



ANNUAL REPORT

2020/21



health

Department:
Health
REPUBLIC OF SOUTH AFRICA





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NATIONAL DEPARTMENT OF HEALTH


**Annual Report
2020 / 2021**

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Table of Content

PART A: GENERAL INFORMATION	5
1.1 Department's General Information	6
1.2 List of Abbreviations and Acronyms	7
1.3 Foreword by the Minister	10
1.4 Statement by the Deputy Minister	12
1.5 Report by the Accounting Officer to the Executive Authority and Parliament of the Republic of South Africa	14
1.6 Statement of Responsibility and Confirmation of the Accuracy of the Annual Report	22
1.7 Strategic Overview	23
1.8 Legislative and Other Mandates	23
1.9 Organisational Structure	24
1.10 Entities Reporting to the Minister	25
PART B: PERFORMANCE INFORMATION	26
2.1 Auditor-General Report: Pre-determined Objectives	27
2.2 Overview of Departmental Performance	27
2.3 Strategic Outcome Oriented Goals	28
2.4 Performance Information by Programme	29
2.4.1 Programme 1: Administration	29
2.4.2 Programme 2: National Health Insurance	34
2.4.3 Programme 3: Communicable and Non-Communicable Diseases	38
2.4.4 Programme 4: Primary Health Care	45
2.4.5 Programme 5: Hospital Systems	57
2.4.6 Programme 6: Health System Governance and Human Resources	60
2.5 Transfer Payments	70
2.6 Conditional Grants	80
2.7 Donor Funds	86
2.8 Capital Investment	88
PART C: GOVERNANCE	89
3.1 Introduction	90
3.2 Risk Management	90
3.3 Fraud and Corruption	90
3.4 Minimising Conflict of Interest	90
3.5 Code of Conduct	90
3.6 Health Safety and Environmental Issues	90
3.7 Portfolio Committees	91
3.8 Standing Committee on Public Accounts (SCOPA) Resolutions	92
3.9 Prior modifications to audit reports	92
3.10 Audit and Risk Committee Report	92
3.11 B-BBEE Compliance Performance Information	94
PART D: HUMAN RESOURCE MANAGEMENT	95
4.1 Introduction	96
4.2 Human Resources Oversight Statistics	97
4.3 Employment and Vacancies	98
4.4 Filling of SMS Posts	100
4.5 Job Evaluation	101
4.6 Employment Changes	101
4.7 Employment Equity	105
4.8 Signing of Performance Agreements by SMS Members	107
4.9 Performance Rewards	107
4.10 Foreign Workers	110
4.11. Leave Utilisation	110
4.12 HIV&AIDS and Health Promotion Programmes	112

4.13 Labour Relations	113
4.14 Skills development	114
4.15 Injury on Duty	115
4.16 Utilisation of Consultants	115
4.17 Severance Packages	116
PART E: FINANCIAL INFORMATION	117
Report of the Auditor-General to Parliament on Vote No. 18: National Department of Health	118
Appropriation Statement	122
Notes to the Appropriation Statement	158
Statement of Financial Performance	160
Statement of Financial Position	160
Statement of Changes in Net Assets	160
Cash Flow Statement	161
Accounting Policies	162
Notes to the Annual Financial Statement	166
Annexures	185



Part A: General Information

1.1 Department's General Information

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1.2 List of abbreviations and acronyms

AAHA	Alliance Against HIV & AIDS
AGSA	Auditor-General of South Africa
AIDS	Acquired Immune Deficiency Syndrome
APP	Annual Performance Plan
ART	Antiretroviral Treatment
ARV	Antiretroviral drug
BAS	Basic Accounting System
B-BBEE	Broad-Based Black Economic Empowerment
BM-NHSP	Bongani Mayosi National Health Scholars Programme
CCMDD	Centralised Chronic Medicine Dispensing and Distribution
CCOD	Compensation Commissioner for Occupational Diseases
CDC	Centres for Disease Control
CHC	Community Health Centre
CHE	Council for Higher Education
CHWs	Community Health Workers
CMS	Council for Medical Schemes
CoE	Compensation of Employees
COVID19	Coronavirus Disease
CPC	Centre for Positive Care
DHIS	District Health Information System
DHS	District Health System
DORA	Division of Revenue Act
DPME	Department of Planning Monitoring and Evaluation
DPSA	Department of Public Service and Administration
DR-TB	Drug-Resistant Tuberculosis
DTG	Dolutegravir
EMS	Emergency Medical Services
EPI	Expanded Programme on Immunisation
ESST	Educational Support Services Trust
EWS	Early Warning System
FCL	Forensic Chemistry Laboratory
FS	Free State
GBV	Gender Based Violence
GP	General Practitioner
HAST	HIV, AIDS, Sexually Transmitted Infections and Tuberculosis
HEAPS	Highveld East AIDS Projects Support
HFRG	Health Facility Revitalisation Grant
HISP	Health Information System Programme
HIV	Human Immunodeficiency Virus
HoD	Head of Department
HP	Health Professional
HPRS	Health Patient Registration System
HPV	Human Papillomavirus
HR	Human Resources
HRH	Human Resources for Health
HRM&D	Human Resources Management and Development
HSACF	Health Sector Anti-corruption Forum
HSFSA	Heart and Stroke Foundation South Africa
HSRU	Health Systems Research Unit
HSS	Health System Strengthening
HST	Health System Trust
HTS	HIV Testing Services
ICD	International Classification of Diseases
IEC	Information Education and Communication
IHR	International Health Regulations
IPT	Isoniazid Preventive Therapy
IRS	Indoor Residual Spraying
ISHP	Integrated School Health Programme

ISO	International Standards Organisation
JEE	Joint External Evaluation
KZN	KwaZulu-Natal
LAM	Lipoarabinomannan
MDR-TB	Multidrug-Resistant Tuberculosis
MEC	Members of the Executive Council
MFL	Master Facility List
MIT	Master Industry Table
MMC	Medical Male Circumcision
MRC	Medical Research Council [South African]
MSM	Men who have Sex with Men
MTSF	Medium Term Strategic Framework
MTT	Ministerial Task Team
NAC	National Anti-Corruption
NAP	National Action Plan
NAPHISA	National Public Health Institute of South Africa
NCAS	National Council against Smoking
NCDs	Non-Communicable Diseases
NDoH	National Department of Health
NDP	National Development Plan
NGO	Non-Government Organisation
NHC	National Health Council
NHI	National Health Insurance
NHLS	National Health Laboratory Services
NHRC	National Health Research Committee
NHSP	National Health Scholars Programme
NICD	National Institute for Communicable Diseases
NICDAM	National Institute Community Development and Management
NIDS	National Indicator Data Set
NIH	National Institutes of Health
NIOH	National Institute for Occupational Health
NLGBTHI	National Lesbian, Gay, Bisexual, Transsexual and Intersexual Health
NPA	National Prosecuting Authority
NPO	Non-Profit Organisation
NSC	National Surveillance Centre
NSDA	Negotiated Service Delivery Agreement
NSP	National Strategic Plan
NSSA	Nutrition Society of South Africa
NTSG	National Tertiary Service Grant
OHS	Occupational Health and Safety
OHSIS	Occupational Health and Safety Information System
OHSC	Office of Health Standards Compliance
OSD	Occupation Specific Dispensation
PCR	Polymerase Chain Reaction
PHEIC	Public Health Emergency of International Concern
PHISC	Private Health Information System Committee
PERSAL	Personnel Salary System
PEPFAR	President's Emergency Plan for AIDS Relief [US]
PFMA	Public Finance Management Act
PHC	Primary Health Care
PhD	Doctor of Philosophy
PHEF	Public Health Enhancement Fund
PHSDSBC	Public Health and Social Development Sectoral Bargaining Council
PICT	Provider Initiated Counselling and Testing
PLHIV	People Living with HIV
PMTCT	Prevention of Mother-to-Child Transmission of HIV
PoE	Ports/Points of Entry
RCCE	Risk Communication and Community Engagement
RR-TB	Rifampicin-Resistance
RWOPS	Remunerative Work Outside Public Service

SA	South Africa
SACENDA	South African Community Epidemiology Network on Drug Abuse
SAHR	South African Health Review
SALGA	South African Local Government Authority
SAMHS	South African Military Health Services
SAMJ	South African Medical Journal
SANAC	South African National AIDS Council
SANAS	South African National Accreditation Standards
SANC	South African Nursing Council
SAPS	South African Police Services
SAQA	South African Qualifications Authority
SARR	South African Renal Registry
SARS	South African Revenue Service
SASSA	South African Social Security Agency
SCM	Supply Chain Management
SDIP	Service Delivery Improvement Plan
SHERQ	Safety Health Environment Risk and Quality
SIU	Special Investigative Unit
SMS	Senior Management Service
STIs	Sexually Transmitted Infections
TB	Tuberculosis
TECH-NHC	Technical Advisory Committee of the National Health Council
TIPHC	Training Institution for Primary Health Care
UCT	University of Cape Town
UHC	Universal Health Coverage
URC	University Research Centre
USAID	United States Agency for International Development
WBPHCOTs	Ward Based Primary Health Care Outreach Teams
WHO	World Health Organization
WSW	Women who have Sex with Women

Foreword by Minister



Dr J Phaahla, MP

Minister of Health

The future is always uncertain. But the COVID-19 pandemic has given this truism a sharp, sobering clarity. The pandemic also offers humanity vital lessons: *transformative change requires a concerted effort, and that young people should be at the centre of what must be done.*

There's a lot we have learnt about COVID-19 pandemic, yet there are many things we are still to understand about it. One of the profound lessons we have learnt is a glimpse of a kinder society that understood how much we are connected and how deeply we depend on each other. This was reflected by Dalai Lama when he said the COVID-19 pandemic has reminded us how interdependent we are – what happens to one person can soon affect many others, even on the far side of our planet.

The COVID-19 pandemic is transforming how we think about our societies and our economies. The policy choices governments make today will determine their success in building a transition to a more inclusive, and more resilient tomorrow. It is an opportunity to chart a path that empowers everyone to face the future with confidence.

