	The COVID-19 pandemic and lockdown regulations have contributed to the disruption of immunisation services.
	<i>Immunised fully under 1 year</i>		239 295	231 138	217 217		
	<i>Population under 1 year</i>		260 734	262 657	262 488		
Increase the measles 2nd dose coverage in children 1 years old	6. Measles 2nd dose coverage	Numerator: PHC Comprehensive Tick Register Denominator: StatsSA	82,9%	93%	77,3%	(17%)	The COVID-19 pandemic and lockdown regulations have contributed to the disruption of immunisation services with limited focus on Measles during catch-up drives. Poor monitoring of vaccine stock out also contributed.
	<i>Measles 2nd dose</i>		217 727	244 202	202795		
	<i>Population aged 1 year</i>		262 526	262 583	262 205		
Increase the vitamin A dose coverage in children 12 – 59 months	7. Vitamin A dose 12-59 months coverage	PHC Comprehensive Tick Register	68,6%	72%	57,9%	(20%)	Routine services were disrupted as a response to COVID-19. In addition, the late opening of Early Childhood

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APP 2020/21: Page 97: Table 29							
Outputs	Output Indicator	Data Source	Actual 2019/20	Target 2020/21	Actual 2020/21	Deviation from Planned 2020/21 Target	Comment on Deviation
	<i>Vitamin A dose 12-59 months + COS Vitamin A dose 12-59 months</i>		1 455 506	1 522 484	1 221 281		Development (ECD) centres contributed to performance.
	<i>Target population 12-59 months * 2</i>		2 122 480	2 114 562	2 107 596		
Increase the number of ANC clients initiated on ART to 98% by March 2023	8. ANC clients initiated on ART rate	ART Register, Tier.Net	98,3%	98%	98,9%	1%	Some initiations that form part of the numerator, were carried over from the final week of 2019/20.
	<i>Antenatal client on start on ART</i>		21 207	19 600	18524		
	<i>Antenatal client known HIV positive but not on ART at 1st visit</i>		21 575	20 000	18 736		
Reduced Severe acute malnutrition incidence	9. Infant exclusively breastfed at DTaP-IPV- Hib HBV 3rd dose		Not monitored	63%	56,7%	(10%)	Existing infant feeding counselling and support was affected by the COVID-19 pandemic. The related restrictions impacted PHC attendance and client contact, support and counselling sessions. Initiation of breastfeeding from birth has declined partly due a shift in focus on mother and baby friendly initiative practices.
	<i>Infant exclusively breastfed at DTaP-IPVHib- HBV 3rd dose</i>		-	132 388	117 270		
	<i>DTaP-IPV-Hib-HBV 3rd dose</i>		-	210 140	206 730		
Improve cervical screening coverage for women 30	10. Cervical cancer screening coverage	PHC Comprehensive Tick Register / OPD	Not monitored	To be determined	39,7%	N/A	N/A

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APP 2020/21: Page 97: Table 29							
Outputs	Output Indicator	Data Source	Actual 2019/20	Target 2020/21	Actual 2020/21	Deviation from Planned 2020/21 Target	Comment on Deviation
	<i>Cervical cancer screening done (Cervical cancer screening in non-HIV woman 30 years and older + Cervical cancer screening in HIV positive women 20 years and older + Cervical cancer screening 30 years and older)</i>	Tick Registers; Stats SA	-	-	143 337		
	<i>[(80% women aged 30-59yrs)/10]+(20% women aged 20-59yrs)/3) + Cervical cancer screening 30 years and older]</i>		-	-	361 174		

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SUB-PROGRAMME: DISEASE PREVENTION AND CONTROL

TABLE 30: OUTCOMES INDICATORS (DISEASE PREVENTION AND CONTROL)

APP 2020/21: Page 103: Table 31						
Outcome Indicator	Data Source	Actual 2019/20	Target 2020/21	Actual 2020/21	Deviation from Planned 2020/21 Target	Comment on Deviation
Outcome : Reduced morbidity and mortality						
1. Malaria case fatality rate	DHIS	0,6%	0,4%	3,0%	(659%)	Case Management challenges including delayed medical seeking patterns and behaviour by clients continue to contribute to fatalities.
<i>Malaria deaths reported</i>	Malaria Register; Tick Sheets PHC	5	5	13		
<i>Malaria new case reported</i>	Malaria Register; Tick Sheets PHC	835	1 300	428		
2. Malaria incidence per 1000 population at risk	DHIS	0,84	0	0,41	(0, 41%)	High Malaria importation coupled with cross border movement and Mobile Migrant Populations that supplement to the receptiveness of the environment that enables re-introduction and persistent local Malaria cases.
<i>Number of malaria cases (new)</i>	Malaria Register; Tick Sheets PHC	593	0	296		
<i>Population UMkhanyakude</i>	DHIS; StatsSA	706 829	679 193	715 367		
3. Diabetes Incidence	DHIS	2,2/1000	2,8/1000	2,5/1000	11%	The lockdown due to COVID-19 affected patients attendance to facilities
<i>Diabetes client treatment new</i>	PHC tick register	25 537	32 619	29 226		
<i>KZN Population total</i>	StatsSA	11 603 112	11 649 733	11 749 501		
4. Hypertension Incidence	DHIS	13,2/1000	28/1000	7,2/1000	74%	

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APP 2020/21: Page 103: Table 31						
Outcome Indicator	Data Source	Actual 2019/20	Target 2020/21	Actual 2020/21	Deviation from Planned 2020/21 Target	Comment on Deviation
<i>Hypertension client treatment new</i>	PHC tick register	34 917	326 193	84 510		The lockdown due to COVID-19 affected patients attendance to facilities
<i>KZN Population total</i>	StatsSA	2 638 146	11 649 733	11 749 501		
5. Covid-19 Testing Coverage	TBD	Not monitored	Monitor trends	16 903,07 per 100 000	N/A	N/A
<i>Number of Covid-19 tests conducted - Total</i>	TBD	-	-	1 986 026		
<i>Total Population / 100 000</i>	TBD	-	-	11 749 501		
6. Covid-19 Positivity Rate	TBD	Not monitored	Monitor trends	16,8%	N/A	N/A
<i>Number of confirmed covid-19 cases - Total</i>	TBD	-	-	334 586		
<i>Number of Covid-19 tests conducted</i>	TBD	-	-	1 986 026		
7. Case Fatality Rate for covid-19: 5 - 60 years	TBD	Not monitored	Monitor trends	3,1%	N/A	N/A
<i>Number of deaths in positive covid-19 cases 5 - 60 years</i>	TBD	-	-	10 222		

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APP 2020/21: Page 103: Table 31						
Outcome Indicator	Data Source	Actual 2019/20	Target 2020/21	Actual 2020/21	Deviation from Planned 2020/21 Target	Comment on Deviation
Separations Covid-19 cases 5-60 years (Sum of deaths, discharges and transfers out)	TBD	-	-	329 715		

TABLE 31: OUTPUT PERFORMANCE INDICATORS AND MTEF TARGETS (DISEASE PREVENTION AND CONTROL)

APP 2020/21: Page 105: Table 32							
Outputs	Output Indicator	Data Source	Actual 2019/20	Target 2020/21	Actual 2020/21	Deviation from Planned 2020/21 Target	Comment on Deviation
Outcome : Reduced morbidity and mortality							
Improve the quality of Mental health screening at a PHC level	1. Mental Disorders Screening Rate	PHC register	44,7%	35%	50,2%	43%	SOP training on Basic Mental health (BMH) completed. All districts commenced implementation of the standardised tool
	<i>PHC client screened for mental disorder</i>		<i>12 690 131</i>	<i>10 128 077</i>	<i>11 449 440</i>		
	<i>Total PHC headcount</i>		<i>28 365 411</i>	<i>28 937 363</i>	<i>22 809 881</i>		
Increase access to rehabilitative services	Clients accessing rehab services	PHC tick register, OPD register	Not monitored	680 000	538 989	(21%)	COVID-19 pandemic and lockdown restrictions contributed to the decreased number of clients accessing disability and rehab services

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Reporting on the Department's response to the Covid-19 Pandemic

TABLE 32: PROGRESS ON INSTITUTIONAL RESPONSE TO THE COVID-19 PANDEMIC

Budget Programme	Intervention	Geographic location (Province/ District/local municipality) (Where Possible)	No. of beneficiaries (Where Possible)	Disaggregation of Beneficiaries (Where Possible)	Total budget allocation per intervention (R'000)	Budget spent per Intervention	Contribution to the Outputs in the APP (where applicable)	Immediate outcomes
2	Contact tracing	All Districts	575 432	No disaggregated data available	R 5 158 770 000 (Total COVID 19 Budget)	R 3 950 356 254 (TOTAL COVID 19 Expenditure)	Covid-19 Positivity rate	575 432 Contacts Traced
2	Community screening and testing	All Districts	27 695 171	No disaggregated data available			Covid-19 testing coverage	753 270 tested for COVID-19
2	Repurposing of beds for isolation	No information	No information	No disaggregated data available			Covid-19 Positivity rate	Availability of facility for isolation

Strategies to overcome areas of under-reporting

Primary Health care

- Infrastructure to attend to the clinic structures with emphasis on the former municipal clinics.

District hospitals

- Speeding up of the process of filling vacant posts.

HAST

- Expand Paediatric Case Manager Model coverage to all remaining districts and facilities in the province.
- Inclusion of Child Health Indicators at weekly nerve centres meetings for continuous monitoring.
- Reporting and monitoring on treatment Net loss specific for this age group (net loss in clients remaining on ART).
- Optimise Index testing services amongst this sub-population. Implement community tracking and tracing of early missed clients.
- Engage and collaborate with community based psychosocial and mental health stakeholders working with children and adolescents.
- Reinforce and monitor implementation of the Tier.net line lists (early missed and late missed appointments, data validation lists, outstanding outcomes) by Districts and during Operation Phuthuma visits.
- Support Districts with the reorientation of the TB outreach teams on tracing of patients and monitoring the implementation of the recovery plan.
- Request for an additional National Institute for Communicable Diseases (NICD) seconded epidemiologist has been made through NDOH.
- Continue to monitor and support the districts and sub-districts that are facing performance challenges during the district support visit and encourage all facilities to convene nerve centre meetings to ensure that all their targets are met.

MCWH

- Couple Year Protection Rate (CYPR) Indicator to be presented and discussed during nerve centre meeting
- Dashboard and graphs to be used in the facilities for monitoring using raw numbers.
- Monitoring of data quality at district, sub-district and facilities
- Revival of youth friendly zones that were disturbed due to COVID-19, especially in areas with highest teenage delivery.
- Constant monitoring of contraceptive stock outs. Integration with SRH who is rolling out reviewed SRH framework.
- Implementation of appointment systems with staggered subsequent dates at PHC.
- Integration of household pregnancy testing with COVID-19 tracing and testing.
- Encourage mothers to come for six days post-natal visit
- Linkage of pregnant and post-delivery women.
- Conduct post-natal care within 6 days in facility and household.
- Strengthen vaccination catch-up drives.
- Intensify immunisation during immunisation week.
- Ongoing support especially to the poorly performing sub districts and ensures that every day is immunisation day.
- Improve vaccine stock motoring and maintain cold chain.
- Districts to continue with including Vitamin A as part of EPI catch up campaigns.

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- Coordinated visits to ECD centres will be continued and ongoing household visit to administer Vitamin A.
- Monitoring CHWs Vitamin A targets.
- Repositioning of Infant feeding support for all pregnant women. Promotion of the Mother and Baby Friendly Initiative (MBFI) Community based services through advocacy throughout the year, with a culmination during World Breastfeeding Week.

Disease Prevention and Control

- Strengthen Malaria Case Management Training including Information Education and Communication in both health sectors and targeted communities
- Strengthen Malaria Surveillance activities along the targeted border areas and some of the communities.
- Reinstatement of services as more patients attend to our facilities will further improve detection rates.
- Ongoing quality assurance and monitoring the implementation of the SOP to continue.
- The department will continue monitoring service delivery at district level, provide necessary technical support, ensure filling of therapist posts
- The Department is also in the process expanding Community Based rehabilitation (CBR) and wheelchair repair services.

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Linking performance with budget

TABLE 33: BUDGET APPROPRIATION AND EXPENDITURE

Programme per sub programme		2020/21			2019/20		
		Final Appropriation	Actual Expenditure	(Over)/Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure
		R'000	R'000	R'000	%	R'000	R'000
2.1	District Management						
	Current payments	301 018	296 486	4 532	310 230	310 230	-
	Transfers and subsidies	1 624	1 624	-	1 105	1 105	-
	Payments for capital assets	26 798	14 551	12 247	3 554	3 554	-
	Total	329 440	312 661	16 779	314 889	314 889	-
2.2	Community Health Clinics						
	Current payments	4 599 813	4 581 603	18 210	4 482 536	4 503 485	-20 949
	Transfers and subsidies	143 197	124 881	18 316	131 866	131 643	223
	Payments for capital assets	28 903	29 626	-723	24 134	24 134	-
	Total	4 771 913	4 736 110	35 803	4 638 536	4 659 262	-20 726
2.3	Community Health Centres						
	Current payments	1 909 599	1 904 166	5 433	1 882 739	1 882 739	-
	Transfers and subsidies	8 091	8 104	-13	16 502	16 502	-
	Payments for capital assets	41 712	31 496	10 216	20 249	20 249	-
	Total	1 959 402	1 943 766	15 636	1 919 490	1 919 490	-
2.4	Community Based Services						
	Current payments	375 761	360 996	14 765	405 930	405 930	-
	Transfers and subsidies	1 320	1 320	-	755	755	-
	Payments for capital assets	1 623	1 738	-115	9 035	9 035	-
	Total	378 704	364 054	14 650	415 720	415 720	-

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Programme per sub programme	2020/21			2019/20			
	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure	
	R'000	R'000	R'000	%	R'000	R'000	
2.5	Other Community Services						
	Current payments	3 402 645	3 262 931	139 714	1 230 676	1 230 676	-
	Transfers and subsidies	30 823	30 888	-65	31 106	29 411	1 695
	Payments for capital assets	40 811	40 409	402	480	480	-
	Total	3 474 279	3 334 228	140 051	1 262 262	1 260 567	1 695
2.6	HIV and AIDS						
	Current payments	6 126 399	6 090 153	36 246	5 701 410	5 801 364	-99 954
	Transfers and subsidies	147 848	126 466	21 382	139 732	136 060	3 672
	Payments for capital assets	45 253	5 436	39 817	3 892	3 892	-
	Total	6 319 500	6 222 055	97 445	5 845 034	5 941 316	-96 282
2.7	Nutrition						
	Current payments	42 650	28 867	13 783	32 705	32 705	-
	Payments for capital assets	2 150	60	2 090			
	Total	44 800	28 927	15 873	32 705	32 705	-
2.8	Coroner Services						
	Current payments	255 747	246 924	8 823	240 405	240 405	-
	Transfers and subsidies	679	679	-	641	641	-
	Payments for capital assets	4 942	3 732	1 210	378	378	-
	Total	261 368	251 335	10 033	241 424	241 424	-
2.9	District Hospitals						
	Current payments	7 627 979	7 568 925	59 054	7 679 316	7 679 316	-
	Transfers and subsidies	70 174	70 244	-70	97 398	97 398	-
	Payments for capital assets	143 756	104 848	38 908	164 754	164 754	-

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Programme per sub programme		2020/21			2019/20		
		Final Appropriation	Actual Expenditure	(Over)/Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure
		R'000	R'000	R'000	%	R'000	R'000
	Payment for financial assets	99	99	-	22	22	-
	Total	7 842 008	7 744 116	97 892	7 941 490	7 941 490	-

Source: Annual Financial Statements and BAS

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 Services

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).

Outcomes for the year under review

- Universal Health Coverage

Outcomes, outputs, output indicators, Targets and actual achievements

Improve access to specialised services

The target for average number of daily operational ambulance was not achieved. This is attributed Every district having had multiple staff members not on duty due to contracting COVID-19 and being unable to report for duty. This has resulted in fewer operational ambulances.

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TABLE 34: OUTPUT PERFORMANCE INDICATORS AND MTEF TARGETS (EMS)

APP 2020/21: Page 114: Table 37							
Outputs	Output Indicator	Data Source	Actual 2019/20	Target 2020/21	Actual 2020/21	Deviation from Planned 2020/21 Target	Comment on Deviation
Outcome: Universal health coverage							
Improve access to specialised services	1. EMS P1 urban response under 30 minutes rate	EMS Registers	New indicator	Baseline to be established	50,9%	N/A	N/A
	<i>EMS P1 urban response under 30 minutes</i>		-	-	62 018		
	<i>EMS P1 urban response</i>		-	-	121 770		
Improve access to specialised services	2. EMS P1 rural response under 60 minutes rate	EMS Registers	New indicator	Baseline to be established	52,4%	N/A	N/A
	<i>EMS P1 rural response under 60 minutes</i>		-	-	82 307		
	<i>EMS P1 rural response</i>		-	-	157 011		
Improve access to specialised services	3. Average number of daily operational ambulances	<i>EMS database EMS call centre records EMS tick register</i>	166	210	185	(12%)	EMS has experienced a challenge with staff being infected with COVID-19, particularly during the second wave.

Strategies to overcome areas of under-performance

- Motivate for replacement of staff to increase operational ambulances

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Linking performance with budget

TABLE 35: BUDGET APPROPRIATION AND EXPENDITURE

Programme per sub programme		2020/21			2019/20		
		Final Appropriation	Actual Expenditure	(Over)/Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure
		R'000	R'000	R'000	%	R'000	R'000
3.1	Emergency Transport						
	Current payments	1 308 254	1 301 866	6 388	1 283 916	1 283 916	-
	Transfers and subsidies	6 450	5 531	919	4 160	4 160	-
	Payments for capital assets	141 757	171 037	-29 280	172 107	172 107	-
	Total	1 456 461	1 478 434	-21 973	1 460 183	1 460 183	-
3.2	Planned Patient Transport						
	Current payments	154 122	127 206	26 916	142 589	142 589	-
	Transfers and subsidies	287	287	-	114	114	-
	Payments for capital assets	53 341	-	53 341	-	-	-
	Total	207 750	127 493	80 257	142 703	142 703	-

Source: Annual Financial Statements and BAS

PROGRAMME 4 – PROVINCIAL HOSPITAL SERVICES (REGIONAL AND SPECIALISED)

Programme Description & Purpose

Programme Purpose

Deliver hospital services which are accessible, appropriate, and effective and provide general specialist services, including a specialized rehabilitation service, and 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 provides a training 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 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 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 Hospital

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

Outcomes for the year under review

- Universal Health Coverage
- Improved Patient Experience of Care
- Reduced Morbidity and Mortality

Outcomes, outputs, output indicators, Targets and actual achievements

Regional hospitals

The province experienced two COVID-19 waves which resulted in a number of hospital beds being repurposed for COVID-19. This in a way positively affected the average length of stay. The curtailing of elective procedures and services due to COVID-19 resulted to a decrease in the inpatient bed utilisation rate. The target for expenditure per PDE was exceeded by 32% and this is attributed to COVID-19 related supplies, equipment and PPE.

Fully functional PSI committees and improved implementation of guidelines contributed to the increase in severity assessment code 1 incidents reported within 24 hours leading to the target being exceeded. The shortage of health care workers resulted to increase in complaints on waiting times and staff attitudes. Improved surveillance and reporting contributed to increase in reported Health Care Associated Infections. The analysis revealed that the main factors include, overcrowding, understaffing mainly in neonatal units, poor hand hygiene, environmental hygiene and poor adherence to prevention bundles.

Specialised TB hospitals

100% beds at Richmond Hospital and 14 beds at Doris Goodwin Hospital were repurposed for COVID-19. This resulted to the decreases in average of stay and inpatient bed utilisation rates and the targets not being met. Curtailing of services due to COVID-19 Epidemic resulted in increased operational costs resulting to the expenditure per PDE target being exceeded by 199%.

Zero severity assessment code 1 incident and complaints on patient care, staff attitudes and waiting times were reported and this attributed to improved implementation of Patient Safety Incidents and complaints management guidelines. Improved ward and lab based surveillance and reporting revealed health care associated infections that occur as a result of IPC deviations, infrastructure, overcrowding and understaffing.

Specialised Psychiatric hospitals

The average length of stay and inpatient bed utilisation rate were negatively affected by critical shortage of Multidisciplinary Psychosocial Rehabilitation teams critical improving clinical interventions and outcomes , unusable beds due to renovations of some wards in Town hill hospital and staff shortages. Even though expenditure per PDE was lower than the target, the cost of Personal Protective Equipment (PPE) was the main contributor to expenditure, also repurposing of St Frances hospital for COVID-19.

Percentage of complaints decreased as a result of improved implementation of guidelines except for complaints on patient care which increased due to Mental Healthcare users who complained about the quality of hospital sleepwear and cold food.

Chronic/Sub-Acute Hospitals

The lack of specialised clinical competencies and specialised clinical infrastructure for Clairwood hospital negatively the average length of stay and inpatient bed utilisation rate.

The target for percentage of complaints on waiting times was not met due to limited bed space and conversion of some wards for Patients under Investigation (PUIs) and isolation while the targets for percentage of complaints on waiting times and percentage of complaints on staff attitudes were met and exceeded due to improved guidelines implementation.

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TABLE 36: OUTCOME INDICATORS (PROVINCIAL HOSPITALS)

APP 2020/21: Page 120: Table 42						
Outcome Indicator	Data Source	Actual 2019/20	Target 2020/21	Actual 2020/21	Deviation from Planned 2020/21 Target	Comment on Deviation
Outcome : Improved client experience of care						
1. Patient Experience of Care satisfaction rate – Regional Hospitals	Patient surveys	Not monitored	81,8%	78,5%	(4%)	Possible linkage to high complaints on waiting times and staff attitudes
<i>Patient Experience of Care survey satisfied responses - Regional Hospitals</i>	Patient surveys	-	4 638	49 793		
<i>Patient Experience of Care survey total responses - Regional Hospitals</i>	Patient surveys	-	5 669	63 414		
2. Patient Safety Incident case closure rate -Regional Hospitals	Ideal Health Facility information system	Not monitored	87,3%	92,0%	5%	Improved reporting
<i>Patient Safety Incident (PSI) case closed – Regional Hospitals</i>	Ideal Health Facility information system	-	241	310		
<i>Patient Safety Incident (PSI)case Reported – Regional Hospitals</i>	Ideal Health Facility information system	-	276	337		
Outcome : Reduced morbidity and mortality						
3. Maternal Mortality in facility ratio -Regional Hospitals	DHIS	110,8/100k	101,2/100k	179,5/100k	77%	Some maternal deaths were COVID-19 related. Late referral / presentation of complicated cases to Regional Hospitals, critical shortage of specialised staff and high staff turnover, particularly at Regional hospitals in the periphery, all contributed to the high maternal
<i>Maternal death in facility – Regional Hospitals</i>	Maternal register	88	74	139		

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APP 2020/21: Page 120: Table 42						
Outcome Indicator	Data Source	Actual 2019/20	Target 2020/21	Actual 2020/21	Deviation from Planned 2020/21 Target	Comment on Deviation
<i>Live births known to facility (Live birth in facility)+ SUM (Born alive before arrival at facility) – Regional Hospitals</i>	Delivery register	79 422	73 138	77 448		mortality. High staff absenteeism due to COVID-19 was also a major challenge.
4. Neonatal death in facility rate – Regional Hospital	DHIS	15,7/1000	16,1/1000	16,2/1000	(1%)	Most of the babies died from pregnancy and labour related issues such as prematurity, respiratory disorders such as birth asphyxia, congenital malformations and maternal haemorrhage i.e. excessive bleeding during delivery. Reduced staff due to COVID-19 infections was a major challenge.
<i>Neonatal deaths (under 28 days) in facility – Regional Hospitals</i>	Midnight report	1 220	1 149	1 227		
<i>Live birth in facility – Regional Hospitals</i>	Delivery register	77 559	71 347	75 621		
5. Death under 5 years against live birth rate – Regional Hospital	DHIS	2,1%	2,6%	2,1%	20%	Critical shortage specialised staff and high staff turnover particularly at Regional hospitals in the periphery was the main contributing factor.
<i>Death in facility under 5 years total – Regional Hospitals</i>	Midnight report	1 641	1 890	1 607		
<i>Live birth in facility – Regional Hospitals</i>	Delivery register	77 559	71 347	75 621		
6. Child under 5 years diarrhoea case fatality rate – Regional Hospital	DHIS	1,7%	2,1%	3,2%	(53%)	Contributory factors were late presentation and late referral of cases due to COVID-19
<i>Diarrhoea death under 5 years – Regional Hospital</i>	Ward Register	66	61	62		
<i>Diarrhoea separation under 5 years – Regional Hospital</i>	Ward Register	3 938	2 931	1 945		

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APP 2020/21: Page 120: Table 42						
Outcome Indicator	Data Source	Actual 2019/20	Target 2020/21	Actual 2020/21	Deviation from Planned 2020/21 Target	Comment on Deviation
7. Child under 5 years pneumonia case fatality rate – Regional Hospitals	DHIS	2,3%	2,1%	2,6%	(25%)	Poor access to services contributed to the poor performance
<i>Pneumonia death under 5 years – Regional Hospital</i>	Ward Register	83	90	74		
<i>Pneumonia separation under 5 years – Regional Hospital</i>	Ward Register	3 534	4 326	2 838		
8. Child under 5 years severe acute malnutrition case fatality rate – Regional Hospitals	DHIS	2,6%	5,4%	12,2%	(126%)	Late presentation and late referral of cases were the major factors affecting case fatality rate.
<i>Severe acute malnutrition death under 5 years – Regional Hospital</i>	Ward Register	65	45	69		
<i>Severe acute malnutrition inpatient under 5 years - Regional Hospital</i>	Ward Register	922	835	565		
9. Death in facility under 5 years rate – Regional Hospital	DHIS	Not monitored	4,8%	5,6%	(17%)	Critical shortage specialised staff and high staff turnover particularly at Regional hospitals in the periphery was the main contributing factor
<i>Death in facility under 5 years – total – Regional Hospital</i>	Ward Register	-	1 890	1 607		
<i>Inpatient separations under 5 – years – total – Regional Hospital</i>	Ward Register	-	39 382	28 606		

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APP 2020/21: Page 120: Table 42						
Outcome Indicator	Data Source	Actual 2019/20	Target 2020/21	Actual 2020/21	Deviation from Planned 2020/21 Target	Comment on Deviation
10. Still Birth in Facility Rate – Regional Hospital	DHIS	28/1000	26,9/1000	32,0/1000	(19%)	Health services were overwhelmed due to second wave of COVID and the pandemic as whole. Infections in pregnancy especially syphilis, that are clinical mismanaged also has a contributory effect on this outcome.
<i>Stillbirth in facility- Regional Hospital</i>	Midnight report	2 232	1 976	2 501		
<i>Live birth in facility + stillbirth in facility – Regional Hospital</i>	Delivery register	79 791	73 456	78 122		
11. Death in facility under 1 year rate – Regional Hospitals	DHIS	Not monitored	5,2%	7,2%	(38%)	Critical shortage specialised staff and high staff turnover particularly at Regional hospitals in the periphery. High staff absenteeism due to COVID-19 was a major challenge.
<i>Death in facility under 1 year total – Regional Hospital</i>	Ward Register	-	1 404	1 472		
<i>Inpatient separation under 1 year – Regional Hospital</i>	Ward Register	-	27 000	20 509		

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TABLE 37: OUTPUT INDICATORS AND MTEF TARGETS (REGIONAL HOSPITALS)

APP 2020/21: Page 124: Table 43							
Outputs	Output Indicator	Data Source	Actual 2019/20	Target 2020/21	Actual 2020/21	Deviation from Planned 2020/21 Target	Comment on Deviation
Outcome: Universal Health Coverage							
Reduce the average length of stay to 6.2 days by March 2023	1. Average length of stay	DHIS	6,2 Days	6,3 Days	6,0 Days	4%	The province experienced two COVID-19 waves which resulted in a number of hospital beds being repurposed for COVID-19.
	<i>Inpatient days</i>		1 839 716	1 937 075	1 503 840		
	<i>½ Day Patients</i>		46 896	27 862	19 912		
	<i>Inpatient separations</i>		301 069	314 334	253 034		
Maintain the bed utilisation rate at 75%	2. Inpatient (usable) bed utilisation rates	DHIS	73.3%	73,4%	60,3%	(18%)	Curtailing of elective procedures/ services due to COVID-19.
	<i>Inpatient days</i>		1839716	1 937 075	1 503 840		
	<i>½ Day Patients</i>		46896	27 862	19 912		
	<i>Inpatient beds approved – total bed days available</i>		2 540 435	2 677 664	2 526 046		
Maintain the expenditure per PDE within provincial norms	3. Expenditure per PDE	DHIS	R 3 289	R 3 220	R 4244,9	32%	Procurement of COVID-19 related supplies, equipment and PPE
	<i>Expenditure – total Hospital ('000)</i>		9 187 992 000	9 056 611	9 182 632 445		
	<i>Patient day equivalent - Total</i>		2 793 969,20	2 812 665	2 163 224		
Outcome: Improved client experience of care							

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APP 2020/21: Page 124: Table 43							
Outputs	Output Indicator	Data Source	Actual 2019/20	Target 2020/21	Actual 2020/21	Deviation from Planned 2020/21 Target	Comment on Deviation
Improve the Severity Assessment Code 1 incidence reported within 24 hrs rate	4. Severity assessment code 1 incident reported within 24 hours rate	Patient Safety Incident Software	Not monitored	76,2%	83,3%	9%	Facilities have fully functional PSI committees and implementation of guidelines has improved.
	<i>Severity assessment code incident reported within 24 hours – Regional Hospitals</i>		-	48	305		
	<i>Severity assessment code 1 incident reported – Regional Hospitals</i>		-	63	366		
Patients and family treated with courtesy and consideration	5. Percentage of Complaints on patient care	Ideal Health Facility Information System	Not monitored	42,1%	35,8%	15%	Facilities have fully functional PSI committees and implementation of guidelines has improved.
	<i>No. of complaints on patient care</i>		-	350	321		
	<i>Total number of complaints</i>		-	832	897		
Patients and family treated with courtesy and consideration	6. Percentage of Complaints on waiting Times	Ideal Health Facility Information System	Not monitored	11,8%	16,3%	(38%)	Shortage of healthcare workers
	<i>No. of complaints on waiting times</i>		-	98	146		
	<i>Total number of complaints</i>		-	832	897		
Patients and family treated with courtesy and consideration	7. Percentage of Complaints on staff Attitudes	Ideal Health Facility Information System	Not monitored	15,1%	18,3%	(21%)	Shortage of healthcare workers
	<i>No. of complaints on staff attitude</i>		-	126	164		

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APP 2020/21: Page 124: Table 43							
Outputs	Output Indicator	Data Source	Actual 2019/20	Target 2020/21	Actual 2020/21	Deviation from Planned 2020/21 Target	Comment on Deviation
	<i>Total number of complaints</i>		-	832	897		
Outcome: Reduced morbidity and mortality							
Reduce the number of health care associated infections	8. Number of Health Care Associated Infections	Patient safety Incidents	Not monitored	12	936	(7700%)	Improved surveillance and improved reporting contributed to increase reporting of HAIs. Other reasons include overcrowding, understaffing mainly in neonatal units, poor hand hygiene, poor environmental hygiene and poor adherence to prevention practices

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SUB-PROGRAMME: TUBERCULOSIS HOSPITALS

TABLE 38: OUTCOME INDICATORS (TB HOSPITALS)

APP 2020/21: Page 129: Table 45						
Outcome Indicator	Data Source	Actual 2019/20	Target 2020/21	Actual 2020/21	Deviation from Planned 2020/21 Target	Comment on Deviation
Outcome : Improved client experience of care						
1. Patient Experience of Care satisfaction rate	Patient surveys	Not monitored	93,7%	88,7%	(5%)	Two TB hospitals in process of closure or decommissioning and patients expressed dissatisfaction
<i>Patient Experience of Care survey satisfied responses</i>	Patient surveys	-	134	1 449		
<i>Patient Experience of Care survey total responses</i>	Patient surveys	-	143	1 633		
2. Patient Safety Incident case closure rate	Ideal Health Facility information system	Not monitored	89,8%	100%	11%	Facilities have fully functional PSI committees
<i>Patient Safety Incident (PSI) case closed</i>	Ideal Health Facility information system	-	44	55		
<i>Patient Safety Incident (PSI) case Reported</i>	Ideal Health Facility information system	-	49	55		

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TABLE 39: OUTPUT PERFORMANCE INDICATORS AND MTEF TARGETS (TB HOSPITALS)

APP 2020/21: Page 130: Table 46							
Outputs	Output Indicator	Data Source	Actual 2019/20	Target 2020/21	Actual 2020/21	Deviation from Planned 2020/21 Target	Comment on Deviation
Outcome: Universal Health Coverage							
Reduce the average length of stay to 60 days by March 2023	1. Average length of stay	DHIS	48,2 Days	60 Days	36,2 Days	40%	Facilities have fully functional PSI committees
	<i>Inpatient days</i>		66 649	117 522	23 788		
	<i>½ Day Patients</i>		0	2	2		
	<i>Inpatient separations</i>		1 382	1 959	657		
increase the bed utilisation rate to 36.9 % by Mach 2023	2. Inpatient (usable) bed utilisation rates	DHIS	30,6%	36,9%	14,4%	(61%)	100% beds at Richmond Hospital and 14 beds at Doris Goodwin Hospital were repurposed for COVID-19.
	<i>Inpatient days</i>		66649	117 522	23 788		
	<i>½ Day Patients</i>		0	2	2		
	<i>Inpatient beds approved – total bed days available</i>		217 807	318 142	165 728		
Maintain the expenditure per PDE within provincial norms	3. Expenditure per PDE	DHIS	R 8 451	R 6 220,7	R 18 626,9	(199%)	Don McKenzie and Charles James Hospitals were closed due to poor utilization and in line with hospital rationalization plan. 100% beds at Richmond Hospital and 14 beds at Doris Goodwin Hospital were repurposed for COVID-19.
	<i>Expenditure – total ('000)</i>		697 889 000	704 256	625 963 075		
	<i>Patient day equivalent - Total</i>		82 581	113 212	33 605		
Outcome: Improved client experience of care							

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APP 2020/21: Page 130: Table 46							
Outputs	Output Indicator	Data Source	Actual 2019/20	Target 2020/21	Actual 2020/21	Deviation from Planned 2020/21 Target	Comment on Deviation
Improve the Severity Assessment Code 1 incidence reported within 24 hrs rate	4. Severity assessment code 1 incident reported within 24 hours rate	Patient Safety Incident Software	Not monitored	88,9%	0%	100%	Improved implementation of Patient Safety Incidence and complaints management guidelines
	<i>Severity assessment code incident reported within 24 hours</i>		-	8	0		
	<i>Severity assessment code 1 incident reported</i>		-	9	0		
Patients and family treated with courtesy and consideration	5. Percentage of Complaints on patient care	Ideal Health Facility Information System	Not monitored	11,1%	0%	100%	Improved implementation of Patient Safety Incidence and complaints management guidelines
	<i>No. of complaints on patient care</i>		-	13	0		
	<i>Total number of complaints</i>		-	117	1		
Patients and family treated with courtesy and consideration	6. Percentage of Complaints on waiting Times	Ideal Health Facility Information System	Not monitored	17,9%	0%	100%	Improved implementation of Patient Safety Incidence and complaints management guidelines
	<i>No. of complaints on waiting times</i>		-	21	0		
	<i>Total number of complaints</i>		-	117	1		
Patients and family treated with courtesy and consideration	7. Percentage of Complaints on staff Attitudes	Ideal Health Facility Information System	Not monitored	17%	100%	(485%)	Improved implementation of Patient Safety Incidence and complaints management guidelines
	<i>No. of complaints on staff attitude</i>		-	20	1		
	<i>Total number of complaints</i>		-	117	1		

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APP 2020/21: Page 130: Table 46							
Outputs	Output Indicator	Data Source	Actual 2019/20	Target 2020/21	Actual 2020/21	Deviation from Planned 2020/21 Target	Comment on Deviation
Outcome: Reduced morbidity and mortality							
Reduce the number of health care associated infections	8. Number of Health Care Associated Infections	Patient safety Incidents	Not monitored	2	157	(7750%)	Improved ward and lab based surveillance and improved reporting resulted in higher numbers being reported on the system.

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SUB-PROGRAMME: PSYCHIATRIC - MENTAL HOSPITALS

TABLE 40: OUTCOME INDICATORS (PSYCHIATRIC HOSPITALS)

APP 2020/21: Page 133: Table 48						
Outcome Indicator	Data Source	Actual 2019/20	Target 2020/21	Actual 2020/21	Deviation from Planned 2020/21 Target	Comment on Deviation
Outcome : Improved client experience of care						
1. Patient Experience of Care satisfaction rate	Patient surveys	Not monitored	88,7%	95,5%	(8%)	Reinforced Batho Pele Principles implementation
<i>Patient Experience of Care survey satisfied responses</i>	Patient surveys	-	172	2 280		
<i>Patient Experience of Care survey total responses</i>	Patient surveys	-	194	2 387		
2. Patient Safety Incident case closure rate	Ideal Health Facility information system	Not monitored	95,5%	89,3%	(6%)	8 PSIs were reported to be under investigation, while 17 were awaiting decision by the Review Board
<i>Patient Safety Incident (PSI) case closed</i>	Ideal Health Facility information system	-	193	92		
<i>Patient Safety Incident (PSI) case reported</i>	Ideal Health Facility information system	-	202	103		

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TABLE 41: OUTPUT PERFORMANCE INDICATORS AND MTEF TARGETS (PSYCHIATRIC HOSPITALS)

APP 2020/21: Page 134: Table 49							
Outputs	Output Indicator	Data Source	Actual 2019/20	Target 2020/21	Actual 2020/21	Deviation from Planned 2020/21 Target	Comment on Deviation
Outcome: Improved client experience of care							
Improve the Severity Assessment Code 1 incidence reported within 24 hrs rate	1. Severity assessment code 1 incident reported within 24 hours rate	Patient Safety Incident Software	Not monitored	64,3%	28,6%	(56%)	Looking at the Ideal Health Facility Monitoring System it is evident that more than 50% facilities are not reporting, thus not displaying a true picture in this regard
	<i>Severity assessment code incident reported within 24 hours</i>		-	9	16		
	<i>Severity assessment code 1 incident reported</i>		-	14	56		
Patients and family treated with courtesy and consideration	2. Percentage of complaints on patient care	Ideal Health Facility Information System	Not monitored	24,1%	44,3%	(84%)	Mental Healthcare users complained about the quality of hospital sleepwear and cold food
	<i>No. of complaints on patient care</i>		-	14	27		
	<i>Total number of complaints</i>		-	58	61		
Patients and family treated with courtesy and consideration	3. Percentage of complaints on waiting Times	Ideal Health Facility Information System	Not monitored	8,6%	1,6%	81%	Improved guidelines implementation
	<i>No. of complaints on waiting times</i>		-	5	1		
	<i>Total number of complaints</i>		-	58	61		
Patients and family treated with courtesy and consideration	4. Percentage of complaints on staff Attitude	Ideal Health Facility Information System	Not monitored	5,2%	3,3%	37%	Improved guidelines implementation

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APP 2020/21: Page 134: Table 49							
Outputs	Output Indicator	Data Source	Actual 2019/20	Target 2020/21	Actual 2020/21	Deviation from Planned 2020/21 Target	Comment on Deviation
	<i>No. of complaints on staff attitude</i>		-	3	2		
	<i>Total number of complaints</i>		-	58	61		
Outcome: Reduced morbidity and mortality							
Reduce the number of health care associated infections	5. Health Care Associated Infections	Patient safety Incidents	Not monitored	28	83	(196%)	There was high COVID-19 infection rates amongst patients in long term Psychiatric wards / hospitals. Correct lack of PPE usage and compliance.

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SUB-PROGRAMME: SUB-ACUTE, STEP DOWN AND CHRONIC MEDICAL HOSPITALS

TABLE 42: OUTCOME INDICATORS (CHRONIC HOSPITALS)

APP 2020/21: Page 137: Table 51						
Outcome Indicator	Data Source	Actual 2019/20	Target 2020/21	Actual 2020/21	Deviation from Planned 2020/21 Target	Comment on Deviation
Outcome : Improved client experience of care						
1. Patient Experience of Care satisfaction rate	Patient surveys	Not monitored	79,5%	94,3%	(19%)	Reinforced Batho Pele Principles implementation
<i>Patient Experience of Care survey satisfied responses</i>	Patient surveys	-	124	8 566		
<i>Patient Experience of Care survey total responses</i>	Patient surveys	-	156	9 081		
2. Patient Safety Incident case closure rate	Ideal Health Facility information system	Not monitored	96,5%	118%	(22%)	PSIs were carried over from the previous financial year. Due to the nature of some of the PSIs, investigations took longer and had to be carried over.
<i>Patient Safety Incident (PSI) case closed</i>	Ideal Health Facility information system	-	136	59		
<i>Patient Safety Incident (PSI) case Reported</i>	Ideal Health Facility information system	-	141	50		

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TABLE 43: OUTCOME INDICATORS (CHRONIC HOSPITALS)

APP 2020/21: Page 138 : Table 52							
Outputs	Output Indicator	Data Source	Actual 2019/20	Target 2020/21	Actual 2020/21	Deviation from Planned 2020/21 Target	Comment on Deviation
Outcome: Universal Health Coverage							
increase the average length of stay to 45 days by March 2023	1. Average length of stay	DHIS	33,2 Days	45,0 Days	43,2 Days	(4%)	The province experienced two COVID-19 waves which resulted in a number of hospital beds being repurposed for COVID-19.
	<i>Inpatient days</i>		90 379	121 820	49 000		
	<i>½ Day Patients</i>		3	6	0		
	<i>Inpatient separations</i>		2 726	2 705	1 135		
increase the bed utilisation rate to 51.9 % by March 2023	2. Inpatient (usable) bed utilisation rates	DHIS	46,6%	51,9%	36,1%	(30%)	Clairwood Hospital was repurposed for COVID-19. Limited COVID-19 admissions due to lack of specialized clinical skills.
	<i>Inpatient days</i>		90379	121 820	49 000		
	<i>½ Day Patients</i>		3	6	0		
	<i>Inpatient beds approved – total bed days available</i>		194 019	234 525	135 704		
Maintain the expenditure per PDE within provincial norms	3. Expenditure per PDE	DHIS	R 3 761	R 3 195,7	R 4 904,6	(53%)	Clairwood Hospital had a very low Bed Utilization for COVID-19 due to the lack of specialised clinical competencies and specialised clinical infrastructure
	<i>Expenditure – total ('000)</i>		425 973 000	394 690	311 162 811		
	<i>Patient day equivalent - Total</i>		113 271,50	123 508	63 443		
Outcome: Improved client experience of care							
Improve the Severity Assessment Code 1 incidence reported within 24 hrs rate	4. Severity assessment code 1 incident reported within 24 hours rate	Patient Safety Incident Software	Not monitored	0%	100,0%	100%	Improved guidelines implementation

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APP 2020/21: Page 138 : Table 52							
Outputs	Output Indicator	Data Source	Actual 2019/20	Target 2020/21	Actual 2020/21	Deviation from Planned 2020/21 Target	Comment on Deviation
	<i>Severity assessment code incident reported within 24 hours</i>		-	0	12		
	<i>Severity assessment code 1 incident reported</i>		-	0	12		
Patients and family treated with courtesy and consideration	5. Percentage of Complaints on patient care	Ideal Health Facility Information System	Not monitored	21,4%	16,9%	21%	Improved guidelines implementation
	<i>No. of complaints on patient care</i>		-	9	11		
	<i>Total number of complaints</i>		-	42	65		
Patients and family treated with courtesy and consideration	6. Percentage of Complaints on waiting Times	Ideal Health Facility Information System	Not monitored	16,7%	20,0%	(20%)	Due to limited bed space and conversion of some wards for PUIs and isolation
	<i>No. of complaints on waiting times</i>		-	7	13		
	<i>Total number of complaints</i>		-	42	65		
Patients and family treated with courtesy and consideration	7. Percentage of Complaints on staff Attitudes	Ideal Health Facility Information System	Not monitored	21,4%	15,4%	28%	Improved guidelines implementation
	<i>No. of complaints on staff attitude</i>		-	9	10		
	<i>Total number of complaints</i>		-	42	65		
Outcome: Reduced morbidity and mortality							
Reduce the number of health care associated infections	8. Number of Health Care Associated Infections	Patient safety Incidents	Not monitored	7	0	100%	Improved guidelines implemented

Strategies to overcome areas of under-reporting

Regional hospitals

- Reinstatement of services in a phased approach while rationalising to ensure prioritisation of COVID-19 response activities.
- Monitor the effectiveness of the cash flow committees in implementing cost cutting measures.
- Speeding up the process of filling vacant posts.
- Training on health care associated infections.

Specialised TB hospitals

- Reinstatement of services progressively and implement rationalization plan.

Specialised Psychiatric hospitals

- Motivate for the recruitment of the multidisciplinary team. Implement mental health community outreach
- Fast tracking of the appointment of Review Board members.
- Strengthening of the three tiers of IPC and surveillance

Chronic/Sub-Acute Hospitals

- Review service package and facilitate the reclassification of Clairwood

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Linking performance with budget

TABLE 44: BUDGET APPROPRIATION AND EXPENDITURE

Programme per sub programme	2020/21			2019/20			
	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure	
	R'000	R'000	R'000	%	R'000	R'000	
4.1	General (Regional) Hospitals						
	Current payments	9 552 344	9 182 632	369 712	9 087 295	9 087 295	-
	Transfers and subsidies	82 597	82 558	39	100 697	100 697	-
	Payments for capital assets	201 714	111 188	90 526	178 134	178 134	-
	Payment for financial assets	7	7	-	281	-	-
	Total	9 836 662	9 376 385	460 277	9 366 407	9 366 407	-
4.2	Tuberculosis Hospitals						
	Current payments	702 709	625 963	76 746	697 889	697 889	-
	Transfers and subsidies	7 969	7 965	4	8 876	8 876	-
	Payments for capital assets	5 022	1 315	3 707	4 587	4 587	-
	Total	715 700	635 243	80 457	711 352	711 352	-
4.3	Psychiatric / Mental Hospitals						
	Current payments	987 892	962 821	25 071	967 804	967 804	-
	Transfers and subsidies	5 452	5 465	-13	4 121	4 121	-
	Payments for capital assets	8 334	7 591	743			
	Payment for financial assets	27	27	-			
	Total	1 001 705	975 904	25 801	979 725	979 725	-
4.4	Chronic Medical Hospitals						
	Current payments	442 482	311 162	131 320	425 973	425 973	-
	Transfers and subsidies	2 396	2 396	-	997	997	-

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Programme per sub programme		2020/21			2019/20		
		Final Appropriation	Actual Expenditure	(Over)/Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure
		R'000	R'000	R'000	%	R'000	R'000
	Payments for capital assets	9 659	4 344	5 315	16 975	16 975	-
	Total	454 537	317 902	136 635	443 945	443 945	-
4.5	Dental Training Hospitals						
	Current payments	20 877	20 164	713	19 745	19 745	
	Transfers and subsidies	41	41	-	40	40	
	Total	20 918	20 205	713	19 785	19 785	

Source: Annual Financial Statements and BAS

PROGRAMME 5 - CENTRAL HOSPITAL SERVICES

Programme Description & Purpose

Programme Purpose

To provide tertiary health 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.

Outcomes for the year under review

- Universal Health Coverage
- Improved Patient Experience of Care
- Reduced Morbidity and Mortality

Outcomes, outputs, output indicators, Targets and actual achievements

Tertiary Hospital

The average length of stay for tertiary hospitals decreased and that is attributed to the repurposing of hospital beds as a result of the two COVID-19 waves. Elective services were curtailed during COVID-19 surges. Resulting to a decrease in inpatient bed utilisation rate. Increased use of Personal Protective Equipment (PPE), Oxygen supplies and mainly emergency clinical services increased cost per PDE. Curtailing of services and lockdown restrictions contributed to the decrease in Outpatients Department (OPD) headcount new cases not referred.

Improved guidelines implementation and reporting and reinforced Batho Pele Principles implementation resulted to an increase in Severity assessment code 1 incident reported within 24 hours and a decrease in complaints on staff attitudes and patient care. Complaints on waiting times increased due to clients being booked for longer since a controlled number of procedures are done during lockdown. Health Care Associated Infections exceeded the target by 141 (881%). This increase is attributed to improved ward and lab based surveillance and reporting.

Central Hospital

COVID-19 cases took longer to recover leading to an increase Average Length of Stay. The Central hospital managed mostly critical COVID-19 patients requiring ICU care. Due to the COVID-19 Pandemic a number of hospital beds were repurposed for the management of COVID-19. The decline in the inpatient utilisation rate is attributed to the curtailing of elective services and repurposing of hospital beds brought about by the Covid-19

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pandemic. Emergency clinical management of COVID-19 resulted in an increased use of Medical supplies, PPE and Oxygen in the management of COVID-19. This resulted to an increase in expenditure per PDE that was higher than the target by 53%.

Improved guidelines and reporting resulted to an increase in Severity assessment code 1 incidents reported within 24 hours. The increase in the Percentage of complaints on patient care was due to poor categorisation of complaints. Complaints were related to post-operative complications experienced after discharge from Inkosi Albert Luthuli Central Hospital (IALCH) and referred back to lower levels of care. There was initially under reporting on the Health Care Associated Infections at IALCH. Good surveillance has enabled improved reporting. IALCH sees patients with numerous in dwelling devices and some Health Care Associated Infections are unavoidable. More patients with devices that traverse the sterile to non-sterile.

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TABLE 45: OUTCOME INDICATORS (TERTIARY AND CENTRAL HOSPITALS)

APP 2020/21: Page 148: Table 57						
Outcome Indicator	Data Source	Actual 2019/20	Target 2020/21	Actual 2020/21	Deviation from Planned 2020/21 Target	Comment on Deviation
Outcome : Improved client experience of care						
1. Patient Experience of Care satisfaction rate – Tertiary Hospitals	Patient surveys	Not monitored	74,8%	76,6%	2%	Reinforced Batho Pele Principles implementation
<i>Patient Experience of Care survey satisfied responses</i>	Patient surveys	-	597	8 244		
<i>Patient Experience of Care survey total responses</i>	Patient surveys	-	798	10 760		
2. Patient Experience of Care satisfaction rate – Central Hospitals	Patient surveys	Not monitored	90,9%	89,2%	(2%)	Likely related to the higher Central Hospital complaints on patient care
<i>Patient Experience of Care survey satisfied responses</i>	Patient surveys	-	350	10 329		
<i>Patient Experience of Care survey total responses</i>	Patient surveys	-	385	11 578		
3. Patient Safety Incident case closure rate -Tertiary Hospital	Ideal Health Facility information system	Not monitored	73,2%	95,5%	31%	Improved guidelines implementation and improved reporting
<i>Patient Safety Incident (PSI) case closed</i>	Ideal Health Facility information system	-	312	470		
<i>Patient Safety Incident (PSI)case Reported</i>	Ideal Health Facility information system	-	426	492		

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APP 2020/21: Page 148: Table 57						
Outcome Indicator	Data Source	Actual 2019/20	Target 2020/21	Actual 2020/21	Deviation from Planned 2020/21 Target	Comment on Deviation
4. Patient Safety Incident case closure rate - Central Hospital	Ideal Health Facility information system	Not monitored	100%	100,0%	0%	No deviation
<i>Patient Safety Incident (PSI) case closed</i>	Ideal Health Facility information system	-	37	97		
<i>Patient Safety Incident (PSI) case Reported</i>	Ideal Health Facility information system	-	37	97		
Outcome : Reduced morbidity and mortality						
5. Maternal Mortality in facility ratio -Tertiary Hospitals	DHIS	291,3/100k	336,6/100k	489/100k	(45%)	Regional Hospitals deal with complicated up referral cases and sometimes referrals did not take place timeously. Critical shortage of specialised staff and high staff turnover particularly at tertiary hospitals in the periphery, impacted on maternal health as did the high staff absenteeism due to COVID-19 staff infections.
<i>Maternal death in facility – Tertiary Hospital</i>	Maternal register	23	25	35		
<i>Live births known to facility (Live birth in facility)+ SUM (Born alive before arrival at facility) – Tertiary Hospital</i>	Delivery register	7 895	7 428	7 158		
6. Maternal Mortality in facility ratio - Central Hospitals	DHIS	2040,8/100k	1 128,7/100k	3 181,8/100k	(182%)	IALCH was one of the COVID-19 sites hence up referral of patients from within the public health system and from private hospitals with COVID-19 complications.
<i>Maternal death in facility – Central Hospital</i>	Maternal register	9	5	14		

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APP 2020/21: Page 148: Table 57						
Outcome Indicator	Data Source	Actual 2019/20	Target 2020/21	Actual 2020/21	Deviation from Planned 2020/21 Target	Comment on Deviation
<i>Live births known to facility (Live birth in facility)+ SUM (Born alive before arrival at facility) – Central Hospital</i>	Delivery register	441	443	440		
7. Neonatal death in facility rate – Tertiary Hospital	DHIS	19,4/1000	22,6/1000	18,3/1000	19%	Implementation of neonatal care standards are a contributory factor
<i>Neonatal deaths (under 28 days) in facility – Tertiary Hospitals</i>	Midnight report	150	166	129		
<i>Live birth in facility – Tertiary Hospitals</i>	Delivery register	7 743	7 348	7 052		
8. Neonatal death in facility rate – Central Hospital	DHIS	154,2/1000	135/1000	131,8/1000	2%	Implementation of neonatal care standards are a contributory factor
<i>Neonatal deaths (under 28 days) in facility – Central Hospitals</i>	Midnight report	68	60	58		
<i>Live birth in facility – Central Hospitals</i>	Delivery register	441	443	440		
9. Death under 5 years against live birth rate – Tertiary Hospital	DHIS	3,3%	3%	3,1%	(3%)	Reduced access to care meant fewer children were admitted
<i>Death in facility under 5 years total – Tertiary Hospital</i>	Midnight report	257	218	216		
<i>Live birth in facility – Tertiary Hospital</i>	Delivery register	7 743	7 348	7 052		

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APP 2020/21: Page 148: Table 57						
Outcome Indicator	Data Source	Actual 2019/20	Target 2020/21	Actual 2020/21	Deviation from Planned 2020/21 Target	Comment on Deviation
10. Death under 5 years against live birth rate – Central Hospital	DHIS	43,3%	45,6%	30,0%	34%	Improved clinical management as well as the residual effects of the non-pharmaceutical response to the COVID-19 pandemic i.e. hand hygiene and social distancing had a positive impact on outcomes
<i>Death in facility under 5 years total – Central Hospital</i>	Midnight report	191	202	132		
<i>Live birth in facility – Central Hospital</i>	Delivery register	441	443	440		
11. Child under 5 years diarrhoea case fatality rate – Tertiary Hospital	DHIS	1,2%	1,8%	2,3%	(30%)	Reduced access to care meant fewer children were admitted
<i>Diarrhoea death under 5 years – Tertiary Hospitals</i>	Ward Register	7	8	6		
<i>Diarrhoea separation under 5 years – Tertiary Hospitals</i>	Ward Register	572	449	260		
12. Child under 5 years pneumonia case fatality rate – Tertiary Hospital	DHIS	2,4%	0,7%	2,1%	(214%)	Fewer admissions, with a higher number of deaths indicate that there was reduced access to services and decreased capacity for non-COVID-19 patients
<i>Pneumonia death under 5 years – Tertiary Hospitals</i>	Ward Register	12	6	10		
<i>Pneumonia separation under 5 years – Tertiary Hospitals</i>	Ward Register	494	910	484		
13. Child under 5 years pneumonia case fatality rate – Central Hospital	DHIS	0,0%	14,7%	2,9%	80%	Reduced capacity with only 34 children admitted against an anticipated target of 292.

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APP 2020/21: Page 148: Table 57						
Outcome Indicator	Data Source	Actual 2019/20	Target 2020/21	Actual 2020/21	Deviation from Planned 2020/21 Target	Comment on Deviation
<i>Pneumonia death under 5 years – Central Hospitals</i>	Ward Register	0	43	1		
<i>Pneumonia separation under 5 years – Central Hospitals</i>	Ward Register	296	292	34		
14. Child under 5 years severe acute malnutrition case fatality rate – Tertiary Hospital	DHIS	4,3%	4%	5,8%	(45%)	Late case detection, late presentation, and presence of co-morbid conditions all impacted on this indicator. Late HIV/TB testing resulting in delayed initiation of treatment also impacted on outcomes.
<i>Severe acute malnutrition death under 5 years – Tertiary Hospital</i>	Ward Register	9	4	8		
<i>Severe acute malnutrition inpatient under 5 years - Tertiary Hospital</i>	Ward Register	207	100	138		
15. Child under 5 years severe acute malnutrition case fatality rate – Central Hospital	DHIS	12,5%	20%	10,0%	50%	Improved clinical management impacted positively on the outcome
<i>Severe acute malnutrition death under 5 years – Central Hospital</i>	Ward Register	2	3	1		
<i>Severe acute malnutrition inpatient under 5 years - Central Hospital</i>	Ward Register	16	15	10		
16. Death in facility under 5 years rate – Tertiary hospital	DHIS	Not monitored	3,7%	7,6%	(105%)	

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APP 2020/21: Page 148: Table 57						
Outcome Indicator	Data Source	Actual 2019/20	Target 2020/21	Actual 2020/21	Deviation from Planned 2020/21 Target	Comment on Deviation
<i>Death in facility under 5 years – total – Tertiary Hospital</i>	Ward Register	-	218	216		A marked decline in admissions indicates a reduced access to this level of care
<i>Inpatient separations under 5 – years – total – Tertiary Hospital</i>	Ward Register	-	5 893	2 852		
17. Death in facility under 5 years rate – Central hospital	DHIS	Not monitored	5,4%	6,2%	(13%)	Four (4) deaths in children over 1 year of age. Increased number of deaths due to surge in extreme preterm and neonatal surgical cases. 32% (1 576) fewer admissions than anticipated due to ongoing need for a COVID-19 test prior to admission.
<i>Death in facility under 5 years – total – Central Hospital</i>	Ward Register	-	202	132		
<i>Inpatient separations under 5 – years – total – Central Hospital</i>	Ward Register	-	3 716	2 140		
18. Death in facility under 1 year rate – Tertiary Hospitals	DHIS	Not monitored	4,1%	8,3%	(102%)	A marked decline in admissions indicates a reduced access to this level of care
<i>Death in facility under 1 year total – Tertiary Hospital</i>	Ward Register	-	185	178		
<i>Inpatient separation under 1 year – Tertiary Hospital</i>	Ward Register	-	4 534	2 144		
19. Death in facility under 1 year rate – Central Hospital	DHIS	Not monitored	8,9%	9,4%	(5%)	Increased number of deaths due to surge in extreme preterm and neonatal

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APP 2020/21: Page 148: Table 57						
Outcome Indicator	Data Source	Actual 2019/20	Target 2020/21	Actual 2020/21	Deviation from Planned 2020/21 Target	Comment on Deviation
<i>Death in facility under 1 year - total – Central Hospital</i>	Ward Register	-	175	121		surgical cases. 32% (1 576) fewer admissions than anticipated due to ongoing need for a COVID-19 test prior to admission.
<i>Inpatient separation under 1 year – Central Hospital</i>	Ward Register	-	1 957	1 294		
20. Still Birth in Facility Rate – Tertiary Hospital	DHIS	40,8/1000	28,9/1000	38,6/1000	(34%)	Health services were overwhelmed due to second wave of COVID and the pandemic as whole. Infections in pregnancy especially syphilis, that are clinical mismanaged also has a contributory effect on this outcome.
<i>Stillbirth in facility- Tertiary Hospital</i>	Midnight report	329	222	283		
<i>Live birth in facility + stillbirth in facility – Tertiary Hospital</i>	Delivery register	8 072	7 680	7 335		
21. Still Birth in Facility Rate – Central Hospital	DHIS	30,8/1000	28,1/1000	35,1/1000	(25%)	Health services were overwhelmed due to second wave of COVID and the pandemic as whole. Infections in pregnancy especially syphilis, that are clinical mismanaged also has a contributory effect on this outcome.
<i>Stillbirth in facility- Central Hospital</i>	Midnight report	14	13	16		
<i>Live birth in facility + stillbirth in facility – Central Hospital</i>	Delivery register	455	462	456		

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SUB-PROGRAMME: TERTIARY HOSPITALS (GREYS, KING EDWARD VIII & NGWELEZANA HOSPITALS)

TABLE 46: OUTPUT PERFORMANCE INDICATORS AND MTEF TARGETS (TERTIARY HOSPITALS)

APP 2020/21: Page 155: Table 58							
Outputs	Output Indicator	Data Source	Actual 2019/20	Target 2020/21	Actual 2020/21	Deviation from Planned 2020/21 Target	Comment on Deviation
Outcome: Universal Health Coverage							
Maintain the average length of stay at 9.5 days by March 2023	1. Average length of stay	DHIS	7,3 Days	8,4 Days	7,4 Days	12%	The province experienced two COVID-19 waves which resulted in a number of hospital beds being repurposed for COVID-19.
	<i>Inpatient days</i>		438 591	485 556	354 518		
	<i>½ Day Patients</i>		5 998	6 773	6 199		
	<i>Inpatient separations</i>		60 566	58 701	48 586		
Maintain the bed utilisation rate at 75%	2. Inpatient (usable) bed utilisation rates	DHIS	74%	72,4%	59,9%	(17%)	Elective services were curtailed during COVID-19 surges. High staff absenteeism due to COVID-19 staff infections. Increased use of PPE, Oxygen supplies and mainly emergency clinical services also increased cost per Patient Day Equivalent (PDE). The province experienced COVID-19 first and second waves which resulted in a number of hospital beds being repurposed for COVID-19
	<i>Inpatient days</i>		438 591	485 556	354 518		
	<i>½ Day Patients</i>		5998	6 773	6 199		
	<i>Inpatient beds approved – total bed days available</i>		597 114	680 382	602 042		
Maintain the expenditure per PDE within provincial norms	3. Expenditure per PDE	DHIS	R 4 299	R 4 239,5	5680,1	34%	Elective services were curtailed during COVID-19 surges. High staff absenteeism due to COVID-19 staff infections. Increased use of PPE, Oxygen supplies and mainly emergency clinical services also increased cost per PDE. The province experienced COVID-19 first and second waves which resulted in a
	<i>Expenditure – total ('000)</i>		2 608 607 000	2 575 244	2 621 094 203		
	<i>Patient day equivalent - Total</i>		606 826	607 441	461 448		

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APP 2020/21: Page 155: Table 58							
Outputs	Output Indicator	Data Source	Actual 2019/20	Target 2020/21	Actual 2020/21	Deviation from Planned 2020/21 Target	Comment on Deviation
							number of hospital beds being repurposed for COVID-19
Reduce the number of OPD New cases not referred	4. OPD headcount new cases not referred	DHIS	39 878	29 477	18 887	36%	Curtailing of services and lockdown restrictions contributed to positive deviation
Outcome: Improved client experience of care							
Improve the Severity Assessment Code 1 incidence reported within 24 hrs rate	4. Severity assessment code 1 incident reported within 24 hours rate	Patient Safety Incident Software	Not monitored	84,6%	92,3%	9%	Improved guidelines implementation and reporting
	<i>Severity assessment code incident reported within 24 hours</i>		-	11	84		
	<i>Severity assessment code 1 incident reported</i>		-	13	91		
Patients and family treated with courtesy and consideration	5. Percentage of Complaints on patient care	Ideal Health Facility Information System	Not monitored	25%	21,2%	15%	Reinforced Batho Pele Principles implementation
	<i>No. of complaints on patient care</i>		-	49	38		
	<i>Total number of complaints</i>		-	195	179		
Patients and family treated with courtesy and consideration	6. Percentage of Complaints on waiting Times	Ideal Health Facility Information System	Not monitored	13,8%	25,7%	(86%)	All clients are booked for longer since a controlled number of procedures are done during lockdown.
	<i>No. of complaints on waiting times</i>		-	27	46		

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APP 2020/21: Page 155: Table 58							
Outputs	Output Indicator	Data Source	Actual 2019/20	Target 2020/21	Actual 2020/21	Deviation from Planned 2020/21 Target	Comment on Deviation
	<i>Total number of complaints</i>		-	195	179		
Patients and family treated with courtesy and consideration	7. Percentage of Complaints on staff Attitudes	Ideal Health Facility Information System	Not monitored	19%	15,6%	18%	Reinforced Batho Pele Principles implementation
	<i>No. of complaints on staff attitude</i>		-	37	28		
	<i>Total number of complaints</i>		-	195	179		
Outcome: Reduced morbidity and mortality							
Reduce the number of health care associated infections	8. Number of Health Care Associated Infections	Patient safety Incidents	Not monitored	16	157	(881%)	Improved ward and lab based surveillance and improved reporting of HCAI's. HAIs occurred due to IPC deviations, infrastructure, overcrowding in wards and understaffing

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SUB-PROGRAMME: CENTRAL HOSPITAL (INKOSI ALBERT LUTHULI CENTRAL HOSPITAL)

TABLE 47: OUTPUT PERFORMANCE INDICATORS AND MTEF TARGETS (CENTRAL HOSPITAL)

APP 2020/21: Page 159: Table 60							
Outputs	Output Indicator	Data Source	Actual 2019/20	Target 2020/21	Actual 2020/21	Deviation from Planned 2020/21 Target	Comment on Deviation
Outcome: Universal Health Coverage							
Reduce the average length of stay to 8.4 days by March 2023	1. Average length of stay	DHIS	8,5	8,6	10,5	(22%)	COVID-19 cases took longer to recover thus an increase ALOS. The Central hospital managed mostly critical COVID-19 patients requiring ICU care. Due to the COVID-19 Pandemic a number of hospital beds were repurposed for the management of COVID-19. High absenteeism rate related to COVID-19 staff infections.
	<i>Inpatient days</i>		191 208	205 426	134 502		
	<i>½ Day Patients</i>		1 492	854	769		
	<i>Inpatient separations</i>		22 495	24 065	12 876		
Maintain the bed utilisation rate at 75%	2. Inpatient (usable) bed utilisation rates	DHIS	62,20%	65,8%	43,7%	(34%)	Due to the COVID-19 Pandemic and the second wave a number of hospital beds were repurposed for the management of COVID-19. High absenteeism rate related COVID-19 staff infections.
	<i>Inpatient days</i>		191208	202 474	134 502		
	<i>½ Day Patients</i>		1492	803	385		
	<i>Inpatient beds approved – total bed days available</i>		308 824	308 824	308 824		
Maintain the expenditure per PDE within provincial norms	3. Expenditure per PDE	DHIS	9 240	9 455,7	14 487	(53%)	The province experienced COVID-19 second wave which resulted in a number of hospital beds being repurposed for COVID-19
	<i>Expenditure – total ('000)</i>		2 389 393 000	2 530 362	2 649 393 519		
	<i>Patient day equivalent - Total</i>		258 591	267 603	182 881		

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APP 2020/21: Page 159: Table 60							
Outputs	Output Indicator	Data Source	Actual 2019/20	Target 2020/21	Actual 2020/21	Deviation from Planned 2020/21 Target	Comment on Deviation
Outcome: Improved client experience of care							
Improve the Severity Assessment Code 1 incidence reported within 24 hrs rate	4. Severity assessment code 1 incident reported within 24 hours rate	Patient Safety Incident Software	Not monitored	20%	75,9%	279%	Improved guidelines implementation and reporting
	<i>Severity assessment code incident reported within 24 hours</i>		-	3	44		
	<i>Severity assessment code 1 incident reported</i>		-	15	58		
Patients and family treated with courtesy and consideration	5. Percentage of Complaints on patient care	Ideal Health Facility Information System	Not monitored	21,8%	39,2%	(80%)	Poor categorisation of complaints. Complaints were related to post-operative complications experienced after discharge from IALCH and referred back to lower levels of care
	<i>No. of complaints on patient care</i>		-	27	20		
	<i>Total number of complaints</i>		-	124	51		
Patients and family treated with courtesy and consideration	6. Percentage of Complaints on waiting Times	Ideal Health Facility Information System	Not monitored	26,6%	3,9%	85%	Improved guidelines implementation
	<i>No. of complaints on waiting times</i>		-	33	2		
	<i>Total number of complaints</i>		-	124	51		
Patients and family treated with courtesy and consideration	7. Percentage of Complaints on staff Attitudes	Ideal Health Facility Information System	Not monitored	20,2%	19,6%	3%	Improved guidelines implementation
	<i>No. of complaints on staff attitude</i>		-	25	10		

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APP 2020/21: Page 159: Table 60							
Outputs	Output Indicator	Data Source	Actual 2019/20	Target 2020/21	Actual 2020/21	Deviation from Planned 2020/21 Target	Comment on Deviation
	<i>Total number of complaints</i>		-	124	51		
Outcome: Reduced morbidity and mortality							
Reduce the number of health care associated infections	8. Health Care Associated Infections – Central Hospitals	Patient safety Incidents	Not monitored	3	29	(867%)	There was initially under reporting on this indicator however good surveillance has enabled improved reporting practices. IALCH has with many patients with embedded devices and some HCAI's, for this type of procedure, are unavoidable. Gaps in aseptic techniques and poor monitoring of infection prevention practices also contributed to the high number of HCAI's.

Strategies to overcome areas of under-reporting

Tertiary hospitals

- Auditing or review of all clinical service provisions and instituting improvement plans where necessary
- Provincial Quality Assurance to engage management of tertiary hospitals to conduct root cause analysis with regard to increase in patient complaints on waiting times.

Central hospital

- Reinstate services progressively and implement rationalization plan.
- Maintenance of surveillance with investigation of each Health Care Associated Infection will enable root cause analysis.
- Health Care Associated Infection stats to be discussed with clinical head to actively and in real time, address temporal changes in trend.
- Hand hygiene remains fundamental.

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Linking performance with budget

TABLE 48: BUDGET APPROPRIATION AND EXPENDITURE

Programme per sub programme		2020/21			2019/20		
		Final Appropriation	Actual Expenditure	(Over)/Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure
		R'000	R'000	R'000	%	R'000	R'000
5.1	Central Hospital Services						
	Current payments	2 663 218	2 649 394	13 824	2 385 281	2 385 281	-
	Transfers and subsidies	4 108	4 175	-67	4 112	4 112	-
	Total	2 667 326	2 653 569	13 757	2 389 393	2 389 393	-
5.2	Provincial Tertiary Hospitals Services						
	Current payments	2 678 114	2 621 094	57 020	2 590 126	2 590 126	-
	Transfers and subsidies	22 990	22 929	61	18 481	18 481	-
	Payments for capital assets	132 261	87 868	44 393	171 169	171 169	-
	Total	2 833 365	2 731 891	101 474	2 779 776	2 779 776	-

Source: Annual Financial Statements and BAS

PROGRAMME 6 - HEALTH SCIENCES AND 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 Colleges

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

Sub-Programme 6.2: EMS Training Colleges

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: Primary Health Care 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.

Outcomes for the year under review

- Universal Health Coverage

Outcomes, outputs, output indicators, Targets and actual achievements

All targets were exceeded except two that were met without deviation. The reasons for exceeding targets include approval of extra intake, unlimited number of times for attending training for some courses, availability of additional funding and Covid-19 trainings that were not planned.

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TABLE 49: OUTPUT PERFORMANCE INDICATORS AND MTEF TARGETS (PROGRAMME 6) - ORIGINALLY TABLED INDICATORS

APP 2020/21 (Initial): Page 162: Table 65								
Outputs	Output Indicator	Data Source	Actual 2019/20	Target 2020/21	Actual 2020/21	Deviation from Planned 2020/21 Target	Comment on Deviation	Reasons for revisions to the Outputs/Output indicators/Annual targets
Outcome : Universal health coverage								
Improvement in Governance and Leadership	1. Number of nurses training on Post Graduate Nurse Specialist Programmes	Register on submission of assessment and actual assessments	New indicator	100	N/A	N/A	None	Removal of Indicator as per programme request

TABLE 50: OUTPUT PERFORMANCE INDICATORS MTEF TARGETS (PROGRAMME 6)

APP 2020/21: Page 166: Table 65								
Outputs	Output Indicator	Data Source	Actual 2019/20	Target 2020/21	Actual 2020/21	Deviation from Planned 2020/21 Target	Comment on Deviation	
Outcome: Universal health coverage								
Allocate bursaries to first time Medicine students	1. Number of Bursaries awarded to first year medicine students	Bursary records	55	22	22	0%	No deviation	
Allocate bursaries to first time Health Professional students	2. Number of Bursaries awarded to first year other health professions students	Bursary records	New indicator	30	33	10%	Management approved an intake of 55 first time Health Professional students. This includes first year medicine students.	
Allocate officials to train through the EMS college	3. Number of officials training through the EMS College	EMS records College	New indicator	405	6 175	1 425%	The training numbers are for the actual training conducted and is not necessarily linked to the actual number of EMS employees. Some employees may attend more than one training programme/session resulting in the training numbers increasing.	

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APP 2020/21: Page 166: Table 65

Outputs	Output Indicator	Data Source	Actual 2019/20	Target 2020/21	Actual 2020/21	Deviation from Planned 2020/21 Target	Comment on Deviation
Allocate officials to train through the Regional Training Centre	4. Number of employees trained through the Regional Training Centre	Regional Training Centre records	New indicator	500	29 181	5 736%	Number achieved way more than the number planned due to COVID-19 trainings that had not been planned for
Allocate bursaries to internal employees	5. Number of internal employees awarded bursaries	Bursary records	New indicator	100	369	269%	Due to additional funding Management granted approval for an intake of 369.
Training of Emergency Medicine Specialists (CMS)	6. Number of Emergency Medicine Specialists in training	Registrar Programme records	New indicator	0	0	0%	No deviation

Strategies to overcome areas of under-reporting

- Not applicable

Linking performance with budget

TABLE 51: BUDGET APPROPRIATION AND EXPENDITURE

Programme per sub programme	2020/21			2019/20		
	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure
	R'000	R'000	R'000	%	R'000	R'000
6.1 Nursing Training Colleges						
Current payments	225 482	217 717	7 765	232 543	232 543	-
Transfers and subsidies	2 025	2 025	-	2 802	2 802	-
Payments for capital assets	1 382	1 054	328	6 143	6 143	-
Total	228 889	220 796	8 093	241 488	241 488	-

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Programme per sub programme		2020/21			2019/20		
		Final Appropriation	Actual Expenditure	(Over)/Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure
		R'000	R'000	R'000	%	R'000	R'000
6.2	EMS Training Colleges						
	Current payments	19 494	18 390	1 104	18 674	18 674	-
	Transfers and subsidies	276	276	-	91	91	-
	Payments for capital assets	13 800	902	12 898	2 799	2 799	-
	Total	33 570	19 568	14 002	21 564	21 564	-
6.3	Bursaries						
	Current payments	12 242	9 844	2 398	14 487	14 487	-
	Transfers and subsidies	99 650	99 650	-	203 023	203 023	-
	Total	111 892	109 494	2 398	217 510	217 510	-
6.4	Primary Health Care Training						
	Current payments	40 596	37 016	3 580	43 998	43 998	-
	Transfers and subsidies	737	737	-	432	432	-
	Payments for capital assets	1 816	-	1 816	-	-	-
	Total	43 149	37 753	5 396	44 430	44 430	-
6.5	Training Other						
	Current payments	824 262	854 151	-29 889	757 487	757 487	-
	Transfers and subsidies	23 435	23 435	-	22 082	22 082	-
	Payments for capital assets	-	-	-	12	12	-
	Total	847 697	877 586	-29 889	779 581	779 581	-

Source: Annual Financial Statements (BAS)

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: Medicine Trading Account

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.

Sub-Programme 7.2: Laundry Services

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

Sub-Programme 7.3: Orthotic and Prosthetic Services

Render specialised orthotic and prosthetic services.

Outcomes for the year under review

- Universal Health Coverage

Outcomes, outputs, output indicators, Targets and actual achievements

Improve linen Services Management

The challenges of inadequate in-house capacity (i.e. staffing and machinery) and inadequate stock of clean and new linen at facility were reported even though the actual achievement was better than the target.

Improved Pharmacy management

The actual for percentage of pharmacies with either Grade A or Grade B status with the South African Pharmacy Council (SAPC) was 2% less than the target. This was as a result of St Aidan's Hospital regressing to Grade C as they did not meet some of the non-negotiable criteria as per new Grading Methodology of SAPC. Dr Pixley Ka Isaka Seme Memorial Hospital is attending to required finishes and waiting for the SAPC inspection after commissioning. Charles James Hospital and Don McKenzie Hospital were decommissioned.

Supply Constraints as suppliers were not able to meet the demand resulted to the target for tracer medicine stock-out rate at the Provincial Pharmaceutical Supply Depot (PPSD).

The target for tracer medicine stock-out rate at facilities was exceeded by 96%.

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TABLE 52: OUTPUT PERFORMANCE INDICATORS AND MTEF TARGETS (PROGRAMME 7)

APP 2020/21: Page 174: Table 70							
Outputs	Output Indicator	Data Source	Actual 2019/20	Target 2020/21	Actual 2020/21	Deviation from Planned 2020/21 Target	Comment on Deviation
Outcome: Universal health coverage							
Improve linen Services Management	1. Percentage of facilities reporting clean linen stock outs	Linen register at facility level	14,1%	25%	20,8%	17%	Implementation of line stock management system is improving
	<i>Number of facilities reporting clean linen stock out</i>	Linen register at facility level	10	18	15		
	<i>Facilities total</i>	DHIS	71	72	72		
Improved Pharmacy management	2. Percentage of pharmacies with either Grade A or Grade B Status with the South African Pharmacy	Certificates	97,9%	100%	97,8%	(2%)	St Aidan's Hospital regressed to Grade C as they did not meet some of the non-negotiable criteria as per new Grading Methodology of SAPC. Dr Pixley Ka Isaka Seme Memorial Hospital is attending to required finishes and waiting for the SAPC inspection after commissioning. Charles James Hospital and Don McKenzie Hospital were decommissioned.
	<i>Pharmacies with A or B Grading</i>		92	95	91		
	<i>Number of Pharmacies</i>		94	95	93		
Improved Pharmacy management	3. Tracer Medicine Stock-Out Rate at the Provincial Pharmaceutical Supply Depot (PPSD)	Pharmacy records	8,9%	≤5%	9,1%	(82%)	Supply Constraints as suppliers were not able to meet the demand. - Items with no contract - Items imported through Section 21 Permit - Delays in ocean transportation
	<i>Number of medicine out of stock</i>	Pharmacy records	82	<i>Varies</i>	84		
	<i>Total number of tracer medicine expected to be in stock</i>	Pharmacy records	924	<i>Varies</i>	924		
Improved Pharmacy management	4. Tracer Medicine Stock-Out Rate at facilities (hospitals, community health centres and clinics)	Pharmacy records	3%	≤5%	0,2%	96%	There were less tracer items that went out of stock at facilities during the Financial Year 2020/21. PPSD sends all stock to facilities as per demand

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APP 2020/21: Page 174: Table 70

Outputs	Output Indicator	Data Source	Actual 2019/20	Target 2020/21	Actual 2020/21	Deviation from Planned 2020/21 Target	Comment on Deviation
	<i>Number of Tracer medicines stock out in bulk store</i>	Pharmacy records	13 045	<i>Varies</i>	1 198		including rationing to have equitable distribution.
	<i>Number of tracer medicines expected to be stocked in the bulk store</i>	Pharmacy records	433 390	<i>Varies</i>	581 666		

Strategies to overcome areas of under-reporting

- Strategies to improve linen services management include:
 - 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 decentralised to hospitals to assist prioritising procurement of own linen; continuing to work with Data Management to improve submission by some hospitals; and Infrastructure Development working on replacing old machines at facilities to increase capacity.
- Strategies to improve pharmacy management include:
 - Collating and monitoring improvement plans; facilities submitting progress reports to SAPC for review of the grade; following up on St Aidan's Hospital pharmacy improvement plan; and following up on Dr Pixley Ka Isaka Seme Memorial Hospital Pharmacy infrastructure completion.
- Continued liaison with National Department of Health's Affordable Medicines Directorate: Contract Management Unit

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Linking performance with budget

TABLE 53: BUDGET APPROPRIATION AND EXPENDITURE

Programme per sub programme	2020/21			2019/20			
	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure	
	R'000	R'000	R'000	%	R'000	R'000	
7.1	Medicine Trading Accounts						
	Current payments	96 627	200 317	-103 690	59 249	25 076	34 173
	Transfers and subsidies	26	26	-	22	22	-
	Payments for capital assets	-	36	-36	227	227	-
	Total	96 653	200 379	-103 726	59 498	25 325	34 173
7.2	Laundry Services						
	Current payments	254 873	176 207	78 666	176 821	170 421	6 400
	Transfers and subsidies	936	936	-	786	786	-
	Payments for capital assets	5 647	5 445	202	602	602	-
	Total	261 456	182 588	78 868	178 209	171 809	6 400
7.3	Orthotic and Prosthetic Services						
	Current payments	55 408	47 084	8 324	53 547	53 547	-
	Transfers and subsidies	39	39	-	685	685	-
	Payments for capital assets	489	424	65	-	-	-
	Total	55 936	47 547	8 389	54 232	54 232	-

Source: Annual Financial Statements and BAS

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: District Hospital Services

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

Sub-Programme 8.3: Emergency Medical Rescue Services

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

Sub-Programme 8.4: Provincial 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

Outcomes for the year under review

- Universal Health Coverage

Outcomes, outputs, output indicators, Targets and actual achievements

The target for percentage of preventative maintenance expenditure was not met due to the delays in the finalisation of 3-year Service Level Agreements. Resources that were initially set aside for new and replacement, renovation and refurbishment projects were used for emergency COVID-19 projects. The unanticipated job opportunities created through COVID-19 projects resulted to the target for number of jobs created through the EPWP being exceeded. Regular monitoring of the repairs resulted to better performance than the target for percentage downtime on medical equipment. Slow Supply Chain Management processes at facility level and COVID-19 pandemic caused major delays in receiving spares resulting to non-achievement of the percentage downtime on radiology equipment target.

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TABLE 54: OUTCOME INDICATORS (PROGRAMME 8)

APP 2020/21: Page 182: Table 75						
Outcome Indicator	Data Source	Actual 2019/20	Target 2020/21	Actual 2020/21	Deviation from Planned 2020/21 Target	Comment on Deviation
Outcome: Universal health coverage						
1. Percentage of the population within a 5 km radius of a health service	DHIS/GCIS	Not monitored	Mapping Done	84,4 %	N/A	The Department has now mapped Thusong and mobile facilities catchments from WebDHIS and will commence reporting using this method in the new Financial year

TABLE 55: OUTPUT PERFORMANCE INDICATORS AND MTEF TARGETS (PROGRAMME 8)

APP 2020/21: Page 182: Table 76							
Outputs	Output Indicator	Data Source	Actual 2019/20	Target 2020/21	Actual 2020/21	Deviation from Planned 2020/21 Target	Comment on Deviation
Outcome: Universal health coverage							
All Health facilities maintained	1. Percentage of Preventative Maintenance expenditure	PO8, PMIS BAS,	New indicator	40%	30,0%	(25%)	The use of emergency delegation makes it easy for institutions to replace equipment compared to schedule servicing. 2. The delays in the finalisation of 3-year SLA's.
	<i>Expenditure on Preventative Maintenance Activities</i>		-	-	90 138 423		
	<i>Expenditure on Preventative Maintenance plus Day-to-day Maintenance</i>		-	-	300 928 240		
New and replacement projects completed	2. New and replacement projects completed	Project Management System/Annexure B	1	15	7	(53%)	Available resources were delegated to emergency COVID-19 projects which delayed other projects.
Upgrade and addition projects completed	3. Number of upgrade and addition projects completed	Project Management System/Annexure B	30	7	34	386%	Positive deviation is due to the completion of COVID-19 projects which were not part of the initial plan

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APP 2020/21: Page 182: Table 76							
Outputs	Output Indicator	Data Source	Actual 2019/20	Target 2020/21	Actual 2020/21	Deviation from Planned 2020/21 Target	Comment on Deviation
Renovation and refurbishment projects completed	4. Number of renovation and refurbishment projects completed	Project Management System	12	14	9	(36%)	Available resources were delegated to emergency COVID-19 projects which delayed other projects.
Jobs created through the Expanded Public Works Programme	5. Number of jobs created through the EPWP	EPWP Integrated Reporting System	3 992	3 000	3 811	27%	Positive deviation is due the unanticipated job opportunities created through COVID-19 projects.
Improved downtime of medical equipment	6. Percentage downtime on medical equipment	Health Technology Reporting tool	Not reported	35%	12,6%	64%	Positive deviation is due to the regular monitoring of the repairs.
	<i>Number of days equipment was reported as down/faulty</i>		-	-	46		
	<i>Number of days taken to restore equipment</i>		-	-	365		
Improved downtime of medical equipment	7. Percentage downtime on radiology equipment	Health Technology Reporting tool	Not reported	10%	27,4%	(174%)	Deviation is due to slow SCM process at facility level and COVID-19 pandemic that has caused major delays in receiving spares.
	<i>Number of days equipment was reported as down/faulty</i>		-	-	100		
	<i>Number of days taken to restore equipment</i>		-	-	365		

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Strategies to overcome areas of under-reporting

- Three year maintenance and service contracts (SLAs) were finalised in 20/21 financial year will be fully implemented in 21/22. The Replacement Programme for critical engineering equipment will go on into the new financial year.
- Projects not done to be completed in the next financial year
- Facilities to ensure purchase orders are timeously issued for radiology repairs

Linking performance with budget

TABLE 56: BUDGET APPROPRIATION AND EXPENDITURE

Programme per sub programme	2020/21			2019/20			
	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure	
	R'000	R'000	R'000	%	R'000	R'000	
8.1	Community Health Facilities						
	Current payments	92 617	92 617	-	103 208	103 208	-
	Payments for capital assets	116 709	116 709	-	92 807	92 807	-
	Total	209 326	209 326	-	196 015	196 015	-
8.2	District Hospital Services						
	Current payments	114 812	148 873	-34 061	138 620	138 620	-
	Payments for capital assets	659 235	659 235	-	203 398	203 398	-
	Total	774 047	808 108	-34 061	342 018	342 018	-
8.3	Emergency Medical Services						
	Current payments	-	-	-	-	-	-
	Payments for capital assets	-	-	-	-	-	-
	Total	-	-	-	-	-	-
8.4	Provincial Hospital Services						
	Current payments	213 500	259 539	-46 039	167 838	167 838	-
	Payments for capital assets	1 495 666	1 464 336	31 330	842 177	842 177	-

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Programme per sub programme		2020/21			2019/20		
		Final Appropriation	Actual Expenditure	(Over)/Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure
		R'000	R'000	R'000	%	R'000	R'000
	Total	1 709 166	1 723 875	-14 709	1 010 015	1 010 015	-
8.5	Central Hospital Services						
	Current payments	21 939	21 939	-	33 560	33 560	-
	Payments for capital assets	54 133	54 133	-	48 932	48 932	-
	Total	76 072	76 072	-	82 492	82 492	-
8.6	Other Facilities						
	Current payments	171 150	190 005	-18 855	187 270	187 270	-
	Payments for capital assets	200 159	105 809	94 350	36 498	36 498	-
	Total	371 309	295 814	75 495	223 768	223 768	-

Source: Annual Financial Statements (BAS)

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.