In any emergency, leaders have two equally important responsibilities: solve the immediate problem and keep it from happening again. The COVID-19 pandemic is a case in point. We need to save lives now while also improving the way we respond to outbreaks in general. The first point is more pressing, but the second has crucial long-term consequences.

The long-term challenge – improving our ability to respond to outbreaks – is not new. Global public health experts have been saying for years that another pandemic whose speed and severity rivalled those of the 1918 influenza epidemic was a matter not of *if* but of *when*.

We can save lives and slow the global circulation of the virus by forging strong bonds of solidarity and fraternity with all nations of the world.

But we also need to make larger systemic changes so we can respond more efficiently and effectively when the new epidemics arrives. It is essential to help Lower to Middle Income Countries strengthen their primary health care systems; and ensure universal health coverage. Stronger

primary health care systems are a necessary infrastructure for fighting epidemics.

We also need to invest in disease surveillance, including a case database that is instantly accessible to relevant organisations, and rules requiring countries to share information. Governments should have access to lists of trained personnel, from local leaders to global experts, who are prepared to deal with an epidemic immediately, as well as lists of supplies to be stockpiled or redirected in an emergency.

Being unprecedented in the history of humankind the novel coronavirus pandemic represents the biggest threat to lives, livelihoods and economies since the Second World War. It is already rapidly reshaping societies and economies, changing the way people interact, the way they work and the fabrics of their lives. It is a proof, if any more were needed, that vaccination is critical to global security. Getting our economies and societies working again requires everyone to be safe from COVID-19.

The preventative measures remain key to our success in controlling devastation of the virus. The effective and widely distributed vaccine will also be a critical contributor to this. In addition, we need to build a system that can develop safe, effective vaccines and antivirals, get them approved, and deliver billions of doses within a few months after the discovery of a fast-moving pathogen. That is a tough challenge that presents technical, diplomatic, and budgetary obstacles, as well as demanding partnership between the public and private sectors. But all these obstacles can be overcome.

Amid the crisis, it can be difficult to see a path forward. But with this pandemic there are opportunities for some positive outcomes for global health, the most important being that we may be much, much better prepared next time. To rebuild a more sustainable future after COVID-19, embedding the core capacities of Global Health System into holistic, publicly financed Universal Health Coverage systems is the clear next step forward. We cannot keep jumping from one epidemic to the next while ignoring the political will that is required to invest in the foundations of health for all. In the end, truly universal, comprehensive health systems in all countries, which have integrated core capacities for public health and are aligned across all levels of governance, will be our strongest defence against the next great pandemic.

Since the first COVID-19 case was reported in South Africa on 5th March from a group of travellers returning from Italy, the President of South Africa declared the COVID-19 outbreak a national disaster in terms of Section 23 of the Disaster Management Act 57 of 2002 on the 20 March 2020, announcing extraordinary interventions including travel restrictions, social distancing and ramping up testing and tracing. The intervention was elevated with an early national lockdown.

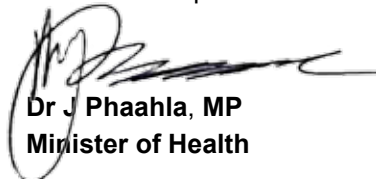
As of 31 March 2021, South Africa had conducted 9 912 073 tests for COVID-19 by the public and private sector laboratories. Cumulatively, there were 1 548 157 positive cases which calculated to a cumulative positivity rate of 15,5%. As of 31 March, 95,2% (1 474 588 of 1 548 157 cases (95,2%) had recovered, 52 846 individuals died deaths and the national case fatality rate (CFR) was at 3,4%.

Preparations for the National Coronavirus Vaccination Programme commenced during this financial year. Phase 1 Vaccination of Health Workers successfully commenced on 17 February 2021 with a single dose Johnson & Johnson (JnJ) vaccine for use in the Sisonke programme. Sisonke was rolled out to health care workers starting in 18 public sector hospitals across all nine provinces. As at 31 March 2021, a total of 262 590 health workers had been vaccinated the single dose J&J vaccine as part of a research study. Furthermore, the Department had embarked on community engagements to educate communities on the importance of vaccination.

The Department implemented catch-up plans to increase access to routine health services and reverse the negative impact of hard lockdown which reduced service utilization. These included implementing recommendations of the National TB Prevalence Survey at a district level; scaling up and promoting same day initiations at every point of care including mobile clinics as well as strengthening the "Welcome Back" campaign to improve compliance and client retention to reach the 90-90-90 targets for HIV & AIDS.

A multi-pronged approach to increase safe and equitable access to comprehensive SRH services, particularly for adolescents and young women. This includes addressing stock issues by working closely with suppliers to align forecasts to ensure greater supply security and rolling out training to support the increased usage of Long-Acting Reversible Contraception methods. Side-by-Side radio shows and social media campaigns to intensify communication of child health promotion and encourage demand for immunisation, as well as piloting a community level screening project- the National NCD Campaign (NNCDC) implemented in partnership with Astra Zeneca.

This Annual Report reflects how South Africa, as a nation, responded to the pandemic. We will continue to use what we have learnt to ensure that we do not lose the gains we have made in public health over the years.



Dr J Phaahla, MP
Minister of Health

Statement by the Deputy Minister of Health



Dr S Dhlomo, MP

Deputy Minister of Health

We are pleased to publish our 2020-2021 Annual Report. I hope you will take some time to review it to learn about the collective progress we have made across the country to improve the health of South Africans and those residing within its borders. The Report is published during very anxious times. It highlights the efforts we have made to save lives.

On 7 April 1948, the World Health Organization established World Health Day to raise awareness of the importance of health. We cannot help but wonder what the founders of World Health Day would think about the 2020 version. Emerging from the shadows of World War II, they must have believed that the time of field hospitals and wartime triage was over. In their wildest imaginations, they could not have envisioned a virus that would spread to nearly every country, upend global economies, and place the world under lockdown.

It is hard to conceive that for more than a year the COVID-19 pandemic has wreaked havoc around the world. Many of us have never lived through anything like the coronavirus, nor such an incredible amount of disruption in our daily lives. From something as simple as taking a walk in the park or hosting a birthday party to broader decisions like cancelling large gatherings or working remotely, the way we make decisions vastly shifted. We are reconsidering every decision and re-evaluating every necessity. Actions that were once subconscious instinctive behaviour are now calculated, cautious equations. Many of the insights that once drove critical business decisions no longer apply as organisations adapt to an ever-changing new normal – including disruptions in critical supply chains, medical supply shortages and workforce constraints.

At no time in the history of humanity has the importance of health been appreciated. This must be acknowledged by celebrating and thanking those on the front lines; people who care enough to leave their homes and families each day to help however they can. To treat our sick, to comfort those who are grieving and isolated, and to give their utmost in the fight against COVID-19.

We need to appreciate our own health and to take steps to maintain it. This means staying home and safe as much as possible and observing all other protocols. The evidence is very clear that these practices flatten the curve. As citizens, this is our service and our contribution to health care. It is the very least we can do to ensure that those who venture

out to deliver essential services are not working in vain. By being vaccinated we protect ourselves and those around us. Because not everyone can be vaccinated – including very young babies, those who are seriously ill or have certain allergies – they depend on others being vaccinated to ensure they are also safe from vaccine-preventable diseases such as COVID-19.

We urge all South Africans to help fight COVID-19. The virus does not spread itself. It is spread by people.

In catalysing our response to COVID-19 response, need to depoliticise and de-commodify health, enhance strategies, policies, and, importantly, funding that make these necessary and long-term investments in local, comprehensive health services, and resilient, equitable health systems. This is the only way we can achieve our commitments to both global health security and universal access to health.

If we continue to ignore these most fundamental investments in health for all, we will fail in our pursuit of safeguarding the world from global health threats. Without greater international assistance in health systems strengthening, our investments in global health security will not last – costing lives, undermining our collective safety and economy, and leaving us flat-footed in the face of the next pandemic.

The lessons learned in this pandemic call for universal health coverage that ensures equal access to quality health care without financial risks for everyone and that effectively protects societies from another health crisis with its devastating effects on lives and livelihoods. All United Nations Member States have agreed to try to achieve universal health coverage by 2030, as part of the Sustainable Development Goals and in keeping with the 2019 Political Declaration on Universal Health Coverage.

A resilient and inclusive health system goes beyond the end of the pipe approaches to treating disease conditions to reduce morbidity and mortality. It encompasses the full cycle of conditions that prevent disease emergence, contain disease occurrence, manage health and wellness, and reduce morbidities and mitigate mortalities from disease-causing agents throughout the life cycle. Such a system must be informed by institutions and governance systems that are absorptive, adaptive, reflexive, and transformative. The global citizens and public health experts tell us that,

that system is Universal Health Coverage; a radical shift in health policy from one that focuses on medical outcomes, to one that focuses on the broader concept of inclusive health – ensuring quality health from conception to end of life, to all people and all the time.

Health outcomes do not trickle down. Together with and as part of the global community, must move from a focus on flattening the COVID-19 disease curve to more comprehensive measures to flatten the primary healthcare needs of citizens. There must not be another return to business as usual. We cannot contain the COVID-19 pandemic and/or avert a next pandemic with the same logic and systems that got us to this point. Incrementalism does not work in the health sector. Bolder action for Health for All is urgently required now. We need to unlearn to learn transformative ways of addressing the health challenges in new way. To build a resilient health system post-COVID-19, we need to refocus policies on inclusive public health services not on managing disease. Global health security alone simply is not enough. The experience with COVID-19 suggests that hyper-focusing on infectious disease control often misses the bigger picture: health systems worldwide are chronically underfunded, disjointed, and inequitable.

When it comes to public health crises, global health security efforts – while essential – will fall short unless concretely tied to broader health systems strengthening initiatives.

As a physician, I know first-hand the important role that primary health care plays in the health of individuals, families, and communities. When it works well, it is the foundation of a good life and a thriving national health care system. When it is weak, people suffer.

We have seen that play out, with tragic consequences, during the COVID-19 pandemic. Primary health care has been the weakest link in the pandemic response despite its importance in “flattening the curve” through such measures as surveillance, testing, and contact tracing,

and in keeping hospitals from overflowing with critically ill patients.

A strong Primary Health Care is not only important during health emergencies. It is an absolute necessity for the successful implementation of NHI.

COVID-19 has provided the global community with a once-in-a-century opportunity to revitalise primary health care systems to improve health outcomes and be better prepared for the next global pandemic.

As part of ongoing efforts to restore access to service delivery during the pandemic, the Department continues to implement and monitor progress on the Presidential Health Compact which is geared towards health systems strengthening in preparation for NHI. The nine Pillars on the Compact are: a) augmenting Human Resources for Health (HRH); b) ensuring improved access to essential medicines, vaccines and medical products through better management of supply chains, equipment and machinery; c) executing the infrastructure plan to ensure adequate, appropriately distributed and well-maintained health facilities; d) engage the private sector in improving the access, coverage and quality of health services; e) improve the quality, safety and quantity of health services provided with a focus on primary health care; f) improving the efficiency of public sector financial management systems and processes; g) strengthening the governance and leadership to improve oversight, accountability and health system performance at all levels; h) engage and empower the community to ensure adequate and appropriate community-based care; i) Develop an information system that will guide the health system policies, strategies and investments.



Dr S Dhlomo, MP
Deputy Minister of Health

1.5 Report by the Accounting Officer to the Executive Authority and Parliament of the Republic of South Africa



Dr SSS Buthelezi

Director-General

1. Overview of the operations of the Department

1.1 Strategic issues facing the Department

- a) The National Development Plan (NDP) 2030 sets out the vision for the South African health system to achieve “A long and healthy life for all South Africans”. NDP also sets out long term goals and 2030 targets as:
- a life expectancy rate of at least 70 years for men and women;
 - a generation of under-20s largely free of HIV;
 - a reduced quadruple burden of disease;
 - an infant mortality rate of less than 20 deaths per thousand live births and under-five mortality rate of less than 30 deaths per thousand live births;
 - a significant shift in equity, efficiency, effectiveness, and quality of health care provision; and
 - universal health coverage, and significant reduction in the risks by the social determinants of disease and adverse ecological factors.
- b) The Presidential Health Summit, held on the 19th and 20th of October 2018, is regarded as the most recent country’s consultation process to identify key challenges facing the health system, and most importantly seek solutions to prevent further deterioration of the quality of the health system. Whilst the private sector has grown to become a significant source of healthcare funding and expenditures on the one hand, the public healthcare sector faces many challenges mostly related to poor quality and inequitable access to health services on the other hand. At the centre of the challenges facing public health care are weak governance structures, inadequate management capacity and administrative systems. The systems fail to provide adequate oversight for implementation of national policies, strategies, and regulations. These challenges include the (a) inequitable funding; (b) human resource shortages; (c) malpractice claims which have been escalating over the years; (d) inappropriate skill-mix and maldistribution; (e) inadequate and poorly maintained infrastructure and equipment; (f) inadequate and fragmented information systems; (g) and the lack of using evidence for guiding investments, reducing overall inefficiencies, and
- wastage in the system. Similarly, the private sector, which is perceived by most South Africans to provide better quality health care services, is challenged by high prices located predominantly in urban areas and mainly three provinces, fragmentation of providers and facilities and there are perceptions of over-servicing, perverse incentives. The deliberations of the Presidential Health Summit resulted in Presidential Health Compact to strengthen the quality of the health system. The Presidential Health Compact, adopted by all stakeholders, comprised of the following thematic pillars:
- Pillar 1: Augment Human Resources for Health (HRH);
 - Pillar 2: Ensure improved access to essential medicines, vaccines, and medical products through better management of supply chains, equipment and machinery;
 - Pillar 3: Execute the infrastructure plan to ensure adequate, appropriately distributed, and well-maintained health facilities;
 - Pillar 4: Engage the private sector in improving the access, coverage, and quality of health services;
 - Pillar 5: Improve the quality, safety and quantity of health services provided with a focus on primary health care;
 - Pillar 6: Improve the efficiency of public sector financial management systems and processes;
 - Pillar 7: Strengthen the governance and leadership to improve oversight, accountability, and health system performance at all levels;
 - Pillar 8: Engage and empower the community to ensure adequate and appropriate community-based care; and
 - Pillar 9: Develop an information system that will guide the health system policies, strategies, and investments.
- c) The Department of Health continues to build a strong integrated national health system to respond to the priority challenges, including:
- a complex, quadruple burden of diseases which consists of communicable diseases such as HIV and AIDS and TB, as well as a rise in non-communicable diseases. The associated mortality is compounded by a high maternal mortality ratio, child mortality rates

- as well as high rates of violence, injuries and trauma;
- serious concerns about the quality of public health care;
 - an ineffective and inefficient health system; and
 - spiralling private health care costs.
- d) South Africa continues to experience gains in life expectancy at birth and downward mortality trends, which have been largely attributable to significant reduction in the Maternal, Child and Infant Mortalities, and the expansion of HIV prevention programme and antiretroviral therapy programme. The table below depicts progress made with life expectancy at birth, childhood, and maternal mortalities in South Africa.
- e)

2019 Target	Baseline 2014	Recent Figures	Data Source
Life expectancy of at least 65 years by 2019	62.9 years	64.8 years (2018)	Rapid Mortality Surveillance Report 2018
Life Expectancy of at least 61.5 years amongst males by March 2019	60.0 Years	61.9 years (2018)	Rapid Mortality Surveillance Report 2018
Life Expectancy of at least 67 years amongst females by March 2019	65.8 years	67.9 years (2018)	Rapid Mortality Surveillance Report 2018
33 under 5 deaths per 1,000 live births	39 under 5 deaths per 1,000 live births	34 deaths per 1000 live births (2018)	Rapid Mortality Surveillance Report 2017
8 neonatal deaths per 1000 live births	14 neonatal deaths per 1000 live births	12 deaths per 1000 live births (2018)	Rapid Mortality Surveillance Report 2018
23 infant deaths per 1000 live births (15% decrease)	28 infant deaths per 1000 live births (25% decrease)	25 deaths per 1000 live births (2018)	Rapid Mortality Surveillance Report 2018
<100 maternal deaths per 100,000 live births by March 2019	269 maternal deaths per 100,000 live births (2010 data)	134 deaths per 100 000 live births (2016)	Rapid Mortality Surveillance Report 2017

- f) The Department is implementing Universal Health Coverage through the National Health Insurance (NHI). NHI is a health financing system that will pool funds to provide access to quality health services for all South Africans, based on their health needs, irrespective of their socio-economic status. As the country continues to pursue NHI, it is a priority to protect the poor, marginalised and most vulnerable population in rendering services and structuring cross subsidisation. The NHI related health system transformation will tackle challenges of rising costs of services, medicines and equipment in the private sector, and resultant inequitable expenditure between the public and private sector in SA.
- g) Quality of care remains central in ensuring access to services for most of the population, and against the rising costs of litigations in the country.
- h) The Department is implementing the new Medium Term Strategic Framework (MTSF) 2019-2024 which aligned to the Strategic Plan and the Annual Performance Plan of the department and supports realisation of NDP goals. Universal Health Coverage features in the MTSF 2019-2024 as of the Priority 3: Education, Skills and Health. 2020/21 was also the transition year from MTSF 2014 -2019 to MTSF 2019-2024. In this regard, the Department also developed its 2019-2024 Five-Year Strategic Plan and the 2020/21- 2022/23 Annual Performance Plan in line with MTSF's Priority 3 Interventions as well as key activities of the Presidential Health Compact.

1.2 Significant Events that have taken place during the year

- a) The World Health Organization (WHO) declared COVID-19 to be a Public Health Emergency of International Concern (PHEIC) on 30th January 2020 and subsequently a pandemic on 11th March 2020, as COVID-19 has affected almost every country and cases continue to increase. The WHO reported that the cumulative global number of confirmed cases as of 31st March 2021 was 128 540 982 with 2 808 308 deaths and a 2,2% case fatality rate.
- b) In South Africa, the first COVID19 case was reported on 5th March 2020 from a group of travellers returning from Italy. Since then, local transmission has been established in all nine provinces. On 15th March 2020, The President of South Africa declared the COVID19 outbreak a national disaster in terms of Section 23 of the Disaster Management Act 57 of 2002, announcing extraordinary interventions including travel restrictions, social distancing and ramping up testing and tracing. On 20th March 2020 the intervention was elevated with an early national lockdown.
- c) Since the first case of COVID-19, an evidence-based Health Response Strategy to COVID-19 has been implemented across the country under the leadership of the former Minister Dr Z Mkhize, Deputy Minister Dr J Phaahla and provincial Health Members of Executive. The National Plan for COVID-19 Health Response has nine strategic priorities, namely (i) Provide effective governance and leadership; (iii) Strengthen surveillance and strategic information; (ii) Augment health systems readiness including emergency medical services; (iv) Enhance community engagement; (v) Improve laboratory capacity and testing; (vi) Clarify care pathways; (vii) Scale- up infection prevention and control measures; (viii) Boost capacity at ports of entry; (ix) Expedite research and introduction of therapeutics, diagnostics and vaccines. Important lessons have been learnt amongst others with regards to swift evidenced-based

decision making from the highest political levels, command, and control through both centralised and decentralised Incidence Management Teams; active and informed use of epidemiological data; community engagement and risk communication; capacity building and contact tracing and community screening; and regular, consistent communication and dissemination of health education and information.