The Department conducts regular risk assessments at a strategic and operational level. 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.

The Department has a functional Risk Management Committee (RMC) comprising of internal officials with the Head of Department serving as the Chairperson. The RMC executes its mandate in terms of the approved Risk Management Charter and is accountable to the Head of Department. Four Internal Risk Management Committee meetings were held during the 2020/21 financial year.

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 2020/21 this included:

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

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.

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The Department has a case management system where all reported and known cases are recorded and monitored. Once a case is reported Departmental 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).

Minimising Conflict of Interest

There are several instances where conflict of interest (direct or perceived) may be prevalent.

1) Conducting business with the State in that officials are registered as Directors of Companies that are registered on the Central Supplier Database (CSD).

A CSD report is accessed for each potential bidder or service provider who quotes through the procurement processes. If a government employee details are reflected on the CSD report this would be considered a conflict of interest and therefore involvement in such companies is expressly prohibited.

The SBD 4 form which is a supplier business declaration form, is another important tool in managing the conflict of interest in the SCM environment. The SBD 4 form is required to be completed and makes provision for listing of relatives of bidders who are employed by the State. At this point the respective SCM Committee's must exercise due diligence and examine for potential and/or direct conflict of interest.

2) Conflict of interest is also managed through the separation of functions at a SCM Finance and SCM level.

3) Instances of direct conflict as identified through audits and internal control processes are also another source of information. In this regard, once the list is sent to the Ethics Office, communication is addressed to the identified officials reminding them of the provisions of the Regulations and instructing them to deregister the company from CSD or resign as a member/Director and/or resign from Public Service. The legislation is also clear that the act of conducting business with state is a criminal offence and an offender could be prosecuted accordingly. This is the final step, should officials not show any indication of willingness to comply.

Such cases are then referred to Labour Relations for disciplinary action and if need be to the Departmental Investigations Unit for further investigation with the intention of recovery.

4) The Remunerative Work outside Public Service (RWOPS) Committee receives all applications for RWOPS and makes recommendations to the Accounting officer based on the information supplied. Any potential/ perceived / actual and direct conflict of interest are highlighted and such applications are not recommended. This includes a CSD check and any official who has a company listed on CSD, has their application for RWOPS rejected. A further level of invention to avoid conflict of interest is the inclusion of an Addendum that the supervisor and CEO signs off, committing to monitoring, reporting and motivating for the revoking of the approved RWOPS

5) Conflict of interest in the HRM recruitment and selection space is managed through completion of declarations or recusals.

6) All gifts, sponsorships and donations have to be declared on a monthly basis and the delegation for the acceptance resides with the Accounting Officer. The acceptance process is managed through the Ethics Office and a Donation/Gift/Sponsorship register is maintained. The register is collated and submitted on a monthly basis to the Accounting Officer and to the Finance Office.

7) Conflict of interests are also managed through the process of Financial Disclosure and any potential conflict of interest is addressed when identified.

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8) The Department has an approved Policy on Conducting Business with the State which gives effect to the Regulation 13(c) of the PSR, 2016. This Policy outlines the Statutory Mandate and serves to promote ethical behaviour among employees, eradicate and prevent unethical behaviour and reduce possible/perceived and potential conflicts of interest.

9) The Public Service Regulations Chapter 2 which focuses on conduct, financial disclosures, anti-corruption and Ethics Management and the Public Administration Management Act Chapter 3(8) is widely workshopped to all levels of employees in order to bring awareness to possible contraventions. The Department has further developed posters and these are distributed to all facilities and available on the intranet for downloading.

10) The Department has a Whistleblowing Policy which takes cognisance of the fact that every employer and employee has a responsibility to disclose criminal and/or any other irregular conduct in the workplace. This Policy provides users with the various avenues in which misconduct/fraud/irregular conduct can be reported anonymously.

Furthermore, the DPSA, August 2018, developed a guide on the reporting of unethical conduct, corruption and non-compliance to the Public Service Act, 1994 and the Public Service Regulations, 2016 in the Public Service.

Code of Conduct

The Public Service Code of Conduct is directional in nature and is the standard of behaviour that is expected from all Public servants. As such a breach of the Code of conduct is dealt with via the progressive disciplinary process. The basis of most disciplinary action, whether informal or formal or whether the act or omission is classified as serious or non-serious, is the Code of Conduct. Progressive discipline allows the supervisor/ manager to meet out consequence management, depending on the nature of the misconduct, and ranges from counselling up to dismissal.

The Department has developed a Code of Ethical Conduct handbook for employees which is informed by the Legislative framework governing the Public Service, the Code of Conduct for the Public Service, the Batho Pele Principles and the Integrity Management Framework for the Public Service amongst others. The principles of Ethics and good conduct in the workplace which are outlined in the handbook seeks to promote an ethical Organisational Culture.

Health and Safety and Environmental Issues

The advent of Coronavirus Disease in March 2020, required the Department of Health to come up with interventions that were aimed at protecting the health and safety of our healthcare workers. These interventions included:

- The development of Occupational Health and Safety Guidelines to protect Healthcare Workers during Covid-19.
- Conducting health education to employees to ensure that they take necessary precautions to protect themselves and others.
- Providing resources and a work environment that promotes personal hygiene. For example, no-touch refuse bins, hand soap, alcohol-based hand rubs containing at least 70 percent alcohol, disinfectants, and disposable towels for workers to clean their hands and their work surfaces.
- Provision of appropriate Personal Protective Equipment (PPE) to relevant Healthcare Workers based on Risk Assessment.
- Training of Occupational Health Practitioners on COVID-19 to ensure proper management.

The increase of coronavirus or covid-19 medical waste generated from health care facilities (public and private), designated quarantine facilities, isolation facilities, which is contaminated with excretion, exudates,

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or secretions from humans, and the fact that Coronavirus Disease is a highly contagious disease, necessitated the need to develop guidelines for the proper management of coronavirus or covid-19 health care waste, as well as the guidelines for the management of human remains in the context of Covid-19.

The effects of the new guidelines on the Department, have been:

- Increased responsibility on ensuring the health and safety of our employees, who are at the forefront of fighting the Covid-19 pandemic.
- Increased responsibility of ensuring the availability of PPE, Sanitizers, Perspex Screens, and other protective equipment for the workers
- Ensuring proper disposal of Covid-19 medical waste from Healthcare Institutions, as well as from Field Hospitals.
- Increased spending on PPE and Medical Waste disposal

Health Portfolio Committee

The Health portfolio Committee meetings took place as follows:

- 28 May 2020
- 25 Aug 2020
- 08 Sept 2020
- 24 Dec 2020
- 26 Jan 2021

The matters discussed include Annual performance plan, annual and quarterly reports, budget, responses to 2019 Youth Parliament resolutions and Covid-19 including state of readiness of public health institutions.

SCOPA Resolutions

TABLE 57: SCOPA RESOLUTIONS SUMMARY

Resolution Number	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 detailed responses submitted to the SCOPA
23/2019	Movable Tangible Capital Assets (R3.74 Billion) and	The Accounting Officer to report on: <ul style="list-style-type: none"> - The progress made in the valuation process and the review of the valuations by Internal Audit. 	Refer to the detailed responses submitted	Refer to the detailed responses submitted

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Resolution Number	Subject	Details	Response by the Department	Resolved (Yes/No)
	Minor Assets (R1.07 Billion)		to the SCOPA	to the SCOPA
24/2019	Capital Work in Progress (CWIP) (Misstatement of R3.34 Billion)	The Accounting Officer to report on: <ul style="list-style-type: none"> - whether the Capital Work In Progress (CWIP) finding has been resolved. 	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA
25/2019	Current Commitments: (Misstatement of R928.28 Million)	The Accounting Officer to report on: <ul style="list-style-type: none"> - The progress in reviewing all commitments - Whether the steps implemented have resolved the Capital Work In Progress (CWIP) audit finding - That a recurrence in 2019/20 will be avoided. 	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses 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: <ul style="list-style-type: none"> - Whether this audit finding has now been resolved - Will not re-occur in the 2019/20 financial year, due to the strict application of, - Adherence to, the Interim Policy on Commuted Overtime (2017). 	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA
27/2019	Payables Not Recognised (R308.49 Million)	The Accounting Officer to report on: <ul style="list-style-type: none"> - whether the steps implemented have addressed this audit finding - That it will not re-occur in the 2019/20 financial year. 	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses 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: <ul style="list-style-type: none"> - whether the steps implemented have addressed this audit finding - That it will not re-occur in the 2019/20 financial year. 	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA

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Resolution Number	Subject	Details	Response by the Department	Resolved (Yes/No)
29/2019	Conditional Grant Spending - Human Papillomavirus Vaccine Grant	The Accounting Officer to report on: <ul style="list-style-type: none"> - Whether the roll-over has been approved - 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 detailed responses 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 detailed responses submitted to the SCOPA
TRANSVERSAL RESOLUTIONS				
50/2019	(All Provincial Departments) - Irregular Expenditure of R 11,421,907 Billion Recorded in the 2018/19 Financial Year	Accounting Officer to report on the following: <ol style="list-style-type: none"> 1. Progress made in the implementation of the proposed interventions to improve the control environment to 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. 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. 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. 	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA

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Resolution Number	Subject	Details	Response by the Department	Resolved (Yes/No)
		<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>		
52/2019	Fruitless and Wasteful Expenditure	<p>Accounting Officers and Accounting Authorities of all Departments report on the following:</p> <ol style="list-style-type: none"> 1. The reasons for the prior years' fruitless and wasteful expenditure not yet being resolved and steps taken to resolve it, with time frames. 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. 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. 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. 	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA
53/2019	Procurement and Contract Management	<p>Accounting Officers to report to the Committee on the following:</p> <ol style="list-style-type: none"> 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. 	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA

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Resolution Number	Subject	Details	Response by the Department	Resolved (Yes/No)
		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.		
54/2019	Forensic Investigations	<p>The Accounting Officers to report on:</p> <ol style="list-style-type: none"> 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. 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. 	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA
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 detailed responses 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. 	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA

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Resolution Number	Subject	Details	Response by the Department	Resolved (Yes/No)
		<ol style="list-style-type: none"> 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. 		
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 investigation and time frames for finalisation thereof. 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. 	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA
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 detailed responses submitted to the SCOPA
59/2019	Filling of Critical Posts	The Accounting Officer to 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 detailed responses submitted to the SCOPA
60/2019	Material Misstatements in	The Accounting Officers to report to the Committee on the following:	Refer to the detailed	Refer to the detailed

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Resolution Number	Subject	Details	Response by the Department	Resolved (Yes/No)
	Annual Financial Statements	<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. 	responses submitted to the SCOPA	responses submitted to the SCOPA
61/2019	Expenditure Management - Non-Payment of Invoices Within 30 Days	<p>The Accounting Officer to submit a report to the Committee on:</p> <ul style="list-style-type: none"> - 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 - Measures put in place to prevent a recurrence. 	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA
62/2019	Commitments on Audit Findings and Related Matters	<p>The Accounting Officers to report on:</p> <ul style="list-style-type: none"> - The reasons for the commitments being unresolved - The steps taken to resolve the commitments - Time frames for finalisation thereof. 	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses 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 detailed responses submitted to the SCOPA
TRANSVERSAL RESOLUTIONS				
81/2020	Inter-Departmental Claims Owing to	That the Accounting Officer to report to the Committee on:	Refer to the detailed responses	Refer to the detailed responses

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Resolution Number	Subject	Details	Response by the Department	Resolved (Yes/No)
	Public Works - R293.109 Million as at 31 December 2019	<ol style="list-style-type: none"> 1. The amount owing to Public Works as at 31 March 2020, together with an age analysis; 2. The reasons for the delays and defaults in the settlement of claims payable to Public Works; and 3. Measures implemented to ensure that payment of invoices will be made to Public Works within 30 days as required by Treasury Regulation 8.23. 	submitted to the SCOPA	submitted to the SCOPA
SPECIAL RESOLUTION				
01/2020	Compliance with national treasury instruction note no. 05 of 2020/21 on emergency procurement in response to the national state of disaster: departments of health, education and social development	<p>The committee resolves that -</p> <ol style="list-style-type: none"> (a) The Accounting Officer report in detail to the Committee on compliance with paragraphs 3, 4 and 7 of National Treasury Instruction Note No. 05 of 2020/21; (b) In relation to paragraph 3 of the Instruction Note, the report must include - <ol style="list-style-type: none"> (i) details of the internal systems for financial control, risk management and reporting put in place; (ii) confirmation that all officials committing any expenditure are duly authorised; (iii) details of any audit checks being conducted and the frequency thereof; (iv) details of weekly monitoring of expenditure and risks; (v) details of any deviations from inviting competitive bids, the reasons and the approval of the Accounting Officer; (vi) copies of any deviation reports to Treasury and the Auditor-General where goods/services above R1 million were procured, as well as the reasons for dispensing with competitive bidding processes; and (vii) details of any contract variations, the percentages and amounts of the variations, the reasons for the deviations and the nexus between the variation and the prevention of an escalation of the disaster, as well as written approval by treasury for variations in excess of 	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA

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Resolution Number	Subject	Details	Response by the Department	Resolved (Yes/No)
		<p style="text-align: center;">the permitted percentages or amounts;</p> <p>(c) In relation to paragraph 4 of the Instruction Note, the report must include -</p> <ul style="list-style-type: none"> (i) details of procurement of PPE items and masks at or below the maximum prices; (ii) confirmation that all procured PPE items and masks meet the required specifications and details of how this is assured; and (iii) confirmation that all suppliers are registered on the Central Supplier Database or other approved database, and that suppliers of cloth masks are registered with the Department of Small Business Development and on the CSD; <p>(d) In relation to paragraph 7 of the Instruction Note, the report must include details of the amended procurement plans reflecting the planned COVID-19 related procurement and available budget of the Department.</p>		
COVID-19 PROCUREMENT				
3/2020	(Relating to Special Resolution 1/2020 – Compliance with National Treasury Instruction Note 5 Of 2020/21 On Emergency Procurement in Response to The National State of Disaster)	<p>The Accounting Officer to submit a report to the Committee:</p> <ol style="list-style-type: none"> 1. Explaining why Sebenzani Trading had been awarded more tenders than other suppliers. 2. Providing reasons for awarding tenders with high monetary value to Sebenzani Trading and not to other suppliers. 3. Measures taken by the Department to establish the nature of the relationship between Sebenzani Trading and other three bidders with the same address and contact details as Sebenzani Trading. 4. Steps taken to ascertain that there was no cover quoting in relation to contracts awarded to Sebenzani Trading and other companies sharing the same address and contact details with Sebenzani Trading. 5. Names of the companies awarded contracts and whether they are 	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA

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Resolution Number	Subject	Details	Response by the Department	Resolved (Yes/No)
		<p>registered on the CSD and tax compliant.</p> <ol style="list-style-type: none"> 6. Names and addresses of owners of each company. 7. Value of each contract awarded. 8. Reasons for certain companies to be awarded all high valued contracts, especially those contracts with values more than R1 million. 9. Reasons for awarding contracts to companies not registered on the CSD and not tax compliant. 10. Steps taken to ensure that suppliers adhered to the requirement of including local content in goods and services supplied. 11. Detailing the amount paid to these hotels and steps taken to cut down expenditure paid to hotels as Covid-19 infections were subsiding. 		
AD-HOC COMMITTEE ON INVESTIGATIONS				
IC 43/2020	Irregular Expenditure	<p>The committee resolved that the Department must submit detailed reports to the committee as follows:</p> <ol style="list-style-type: none"> 1. An update on the status of the Provincial Treasury section 18 intervention. 2. A detailed response to the Treasury close-out report on the section 18 intervention, in particular on measures implemented by the Department to address the unresolved issues raised in the Treasury close-out report. 3. A detailed report on the outcomes, findings and recommendations of the investigations relating to irregular expenditure and steps taken to implement the recommendations, with time frames. 4. The report must indicate what steps have been taken to implement consequence management in relation to officials responsible for the irregular expenditure, as well as the sanctions imposed, as well as steps taken to recover losses, with time frames for anticipated finalisation of the processes. 5. Where no steps have been taken to implement consequence management or to recover losses, detailed reasons must be provided. 	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA

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Resolution Number	Subject	Details	Response by the Department	Resolved (Yes/No)
IC 52/2020	Fruitless and Wasteful Expenditure	<p>The committee resolved that the Department must submit detailed reports as follows:</p> <ol style="list-style-type: none"> Detailed report on the reasons for writing off the amount of R33 000 for duplicate payments and cancelled bookings instead of recovering the expenditure, as well as an explanation for the statement that the debt of R610 000 for municipal interest was unavoidable.” 	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA
2019/2020 REPORTS OF THE AUDITOR-GENERAL				
51/2021	Irregular Expenditure- Misstatement of Expenditure R 1,433,975,000	<p>The Accounting Officer report to the Committee on:</p> <ul style="list-style-type: none"> - Progress made in preventing the continued use and payment made on expired contract, - Time frames for clearing and preventing the irregular expenditure, - The review of the Irregular Expenditure Register, - Finalising investigations and submitting the schedule to Provincial Treasury for condonation - Implementation of the long-term strategy in relation to Internal Control. 	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA
52/2021	Movable Tangible Capital Assets (R5, 5 Billion) and Minor Assets (at R944 Million)	The Accounting Officer report to the Committee on progress made in the valuation process and the review of the valuations by Internal Audit as well as ensuring that there is a system in place to ensure that all fixed assets are safe guarded and recorded correctly.	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA
53/2021	Contingent Liabilities R 27.04 Billion	<p>That the Accounting Officer report to the Committee on;</p> <ol style="list-style-type: none"> Whether the implemented turnaround strategies respond to the finding and that the audit finding has been resolved. Whether management ensured that the implemented Standard Operating Procedure which highlights specific roles and responsibilities for all staff involved in the contingent liabilities process are complied with. 	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA

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Resolution Number	Subject	Details	Response by the Department	Resolved (Yes/No)
		3. Whether daily, monthly, quarterly and yearly controls are implemented to ensure credible information.		
54/2021	Accruals and Payables Not Recognised	The Accounting Officer to report to the committee: <ul style="list-style-type: none"> - On progress made in reviewing all commitments - Whether the steps implemented have resolved this audit finding - That a recurrence in 2020/21 will be avoided. 	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA
55/2021	Goods and Services	The Accounting Officer to report to the committee on: <ul style="list-style-type: none"> - Whether the implemented turnaround strategies have addressed the audit finding so that it does not re-occur in the 2020/21 financial year. - The report should also confirm if the designed Goods Received Note (GRN) book is effective. 	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA
56/2021	Emphasis of Matters - Payables	The Accounting Officer to report to the Committee on: <ul style="list-style-type: none"> - Whether the audit action plan implemented have addressed this audit finding - That it will not re-occur in the 2020/21 financial year. 	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA
57/2021	Predetermined Objectives - Audit of Performance Information on Programme 2: District Health Services	The Accounting Officer to report to the committee on: <ol style="list-style-type: none"> 1. Whether the measures implemented by the Department have resolved this audit finding and that it will not re-occur in the 2020/21 financial year; 2. Progress on the implementation of audit action plan. 	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA
58/2021	Quality of Submitted Financial Statements	The Accounting Officer report to the committee on: <ul style="list-style-type: none"> - The progress made in reviewing all commitments - Whether the steps implemented have resolved this audit finding 	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA

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Resolution Number	Subject	Details	Response by the Department	Resolved (Yes/No)
		- That a recurrence in 2020/21 will be avoided.		
59/2021	Supply Chain Management	The Accounting Officer report to the committee 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 and implementation of consequence management.	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA
60/2021	Unauthorised Expenditure - R 91,62 Million	The Accounting Officer report to the committee on: <ol style="list-style-type: none"> 1. Steps taken to address the underlying causes for the unauthorised expenditure and; 2. On whether the steps taken have improved compliance and prevent future occurrence; 3. Investigation conducted on personnel responsible for incurring unauthorised expenditure, outcome and recommendations such investigation, as well as consequence management applied; 4. Outcome of the implementation of audit action plan to ensure that payments are made within 30 days as required by Treasury regulations. 	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA
61/2021	Compliance with Consequence Management	The Accounting Officer to report to the committee on: <ol style="list-style-type: none"> 1. Progress made in resolving this audit finding 2. Effectiveness of steps implemented toll prevent a recurrence in the 2020/21 financial year and consequence management applied. 	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA
62/2021	Conditional Grant	The Accounting Officer report to the committee on: <ul style="list-style-type: none"> - The implementation of the audit action plan to address the finding - Whether the steps implemented will prevent a recurrence in the 2020/21 financial year - Consequence management applied. 	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA

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Resolution Number	Subject	Details	Response by the Department	Resolved (Yes/No)
63/2021	Fruitless & Wasteful Expenditure	<p>The Accounting Officer report to the committee: on</p> <ul style="list-style-type: none"> - The implementation of the audit action plan to address the finding - Whether the strategies implemented will prevent a recurrence in the 2020/21 financial year. 	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA
64/2021	Investigations	<p>The Accounting Officer to report to the committee on:</p> <ol style="list-style-type: none"> 1. Progress made in addressing this audit finding. 2. Progress made in the implementation of recommendations of the four completed investigations; 3. Progress made in the investigations still in progress, stating the time frame for completion of the investigations and challenges encountered to complete investigations; 4. Consequence management applied and recovery of public funds. 	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA
65/2021	Procurement And Spending On COVID-19 Personal Protective Equipment (PPE)	<p>The Accounting Officer report to the committee on:</p> <ul style="list-style-type: none"> - The effectiveness of the implemented turnaround strategy - Consequence management, including the recovery of funds lost to the state, - Strategies employed to prevent recurrence. 	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA
TRANSVERSAL RESOLUTIONS				
115/2021	Irregular Expenditure Recorded in the 2019/20 Financial Year	<p>The Accounting Officer to report to the committee on the following:</p> <ol style="list-style-type: none"> 1. Progress made in the implementation of the proposed interventions to improve the control environment to 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. 2. The reasons for these interventions not being implemented in the 2019/20 financial year and in prior years and why such omission does not constitute an act of financial misconduct. 	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA

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Resolution Number	Subject	Details	Response by the Department	Resolved (Yes/No)
		<p>3. Whether irregular expenditure reported in the annual financial statements in 2019/20 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>		
118/2021	Procurement and Contract Management	<p>The Accounting Officer to report to the committee on:</p> <ol style="list-style-type: none"> 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. 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. 	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA
119/2021	Internal Investigations	<p>The Accounting Officer to report to the committee and:</p> <ol style="list-style-type: none"> Provide copies of all reports of investigations that have been completed 	Refer to the detailed responses submitted	Refer to the detailed responses submitted

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Resolution Number	Subject	Details	Response by the Department	Resolved (Yes/No)
		<p>in the 2019/20 financial year to the Committee.</p> <ol style="list-style-type: none"> 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. 	to the SCOPA	to the SCOPA
120/2020	Risk Management	<p>The Accounting Officer report to the committee on the following:</p> <ol style="list-style-type: none"> 1. The steps taken to implement all outstanding risk mitigation plans identified in the 2019/20 departmental risk registers. 2. A progress report on the implementation of the 2020/21 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 detailed responses submitted to the SCOPA
121/2021	Consequence Management (Transgressions)	<p>The Accounting Officer to report to the committee on the following:</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 2018/19 audit. 2. The steps taken to investigate and resolve all the 2018/19 as well as the 2019/20 matters reported by the 	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA

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Resolution Number	Subject	Details	Response by the Department	Resolved (Yes/No)
		<p>Auditor-General for 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>		
122/2021	Predetermined Objectives	<p>The Accounting Officer report to the committee on:</p> <ul style="list-style-type: none"> - The 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 detailed responses submitted to the SCOPA
123/2021	Filling of Critical Posts	<p>The Accounting Officer report to the committee on</p> <ul style="list-style-type: none"> - The progress made in the filling of critical posts - The time frames for the filling of those posts. 	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA
124/2021	Material Misstatements in Annual Financial Statements	<p>The Accounting Officer 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 detailed responses submitted to the SCOPA
125/2021	Expenditure Management - Non-Payment of Invoices Within 30 Days	<p>The Accounting Officer report to the committee on:</p> <ul style="list-style-type: none"> - The reasons for non-payment of invoices within 30 days with sufficient particularity to enable the Committee to 	Refer to the detailed responses submitted	Refer to the detailed responses submitted

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Resolution Number	Subject	Details	Response by the Department	Resolved (Yes/No)
		<p>determine whether an act of financial misconduct was committed,</p> <ul style="list-style-type: none"> - The steps taken to address this audit finding and measures put in place to prevent a recurrence. 	to the SCOPA	to the SCOPA
SPECIAL RESOLUTIONS ON SENIOR MANAGEMENT (SMS) ON HUMAN RESOURCES REGULATIONS COMPLIANCE OF 2019/2020 FINANCIAL YEAR				
128/2021	SMS Compliance with Human Resource Management (HRM) matters	<p>The Accounting Officer report to the committee on:</p> <ul style="list-style-type: none"> - The outcome of the implementation of the implemented turnaround strategy - Measures taken to ensure full compliance with HRM and PFMA Regulations in relations to performance agreements, security vetting, financial disclosure and verifications of qualifications. 	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA
FORENSIC INVESTIGATIONS				
129/2021	Forensic Investigations	<p>The Accounting Officer to report to the committee on:</p> <ol style="list-style-type: none"> 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. 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. 	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA
SHARED INVESTIGATIONS				
130/2021	SHARED INVESTIGATIONS	<p>The Accounting Officer to report to the committee on:</p> <ol style="list-style-type: none"> 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. 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 	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA

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Resolution Number	Subject	Details	Response by the Department	Resolved (Yes/No)
		taken against the guilty officials and steps taken to remedy the default.		
SHARED INVESTIGATIONS				
130/2021	Shared Investigations	<p>The Accounting Officer to report to the committee on:</p> <ol style="list-style-type: none"> 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. 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. 	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA
SPECIAL INVESTIGATING UNIT (SIU) RESOLUTIONS 2018/2019				
131/2021	SIU Investigations affecting Department of Health	That the Head of the Special Investigating Unit be called upon to report to SCOPA by <u>30 June 2021</u> on all pending as well as finalised SIU investigations affecting KZN Provincial Departments and public entities. The report should state the nature of the investigation, the amounts involved, date of commencement and where investigations are still ongoing set out progress, challenges and anticipated time frames for completion and where an investigation has been finalised, set out details of the outcomes, findings and recommendations.	This was not responded to as the SIU would have to the SCOPA	This was not responded to as the SIU would have to the SCOPA
OFFICIALS DOING BUSINESS WITH THE STATE				
132/2021	Officials Doing Business with the State	<p>The Accounting Officer to report to the committee on:</p> <ol style="list-style-type: none"> 1. The steps taken to monitor compliance with the legal prescripts relating to the prohibition of officials doing business with the state. 2. Whether the Central Supplier Database is checked each time for verification to ensure that officials employed by the state or their companies are not awarded tenders or contracts. 3. Reports or notifications received in 2019/20 from National Treasury, the Department of Public Service and 	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA

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Resolution Number	Subject	Details	Response by the Department	Resolved (Yes/No)
		<p>Administration and the Public Service Commission or from any other source regarding officials doing business with the state and if so, full details thereof.</p> <p>4. The steps taken to implement consequence management in relation to transgressions, including details of disciplinary action and sanctions imposed, as well as criminal cases opened.</p>		
RESOLUTIONS ON UNAUTHORISED EXPENDITURE				
133/2021	Unauthorised Expenditure of R 14,248,000 in 2018/19 (Relating to Resolution 68/2019)	<p>The Committee resolves:</p> <ol style="list-style-type: none"> To approve, as a direct charge against the Provincial Revenue Fund, an additional amount of R14 248 000 for the Department of Health to cover the overspending, in terms of section 34(1) (a) of the Public Finance Management Act, 1999 (the PFMA). <p>The Accounting Officer to report to the committee:</p> <ol style="list-style-type: none"> On measures taken to implement consequence management in accordance with section 38(1)(h) of the PFMA and on internal controls put in place to avoid a recurrence. 	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA

Prior modifications to Audit report

Nature of qualification, disclaimer, adverse opinion and matters of non-compliance	Financial year in which it first arose	Progress made in clearing / resolving the matter
Moveable Tangible Capital Assets (Qualified)	2008/09	The current qualification relates to the valuation of assets. The Department has been in discussions with the Provincial and National Treasury's as well as with the Auditor-General to determine the application of the valuation methodology.
Irregular Expenditure (Qualified)	2012/13	The Department will be utilising an electronic tool to ensure the complete

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Nature of qualification, disclaimer, adverse opinion and matters of non-compliance	Financial year in which it first arose	Progress made in clearing / resolving the matter
		and accurate recording and disclosure of all Irregular Expenditure.
Accruals and Payables Not Recognised (Qualified)	2017/18	The Department will ensure the complete and accurate recording and disclosure of all Accruals as well the correct recognition of all Payables Not Recognised (PNR's).
Goods and Services (Qualified)	2019/20	The Goods Received Note (GRN) has been fully implemented. Assessments are currently being undertaken to ensure that all goods and services received in the Department are receipted accordingly and all supporting documentation is available for audit.

Internal Control Unit

The Directorate: Audit and Internal Control which consists of two sub-directorates, 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.

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In respect of assessing financial performance at institutions through the information collated by the CEO's and Finance Managers through the Management Reporting packs, a refresher training was convened for District Directors, Chief Executive Officers, District, and Institutional Finance Managers regarding the reporting on the Management Reporting packs. Further, internal control assessments were undertaken, and meetings were subsequently convened with management teams from facilities were requested to provide explanations regarding the findings of the assessment.

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 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
Ms T Njozela (Acting Chairman of SPCHD Cluster)	8 of 8
Mr P Christianson	8 of 8
Mr D O'Connor	8 of 8
Mr S Simelane (Acting Chairman of PARC, GSCID and ESID CARC)	7 of 8
Mr V Ramphal	7 of 8
Mr M Tarr	7 of 8

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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 2021.

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.	Ms T Njozela (Acting Chairman of SPCHD Cluster)	8 of 8	4 of 4
2	Mr P Christianson	8 of 8	4 of 4
3.	Mr D O'Connor	8 of 8	4 of 4
4.	Mr S Simelane (Acting Chairman of PARC, GSCID and ESID CARC)	7 of 8	N/A
5.	Mr V Ramphal	7 of 8	N/A
6.	Mr M Tarr	7 of 8	N/A

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:

- Procurement including the inconsistencies in the use of Goods Received Notes;
- Contract Management;
- Application Controls - Pro-Clin Hospital Information System;
- Movable tangible capital assets and minor assets; and
- Expenditure Management.

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, as evidenced by the number of unresolved findings on both the AGSA and Internal Audit consolidated logs at year end. Management was urged to implement remedial interventions timeously, to ensure that the Department improves on its audit outcomes. The Committee will continue to monitor the corrective actions implemented in respect of the detailed findings emanating from the current regulatory audit on a quarterly basis through the CARC processes.

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 fourteen (14) audit assignments for the period under review, of which eleven (11) were finalised, and three (3) were carried over to the next financial year. The carried over audit assignments were unable to be presented at the fourth quarter CARC meeting as responses from management were outstanding for all three reports. The amendments to the operational plan were made with the formal approval of the Provincial Audit and Risk Committee.

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The PIAS performed effectively during the period under review, notwithstanding concerns raised by the Committee in respect of the financial and human resource limitations imposed upon the unit. The Committee will monitor the progress made by the PIAS against its operational plans during the 2021/22 financial year, 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 2020/21 financial year-end, the Department's risk register status was as follows:

	Risk Grouping					Total
	Critical	Major	Moderate	Minor	Insignificant	
Number of Identified Risks	39	27	21	11	0	98
Number of Identified Action Plans	110	52	30	2	0	194
Number of Completed Action Plans	3	0	0	0	0	3
No. of Completed Action Plans as a Percentage (%)	3%	0%	0%	0%	0%	2%

The Committee commended the Department on a functional risk management committee. The Committee was, however, concerned with the inadequate capacity within the Department's risk management function and the slow progress on the implementation of risk mitigation plans. The Committee noted that the Department had appointed Internal Control learners to enhance its internal control capacity however urged the Department to ensure that the capacity was utilised effectively to implement all the agreed risk mitigation plans, particularly for those related to risks classified as critical and major.

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With regard to other risk-related improvement plans, the Department was advised to 1) improve its occupational health and safety (OHS) management and monitoring practices at all its offices and health facilities, 2) ensure that the recently reviewed fraud prevention plan is approved and implemented, 3) ensure continuous functioning of the business continuity management steering committee, and 4) improve its compliance management practices to ensure adequate compliance with applicable laws and policies.

With regard to the current COVID-19 pandemic, the Department was urged to ensure compliance with prescribed COVID-19 and OHS control measures that have been implemented in all of its offices and facilities (hospitals and clinics), and to put in place the necessary contingency measures in place to minimise against the negative impact the pandemic might have on the achievement of the Department's service delivery obligations.

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 also draws attention to the uncertainty relating to the future outcome of various litigation matters relating to medico-legal claims against the state amounting to R26, 23 billion as at the financial year end.

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;

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- 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 chain management prescripts and the lack of appropriate consequence management in certain instances, and failure to implement controls over the receipt of goods and services and therefore appropriately account for goods and services received by the Department.
- Reviewed the conclusions on the reliability and usefulness of performance information for Programme 2: District Health Services. The Committee notes with concern that reported performance on significant targets was not reliable when compared to the source information or portfolio of evidence provided resulting in material findings raised by the Auditor General. 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.
- Reviewed and notes with concern the number of material irregularities mentioned in the Auditor General’s Audit Report. The Committee notes with concern the material irregularity identified during the audit relating to the non-compliance with National Treasury Instruction Notes for the procurement of sanitizer detergent at prices higher than permissible, amounting to R5, 72 million. The Committee also notes the material irregularity previously reported by the Auditor General with respect to the Department’s non-compliance with the PPPFA of an award of R27, 54 million for the supply of radiology equipment to bidders that did not score the highest points and noted the actions implemented by the Department in this regard and further evaluation processes still to be undertaken by the Auditor General to ensure the resolution of this material irregularity. The Committee will continue to monitor the progress of these material irregularities emanating from the current regulatory audit on a quarterly basis through the CARC processes.

7. Forensic Investigations

During the 2020/2021 financial year, the Committee noted that there were fourteen (14) forensic investigations reported, from 1 April 2020 to 31 March 2021, relating to alleged supply chain management and procurement irregularities, irregular payments and the mismanagement of funds, which the Department had referred to the Office of the Premier for investigation.

The Committee further noted:

- From the fourteen (14) matters, eight (8) investigations were completed, i.e. Phase 1 was completed, and six (6) investigations are still in-progress.
- Of the eight (8) matters completed, six (6) had disciplinary actions recommended, of which the disciplinary proceedings in all matters are still in-progress.
- Three (3) matters had criminal recommendations of which one (1) criminal case has been registered with the South African Police Service (SAPS) and is currently under criminal investigation and two (2) criminal cases are yet to be registered with SAPS.

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

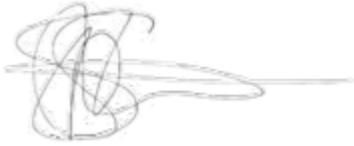
8. Auditor-General's Report

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 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

05 October 2021

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B-BBEE Compliance

The following table has been completed in accordance with the compliance to the BBBEE requirements of the BBBEE Act of 2013 and as determined by the Department of Trade and Industry.

Has the Department / Public Entity applied any relevant Code of Good Practice (B-BBEE Certificate Levels 1 – 8) with regards to the following:		
Criteria	Response Yes / No	Discussion <i>(include a discussion on your response and indicate what measures have been taken to comply)</i>
Determining qualification criteria for the issuing of licences, concessions or other authorisations in respect of economic activity in terms of any law?	No	The license is based on the type of healthcare services to be rendered not the applicant/s
Developing and implementing a preferential procurement policy?	Yes	The latest SCM Policy includes a section on Enterprise Development
Determining qualification criteria for the sale of state-owned enterprises?	No	N/A for the Department
Developing criteria for entering into partnerships with the private sector?	Yes	IALCH-PPP Contract concluded per Treasury Regulation 16 and BBBEE Act
Determining criteria for the awarding of incentives, grants and investment schemes in support of Broad Based Black Economic Empowerment?	No	N/A in the Department of Health

PART D: HUMAN RESOURCES OVERSIGHT REPORT

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Introduction

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 and the COVID-19 pandemic.

Achievements

During the FY2020/21, the management of human resources remained a focal point of the Department. Most notable are the efforts indicated below:

- 2 Organisational structures were finalised and submitted for approval to Executive Authority.
- The Department has awarded 55 bursaries for first time health professionals students for the 2021 academic year.
- A total of 6175 Employees were trained (on Emergency Medical Services and COVID-19 related training) through the College of Emergency Care.
- A total of 29 184 Employees were trained COVID-19 related matter through the Regional Training Centre (HRD).
- 369 In-Service Bursaries were awarded to employees to ensure their upskilling and development.
- A total 22 684 employees have undergone various training and development initiatives during 2020/21 through the Department's skill development budget.
- 43 Managers were trained in Leadership Development programmes.
- 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 2020/21:
 - Medical Officers from 31 in Q1 to 33.5 in Q4;
 - Professional Nurses from 158.2 in Q1 to 160.2 in Q4.
- In order to assist with the fight against the COVID-19 pandemic, 10 363 staff (as per disaggregated categories below) have been employed:
 - 3 000 Professional Nurses (General)
 - 609 Professional Nurses (Specialty)
 - 3 844 Staff Nurses
 - 1 238 Nursing Assistants
 - 611 Administration Clerks
 - 923 Cleaners and Porters
 - 21 Physiotherapists
 - 26 Radiographers
 - 4 Clinical Psychologists
 - 26 Audiologists
 - 4 Optometrists
 - 30 Data capturers
 - 27 Cuban Medical Brigade personnel
- 100% of District Directors have signed their performance agreements.
- A total of 128 students commenced training on the 1st February 2021 in the Diploma in Nursing programme (101 bursary holders; 15 in-service students; 12 Recognition of Prior Learning candidates).
- A total of 178 Post-basic Nursing students completed training in October 2020 in three Nursing Campuses.
- 281 Community Service Nursing Practitioners completed their community service in December 2020, a further 110 completed in January 2021 and the last group of 27 completed and the end of February 2021.

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- Service obligation Professional Nurses who completed community service in December 2019 were allocated to COVID-19 sites in June 2020 have been all allocated to permanent posts.
- The following Policies were approved for implementation and training was conducted on these policies despite the challenges with COVID-19:
 - Commuted overtime Policy;
 - Acting Policy on higher posts for SL 1-12; and
 - Policy on the provision of safety equipment, facilities, protective clothing and uniforms
- 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

- Although the vacancy rate is at 13.90%, it is been very difficult to reduce the vacancy rate in the Department due to the COVID-19 pandemic and all the additional posts that were created to meet the demands for COVID-19. Additionally, Intern and Community Service posts cannot be abolished as these persons take up these positions throughout the year as compared to previously where this were intakes once or twice annually.
- The sudden onset on the COVID-19 pandemic resulted in health facilities being overcome with the number of cases. Current available resources had to deal with the increased workload and these employees were also infected and affected by the pandemic. By comparison there were 254 death cases of employees in FY2019/20 compared to 699 in FY2020/21 whilst incapacity leave days increased from a total of 42 969 days to 59 106 days for the same period.
- On a year-on-year basis, the average human resource strength increased by 3490 employees from 65 589 in FY 2019/20 to 69 079 in FY 2020/21. The increased human resource strength for the year under review was mainly due to the employment of additional resources to assist the Department cope with the COVID-19 pandemic. It is unclear whether the trajectory will continue in the medium-term, given the prescribed cumbersome appointment processes to fill vacancies, particularly non-exempt posts. The 2020 Medium-Term Expenditure Framework allocation demonstrated the adverse impact of the continued reduction of the CoE annual baselines, which will more likely persist over the medium-term, placing evermore pressure on the Department to fund its HR capacity requirements within its own allocation.
- 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 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 has a negative impact of staff well-being as well as the service delivery backlogs of having unfilled posts.
- 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

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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 58: (3.4.1) JOB EVALUATION BY SALARY BAND: 01/04/2020 – 31/03/2021

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
Lower Skilled (Levels 1-2)	3750	0	0	3	0	0	0
Skilled (Levels 3-5)	31207	0	0	37	0	1	100
Highly Skilled Production (Levels 6-8)	17986	2	0	69	5,8	0	0
Highly Skilled Supervision (Levels 9-12)	17419	0	0	111	1,8	0	0
Senior Management Service Band A	81	0	0	0	0	0	0
Senior Management Service Band B	18	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	1399	0	0	0	0	0	0
Contract (Levels 1-2)	895	0	0	5	100	0	0
Contract (Levels 3-5)	3472	6	0,2	2	100	0	0
Contract (Levels 6-8)	1632	2	0,1	0	0	0	0
Contract (Levels 9-12)	2359	0	0	1	0	0	0
Contract Band A	1	0	0	0	0	0	0
Contract Band B	2	0	0	0	0	0	0
Contract Band D	1	0	0	0	0	0	0
TOTAL	80231	10	0	228	5,7	1	100

Source: Vulindlela HR Oversight Report extracted on 21/06/2021 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 59: (3.4.2) PROFILE OF EMPLOYEES WHOSE POSITIONS WERE UPGRADED DUE TO THEIR POSTS BEING UPGRADED: 01/04/2020 – 31/03/2021

Gender	African	Asian	Coloured	White	Total
Female	0	0	0	0	0
Male	0	0	0	0	0
TOTAL	0	0	0	0	0

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Gender	African	Asian	Coloured	White	Total
Employees with a Disability	0	0	0	0	0

Source: Vulindlela HR Oversight Report extracted on 21/06/2021

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 60: (3.4.3) EMPLOYEES WITH SALARY LEVELS HIGHER THAN THOSE DETERMINED BY JOB EVALUATION BY OCCUPATION: 01/04/2020 – 31/03/2021

Occupation	Number of employees	Job evaluation level	Remuneration level	Reason for deviation
Chief Executive Officer	1	13	14	This is a critical leadership position at a hospital level (this is a new hospital) and the remuneration level was increased to serve as a recruitment and retention mechanism.
Total number of employees whose salaries exceeded the level determined by job evaluation				1
Percentage of total employed				0,00145%

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

TABLE 61: (3.4.4) PROFILE OF EMPLOYEES WHO HAVE SALARY LEVELS HIGHER THAN THOSE DETERMINED BY JOB EVALUATION: 01/04/2020 – 31/03/2021

Gender	African	Asian	Coloured	White	Total
Female	0	0	0	0	0
Male	1	0	0	0	1
TOTAL	1	0	0	0	1
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 determine by job evaluation	
--	--

Source: Persal Report (extracted on 31/03/2021)

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).

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TABLE 62: (3.5.1) ANNUAL TURNOVER RATES BY SALARY BAND: 01/04/2020 – 31/03/2021

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) Permanent	3597	1	176	4,9
Skilled (Levels 3-5) Permanent	28369	388	936	3,3
Highly Skilled Production (Levels 6-8) Permanent	14564	408	792	5,4
Highly Skilled Production (Levels 6-8) Temporary	2	0	0	0
Highly Skilled Supervision (Levels 9-12) Permanent	14027	847	1029	7,3
Highly Skilled Supervision (Levels 9-12) Temporary	28	2	4	14,3
Senior Management Service Band A Permanent	63	0	4	6,3
Senior Management Service Band B Permanent	13	0	1	7,7
Senior Management Service Band C Permanent	5	0	1	20
Senior Management Service Band D Permanent	2	0	0	0
Other Permanent	735	579	338	46
Other Temporary	596	461	427	71,6
Contract (Levels 1-2) Permanent	0	958	0	0
Contract (Levels 1-2) Temporary	0	0	62	0
Contract (Levels 3-5) Permanent	562	3909	707	125,8
Contract (Levels 6-8) Permanent	740	1885	1250	168,9
Contract (Levels 9-12) Permanent	2143	1437	1166	54,4
Contract Band A Permanent	1	1	1	100
Contract Band B Permanent	2	0	0	0
Contract Band D Permanent	1	0	0	0
TOTAL	65450	10876	6894	10,5

Source: Vulindlela HR Oversight Report extracted on 21/06/2021

TABLE 63: (3.5.2) ANNUAL TURNOVER RATES BY CRITICAL OCCUPATION: 01/04/2020 – 31/03/2021

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.	319	2	26	8,2
Ambulance and Related Workers	2787	249	73	2,6
Dental Practitioners	149	42	51	34,2
Dieticians and Nutritionists	192	57	42	21,9
Emergency Services Related	46	0	1	2,2
Environmental Health	86	3	11	12,8
Head Of Department	1	0	0	0
Medical Practitioners	4030	1736	1275	31,6
Medical Specialists	836	144	131	15,7
Occupational Therapy	191	93	73	38,2
Optometrists and Opticians	60	7	3	5

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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
Oral Hygiene	32	0	1	3,1
Pharmacists	939	347	303	32,3
Physicists	3	0	0	0
Physiotherapy	317	119	85	26,8
Professional Nurse	17303	2175	2047	11,8
Psychologists and Vocational Counsellors	70	36	24	34,3
Radiography	683	131	111	16,3
Social Work and Related Professionals	257	36	9	3,5
Speech Therapy and Audiology	163	120	73	44,8
TOTAL	28464	5297	4339	15,2

Source: Vulindlela HR Oversight Report extracted on 21/06/2021

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.

TABLE 64: (3.5.3) REASONS WHY STAFF LEFT THE DEPARTMENT: 01/04/2020 – 31/03/2021

Termination type	Number	% of Total resignations
Death	699	10,1
Resignation	1420	20,6
Expiry of contract	3591	52,1
Transfers	6	0,1
Discharged due to ill health	29	0,4
Dismissal-misconduct	62	0,9
Retirement	1077	15,6
Other	10	0,1
TOTAL	6894	100

Source: Vulindlela HR Oversight Report extracted on 21/06/2021

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TABLE 65: (3.5.4) PROMOTIONS BY CRITICAL OCCUPATION: 01/04/2020 – 31/03/2021

Occupation	Employees As At 1 April 2020	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.	319	0	0	221	69,3
Ambulance and Related Workers	2787	12	0,4	1193	42,8
Dental Practitioners	149	0	0	75	50,3
Dieticians and Nutritionists	192	2	1	123	64,1
Emergency Services Related	46	0	0	28	60,9
Head Of Department	1	0	0	0	0
Medical Practitioners	4030	61	1,5	926	23
Medical Specialists	836	20	2,4	304	36,4
Occupational Therapy	191	1	0,5	87	45,5
Optometrists and Opticians	60	1	1,7	37	61,7
Oral Hygiene	32	0	0	29	90,6
Pharmacists	939	12	1,3	342	36,4
Physicists	3	0	0	2	66,7
Physiotherapy	317	2	0,6	198	62,5
Professional Nurse	17303	359	2,1	5436	31,4
Psychologists and Vocational Counsellors	70	0	0	32	45,7
Radiography	683	13	1,9	407	59,6
Social Work and Related Professionals	257	0	0	133	51,8
Speech Therapy And Audiology	163	8	4,9	75	46
TOTAL	65450	593	0,9	29000	44,3

Source: Vulindlela HR Oversight Report extracted on 21/06/2021

TABLE 66: (3.5.5) PROMOTIONS BY SALARY BAND: 01/04/2020 – 31/03/2021

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	3597	5	0,1	1309	36,4
Skilled (Levels 3-5), Permanent	28369	66	0,2	15443	54,4
Highly Skilled Production (Levels 6-8), Permanent	14564	136	0,9	6657	45,7
Highly Skilled Production (Levels 6-8), Temporary	2	0	0	0	0
Highly Skilled Supervision (Levels 9-12), Permanent	14027	370	2,6	5400	38,5
Highly Skilled Supervision (Levels 9-12), Temporary	28	0	0	8	28,6
Senior Management (Levels >= 13), Permanent	83	0	0	6	7,2
Other, Permanent	735	0	0	22	3

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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
Other, Temporary	596	0	0	10	1,7
Contract (Levels 3-5), Permanent	562	0	0	60	10,7
Contract (Levels 6-8), Permanent	740	1	0,1	28	3,8
Contract (Levels 9-12), Permanent	2143	15	0,7	57	2,7
Contract (Levels >= 13), Permanent	4	0	0	0	0
TOTAL	65450	593	0,9	29000	44,3

Source: Vulindlela HR Oversight Report extracted on 21/06/2021

Employment Equity ¹²

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

TABLE 67: (3.6.1) TOTAL NUMBER OF EMPLOYEES (INCLUDING EMPLOYEES WITH DISABILITIES) IN EACH OF THE FOLLOWING OCCUPATIONAL CATEGORIES AS ON 31 MARCH 2021

Occupational categories (SASCO)	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Senior Officials and Managers	41	1	9	2	33	3	7	6	102
Professionals	2373	69	962	345	2620	115	1347	396	8227
Technicians and Associate Professionals	4028	52	343	21	18364	453	1823	278	25362
Clerks	2611	41	296	20	4536	111	387	78	8080
Service Shop and Market Sales Workers	3967	32	420	13	14285	97	278	30	19122
Craft and Related Trade Workers	289	16	44	28	19	0	0	0	396
Plant and Machine Operators and Assemblers	447	10	48	1	170	5	8	1	690
Labourers and Related Workers	2300	31	174	18	4423	40	104	10	7100
TOTAL	16056	252	2296	448	44450	824	3954	799	69079
Employees with disabilities	181	4	42	9	163	1	23	7	430

Source: Deputy Director: Employment Equity

¹² 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 68: (3.6.2) TOTAL NUMBER OF EMPLOYEES (INCLUDING EMPLOYEES WITH DISABILITIES) IN EACH OF THE FOLLOWING OCCUPATIONAL BANDS AS ON 31 MARCH 2021

Occupational Bands	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Top Management, Permanent	4	0	0	0	2	0	0	0	6
Senior Management, Permanent	29	0	6	3	28	1	3	3	73
Professionally qualified and experienced specialists and mid-management, Permanent	2392	65	807	225	8476	331	1915	330	14541
Professionally qualified and experienced specialists and mid-management, Temporary	4	0	8	1	1	0	9	7	30
Skilled technical and academically qualified workers, junior management, supervisors, foremen, Permanent	2889	66	667	41	10118	258	1047	171	15257
Skilled technical and academically qualified workers, junior management, supervisors, foremen, Temporary	6	0	1	0	35	2	8	6	58
Semi-skilled and discretionary decision making, Permanent	7891	81	434	81	17675	155	501	60	26878
Semi-skilled and discretionary decision making, Temporary	80	9	28	4	72	28	30	4	255
Unskilled and defined decision making, Permanent	927	7	53	3	2352	24	48	2	3416
Unskilled and defined decision making, Temporary	64	0	5	0	125	5	4	0	203
Contract (Top Management), Permanent	1	0	0	0	0	0	0	0	1
Contract (Senior Management), Permanent	2	0	0	0	1	0	0	0	3
Contract (Professionally Qualified), Permanent	667	24	254	115	798	43	313	145	2359
Contract (Skilled Technical), Permanent	287	8	19	3	1111	18	106	80	1632
Contract (Semi-Skilled), Permanent	487	2	10	0	2929	15	14	15	3472
Contract (Unskilled), Permanent	258	0	1	0	635	1	0	0	895
TOTAL	15988	262	2293	476	44358	881	3998	823	69079

Source: Deputy Director: Employment Equity

TABLE 69: (3.6.3) RECRUITMENT: 01/04/2020 – 31/03/2021

Occupational Bands	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Professionally qualified and experienced specialists and mid-management, Permanent	230	8	56	19	404	25	94	30	866
Professionally qualified and experienced specialists and mid-management, Temporary	48	0	24	12	19	0	5	3	111
Skilled technical and academically qualified workers, junior management, supervisors, foremen, Permanent	126	4	6	0	271	14	36	10	467

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Occupational Bands	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Skilled technical and academically qualified workers, junior management, supervisors, foremen, Temporary	35	0	30	8	14	2	8	5	102
Semi-skilled and discretionary decision making, Permanent	321	9	4	4	261	27	32	4	662
Semi-skilled and discretionary decision making, Temporary	114	1	1	4	9	0	15	4	148
Unskilled and defined decision making, Permanent	90	5	0	5	119	5	4	0	228
Unskilled and defined decision making, Temporary	56	0	0	5	37	0	4	0	102
Contract (Senior Management), Permanent	0	0	0	0	1	0	0	0	1
Contract (Professionally qualified), Permanent	397	11	140	71	492	24	205	97	1437
Contract (Skilled technical), Permanent	315	8	22	3	1304	28	122	83	1885
Contract (Semi-skilled), Permanent	513	1	13	0	3333	17	18	14	3909
Contract (Unskilled), Permanent	274	0	1	0	682	1	0	0	958
TOTAL	2519	47	297	131	6946	143	543	250	10876
<i>Employees with disabilities</i>	6	0	2	0	12	0	1	0	21

Source: Deputy Director: Employment Equity

TABLE 70: (3.6.4) PROMOTIONS: 01/04/2020 – 31/03/2021

Occupational Bands	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Top Management, Permanent	1	0	0	0	1	0	0	0	2
Senior Management, Permanent	0	0	0	0	4	0	0	0	4
Professionally qualified and experienced specialists and mid-management, Permanent	1015	26	420	109	3069	130	875	148	5792
Professionally qualified and experienced specialists and mid-management, Temporary	5	0	4	0	1	0	3	5	18
Skilled technical and academically qualified workers, junior management, supervisors, foremen, Permanent	1473	33	340	15	4273	106	475	78	6793
Semi-skilled and discretionary decision making, Permanent	4902	54	261	18	9842	98	317	17	15509
Unskilled and defined decision making, Permanent	448	5	11	1	839	4	6	0	1314
Contract (Professionally qualified), Permanent	26	1	5	10	22	1	4	3	72
Contract (Skilled technical), Permanent	9	0	0	0	17	0	2	1	29
Contract (Semi-skilled), Permanent	29	0	0	0	31	0	0	0	60
TOTAL	7908	119	1041	153	18099	339	1682	252	29593
<i>Employees with disabilities</i>	129	4	30	6	94	1	17	2	283

Source: Deputy Director: Employment Equity

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TABLE 71: (3.6.5) TERMINATIONS: 01/04/2020 – 31/03/2021

Occupational Bands	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Top Management, Permanent	1	0	0	0	0	0	0	0	1
Senior Management, Permanent	2	0	1	0	2	0	0	0	5
Professionally qualified and experienced specialists and mid-management, Permanent	161	3	48	21	710	12	107	35	1097
Professionally qualified and experienced specialists and mid-management, Temporary	28	0	25	13	11	0	12	2	91
Skilled technical and academically qualified workers, junior management, supervisors, foremen, Permanent	216	4	39	9	568	12	66	20	934
Skilled technical and academically qualified workers, junior management, supervisors, foremen, Temporary	44	0	9	9	14	1	8	5	90
Semi-skilled and discretionary decision making, Permanent	316	7	28	3	666	9	31	4	1064
Semi-skilled and discretionary decision making, Temporary	116	1	13	5	9	0	15	4	163
Unskilled and defined decision making, Permanent	29	0	2	0	140	0	4	1	176
Unskilled and defined decision making, Temporary	37	0	7	6	28	0	6	3	87
Contract (Senior Management), Permanent	1	0	0	0	0	0	0	0	1
Contract (Professionally qualified), Permanent	295	12	112	59	384	21	192	91	1166
Contract (Skilled technical), Permanent	252	2	22	6	722	34	118	94	1250
Contract (Semi-skilled), Permanent	134	1	2	0	564	4	2	0	707
Contract (Unskilled), Permanent	16	0	0	0	46	0	0	0	62
TOTAL	1648	30	308	131	3864	93	561	259	6894
<i>Employees with disabilities</i>	7	1	4	1	17	0	2	0	32

Source: Deputy Director: Employment Equity

TABLE 72: (3.6.6) DISCIPLINARY ACTION: 01/04/2020 – 31/03/2021

Disciplinary action	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Dismissal	12	2	1	1	2	0	0	0	18
Final Written Warning	16	0	1	1	16	0	1	1	36
No Outcome	5	0	0	0	7	0	0	0	12
Suspended Without Payment	8	1	1	0	11	0	0	0	21
Written Warning	5	0	1	0	8	0	1	0	15
Verbal Warning	3	0	0	0	7	0	0	0	10
Corrective Counselling	1	0	0	0	0	0	0	0	1
Not guilty	2	0	0	0	0	0	0	0	2
TOTAL	52	3	4	2	51	0	2	1	115

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

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TABLE 73: (3.6.7) SKILLS DEVELOPMENT: 01/04/2020 – 31/03/2021

Occupational categories	Male					Female					Total
	African	Coloured	Indian	White	Total Male	African	Coloured	Indian	White	Total Female	
Clerical Support Workers	2194	172	221	22	2609	2899	86	293	56	3334	5943
Elementary Occupations	573	59	42	7	681	648	8	23	2	681	1362
Managers	763	65	239	95	1162	1334	43	243	81	1701	2863
Plant and Machine Operators and Assemblers	495	37	74	2	608	210	5	20	0	235	843
Professionals	4024	310	606	135	5075	13954	409	2155	339	16857	21932
Service and Sales Workers	3107	222	155	19	3503	7713	76	204	26	8019	11522
Skilled Agricultural, Forestry, Fishery, Craft and Related Trades Workers	274	19	52	33	378	23	0	1	0	24	402
Technicians and Associate Professionals	4314	340	583	30	5267	9912	161	611	76	10760	16027
Total	15744	1224	1972	343	19283	36693	788	3550	580	41611	60894

Source: 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.

TABLE 74: (3.7.1) SIGNING OF PERFORMANCE AGREEMENTS BY SMS MEMBERS AS ON 31 MAY 2020

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	1	1	1	1
Salary level 16	1	1	1	1
Salary level 15	4	3	3	3
Salary level 14	13	12	12	12
Salary level 13	56	52	52	52
Total	75	70	70	93%

Source: 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 2022.

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TABLE 75: (3.7.2) REASONS FOR NOT HAVING CONCLUDED PERFORMANCE AGREEMENTS FOR ALL SMS MEMBERS AS ON 31 MAY 2020

Reasons
Non-compliance.

Source: Director: HRD

TABLE 76: (3.7.3) DISCIPLINARY STEPS TAKEN AGAINST SMS MEMBERS FOR NOT HAVING CONCLUDED PERFORMANCE AGREEMENTS AS ON 31 MAY 2020

Disciplinary steps taken
SMS Members were issued with non-compliance letters also advising of non-payment of package progression.

Source: 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).

TABLE 77: (3.8.1) PERFORMANCE REWARDS BY RACE, GENDER, AND DISABILITY: 01/04/2020 – 31/03/2021

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	0	44287	0	0	0
African, Male	0	15875	0	0	0
Asian, Female	0	3931	0	0	0
Asian, Male	0	2254	0	0	0
Coloured, Female	0	823	0	0	0
Coloured, Male	0	248	0	0	0
Total Blacks, Female	0	49041	0	0	0
Total Blacks, Male	0	18377	0	0	0
White, Female	0	792	0	0	0
White, Male	0	439	0	0	0
Employees with a disability	0	430	0	0	0
TOTAL	0	69079	0	0	0

Source: Director: HRD

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TABLE 78: (3.8.2) PERFORMANCE REWARDS BY SALARY BAND FOR PERSONNEL BELOW SMS: 01/04/2020 – 31/03/2021

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	3199	0	0	0
Skilled (Levels 3-5)	0	26408	0	0	0
Highly Skilled Production (Levels 6-8)	0	14827	0	0	0
Highly Skilled Supervision (Levels 9-12)	0	13961	0	0	0
Other	0	1318	0	0	0
Contract (Levels 1-2)	0	888	0	0	0
Contract (Levels 3-5)	0	3448	0	0	0
Contract (Levels 6-8)	0	1610	0	0	0
Contract (Levels 9-12)	0	2335	0	0	0
TOTAL	0	67994	0	0	0

Source: Vulindlela HR Oversight Report extracted on 21/06/2021

TABLE 79: (3.8.3) PERFORMANCE REWARDS BY CRITICAL OCCUPATIONS: 01/04/2020 – 31/03/2021

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	290	0	0	0
Ambulance and Related Workers	0	2939	0	0	0
Dental Practitioners	0	133	0	0	0
Dieticians and Nutritionists	0	188	0	0	0
Emergency Services Related	0	45	0	0	0
Head Of Department	0	1	0	0	0
Medical Practitioners	0	4133	0	0	0
Medical Specialists	0	784	0	0	0
Occupational Therapy	0	207	0	0	0
Optometrists and Opticians	0	59	0	0	0
Oral Hygiene	0	27	0	0	0
Pharmacists	0	956	0	0	0
Physicists	0	0	0	0	0
Physiotherapy	0	330	0	0	0
Professional Nurse	0	18667	0	0	0
Psychologists and Vocational Counsellors	0	76	0	0	0
Radiography	0	649	0	0	0
Social Work and Related Professionals	0	274	0	0	0
Speech Therapy and Audiology	0	197	0	0	0
Total	0	29955	0	0	0

Source: Vulindlela HR Oversight Report extracted on 21/06/2021

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Notes

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

TABLE 80: (3.8.4) PERFORMANCE RELATED REWARDS (CASH BONUS), BY SALARY BAND FOR SMS: 01/04/2020 – 31/03/2021

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	57	0	0	0	0
Band B	0	14	0	0	0	0
Band C	0	4	0	0	0	0
Band D	0	3	0	0	0	0
TOTAL	0	78	0	0	0	0

Source: Vulindlela HR Oversight Report extracted on 21/06/2021

Foreign Workers

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

TABLE 81: (3.9.1) FOREIGN WORKERS BY SALARY BAND: 01/04/2020 – 31/03/2021

Salary Band	01 April 2020		31 March 2021		Change	
	Number	% total	Number	% total	Number	% change
Highly skilled production (Levels 6-8)	28	5,7	31	5,9	3	10,9
Highly skilled supervision (Levels 9-12)	438	88,7	465	89,9	27	117,4
Lower skilled (Levels 1-2)	1	0,2	1	0,2	0	0
Other	19	3,8	15	2,9	-4	-17,4
Senior management (Levels 13-16)	1	0,2	1	0,2	0	0

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Salary Band	01 April 2020		31 March 2021		Change	
	Number	% total	Number	% total	Number	% change
Skilled (Levels 3-5)	7	1,4	4.5	0,9	-2.5	-10,9
TOTAL	494	100	517	100	23	100

Source: Vulindlela HR Oversight Report extracted on 21/06/2021

TABLE 82: (3.9.2) FOREIGN WORKERS BY MAJOR OCCUPATION: 01/04/2020 – 31/03/2021

Salary Band	01 April 2020		31 March 2021		Change	
	Number	% total	Number	% total	Number	% change
Administrative Office Workers	3	0,6	2	0,4	-1	-4,3
Craft And Related Trades Workers	1	0,2	1	0,2	0	0
Elementary Occupations	2	0,4	1	0,2	-1	-4,3
Other Occupations	1	0,2	0	0	-1	-4,3
Professionals And Managers	484	98	509	98,5	25	108,7
Social Natural Technical And Medical Sciences + Support Personnel	2	0,4	2	0,4	0	0
Technicians And Associated Professionals	1	0,2	2	0,4	1	4,3
TOTAL	494	100	517	100	23	100

Source: Vulindlela HR Oversight Report extracted on 21/06/2021

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 83: (3.10.1) SICK LEAVE: 1 JANUARY 2020 - 31 DECEMBER 2020

Salary Band	Total days	% days with medical certification	Number of Employees using sick leave	% of total employees using sick leave	Average days per employee	Estimated Cost (R'000)
Contract (Levels 1-2)	235	86,8	81	0,2	3	127
Contract (Levels 13-16)	1	100	1	0	1	4
Contract (Levels 3-5)	5623	83,5	1468	2,8	4	4 603
Contract (Levels 6-8)	5594	76,5	1226	2,3	5	6 827
Contract (Levels 9-12)	8345	66,9	1608	3	5	18 259
Contract Other	1679	81,7	443	0,8	4	504
Highly skilled production (Levels 6-8)	109003	85,2	12700	23,8	9	154 076
Highly skilled supervision (Levels 9-12)	101858	84,6	11596	21,7	9	275 879
Lower skilled (Levels 1-2)	20283	85	2494	4,7	8	12 136
Other	256	85,9	27	0,1	9	459
Senior management (Levels 13-16)	292	84,6	42	0,1	7	1 297
Skilled (Levels 3-5)	182122	85	21660	40,6	8	158 505

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Salary Band	Total days	% days with medical certification	Number of Employees using sick leave	% of total employees using sick leave	Average days per employee	Estimated Cost (R'000)
TOTAL	435291	84,5	53346	100	8	632 674

Source: Vulindlela HR Oversight Report extracted on 21/06/2021

TABLE 84: (3.10.2) INCAPACITY LEAVE (TEMPORARY AND PERMANENT): 1 JANUARY 2020 - 31 DECEMBER 2020

Salary Band	Total days	% days with medical certification	Number of Employees using disability leave	% of total employees using disability leave	Average days per employee	Estimated Cost (R'000)
Contract (Levels 3-5)	157	98,7	13	0,7	12	130
Contract (Levels 6-8)	90	100	10	0,5	9	115
Contract (Levels 9-12)	441	100	25	1,3	18	981
Contract Other	13	100	1	0,1	13	3
Highly skilled production (Levels 6-8)	15516	99,9	474	24,8	33	21 935
Highly skilled supervision (Levels 9-12)	16226	10	481	25,1	34	45 027
Lower skilled (Levels 1-2)	2771	100	96	5	29	1 695
Senior management (Levels 13-16)	27	100	1	0,1	27	133
Skilled (Levels 3-5)	23865	100	812	42,4	29	20 656
TOTAL	59106	100	1913	100	31	90 677

Source: Vulindlela HR Oversight Report extracted on 21/06/2021

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 85: (3.10.3) ANNUAL LEAVE: 1 JANUARY 2020 - 31 DECEMBER 2020

Salary bands	Total days taken	Average per employee	Number of employees using annual leave
Contract (Levels 1-2)	669	5	128
Contract (Levels 13-16)	28	14	2
Contract (Levels 3-5)	14972	8	1840
Contract (Levels 6-8)	18345	13	1427
Contract (Levels 9-12)	35855	16	2206
Contract Other	8461	10	852
Highly skilled production (Levels 6-8)	362727	23	15478
Highly skilled supervision (Levels 9-12)	339743	23	14469
Lower skilled (Levels 1-2)	83466	24	3527

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Salary bands	Total days taken	Average per employee	Number of employees using annual leave
Other	737	25	30
Senior management (Levels 13-16)	1686	20	83
Skilled (Levels 3-5)	642929	23	27902
TOTAL	1509618	22	67944

Source: Vulindlela HR Oversight Report extracted on 21/06/2021

TABLE 86: (3.10.4) CAPPED LEAVE: 1 JANUARY 2020 - 31 DECEMBER 2020

Salary Band	Total days of capped leave taken	Number of Employees using capped leave	Average number of days taken per employee	Average capped leave per employee as on 31 March 2021
Contract (Levels 1-2)	0	0	0	0
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	9
Contract Other	0	0	0	0
Highly skilled production (Levels 6-8)	983,25	137	7	45
Highly skilled supervision (Levels 9-12)	1232	205	6	48
Lower skilled (Levels 1-2)	18	6	3	20
Other	0	0	0	44
Senior management (Levels 13-16)	3	1	3	80
Skilled (Levels 3-5)	697,41	134	5	40
TOTAL	2933,66	483	6	44

Source: Vulindlela HR Oversight Report extracted on 21/06/2021

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

TABLE 87: (3.10.5) LEAVE PAY-OUTS: 01/04/2020 – 31/03/2021

Reason	Total Amount (R'000)	Number of Employees	Average per employee (R'000)
Annual - Discounting with Resignation (Work Days)	19 335	850	22 747
Annual - Discounting: Contract Expiry (Work Days)	287	18	15 944
Annual - Discounting: Unused Vacation Credits (Work Days)	12	1	12 000
Annual - Gratuity: Death/Retirement/Medical Retirement(Work	46 755	1 447	32 312
Capped - Discounting Capped Leave: FET/University Transfer	13	1	13 000
Capped - Gratuity: Death/Retirement/Medical Retirement(Work	65 357	800	81 696
TOTAL	131 759	3117	

Source: Vulindlela HR Oversight Report extracted on 21/06/2021 and Deputy Director: Service Conditions

HIV, AIDS and Health Promotion Programmes

TABLE 88: (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), Covid-19 Screening, 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 Substance and Drug Abuse Policy being developed.
Vulnerable groups e.g. on divorce process/widow/widower/elderly.	Psychosocial Support through EAP.
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.	Covid-19 Screening and Vaccination
Staff diagnosed with TB.	All tested for HIV

Source: Chief Director: OES, EHW and Labour Relations

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TABLE 89: (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%; border-collapse: collapse;"> <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%; border-collapse: collapse;"> <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.Ndwanwe – 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) -Ethekewini</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 – Ethekewini 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.Ndwanwe – 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) -Ethekewini	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 – Ethekewini 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 2020/21 financial year: 23157 staff pre-test counselled 5591 staff tested 161 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		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Data Element Name</th> </tr> </thead> <tbody> <tr><td>Eligible staff initiated on ART</td></tr> <tr><td>Staff diagnosed with MDR TB</td></tr> <tr><td>Staff diagnosed with TB - new</td></tr> <tr><td>Staff diagnosed with XDR TB</td></tr> <tr><td>Staff injury on duty (excluding needle sticks - blood splashes - human bites - assault)</td></tr> <tr><td>Staff pre-test counselled</td></tr> <tr><td>Staff screened for TB</td></tr> <tr><td>Staff tested HIV positive screened for TB</td></tr> <tr><td>Staff tested for HIV</td></tr> <tr><td>Staff tested positive for HIV</td></tr> <tr><td>Staff with fluid splashes - new</td></tr> <tr><td>TB diagnosed staff tested for HIV</td></tr> <tr><td>TB staff with a DOTS supporter</td></tr> <tr><td>TB/HIV co-infected staff initiated on ART</td></tr> <tr><td>Total HIV Positive Staff seen in the Occupational Health Clinic</td></tr> <tr><td>Total staff on ART treatment</td></tr> <tr><td>Total staff who died while on ART Treatment</td></tr> <tr><td>Total number of Cases other than Needle Stick Injuries</td></tr> <tr><td>Total number of cases Sero-Converted</td></tr> <tr><td>Total number of clients given ART Prophylaxis for Needle Stick Injuries</td></tr> <tr><td>TB suspects - Staff</td></tr> <tr><td>Total Needle Stick Injuries – New</td></tr> <tr><td>Staff screened for Covid-19</td></tr> <tr><td>Staff tested positive for Covid-19</td></tr> <tr><td>Staff vaccinated against Covid-19</td></tr> <tr><td>Total number of staff who died because of Covid-19 –related conditions</td></tr> </tbody> </table>	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	Staff screened for Covid-19	Staff tested positive for Covid-19	Staff vaccinated against Covid-19	Total number of staff who died because of Covid-19 –related conditions
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Source: Chief Director: OES, EHW and Labour Relations

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Labour Relations

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

TABLE 90: (3.12.1) COLLECTIVE AGREEMENTS: 01/04/2020 – 31/03/2021

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 91: (3.12.2) MISCONDUCT AND DISCIPLINARY HEARINGS FINALISED: 01/04/2020 – 31/03/2021

Outcomes of disciplinary hearings ¹³	Number	% of total
Corrective Counselling	01	0,87%
Verbal Warning	10	8,7%
Written Warning	15	13,04%
Final Written Warning	36	31,3%
Suspension without pay	21	18,26%
Dismissal	18	15,65%
No Outcome	12	10,43%
Not guilty	02	1,74%
TOTAL	115	100%

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

TABLE 92: (3.12.3) TYPES OF MISCONDUCT ADDRESSED AT DISCIPLINARY HEARINGS: 01/04/2020 – 31/03/2021¹⁴

Type of misconduct	Number	% of total
Fraud / Theft / Commits Fraud	14	12,17%
Misuse of State Property	2	1,74%
Insubordination	15	13,04%
Absenteeism from work without reason or permission	29	25,22%
Sexual Harassment	2	1,74%
Under influence of alcohol /drugs	5	4,35%
Assault	10	8,7%

¹³ Misconduct cases are based on finalised cases.

¹⁴ Misconduct cases are based on finalised cases.

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Type of misconduct	Number	% of total
Misrepresentation	3	2,61%
Fails to comply with or contravenes any Act	7	6,09%
Dereliction of duty	4	3,48%
Displaying insolent behaviour	2	1,74%
Mismanagement of patients	1	0,87%
Dishonesty	1	0,87%
Participation in unprotected strike action	4	3,48%
Negligence	9	7,83%
Conduct self in improper / unacceptable manner	5	4,35%
Poor performance other than incapacity	2	1,74%
TOTAL	115	100%

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

TABLE 93: (3.12.4) GRIEVANCES LOGGED: 01/04/2020 – 31/03/2021

Grievances	Number	% of Total
Number of grievances resolved	147	61%
Number of grievances not resolved	93	39%
Total number of grievances lodged	240	100%

Source: Acting Director: Labour Relations, Public Service Commission Report and FOSAD Report

TABLE 94: (3.12.5) DISPUTES LOGGED WITH COUNCILS: 01/04/2020 – 31/03/2021

Disputes	Number	% of Total
Number of disputes upheld	9	5.4%
Number of disputes dismissed	27	16.1%
Number of disputes withdrawn	36	21.5%
Number of disputes settled	38	23%
Outstanding/Pending	58	34%
Total Number of disputes lodged	168	100%

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

TABLE 95: (3.12.6) STRIKE ACTIONS: 01/04/2020 – 31/03/2021

Total number of person working days lost	
Total number of persons working days lost	16
Total cost of working days lost (R'000)	R11015.35
Amount recovered as a result of no work no pay (R'000)	R0.00

Source: Acting Director: Labour Relations Records of Strike, Lock-Out or Protest Action

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TABLE 96: (3.12.7) PRECAUTIONARY SUSPENSIONS: 01/04/2020 – 31/03/2021

Number of people suspended	
Number of people suspended	38
Number of people whose suspension exceeded 30 days	35
Average number of days suspended	60 days
Cost of suspensions (R'000)	R 2 888 851.77

Source: Acting Director: Labour Relations and FOSAD Report

Skills Development

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

TABLE 97: (3.13.1) TRAINING NEEDS IDENTIFIED: 01/04/2020 – 31/03/2021

Occupational category	Gender	Number of employees as at 1 April 2020	Training needs identified at start of reporting period			
			Learner-ships	Skills Programmes & other short courses	Other forms of training ¹⁵	Total
Legislators, Senior Officials And Managers	Female	1701	0	1184	32	1216
	Male	1162	0	415	32	447
Professionals	Female	16857	0	8564	892	9456
	Male	5075	0	2045	237	2282
Technicians And Associate Professionals	Female	10760	0	3124	790	3914
	Male	5267	0	1172	244	1416
Clerks	Female	3334	0	2264	136	2400
	Male	2609	0	669	84	753
Service And Sales Workers	Female	8019	0	1474	362	1836
	Male	3503	0	552	81	633
Skilled Agriculture And Fishery Workers, Craft And Related Trades Workers	Female	24	0	72	01	73
	Male	378	0	81	12	93
Plant And Machine Operators And Assemblers	Female	235	0	113	05	118
	Male	608	0	102	13	115
Elementary Occupations	Female	681	0	237	25	262
	Male	681	0	118	122	240
Sub Total	Female	41611	0	17032	6100	23132
	Male	19283	0	5154	4190	9344
Total			0	22186		

Source: Director: HRD

¹⁵ This column is inclusive of In-service Bursaries, Prospective Bursaries, Interns and Work Integrated Learning.

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TABLE 98: (3.13.2) TRAINING PROVIDED: 01/04/2020 – 31/03/2021

Occupational Category	Gender	Number of employees as at 1 April 2020	Training provided within the reporting period			
			Learnerships	Skills Programmes & other short courses	Other forms of training	Total
Legislators, Senior Officials And Managers	Female	1701	0	522	14	536
	Male	1162	0	309	18	327
Professionals	Female	16857	0	8152	709	8861
	Male	5075	0	1672	615	2287
Technicians And Associate Professionals	Female	10760	0	4020	214	4234
	Male	5267	0	852	96	948
Clerks	Female	3334	0	1153	253	1406
	Male	2609	0	936	120	1056
Service And Sales Workers	Female	8019	0	2053	33	2086
	Male	3503	0	581	13	594
Skilled Agriculture And Fishery Workers, Craft And Related Trades Workers	Female	24	0	5	2	7
	Male	378	0	54	1	55
Plant And Machine Operators And Assemblers	Female	235	0	5	2	7
	Male	608	0	45	4	49
Elementary Occupations	Female	681	0	60	6	66
	Male	681	0	127	2	129
Sub Total	Female	41611	0	15970	1233	17203
	Male	19283	0	4576	869	5445
Total			0	20546	2102	22648

Source: Acting Director: HRD

Injury on Duty

The following tables provide basic information on injury on duty.

TABLE 99: (3.14.1) INJURY ON DUTY: 01/04/2020 – 31/03/2021

Nature of injury on duty	Number	% of total
Required basic medical attention only	198	0.15
Temporary total disablement	1116	0.85
Permanent disablement	0	0
Fatal	0	0
Total	1314	100

Source: Deputy Director: Service Conditions

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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 100: (3.15.1A) REPORT ON CONSULTANT APPOINTMENTS USING APPROPRIATED FUNDS: 01/04/2020 – 31/03/2021

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 101: (3.15.1B) REPORT ON CONSULTANT APPOINTMENTS USING APPROPRIATED FUNDS: 01/04/2020 – 31/03/2021

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

TABLE 102: (3.15.2) ANALYSIS OF CONSULTANT APPOINTMENTS USING APPROPRIATED FUNDS, IN TERMS OF HISTORICALLY DISADVANTAGED INDIVIDUALS (HDI) 01/04/2020 – 31/03/2021

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 103: (3.15.3) REPORT ON CONSULTANT APPOINTMENTS USING DONOR FUNDS: 01/04/2020 – 31/03/2021

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

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TABLE 104: (3.15.3) ANALYSIS OF CONSULTANT APPOINTMENTS USING DONOR FUNDS, IN TERMS OF HISTORICALLY DISADVANTAGED INDIVIDUALS (HDI): 01/04/2020 – 31/03/2021

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 105: (3.16.1) GRANTING OF EMPLOYEE INITIATED SEVERANCE PACKAGES: 01/04/2020 – 31/03/2021

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
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 21/06/2021 and Deputy Director: Service Conditions

PART E: ANNUAL FINANCIAL STATEMENTS

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Department of Health

Audit report for the year ended 31 March
2021

Report of the auditor-general to 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 267 to 372, which comprise the appropriation statement, statement of financial position as at 31 March 2021, the statement of financial performance, statement of changes in net assets, and cash flow statement for the year then ended, as well as notes to the financial statements, including a summary of significant accounting policies.
2. In my opinion, except for the effects of the matters described in the basis for qualified opinion section of this auditor's report, the financial statements present fairly, in all material respects, the financial position of the Department of Health as at 31 March 2021, and financial performance and cash flows for the year then ended in accordance with the Modified Cash Standards (MCS) prescribed by the National Treasury and the requirements of the Public Finance Management Act of South Africa, 1999 (Act No. 1 of 1999) (PFMA) and the Division of Revenue Act of South Africa, 2020 (Act No. 4 of 2020) (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 R11,55 billion (2020: R9,92 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 to do so. Furthermore, I was also unable to obtain sufficient appropriate audit evidence for movable tangible capital assets and minor assets. I was unable to 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

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R5,6 billion (2020: R5,5 billion) as well as minor assets stated at R855 million (2020: R944 million) in note 31 and 31.4 to the financial statements, respectively.

Goods and services

5. 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 adjustments were necessary to goods and services stated at R16,15 billion (2020: R14,19 billion) in note 5 to the financial statements.

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 R686,74 million (2020: 360,27 million) and payables not recognised stated at R1,1 billion (2020: R1,23 billion) in note 22 to the financial statements were necessary.

Context for the opinion

7. I conducted my audit in accordance with the International Standards on Auditing (ISAs). My responsibilities under those standards are further described in the auditor-general's responsibilities for the audit of the financial statements section of my report.
8. I am independent of the department in accordance with the International Ethics Standards Board for Accountants' *International Code of Ethics for Professional Accountants (including International Independence Standards)* (IESBA code) as well as other ethical requirements that are relevant to my audit in South Africa. I have fulfilled my other ethical responsibilities in accordance with these requirements and the IESBA code.
9. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my qualified opinion.

Emphasis of matter

10. I draw attention to the matter below. My opinion is not modified in respect of this matter.

Uncertainty relating to the future outcome of litigation

11. The department is a defendant on various litigation matters relating to medical negligence and claims against the state amounting to R26,23 billion as disclosed in note 20 to the financial statements. The ultimate outcome of these matters could not be determined.

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Other matter

12. I draw attention to the matter below. My opinion is not modified in respect of this matter.

Unaudited supplementary schedules

13. The supplementary information set out on pages 373 to 404 does not form part of the financial statements and is presented as an additional information. I have not audited these schedules and, accordingly, I do not express an opinion thereon.

Responsibilities of the accounting officer for the financial statements

14. 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.

15. 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

16. 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.

17. 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

18. 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 on the usefulness and reliability of the reported performance information against predetermined objectives for selected programme presented in the annual performance report. I was

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engaged to perform procedures to identify findings but not to gather evidence to express assurance.

19. 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 89 to 130 in the annual performance report of the department for the year ended 31 March 2021.
20. 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 related targets were measurable and relevant, and assessed the reliability of the reported performance information to determine whether it was valid, accurate and complete.
21. The material findings on the usefulness and reliability of the selected programme are as follows:

Programme 2 – District health services

Various indicators

22. The indicators below were reported in the annual performance report. However, some supporting evidence provided materially differed from the reported achievement, 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
25.4; 25.7; 25.8; 26.2; 26.3; 26.5	HIV and TB-related indicators	6
28.4; 29.1; 29.3; 29.4; 29.5; 29.6	Maternal health-related indicators	6
22.5; 22.7; 25.5; 28.1 ; 28.6; 28.7; 28.8;	Fatality rate indicators	7

Ideal clinic status rate

23. I was unable to obtain sufficient appropriate audit evidence for the achievement of 77,8% 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

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alternative means. Consequently, I was unable to determine whether any adjustments were required to the reported achievement.

Other matter

I draw attention to the matter below:

Achievement of planned targets

24. The annual performance report on pages 48 to 185 sets out information on the achievement of planned targets for the year and explanations are also provided for the under and over-achievement of targets. This information should be considered in the context of the material findings on the usefulness and reliability of the reported performance information in paragraphs 22 and 23 of this report.

Report on the audit of compliance with legislation

Introduction and scope

25. 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.

26. The material findings on compliance with specific matters in key legislation are as follows:

Annual financial statements

27. 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 41 (a) and (b) of the PFMA. Material misstatements of a disclosure item identified by the auditors in the submitted financial statements were corrected and the supporting records were provided subsequently, but the uncorrected material misstatements and supporting records that could not be provided resulted in the financial statements receiving a qualified opinion.

Expenditure management

28. 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.
29. Payments were not made within 30 days or an agreed period after receipt of an invoice, as required by treasury regulation 8.2.3.

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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, due to an inadequate records management system. Similar limitations were also reported in the prior year.
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. And paragraph 3.3.1 of Practice Note 8 of 2007/08. Similar non-compliance was also reported in the prior year.
32. Some of the goods and services with 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 regulation 16A6.1 and paragraph 3.4.1 1 of Practice Note 8 of 2007/08 and treasury regulation 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 limitations were 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 2017 preferential procurement regulation. In addition, sufficient appropriate audit evidence could not be obtained that some of the contracts and quotations were awarded to bidders that scored

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the highest points in the evaluation process, as required by the PPPFA. Similar non-compliances were identified in the prior year.

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 preferential procurement regulation 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 in accordance with paragraph 3.4 of National Treasury instruction note 4 of 2015/2016. 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.
43. I was unable to obtain sufficient appropriate audit evidence that specifications of Personal Protective Equipment items procured does complies with the specifications prescribed by the Department of Health as required by paragraph 3.7.6 of National Treasury instruction note 8 of 2019/20.
44. I was unable to obtain sufficient appropriate audit evidence that COVID 19 Personal Protective Equipment procured through the quotations process were in accordance with the specifications of the National Department of Health and World Health Organization as required by paragraph 4.6 of National Treasury Instruction Note No. 5 of 2020/21.
45. In some instances the COVID 19 Personal Protective Equipment items procured through the quotations did not comply with local content requirements as required by paragraph 4.6 of National Treasury Instruction Note No. 5 of 2020/21.
46. In some instances the prices of COVID 19 Personal Protective Equipment items procured through existing contracts exceeded the prices prescribed through annexure A of National Treasury Instruction Note No. 5 of 2020/21 by more than 10% without approval of the accounting officer or delegated person as required by paragraph 4.9 of the same instruction note.

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Consequence management

47. 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.

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 those selected programmes presented in the annual performance report that have 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 programmes 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 are, Member of Executive Committee's foreword, accounting officer's report and the other programmes, and the audit committees report is expected to be made available to us after 23 September 2021.
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.
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.

Material irregularities identified during the audit

60. The material irregularities identified are as follows:

Procurement of sanitizer detergent at prices higher than permissible

61. Through an emergency procurement process on 25 March 2020, the department ordered 40000 units of 1L hand at R143,00 per unit. The total value of the order and payments made were R5,72 million.
62. The department did not comply with paragraph 3.7.6(ii) of National Treasury Instruction note 8 of 2019-20 which states that institutions may approach any other supplier to obtain quotes and may procure from such suppliers on condition that the prices are equal to or

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lower than the prices in Annexure A. The price in Annexure A for sanitizers as at 24 March 2020 was R110.40 per unit of 1 litre. The non-compliance resulted in a material financial loss for the KwaZulu-Natal Department of Health as the sanitizer was procured at prices which were excessive.

63. The accounting officer was notified of the material irregularity on 12 February 2021. An investigation into this material irregularity is currently underway by the Department's Investigations Services.
64. I will follow up on the outcome of the investigation in my next audit.

Material irregularities in progress

65. I identified a material irregularity during the audit and notified the accounting officer, as required by material irregularity regulation 3(2). By the date of this auditor's report, I had not yet completed the process of evaluating the response from the accounting officer. This material irregularity will be included in the next year's auditor's report.

Status of previously reported material irregularities

Radiology equipment contracts awarded to bidders that did not score highest points in the evaluation process

66. 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 cost of the equipment purchased from the winning bidders was higher than the prices submitted by the highest scoring bidders.
67. 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 2 October 2020 it was agreed to obtain the view of the National Treasury to resolve the disagreement.
 - The investigations unit reviewed the outcomes of the investigation, based on the view provided by the National Treasury on 09 November 2020. The outcome of the investigation advised that the department should seek a legal opinion into the matter. This legal opinion was subsequently obtained by the department on 9 August 2021.