- d) Whilst various hard and soft lockdown measures resulted in economic hardships particularly for most South Africans, those measures were imposed to arrest the widespread of COVID-19. Throughout the 2020/21 financial year, due to exponential growth in COVID-19 infections various national lockdown restrictions were announced to contain, control, and prevent any further spread of COVID-19. Alert Level 5 commenced on 27 March 2020 when number of cases started to rise exponentially. The period from 30 April to 24 September was marked by the emergence of the first wave and its decline. During this period, Alert Level 4 started on 30 April followed by Alert Level 3 on 1 June and the alcohol sales and consumption ban was re-introduced on 13 July. The Alert Level 3 continued as the first wave was starting to decline in the third week of July 2020 and schools were closed on 24 July. The country moved to Alert Level 2 on 18 August and Alert Level 1 on 21 September when the first wave has subsided. However, increasing epidemiological trend began to re-emerge the first week of November. On 3 December 2020, Nelson Mandela Bay Metro was declared the hotspot thereafter followed additional hotspots across the country and the country entered the second wave period from 6 December reaching its peak on 12 January 2021. The peak of the second wave was 49% higher compared to the first wave. Alert Level 3 started on 29 December with alcohol restrictions, declaration of additional hotspots and closure of beaches and other areas of public entertainment. As the second wave was waning, Alert Level 3 restrictions were eased on 2 February followed by Alert Level 1 on 1 March 2021.
- e) Cumulatively as of 31 March 2021, South Africa had conducted 9 912 073 tests for COVID-19 by the public and private sector laboratories. Cumulatively, there were 1 548 157 positive cases which calculated to a cumulative positivity rate of 15,5%. As of 31 March, 95,2% (1 474 588 of 1 548 157 cases (95,2%) had recovered, 52 846 individuals died and the national case fatality rate (CFR) was 3,4%.
- f) Preparations for the National Coronavirus Vaccination Implementation Plan commenced during the financial year. The first tranche of 1 million Oxford-AstraZeneca vaccines arrived on 1 February in South Africa from the Serum Institute of India. However, the Phase 1 of the three-phase vaccine rollout strategy was temporary paused during February 2021 following concerns regarding the efficacy of the Oxford-AstraZeneca

vaccine against mild-moderate COVID caused by the 501.V2 variant. Subsequently, Phase 1 Vaccination of Health Workers successfully commenced on 17 February with a single dose Johnson & Johnson (JnJ) vaccine for use in the Sisonke ('Together') programme. Sisonke was rolled out to health care workers starting in 18 public sector hospitals across all nine provinces. The Electronic Vaccination Data System (EVDS) shows that a total of 262 590 health workers had received the single dose J&J vaccine by 31 March 2021.

- g) Working with partners the Department initiated a National Quality Improvement Programme. The Programme has identified quality learning centres at which health facilities will be capacitated on measures to improve quality in health facilities. Office of Health Standard Compliance has committed itself to support the roll-out of the National Quality Improvement Programme. About litigations, the Department appointed service providers to conduct forensic investigations on the top law firms that are litigating against the State (Provincial Departments of Health) on medico-legal matters. The investigations seek to establish if there are suspicious claims that may be vexatious and frivolous and raise the potential unethical conduct by attorneys. Vexatious and frivolous claims that constitute unethical conduct by attorneys will be reported to Legal Practice Council. The investigations have found, amongst others, evidence of touting by Law Firms that are litigating against the State and more in particular, for matters of children with cerebral palsy. Furthermore, these forensic investigations have also unearthed potentially fraudulent claims which should be further investigated by the Special Investigative Unit (SIU).

1.3 Major projects undertaken or completed during the year

- a) In March 2019, the Minister of Health appointed a Ministerial Task Team (MTT) with wide-ranging expertise to support the NDoH with the development of a Human Resources for Health (HRH) Strategy for 2030. The 2030 Human Resources for Health Strategy: Investing in the Health Workforce for Universal Health Coverage was approved by the National Health Council in October 2020. The Strategy is rooted in South Africa's National Development Plan (NDP), the policy on National Health Insurance (NHI) and in delivering quality universal health coverage (UHC) to all people in South Africa. This 2030 HRH Strategy sets out the overall vision, goals and actions required to address persistent issues of inequity and inefficiencies in the health workforce. The Strategy provides on the numbers of health workers of different categories needed to provide for health promotion and disease prevention, as well as curative, therapeutic, rehabilitative, and palliative services. This strategy informs the training and education reforms that are needed in our public universities, nursing

colleges, and health worker training institutions to supply adequate numbers of all cadres of the health workforce, from community health workers to sub-specialists. The Strategy emphasizes the importance of looking after health workers, through providing supportive environments, and gender transformative practices. It highlights the need for good governance and leadership by competent, caring, and ethical professionals, who are accountable to the public, and the importance of using information and evidence to make decisions.

- b) The design, development and roll-out of the COVIDConnect digital system was done during the financial year. The COVIDConnect system provides an interactive self-help service to the public, for anyone with a cell-phone who tested for COVID-19. The system has the functionality to notify clients of their test results and importantly for those who tested positive for the COVID-19. In addition, the App has the capability to send anonymous SMS messages to all those that were in close contact with person/s who tested positive. The system was successfully rolled-out in all 9 Provincial Departments of Health and through the collaboration of the Solidarity Fund, all 52 District Offices received extensive marketing material that was placed in Hospitals, CHCs and Primary Health Care facilities.
- c) During last two quarters of 2020/21 financial year, the NDoH conceptualised and lead the development of the Electronic Vaccination Data System (EVDS) as an end-to-end solution that is used to digitally capture each vaccination event and provide data to its data analytics platform to monitor and report on vaccinations administered. The EVDS records the journey of the vaccinee who receive the vaccine from a vaccinator registered on the EVDS at an approved vaccine site registered on the Master Facility List (MFL) on a specific date and time. It is the first time in the South African history that a system developed by government has been embraced and adopted for implementation by both the public and private sector. The EVDS enable initiation, messaging, coordination, monitoring, and evaluation of the vaccine introduction while collecting essential information to ensure vaccine safety surveillance and serve as a vaccination record. Appropriate data protection and governance policies are applied to comply with legislative requirements and monitor legitimate, appropriate, and proportionate
- use and processing of data that may be routinely collected and managed in health information. The EVDS assist in both the management and monitoring of the COVID19 vaccine rollout.
- d) The ICD-10 Master Industry Table (MIT) was reviewed during 2020/21 financial year and published on 25 March 2021 through a Notice signed by the Director-General. The review was conducted in collaboration with key stakeholders, the WHO Family of International Classifications Collaborating Centre for the African region located within the SAMRC and the Private Health Information System Committee (PHISC). The Notice included a set of five additional ICD-10 codes for emergency use to cater for COVID-19 related conditions and syndromes in line with the World Health Organization (WHO) updates for COVID-19 coding.
- e) The Bongani Mayosi National Health Scholars Programme (BM-NHSP) remains one of the nationally coordinated programmes devoted to doctoral development of young scientists from all health professions. Over the past seven (7) years the BM-NHSP has supported the training and development of an academic pipeline of clinical and health researchers. The profile of its PhD graduates reflects the programme's commitment to address racial and gender imbalances within the health research space. Since inception the programme has funded 124 scholars (110 PhD and 14 MSc scholars) and 59 (51 PhD and 8 MSc) of which more than 50% are Africans. The programme has graduated 51 PhD: 39 females and 12 males. Over the last seven years the scholars have produced over 60 peer reviewed publications, and this proves that BM-NHSP scholars are conducting high quality research and generating new knowledge. About 63% of graduated scholars have been absorbed by academic institutions with most of them holding senior and leadership positions. Moreover, more than 60% of funded scholars fall within the ages of 24-35 years which are considered youth in South African context.

2. Overview of the financial results of the department:

2.1 Departmental receipts

	2020/21			2019/20		
	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	3 222	3 301	-79	2 948	3 713	-765
Interest, dividends and rent on land	2 700	336	2 364	700	3 554	-2 854
Sales of Capital Assets	–	–	–	0	298	-298
Financial transactions in assets and liabilities	312	136	176	395	369	26
Sales: Scrap, waste, and other goods	1	0	1	–	–	–
TOTAL	6 235	3 773	3 773	4 044	7 934	3 890

2.2 Programme Expenditure

	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
Administration	663 552	550 965	112 587	588 743	542 426	46 317
National Health Insurance,	1 200 556	1 021 911	178 645	1 999 789	1 840 046	159 743
Communicable and Non-Communicable Diseases	28 161 797	27 886 124	275 673	22 851 142	22 713 512	137 630
Primary Health Care	277 085	314 971	(37 886)	219 651	216 857	2 794
Hospital Systems	21 219 600	21 188 507	31 094	20 432 634	20 413 709	18 925
Health System Governance and Human Resources	6 530 006	6 541 847	(11 841)	5 103 204	5 046 221	56 983
TOTAL	58 052 596	57 504 325	548 271	51 195 163	50 772 771	422 392

The Department has spent R57,504 billion of its allocation from the budget of R58,053 billion, representing 99,1% spending rate.

- a) **Compensation of Employees:** Expenditure amounted to R927,295 million which represents 99,9% from the budget of R928,345 million.
- b) **Goods and services:** Expenditure amounted to R2,039 billion with the spending rate of 98,0% from the allocated budget of R2,544 billion.
- c) **Transfer payments:** Expenditure of R54,319 billion (100,3%) was incurred from the budget of R54,318 billion.
- d) **Purchase of Capital Assets:** An amount of R831,087 million (95,1%) was spent on capital payments from the budget of R874,270 million.
- e) **Direct charges against the National Revenue Fund:** An amount totalling R612,316 million was funded directly from the NRP as follows:
 - R462,316 million for COVID-19 vaccine under Goods and Services.
 - R150,000 million towards research of the effectiveness of the COVID-19 vaccine.

2.3 Reasons for under/(over) expenditure

Compensation of Employees

Programme 1, 2 and 3:

- Vacant posts are not being filled.
- Backlog of PMDS payments as incentives were last paid for 2018/19. There are about 250 cases from 2018/19 that have not been processed due to grievances.
- Assessments not done on time resulting to salaries and service bonus of many employees still being paid at old notches as there is a backlog of pay progression for 2 financial years: 2019/2020 and 2020/2021.

Programme 4:

- Officials working overtime due to the repatriation of SA Citizens due to COVID-19.

Programme 6:

- Overpayment was incurred on Statutory Human Resources & Training Grant by KZN Province, refund was received on 21 May 2021.

Good and Services

- Less activities took place during the stricter levels of lockdown.
- Normal activities hampered due to closure of Civitas building (Prohibition notice) since September 2020.
- Rental for Civitas building was withheld.

Transfers & subsidies

- Donation to WHO could not take place for awards ceremony due to COVID-19 lockdown worldwide.
- Implementation of National Surveillance Centre was put on hold pending the relocation of the Department.
- COVID oxygen equipment ordered in March 2020 were delivered and paid in the third quarter of 2020/21 financial year.

2.4 Virements

Approval was granted to vire funds after the Adjustments Budget, totalling an amount of R40,029 million. The Director-General granted approval to effect the following virements:

- R36,029 million within Goods and Services; and
- R4 million within Purchase of Capital Assets.

2.5 Roll overs

None received.

2.6 Unauthorised expenditure

R49 727 was noted as unauthorized expenditure on programme 4 and 6. as per note 11 of the Financial Statements.

2.7 Fruitless and wasteful expenditure

R39 as per note 24 of the Financial Statements.

2.8 Public Private Partnerships

None.

2.9 Discontinued activities / activities to be discontinued

None.

2.10 New or proposed activities

None.

2.11 Supply chain management (SCM)

Number of Quotation Requests	Value (R'000)
110	R22 299 379.66

The Department processes transactions through the open bidding process as depicted in the table below. The open bidding process is for transactions above R500 000.

Number of Tenders	Value (R'000)
7	R25 140 658.07

The total breakdown of bidding process transactions in terms of compliance to Preferential Procurement Regulations and Broad-Based Black Economic Empowerment (B-BBEE).

B-BBEE Contribution Level	Value (R'000)	Number of Transactions
Level 1	R 223 441 279,09	9
Level 2	R 14 332 887,46	3
Level 4	R 681 822,97	3
Level 8	R 64 858 966,40	1
Non-Compliant	R 18 193 920,00	1

In relation to Assets Management, the department has maintained its assets register in accordance with minimum required information to be in the Fixed Assets Register.

For the year under the review, the department had assets additions to the value of R90,975,208.62 and disposals to the value of R12,762,197.02. The overall assets register of the department has 56 469 number of assets to the value of R675,587,651.11 and all these assets are in the Fixed Assets Register which enable the department to know the location, value, condition, usage, and asset number of these assets for accurate accounting.

2.12 Gifts and Donations received in kind from non-related parties

Items	Quantities	Sources
Temperature screening cameras	2	Hikvision (Pty) Ltd S A
Surgical Masks	2337980	AstraZeneca Pharmaceuticals (Pty) Ltd, Bank of China, Frasers, Fujian, Government of the People's Republic of China, Huawei, Hubei, Jack Ma, MOFA, Province of Hannan, Sichuan, Syntech Love Technology, Turkish Government, United Arab Emirates, US Embassy, Wan Bange, WHO & Zhigong Party
BP Machines	10000	AstraZeneca Pharmaceuticals (Pty) Ltd
Coveralls	75860	Bank of China, French Embassy, Government of the People's Republic of China, Jack Ma, MOFA, S A Society of Anaesthesiology & Turkish Government
Surgical gloves	546000	Bank of China, Government of the People's Republic of China, MOFA, United Arab Emirates & WHO
Boot Covers	37000	Bank of China & MOFA
C PAP/ Airwell YH-730	5	Bank of China
N95 Respirator (U-Mask)	240000	Centres for Disease Control and Prevention (CDC)
Goggles	176580	Construction Bank, Government of the People's Republic of China, Jack Ma, MOFA, Solidarity Fund, Turkish Government, UVEX Safety SA (PTY) LTD & WHO
Gloves Examination Nitrile	20000	Construction Bank
Infusion Pumps	100	French Embassy
C-PAP devices	20	French Embassy
N95 Respirator	48100	Government of the People's Republic of China, Turkish Government & WHO
COVID Test Kits	209	Government of the People's Republic of China
N95 Masks (non-medical)	11000	Government of the People's Republic of China
Shoe Covers	41000	Government of the People's Republic of China & United Arab Emirates
Infrared Thermometers	687	Government of the People's Republic of China, Jack Ma & US Government
Masks (various)	147700	Jack Ma
Gloves (M)	36000	Jack Ma
Infrared thermal machine	4	Jack Ma
Ventilators (CPAP)	14	Jack Ma
CPAP	15	Jack Ma
N95 Respirator (non-medical)	152800	Government of the People's Republic of China & Jack Ma
Visors	48925	Jack Ma, Turkish Government, US Embassy & WHO
Thermometer	1100	KFW
Hand Sanitiser(500ml)	11000	KFW
Hand Sanitisers 1l	200	Turkish Government
KN94	50000	Korean Government
Laryngoscope blades	50	Luke International
Gowns	2336400	Motsepe Foundation & WHO
Scrubs (National Fabrics)	35000	Motsepe Foundation
Scrubs (Under Cotton)	35000	Motsepe Foundation
KN95 (Hellilai)	5000000	Naspers
N95 Respirators	80500	Government of the People's Republic of China, Turkish Government & WHO
G-Sol Disinfectant (l)	120	Republic of Korea
Disinfectant tunnel	1	Turkish Government
Sanitisers (Alcohol free)	6000	United Arab Emirates
Cloth Masks	7500	US Embassy
Surgical Gowns	9108	US Embassy
Gloves Nitrile L	456000	US Embassy
Paper towel	3444	US Embassy
Ventilators	50	US Government
Syringes	135000	Wan Bange
Gloves Vinyl L	4000	Zhigong Party

2.13 Exemptions and deviations received from the National Treasury

For the year under review, the department sort and received concurrent approval to deviate from normal procurement process for the following procurement transactions

Project Description	Name of Supplier	Actual Value of Contract (R'000)	Reason for the Deviation
Expansion of scope of work to include COVID-19 screening on the existing medical aid screening and surveillance program for NDOH	Aurum Innova (Pty) Ltd	HIRA once off cost = R100 000 Screening for three (3) months at a rate of R820 000 per month excluding VAT	The reason for the deviation in a form of emergency procurement was due to the COVID-19 outbreak
Appointment of a service provider for the provision of National COVID-19 surveillance and case management system to strengthen COVID-19 laboratory and hospital-based reporting for a period of six (6) months	Intelligent Medical Systems (Pty) Ltd t/a Bluebird	R18 193 920,00	The reason for the deviation in a form of emergency procurement was due to the COVID-19 outbreak
Appointment of a service provider for hosting, maintenance, support, and further development of the ideal clinic software for a period of 6 months	ASG Software (Pty) Ltd	R1 493 156,00	The two-year contract with ASG Software Solutions expired on 31 March 2020, and the end-user was only advised in February 2020.
Appointment of a technical advisor to the support the NDOH with various COVID-19 activities for 2 months	Dr TP Neluheni-Tshinaba	R1 438 200,00	The reason for the deviation in a form of emergency procurement was due to the COVID-19 outbreak
Appointment of a service provider for fogging and virus treatment hygiene services	Boule Properties	R565 004,48	The reason for the deviation in a form of emergency procurement was due to the COVID-19 outbreak
Appointment of a service provider to render continuation project management office (PMO) support to the NDOH for a period of 2 months	Ernst & Young Advisory Services (Pty) Ltd	R14 671 755,00	The reason for the deviation in a form of emergency procurement was due to the COVID-19 outbreak
Side-by-Side radio show (drama) season 2	SABC	R3 363 290,00	Single Source
Urgent forensic investigation into suspicious transaction of more than R5 million	Sekela Xabiso Inc	R592 250,00	Due to urgency of the required forensic investigation
Appointment of a service provider for hosting, maintenance, support, and further development of the ideal clinic software for a period of 6 months	ASG Software (Pty) Ltd	R1 499 366,40	The initial extension expired on the 31 October 2020 and normal bidding process was followed, unfortunately there was no responsive bid, hence a deviation for another 6 months was requested from National Treasury
Strengthening Health Information System (SHIS) 2020-2023.	Health Information System Program South Africa (HISP)	R51 359 600,00	Single Source
Provide hosting, maintenance of the Internship and Community Service Program (ICSP) Online solution and the management of the Help Desk for ICSP Online for a period of nine (9) months ending 31 March 2021	Health Information System Program South Africa (HISP)	R12 000 000,00	Single Source
Strategic communication services for a period of 4 months	Digital Vibes	Activity-Based-Cost (ABC)	Contact Expansion
Provision of 1 500 000 doses of Covid-19 Vaccines	Serum Life Science	R122 220 750,00	Single Source in line with Practice note 3 of 2016/17
Project Management Information Systems	Project Portfolio Office(PPO)	R11 222 435,50	Single Source in line with Practice note 3 of 2016/17

2.14 Events after the reporting date

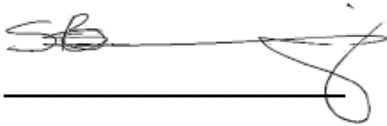
None

Acknowledgements

I wish to express my appreciation to the Minister of Health, the Deputy Minister, as well as all members of staff for their hard work, loyalty, and commitment in pursuing the objectives of National Department of Health. I also wish to acknowledge all partners working with us on the implementation of the National Development Plan.

Approval

The Annual Financial Statements are approved by the Accounting Officer.



Dr SSS Buthelezi
Director-General
Date:

1.6 Statement of responsibility and confirmation of the accuracy of the Annual Report

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

All information and amounts disclosed throughout the Annual Report are consistent. The Annual Report is complete, accurate and free from any omissions.

The Annual Report has been prepared in accordance with the guidelines 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 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 designed to provide reasonable assurance as to the integrity and reliability of the performance information, the human resources information, and the annual financial statements.

External auditors are engaged to express an independent opinion on the annual financial statements.

In my opinion, the Annual Report fairly reflects the operations, performance information, human resources information, and the financial affairs of the Department for the financial year ended 31 March 2021.

Yours faithfully



Dr SSS Buthelezi
Director-General
Date:

1.7 Strategic Overview

Vision

A long and healthy life for all South Africans.

Mission

To improve the health status of South Africans through the prevention of illnesses and the promotion of healthy lifestyles and to consistently improve the health care delivery system by focusing on access, equity, efficiency, quality, and sustainability.