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68. I am in the process of evaluating the appropriateness of the actions taken by the accounting officer and whether I need to take further action to ensure resolution of the material irregularity.

Other reports

69. In addition to the investigations relating to material irregularities, I draw attention to the following engagements conducted 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.

70. 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 2021. The investigations were still in progress at the date of this report.

71. The provincial investigation unit conducted fourteen (14) investigations at the request of the department, covering the period 1 April 2014 to 31 March 2021. 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. Eight (8) of the investigations had been completed and six (6) were still in progress at the date of this report. Implementation of the recommendations are in progress for the completed investigations.

Auditor General

Pietermaritzburg

22 September 2021



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 Department of Health’s ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor’s report to the related disclosures in the financial statements about the material uncertainty or, if such disclosures are inadequate, to modify my opinion on the financial statements. My conclusions are based on the information available to me at the date of this auditor’s report. However, future events or conditions may cause a department to cease operating as a going concern
 - evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and determine whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation

Communication with those charged with governance

3. I communicate with the accounting officer regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

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4. I also provide the accounting officer with a statement that I have complied with the relevant ethical requirements regarding independence, and to communicate with them all relationships and other matters that may reasonably be thought to bear on my independence and, where applicable, actions taken to eliminate threats or safeguards applied.

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APPROPRIATION STATEMENT For the year ended 31 March 2021

Appropriation per programme									
	2020/21							2019/20	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Voted funds and Direct charges									
Programme									
1 Administration	2 073 256	(164 720)	4 530	1 913 066	1 307 061	606 005	68.3%	796 197	796 197
2 District Health Services	25 112 642	268 772	-	25 381 414	24 937 252	444 162	98.3%	22 611 550	22 726 863
3 Emergency Medical Services	1 661 600	2 611	-	1 664 211	1 605 927	58 284	96.5%	1 602 886	1 602 886
4 Provincial Hospital Services	12 131 580	(84 678)	(33 849)	12 013 053	11 325 639	687 414	94.3%	11 521 214	11 521 214
5 Central Hospital Services	5 514 128	342	(13 779)	5 500 691	5 385 460	115 231	97.9%	5 169 169	5 169 169
6 Health Sciences and Training	1 292 371	(39 666)	12 492	1 265 197	1 265 197	-	100.0%	1 304 573	1 304 573
7 Health Care Support Services	382 569	17 339	30 606	430 514	430 514	-	100.0%	291 939	251 366
8 Health Facilities Management	3 139 920	-	-	3 139 920	3 113 195	26 725	99.1%	1 854 308	1 854 308
Programme sub total	51 308 066	-	-	51 308 066	49 370 245	1 937 821	96.2%	45 151 836	45 226 576
Statutory Appropriation	-	-	-	-	-	-	-	-	-
TOTAL	51 308 066	-	-	51 308 066	49 370 245	1 937 821	96.2%	45 151 836	45 226 576
Reconciliation with Statement of Financial Performance									
Add:									
Departmental receipts				216 618				303 958	
NRF Receipts				-				-	
Aid assistance				-				-	
Actual amounts per Statement of Financial Performance (Total Revenue)				51 524 684				45 455 794	
Add:									
Aid assistance						-			-

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APPROPRIATION STATEMENT For the year ended 31 March 2021

Appropriation per programme									
	2020/21							2019/20	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Voted funds and Direct charges									
Prior year unauthorised expenditure approved without funding									
Actual amounts per Statement of Financial Performance Expenditure					49 370 245				45 226 576

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APPROPRIATION STATEMENT For the year ended 31 March 2021

Appropriation per economic classification									
	2020/21							2019/20	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	46 976 526	-	-14 268	46 962 258	45 686 367	1 275 891	97.3%	42 303 887	42 384 217
Compensation of employees	30 369 689	-	-406 514	29 963 175	29 536 991	426 184	98.6%	28 190 773	28 190 773
Salaries and wages	26 797 694	-	-472 509	26 325 185	25 916 506	408 679	98.4%	24 686 040	24 686 040
Social contributions	3 571 995	-	65 995	3 637 990	3 620 485	17 505	99.5%	3 504 733	3 504 733
Goods and services	16 606 395	-	391 973	16 998 368	16 148 661	849 707	95.0%	14 111 306	14 191 636
Administrative fees	3 360	-	-876	2 484	1 924	560	77.5%	5 851	5 851
Advertising	73 421	-	36 227	109 648	109 042	606	99.4%	11 541	11 541
Minor assets	45 895	-	8 081	53 976	41 893	12 083	77.6%	48 536	48 536
Audit costs: External	24 735	-	-	24 735	20 813	3 922	84.1%	23 194	23 194
Bursaries: Employees	8 009	-	-	8 009	8 025	-16	100.2%	3 580	3 580
Catering: Departmental activities	6 542	12 525	-2 086	16 981	16 114	867	94.9%	7 031	7 031
Communication (G&S)	108 663	-	13 631	122 294	119 961	2 333	98.1%	102 309	102 309
Computer services	120 197	-	12 613	132 810	130 813	1 997	98.5%	111 177	111 177
Consultants: Business and advisory services	68 074	-	109 165	177 239	171 686	5 553	96.9%	149 990	149 990
Infrastructure and planning services	1 110	-	-1 110	-	-	-	-	-	-
Laboratory services	2 355 614	-	107 390	2 463 004	2 422 586	40 418	98.4%	2 314 264	2 314 264
Legal services	122 641	-	-13 902	108 739	79 409	29 330	73.0%	96 913	96 913
Contractors	245 072	-	-39 421	205 651	160 809	44 842	78.2%	160 934	160 934
Agency and support / outsourced services	1 230 997	-	-6 566	1 224 431	1 304 175	-79 744	106.5%	1 014 142	1 014 142
Entertainment	7	-	-7	-	-	-	-	-	-
Fleet services (including government motor transport)	397 599	-	-16 254	381 345	362 061	19 284	94.9%	405 641	405 641

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APPROPRIATION STATEMENT For the year ended 31 March 2021

Appropriation per economic classification									
	2020/21							2019/20	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Inventory: Clothing material and accessories	598 101	-	-1 941	596 160	420 266	175 894	70.5%	32 622	32 181
Inventory: Food and food supplies	133 853	-	-4 075	129 778	111 048	18 730	85.6%	117 951	117 951
Inventory: Fuel, oil and gas	112 074	-	-3 690	108 384	92 724	15 660	85.6%	108 584	108 584
Inventory: Learner and teacher support material	-	-	-	-	279	-279	-	509	509
Inventory: Materials and supplies	16 013	-	4 309	20 322	18 236	2 086	89.7%	19 031	19 031
Inventory: Medical supplies	2 230 577	-	2 518	2 233 095	2 068 757	164 338	92.6%	1 921 245	1 921 245
Inventory: Medicine	4 972 273	-16469	135 867	5091671	4 712 292	379379	92.5%	4 062 969	4 184 313
Medsas inventory interface	-	-	30 665	30 665	138 969	-108 304	453.2%	-58	-34 231
Inventory: Other supplies	312 916	-	-1 788	311 128	220 001	91 127	70.7%	190 207	183 807
Consumable supplies	148 862	-	12 000	160 862	151 054	9 808	93.9%	134 846	134 846
Consumable: Stationery, printing and office supplies	106 679	-	-7 176	99 503	88 604	10 899	89.0%	113 202	113 202
Operating leases	205 724	-	510	206 234	238 714	-32 480	115.7%	145 791	145 791
Property payments	2 668 204	-	38 529	2 706 733	2 744 646	-37 913	101.4%	2 597 204	2 597 204
Transport provided: Departmental activity	76 858	-	530	77 388	52 952	24 436	68.4%	57 289	57 289
Travel and subsistence	67 938	49 228	(7 462)	109 704	100 829	8 875	91.9%	93 465	93 465
Training and development	22 047	-	(9 926)	12 121	5 549	6 572	45.8%	20 163	20 163
Operating payments	46 267	-	(4 607)	41 660	32 230	9 430	77.4%	35 432	35 432
Venues and facilities	1 431	-	-128	1 303	-	1 303	-	595	595
Rental and hiring	74 642	-61 753	953	13 842	2 200	11 642	15.9%	5 156	5 156

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APPROPRIATION STATEMENT For the year ended 31 March 2021

Appropriation per economic classification									
	2020/21							2019/20	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Interest and rent on land	442	-	273	715	715	-	100.0%	1 808	1 808
Interest (Incl. interest on unitary payments (PPP))	442	-	273	715	715	-	100.0%	1 808	1 808
Transfers and subsidies	665 201	-	9 666	674 867	633 753	41 114	93.9%	815 438	809 848
Provinces and municipalities	244 607	-	-	244 607	204 625	39 982	83.7%	231 641	229 137

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APPROPRIATION STATEMENT For the year ended 31 March 2021

Appropriation per economic classification									
	2020/21							2019/20	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Provinces	6 814	-	-	6 814	5 273	1 541	77.4%	6 245	6 245
Provincial Revenue Funds	-	-	-	-	-	-	-	1	1
Provincial agencies and funds	6 814	-	-	6 814	5 273	1 541	77.4%	6 244	6 244
Municipalities	237 793	-	-	237 793	199 352	38 441	83.8%	225 396	222 892
Municipal bank accounts	237 793	-	-	237 793	199 352	38 441	83.8%	225 396	222 892
Departmental agencies and accounts	23 469	-	-	23 469	23 551	-82	100.3%	22 442	22 442
Departmental agencies	23 469	-	-	23 469	23 551	-82	100.3%	22 442	22 442
Non-profit institutions	58 508	-	-	58 508	57 294	1 214	97.9%	56 513	53 427
Households	338 617	-	9 666	348 283	348 283	-	100.0%	504 842	504 842
Social benefits	123 851	-	8 822	132 673	132 673	-	100.0%	121 376	121 376
Other transfers to households	214 766	-	844	215 610	215 610	-	100.0%	383 466	383 466
Payments for capital assets	3 666 339	-	430	3 666 769	3 045 953	620 816	83.1%	2 032 119	2 032 119
Buildings and other fixed structures	2 172 004	-	141 214	2 313 218	2 218 868	94 350	95.9%	928 325	928 325
Buildings	2 115 999	-	144 851	2 260 850	2 166 500	94 350	95.8%	909 552	909 552
Other fixed structures	56 005	-	-3 637	52 368	52 368	-	100.0%	18 773	18 773
Machinery and equipment	1 494 335	-	-140 784	1 353 551	827 085	526 466	61.1%	1 103 794	1 103 794
Transport equipment	419 464	-	44 010	463 474	314 180	149 294	67.8%	226 532	226 532
Other machinery and equipment	1 074 871	-	-184 794	890 077	512 905	377 172	57.6%	877 262	877 262
Payment for financial assets	-	-	4 172	4 172	4 172	-	100.0%	392	392
Total	51 308 066	-	-	51 308 066	49 370 245	1 937 821	96.2%	45 151 836	45 226 576

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APPROPRIATION STATEMENT For the year ended 31 March 2021

Programme 1: Administration

	2020/21							2019/20	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Sub programme									
1 Office of the MEC	21 605	-	-	21 605	19 676	1 929	91.1%	21 864	21 864
2 Management	2 051 651	(164 720)	4 530	1 891 461	1 287 385	604 076	68.1%	774 333	774 333
Total	2 073 256	(164 720)	4 530	1 913 066	1 307 061	606 005	68.3%	796 197	796 197
Economic classification									
Current payments	1 762 172	-90 500	-4 039	1 667 633	1 269 315	398 318	76.1%	750 020	750 020
Compensation of employees	478 683	-	-42 961	435 722	429 698	6 024	98.6%	423 890	423 890
Salaries and wages	425 107	-	-42 983	382 124	373 562	8 562	97.8%	369 353	369 353
Social contributions	53 576	-	22	53 598	56 136	-2 538	104.7%	54 537	54 537
Goods and services	1 283 489	-90 500	38 550	1 231 539	839 245	392 294	68.1%	325 600	325 600
Administrative fees	1 215	-	-150	1 065	707	358	66.4%	1 973	1 973
Advertising	52 169	-20 000	26 744	58 913	58 913	-	100.0%	6 520	6 520
Minor assets	8 506	-	-12	8 494	111	8 383	1.3%	222	222
Audit costs: External	24 735	-	-	24 735	20 813	3 922	84.1%	23 194	23 194
Catering: Departmental activities	2 829	12 525	161	15 515	15 515	-	100.0%	4 382	4 382
Communication (G&S)	11 983	-	15 047	27 030	27 030	-	100.0%	15 216	15 216
Computer services	108 956	-	12 744	121 700	121 700	-	100.0%	99 851	99 851
Consultants: Business and advisory services	42 648	-	-	42 648	37 639	5 009	88.3%	42 528	42 528
Laboratory services	-	-	40	40	40	-	100.0%	601	601

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APPROPRIATION STATEMENT For the year ended 31 March 2021

	2020/21							2019/20	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Legal services	40 140	23 893	-	64 033	64 031	2	100.0%	30 224	30 224
Contractors	8 438	-	-	8 438	147	8 291	1.7%	13 482	13 482
Agency and support / outsourced services	485	-	-	485	485	-	100.0%	-	-
Entertainment	7	-	-7	-	-	-	-	-	-
Fleet services (including government motor transport)	17 268	-	15 260	32 528	32 333	195	99.4%	7 950	7 950
Inventory: Clothing material and accessories	451 900	-90 614	-	361 286	351 435	9 851	97.3%	132	132
Inventory: Food and food supplies	19	-	44	63	63	-	100.0%	84	84
Inventory: Fuel, oil and gas	-	-	217	217	217	-	100.0%	-	-
Inventory: Materials and supplies	78	-	1	79	26	53	32.9%	69	69
Inventory: Medical supplies	126	-	-	126	-4	130	(3.2%)	95	95
Inventory: Medicine	361 278	-	-26 745	334 533	5	334 528	0.0%	1	1
Inventory: Other supplies	285	-	-265	20	-247	267	(1235.0%)	228	228
Consumable supplies	37	-	27	64	64	-	100.0%	228	228
Consumable: Stationery, printing and office supplies	5 488	-	-4 097	1 391	-1 563	2 954	(112.4%)	2 528	2 528
Operating leases	8 764	-	-18	8 746	8 476	270	96.9%	8 671	8 671
Property payments	37 718	-	-444	37 274	34 226	3 048	91.8%	38 933	38 933
Transport provided: Departmental activity	1 314	-	-	1 314	-	1 314	-	650	650
Travel and subsistence	19 879	45 449	-	65 328	64 291	1 037	98.4%	21 900	21 900
Training and development	-	-	3	3	3	-	100.0%	77	77
Operating payments	1 647	-	-	1 647	1 634	13	99.2%	1 675	1 675
Venues and facilities	935	-	-	935	-	935	-	293	293

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APPROPRIATION STATEMENT For the year ended 31 March 2021

	2020/21							2019/20	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Rental and hiring	74 642	-61 753	-	12 889	1 155	11 734	9.0%	3 893	3 893
Interest and rent on land	-	-	372	372	372	-	100.0%	530	530
Interest (Incl. interest on unitary payments (PPP))	-	-	372	372	372	-	100.0%	530	530

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APPROPRIATION STATEMENT For the year ended 31 March 2021

	2020/21							2019/20	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Transfers and subsidies	7 167	-	4 530	11 697	11 076	621	94.7%	24 812	24 812
Provinces and municipalities	3 867	-	-	3 867	3 243	624	83.9%	3 564	3 564
Provinces	3 867	-	-	3 867	3 243	624	83.9%	3 564	3 564
Provincial agencies and funds	3 867	-	-	3 867	3 243	624	83.9%	3 564	3 564
Departmental agencies and accounts	1	-	-	1	4	-3	400.0%	7	7
Departmental agencies	1	-	-	1	4	-3	400.0%	7	7
Households	3 299	-	4 530	7 829	7 829	-	100.0%	21 241	21 241
Social benefits	3 299	-	-95	3 204	3 204	-	100.0%	2 636	2 636
Other transfers to households	-	-	4 625	4 625	4 625	-	100.0%	18 605	18 605
Payments for capital assets	303 917	(74 220)	-	229 697	22 631	207 066	9.9%	21 276	21 276
Machinery and equipment	303 917	(74 220)	-	229 697	22 631	207 066	9.9%	21 276	21 276
Transport equipment	191 631	(74 220)	-	117 411	10 305	107 106	8.8%	4 474	4 474
Other machinery and equipment	112 286	-	-	112 286	12 326	99 960	11.0%	16 802	16 802
Payment for financial assets	-	-	4 039	4 039	4 039	-	100.0%	89	89
Total	2 073 256	(164 720)	4 530	1 913 066	1 307 061	606 005	68.3%	796 197	796 197

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APPROPRIATION STATEMENT For the year ended 31 March 2021

Sub programme: 1.1: Office of the MEC

	2020/21							2019/20	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	20 175	-	-	20 175	18 943	1 232	93.9%	20 452	20 452
Compensation of employees	13 895	-	476	14 371	14 371	-	100.0%	13 056	13 056
Goods and services	6 280	-	-476	5 804	4 572	1 232	78.8%	7 396	7 396
Transfers and subsidies	-	-	-	-	-	-	-	17	17
Households	-	-	-	-	-	-	-	17	17
Payments for capital assets	1 430	-	-	1 430	733	697	51.3%	1 395	1 395
Machinery and equipment	1 430	-	-	1 430	733	697	51.3%	1 395	1 395
Total	21 605	-	-	21 605	19 676	1 929	91.1%	21 864	21 864

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APPROPRIATION STATEMENT For the year ended 31 March 2021

Sub programme: 1.2: Management

	2020/21							2019/20	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	1 741 997	-90 500	-4 039	1 647 458	1 250 372	397 086	75.9%	729 568	729 568
Compensation of employees	464 788	-	-43 437	421 351	415 327	6 024	98.6%	410 834	410 834
Goods and services	1 277 209	-90 500	39 026	1 225 735	834 673	391 062	68.1%	318 204	318 204
Interest and rent on land	-	-	372	372	372	-	100.0%	530	530
Transfers and subsidies	7 167	-	4 530	11 697	11 076	621	94.7%	24 795	24 795
Provinces and municipalities	3 867	-	-	3 867	3 243	624	83.9%	3 564	3 564
Departmental agencies and accounts	1	-	-	1	4	-3	400.0%	7	7
Households	3 299	-	4 530	7 829	7 829	-	100.0%	21 224	21 224
Payments for capital assets	302 487	(74 220)	-	228 267	21 898	206 369	9.6%	19 881	19 881
Machinery and equipment	302 487	(74 220)	-	228 267	21 898	206 369	9.6%	19 881	19 881
Payment for financial assets	-	-	4 039	4 039	4 039	-	100.0%	89	89
Total	2 051 651	(164 720)	4 530	1 891 461	1 287 385	604 076	68.1%	774 333	774 333

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APPROPRIATION STATEMENT For the year ended 31 March 2021

Programme 2: District Health Services

	2020/21							2019/20	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Sub programme									
1 District Management	318 700	10 944	(204)	329 440	312 661	16 779	94.9%	314 889	314 889
2 Community Health Clinics	4 765 455	9 875	-3 417	4 771 913	4 736 110	35 803	99.2%	4 638 536	4 659 262
3 Community Health Centres	1 945 451	14 040	-89	1 959 402	1 943 766	15 636	99.2%	1 919 490	1 919 490
4 Community Based Services	377 081	1 623	-	378 704	364 054	14 650	96.1%	415 720	415 720
5 Other Community Services	3 223 451	208 940	41 888	3 474 279	3 334 228	140 051	96.0%	1 262 262	1 260 567
6 HIV and AIDS	6 365 278	-	-45 778	6 319 500	6 222 055	97 445	98.5%	5 845 034	5 941 316
7 Nutrition	44 800	-	-	44 800	28 927	15 873	64.6%	32 705	32 705
8 Coroner Services	256 718	3 091	1 559	261 368	251 335	10 033	96.2%	241 424	241 424
9 District Hospitals	7 815 708	20 259	6 041	7 842 008	7 744 116	97 892	98.8%	7 941 490	7 941 490
Total	25 112 642	268 772	-	25 381 414	24 937 252	444 162	98.3%	22 611 550	22 726 863
Current payments	24 438 096	208 570	-5 055	24 641 611	24 341 051	300 560	98.8%	21 965 947	22 086 850
Compensation of employees	15 673 929	94 177	-338 469	15 429 637	15 353 786	75 851	99.5%	14 099 898	14 099 898
Salaries and wages	13 841 564	92 860	-370 882	13 563 542	13 451 567	111 975	99.2%	12 306 169	12 306 169
Social contributions	1 832 365	1 317	32 413	1 866 095	1 902 219	-36 124	101.9%	1 793 729	1 793 729
Goods and services	8 763 729	114 393	333 552	9 211 674	8 986 965	224 709	97.6%	7 865 612	7 986 515
Administrative fees	1 264	-	-558	706	636	70	90.1%	2 536	2 536
Advertising	20 451	20 000	9 923	50 374	50 042	332	99.3%	4 512	4 512
Minor assets	25 175	-	-604	24 571	21 851	2 720	88.9%	27 529	27 529
Catering: Departmental activities	3 202	-	-2 171	1 031	492	539	47.7%	2 187	2 187

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APPROPRIATION STATEMENT For the year ended 31 March 2021

	2020/21							2019/20	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Communication (G&S)	59 979	-	-2 087	57 892	57 661	231	99.6%	52 688	52 688
Computer services	85	-	-	85	-	85	-	867	867
Consultants: Business and advisory services	2 957	-	-1 810	1 147	539	608	47.0%	663	663
Laboratory services	1 686 796	-	178 098	1 864 894	1 857 313	7 581	99.6%	1 649 960	1 649 960
Legal services	19 855	-	-13 792	6 063	6 063	-	100.0%	24 661	24 661
Contractors	52 926	-	-1 666	51 260	26 655	24 605	52.0%	40 908	40 908
Agency and support / outsourced services	205 917	-	-8 907	197 010	183 485	13 525	93.1%	171 062	171 062
Fleet services (including government motor transport)	110 144	-	-4 462	105 682	95 250	10 432	90.1%	115 765	115 765
Inventory: Clothing material and accessories	55 558	90 614	935	147 107	38 757	108 350	26.3%	12 169	11 728
Inventory: Food and food supplies	83 751	-	-652	83 099	70 125	12 974	84.4%	71 400	71 400
Inventory: Fuel, oil and gas	24 901	-	-4 588	20 313	20 007	306	98.5%	25 375	25 375
Inventory: Materials and supplies	10 015	-	2 969	12 984	12 895	89	99.3%	12 246	12 246
Inventory: Medical supplies	766 280	-	-1 888	764 392	749 838	14 554	98.1%	617 637	617 637
Inventory: Medicine	3 908 713	-	162 612	4 071 325	4 060 919	10 406	99.7%	3 449 301	3 570 645
Inventory: Other supplies	117 808	-	-6 888	110 920	101 528	9 392	91.5%	77 286	77 286
Consumable supplies	75 274	-	2 385	77 659	74 982	2 677	96.6%	58 606	58 606
Consumable: Stationery, printing and office supplies	63 997	-	-2 270	61 727	60 825	902	98.5%	73 270	73 270
Operating leases	39 047	-	-288	38 759	38 375	384	99.0%	36 029	36 029
Property payments	1 374 791	-	46 879	1 421 670	1 419 558	2 112	99.9%	1 278 139	1 278 139
Transport provided: Departmental activity	1 554	-	630	2 184	2 016	168	92.3%	1 405	1 405
Travel and subsistence	31 936	3 779	-7 118	28 597	26 617	1 980	93.1%	42 711	42 711
Training and development	12 803	-	-9 906	2 897	2 897	-	100.0%	8 532	8 532

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APPROPRIATION STATEMENT For the year ended 31 March 2021

	2020/21							2019/20	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Operating payments	8 496	-	-2 049	6 447	6 760	-313	104.9%	7 599	7 599
Venues and facilities	54	-	-54	-	-	-	-	-	-

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APPROPRIATION STATEMENT For the year ended 31 March 2021

	2020/21							2019/20	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Rental and hiring	-	-	879	879	879	-	100.0%	569	569
Interest and rent on land	438	-	-138	300	300	-	100.0%	437	437
Interest (Incl. interest on unitary payments (PPP))	438	-	-138	300	300	-	100.0%	437	437
Transfers and subsidies	399 230	-	4 526	403 756	364 206	39 550	90.2%	419 105	413 515
Provinces and municipalities	237 793	-	-	237 793	199 352	38 441	83.8%	225 397	222 893
Provinces	-	-	-	-	-	-	-	1	1
Provincial Revenue Funds	-	-	-	-	-	-	-	1	1
Municipalities	237 793	-	-	237 793	199 352	38 441	83.8%	225 396	222 892
Municipal bank accounts	237 793	-	-	237 793	199 352	38 441	83.8%	225 396	222 892
Departmental agencies and accounts	49	-	-	49	154	-105	314.3%	174	174
Departmental agencies	49	-	-	49	154	-105	314.3%	174	174
Non-profit institutions	52 865	-	-	52 865	51 651	1 214	97.7%	51 034	47 948
Households	108 523	-	4 526	113 049	113 049	-	100.0%	142 500	142 500
Social benefits	66 523	-	46	66 569	66 569	-	100.0%	62 234	62 234
Other transfers to households	42 000	-	4 480	46 480	46 480	-	100.0%	80 266	80 266
Payments for capital assets	275 316	60 202	430	335 948	231 896	104 052	69.0%	226 476	226 476
Machinery and equipment	275 316	60 202	430	335 948	231 896	104 052	69.0%	226 476	226 476
Transport equipment	47 540	60 202	-	107 742	80 659	27 083	74.9%	53 962	53 962
Other machinery and equipment	227 776	-	430	228 206	151 237	76 969	66.3%	172 514	172 514
Payment for financial assets	-	-	99	99	99	-	100.0%	22	22
Total	25 112 642	268 772	-	25 381 414	24 937 252	444 162	98.3%	22 611 550	22 726 863

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APPROPRIATION STATEMENT For the year ended 31 March 2021

Sub programme: 2.1: District Management

	2020/21							2019/20	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	301 018	-	-	301 018	296 486	4 532	98.5%	310 230	310 230
Compensation of employees	253 942	-	-	253 942	251 979	1 963	99.2%	257 897	257 897
Goods and services	47 076	-	-5	47 071	44 502	2 569	94.5%	52 322	52 322
Interest and rent on land	-	-	5	5	5	-	100.0%	11	11
Transfers and subsidies	1 828	-	-204	1 624	1 624	-	100.0%	1 105	1 105
Households	1 828	-	-204	1 624	1 624	-	100.0%	1 105	1 105
Payments for capital assets	15 854	10 944	-	26 798	14 551	12 247	54.3%	3 554	3 554
Machinery and equipment	15 854	10 944	-	26 798	14 551	12 247	54.3%	3 554	3 554
Total	318 700	10 944	(204)	329 440	312 661	16 779	94.9%	314 889	314 889

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APPROPRIATION STATEMENT For the year ended 31 March 2021

Sub programme: 2.2: Community Health Clinics

Economic classification	2020/21							2019/20	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	4 599 813	-	-	4 599 813	4 581 603	18 210	99.6%	4 482 536	4 503 485
Compensation of employees	2 792 653	-	-36 305	2 756 348	2 738 138	18 210	99.3%	2 735 803	2 735 803
Goods and services	1 807 160	-	36 233	1 843 393	1 843 393	-	100.0%	1 746 640	1 767 589
Interest and rent on land	-	-	72	72	72	-	100.0%	93	93
Transfers and subsidies	146 614	-	-3 417	143 197	124 881	18 316	87.2%	131 866	131 643
Provinces and municipalities	109 619	-	-	109 619	91 289	18 330	83.3%	103 904	104 669
Departmental agencies and accounts	-	-	-	-	14	-14	-	25	25
Non-profit institutions	12 923	-	-	12 923	12 923	-	100.0%	12 547	11 559
Households	24 072	-	-3 417	20 655	20 655	-	100.0%	15 390	15 390
Payments for capital assets	19 028	9 875	-	28 903	29 626	-723	102.5%	24 134	24 134
Machinery and equipment	19 028	9 875	-	28 903	29 626	-723	102.5%	24 134	24 134
Total	4 765 455	9 875	-3 417	4 771 913	4 736 110	35 803	99.2%	4 638 536	4 659 262

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APPROPRIATION STATEMENT For the year ended 31 March 2021

Sub programme: 2.3: Community Health Centres

	2020/21							2019/20	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	1 908 289	-	1 310	1 909 599	1 904 166	5 433	99.7%	1 882 739	1 882 739
Compensation of employees	1 383 653	-	1 256	1 384 909	1 384 909	-	100.0%	1 378 370	1 378 370
Goods and services	524 602	-	38	524 640	519 207	5 433	99.0%	504 340	504 340
Interest and rent on land	34	-	16	50	50	-	100.0%	29	29
Transfers and subsidies	9 490	-	-1 399	8 091	8 104	-13	100.2%	16 502	16 502
Departmental agencies and accounts	6	-	-	6	19	-13	316.7%	37	37
Households	9 484	-	-1 399	8 085	8 085	-	100.0%	16 465	16 465
Payments for capital assets	27 672	14 040	-	41 712	31 496	10 216	75.5%	20 249	20 249
Machinery and equipment	27 672	14 040	-	41 712	31 496	10 216	75.5%	20 249	20 249
Total	1 945 451	14 040	-89	1 959 402	1 943 766	15 636	99.2%	1 919 490	1 919 490

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Sub programme: 2.4: Community Based Services

	2020/21							2019/20	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	375 815	-	-54	375 761	360 996	14 765	96.1%	405 930	405 930
Compensation of employees	254 862	-	-54	254 808	253 839	969	99.6%	286 210	286 210
Goods and services	120 953	-	-	120 953	107 157	13 796	88.6%	119 720	119 720
Transfers and subsidies	1 266	-	54	1 320	1 320	-	100.0%	755	755
Households	1 266	-	54	1 320	1 320	-	100.0%	755	755
Payments for capital assets	-	1 623	-	1 623	1 738	-115	107.1%	9 035	9 035
Machinery and equipment	-	1 623	-	1 623	1 738	-115	107.1%	9 035	9 035
Total	377 081	1 623	-	378 704	364 054	14 650	96.1%	415 720	415 720

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Sub programme: 2.5: Other Community Services

Economic classification	2020/21							2019/20	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	3 148 727	208 570	45 348	3 402 645	3 262 931	139 714	95.9%	1 230 676	1 230 676
Compensation of employees	2 614 140	94 177	-146 346	2 561 971	2 564 110	-2 139	100.1%	1 199 704	1 199 704
Goods and services	534 587	114 393	191 694	840 674	698 820	141 854	83.1%	30 971	30 971
Interest and rent on land	-	-	-	-	1	-1	-	1	1
Transfers and subsidies	34 713	-	-3 890	30 823	30 888	-65	100.2%	31 106	29 411
Departmental agencies and accounts	-	-	-	-	8	-8	-	-	-
Non-profit institutions	27 264	-	-	27 264	27 321	-57	100.2%	26 470	24 775
Households	7 449	-	-3 890	3 559	3 559	-	100.0%	4 636	4 636
Payments for capital assets	40 011	370	430	40 811	40 409	402	99.0%	480	480
Machinery and equipment	40 011	370	430	40 811	40 409	402	99.0%	480	480
Total	3 223 451	208 940	41 888	3 474 279	3 334 228	140 051	96.0%	1 262 262	1 260 567

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Sub programme: 2.6: HIV and AIDS

Economic classification	2020/21							2019/20	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	6 173 773	-	-47 374	6 126 399	6 090 153	36 246	99.4%	5 701 410	5 801 364
Compensation of employees	2 593 824	-	-152 834	2 440 990	2 440 990	-	100.0%	2 395 843	2 395 843
Goods and services	3 579 949	-	105 460	3 685 409	3 649 163	36 246	99.0%	3 305 567	3 405 521
Transfers and subsidies	146 252	-	1 596	147 848	126 466	21 382	85.5%	139 732	136 060
Provinces and municipalities	128 174	-	-	128 174	108 063	20 111	84.3%	121 492	118 223
Non-profit institutions	12 678	-	-	12 678	11 407	1 271	90.0%	12 017	11 614
Households	5 400	-	1 596	6 996	6 996	-	100.0%	6 223	6 223
Payments for capital assets	45 253	-	-	45 253	5 436	39 817	12.0%	3 892	3 892
Machinery and equipment	45 253	-	-	45 253	5 436	39 817	12.0%	3 892	3 892
Total	6 365 278	-	-45 778	6 319 500	6 222 055	97 445	98.5%	5 845 034	5 941 316

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Sub programme: 2.7: Nutrition

	2020/21							2019/20	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	42 650	-	-	42 650	28 867	13 783	67.7%	32 705	32 705
Goods and services	42 650	-	-	42 650	28 867	13 783	67.7%	32 705	32 705
Payments for capital assets	2 150	-	-	2 150	60	2 090	2.8%	-	-
Machinery and equipment	2 150	-	-	2 150	60	2 090	2.8%	-	-
Total	44 800	-	-	44 800	28 927	15 873	64.6%	32 705	32 705

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Sub programme: 2.8: Coroner Services

	2020/21							2019/20	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	254 619	-	1 128	255 747	246 924	8 823	96.6%	240 405	240 405
Compensation of employees	202 519	-	1 128	203 647	204 903	-1 256	100.6%	199 879	199 879
Goods and services	52 098	-	-	52 098	42 020	10 078	80.7%	40 523	40 523
Interest and rent on land	2	-	-	2	1	1	50.0%	3	3
Transfers and subsidies	248	-	431	679	679	-	100.0%	641	641
Households	248	-	431	679	679	-	100.0%	641	641
Payments for capital assets	1 851	3 091	-	4 942	3 732	1 210	75.5%	378	378
Machinery and equipment	1 851	3 091	-	4 942	3 732	1 210	75.5%	378	378
Total	256 718	3 091	1 559	261 368	251 335	10 033	96.2%	241 424	241 424

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Sub programme: 2.9: District Hospitals

	2020/21							2019/20	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	7 633 392	-	-5 413	7 627 979	7 568 925	59 054	99.2%	7 679 316	7 679 316
Compensation of employees	5 578 336	-	-5 314	5 573 022	5 514 918	58 104	99.0%	5 646 192	5 646 192
Goods and services	2 054 654	-	132	2 054 786	2 053 836	950	100.0%	2 032 824	2 032 824
Interest and rent on land	402	-	-231	171	171	-	100.0%	300	300
Transfers and subsidies	58 819	-	11 355	70 174	70 244	-70	100.1%	97 398	97 398
Provinces and municipalities	-	-	-	-	-	-	-	1	1
Departmental agencies and accounts	43	-	-	43	113	-70	262.8%	112	112
Households	58 776	-	11 355	70 131	70 131	-	100.0%	97 285	97 285
Payments for capital assets	123 497	20 259	-	143 756	104 848	38 908	72.9%	164 754	164 754
Machinery and equipment	123 497	20 259	-	143 756	104 848	38 908	72.9%	164 754	164 754
Payment for financial assets	-	-	99	99	99	-	100.0%	22	22
Total	7 815 708	20 259	6 041	7 842 008	7 744 116	97 892	98.8%	7 941 490	7 941 490

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Programme 3: Emergency Medical Services

	2020/21							2019/20	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Sub programme									
1 Emergency Services	1 453 850	2 611	-	1 456 461	1 478 434	-21 973	101.5%	1 460 183	1 460 183
2 Planned Patient Transport	207 750	-	-	207 750	127 493	80 257	61.4%	142 703	142 703
Total	1 661 600	2 611	-	1 664 211	1 605 927	58 284	96.5%	1 602 886	1 602 886
Economic classification									
Current payments	1 460 584	2 611	-819	1 462 376	1 429 072	33 304	97.7%	1 426 505	1 426 505
Compensation of employees	1 048 607	2 611	23 609	1 074 827	1 074 827	-	100.0%	1 031 514	1 031 514
Salaries and wages	922 708	2 611	-14 195	911 124	911 124	-	100.0%	876 848	876 848
Social contributions	125 899	-	37 804	163 703	163 703	-	100.0%	154 666	154 666
Goods and services	411 977	-	-24 431	387 546	354 242	33 304	91.4%	394 990	394 990
Administrative fees	13	-	13	26	26	-	100.0%	56	56
Advertising	38	-	-	38	6	32	15.8%	-	-
Minor assets	1 554	-	-	1 554	1 277	277	82.2%	2 667	2 667
Catering: Departmental activities	-	-	-	-	-	-	-	41	41
Communication (G&S)	8 980	-	367	9 347	9 246	101	98.9%	8 964	8 964
Consultants: Business and advisory services	-	-	-	-	-	-	-	4	4
Legal services	114	-	-	114	82	32	71.9%	205	205
Contractors	1 208	-	146	1 354	1 346	8	99.4%	1 502	1 502
Agency and support / outsourced services	885	-	476	1 361	1 361	-	100.0%	1 180	1 180
Fleet services (including government motor transport)	247 345	-	-26 352	220 993	215 611	5 382	97.6%	258 166	258 166

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	2020/21							2019/20	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Inventory: Clothing material and accessories	11 205	-	409	11 614	10 847	767	93.4%	10 859	10 859
Inventory: Fuel, oil and gas	-	-	57	57	57	-	100.0%	-265	-265
Inventory: Materials and supplies	278	-	93	371	371	-	100.0%	344	344
Inventory: Medical supplies	20 208	-	-	20 208	19 825	383	98.1%	13 823	13 823
Inventory: Medicine	403	-	-	403	346	57	85.9%	335	335
Inventory: Other supplies	1 996	-	85	2 081	2 081	-	100.0%	1 685	1 685
Consumable supplies	1 101	-	-	1 101	368	733	33.4%	70	70
Consumable: Stationery, printing and office supplies	2 471	-	-	2 471	1 774	697	71.8%	1 808	1 808
Operating leases	2 859	-	-	2 859	2 581	278	90.3%	2 516	2 516
Property payments	37 000	-	-	37 000	35 449	1 551	95.8%	32 031	32 031
Transport provided: Departmental activity	73 740	-	-	73 740	50 786	22 954	68.9%	54 987	54 987
Travel and subsistence	579	-	122	701	649	52	92.6%	3 937	3 937
Operating payments	-	-	153	153	153	-	100.0%	1	1
Rental and hiring	-	-	-	-	-	-	-	74	74
Interest and rent on land	-	-	3	3	3	-	100.0%	1	1
Interest (Incl. interest on unitary payments (PPP))	-	-	3	3	3	-	100.0%	1	1
Transfers and subsidies	5 918	-	819	6 737	5 818	919	86.4%	4 274	4 274
Provinces and municipalities	2 947	-	-	2 947	2 030	917	68.9%	2 680	2 680
Provinces	2 947	-	-	2 947	2 030	917	68.9%	2 680	2 680
Provincial agencies and funds	2 947	-	-	2 947	2 030	917	68.9%	2 680	2 680

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APPROPRIATION STATEMENT For the year ended 31 March 2021

	2020/21							2019/20	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Departmental agencies and accounts	2	-	-	2	-	2	-	-	-
Departmental agencies	2	-	-	2	-	2	-	-	-
Households	2 969	-	819	3 788	3 788	-	100.0%	1 594	1 594
Social benefits	1 876	-	1 168	3 044	3 044	-	100.0%	1 526	1 526
Other transfers to households	1 093	-	-349	744	744	-	100.0%	68	68
Payments for capital assets	195 098	-	-	195 098	171 037	24 061	87.7%	172 107	172 107
Machinery and equipment	195 098	-	-	195 098	171 037	24 061	87.7%	172 107	172 107
Transport equipment	169 914	-	-	169 914	154 809	15 105	91.1%	148 897	148 897
Other machinery and equipment	25 184	-	-	25 184	16 228	8 956	64.4%	23 210	23 210
Total	1 661 600	2 611	-	1 664 211	1 605 927	58 284	96.5%	1 602 886	1 602 886

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Sub programme: 3.1: Emergency Services

Economic classification	2020/21							2019/20	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	1 306 309	2 611	-666	1 308 254	1 301 866	6 388	99.5%	1 283 916	1 283 916
Compensation of employees	972 283	2 611	21 323	996 217	996 217	-	100.0%	958 164	958 164
Goods and services	334 026	-	-21 992	312 034	305 646	6 388	98.0%	325 751	325 751
Interest and rent on land	-	-	3	3	3	-	100.0%	1	1
Transfers and subsidies	5 784	-	666	6 450	5 531	919	85.8%	4 160	4 160
Provinces and municipalities	2 947	-	-	2 947	2 030	917	68.9%	2 680	2 680
Departmental agencies and accounts	2	-	-	2	-	2	-	-	-
Households	2 835	-	666	3 501	3 501	-	100.0%	1 480	1 480
Payments for capital assets	141 757	-	-	141 757	171 037	-29 280	120.7%	172 107	172 107
Machinery and equipment	141 757	-	-	141 757	171 037	-29 280	120.7%	172 107	172 107
Total	1 453 850	2 611	-	1 456 461	1 478 434	-21 973	101.5%	1 460 183	1 460 183

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Sub programme: 3.2: Planned Patient Transport

Economic classification	2020/21							2019/20	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	154 275	-	-153	154 122	127 206	26 916	82.5%	142 589	142 589
Compensation of employees	76 324	-	2 286	78 610	78 610	-	100.0%	73 350	73 350
Goods and services	77 951	-	-2 439	75 512	48 596	26 916	64.4%	69 239	69 239
Transfers and subsidies	134	-	153	287	287	-	100.0%	114	114
Households	134	-	153	287	287	-	100.0%	114	114
Payments for capital assets	53 341	-	-	53 341	-	53 341	-	-	-
Machinery and equipment	53 341	-	-	53 341	-	53 341	-	-	-
Total	207 750	-	-	207 750	127 493	80 257	61.4%	142 703	142 703

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Programme 4: Provincial Hospital Services

	2020/21							2019/20	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Sub programme									
1 General (Regional) Hospitals	9 937 817	(87 127)	(30 497)	9 820 193	9 376 385	443 808	95.5%	9 366 407	9 366 407
2 Tuberculosis Hospitals	716 040	-	(340)	715 700	635 243	80 457	88.8%	711 352	711 352
3 Psychiatric-Mental Hospitals	1 003 802	915	(3 012)	1 001 705	975 904	25 801	97.4%	979 725	979 725
4 Sub-acute, Step-down and Chronic Medical Hospitals	453 003	1 534	-	454 537	317 902	136 635	69.9%	443 945	443 945
5 Dental Training Hospital	20 918	-	-	20 918	20 205	713	96.6%	19 785	19 785
Total	12 131 580	(84 678)	(33 849)	12 013 053	11 325 639	687 414	94.3%	11 521 214	11 521 214
Economic classification									
Current payments	11 834 985	-80 133	-48 548	11 706 304	11 102 742	603 562	94.8%	11 198 706	11 198 706
Compensation of employees	8 703 716	-56 240	-48 514	8 598 962	8 269 554	329 408	96.2%	8 354 915	8 354 915
Salaries and wages	7 600 463	-54 923	-50 125	7 495 415	7 226 633	268 782	96.4%	7 303 055	7 303 055
Social contributions	1 103 253	-1 317	1 611	1 103 547	1 042 921	60 626	94.5%	1 051 860	1 051 860
Goods and services	3 131 265	-23 893	-69	3 107 303	2 833 149	274 154	91.2%	2 843 410	2 843 410
Administrative fees	128	-	-80	48	47	1	97.9%	176	176
Advertising	421	-	-390	31	25	6	80.6%	397	397
Minor assets	8 489	-	352	8 841	8 299	542	93.9%	12 012	12 012
Bursaries: Employees	-	-	-	-	-	-	-	-3	-3
Catering: Departmental activities	104	-	-76	28	28	-	100.0%	78	78
Communication (G&S)	17 580	-	-156	17 424	17 128	296	98.3%	17 490	17 490