1.8 Legislative and Other Mandates

The Legislative mandate of the Department of Health is derived from the Constitution, the National Health Act, 61 of 2003, and several pieces of legislation passed by Parliament guided by Sections 9, 12 and 27 of the Constitution.

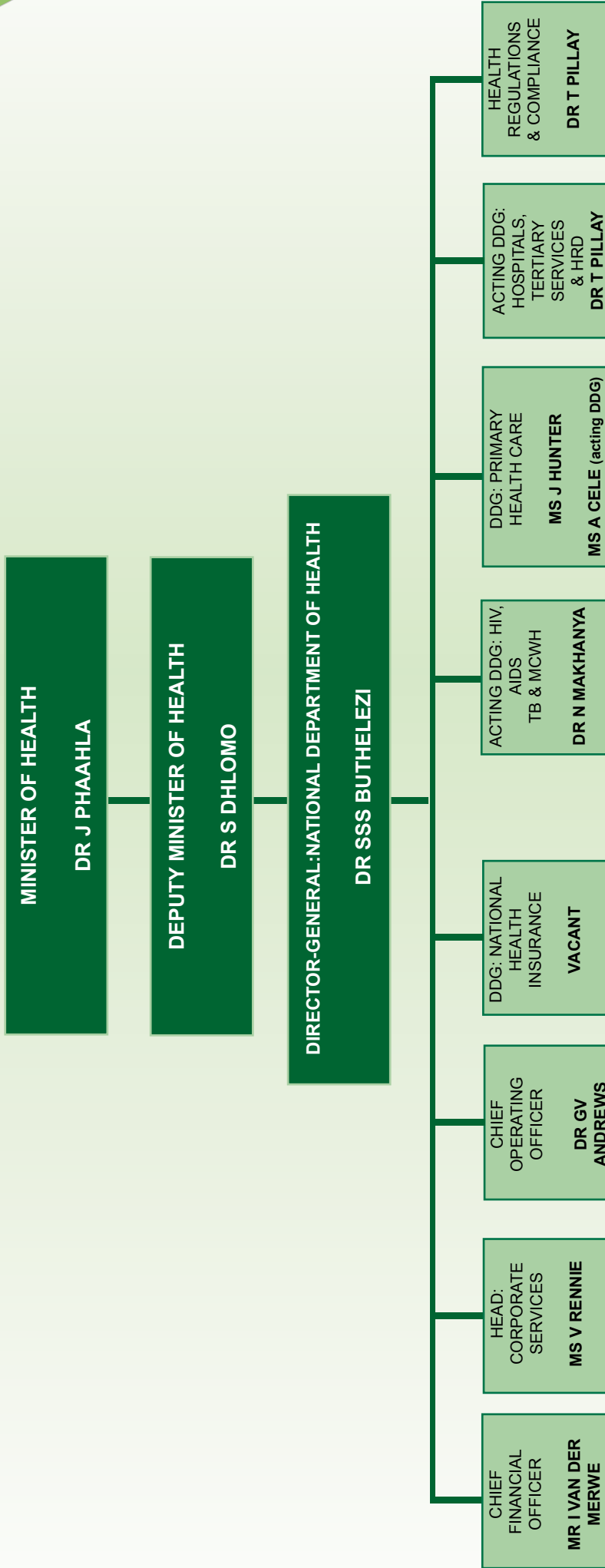
Legislation falling under the Portfolio of the Minister of Health

- Allied Health Professions Act, 1982 (Act No. 63 of 1982), as amended;
- Choice on Termination of Pregnancy Act, 1996 (Act No. 92 of 1996), as amended;
- Council for Medical Schemes Levies Act, 2000 (Act No. 58 of 2000), as amended;
- Dental Technicians Act, 1979 (Act No. 19 of 1979), as amended;
- Foodstuffs, Cosmetics and Disinfectants Act, 1972 (Act No. 54 of 1972), as amended;
- Hazardous Substances Act, 1973 (Act No. 15 of 1973), as amended;
- Health Professions Act, 1974 (Act No. 56 of 1974), as amended;
- International Health Regulations Act, 1974 (Act No. 28 of 1974), as amended;
- Medical Schemes Act, 1998 (Act No. 131 of 1998), as amended;
- Medicines and Related Substances Act, 1965 (Act No. 101 of 1965), as amended;
- Mental Health Care Act, 2002 (Act No. 17 of 2002), as amended;
- National Health Act, 2003 (Act No. 61 of 2003), as amended;
- National Health Laboratory Service Act, 2000 (Act No. 37 of 2000), as amended;
- Nursing Act, 2005 (Act No. 33 of 2005);
- Occupational Diseases in Mines and Works Act, 1973 (Act No. 78 of 1973), as amended;
- Pharmacy Act, 1974 (Act No. 53 of 1974), as amended;
- South African Medical Research Council Act, 1991 (Act No. 58 of 1991), as amended;
- Sterilisation Act, 1998 (Act No. 44 of 1998), as amended;
- Tobacco Products Control Act, 1993 (Act No. 83 of 1993), as amended; and
- Traditional Health Practitioners Act, 2007 (Act No. 22 of 2007).

Other Legislation which the National Department of Health must comply with

- Basic Conditions of Employment Act, 1997 (Act No. 75 of 1997), as amended;
- Broad-Based Black Economic Empowerment Act, 2003 (Act No. 53 of 2003), as amended;
- Child Justice Act, 2008 (Act No. 75 of 2008), as amended;
- Children Act, 2005 (Act No. 38 of 2005), as amended;
- Criminal Procedure Act, 1977 (Act No. 51 of 1977), as amended;
- Control of Access to Public Premises and Vehicles Act, 1985 (Act No. 53 of 1985), as amended;
- Conventional Penalties Act, 1962 (Act No. 15 of 1962), as amended;
- Designs Act, 1993 (Act No. 195 of 1993), as amended;
- Employment Equity Act, 1998 (Act No. 55 of 1998), as amended;
- Intergovernmental Fiscal Relations Act, 1997 (Act No. 97 of 1997), as amended;
- Labour Relations Act, 1995 (Act No. 66 of 1995), as amended;
- Occupational Health and Safety Act, 1993 (Act No. 85 of 1993), as amended;
- Promotion of Access to Information Act, 2000 (Act No. 2 of 2000), as amended;
- Promotion of Administrative Justice Act, 2000 (Act No. 3 of 2000), as amended;
- Promotion of Equality and the Prevention of Unfair Discrimination Act, 2000 (Act No. 4 of 2000), as amended;
- Protected Disclosures Act, 2000 (Act No. 26 of 2000), as amended;
- Protection of Personal Information Act, 2013 (Act No. 4 of 2013);
- Public Finance Management Act, 1999 (Act No. 1 of 1999), as amended;
- Public Service Act, 1997 (Proclamation No. 103 of 1994), as amended;
- Public Service Commission Act, 1997 (Act No. 46 of 1997), as amended;
- Skills Development Act, 1998 (Act No. 97 of 1998), as amended;
- State Information Technology Act, 1998 (Act No. 88 of 1998), as amended;
- State Liability Act, 20 of 1957 (Act No. 20 of 1957), as amended;
- The Competition Act, 1998 (Act No. 89 of 1998), as amended;
- The Copyright Act, 1998 (Act No. 98 of 1998), as amended;
- The Merchandise Marks Act, 1941 (Act No. 17 of 1941), as amended;
- The Patents Act, 1978 (Act No. 57 of 1978), as amended;
- Trade Marks Act, 1993 (Act No. 194 of 1993), as amended;
- Unemployment Insurance Contributions Act, 2002 (Act No. 4 of 2002), as amended; and
- Use of Official Languages Act, 2012 (Act No. 12 of 2012).

1.9 Organisational Structure



1.10 Entities reporting to the Minister

Name of Entity	Legislative Mandate	Financial Relationship	Nature of Operations
Council for Medical Schemes	Medical Schemes Act, 1998 (Act No. 131 of 1998)	Transfer payment	Regulates the Medical Scheme Industry.
South African Medical Research Council	South African Medical Research Council Act, 1991 (Act No. 58 of 1991)	Transfer payment	The objective of the Council is to promote the improvement of health and quality of life through research, development, and technology transfer
National Health Laboratory Service	National Health Laboratory Service Act, 2000 (Act No. 37 of 2000)	Transfer payment	The service supports the Department of Health by providing cost effective laboratory services to all public clinics and hospitals.
Compensation Commissioner for Occupational Diseases	Occupational Diseases in Mines and Works Act, 1973 (Act No. 78 of 1973)	Transfer payment	The Commissioner is responsible for the payment of benefits to workers and ex-workers in controlled mines and works who have been certified to be suffering from cardiopulmonary diseases because of work exposures
Health Professions Council of SA	Health Professions Act, 1974 (Act No. 56 of 1974)	Not applicable	Regulates the health professions falling within the mandate of council, including the medical and dental professions
SA Nursing Council	Nursing Council Act, 2005 (Act No. 33 of 2005)	Not applicable	Regulates the nursing profession
SA Pharmacy Council	Pharmacy Act, 1974 (Act No. 53 of 1974)	Not applicable	Regulates the pharmacy profession
Dental Technicians Council	Dental Technicians Act, 1979 (Act No. 19 of 1979)	Not applicable	Regulates the dental technicians' professions
Allied Health Professions Council	Allied Health Professions Act, 1982 (Act No 63 of 1982)	Not applicable	Regulates all allied health professions falling within the mandate of council
Interim Traditional Health Practitioners Council	Traditional Health Practitioners Act, 2007 (Act No 22 of 2007)	Funds Meetings of Interim Council	Regulates traditional health practice and traditional health practitioners including students engaged in or learning traditional health practice in South Africa
Office of Health Standards Compliance	National Health Act, 2003 (Act No 16 of 2003)	Transfer payment	Monitors and enforces the compliance of health establishments with the prescribed norms and standards of health care and ensure the consideration, investigation and disposal of complaints relating to non-compliance with prescribed norms and standards in a procedurally fair, economical, and expeditious manner
South African Health Products Regulatory Authority	Medicines and Related Substances Act, 1965 (Act No 101 of 1965)	Transfer Payment	Provides for the monitoring, evaluation, regulation, investigation, inspection, registration and control of medicines, scheduled substances, clinical trials, medical devices, in vitro diagnostics, and related matters in the public interest



Part B: Performance Information

2.1 Auditor-General's Report: Predetermined Objectives

The AGSA currently performs certain audit procedures on the performance information to provide reasonable assurance in the form of an audit conclusion.

The audit conclusion on the performance against predetermined objectives is included in the report to management, with material findings being reported under the *Predetermined Objectives* heading in the *Report on other legal and regulatory requirements* section of the auditor's report.

Refer to page 118 of the Report of the Auditor General to Parliament, published in Part E: Financial Information

2.2 Overview of Departmental Performance

Service Delivery Improvement Plan

Health is a concurrent function of the national and provincial spheres of government. The NDoH is responsible for issuing and promoting adherence to norms and standards and for the development of guidelines on health policies approved by the National Health Council (NHC).

A few health services are in the direct control of the NDoH. These include health services provided by the Forensic Chemistry Laboratories, and health services provided at all 44 ports of entry into South Africa. The five-year Service Delivery Improvement Plan 2017–2020 (SDIP) of the NDoH focuses on these services. The following tables reflect progress made in 2020/21:

The following tables highlight the SDIP and the achievements to date

Main services and standards

Main services	Beneficiaries	Current/actual standard of service	Standard of service	Actual achievement against standards
Blood alcohol tests	SAPS, Forensic Pathology Services mortuaries, and the National Prosecuting Authority	Forensic Chemistry Laboratory (FCL) in Cape Town, Durban, and Johannesburg	0 backlog (no samples older than 90 days)	21.99% [2 687 out of 12 217 tested within 90 days]
Prevent importation of communicable diseases at 44 Points of Entry (PoE)	International Travellers, Conveyance operators, Airline companies, Border management (Department of Home Affairs, SARS, SAPS and DAFF)	Screening of international travellers at 44 PoE	Screening of international travellers	Screening of international travellers conducted at PoE
		Inspection of international high-risk conveyances to determine compliance with health measures	Inspection of international high-risk conveyances to determine compliance with health measures	99% of international high-risk conveyances (aeroplanes) were inspected
		Alert and inform stakeholders of outbreaks of international concern	Alert and inform stakeholders of outbreaks of international concern	Information on outbreaks communicated to stakeholders through NDoH website, pamphlets and banners
		Provide client with contact details of all Port Health managers	Provide client with contact details of all Port Health managers	Contact details of managers displayed on points of entry entrances
Compensations for occupational lung disease in miners and ex-miners by Compensation Commission for Occupational Disease	Miners and ex-miners	Families of miners and ex-miners, the mining industry	Processing of claims for benefit medical examination of miners and ex-miners	82% of claims finalised in the year was finalised within 90 days of receipt of claim documents

Batho Pele arrangements with beneficiaries (consultation access, etc)

Current arrangements	Desired arrangement	Actual achievement
Consultative fora	Key stakeholders in health sector including public, private, non-government sectors and development partners	Key stakeholders were consulted in health sector especially in the efforts to ensure the spread of COVID-19 is contained

Service Delivery Information tool

Current/actual tools	Desired information tool	Actual achievements
Personal interaction, circulars, briefings to management, induction sessions and workshops	Existing tools	Weekly online publications of Supatsela, internal circulars policies and notices were circulated to all employees through electronic mail

Complaints mechanism

Current/actual complaints mechanisms	Current complaints mechanism	Actual achievements
Complaints/Compliment procedures for clients	Improved management and processing of complaints and improved turnaround times	Health facilities in provinces are implementing complaints procedures and reporting routinely on complaints received and those resolved within 25 workdays. 1 395 of 1490 complaints received were resolved within 25 days.
MomConnect for pregnant women and mothers	Improved response time, investigations of complaints and their satisfactory resolutions	MomConnect services support maternal health using cell phone-based technologies, the services are free to the user, and messages are available in all our 11 official languages. By 31 March 2021, a cumulative total of 3 496 015 pregnant women were registered on MomConnect. A total cumulative 9 725 compliments were received by 31 March 2021. The total number of complaints received from 1 April 2020 to 31 March 2021 was 408.

Organisational environment

Following the publication of the NHI Bill by parliament, the mandate to conduct an organisational review was issued. It became necessary for the department to determine whether the functions of the NHI branch that has been part of the organogram, which was approved in 2014, were in sync with the provision of the NHI Bill. The organizational structure was reviewed to maximize the achievements of the department's strategic priorities. The success of the implementation thereof is highly dependent on alignment with the allocated available budget.

Key policy developments and legislative changes

In its focus on health, the National Development Plan (NDP) states: "We envisage that in 2030, South Africa has a life expectancy rate of at least 70 years for men and women. The generation of under-20s is largely free of HIV. The quadruple burden of disease has been radically reduced compared to the two previous decades, with an infant mortality rate of less than 20 deaths per thousand live births and an under-five mortality rate of less than 30 deaths per thousand live births. There has been a significant shift in equity, efficiency, effectiveness, and quality of health care provision. Universal coverage is available. The risks by the social determinants of disease and adverse ecological factors have been reduced significantly".

2.3 Strategic outcome-oriented goals

Strategic approach

The NDP 2030 and the World Health Organization (WHO) recognise that a well-functioning and effective health system is the bedrock for attaining the health outcomes envisaged in the NDP 2030. The trajectory for the 2030 vision, therefore, commences with strengthening of the health system to ensure that it is efficient and responsive, and offers financial risk protection. In addition to the NDP, the Medium-Term Strategic Framework (MTSF) 2019 - 2024 to achieve Priority 3: *Education, Skills and Health* also inform the Annual Performance Plan. The MTSF 2019 – 2024 aims to attain two strategic impacts, namely, (i) Life expectancy of South Africans improved to 66.6 years by 2024, and 70 years by 2030; and (ii) Universal Health Coverage for all South Africans progressively achieved and all citizens protected from the catastrophic

financial impact of seeking health care by 2030 through the implementation of NHI Policy. Furthermore, the Department is responsible to directly lead and support the implementation of the Pillars, Interventions, Activities and Targets of the Presidential Health Compact. The Pillars have found their expressions in the Annual Performance Plan of the Department, its various programmes, and projects.

In 2020/21, the National Health Council (NHC) – the Implementation Forum for MTSF and Presidential Health Compact – remained the decision-making body directing and managing the implementation of the strategic priorities for steering the health sector towards Vision 2030 and also directing the country-wide implementation of Health Response to the COVID-19 Pandemic. This Implementation Forum consists of the Minister of Health, the nine Provincial Members of the Executive Council (MECs) for Health, a representative of the SA Military Health Services (SAMHS) and a representative of SA Local Government Authority (SALGA). The Technical Advisory Committee of the NHC (Tech NHC) functions as the Technical Implementation Forum. The Tech NHC consists of the Director-General of the National Department of Health (DoH) and the Provincial Heads of Department (HoDs) of Health in the nine provinces, Deputy Director-Generals in the NDoH, Chief Financial Officer, Correctional Services Commissioner and Department of Planning, Monitoring and Evaluation.

The National Development Plan ('Vision 2030')

The Annual Performance Plan 2020/21 was the vehicle through which the nine long-term health goals for South Africa set out by the National Development Plan (NDP) were implemented during the year under review. Five of these goals relates to improving the health and well-being of the population, and the other four deals with aspects of health systems strengthening.

Priorities to achieve Vision 2030

The NDP 2030 states explicitly that there are no 'quick fixes' for achieving its nine goals. The NDP also identifies a set of nine priorities that highlight the key interventions required to achieve a more effective health system, and thus the desired outcomes. The priorities are as follows:

- Address the social determinants that affect health and diseases.
- Strengthen the health system.

- Improve health information systems.
- Prevent and reduce the disease burden and promote health.
- Finance universal healthcare coverage.
- Improve human resources in the health sector.
- Review management positions and appointments and strengthen accountability mechanisms.
- Improve quality by using evidence.
- Establish meaningful public–private partnerships.

2.4 Performance Information by Programme

2.4.1 Programme 1: Administration

Purpose: Provide overall management of the Department and centralised support services.

This programme consists of five sub-programmes:

- Ministry
- Management
- Financial Management
- Property Management
- Corporate Services

Human Resources Management Sub-programmes

During 2020/21 financial year, the NDoH had a vacancy rate of 15%. This is due to budget cuts on the Compensation of Employees (CoE) that were effected by National Treasury. Nevertheless, the NDoH aims to embark on a robust reprioritisation process to ensure that critical posts are filled as soon as possible and posts that cannot be accommodated fiscally are abolished timeously. These measures will ensure that the department is within the Department of Public and Administration's (DPSA) recommended 10% vacancy rate.

Legal Resource Sub-programme

This Sub-programme is responsible for the provision of effective and efficient legal support service in line with the Constitution of the Republic of South Africa and applicable legislation to enable the Department to perform and achieve on its mandate. This includes inter alia drafting, editing, and amending of legislation and regulations administered by the NDoH and contracts; provision of legal advice and management of litigation by and against the Department of Health.

In 2020/21 financial year, the sub-programme ensured forensic investigations are conducted on the top law firms that are litigating against the State (Provincial Departments of Health) on medico-legal matters. The investigation seeks to establish if there are suspicious claims that may be vexatious and frivolous and raise the potential unethical conduct by attorneys. These claims will be reported Legal Practice Council if they are found to be vexatious and frivolous and constitute unethical conduct by attorneys. The investigations have found, amongst others, the existence of touting by these Law Firms that are litigating against the State and more in particular, for matters of children with cerebral palsy. Furthermore, these forensic investigations have unearthed claims against the State that are potentially fraudulent claims which should be further investigated by the Special Investigative Unit (SIU). The sub-programme also continued its assistance to the Provincial DoH in the handling of Medico-Legal cases through the Service Providers.