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	2020/21							2019/20	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Computer services	526	-	-158	368	158	210	42.9%	126	126
Consultants: Business and advisory services	21 239	-	112 167	133 406	133 404	2	100.0%	103 848	103 848
Laboratory services	438 732	-	-70 748	367 984	364 331	3 653	99.0%	439 078	439 078
Legal services	38 144	-23 893	-110	14 141	8 354	5 787	59.1%	30 771	30 771
Contractors	109 660	-	-39 953	69 707	69 443	264	99.6%	65 767	65 767
Agency and support / outsourced services	218 000	-	1 912	219 912	216 025	3 887	98.2%	212 640	212 640
Fleet services (including government motor transport)	14 611	-	418	15 029	12 580	2 449	83.7%	15 528	15 528
Inventory: Clothing material and accessories	59 640	-	-1 413	58 227	12 446	45 781	21.4%	6 317	6 317
Inventory: Food and food supplies	43 158	-	-2 658	40 500	34 940	5 560	86.3%	40 103	40 103
Inventory: Fuel, oil and gas	28 852	-	-418	28 434	24 196	4 238	85.1%	28 462	28 462
Inventory: Materials and supplies	4 924	-	583	5 507	3 648	1 859	66.2%	5 250	5 250
Inventory: Medical supplies	836 347	-	138	836 485	726 972	109 513	86.9%	692 491	692 491
Inventory: Medicine	455 480	-16469	-	439011	405 981	33030	92.5%	382 891	382 891
Inventory: Other supplies	72 408	-	-	72 408	60 388	12 020	83.4%	64 743	64 743
Consumable supplies	38 607	-	-62	38 545	34 046	4 499	88.3%	30 476	30 476
Consumable: Stationery, printing and office supplies	26 801	-	-266	26 535	22 028	4 507	83.0%	27 168	27 168
Operating leases	14 935	-	827	15 762	15 775	-13	100.1%	15 529	15 529
Property payments	674 690	-	586	675 276	657 212	18 064	97.3%	643 716	643 716
Transport provided: Departmental activity	250	-	-100	150	150	-	100.0%	246	246
Travel and subsistence	2 854	-	-869	1 985	1 934	51	97.4%	3 890	3 890
Operating payments	4 685	-	347	5 032	3 553	1 479	70.6%	3 600	3 600
Rental and hiring	-	-	58	58	58	-	100.0%	620	620

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	2020/21							2019/20	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Interest and rent on land	4	-	35	39	39	-	100.0%	381	381

	2020/21							2019/20	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Interest (Incl. interest on unitary payments (PPP))	4	-	35	39	39	-	100.0%	381	381
Transfers and subsidies	83 790	-	14 665	98 455	98 425	30	100.0%	114 731	114 731
Departmental agencies and accounts	98	-	-	98	68	30	69.4%	116	116
Departmental agencies	98	-	-	98	68	30	69.4%	116	116
Non-profit institutions	5 643	-	-	5 643	5 643	-	100.0%	5 479	5 479
Households	78 049	-	14 665	92 714	92 714	-	100.0%	109 136	109 136
Social benefits	34 749	-	3 586	38 335	38 335	-	100.0%	36 845	36 845
Other transfers to households	43 300	-	11 079	54 379	54 379	-	100.0%	72 291	72 291
Payments for capital assets	212 805	11 924	-	224 729	124 438	100 291	55.4%	207 496	207 496
Machinery and equipment	212 805	11 924	-	224 729	124 438	100 291	55.4%	207 496	207 496
Transport equipment	5 339	11 924	-	17 263	17 263	-	100.0%	10 940	10 940
Other machinery and equipment	207 466	-	-	207 466	107 175	100 291	51.7%	196 556	196 556
Payment for financial assets	-	-	34	34	34	-	100.0%	281	281
Total	12 131 580	(84678)	(33 849)	12013053	11 325 639	687414	94.3%	11 521 214	11 521 214

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Sub programme: 4.1: General (Regional) Hospitals

Economic classification	2020/21							2019/20	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	9 679 858	(96 602)	-47 381	9 535 875	9 182 632	353 243	96.3%	9 087 295	9 087 295
Compensation of employees	7 022 746	-56 240	-47 374	6 919 132	6 760 375	158 757	97.7%	6 675 672	6 675 672
Goods and services	2 657 112	(40 362)	-40	2 616 710	2 422 224	194 486	92.6%	2 411 287	2 411 287
Interest and rent on land	-	-	33	33	33	-	100.0%	336	336
Transfers and subsidies	65 720	-	16 877	82 597	82 558	39	100.0%	100 697	100 697
Departmental agencies and accounts	78	-	-	78	39	39	50.0%	70	70
Households	65 642	-	16 877	82 519	82 519	-	100.0%	100 627	100 627
Payments for capital assets	192 239	9 475	-	201 714	111 188	90 526	55.1%	178 134	178 134
Machinery and equipment	192 239	9 475	-	201 714	111 188	90 526	55.1%	178 134	178 134
Payment for financial assets	-	-	7	7	7	-	100.0%	281	281
Total	9 937 817	(87 127)	-30 497	9 820 193	9 376 385	443 808	95.5%	9 366 407	9 366 407

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Sub programme: 4.2: TUBERCULOSIS HOSPITALS

	2020/21							2019/20	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	702 709	-	-	702 709	625 963	76 746	89.1%	697 889	697 889
Compensation of employees	510 781	-	-	510 781	465 140	45 641	91.1%	527 868	527 868
Goods and services	191 924	-	1	191 925	160 820	31 105	83.8%	170 008	170 008
Interest and rent on land	4	-	-1	3	3	-	100.0%	13	13
Transfers and subsidies	8 309	-	-340	7 969	7 965	4	99.9%	8 876	8 876
Departmental agencies and accounts	14	-	-	14	10	4	71.4%	13	13
Non-profit institutions	5 643	-	-	5 643	5 643	-	100.0%	5 479	5 479
Households	2 652	-	-340	2 312	2 312	-	100.0%	3 384	3 384
Payments for capital assets	5 022	-	-	5 022	1 315	3 707	26.2%	4 587	4 587
Machinery and equipment	5 022	-	-	5 022	1 315	3 707	26.2%	4 587	4 587
Total	716 040	-	-340	715 700	635 243	80 457	88.8%	711 352	711 352

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Sub programme: 4.3: Psychiatric-Mental Hospitals

Economic classification	2020/21							2019/20	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	987 919	-	-27	987 892	962 821	25 071	97.5%	967 804	967 804
Compensation of employees	789 619	-	-	789 619	773 052	16 567	97.9%	789 351	789 351
Goods and services	198 300	-	-30	198 270	189 766	8 504	95.7%	178 435	178 435
Interest and rent on land	-	-	3	3	3	-	100.0%	18	18
Transfers and subsidies	8 464	-	-3 012	5 452	5 465	-13	100.2%	4 121	4 121
Departmental agencies and accounts	6	-	-	6	19	-13	316.7%	25	25
Households	8 458	-	-3 012	5 446	5 446	-	100.0%	4 096	4 096
Payments for capital assets	7 419	915	-	8 334	7 591	743	91.1%	7 800	7 800
Machinery and equipment	7 419	915	-	8 334	7 591	743	91.1%	7 800	7 800
Payment for financial assets	-	-	27	27	27	-	100.0%	-	-
Total	1 003 802	915	(3 012)	1 001 705	975 904	25 801	97.4%	979 725	979 725

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Sub programme: 4.4: Sub-acute, Step-down and Chronic Medical Hospitals

Economic classification	2020/21							2019/20	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	443 581	-	-1 099	442 482	311 162	131 320	70.3%	425 973	425 973
Compensation of employees	361 430	-	-1 099	360 331	252 173	108 158	70.0%	343 302	343 302
Goods and services	82 151	-	-	82 151	58 989	23 162	71.8%	82 657	82 657
Interest and rent on land	-	-	-	-	-	-	-	14	14
Transfers and subsidies	1 297	-	1 099	2 396	2 396	-	100.0%	997	997
Departmental agencies and accounts	-	-	-	-	-	-	-	8	8
Households	1 297	-	1 099	2 396	2 396	-	100.0%	989	989
Payments for capital assets	8 125	1 534	-	9 659	4 344	5 315	45.0%	16 975	16 975
Machinery and equipment	8 125	1 534	-	9 659	4 344	5 315	45.0%	16 975	16 975
Total	453 003	1 534	-	454 537	317 902	136 635	69.9%	443 945	443 945

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Sub programme: 4.5: Dental Training Hospital

	2020/21							2019/20	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	20 918	-	-41	20 877	20 164	713	96.6%	19 745	19 745
Compensation of employees	19 140	-	-41	19 099	18 814	285	98.5%	18 722	18 722
Goods and services	1 778	-	-	1 778	1 350	428	75.9%	1 023	1 023
Transfers and subsidies	-	-	41	41	41	-	100.0%	40	40
Households	-	-	41	41	41	-	100.0%	40	40
Total	20 918	-	-	20 918	20 205	713	96.6%	19 785	19 785

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Programme 5: Central Hospital Services

	2020/21							2019/20	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Sub programme									
1 Central Hospital Services	2 673 447	-	-6 121	2 667 326	2 653 569	13 757	99.5%	2 389 393	2 389 393
2 Provincial Tertiary Hospital Services	2 840 681	342	-7 658	2 833 365	2 731 891	101 474	96.4%	2 779 776	2 779 776
Total	5 514 128	342	-13 779	5 500 691	5 385 460	115 231	97.9%	5 169 169	5 169 169
Economic classification									
Current payments	5 341 332	-	-	5 341 332	5 270 488	70 844	98.7%	4 975 407	4 975 407
Compensation of employees	3 117 348	-	-	3 117 348	3 075 647	41 701	98.7%	3 032 929	3 032 929
Salaries and wages	2 732 480	-	-	2 732 480	2 687 328	45 152	98.3%	2 650 944	2 650 944
Social contributions	384 868	-	-	384 868	388 319	-3 451	100.9%	381 985	381 985
Goods and services	2 223 984	-	-	2 223 984	2 194 842	29 142	98.7%	1 942 406	1 942 406
Administrative fees	32	-	-18	14	2	12	14.3%	22	22
Advertising	161	-	-25	136	-	136	-	9	9
Minor assets	680	-	-256	424	424	-	100.0%	810	810
Catering: Departmental activities	11	-	-	11	8	3	72.7%	2	2
Communication (G&S)	7 050	-	688	7 738	7 100	638	91.8%	5 986	5 986
Computer services	7 683	-	-	7 683	5 999	1 684	78.1%	7 413	7 413
Consultants: Business and advisory services	-	-	27	27	27	-	100.0%	46	46
Laboratory services	230 086	-	-	230 086	200 902	29 184	87.3%	224 625	224 625
Legal services	24 306	-	-	24 306	879	23 427	3.6%	10 977	10 977
Contractors	71 165	-	641	71 806	60 132	11 674	83.7%	37 028	37 028

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	2020/21							2019/20	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Agency and support / outsourced services	805 566	-	-	805 566	902 711	-97 145	112.1%	629 082	629 082
Fleet services (including government motor transport)	830	-	-268	562	478	84	85.1%	807	807
Inventory: Clothing material and accessories	12 402	-	-	12 402	5 596	6 806	45.1%	2 275	2 275
Inventory: Food and food supplies	6 925	-	-809	6 116	5 920	196	96.8%	6 364	6 364
Inventory: Fuel, oil and gas	26 005	-	-	26 005	14 880	11 125	57.2%	20 819	20 819
Inventory: Materials and supplies	139	-	456	595	595	-	100.0%	551	551
Inventory: Medical supplies	591 866	-	-	591 866	557 511	34 355	94.2%	581 642	581 642
Inventory: Medicine	246 399	-	-	246 399	245 039	1 360	99.4%	230 417	230 417
Inventory: Other supplies	22 476	-	754	23 230	21 342	1 888	91.9%	20 042	20 042
Consumable supplies	11 684	-	-234	11 450	10 914	536	95.3%	10 134	10 134
Consumable: Stationery, printing and office supplies	4 840	-	-434	4 406	4 042	364	91.7%	5 771	5 771
Operating leases	2 185	-	187	2 372	2 321	51	97.8%	2 101	2 101
Property payments	148 684	-	-	148 684	146 724	1 960	98.7%	142 943	142 943
Transport provided: Departmental activity	-	-	-	-	-	-	-	1	1
Travel and subsistence	1 011	-	-529	482	369	113	76.6%	977	977
Operating payments	1 798	-	-194	1 604	913	691	56.9%	1 562	1 562
Rental and hiring	-	-	14	14	14	-	100.0%	-	-
Interest and rent on land	-	-	-	-	-1	1	-	72	72
Interest (Incl. interest on unitary payments (PPP))	-	-	-	-	-1	1	-	72	72
Transfers and subsidies	40 877	-	-13 779	27 098	27 104	-6	100.0%	22 593	22 593

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	2020/21							2019/20	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Departmental agencies and accounts	71	-	-	71	77	-6	108.5%	109	109
Departmental agencies	71	-	-	71	77	-6	108.5%	109	109
Households	40 806	-	-13 779	27 027	27 027	-	100.0%	22 484	22 484
Social benefits	14 095	-	3 200	17 295	17 295	-	100.0%	13 271	13 271

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	2020/21							2019/20	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Other transfers to households	26 711	-	-16 979	9 732	9 732	-	100.0%	9 213	9 213
Payments for capital assets	131 919	342	-	132 261	87 868	44 393	66.4%	171 169	171 169
Machinery and equipment	131 919	342	-	132 261	87 868	44 393	66.4%	171 169	171 169
Transport equipment	820	342	-	1 162	1 162	-	100.0%	1 600	1 600
Other machinery and equipment	131 099	-	-	131 099	86 706	44 393	66.1%	169 569	169 569
Total	5 514 128	342	-13 779	5 500 691	5 385 460	115 231	97.9%	5 169 169	5 169 169

Sub programme: 5.1: Central Hospital Services

Economic classification	2020/21							2019/20	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	2 663 218	-	-	2 663 218	2 649 394	13 824	99.5%	2 385 281	2 385 281
Compensation of employees	1 277 318	-	-	1 277 318	1 232 939	44 379	96.5%	1 210 427	1 210 427
Goods and services	1 385 900	-	-	1 385 900	1 416 456	-30 556	102.2%	1 174 853	1 174 853
Interest and rent on land	-	-	-	-	-1	1	-	1	1
Transfers and subsidies	10 229	-	-6 121	4 108	4 175	-67	101.6%	4 112	4 112
Departmental agencies and accounts	-	-	-	-	67	-67	-	63	63
Households	10 229	-	-6 121	4 108	4 108	-	100.0%	4 049	4 049
Total	2 673 447	-	-6 121	2 667 326	2 653 569	13 757	99.5%	2 389 393	2 389 393

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Sub programme: 5.2: Provincial Tertiary Hospital Services

Economic classification	2019/20							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	2 678 114	-	-	2 678 114	2 621 094	57 020	97.9%	2 590 126	2 590 126
Compensation of employees	1 840 030	-	-	1 840 030	1 842 708	-2 678	100.1%	1 822 502	1 822 502
Goods and services	838 084	-	-	838 084	778 386	59 698	92.9%	767 553	767 553
Interest and rent on land	-	-	-	-	-	-	-	71	71
Transfers and subsidies	30 648	-	-7 658	22 990	22 929	61	99.7%	18 481	18 481
Departmental agencies and accounts	71	-	-	71	10	61	14.1%	46	46
Households	30 577	-	-7 658	22 919	22 919	-	100.0%	18 435	18 435
Payments for capital assets	131 919	342	-	132 261	87 868	44 393	66.4%	171 169	171 169
Machinery and equipment	131 919	342	-	132 261	87 868	44 393	66.4%	171 169	171 169
Total	2 840 681	342	-7 658	2 833 365	2 731 891	101 474	96.4%	2 779 776	2 779 776

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Programme 6: Health Sciences and Training

	2020/21							2019/20	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Sub programme									
1 Nursing Training Colleges	241 799	882	-13 792	228 889	220 796	8 093	96.5%	241 488	241 488
2 EMS Training Colleges	33 294	-	276	33 570	19 568	14 002	58.3%	21 564	21 564
3 Bursaries	113 904	-	-2 012	111 892	109 494	2 398	97.9%	217 510	217 510
4 Primary Health Care Training	44 485	-	-1 336	43 149	37 753	5 396	87.5%	44 430	44 430
5 Training Other	858 889	-40 548	29 356	847 697	877 586	-29 889	103.5%	779 581	779 581
Total	1 292 371	-39 666	12 492	1 265 197	1 265 197	-	100.0%	1 304 573	1 304 573
Economic classification									
Current payments	1 148 857	-40 548	13 767	1 122 076	1 137 118	-15 042	101.3%	1 067 189	1 067 189
Compensation of employees	1 091 873	-40 548	13 653	1 064 978	1 103 769	-38 791	103.6%	1 013 485	1 013 485
Salaries and wages	1 053 112	-40 548	14 817	1 027 381	1 066 757	-39 376	103.8%	975 144	975 144
Social contributions	38 761	-	-1 164	37 597	37 012	585	98.4%	38 341	38 341
Goods and services	56 984	-	113	57 097	33 347	23 750	58.4%	53 317	53 317
Administrative fees	699	-	-98	601	482	119	80.2%	1 037	1 037
Advertising	67	-	21	88	32	56	36.4%	45	45
Minor assets	276	-	163	439	334	105	76.1%	127	127
Bursaries: Employees	8 009	-	-	8 009	8 025	-16	100.2%	3 583	3 583
Catering: Departmental activities	396	-	-	396	71	325	17.9%	341	341
Communication (G&S)	1 893	-	1	1 894	827	1 067	43.7%	886	886
Computer services	220	-	-	220	202	18	91.8%	215	215

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	2020/21							2019/20	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Consultants: Business and advisory services	42	-	-33	9	75	-66	833.3%	11	11
Legal services	82	-	-	82	-	82	-	65	65
Contractors	13	-	72	85	85	-	100.0%	63	63
Agency and support / outsourced services	-	-	-	-	11	-11	-	-	-
Fleet services (including government motor transport)	2 522	-	-107	2 415	1 784	631	73.9%	2 450	2 450
Inventory: Clothing material and accessories	3 105	-	4	3 109	25	3 084	0.8%	8	8
Inventory: Fuel, oil and gas	-	-	-	-	9	-9	-	76	76
Inventory: Learner and teacher support material	-	-	-	-	279	-279	-	509	509
Inventory: Materials and supplies	81	-	98	179	110	69	61.5%	27	27
Inventory: Medical supplies	74	-	10	84	69	15	82.1%	90	90
Inventory: Medicine	-	-	-	-	2	-2	-	-	-
Inventory: Other supplies	515	-	-178	337	309	28	91.7%	597	597
Consumable supplies	877	-	-68	809	716	93	88.5%	772	772
Consumable: Stationery, printing and office supplies	1 928	-	76	2 004	781	1 223	39.0%	1 799	1 799
Operating leases	1 418	-	-164	1 254	1 247	7	99.4%	1 315	1 315
Property payments	9 383	-	394	9 777	9 263	514	94.7%	9 694	9 694
Travel and subsistence	10 778	-	-	10 778	5 341	5 437	49.6%	17 376	17 376
Training and development	9 221	-	-	9 221	2 649	6 572	28.7%	11 458	11 458
Operating payments	4 943	-	(4)	4 939	527	4 412	10.7%	471	471
Venues and facilities	442	-	-74	368	-	368	-	302	302
Rental and hiring	-	-	-	-	92	-92	-	-	-
Interest and rent on land	-	-	1	1	2	-1	200.0%	387	387

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	2020/21							2019/20	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Interest (Incl. interest on unitary payments (PPP))	-	-	1	1	2	-1	200.0%	387	387
Transfers and subsidies	127 398	-	-1 275	126 123	126 123	-	100.0%	228 430	228 430
Departmental agencies and accounts	23 248	-	-	23 248	23 248	-	100.0%	22 036	22 036
Departmental agencies	23 248	-	-	23 248	23 248	-	100.0%	22 036	22 036
Households	104 150	-	-1 275	102 875	102 875	-	100.0%	206 394	206 394
Social benefits	2 488	-	737	3 225	3 225	-	100.0%	3 371	3 371
Other transfers to households	101 662	-	-2 012	99 650	99 650	-	100.0%	203 023	203 023
Payments for capital assets	16 116	882	-	16 998	1 956	15 042	11.5%	8 954	8 954
Machinery and equipment	16 116	882	-	16 998	1 956	15 042	11.5%	8 954	8 954
Transport equipment	-	882	-	882	882	-	100.0%	6 095	6 095
Other machinery and equipment	16 116	-	-	16 116	1 074	15 042	6.7%	2 859	2 859
Total	1 292 371	-39 666	12 492	1 265 197	1 265 197	-	100.0%	1 304 573	1 304 573

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Sub programme: 6.1: Nursing Training Colleges

	2020/21							2019/20	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	239 499	-	-14 017	225 482	217 717	7 765	96.6%	232 543	232 543
Compensation of employees	219 707	-	-14 018	205 689	205 689	-	100.0%	218 391	218 391
Goods and services	19 792	-	-	19 792	12 027	7 765	60.8%	14 152	14 152
Interest and rent on land	-	-	1	1	1	-	100.0%	-	-
Transfers and subsidies	1 800	-	225	2 025	2 025	-	100.0%	2 802	2 802
Households	1 800	-	225	2 025	2 025	-	100.0%	2 802	2 802
Payments for capital assets	500	882	-	1 382	1 054	328	76.3%	6 143	6 143
Machinery and equipment	500	882	-	1 382	1 054	328	76.3%	6 143	6 143
Total	241 799	882	-13 792	228 889	220 796	8 093	96.5%	241 488	241 488

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Sub programme: 6.2: EMS Training Colleges

	2020/21							2019/20	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	19 494	-	-	19 494	18 390	1 104	94.3%	18 674	18 674
Compensation of employees	17 176	-	-113	17 063	17 063	-	100.0%	16 299	16 299
Goods and services	2 318	-	113	2 431	1 327	1 104	54.6%	2 375	2 375
Transfers and subsidies	-	-	276	276	276	-	100.0%	91	91
Households	-	-	276	276	276	-	100.0%	91	91
Payments for capital assets	13 800	-	-	13 800	902	12 898	6.5%	2 799	2 799
Machinery and equipment	13 800	-	-	13 800	902	12 898	6.5%	2 799	2 799
Total	33 294	-	276	33 570	19 568	14 002	58.3%	21 564	21 564

Sub programme: 6.3: Bursaries

	2020/21							2019/20	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	12 242	-	-	12 242	9 844	2 398	80.4%	14 487	14 487
Goods and services	12 242	-	-	12 242	9 844	2 398	80.4%	14 487	14 487
Transfers and subsidies	101 662	-	-2 012	99 650	99 650	-	100.0%	203 023	203 023
Households	101 662	-	-2 012	99 650	99 650	-	100.0%	203 023	203 023
Total	113 904	-	-2 012	111 892	109 494	2 398	97.9%	217 510	217 510

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Sub programme: 6.4: Primary Health Care Training

Economic classification	2020/21							2019/20	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	42 204	-	-1 608	40 596	37 016	3 580	91.2%	43 998	43 998
Compensation of employees	38 379	-	-1 608	36 771	36 771	-	100.0%	38 208	38 208
Goods and services	3 825	-	-	3 825	245	3 580	6.4%	5 406	5 406
Interest and rent on land	-	-	-	-	-	-	-	384	384
Transfers and subsidies	465	-	272	737	737	-	100.0%	432	432
Households	465	-	272	737	737	-	100.0%	432	432
Payments for capital assets	1 816	-	-	1 816	-	1 816	-	-	-
Machinery and equipment	1 816	-	-	1 816	-	1 816	-	-	-
Total	44 485	-	-1 336	43 149	37 753	5 396	87.5%	44 430	44 430

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Sub programme: 6.5: Training Other

Economic classification	2020/21							2019/20	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	835 418	-40 548	29 392	824 262	854 151	-29 889	103.6%	757 487	757 487
Compensation of employees	816 611	-40 548	29 392	805 455	844 246	-38 791	104.8%	740 587	740 587
Goods and services	18 807	-	-	18 807	9 904	8 903	52.7%	16 897	16 897
Interest and rent on land	-	-	-	-	1	-1	-	3	3
Transfers and subsidies	23 471	-	-36	23 435	23 435	-	100.0%	22 082	22 082
Departmental agencies and accounts	23 248	-	-	23 248	23 248	-	100.0%	22 036	22 036
Households	223	-	-36	187	187	-	100.0%	46	46
Payments for capital assets	-	-	-	-	-	-	-	12	12
Machinery and equipment	-	-	-	-	-	-	-	12	12
Total	858 889	-40 548	29 356	847 697	877 586	-29 889	103.5%	779 581	779 581

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Programme 7: Health Care Support Services

	2020/21							2019/20	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Sub programme									
1 Medicine Trading Account	65 988	16 469	30 665	113 122	200 379	(87 257)	177.1%	59 498	25 325
2 Laundry Services	260 586	870	-	261 456	182 588	78 868	69.8%	178 209	171 809
3 Orthotic and Prosthetic Services	55 995	-	(59)	55 936	47 547	8 389	85.0%	54 232	54 232
Total	382 569	17 339	30 606	430 514	430 514	-	100.0%	291 939	251 366
Economic classification									
Current payments	376 482	-	30 426	406 908	423 608	-16 700	104.1%	289 617	249 044
Compensation of employees	163 785	-	-647	163 138	151 147	11 991	92.6%	154 467	154 467
Salaries and wages	139 494	-	-1 665	137 829	124 245	13 584	90.1%	128 182	128 182
Social contributions	24 291	-	1 018	25 309	26 902	-1 593	106.3%	26 285	26 285
Goods and services	212 697	-	31 073	243 770	272 461	-28 691	111.8%	135 150	94 577
Administrative fees	9	-	15	24	24	-	100.0%	43	43
Advertising	114	-	-46	68	24	44	35.3%	-	-
Minor assets	238	-	-123	115	59	56	51.3%	314	314
Communication (G&S)	1 198	-	-229	969	969	-	100.0%	1 079	1 079
Computer services	2 727	-	27	2 754	2 754	-	100.0%	2 605	2 605
Consultants: Business and advisory services	-	-	-	-	-	-	-	13	13
Legal services	-	-	-	-	-	-	-	10	10
Contractors	291	-	-192	99	99	-	100.0%	400	400
Agency and support / outsourced services	133	-	-36	97	97	-	100.0%	178	178
Fleet services (including government motor transport)	4 879	-	-743	4 136	4 025	111	97.3%	4 975	4 975

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	2020/21							2019/20	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Inventory: Clothing material and accessories	4 291	-	-1 876	2 415	1 160	1 255	48.0%	850	850
Inventory: Fuel, oil and gas	32 316	-	1 042	33 358	33 358	-	100.0%	34 117	34 117
Inventory: Materials and supplies	439	-	-107	332	316	16	95.2%	326	326
Inventory: Medical supplies	14 286	-	332	14 618	9 230	5 388	63.1%	13 668	13 668
Inventory: Medicine	-	-	-	-	-	-	-	24	24
Medsas inventory interface	-	16469	30 665	47134	138 969	-91835	294.8%	-58	-34 231
Inventory: Other supplies	96 066	-	154	96 220	28 688	67 532	29.8%	24 810	18 410
Consumable supplies	2 868	-	28	2 896	1 626	1 270	56.1%	1 649	1 649
Consumable: Stationery, printing and office supplies	1 036	-	-67	969	717	252	74.0%	858	858
Operating leases	548	-	-34	514	470	44	91.4%	499	499
Property payments	28 746	-	2 314	31 060	30 768	292	99.1%	27 923	27 923
Travel and subsistence	365	-	296	661	456	205	69.0%	536	536
Training and development	23	-	-23	-	-	-	-	-	-
Operating payments	22 124	-	-326	21 798	18 650	3 148	85.6%	20 331	20 331
Rental and hiring	-	-	2	2	2	-	100.0%	-	-
Transfers and subsidies	821	-	180	1 001	1 001	-	100.0%	1 493	1 493
Households	821	-	180	1 001	1 001	-	100.0%	1 493	1 493
Social benefits	821	-	180	1 001	1 001	-	100.0%	1 493	1 493
Payments for capital assets	5 266	870	-	6 136	5 905	231	96.2%	829	829
Machinery and equipment	5 266	870	-	6 136	5 905	231	96.2%	829	829
Transport equipment	4 220	870	-	5 090	5 090	-	100.0%	564	564

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	2020/21							2019/20	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Other machinery and equipment	1 046	-	-	1 046	815	231	77.9%	265	265
Total	382 569	17339	30 606	430514	430 514	-	100.0%	291 939	251 366

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Sub programme: 7.1: Medicine Trading Account

	2020/21							2019/20	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	65 988	16 496	30 639	113 096	200 317	-87221	177.1%	59 249	25 076
Compensation of employees	37 498	-	-647	36 851	36 851	-	100.0%	35 479	35 479
Goods and services	28 490	16469	31 286	76245	163 466	-87221	214.4%	23 770	-10 403
Transfers and subsidies	-	-	26	26	26	-	100.0%	22	22
Households	-	-	26	26	26	-	100.0%	22	22
Payments for capital assets	-	-	-	-	36	-36	-	227	227
Machinery and equipment	-	-	-	-	36	-36	-	227	227
Total	65 988	16469	30 665	113 122	200 379	-87 257	177.1%	59 498	25 325

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Sub programme: 7.2: Laundry Services

Economic classification	2020/21							2019/20	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	255 086	-	-213	254 873	176 207	78 666	69.1%	176 821	170 421
Compensation of employees	88 185	-	-	88 185	78 272	9 913	88.8%	82 287	82 287
Goods and services	166 901	-	-213	166 688	97 935	68 753	58.8%	94 534	88 134
Transfers and subsidies	723	-	213	936	936	-	100.0%	786	786
Households	723	-	213	936	936	-	100.0%	786	786
Payments for capital assets	4 777	870	-	5 647	5 445	202	96.4%	602	602
Machinery and equipment	4 777	870	-	5 647	5 445	202	96.4%	602	602
Total	260 586	870	-	261 456	182 588	78 868	69.8%	178 209	171 809

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Sub programme: 7.3: Orthotic and Prosthetic Services

	2020/21							2019/20	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	55 408	-	-	55 408	47 084	8 324	85.0%	53 547	53 547
Compensation of employees	38 102	-	-	38 102	36 024	2 078	94.5%	36 701	36 701
Goods and services	17 306	-	-	17 306	11 060	6 246	63.9%	16 846	16 846
Transfers and subsidies	98	-	-59	39	39	-	100.0%	685	685
Households	98	-	-59	39	39	-	100.0%	685	685
Payments for capital assets	489	-	-	489	424	65	86.7%	-	-
Machinery and equipment	489	-	-	489	424	65	86.7%	-	-
Total	55 995	-	-59	55 936	47 547	8 389	85.0%	54 232	54 232

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Programme 8: Health Facilities Management

	2020/21							2019/20	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Sub programme									
1 Community Health Facilities	328 565	-	-119 239	209 326	209 326	-	100.0%	196 015	196 015
2 District Hospital Services	587 454	-	186 593	774 047	808 108	-34 061	104.4%	342 018	342 018
3 Emergency Medical Services	667	-	-667	-	-	-	-	-	-
4 Provincial Hospital Services	1 639 403	-	69 763	1 709 166	1 723 875	-14 709	100.9%	1 010 015	1 010 015
5 Central Hospital Services	79 028	-	-2 956	76 072	76 072	-	100.0%	82 492	82 492
6 Other Facilities	504 803	-	-133 494	371 309	295 814	75 495	79.7%	223 768	223 768
Total	3 139 920	-	-	3 139 920	3 113 195	26 725	99.1%	1 854 308	1 854 308

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	2020/21							2019/20	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Economic classification									
Current payments	614 018	-	-	614 018	712 973	-98 955	116.1%	630 496	630 496
Compensation of employees	91 748	-	-13 185	78 563	78 563	-	100.0%	79 675	79 675
Salaries and wages	82 766	-	-7 476	75 290	75 290	-	100.0%	76 345	76 345
Social contributions	8 982	-	-5 709	3 273	3 273	-	100.0%	3 330	3 330
Goods and services	522 270	-	13 185	535 455	634 410	-98 955	118.5%	550 821	550 821
Administrative fees	-	-	-	-	-	-	-	8	8
Advertising	-	-	-	-	-	-	-	58	58
Minor assets	977	-	8 561	9 538	9 538	-	100.0%	4 855	4 855
Computer services	-	-	-	-	-	-	-	100	100
Consultants: Business and advisory services	1 188	-	-1 186	2	2	-	100.0%	2 877	2 877
Infrastructure and planning services	1 110	-	-1 110	-	-	-	-	-	-
Contractors	1 371	-	1 531	2 902	2 902	-	100.0%	1 784	1 784
Agency and support / outsourced services	11	-	-11	-	-	-	-	-	-
Inventory: Clothing material and accessories	-	-	-	-	-	-	-	12	12
Inventory: Materials and supplies	59	-	216	275	275	-	100.0%	218	218
Inventory: Medical supplies	1 390	-	3 926	5 316	5 316	-	100.0%	1 799	1 799
Inventory: Other supplies	1 362	-	4 550	5 912	5 912	-	100.0%	816	816
Consumable supplies	18 414	-	9 924	28 338	28 338	-	100.0%	32 911	32 911
Consumable: Stationery, printing and office supplies	118	-	-118	-	-	-	-	-	-
Operating leases	135 968	-	-	135 968	169 469	-33 501	124.6%	79 131	79 131
Property payments	357 192	-	-11 200	345 992	411 446	-65 454	118.9%	423 825	423 825

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	2020/21							2019/20	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Travel and subsistence	536	-	636	1 172	1 172	-	100.0%	2 138	2 138
Training and development	-	-	-	-	-	-	-	96	96
Operating payments	2 574	-	-2 534	40	40	-	100.0%	193	193
Payments for capital assets	2 525 902	-	-	2 525 902	2 400 222	125 680	95.0%	1 223 812	1 223 812
Buildings and other fixed structures	2 172 004	-	141 214	2 313 218	2 218 868	94 350	95.9%	928 325	928 325
Buildings	2 115 999	-	144 851	2 260 850	2 166 500	94 350	95.8%	909 552	909 552
Other fixed structures	56 005	-	-3 637	52 368	52 368	-	100.0%	18 773	18 773
Machinery and equipment	353 898	-	-141 214	212 684	181 354	31 330	85.3%	295 487	295 487
Transport equipment	-	-	31 011	31 011	31 011	-	100.0%	-	-
Other machinery and equipment	353 898	-	-172 225	181 673	150 343	31 330	82.8%	295 487	295 487
Total	3 139 920	-	-	3 139 920	3 113 195	26 725	99.1%	1 854 308	1 854 308

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Sub programme: 8.1: Community Health Facilities

	2020/21							2019/20	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	113 869	-	-21 252	92 617	92 617	-	100.0%	103 208	103 208
Compensation of employees	10 639	-	-10 639	-	-	-	-	-	-
Goods and services	103 230	-	-10 613	92 617	92 617	-	100.0%	103 208	103 208
Payments for capital assets	214 696	-	-97 987	116 709	116 709	-	100.0%	92 807	92 807
Buildings and other fixed structures	88 445	-	-13 691	74 754	74 754	-	100.0%	90 665	90 665
Machinery and equipment	126 251	-	-84 296	41 955	41 955	-	100.0%	2 142	2 142
Total	328 565	-	-119 239	209 326	209 326	-	100.0%	196 015	196 015

Sub programme: 8.2: District Hospital Services

	2020/21							2019/20	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	103 906	-	10 906	114 812	148 873	-34 061	129.7%	138 620	138 620
Goods and services	103 906	-	10 906	114 812	148 873	-34 061	129.7%	138 620	138 620
Payments for capital assets	483 548	-	175 687	659 235	659 235	-	100.0%	203 398	203 398
Buildings and other fixed structures	433 645	-	212 591	646 236	646 236	-	100.0%	191 801	191 801
Machinery and equipment	49 903	-	-36 904	12 999	12 999	-	100.0%	11 597	11 597
Total	587 454	-	186 593	774 047	808 108	-34 061	104.4%	342 018	342 018

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Sub programme: 8.3: EMERGENCY MEDICAL SERVICES

	2020/21							2019/20	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Payments for capital assets	667	-	-667	-	-	-	-	-	-
Buildings and other fixed structures	667	-	-667	-	-	-	-	-	-
Total	667	-	-667	-	-	-	-	-	-

Subprogramme: 8.4: PROVINCIAL HOSPITAL SERVICES

	2020/21							2019/20	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	143 737	-	69 763	213 500	259 539	-46 039	121.6%	167 838	167 838
Goods and services	143 737	-	69 763	213 500	259 539	-46 039	121.6%	167 838	167 838
Payments for capital assets	1 495 666	-	-	1 495 666	1 464 336	31 330	97.9%	842 177	842 177
Buildings and other fixed structures	1 349 029	-	41 127	1 390 156	1 390 156	-	100.0%	589 446	589 446
Machinery and equipment	146 637	-	-41 127	105 510	74 180	31 330	70.3%	252 731	252 731
Total	1 639 403	-	69 763	1 709 166	1 723 875	-14 709	100.9%	1 010 015	1 010 015

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Sub programme: 8.5: CENTRAL HOSPITAL SERVICES

	2020/21							2019/20	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	22 332	-	-393	21 939	21 939	-	100.0%	33 560	33 560
Goods and services	22 332	-	-393	21 939	21 939	-	100.0%	33 560	33 560
Payments for capital assets	56 696	-	-2 563	54 133	54 133	-	100.0%	48 932	48 932
Buildings and other fixed structures	47 381	-	-810	46 571	46 571	-	100.0%	24 725	24 725
Machinery and equipment	9 315	-	-1 753	7 562	7 562	-	100.0%	24 207	24 207
Total	79 028	-	-2 956	76 072	76 072	-	100.0%	82 492	82 492

Sub programme: 8.6: OTHER FACILITIES

	2020/21							2019/20	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	230 174	-	-59 024	171 150	190 005	-18 855	111.0%	187 270	187 270
Compensation of employees	81 109	-	-2 546	78 563	78 563	-	100.0%	79 675	79 675
Goods and services	149 065	-	-56 478	92 587	111 442	-18 855	120.4%	107 595	107 595
Payments for capital assets	274 629	-	-74 470	200 159	105 809	94 350	52.9%	36 498	36 498
Buildings and other fixed structures	252 837	-	-97 336	155 501	61 151	94 350	39.3%	31 688	31 688
Machinery and equipment	21 792	-	22 866	44 658	44 658	-	100.0%	4 810	4 810
Total	504 803	-	-133 494	371 309	295 814	75 495	79.7%	223 768	223 768

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NOTES TO THE APPROPRIATION STATEMENT For the year ended 31 March 2021

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	%
ADMINISTRATION	1 913 066	1 307 061	606 005	68%
Covid 19 vehicles procured not received by year end, vacant post for Internal Control and It was not finalised by year end				
DISTRICT HEALTH SERVICES	25 381 414	24 937 252	444 162	98%
A Low Covid 19 case due to hard lockdown based against anticipated number hence spending was lower than expected. Orders place for machinery and equipment was not received by year end.				
EMERGENCY MEDICAL SERVICES	1 664 211	1 605 927	58 284	96%
Due to the recapitalisation of EMS fleet, resulted in new fleet of vehicles. This contributed to lower maintenance, repair and petrol cost				
PROVINCIAL HOSPITAL SERVICES	12 029 522	11 325 639	703 883	94%
Low Covid 19 cases due based against anticipated number hence spending was lower than expected. The delay in commissioning the DPPKSMH resulted in underspending on medical services, medicines and property payment.				
CENTRAL HOSPITAL SERVICES	5 500 691	5 385 460	115 231	98%
The donation of ventilators resulted in underspending				
HEALTH SCIENCES AND TRAINING	1 265 197	1 265 197	0	100%
After Virement was balanced				
HEALTH CARE SUPPORT SERVICES	414 045	430 514	-16 469	104%
The over expenditure is due to maintenance of Standard Stock medication Inventory levels at the Provincial Pharmacy Depot.				
HEALTH FACILITIES MANAGEMENT	3 139 920	3 113 195	26 725	99%
Underspending was due to committed project that was not Completed at year end as well as retentions for completed projects.				

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NOTES TO THE APPROPRIATION STATEMENT For the year ended 31 March 2021

	Final Appropriation	Actual Expenditure	Variance	Variance as a % of Final Appropriation
4.2 Per economic classification:	R'000	R'000	R'000	%
Current expenditure				
Compensation of employees	29 963 175	29 536 991	426 184	99%
Goods and services	16 998 368	16 148 661	849 707	95%
Interest and rent on land	715	715	0	100%
Transfers and subsidies				
Provinces and municipalities	244 607	204 625	39 982	84%
Departmental agencies and accounts	23 469	23 551	-82	100%
Non-profit institutions	58 508	57 294	1 214	98%
Payments for capital assets				
Buildings and other fixed structures	2 313 218	2 218 868	94 350	96%
Machinery and equipment	1 353 551	827 085	526 466	61%
Payments for financial assets	4 172	4 172	0	100%

Low Covid 19 cases due based against anticipated number hence spending was lower than expected. The delay in commissioning the DPPIKSMH resulted in underspending on medical services, medicines and property payments.

	Final Appropriation	Actual Expenditure	Variance	Variance as a % of Final Appropriation
4.3 Per conditional grant	R'000	R'000	R'000	%
National Tertiary Services Grant	2 015 775	2 015 775	0	100%
HIV, TB Malaria, Comm, Outreach & HPV Vaccine & Provincial Disaster Relief Grant	6 898 890	6 801 774	97 116	100%
Health Facility Revitalisation Grant	1 271 414	1 271 414	0	100%
Statutory HR & Health Professional & Training and Development Grant	634 378	634 378	0	102%
Social Sector EPWP Incentive Grant for Provinces	0	260	-260	
EPW Integrated Grant to Provinces	10 903	10 903	0	100%
National Health Insurance	60 945	58 073	2 872	95%
Covid 19 Response Grant	138 918	116 363	22 555	84%

Underspending on Covid 19 Response Grant is due to the donation of ventilators and short supply of Covid 19 equipment being available in the market environment.

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STATEMENT OF FINANCIAL PERFORMANCE for the year ended 31 March 2021

	Note	2020/21 R'000	2019/20 R'000
REVENUE			
Annual appropriation	1	51 308 066	45 151 836
Department Revenue	2	216 618	303 958
TOTAL REVENUE		51 524 684	45 455 794
EXPENDITURE			
Current expenditure			
Compensation of employees	4	29 536 991	28 190 771
Goods and services	5	16 148 661	14 191 638
Interest and Rent on land		715	1 808
Total current expenditure		45 686 367	42 384 217
Transfers and subsidies			
Transfers and subsidies	8	633 753	809 846
Total transfers & subsidies		633 753	809 846
Expenditure for capital assets			
Tangible assets	9	3 045 953	2 032 121
Total expenditure for capital assets		3 045 953	2 032 121
Unauthorised expenditure approved without funding		-	-
Payments for Financial Assets	7	4 172	392
TOTAL EXPENDITURE		49 370 245	45 226 576
SURPLUS/ (DEFICIT) FOR THE YEAR		2 154 439	229 218
Reconciliation of Net Surplus/ (Deficit) for the year			
Voted Funds		1 937 821	-74 740
Annual Appropriation		1 815 539	-91 617
Conditional grants		122 282	16 877
Departmental Revenue and NRF Receipts	15	216 618	303 958
SURPLUS / DEFICIT FOR THE YEAR		2 154 439	229 218

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STATEMENT OF FINANCIAL POSITION for the year ended 31 March 2021

	Note	2020/21 R'000	2019/20 R'000
ASSETS			
Current Assets		292 595	129 117
Unauthorised expenditure	10	108 074	108 074
Cash and Cash Equivalent	11	101 085	424
Prepayments and advances		-	20
Receivables	13	83 436	20 599
Non-Current Assets		7 292	10 022
Receivables		7 292	10 022
TOTAL ASSETS		299 887	139 139
LIABILITIES			
Current Liabilities		289 555	128 706
Voted funds to be surrendered to the Revenue Fund	14	210 733	16 878
Departmental revenue and NRF Receipts to be surrendered to the Revenue Fund	15	14 602	8 488
Bank overdraft	16	30 157	81 607
Payables	17	34 063	21 733
TOTAL LIABILITIES		289 555	128 706
NET ASSETS		10 332	10 433
Represented by:			
Recoverable revenue		10 332	10 433
TOTAL		10 332	10 433

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STATEMENT OF CHANGES IN NET ASSETS For the year ended 31 March 2021

	Note	2020/21 R'000	2019/20 R'000
Recoverable revenue			
Opening balance		10 433	10 147
Transfers	8	-101	286
Debts revised		488	-1 096
Debts recovered (included in departmental receipts)		-7 034	-4 348
Debts raised		6 445	5 730
Closing balance		<u>10 332</u>	<u>10 433</u>

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STATEMENT OF CASH FLOW for the year ended 31 March 2021

	Note	2020/21 R'000	2019/20 R'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts		49 797 579	45 446 258
Annual appropriated funds received	1.1	49 580 978	45 151 836
Departmental revenue received	2	215 669	294 159
Interest received		932	263
Net (increase)/ decrease in working capital		-50 487	-56 857
Surrendered to Revenue Fund		-227 382	-327 777
Current payments		-45 685 652	-42 290 791
Interest paid		-715	-1 808
Payments for Financial Assets		-4 172	-392
Transfers and subsidies paid		-633 753	-809 846
Net cash flow available from operating activities	18	3 195 418	1 958 787
CASH FLOWS FROM INVESTING ACTIVITIES			
Payments for capital assets	9	-3 045 953	-2 032 121
Proceeds from sale of capital assets	2.4	17	9 536
(Increase)/decrease in non-current receivables		2 730	-2 237
Net cash flows from investing activities		-3 043 206	-2 024 822
CASH FLOWS FROM FINANCING ACTIVITIES			
Increase/ (decrease) in net assets		-101	286
Net cash flows from financing activities		-101	286
Net increase/ (decrease) in cash and cash equivalents		152 111	-65 749
Cash and cash equivalents at beginning of period		-81 183	-15 434
Cash and cash equivalents at end of period	19	70 928	-81 183

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ACCOUNTING POLICIES FOR THE YEAR ENDED 31 MARCH 2021

Summary of significant accounting policies	
<p>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.</p> <p>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.</p> <p>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.</p>	
1	Basis of preparation The financial statements have been prepared in accordance with the Modified Cash Standard.
2	Going concern The financial statements have been prepared on a going concern basis.
3	Presentation currency Amounts have been presented in the currency of the South African Rand (R) which is also the functional currency of the department.
4	Rounding Unless otherwise stated financial figures have been rounded to the nearest one thousand Rand (R'000).
5	Foreign currency translation Cash flows arising from foreign currency transactions are translated into South African Rands using the spot exchange rates prevailing at the date of payment / receipt.
6	Comparative information
6.1	Prior period comparative information Prior period comparative information has been presented in the current year's financial statements. Where necessary figures included in the prior period financial statements have been reclassified to ensure that the format in which the information is presented is consistent with the format of the current year's financial statements.
6.2	Current year comparison with budget A comparison between the approved, final budget and actual amounts for each programme and economic classification is included in the appropriation statement.

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STATEMENT OF CASH FLOW for the year ended 31 March 2021

7	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 2021

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 2021

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. 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.</p> <p>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 2021

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>
16	<p>Fruitless and wasteful expenditure</p>

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ACCOUNTING POLICIES FOR THE YEAR ENDED 31 MARCH 2021

	<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 2021

21	Related party transactions <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	Inventories <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	Public-Private Partnerships <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	Employee benefits <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 2021

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	2020/21 Actual Funds received R'000	Funds not requested/ not received R'000	Final Appropriation R'000	2019/20 Appropriation received R'000
Administration	1 913 066	1 913 066	-	796 197	796 197
District Health Services	25 381 414	23 654 326	1 727 088	22 611 550	22 611 550
Emergency Medical Services	1 664 211	1 664 211	-	1 602 886	1 602 886
Provincial Hospital Services	12 029 522	12 029 522	-	11 521 214	11 521 214
Central Hospital Services	5 500 691	5 500 691	-	5 169 169	5 169 169
Health Sciences and Training	1 265 197	1 265 197	-	1 304 573	1 304 573
Health Care Support Services	414 045	414 045	-	291 939	291 939
Health Facilities Management	3 139 920	3 139 920	-	1 854 308	1 854 308
Total	51 308 066	49 580 978	1 727 088	45 151 836	45 151 836

1.2 Conditional grants

	Note	2020/21 R'000	2019/20 R'000
Total grants received	Annexure 1A	10 954 135	9 776 118
Provincial Grants included in Total grants received		10 903	31 311

(It should be noted that Conditional grants are included in the amounts per the Total Appropriation in Note 1.1)

2. Departmental Revenue

		2020/21 R'000	2019/20 R'000
Sales of goods and services other than capital assets	2.1	198 229	277 427
Fines, penalties and forfeits	2.2	26	42
Interest, dividends and rent on land	2.3	932	263
Sales of capital assets	2.4	17	9 536
Transactions in financial assets and liabilities	2.5	17 414	16 690
Total Revenue Collected		216 618	303 958
Departmental revenue collected		216 618	303 958

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STATEMENT OF CASH FLOW for the year ended 31 March 2021

		2020/21	2019/20
		R'000	R'000
2.1	Sales of goods and services other than capital assets	<u>2</u>	
	Sales of goods and services produced by the department	196 735	276 717
	Sales by market establishment	11 124	13 911
	Administrative Fees	8 322	10 606
	Other sales	177 289	252 200
	Sales of scrap, waste and other used current goods	1 494	710
	Total	<u>198 229</u>	<u>277 427</u>
2.2	Fines, penalties and forfeits	<u>2</u>	
	Penalties	26	42
	Total	<u>26</u>	<u>42</u>
2.3	Interest, dividends and rent on land	<u>2</u>	
	Interest	932	263
	Total	<u>932</u>	<u>263</u>
2.4	Sales of capital assets	<u>2</u>	
	Tangible Assets	17	9 536
	Machinery and Equipment	<u>2</u> 17	<u>2</u> 9 536
	Total	<u>17</u>	<u>9 536</u>
2.5	Transactions in Financial assets and liabilities	<u>2</u>	
	Receivables	17 400	16 673
	Other receipts including recoverable revenue	14	17
	Total	<u>17 414</u>	<u>16 690</u>
3.	Aid assistance		

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STATEMENT OF CASH FLOW for the year ended 31 March 2021

3.1	Donations received in kind (not included in the main note) Refer to Annexure 1H various medical supplies and Equipment	156 861	45 978
	Closing balance	<u>156 861</u>	<u>45 978</u>

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NOTES TO ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2021

		2020/21 R'000	2019/20 R'000
4.	Compensation of employees		
4.1	Salaries and wages		
	Basic Salary	18 798 296	18 136 516
	Performance award	5 346	8 251
	Service Based	19 436	20 283
	Compensative/circumstantial	2 930 575	2 657 233
	Periodic payments	100 359	89 384
	Other non-pensionable allowances	4 062 492	3 774 372
	Total	<u>25 916 504</u>	<u>24 686 039</u>
4.2	Social contributions		
	Employer contributions		
	Pension	2 224 880	2 205 309
	Medical	1 390 456	1 294 529
	UIF	100	160
	Bargaining council	5 051	4 734
	Total	<u>3 620 487</u>	<u>3 504 732</u>
	Total compensation of employees	<u>29 536 991</u>	<u>28 190 771</u>
	Average number of employees	<u>80 453</u>	<u>77 431</u>
5.	Goods and services		
	Administrative fees	1 923	5 852
	Advertising	109 042	11 542
	Minor Assets	5.1 41 892	48 536
	Bursaries (employees)	8 025	3 580
	Catering	16 114	7 030
	Communication	119 964	102 306
	Computer services	5.2 130 813	111 176
	Laboratory services	2 422 587	2 314 265
	Legal services	79 409	96 913
	Contractors	160 807	160 934
	Agency and support / outsourced services	1 475 865	1 164 133
	Audit cost - External	5.3 20 813	23 194
	Fleet services	362 060	405 642
	Inventory	5.4 7 362 026	6 500 696
	Consumables	5.5 660 204	280 738
	Operating leases	240 910	150 947
	Property payments	5.6 2 744 645	2 597 206
	Transport provided as part of the departmental activities	52 952	57 289
	Travel and subsistence	5.7 100 831	93 467
	Venues and facilities	-	595
	Training and development	5 550	20 163
	Other operating expenditure	5.8 32 229	35 434
	Total	<u>16 148 661</u>	<u>14 191 638</u>
	<i>Note</i>	2020/21	2019/20

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NOTES TO ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2021

		R'000	R'000
5.1	Minor Assets	<u>5</u>	
	Tangible assets	41 892	48 536
	Machinery and equipment	<u>41 892</u>	<u>48 536</u>
	Total	<u>41 892</u>	<u>48 536</u>
		<i>Note</i>	
		2020/21	2019/20
		R'000	R'000
5.2	Computer services	<u>5</u>	
	SITA computer services	88 116	91 203
	External computer service providers	42 697	19 973
	Total	<u>130 813</u>	<u>111 176</u>
		<i>Note</i>	
		2020/21	2019/20
		R'000	R'000
5.3	Audit cost – external	<u>5</u>	
	Regularity audits	20 813	23 194
	Total	<u>20 813</u>	<u>23 194</u>
		<i>Note</i>	
		2020/21	2019/20
		R'000	R'000
5.4	Inventory	<u>5</u>	
	Food and food supplies	111 049	117 949
	Fuel, oil and gas	92 725	108 584
	Materials and supplies	237 407	202 094
	Medical supplies	2 068 754	1 921 267
	Medicine	4 713 123	4 185 033
	Medsas inventory interface	138 968	-34 231
	Total	<u>7 362 026</u>	<u>6 500 696</u>
		<i>Note</i>	
		2020/21	2019/20
		R'000	R'000
5.5	Consumables	<u>5</u>	
	Consumable supplies	571 322	167 028
	Uniform and clothing	<u>526 161</u>	<u>121 887</u>
	Household supplies	9 858	8 537
	Building material and supplies	34 250	35 410
	IT consumables	494	526
	Other consumables	559	668
	Stationery, printing and office supplies	88 882	113 710
	Total	<u>660 204</u>	<u>280 738</u>

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NOTES TO ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2021

	Note	2020/21 R'000	2019/20 R'000
5.6			
Property Payment	5		
Municipal Services		748 960	713 586
Property maintenance and repairs		421 060	424 623
Other		1 574 625	1 458 997
Total		<u>2 744 645</u>	<u>2 597 206</u>
5.7			
Travel and subsistence	5		
Local		99 508	83 697
Foreign		1 323	9 770
Total		<u>100 831</u>	<u>93 467</u>
5.8			
Other operating expenditure	5		
Professional bodies, membership and subscription fees		2 213	2 765
Resettlement costs		9 739	11 700
Other		20 277	20 969
Total		<u>32 229</u>	<u>35 434</u>
6.			
Interest and Rent on Land			
Interest paid		715	1 808
Total		<u>715</u>	<u>1 808</u>
7.			
Payment for Financial Assets			
Material losses through criminal conduct		-	80
Other material losses		-	80
Debts written off	7.2	4 172	312
Total		<u>4 172</u>	<u>392</u>

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NOTES TO ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2021

		2020/21	2019/20
		R'000	R'000
7.1	Other material losses		
	Nature of losses		
	Incident		
	Disciplinary Steps taken/ Criminal proceeding	-	80
	Total	<u>-</u>	<u>80</u>
		2020/21	2019/20
		R'000	R'000
7.2	Debts written off		
	Nature of debts written off		
	Debts written Off	4 172	312
	Total	<u>4 172</u>	<u>312</u>
		2020/21	2019/20
		R'000	R'000
8.	Transfers and subsidies		
	Provinces and municipalities	Annexure 1B	204 627
	Departmental agencies and accounts	Annexure 1C	23 551
	Non-profit institution	Annexure 1D	57 292
	Households	Annexure 1E	348 283
	Total	<u>633 753</u>	<u>809 846</u>
		2020/21	2019/20
		R'000	R'000
9.	Expenditure for capital assets		
	Tangible assets		
	Buildings and other fixed structures	32	3 045 953
	Machinery and equipment		2 032 121
			<u>2 218 871</u>
			<u>928 324</u>
			<u>1 103 797</u>
	Intangible assets		
	Software		
			<u>-</u>
	Total	<u>3 045 953</u>	<u>2 032 121</u>

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NOTES TO ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2021

9.1 Analysis of funds utilised to acquire capital assets	2020/21		
	Voted Funds R'000	Aid assistance R'000	TOTAL R'000
Tangible assets	3 045 953	-	3 045 953
Buildings and other fixed structures	2 218 871	-	2 218 871
Machinery and equipment	827 082	-	827 082
Intangible assets	-	-	-
Software	-	-	-
Total	3 045 953	-	3 045 953

9.2 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
Total	2 032 121	-	2 032 121

	Note	2020/21 R'000	2019/20 R'000
10. Unauthorised expenditure			
10.1 Reconciliation of unauthorised expenditure			
Opening balance		108 074	35 453
As restated		108 074	35 453
Unauthorised expenditure- discovered in current year(as restated)		-	91 618
Less: Amount approved by parliament/ legislature with funding		-	-18 997
Closing balance		<u>108 074</u>	<u>108 074</u>
Analysis of closing balance			
Unauthorised expenditure awaiting authorisation		108 074	91 618
Total		<u>108 074</u>	<u>91 618</u>

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NOTES TO ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2021

10.2	Analysis of unauthorised expenditure awaiting authorisation per economic classification		
	Current	108 074	91 618
	Total	<u>108 074</u>	<u>91 618</u>

		2020/21 R'000	2019/20 R'000
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	108 074	91 618
	Total	<u>108 074</u>	<u>91 618</u>

		2020/21 R'000	2019/20 R'000
11.	Cash and cash equivalents Consolidated Paymaster General Account	100 470	-
	Cash receipts	381	195
	Cash on hand	234	229
	Total	<u>101 085</u>	<u>424</u>

		2020/21 R'000	2019/20 R'000
12.	Prepayments and advances Staff advances	-	20
	Total	<u>-</u>	<u>20</u>

	Note	2020/21 Current R'000	Non-current R'000	Total R'000	2019/2020 Current R'000	Non-current R'000	Total R'000
13.	Receivable						
	Claims recoverable	13.1 60 098	-	60 098	1 071	-	1 071
	Recoverable Expenditure	13.2 7 782	-	7 782	2 783	-	2 783
	Staff debt	13.3 12 774	7 292	20 066	14 009	10 022	24 031
	Fruitless and wasteful expen	13.4 46	-	46	-	-	-
	Other receivables	2 736	-	2 736	2 736	-	2 736
	Total	<u>83 436</u>	<u>7 292</u>	<u>90 728</u>	<u>20 599</u>	<u>10 022</u>	<u>30 621</u>

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NOTES TO ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2021

	Note	2020/21 R'000	2019/20 R'000
13.1			
Claims recoverable	13		
Provincial departments		3 395	1 071
Public entities		452	-
Private enterprises		56 251	-
Total		<u>60 098</u>	<u>1 071</u>

	Note	2020/21 R'000	2019/20 R'000
13.2			
Recoverable Expenditure (disallowance accounts)	13		
Medsas Clearing account		7	7
Salary deduction disallowance		4	-
Salary Deduction Disallowance		-	98
Disallowances Damages and losses Recover: CA		-192 927	-184 846
Disallowances Damages and losses: CA		192 927	184 846
Salary Reversal Control		7 771	2 610
Salary Pension Fund		-	68
Total		<u>7 782</u>	<u>2 783</u>

	Note	2020/21 R'000	2019/20 R'000
13.3			
Staff debt	13		
Breach of Contract Employees and Non Employees		3 308	3 054
Employee Debt Salary overpayment		13 796	16 603
Fruitless and wasteful		-	1
Government Accidents		58	47
Fraud		346	138
Supplier Debt		88	917
Medical Bursary Debt		4	4
Tax Debt		2 395	3 159
Losses and Damages Employees		71	108
Total		<u>20 066</u>	<u>24 031</u>

	Note	2020/21 R'000	2019/20 R'000
13.4			
Other receivables	13		
Disall. Dishonoured Cheques		18	18
National Claims Clearing Account		2 718	2 718
Total		<u>2 736</u>	<u>2 736</u>

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NOTES TO ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2021

	Note	2020/21 R'000	2019/20 R'000
13.5			
Fruitless and wasteful expenditure	<u>13</u>		
Transfers from note 32 Fruitless and Wasteful expenditure		46	-
Total		<u>46</u>	<u>-</u>
13.6			
Impairment of receivables	<u>13</u>		
Estimate of impairment of receivables		2 224	5 208
Total		<u>2 224</u>	<u>5 208</u>
14.			
Voted funds to be surrendered to the Revenue Fund	Note	2020/21 R'000	2019/20 R'000
Opening balance		<u>16 878</u>	<u>13 799</u>
Prior period error		-	-
As restated		16 878	13 799
Transfer from Statement of Financial Performance (as restated)		1 937 821	-74 740
Add: Unauthorised expenditure for current year	<u>10</u>	-	91 618
Voted funds not requested/not received		-1 727 088	-
Paid during the year		-16 878	-13 799
Closing balance		<u>210 733</u>	<u>16 878</u>
15.			
Departmental revenue and NRF Receipts to be surrendered to the Revenue Fund		2020/21 R'000	2019/20 R'000
Opening balance		8 488	18 508
Prior period error		-	-
As restated		8 488	18 508
Transfer from Statement of Financial Performance (as restated)		216 618	303 958
Paid during the year		-210 504	-313 978
Closing balance		<u>14 602</u>	<u>8 488</u>

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NOTES TO ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2021

		2020/21 R'000	2019/20 R'000
16.	Bank overdraft Consolidated Paymaster General Account	30 157	81 607
	Total	<u>30 157</u>	<u>81 607</u>
		<i>Note</i>	
		2020/21 R'000	2019/20 R'000
17.	Payables - current Clearing accounts	17.1 34 063	21 733
	Total	<u>34 063</u>	<u>21 733</u>
		<i>Note</i>	
		2020/21 R'000	2019/20 R'000
17.1	Clearing account	17	
	Sal ACB Recalls	1 231	456
	Sal Bargaining Council	50	14
	Sal Garnishee Order	266	177
	Sal Income Tax	10 920	5 128
	Salary Medical Aid / Salary Pension Fund	756	158
	Sal Disallowance Acc /Salary Official Unions / Salary Insurance Deduc	5	4
	Adv: Dom/Prov KZN	14 844	9 643
	Sal Recoverable / Salary Deduction Control	37	38
	Sal Subscriptions and Prof Bodies	10	4
	Sal: GEH Refund Control Account	5 944	6 111
	Total	<u>34 063</u>	<u>21 733</u>
		2020/21 R'000	2019/20 R'000
18.	Net cash flow available from operating activities		
	Net surplus / (deficit) as per Statement of Financial Performance	2 154 439	229 218
	Add back non-cash movements/ movements not deemed operating activities:	1 040 979	1 729 569
	(Increase)/decrease in receivables	-62 837	11 991
	Increase)/decrease in prepayments and advances	20	-20
	(Increase)/decrease in other current assets	-	18 997
	Increase/(decrease) in payables – current	12 330	3 793
	Proceeds from sale of capital assets	-17	-9 536
	Expenditure on capital assets	3 045 953	2 032 121
	Surrenders to revenue fund	-227 382	-327 777
	Voted funds not requested/not received	-1 727 088	-
	Net cash flow generated by operating activities	<u>3 195 418</u>	<u>1 958 787</u>

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NOTES TO ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2021

		2020/21 R'000	2019/20 R'000
19.	Reconciliation of cash and cash equivalents for cash flow purposes		
	Consolidated Paymaster General Account	70 313	-81 607
	Cash receipts	381	195
	Cash on hand	234	229
	Total	70 928	-81 183

	Note	2020/21 R'000	2019/20 R'000
20.	Contingent liabilities and Contingent Assets		
	Contingent liabilities		
20.1	Liable to		
	Housing loan guarantees	587	546
	Employees	Annex 2A	
	Claims against the department	26 230 576	23 338 696
	Intergovernmental payables (unconfirm balance)	Annex 2B	
	Other	89 777	9 087
		Annex 4	
		2 615 049	2 615 049
	Total	28 935 989	25 963 378

		2020/21 R'000	2019/20 R'000
20.2	Contingent assets		
	Nature of contingent asset		
	Clairwood Hospital Covid 19 refurbishment of U shaped ward - legal process	2 079	-
	Total	2 079	-

		2020/21 R'000	2019/20 R'000
21.	Capital commitments		
	Infrastructure Assets	906 495	1 172 832
	Machinery and Equipment	132 648	449 910
	Total	1 039 143	1 622 742

	30 Days R'000	30+ Days R'000	2020/21 Total R'000	2019/20 Total R'000
22.	Accruals, Payables not recognised			
	Listed by economic classification			
22.1				
	Goods and services	596 526	68 629	665 155
				317 193

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NOTES TO ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2021

Capital Assets	18 609	2 975	21 584	43 076
Total	<u>615 135</u>	<u>71 604</u>	<u>686 739</u>	<u>360 269</u>

Listed by programme level	2020/21 R'000	2019/20 R'000
Administration	76 465	91 661
District Health Services	439 175	111 539
Emergency Medical Services	3 518	2 814
Provincial Hospital Services	107 095	53 681
Central Hospital Services	51 039	21 419
Health Service and Training	995	5 371
Health Care Support	2 378	3 295
Health Facilities Management	6 074	70 489
Total	<u>686 739</u>	<u>360 269</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	793 723	77 177	870 900	974 629
Capital assets	220 507	4 969	225 476	252 063
Total	<u>1 014 230</u>	<u>82 146</u>	<u>1 096 376</u>	<u>1 226 692</u>

Listed by programme level	2020/21 R'000	2019/20 R'000
Administration	19 021	104 433
District Health Services	269 167	90 251
Emergency Medical Services	28 298	59 796
Provincial Hospital Services	116 738	199 351
Central Hospital Services	47 969	122 642
Health Services and Training	8 036	7 404
Health Care Support	421 879	460 909
Health Facilities Management	185 268	181 906
Total	<u>1 096 376</u>	<u>1 226 692</u>

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NOTES TO ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2021

		2020/21 R'000	2019/20 R'000
<i>Included in the above totals are the following:</i>			
Confirmed balances with other departments	Annex 4	79 103	71 808
Confirmed balances with other government entities	Annex 4	261 804	263 916
Total		<u>340 907</u>	<u>335 724</u>

		2020/21 R'000	2019/20 R'000
23. Employee benefit			
Leave entitlement		1 009 642	1 064 942
Service Bonus		695 671	703 290
Capped leave		528 793	531 258
Other		43 453	27 700
Total		<u>2 277 559</u>	<u>2 327 190</u>

Long service awards 20 years (R14, 572) 30yrs (R14, 233) 40 years (R3, 023) total (R31, 828) included in other above.

24. Lease commitments
24.1 Operating leases expenditure

2020/21	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	-	-	35 809	19 754	55 563
Later than 1 year and not later than 5 years	-	-	8 601	2 484	11 085
Total lease commitments	-	-	<u>44 410</u>	<u>22 238</u>	<u>66 648</u>

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	-	-	45 447	42 419	87 866
Later than 1 year and not later than 5 years	-	-	20 284	17 967	38 251
Total lease commitments	-	-	<u>65 731</u>	<u>60 386</u>	<u>126 117</u>

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NOTES TO ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2021

24.2 Finance leases

2020/21	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	-	-	-	2 057	2 057
Later than 1 year and not later than 5 years	-	-	-	437	437
Total lease commitments	-	-	-	2 494	2 494

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

** This note excludes leases relating to public private partnerships as they are separately disclosed to note no. 29.

	2020/21 R'000	2019/20 R'000
25. Accrued Departmental Revenue		
Sales of goods and services other than capital assets	332 255	244 866
Sale of capital assets	9 225	-
Other	57 826	57 385
Total	399 306	302 251

	2020/21 R'000	2019/20 R'000
25.1 Analysis of accrued departmental revenue		
Opening Balances	302 251	262 945
Less: Amounts received	71 213	134 552
Add: Amounts recognised	221 294	263 250
Less: Amounts written-off/reversed as irrecoverable	53 026	89 392
Closing balance	399 306	302 251

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NOTES TO ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2021

	2020/21 R'000	2019/20 R'000
25.2		
Accrued Department Revenue written off		
Nature of losses		
Write Off	9 941	5 690
Reduction of Fees based on re-assessment	43 085	83 702
Total	<u>53 026</u>	<u>89 392</u>
25.3		
Impairment of accrued departmental revenue		
Estimate of impairment of accrued departmental revenue	<u>36 509</u>	<u>44 654</u>
Total	<u>36 509</u>	<u>44 654</u>
26.		
Irregular Expenditure		
26.1		
Reconciliation of irregular expenditure		
Opening balance	9 925 793	8 491 818
Prior period error	-	-
As restated	<u>9 925 793</u>	<u>8 491 818</u>
Add: Irregular expenditure - relating to current year	1 629 387	1 433 975
Closing balance	<u>11 555 180</u>	<u>9 925 793</u>
Analysis of closing balance		
Current year	1 629 387	1 433 975
Prior years	9 925 793	8 491 818
Total	<u>11 555 180</u>	<u>9 925 793</u>
26.2		
Details of irregular expenditure - Incident	Current year Disciplinary steps taken/criminal proceedings	2020/21 R'000
Expired Contracts	Contracts expired - services rendered	1 629 387
Total		<u>1 629 387</u>

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NOTES TO ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2021

26.3	Details of irregular expenditure under assessment (not included in the main note)		2020/21
	Incident		R'000
	Various Irregular Expenditure under Assessment		1 722 470
	Total		<u>1 722 470</u>
27	Fruitless and wasteful expenditure	2020/21	2019/20
		R'000	R'000
27.1	Reconciliation of fruitless and wasteful expenditure		
	Opening balance	4 028	9 032
	As restated	4 028	9 032
	Fruitless and wasteful expenditure – relating to prior year	88	-
	Fruitless and wasteful expenditure – relating to current year	2 087	1 533
	Less: Amounts written off	-1 443	-6 537
	Closing balance	<u>4 760</u>	<u>4 028</u>
27.2	Details of current and prior year fruitless and wasteful expenditure – added current year (under determination and investigation)		2020/21
	Incident	Disciplinary steps taken/criminal proceedings	R'000
	Expired Stock	In process of disciplinary proceedings	1 398
	HR Related	In process of disciplinary proceedings	489
	Interest Municipal and other	In process of disciplinary proceedings	117
	SCM Related	In process of disciplinary proceedings	55
	Duplicate Supplier Payments	In process of disciplinary proceedings	15
	Penalties	In process of disciplinary proceedings	13
	Prior year HR related & others	In process of disciplinary proceedings	88
	Total		<u>2 175</u>
27.3	Details of fruitless and wasteful expenditure recoverable		2020/21
	Incident		R'000
	Debt set up		46
	Total		<u>46</u>
27.4	Details of fruitless and wasteful expenditure written off		2020/21
	Incident		R'000
	Various		1 443
	Total		<u>1 443</u>

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27.5	Details of fruitless and wasteful expenditure under investigation (not in the main note) Incident	2020/21 R'000
	Various Types - Under Investigation process	1 067
	Total	<u>1 067</u>
		2020/21 R'000
	<i>No of Individuals</i>	2019/20 R'000
28.	Key management personnel	
	Political office bearers	1 978
	Officials:	
	EXCO	7 523
	MANCO	19 272
	Family members of key management personnel	5 050
	Total	<u>33 823</u>
		<u>31 217</u>

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.

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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.

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:

2020/2021 R729, 438 million

Total Obligation to remaining period is R 1,449 billion

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	2020/21 R'000	2019/20 R'000
Unitary fee paid	799 515	643 202
Indexed component	799 515	643 202
Analysis of indexed component	799 515	643 202
Goods and Services(excluding lease payments)	799 515	643 202
Capital/(Liabilities)	719 925	771 411
Plant and equipment	719 925	771 411
Other	729 438	1 149
Other obligations	729 438	1 149

	2020/21 R'000	2019/20 R'000
30. Provisions		
Infrastructure Provisions 1	63 389	6 028
Medical Legal Provisions 2	1 044 489	1 077 365
	<u>1 107 878</u>	<u>1 083 393</u>

30.1 Reconciliation of movement in provisions - 2020/21	Provision 1	Provision 2	Provision 3	Provision 4	Total provisions
	R'000	R'000	R'000	R'000	R'000
Opening balance	6 028	1 077 365	-	-	1 083 393
Increase in provision	63 389	20 400	-	-	83 789
Settlement of provision	-6 028	-53 276	-	-	-59 304
Closing balance	<u>63 389</u>	<u>1 044 489</u>	<u>-</u>	<u>-</u>	<u>1 107 878</u>

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	1 077 365	-	1 087 812
Settlement of provision	-4 419	-	-	-	-4 419
Closing balance	<u>-</u>	<u>6 028</u>	<u>1 077 365</u>	<u>-</u>	<u>1 083 393</u>

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NOTES TO ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2021

31. Movable Tangible Capital Assets

Movement in movable tangible capital assets per asset register for the year ended 31 March 2021

	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
Machinery and Equipment	5 504 481	-455 327	725 428	152 068	5 622 514
Transport Assets	1 327 678	-1 990	302 727	78 884	1 549 531
Computer equipment	493 611	-276 641	25 515	15 244	227 241
Furniture and Office equipment	101 080	-22 516	9 777	1 821	86 520
Other machinery & Equipment	3 582 112	-154 180	387 409	56 119	3 759 222
Total movable tangible assets	5 504 481	-455 327	725 428	152 068	5 622 514

Included in FAR Assets to value of R34, 291 m are scheduled for disposal.

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	8 690	269 855

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31.1 Additions to movable tangible capital asset per asset register for the year ended 31 March 2021

	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	727 859	25 530	-29 775	1 814	725 428
Transport assets	300 913	-	-	1 814	302 727
Computer equipment	14 964	10 551	-	-	25 515
Furniture and Office equipment	9 211	566	-	-	9 777
Other machinery and equipment	402 771	14 413	-29 775	-	387 409
Total additional to movable	727 859	25 530	-29 775	1 814	725 428

CWIP is for the DPIKSMH machinery and Equipment not handed over still being commissioned

31.2 Disposals of movable tangible capital assets per asset register for the year ended 31 March 2021

	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	152 068	-	152 068	-
Transport assets	78 884	-	78 884	-
Computer equipment	15 244	-	15 244	-
Furniture and office equipment	1 821	-	1 821	-
Other machinery and equipment	56 119	-	56 119	-
Total	152 068	-	152 068	-

Awaiting proceeds from Auctioneer note 25 accrued revenue sales of Capital Assets

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Movement for 2019/2020

31.3 Movement in movable tangible capital assets per asset register for the year ended 31 March 2020

	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	4 602 170	-	999 261	96 950	5 504 481
Transport assets	1 145 311	-	235 817	53 450	1 327 678
Computer equipment	475 902	-	17 747	38	493 611
Furniture and office equipment	82 797	-	19 500	1 217	101 080
Other machinery and equipment	2 898 160	-	726 197	42 245	3 582 112
Total tangible assets	4 602 170	-	999 261	96 950	5 504 481

31.4 Minor assets

Movement in minor asset per the asset register for the year ended 31 March 2021

	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	-	-	-	944 477	-	944 477
Value adjustments	-	-	-	-103 226	-	-103 226
Additions	-	-	-	25 338	-	25 338
Disposals	-	-	-	11 935	-	11 935
TOTAL	-	-	-	854 654	-	854 654

	Specialise d 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
Number of R1 minor assets Number of minor assets at cost	-	-	-	52 449	-	52 449
TOTAL NUMBER OF MINOR ASSETS	-	-	-	52 449	-	52 449

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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	25 867	31 332

Unverified - still being investigated

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	Machiner y and equipmen t R'000	Biologi cal assets R'000	Total R'000
Opening balance	-	-	-	919 076	-	919 076
Additions	-	-	-	32 687	-	32 687
Disposals	-	-	-	7 286	-	7 286
TOTAL	-	-	-	944 477	-	944 477

32. Immovable Tangible Capital Assets Movement In Immovable Tangible Capital Assets Per Asset Register For The Year Ended 31 March 2021

	Opening balance R'000	Value adjustments R'000	Additions R'000	Disposals R'000	Closing balance R'000
Buildings And Other Fixed Structures	1 459 066	-	1 066 036	53 888	2 471 214
Non-residential buildings	997 248	-	931 160	43 600	1 884 808
Other fixed structures	461 818	-	134 876	10 288	586 406
TOTAL	1 459 066	-	1 066 036	53 888	2 471 214

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NOTES TO ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2021

32.1 Additions Additions To Immovable Tangible Capital Assets Per Asset Register For The Year Ended 31 March 2021

	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	2 218 870	1 027 578	-2 182 677	2 265	1 066 036
Non-residential buildings	1 928 568	896 628	-1 894 036	-	931 160
Other fixed structures	290 302	130 950	-288 641	2 265	134 876
TOTAL	2 218 870	1 027 578	-2 182 677	2 265	1 066 036

32.2 Disposals Disposals Of Immovable Tangible Capital Assets Per Asset Register For The Year Ended 31 March 2021

	Sold for cash R'000	Non-cash disposal R'000	Total disposals R'000	Cash received Actual R'000
Buildings And Other Fixed Structures	-	53 888	53 888	-
Non-residential buildings	-	43 600	43 600	-
Other fixed structures	-	10 288	10 288	-
TOTAL	-	53 888	53 888	-

32.3 Movement for 2019/20 Movement In Immovable Tangible Capital Assets Per Asset Register For The Year Ended 31 March 2020

	Opening balance R'000	Prior period error R'000	Additions R'000	Disposals R'000	Closing balance R'000
Buildings And Other Fixed Structures	297 182	1 059 074	830 595	727 785	1 459 066
Non-residential buildings	185 747	1 035 314	462 371	686 184	997 248
Other fixed structures	111 435	23 760	368 224	41 601	461 818
TOTAL	297 182	1 059 074	830 595	727 785	1 459 066

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32.3.1	Prior period error	Note	2019/20 R'000
	Nature of prior period error Various refer to working paper		1 059 074
			<u>1 059 074</u>
	Relating to 2019/20 Adjusted project costs and transfer to DPW and other		-646 719
			<u>-646 719</u>
	Total		<u>412 355</u>

33. Capital Work-in-progress

33.1 CAPITAL WORK-IN-PROGRESS AS AT 31 MARCH 2021

	Opening Balance 1 April 2020 R'000	Current Year WIP R'000	Ready for use (Assets to the AR) / Contracts terminate d R'000	" Closing Balance 31 March 2021 " R'000
Buildings and other fixed structures	3 630 529	2 182 676	1 027 578	4 785 627
Total	<u>3 630 529</u>	<u>2 182 676</u>	<u>1 027 578</u>	<u>4 785 627</u>

	Number of projects		2020/21 "Total R'000"
	Planned, construction not started	Planned, construction started	
0 to 1 year	14	85	251 778
1 to 3 year(s)	24	8	438 706
3 to 5 years	13	16	275 414
Longer than 5 years	11	23	3 819 729
Total	<u>62</u>	<u>132</u>	<u>4 785 627</u>

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LIST OF PROJECTS WITH DURATION OF LONGER THAN FIVE YEARS AND THE ACTIONS TAKEN TO COMPLETE THE PROJECTS

PROJECT ON CONSTRUCTION

Capital Work in Progress

The Murchison Hospital – Replace Theatre A/C project refers: The delay was due to issues experienced in finalising the concepts and design development with the consultants. There was an issue of the decanting plan which was not included in the earlier stages of the project. This issue was raised in before tender documents was finalised and needed to be included in the tender document. This necessitated engagements with the facility and Ugu district to finalise the plan and include it in the tender.

"Nkonjeni Hospital" - Build a new Neonatal facility & renovate existing:

1. The Concept designs was delayed as the hospital utilization rate is very low, 30%, approval had to be obtained from DOH to design for active bed numbers and not gazetted hospital bed numbers
2. A revised project brief was received Oct 2017
3. DAC approval was achieved Nov 2019
4. Tender was awarded March 2020, site handover was delayed due to COVID 19
5. The main delay was at planning stage until new project brief was received "Catherine Booth Hospital: Phase 1. Construction Of Decanting Facility New: 1. The concept designs was delayed as hospital utilization rate is very low, 30%, approval had to be obtained from DOH to design for active bed numbers and not gazetted hospital bed numbers"
2. A revised project brief was received Feb 2018
3. DAC approval was achieved June 2018
4. Tender was awarded Aug 2019
5. The main delay was at planning stage until new project brief was received "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 summarized 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.

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- **Late changes to Psychiatric Ward, Pharmacy and Kitchen.** The changes had to be implemented as they were addressing noncompliance which had a potential to delay licensing of these areas if they were deemed non-compliant by the their respective licensing bodies .
 - **Non-payments** of the subcontractors which resulted to them pulling off site and that caused a delay as most of the specialist work is executed by them. This delay only ceased on the 31st March 2021.
 - **The subcontractors needed 4 weeks to mobilise and come back to site, and they only officially** returned to site on the 3rd May 2021.
- These delays have resulted to the date of practical completion being revised to the 12th October 2021.

"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.

The Project experienced major delays due to shortage of the roof sheeting in South Africa. The issue pushed the program to anticipate Practical Completion in 22 February 2022.

CAPITAL WORK-IN-PROGRESS AS AT 31 MARCH 2020

	Opening Balance	Prior period error	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	R'000
Buildings and other fixed structures	3 398 401	170 438	845 388	783 698	3 630 529
Total	3 398 401	170 438	845 388	783 698	3 630 529

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NOTES TO ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2021

	Number of projects		2019/20
	Planned, construction not started	Planned, construction started	"Total R'000"
0 to 1 year	25	17	70 010
1 to 3 year(s)	8	12	153 557
3 to 5 years	30	36	543 637
Longer than 5 years	1	4	2 863 325
Total	64	69	3 630 529

33.1 S42 Immovable assets	No of Assets	Value of Assets R'000
Assets to be transferred in terms of S42 of the PFMA - 2020/21		
BUILDINGS AND OTHER FIXED STRUCTURES	56	133 111
Non-residential buildings	17	105 640
Other fixed structures	39	27 471
Total	56	133 111

	Note	2019/2020		Restated amount R'000
		Amount before error correction R'000	Prior period error R'000	
Other: (e.g. Irregular expenditure, fruitless and wasteful expenditure, etc.)				
Contingent Liabilities	25.1 Annex 3B	24 418 999	-1 080 303	23 338 696
Accruals Total changes (Goods & Services / Capital Asset)	27.1	410 649	-50 380	360 269
Payables not Recognised (Goods & Services/ Capital Asset)	27.2	1 175 135	51 557	1 226 692
Movement in Immovable Asset 2018 /2019	41.3	297 182	1 059 074	1 356 256
WIP Annexure 7 / Note 41.4 2018/2019	41.4 Annex 7	3 398 401	170 438	3 568 839
Lease Commitments	29	229 867	-103 750	126 117
Movement in Immovable Asset 2019 /2020	41.3	1 356 256	102 810	1 459 066
WIP Annexure 7 / Note 41.4 2019/2020	41.4 Annex 7	3 568 839	61 690	3 630 529
Provisions		6 028	1 077 365	1 083 393
Net effect		34 861 356	1 288 501	36 149 857

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35.	Note	2020/21 R'000	2019/20 R'000
COVID 19 Response Expenditure	Annex 11		
Compensation of employees		1 435 664	-
Goods and services		1 276 006	183
Transfers and subsidies		886	-
Expenditure for capital assets		1 237 800	26 702
Total		<u>3 950 356</u>	<u>26 885</u>

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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2021

ANNEXURE 1 A

STATEMENT OF CONDITIONAL GRANTS RECEIVED

NAME OF GRANT	GRANT ALLOCATION					SPENT				2019/20	
	Division of Revenue Act/Provincial Grants	Roll Overs	DORA Adjustments	Other Adjustments	Total Available	Amount received by department	Amount spent by department	Under / (overspending)	% of available funds spent by 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	2 015 775	-	-	-	2 015 775	2 015 775	2 015 775	-	100%	1 895 149	1 895 149
HIV, TB Malaria, Comm, Outreach & HPV Vaccine & Provincial Disaster Relief Grant	6 898 890	-	-	-	6 898 890	6 833 651	6 801 774	97 116	100%	5 840 629	5 840 629
Health Facility Revitalisation Grant	1 271 414	-	-	-	1 271 414	1 271 414	1 271 414	-	100%	1 353 497	1 353 497
Human Papillomavirus Vaccine Grant	-	-	-	-	-	-	-	-	-	37 563	37 563
Statutory HR & Health Professional & Training and Development Grant	634 378	-	-	-	634 378	622 529	634 378	-	102%	370 863	370 863
Human Resources Capacitation grant	-	-	-	-	-	-	-	-	-	191 730	191 730
Social Sector EPWP Incentive Grant for Provinces	-	-	-	-	-	-	260	-260	-	20 998	20 998
EPW Integrated Grant to Provinces	10 903	-	-	-	10 903	10 903	10 903	-	100%	10 313	10 313
National Health Insurance	55 290	655	-	5 000	60 945	60 945	58 073	2 872	95%	55 376	38 499
Covid 19 Response Grant	138 918	-	-	-	138 918	138 918	116 363	22 555	84%	-	-
	11 025 568	655	-	5 000	11 031 223	10 954 135	10 908 940	122 283		9 776 118	9 759 241

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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2021

ANNEXURE 1 B

STATEMENT OF CONDITIONAL GRANTS AND OTHER TRANSFERS TO MUNICIPALITIES

NAME OF MUNICIPALITY	GRANT ALLOCATION				TRANSFER			2019/20	
	DoRA and other transfers	Roll Overs	Adjustments	Total Available	Actual Transfer	Funds Withheld	Re-allocations by National Treasury or National Department	Division of Revenue Act	Actual Transfer
	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	
eThekwini : Conditional Grant	128 174	-	-	128 174	108 063	-	-	118 223	118 223
eThekwini : Equitable Share	109 619	-	-	109 619	91 289	-	-	103 904	104 669
PD Vehicle Licences	6 814	-	-	6 814	5 274	-	-	6 346	6 245
Rounding	-	-	-	-	1	-	-	-	-
TOTAL	244 607	-	-	244 607	204 627	-	-	228 473	229 137

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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2021

ANNEXURE 1C

STATEMENT OF TRANSFERS TO DEPARTMENTAL AGENCIES AND ACCOUNTS

DEPARTMENT/AGENCY/ACCOUNT	TRANSFER ALLOCATION				TRANSFER		2019/20
	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	23 248	-	-	23 248	23 248	100%	22 036
Com: SABC TV Licences	221	-	-	221	303	137%	210
Rounding	-	-	-	-	-	-	-
TOTAL	23 469	-	-	23 469	23 551		22 246

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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2021

ANNEXURE 1D

STATEMENT OF TRANSFERS TO NON-PROFIT INSTITUTIONS

NON-PROFIT INSTITUTIONS	TRANSFER ALLOCATION				EXPENDITURE		2019/20
	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	730	-	-	730	685	94%	621
Azalea House	673	-	-	673	632	94%	574
The Bekimpilo Trust	11 383	-	-	11 383	10 552	93%	9 438
Budget Control Holding Funds	(2 807)	-	-	(2 807)	-	0%	988
Claremont Day Care Centre	514	-	-	514	483	94%	438
DPSA-Comm Based Rehab Project	1 225	-	-	1 225	1 150	94%	1 044
DPSA - Wheelchair repair & maint	1 125	-	-	1 125	1 056	94%	658
Duduza Care Centre	498	-	-	498	457	92%	424
Ekukhanyeni Clinic	1 215	-	-	1 215	1 181	97%	1 146
Enkumane Clinic	367	-	-	367	340	93%	304
Estcourt Hospice	695	-	-	695	652	94%	592
Ethembeni Stepdown Centre	5 464	-	-	5 464	4 508	83%	4 572
Genesis care Centre	3 109	-	-	3 109	3 081	99%	2 946
Happy Hour Amaoti	687	-	-	687	645	94%	585

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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2021

STATEMENT OF TRANSFERS TO NON-PROFIT INSTITUTIONS – CONTINUE

NON-PROFIT INSTITUTIONS	TRANSFER ALLOCATION				EXPENDITURE		2019/20
	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	602	-	-	602	565	94%	512
Happy Hour Kwaximba	550	-	-	550	516	94%	468
Happy Hour Mpumalanga	550	-	-	550	516	94%	468
Happy Hour Ninikhona	343	-	-	343	322	94%	292
Happy Hour Nyangwini	361	-	-	361	339	94%	307
Happy Hour Phoenix	343	-	-	343	322	94%	292
Highway Hospice	936	-	-	936	880	94%	798
Hibberdene Care Centre	-	-	-	-	-	-	351
Hlanganani Ngothando DCC	492	-	-	492	424	86%	411
Howick Hospice	768	-	-	768	721	94%	655
Ikhwezi Cripple Care	1 593	-	-	1 593	1 495	94%	1 357
Ikhanzi Care Centre	-	-	-	-	-	-	143
John Peattie House	1 611	-	-	1 611	1 511	94%	1 371
Jona Vaughn Centre	3 197	-	-	3 197	3 002	94%	2 724
KZN Blind and Deaf Society	1 089	-	-	1 089	1 022	94%	927
Lynn House	809	-	-	809	759	94%	688
Madeline Manor	1 178	-	-	1 178	1 106	94%	1 004
Magaye School for the Blind	681	-	-	681	735	108%	580
Matikwe Oblate Clinic	653	-	-	653	606	93%	542
Mountain View Special Hospital	5 643	-	-	5 643	5 643	100%	5 479
Philanjolo Hospice	2 890	-	-	2 890	2 637	91%	2 950

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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2021

STATEMENT OF TRANSFERS TO NON-PROFIT INSTITUTIONS – CONTINUE

NON-PROFIT INSTITUTIONS	TRANSFER ALLOCATION				EXPENDITURE		2019/20
	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	1 537	-	-	1 537	1 426	93%	1 275
Rainbow Haven	540	-	-	540	506	94%	460
Scadifa Centre	1 259	-	-	1 259	1 182	94%	1 073
South Coast Hospice	238	-	-	238	222	93%	202
Solid Found for Rural development	850	-	-	850	798	94%	1 448
Sparks Estate	1 495	-	-	1 495	1 404	94%	1 274
St. Lukes Home	603	-	-	603	566	94%	1 027
Tender Loving Care	292	-	-	292	273	93%	248
Sunfield Home	356	-	-	356	333	94%	303
Umlazi Halfway House	364	-	-	364	342	94%	311
Unsunduzi Hospice	1 807	-	-	1 807	1 697	94%	1 540
Rounding	-	-	-	-	-	-	-
	58 508	-	-	58 508	57 292		55 810
Total	58 508	-	-	58 508	57 292		55 810

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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2021

ANNEXURE 1E

STATEMENT OF TRANSFERS TO HOUSEHOLDS

HOUSEHOLDS	TRANSFER ALLOCATION				EXPENDITURE		2019/20
	Adjusted appropriation Act	Roll Overs	Adjustments	Total Available	Actual Transfer	% of Available funds transferred	Appropriation Act
	R'000	R'000	R'000	R'000	R'000	%	R'000
Transfers							
Employee Social Benefits - Injury on Duty	852	-	-	852	893	105%	989
Employee Social Benefits - Severance Package	-	-	-	-	-		733
Employee Social Benefits - Leave Gratuity	117 758	-	-	117 758	131 779	112%	380 748
Bursaries : Non Employee	101 662	-	-	101 662	99 650	98%	215 409
Claims Against the State	118 358	-	-	118 358	115 933	98%	239 265
Pmt / Refunds % Remi - Act / Grace	1	-	-	1	1	100%	-
Donations & Gifts	27	-	-	27	27	100%	-
Rounding	-	-	-	-	-	-	-
Total	338 658	-	-	338 658	348 283		837 144

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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2021

ANNEXURE 1F

STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2020/21	2019/20
		R'000	R'000
Received in cash			
Prior year balance		-	-
Subtotal		-	-
Received in kind			
Prior year balance			45 978
Clinton Health Access Initiative	Donation of 1000 Manual Vacuum Aspirator (MVA)	370	-
Islamic Medical Association	Donation of face masks	2	-
Broadreach Health Care	Donation of 2x projector & 2x mobile projector	5	-
Capital Kitchen	Donation of a sink cupboard	8	-
Allstone Hospital (Pty) Ltd	Donation of engineered stone top	4	-
NSA Industrial Supplies	Donation of various medical equipment	487	-
Dr Z Farina	Donation of 6 Cov-Boxes	14	-
Enviromap (Pty) Ltd	Donation of 100 face shields	7	-
Africa Foundation	Donation for a construction of a health post at Mange Area	1 656	-
Sappi Southern Africa	Donation of 50L & 180 ssurgical masks	6	-
Glasfit Ballito & Stanger	Donation of 2 glass screens	2	-
Enviromap (Pty) Ltd	Donation of 100 face shields	7	-
Nandos Hillcrest	Donation of chickens, strips and fillets	15	-
Ocean Africa	Donation of 100 kangaroo mother care	4	-
Royal Maximo Traiding (Pty) Ltd	Donation of 2000 rewashable masks	25	-

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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2021

STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED – CONTINUE

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2020/21	2019/20
		R'000	R'000
Sharp Move Traiding	Donation of 600 face shields	17	-
Transglobal Cargo (Pty) Ltd	Donation of 60 boxes 3ply surgical masks	18	-
Conventry Clothing (Pty) Ltd	Donation of 50 washable face masks	1	-
Mancosa	Donation of various PPE items	18	-
Dr M Iyer & Mr K Naidoo	Donation of 200 faace masks	2	-
Safety & Allied Products	Donation of various PPE items	151	-
Sustainable Care for Specialized Diseases	Donation of hand sanitizers, face masks & gloves	12	-
Royal Maximo Trading (Pty) Ltd	Donation of 2000 rewashable masks	25	-
Cranium Medical Products	Donation of specialized psychiatric beds & mattress	17	-
Sappi Southern Africa	Donation of hand sanitizer, surgical masks & reusable masks	49	-
Dalgen Packaging	Donation of squeeze bottles with pump	1	-
The US Government	Donation of 50 units of Vyair LTV 22000 ventilators	3 508	-
Unilever SA (Pty) Ltd	Donation of soap and posters towards the COVID-19 pandemic	262	-
National Department of Health	Donation of various PPE's to KZN Department of Health	2 296	-
Godrej (Pty) Ltd	Donation of 5000 hand sanitizers and face masks	275	-
Tongaat Hullet	Donation of 250 000L of hand sanitizer & instant porridge	7 100	-
National Department of Health	Donation of various PPE's to KZN Department of Health	31 957	-
Toyota SA Motors (Pty) Ltd	Donation of 12 900 face shields and 36000 face masks	387	-
National Department of Health	Sponsorship for officials who attended the DR-TB Summit	37	-
Parallax Management Consultants (Pty) Ltd	Donation of 1 marquee and 100 chairs	33	-
Mzilankala Development & Project	Donation of 2 marquees	245	-
Transnat Coach lines	Donation of supply of three mobile health facilities (buses)	2 860	-
World Health Organisation (WHO)	Donation of data captures, laptops and 3G Cards	283	-
Absa Group Limited	Donation of 1000 blankets for nurses	150	-

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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2021

STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED – CONTINUE

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2020/21	2019/20
		R'000	R'000
Buddhist Compassion Relief Tzu-Chi Foundation SA	Donation of various PPE's	324	-
Budda's Light International Association Newcastle Chapter	Donation of disposable masks, hand sanitizers and face shields	28	-
Enviromap (Pty) Ltd	Donation of 100 face shields	7	-
Medicins Sans Frontieres (MSF)	Donation of 3 gazebo	45	-
Various donors	Donation of various PPE's	239	-
Do I Care Enough (D.I.C.E)	Donation of 1750 units of face masks	26	-
Buddhist Compassion Relief Tzu-Chi Foundation SA	Donation of various PPE's	220	-
Stanger Gujerati Mundal	Donation of 2 military tents	14	-
Coca Cola Bevarages SA	Donation of 6000surgical masks and soft drinks	105	-
Durban North Face Shields Group	Donation of 152 face shields	19	-
Pather & Pather Attorneys Incorporated	350 glazed Krispy Kreme doughnuts	3	-
Kirsten and Caleb du Plessis	Donation of 15 3D printed face shields	1	-
Redbull South Africa	Donation of 5 cases of Red bull energy drink	2	-
Gift of the Givers Foundation	Donation of various PPE's	117	-
Kloof Rotary Annes	Donation of 140 reusable masks	4	-
Manilal Valjee Gandhi Desai High School	Donation of 50 N95 surgical masks	2	-
Divine Health Forum NPC	Donation of a newly constructed COVID-19 screening centre and a flu clinic	153	-
Sathya Sai International Organisation SA	Donation of 400 fabric and 2000 disposable masks	10	-
Various donors	Donation of various PPE's	39	-
Mr Omar Vahed	Donation of N95 masks and gloves	10	-
Transglobal Cargo (Pty) Ltd	Donation of 3000 surgical masks	58	-
Coca Cola Bevarages SA	Donation of surgical masks and soft drinks	104	-
The NK Foundation and Mask Sewist KZN	Donation of material face masks	4	-

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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2021

STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED – CONTINUE

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2020/21	2019/20
		R'000	R'000
Ethekwini Outreach	Donation of material face masks	7	-
Placelta (Pty) Ltd	Donation of a fridge	2	-
Mrs NT Gobind	Sponsorship for food parcels for patients	6	-
Town Square Super Spar	Donation of 100 food hampers	25	-
Enviromap (Pty) Ltd	Donation of 100 face shields	7	-
Dr Kat's Weight Loss & Aesthetic Centre	Donation of various PPE's	5	-
Sappi Southern Africa	Donation of Nutrition porridge to various Clinics	63	-
Toyota SA Motors (Pty) Ltd	Donation of 10 900 face shields to various Institutions	327	-
AIDS Foundation South Africa	Donation of 180 infrared thermometers, 45 packs of batteries and 25L of hand sanitizer to various Institutions in KZN	84	-
AIDS Foundation of SA	Donation of Truvada Pre Exposure Prophylaxis drug	783	-
KZN Provincial Treasury	Donation of 77 laptops	559	-
Grobir Medical Suppliers (Pty) Ltd	Donation of assisting in fixing up a dedicated training room	59	-
Momentum Metropolitan Life Limited	Donation of 100 face masks	3	-
Medicins Sans Frontieres (MSF)	Donation of structures & infrastructure related services	100	-
Hillside Aluminium (Pty) Ltd	Donation of 960 rolls super c sweets & 1000 units of surgical masks	45	-
We Care Mother Africa	Donation of 12 boxes of comfort bags, 1 bin bag and 60 chocolate bunnies	52	-
Maphumulo Spar	Donation of a grocery to the Hospital	2	-
Zimbali Rotary Club	Donation of toiletries and provision of meals	18	-
SA Van Conversions Company	Donation of 500 cloth masks	10	-
Pfizer Laboratories (Pty) Ltd	sponsorship for Dr F Paruk for registration	3	-
Pfizer Laboratories (Pty) Ltd	sponsorship for Dr N Mvambo for registration	3	-
Pfizer Laboratories (Pty) Ltd	sponsorship for Dr L Radingoana for registration	3	-
Pfizer Laboratories (Pty) Ltd	sponsorship for Dr S Deosaran for registration	3	-
Pfizer Laboratories (Pty) Ltd	Sponsorship for Dr KJ Chinniah for registration	3	-

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STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED – CONTINUE

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2020/21	2019/20
		R'000	R'000
Masks for Humanity	Donation of 200 face masks	2	-
Melissa Grizic	Donation of 1000 fabric face masks	11	-
G5 Signs (Pty) Ltd	Donation of 500 units of face shields & 400 Micron Foam Padded	20	-
Masks for Humanity	Donation of 300 reusable face masks	3	-
His Church Group	Donation of 250 reusable face masks	3	-
WBHO KZN	Donation of 40x 25L hand sanitizers & 50 boxes of face masks	96	-
Drake Clothing Manufacturers	Donation of 250 reusable face masks	3	-
Dr Kat's Weight Loss & Aesthetic Centre	Donation of 2 Thermometers	3	-
Mondi Limited	Donation of 8packs of face masks, 100 boxes of hand gloves , 6L sanitizer boxes & 4packs of 25g Dettol soup	7	-
Sappi Southern Africa	Donation of 1800 of Nutrition porridge	63	-
Philavela Trading	Donation of 90 isolation gowns & 100 scrubs	33	-
Development Bank of Southern Africa	Donation of various PPE's	263	-
Mothers2mothers	Donation of 255 packs of nappies	120	-
TBHIV Care	Donation of 25000 units of N95 masks & 1000 units hand sanitizers	1 190	-
Nutricia Southern Africa (Pty) Ltd	Sponsorship for 2 officials to attend the online course	20	-
JT Cabins	Donation of park homes	145	-
Hillside Aluminium (Pty) Ltd	Donation of 1000 face masks	15	-
Transglobal Cargo (Pty) Ltd	Donation of 2000 KN95 and 3000 3ply face masks	81	-
Mercor Group Pty (Ltd)	Donation of 2 oil heaters	2	-
A Moolla Family	Donation of 100 KN95 masks	5	-
SA Pandemic Intervention and Relief Effort (SPIRE)	Donation of 5 Airvo-2 HFNO machines	440	-
Glodina	Donation of towels	5	-
Unilever SA (Pty) Ltd	Donation for 20 BiPAP machines	600	-
National Department of Health	Donation of 3 000 smartphones	4 200	-

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STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED – CONTINUE

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2020/21	2019/20
		R'000	R'000
The Health Foundation	Donation of 132 Adidas footwear and 334 fleece tops	288	-
Mediclinic (Pty) Ltd	Donation of 50 000 units of KN95 masks	2 350	-
Liamed Supplies (Pty) Ltd	Donation of 1 unit of the alcohol meter device	50	-
Biologica Pharmaceutical	Donation of medical products	32	-
Health Systems Trust (HST)	Sponsorship with IMCI material	81	-
Allergy Foundation SA	Donation of 20 000 Afrispacers	700	-
World Health Organization (WHO)	Donation of 10 laptops & 10 3G cards	283	-
Port Shepstone Lions Club	Donation of 40 baby parcels	5	-
Gift of the Givers Foundation	Donation of 4 High Flow Nasal Oxygen machines	400	-
Smile Foundation	Donation of 40 boxes of KN95 masks	928	-
Manguzi Skills Development Initiative	Donation of various equipment	26	-
Allenco Medical	Donation of 1 foot operated suction device	1	-
Hillside Aluminium (Pty) Ltd	Donation of 100 face shields	20	-
Dr ST Mathenjwa	Donation of various items	88	-
Gift of the Givers Foundation	Donation of High Flow Nasal Oxygen Devices and consumables	282	-
Fresenius Kabi SA (Pty) Ltd	Donation of 2400 pens	6	-
Gift of the Givers Foundation	Donation of 4x High Flow Nasal Oxygen machines and 10 Pulse Oximeters	400	-
BT Communication Services SA (Pty) Ltd	Donation of 16 smartphones	130	-
The Angels Network Durban	Donation of 4 Aim oil 9 Fin heaters	2	-
Dr D Reddy	Donation of 48 nappy bags	16	-
Human Aid Serving Humanity	Donation of 4000 3 ply masks	22	-
SPIRE	Donation for upgrade of Intensive Care Unit in to a 9 bed ward	3 199	-
Toyota SA Motors (Pty) Ltd	Donation of 10 double cabs motor vehicle and 50 000 face shields	2 250	-

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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2021

STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED – CONTINUE

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2020/21	2019/20
		R'000	R'000
Promed Technologies	Donation of HBAIC	712	-
Triple Eight	Donation of handwashing stations and bars of Dettol soap	1 419	-
Dr Yeney Graza Fernandez	Donation of 13 copies of books to various institutions	7	-
Van Schaik Bookstore	Donation of various books	81	-
National Department of Health	Donation of various PPE's to the KZN Department of Health	260	-
National Department of Health	Donation of 208 CPAP Ventilation Systems	1 726	-
PinkDrive	Donation of disposable masks, care packs & infrared thermometer	180	-
HWSETA	Donation of teaching and learning resources for campuses of KZN College of Nursing	3 000	-
Al-Imdaad Foundation	Donation of 6000 face masks	33	-
National Department of Health	Donation of 1 670 hand sanitizers & 1 670 surgical masks	128	-
Rotary Club of Ballito	Donation of 200 folding walking sticks & 10 orthopaedic	31	-
Mediclinic Newcastle (Pty) Ltd	Donation of surgical stock - Rhizotomy Cases	221	-
Biologica Pharmaceutical (Pty) Ltd	Donation of various medical consumables	32	-
Roche Diabetes Care South Africa	Donation of 20 Blood Glucose Meters	5	-
Sisekele Medical & Dental Suppliers (Pty) Ltd	Donation of Neonatal patient single cuffs	1	-
The Devine Health Forum	Donation of a flue clinic and screening area	110	-
A Ram Enterprises (Pty) Ltd	Donation of 300 surgical gowns	18	-
Africa CDC	Sponsorship for the Infection Prevention and Control Training	269	-
Child Safe South Africa	Donation of baby carriers & IEC Material	243	-
Africa Foundation	Donation of various PPE's	324	-
Office of the Premier (KZN)	Donation of 4 boxes of gloves & 18 packs of surgical masks	2	-
SPIRE	Donation of 3 enterprise beds with mattresses	81	-
Sanlam	Donation of 1000 re-usable masks	23	-

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STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED – CONTINUE

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2020/21	2019/20
		R'000	R'000
Shandu Medical Centre	Donation of a flat screen TV	6	-
Charlotte Maxeke Johannesburg Academic Hospital	Donation of 3 Video Laryngoscopes	360	-
Rotary Clu of Ballito	Donation of various items	32	-
Elizabeth Carter	Donation of various PPE's	14	-
NEHAWU	Donation of 450 KN95 & 30face shields	7	-
Sanofi/Clinigen	Donation of Alemtuzumab/ Campath x1 vial	7	-
Akacia Medical Healthcare Group (Solidarity Fund)	Donation of 4 Airway Pressure System (CPAP)	33	-
FNB Philanthropy Donor Choice Foundation Trust	Donation of 1 video Laryngoscope set	155	-
Gift of the Givers Foundation	Donation of 4 High Flow Nasal Oxygen Machines & 4 consumables and Storz Vidro Laryngoscope	450	-
Rotary Club of Ballito	Donation of 200 folding walking sticks & 11 units of moonboots	32	-
National Department of Health	Donation of fixed dose combination of Tenofovir/Lamivudine/ Dolutegravir (TLD)	9 996	-
Triple Eight	Donation of Jik products	651	-
Health Systems Trust (HTS)	Donation of IT hardware	20	-
National Department of Health	Donation of 1819 Ventilators for various Institutions	11 824	-
National Department of Health	Donation of various Personal Protective Equipment (PPE)	1 597	-
National Department of Health	Donation of 80 E30 Ventilators for various Institutions	1 500	-
Gresham Media Group	Donation of Lifebouy hand sanitizers to various Institutions	4 145	-
Health Systems Trust (HST)	Donation of 500 t-shirts & 500 caps towards the Jerusalema Challenge	68	-
Health Systems Trust (HST)	Donation of printing additional 400 registers for Children's Wards	72	-
Safeline Pharmaceuticals	Donation of various PPE's	57	-
National Department of Health	Sponsorship for 2 officials to attend workshop	23	-
BroadReach Healthcare (Pty) Ltd	Donation of Tenofovir and Emtricitabine 300/200	2 378	-
BroadReach Healthcare (Pty) Ltd	Donation of 781 face shields	34	-
Dalow Group of Companies	Donation for the Year End function	5	-

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STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED – CONTINUE

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2020/21	2019/20
		R'000	R'000
District Grand Lodge of KwaZulu-Natal	Donation of fisher & Paylel Airvo 2 Plus System	98	-
Nutricia Southern Africa (Pty) Ltd	Sponsorship for 4 Dieticians to attend Online course	8	-
Mrs AC De Beer	Donation of a Television dish and Open View HD	2	-
Medicins Sans Frontieres (MSF)	Donation of handwashing station, helpdesks etc.	223	-
Medicins Sans Frontieres (MSF)	Donation of handwashing station, helpdesks etc.	326	-
SAME Foundation	Donation of various medical equipment and PPE's	2 500	-
Hillside Aluminium (South 32)	Donation of various medical equipment's	2 044	-
The Nappy Bag Initiative	Donation of nappy bags for mothers in the ICU	7	-
Beiersdorf Consumer Products (Pty) Ltd	Donation of Nivea products	81	-
Takeda (Pty) Ltd	Sponsorship for Dr Z Dawood to attend Transplant course	8	-
Promed Technologies	Sponsorship for the hand hygiene event	3	-
AXIM Nuclear & Oncology (PTY) Ltd	Sponsorship for 22 officials for a year free subscription to eScan Academy Platform	60	-
Beiersdorf Consumer Products (Pty) Ltd	Donation of Nivea crème products	324	-
Tara Health Care (Pty) Ltd	Donation of 25 glucose meters and 25 haemoglobin meters and consumables for the same meters	163	-
Umgeni Autohaus	Donation of 5 beds for Wards	40	-
LA Consulting Engineers	Donation of 200 surgical gowns	4	-
Living Waters Church	Donation of 30 boxes of gloves	2	-
Unilever South Africa (Pty) Ltd	Donation of various Dove and baby Dove products	18	-
Schindler Lifts SA (Pty) Ltd	Donation for the repair of the repair of lifts	120	-
Sikelela Medical & Dental Suppliers (Pty) Ltd	Donation of Neonatal single patient cuff x9	1	-
Transnet SOC Ltd	Donation of 1000 litres of sanitizers to Nseleni CHC	50	-
Transnet SOC Ltd	Donation of 1000 litres of sanitizers to Dondotha Clinic	50	-
Sappi Southern Africa (Mandini)	Donation of 100 A+ Nutrition Porridge and 150 units of surgical masks	5	-
Stop TB Partnership	Donation of Clofazimine 50mg tablets	102	-

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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2021

STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED – CONTINUE

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2020/21	2019/20
		R'000	R'000
Health Systems Trust (HST)	Sponsorship for conference package and accommodation	32	-
Clinton Health Access Initiative (CHAI) SA	Donation of 400 packs of Flucytisine 500mg tablets	510	-
Clinton Health Access Initiative (CHAI) SA	Donation of 16 Large Loop Excision of the Transformation Zone machines	371	-
The Jes Foord Foundation	Donation of 1650 comfort bags	70	-
University of Cape Town Lung Institution (Pty) Ltd	Donation of 10 Android tablets	13	-
Project24	Donation of 4 baby chairs and 32 baby mobile	9	-
Mr SL Thaver	Donation of various toys	1	-
Medecins Sans Frontieres (MSF)	Donation of structures and medical equipment	75	-
Medecins Sans Frontieres (MSF)	Donation of structures and medical equipment	334	-
Hillside Aluminium (South 32)	Donation of various medical equipment	2 044	-
First Rand Bank (SPIRE)	Donation for the upgrade for the Intensive Care	855	-
Family Health International (FHI360)	Donation of various medical equipment	28	-
SANOFI Aventis SA (Pty) Ltd	Donation of Clofaribine for patients	17	-
Dr E Innes	Donation of various toys	2	-
The Nappy Bag Initiative	Donation of 40 nappy bags	14	-
KwaCare (NPC)	Donation of 40 comfort bags	6	-
FNB Fiduciary (Proprietary) Limited	Donation of 5 Fisher & Paykel Airvo 2 Plus System	539	-
National Department of Health	Donation of 20 000 units of fixed dose combination	6 664	-
St Andrews Hospital Board	Donation of 12 Open View Decoders and 6 Satellite dishes	16	-
RGZ Projects (Pty) Ltd	Donation of 3 television sets & satellite dish	28	-
Port Shepstone Lions Club	Donation of baby parcels for the maternity ward	5	-
Roche Diabetes Care SA (Pty) Ltd	Donation of 26 Accu-chek meters	1	-
SANOFI/Aventis SA	Donation of Clofarabine 12 vials for a Dlezi	17	-
SANOFI/Aventis SA	Donation of Alemtuzumab/Campath x1 vial for a Jamal	7	-

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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2021

STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED – CONTINUE

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2020/21	2019/20
		R'000	R'000
Datacentrix (Pty) Ltd	Donation of various equipment	7	-
Digi Data (Pty) Ltd	Donation of 160 boxes of non-sterile gloves	24	-
Chiraag Seedat	Donation of book case	1	-
Councillor TG Zungu	Donation of fruit and pre packed meat	7	-
Philips SA Commercial (Pty) Ltd	Donation of 80 Ventilators	4 480	-
Melomed Richards Bay Hospital	Donation of a Lux LED light meter	3	-
National Department of Health	Donation of 100 CPAP devices	1 250	-
Gresham Media	Donation of 24x 5L of Lifebuoy hand sanitizers	24	-
Wits Reproductive Health Institute (WRHI)	Donation of IT equipment and other consumables	389	-
HWSETA	Donation of teaching and learning resources for Campuses	1 000	-
Broadreach Health Care	Donation of 10 975 units of Oraquick HIV self-screening	626	-
Dr SB Amod	Donation of 1 box of plus oximeters	5	-
Buddhist Compassion Relief Tzu Chi Foundation	Donation of various medical equipment	185	-
Manguzi Skills Development Initiative (MSDI)	Donation of IT equipment	65	-
Medecins Sans Frontieres (MSF)	Donation of various medical equipment	157	-
Health Systems Trust (HST)	Donation of various ICT equipment	10 666	-
National Department of Health	Sponsorship for 7 officials to attend training	64	-
Angie Mitchell-Innes	Donation of various perishables and a banner	45	-
J Leslie Smith & Company Inc	Donation of 140 frozen meals to 70 staff members	6	-
Gift of the Givers Foundation	Donation of 2000 gift packs to all hospital employees	100	-
Beiersdorf Customer Products (Pty) Ltd	Donation of 2016 Nivea Crème	159	-
Live2Give Foundation	Donation of 70 support packs to Oncology patients	17	-
Staneyer Electroserve	Donation of an air conditioning system	8	-

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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2021

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2020/21	2019/20
		R'000	R'000
Derivco (Pty) Ltd	Donation for wall mounted fans	26	-
Grindrod South Africa (Pty) Ltd	Donation for the renovation of COVID-19 screening area	120	-
Marriott Asset Management	Donation of Valentines treat for patients	8	-
Quad Para Association of South Africa	Donation of knitted socks and scarves	6	-
Novartis South Africa (Pty) Ltd	Honorarium For Prof F Paruk	13	-
Novartis South Africa (Pty) Ltd	Honorarium For Prof A Mosam	13	-
Old Mutual Life	Sponsorship for 40 A3 Parrot frame posters & Nikon D3500 VR Camera	37	-
Novita Shoes (Pty) Ltd	Donation of 20 000 3ply surgical masks	120	-
Beiersdorf Customer Products (Pty) Ltd	Donation of 1536 Nivea Crème to staff	121	-
Iqraa Trust South Africa	Donation of 6 high adjustable beds	226	-
First Baptist Church	Donation of 10 bouquet of flowers, 10 chocolate slabs & paper stands with bibles	12	-
Beiersdorf Customer Products (Pty) Ltd	Donation of 1272 Nivea Crème to staff	101	-
Muslim for Humanity	Donation of various medical equipment	605	-
Beiersdorf Customer Products (Pty) Ltd	Donation of 2136 Nivea Crème to staff	169	-
South African Life Improvement Charitable Trust (SALICT)	Donation of corneas for corneal transplants	816	-
		156 861	45 978
TOTAL		156 861	45 978

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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2021

ANNEXURE 2A

STATEMENT OF FINANCIAL GUARANTEES ISSUED AS AT 31 MARCH 2021 - LOCAL

GUARANTOR INSTITUTION	Guarantee in respect of	Original guaranteed capital amount	Opening balance 1 April 2020	Guarantees drawdowns during the year	Guaranteed repayments/ cancelled/ reduced during the year	Revaluation due to foreign currency movements	Closing balance 31 March 2021	Revaluations due to inflation rate movements	Accrued guaranteed interest for year ended 31 March 2021
		R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000
ABSA	Housing	12 692	-	-	-	-	-	-	-
BOE Bank Ltd	Housing	46	-	-	-	-	-	-	-
FirstRand Bank Ltd	Housing	14 264	345	-	-	-	345	-	-
Green Start Home Loans	Housing	45	6	-	-	-	6	-	-
ITHALA Limited	Housing	1 973	-	-	-	-	-	-	-
Nedbank Ltd (and NBS)	Housing	3 269	69	-	(16)	-	85	-	-
Old Mutual Bank	Housing	12 898	27	-	(25)	-	52	-	-
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	546	-	(41)	-	587	-	-
TOTAL		52 878	546	-	(41)	-	587	-	-

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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2021

ANNEXURE 2B

STATEMENT OF CONTINGENT LIABILITIES AS AT 31 MARCH 2021

Nature of liability	Opening balance 1 April 2020	Liabilities incurred during the year	Liabilities paid/ cancelled/ reduced during the year	Liabilities recoverable (Provide details hereunder)	Closing balance 31 March 2021
	R'000	R'000	R'000	R'000	R'000
Claims against the department					
Medico Legal	22 352 757	2 984 563	92 882	-	25 244 438
Civil Claims	968 010	6 285	6 372	-	967 923
Transport Claims	17 122	286	-	-	17 408
Labour Claims	807	-	-	-	807
Subtotal	23 338 696	2 991 134	99 254	-	26 230 576
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	25 953 745	2 991 134	99 254	-	28 845 625

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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2021

ANNEXURE 3

CLAIMS RECOVERABLE

GOVERNMENT ENTITY	Confirmed balance outstanding		Unconfirmed balance outstanding		Total		Cash in transit at year end 2020/21*	
	31/03/2021	31/03/2020	31/03/2021	31/03/2020	31/03/2021	31/03/2020	Receipt date up to six (6) working days after year end	Amount
	R'000	R'000	R'000	R'000	R'000	R'000		R'000
DEPARTMENTS								
Agriculture	-	2	-	-	-	2	-	-
Economic Development	2	-	-	-	2	-	-	-
Corporate Governance and Traditional Affairs	1 177	1 036	922	917	2 099	1 953	-	-
Office of the Premier	-	-	-	83	-	83	-	-
Provincial Treasury	-	42	-	6	-	48	-	-
Transport	4	-	-	4	4	4	-	-
KZN Department Public Works	-	-	-	1	-	1	-	-
Social Development	29	-	7	12	36	12	-	-
Sports & Recreation	227	126	-	120	227	246	-	-
Department of Correctional Services	-	-	30	-	30	-	-	-
Human Settlements	-	2	-	-	-	2	-	-
International Relations & Cooperation	1	1	-	-	1	1	-	-
Gauteng - Health	331	95	273	7	604	102	-	-
Eastern Cape - Health	158	-	143	-	301	-	-	-
Mpumalanga - Health	289	-	130	145	419	145	-	-
Western Cape - Health	-	-	174	-	174	-	-	-

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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2021

ANNEXURE 3

CLAIMS RECOVERABLE

GOVERNMENT ENTITY	Confirmed balance outstanding		Unconfirmed balance outstanding		Total		Cash in transit at year end 2020/21*	
	31/03/2021	31/03/2020	31/03/2021	31/03/2020	31/03/2021	31/03/2020	Receipt date up to six (6) working days after year end	Amount
	R'000	R'000	R'000	R'000	R'000	R'000		R'000
National Department of Health	-	-	15 386	1 932	15 386	1 932	-	-
Free State Health	-	-	116	-	116	-		
TOTAL	2 218	1 304	17 181	3 227	19 399	4 531		-

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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2021

CLAIMS RECOVERABLE - CONTINUE

GOVERNMENT ENTITY	Confirmed balance outstanding		Unconfirmed balance outstanding		Total	
	31/03/2021	31/03/2020	31/03/2021	31/03/2020	31/03/2021	31/03/2020
	R'000	R'000	R'000	R'000	R'000	R'000
OTHER GOVERNMENT ENTITIES						
University of KwaZulu-Natal (UKZN)	-	4 188	900	-	900	4 188
SITA	452	469	-	-	452	469
Ithala Limited	4 794	4 026	-	-	4 794	4 026
Other Entity : Payment returned	56 251	-	-	-	56 251	-
Subtotal	61 497	8 683	900	-	62 397	8 683
Total	63 715	9 987	18 081	3 227	81 796	13 214

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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2021

ANNEXURE 4 INTER-GOVERNMENT PAYABLES

GOVERNMENT ENTITY	Confirmed balance outstanding		Unconfirmed balance outstanding		Total		Cash in transit at year end 2020/21*	
	31/03/2021	31/03/2020	31/03/2021	31/03/2020	31/03/2021	31/03/2020	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	519	250	-	-	519	250	-	-
Department of Justice and Constitutional Develop	10 561	6 227	-	-	10 561	6 227	-	-
Department of Transport: KwaZulu-Natal	12 746	3 538	-	-	12 746	3 538	-	-
Departments of Public Works: KwaZulu-Natal	54 816	60 928	7 619	9 087	62 435	70 015	-	-
Department of Agriculture & Rural Development	-	3	-	-	-	3	-	-
Department of Health: Gauteng	118	311	-	-	118	311	-	-
South African Police Services	40	-	-	-	40	-	-	-
Department of Health: North West	135	-	-	-	135	-	-	-
Kwa-Zulu Natal Provincial Treasury	168	533	7 487	-	7 655	533	-	-
Secretary of Defence	-	18	74	-	74	18	-	-
Department of Health Western Cape	-	-	-	-	-	-	-	-
Subtotal	79 103	71 808	15 180	9 087	94 283	80 895		-

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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2021

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	6 183	87 441	74 597	-	80 780	87 441		-
National Health Laboratory Services	227 483	155 111	-	-	227 483	155 111		-
South African National Blood Services	23 453	16 036	-	-	23 453	16 036		-
Auditor General - South Africa	94	2 674	-	-	94	2 674		-
SITA	4 591	2 654	-	-	4 591	2 654		-
Subtotal	261 804	263 916	74 597	-	336 401	263 916		-
Total Departments	261 804	263 916	74 597	-	336 401	263 916		-
OTHER GOVERNMENT ENTITY								
NON-CURRENT								
	-	-	-	-	-	-		-
Subtotal	-	-	-	-	-	-		-
Total Other Government Entities	261 804	263 916	74 597	-	336 401	263 916		-
TOTAL INTERGOVERNMENTAL	340 907	335 724	89 777	9 087	430 684	344 811		

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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2021

ANNEXURE 5

INVENTORY

INVENTORIES FOR THE YEAR ENDED 31 MARCH 2021	Note	Insert major category of inventory R'000	TOTAL R'000			
Opening balance		609 471	424 227	-	-	1 033 698
Add: Additions/Purchases - Cash		4 049 114	3 312 912	-	-	7 362 026
(Less): Issues		(3 760 454)	(3 062 319)	-	-	(6 822 773)
Closing balance		898 131	674 820	-	-	1 572 951
End Users						29 804
Clinics						121 943

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 2021

ANNEXURE 5

INVENTORY - CONTINUE

INVENTORIES FOR THE YEAR ENDED 31 MARCH 2020	Note	Insert major category of inventory R'000	TOTAL 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						77137
Clinics						116427

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 2021

ANNEXURE 6

MOVEMENT IN CAPITAL WORK-IN-PROGRESS

MOVEMENT IN CAPITAL WORK-IN-PROGRESS FOR THE YEAR ENDED 31 MARCH 2021

	Opening balance 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	3 630 529	2 182 676	1 027 578	4 785 627
Dwellings	-	-	-	-
Non-residential buildings	3 474 495	1 894 035	896 628	4 471 902
Other fixed structures	156 034	288 641	130 950	313 725
TOTAL	3 630 529	2 182 676	1 027 578	4 785 627

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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2021

ANNEXURE 6 - CONTINUE

MOVEMENT IN CAPITAL WORK-IN-PROGRESS FOR THE YEAR ENDED 31 MARCH 2020

	Opening balance	Prior period errors	Current Year Capital WIP	Ready for use (Asset register) / Contract terminated	Closing balance
	R'000	R'000	R'000	R'000	R'000
BUILDINGS AND OTHER FIXED STRUCTURES	3 398 401	170 438	845 388	(783 698)	3 630 529
Dwellings	8 726	(8 726)	-	-	-
Non-residential buildings	2 941 442	262 923	703 566	(433 436)	3 474 495
Other fixed structures	448 233	(83 759)	141 822	(350 262)	156 034
TOTAL	3 398 401	170 438	845 388	(783 698)	3 630 529

Prior year Adjustments:

1. Misclassification between the type of Assets of R81,5 million
2. Prior year adjustment R2,7m for 2019/2020 (2018/2019 R167m) was mainly due initial projects where contractor / consultant was terminated
3. Removal of projects that was not Capital in nature

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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2021

ANNEXURE 7 COVID 19 RESPONSE EXPENDITURE Per quarter and in total

Expenditure per economic classification	APRIL 2020 R'000	MAY 2020 R'000	JUN 2020 R'000	JUL 2020 R'000	AUG 2020 R'000	SEPT 2020 R'000	OCT 2020 R'000	NOV 2020 R'000	DEC 2020 R'000	JAN 2021 R'000	FEB 2021 R'000	MAR 2021 R'000	2020/21 TOTAL R'000	2019/20 TOTAL R'000
Compensation of employees	-	86	12 879	79 129	162 282	199 234	210 695	64 583	131 203	132 215	237 102	206 256	1 435 664	-
Goods services	40 899	69 657	30 901	64 442	73 349	165 167	101 833	64 588	47 004	79 380	31 216	507 570	1 276 006	183
Please list all the applicable SCOA level 4 items:														
ADVERTISING & ADMIN FEES	-	-	-26 973	27 733	33 899	1 038	33 293	13	-	1 509	12	12 290	82 814	-
AGENCY&SUPRT/OUTSOURCED SERV	-	-	142	403	901	3 432	4 141	2 671	962	1 362	3 960	3 761	21 735	2
CATERING:DEPARTML ACTIVITIES	-	-	-	-	-	1	-	-	-	-	65	14 913	14 979	-
COMMUNICATION	-	-	44	1	3	340	93	-	45	1	78	54	659	-
CONS SUPPLIES	-	-	948	1 071	1 130	3 841	2 242	1 084	220	186	753	677	12 152	-
CONS:STA,PRINT&OFF SUP	-	-	70	89	45	465	-10	136	161	16	107	83	1 162	-
CONTRACTORS CONSULT BUSS.& ADV	-	-	21	10	86	-78	31	85	-	12	167	68	402	171
FLEET SERVICES(F/SER)	-	-	-	-	-	250	10	1	33	203	-	81	578	-
INV: MEDICINE	-	83	37	349	1 409	6 274	4 861	2 444	514	1 798	1 542	3 486	22 797	-
INV:CLOTH MAT&ACCESS, FUEL ,OIL,	40 899	64 173	18 102	5 974	2 582	3 472	1 976	19 699	3 700	1 225	1 732	174 136	337 670	-
INV:FOOD & FOOD SUPPLIES	-	-	186	34	497	1 899	320	38	91	40	208	921	4 234	-
INV:MATERIALS & SUPPLIES	-	17	147	125	485	194	157	202	46	62	460	402	2 297	-
INV:MEDICAL SUPPLIES	-	4 779	29 614	22 371	24 385	16 021	21 068	9 803	9 350	9 519	11 297	13 629	171 836	-
INV:OTHER SUPPLIES	-	748	3 806	2 959	2 901	2 577	5 548	833	1 610	761	1 408	5 799	28 950	-
LABORATORY SERVICES	-	-	-	200	477	103 251	21 749	22 508	22 585	53 549	41	133 296	357 656	6
MINOR ASSETS	-	4	222	265	1 086	381	1 022	869	704	3 292	1 885	2 437	12 167	-

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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2021

ANNEXURE 7 - CONTINUE

COVID 19 RESPONSE EXPENDITURE

Per quarter and in total

Expenditure per economic classification	APRIL 2020 R'000	MAY 2020 R'000	JUN 2020 R'000	JUL 2020 R'000	AUG 2020 R'000	SEPT 2020 R'000	OCT 2020 R'000	NOV 2020 R'000	DEC 2020 R'000	JAN 2021 R'000	FEB 2021 R'000	MAR 2021 R'000	2020/21 TOTAL R'000	2019/20 TOTAL R'000
OPERATING LEASES	-	-	19	27	10	44	24	28	688	175	2 037	81 234	84 286	4
PROPERTY, OPERATING & RENTAL	-	-147	4 475	2 470	3 134	21 398	4 691	3 759	6 122	5 342	1 699	9 449	62 392	-
TRANSPORT PROVIDED DEPT ACTIVITY	-	-	-	-	-	-	-	-	7	-	9	3	19	-
TRAVEL AND SUBSISTENCE	-	-	41	361	319	367	617	415	166	328	3 756	50 851	57 221	-
Transfers and subsidies	-	-	-	-	62	-62	8	114	8	-75	346	485	886	-
Please list all the applicable SCOA level 4 items:														
TRNSF&SUB:DEPARTMENTAL AGENCIES	-	-	-	-	62	-62	8	114	8	-75	346	485	886	-
Expenditure for capital assets	61 755	99 971	135 961	267 529	87 706	66 547	68 283	150 380	81 735	53 355	54 834	109 744	1 237 800	26 702
Please list all the applicable SCOA level 4 items:														
BUILDINGS & OTHER FIXED STRUCTURES	61 343	97 380	135 483	261 467	85 289	57 142	61 045	140 604	76 189	42 992	41 558	90 491	1 150 983	26 694
MACHINERY AND EQUIPMENT	412	2 591	478	6 062	2 417	9 405	7 238	9 776	5 546	10 363	13 276	19 253	86 817	8
Other expenditure not listed above	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Please list all the applicable SCOA level 4 items														
TOTAL COVID 19 RESPONSE EXPENDITURE	102 654	169 714	179 741	411 100	323 399	430 886	380 819	279 665	259 950	264 875	323 498	824 055	3 950 356	26 885



KWAZULU-NATAL PROVINCE

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