Communications Sub-programme

Communication sub-programme has two pillars, namely, Strategic Communication and Corporate Communication. Corporate Communication communicates and shares information on what is being done to manage the quadruple burden of diseases and internal communication within the NDoH. The purpose of strategic communication is to actively shape public opinion by influencing news media agenda and this pillar is led mainly by the Ministry of Health.

On 5 March 2020, South Africa recorded its first case of COVID-19. The advent of COVID-19 represented the first global pandemic in the new media age. With information, as well as misinformation, saturating public dialogue, new and creative methods have had to be developed in conjunction with traditional communication strategies to effectively communicate COVID-19 messaging.

Guided by and working closely with the World Health Organization (WHO) and other development partners, the department implemented a Risk Communication and Community Engagement (RCCE) Strategy as required by the International Health Regulations (IHR) for the management of outbreaks and health emergencies. According to the IHR, communication is at the centre of efforts to prevent and contain the spread of diseases. In support of the RCCE Strategy, the Department developed and implemented the Social Behavioural Change Strategy. The aim of this strategy is to encourage communities to establish sustainable networks for life-saving behaviour.

The premise of our development and behavioural change communication is that real learning comes only with understanding the true nature of the pandemic and appreciation of what we do not know about COVID-19.

Rapid changes in the spread and scope of the pandemic required constant updating and creation of communication strategies and plans. This included the development and implementation of the Contact Tracing Communication Strategy; the COVID-19 Communication Plan on Post-mortem Testing; the COVIDConnect Communication Plan; and a plan of action to mitigate a COVID-19 resurgence in South Africa.

In January 2021, South Africa embarked on its biggest logistical project yet – the rollout of the COVID-19 vaccine. In response, the RCCE Committee, led by the national Department of Health, developed the South African COVID-19 Vaccine Rollout Communication Strategy. The purpose of this strategy is to support communication on the rollout of the COVID-19 vaccine in South Africa. It seeks to disseminate timely, accurate and transparent information about the vaccine(s) to alleviate apprehensions, ensure its acceptance and encourage uptake. The strategy aims at managing and mitigating any potential disappointment expressed by unmet demand for the vaccine or eagerness amongst people and addressing vaccine hesitancy that could arise because of apprehensions around vaccine safety, efficacy apart from any other myths and misconceptions. It also aims to provide information on potential risks and mitigate unintended crises during the introduction and rollout. The strategy also seeks to build trust and enable greater confidence in the COVID-19 vaccine amongst all people by employing transparency in communication, while also managing any mis- or disinformation and rumours around it.

Outcomes, outputs, output indicators, targets and actual achievements

Table 1: Report against the originally tabled Annual Performance Plan until date of re-tabling

Outcome	Output	Output Indicator	Audited Actual achievement 2019/20	Planned Target 2020/21	Actual achievement 2020/21	Deviation from Planned Target to actual achievement 2020/21 ¹	Reasons for Deviations	Reasons for Revisions to the Outputs / Output Indicators / Annual Targets
An equitable budgeting system progressively implemented, and fragmentation reduced	Conditional grants of the health sector reviewed	Conditional grants of the health sector reviewed	New Indicator	<i>Annual target:</i> Conditional grants of the health sector reviewed for implementation from 2021/22 financial year <i>Quarter 1 target:</i> Conditional grants of the health sector reviewed	Conditional grant review done and 2 of the 8 components of conditional grants were recommended for removal and to be aligned to relevant programmes	A request was sent to National Treasury for changes to the conditional grants, however the request missed the period for changes. The request will be included as part of the in-year changes for inclusion in 2022/23 financial year.	The DORA workshop agreed that all provincial departments will submit the final inputs by 31 May 2021 and the final inputs will be submitted to National Treasury during July 2021 for inclusion in the 2022/23 MTEF budget process.	The Covid-19 pandemic had an effect as the 2020 DORA workshop and other reviews were cancelled. Therefore, there were no discussion on the matter during the year under review.
Financial management strengthened in the health sector	Reduction in the number of audit Qualifications for Provincial DoH	Number of Provincial DoH that demonstrate improvements in Audit with no significant matters for 2019/20FY	2 Provincial DoH that demonstrated improvements in audit with no significant matters for 2018/19	<i>Annual target:</i> 6 X Provincial DoH that demonstrate improvements in Audit with no significant matters for 2019/20FY	4 X provinces obtained unqualified audit opinion from AGSA namely Gauteng, Limpopo, Mpumalanga, and Western Cape.	Eastern Cape was qualified with Contingent Liabilities and North West qualified on compensation of employees.	Eastern Cape qualified with Contingent Liabilities that the department did not properly account on contingent liabilities and North West qualified on Compensation of employees that the department did not properly account for contingent liabilities and Goods and Services that AGSA was unable to obtain sufficient appropriate audit evidence	Not Applicable

Table 2: Report against the re-tabled Annual Performance Plan

Outcome	Output	Output Indicator	Audited Actual Achievement 2019/20	Planned Target 2020/21	Actual achievement 2020/21	Deviation from Planned Target to Actual Achievement 2020/21	Reasons for Deviations
An equitable budgeting system progressively implemented, and fragmentation reduced	Equitable share model for financing health care reviewed	Equitable share model for financing health care reviewed	New Indicator	Equitable (need-based) approach to distribution of budgets adopted	The Final Report: Provincial Equitable Share Formula: review of adjusted index for the health component was prepared. This Report recommended that the results of the revised PES formula are phased in over three years, to limit shocks to the provincial health systems.	Equitable (need-based) approach to distribution of budgets not yet adopted	The delays were due to the COVID-19 pandemic and lockdown restrictions
Resources are available to managers and frontline providers, with flexibility to manage it according to their local needs	Policy and guidelines developed to facilitate cost-centre accounting for PHC facilities completed	Policy and guidelines for cost centre accounting developed for PHC facilities	New Indicator	Policy and guidelines for cost centre accounting developed for PHC facilities	Nil	Policy and guidelines for cost centre accounting not developed for PHC facilities	Nil reported
Financial Management strengthened in the health sector	Procurement policy framework and SOPs adopted for district offices and health facilities with delegations, and effective controls developed	Procurement policy framework and SOPs adopted for district offices and health facilities with delegations, and effective controls developed	New Indicator	Procurement policy framework and SOPs adopted for district offices and health facilities with delegations, and effective controls developed	Nil	Procurement policy framework and SOPs not adopted for district offices and health facilities with delegations, and effective controls not developed	Nil reported
Management of Medico-legal cases in the health system strengthened	Audit outcome of National DoH	Audit outcome of National DoH	Unqualified audit opinion for 2018/19 obtained	Unqualified audit opinion for 2019/20 obtained	Unqualified audit opinion for 2019/20 obtained	None	None
	A policy and legal framework to manage medico-legal claims in South Africa	A policy and legal framework to manage medico-legal claims in South Africa developed	New Indicator	A policy and legal framework developed to manage medico-legal claims in South Africa drafted	A policy and legal framework developed to manage medico-legal claims in South Africa (also referred to as Litigation Strategy) drafted	None	None
	A secure case management system developed and implemented to streamline case management and reduce contingent liability	A secure case management system developed and implemented to streamline case management	Claim management system implemented to manage medico legal claims in three Provincial DoH	Case Management system developed and implemented in 8 provinces	Case Management system developed and implemented in 3 provinces	Case Management System not yet in use in 5 provinces	Engagements on system with 4 provinces was disrupted and delayed by the COVID-19 and one province was still busy with capturing case data in the register in preparation for the use of the Case Management System

Strategy to overcome areas of under performance

With regards to conditional grants review, discussions will be pursued to deal with outstanding issues based on the risk assessment.

The Department was supposed to rollout the Case Management System to five Provinces but did not manage to roll out the due to COVID-19 Lockdown. The Department will engage with the remaining five Provinces and the Service Providers and to ensure that the Case Management System is rolled out to them in the second quarter of 2021/22.

Institutional Response to the COVID-19 Pandemic

Budget Programme	Intervention	geographical locational (provincial, district/local municipality	no of beneficiaries (where possible)	Disaggregation of beneficiaries (where possible)	Total budget allocated	budget spent per intervention	contribution to the output of APP where applicable	immediate outcomes
Programme 1	Effectively engage the community and communicate the health risks of COVID-19 and the related mitigation measures in various settings	9 provinces, 52 health districts and all local municipalities	All residents in South Africa	There are more than 20 million South Africans on Facebook, the campaign aims to reach over 14 million of them at least once throughout the campaign lifespan.	No budget allocated	Not Applicable	It contributes indirectly to the purpose of the Sub-programme: Communicable Disease	Paid social media campaign was set up. Ad placement is currently on both Facebook and Instagram Newsfeeds targeting 13-year-olds and older South African citizens. The current engagement rate is 5.01% which is 5 times higher than the industry benchmark of 1.0%. This shows that the content and the consumers resonate
	Policy and regulatory framework	9 provinces, 52 health districts and all local municipalities	All residents in South Africa					The Legal Service sub-programme, through the Legal and Regulatory Measures Work Stream (LRMWS) of the NATJOINS, has contributed in the development of the declaration of the National State of Disaster (NSoD) and also developed the Regulations and Directives (seven Health Directives and various Directives from other Departments) under the Disaster Management Act. Further, the sub-programme also coordinated the handling of Court cases against the State regarding the Lockdown Regulations and Directions

Linking performance with budgets

Two of the six outputs of this Programme were fully achieved whereas the remaining four outputs were not fully achieved.

Sub-programmes	2020/2021			2019/2020	
	Final appropriation	Actual expenditure	Variance	Final appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000
Ministry	35 815	32 188	3 627	39 148	39 106
Management	9 380	7 089	2 291	9 762	8 636
Corporate Services	345 461	310 887	34 574	309 431	273 527
Office Accommodation	175 892	112 940	62 952	125 795	120 026
Financial Management	97 004	87 862	9 142	104 607	101 131
Total	663 552	550 966	112 586	588 743	542 426

2.4.2 Programme 2: National Health Insurance

Purpose: To Achieve universal health coverage by improving the quality and coverage of health services through the development and implementation of policies and health financing reforms.

There are two budget sub-programmes:

- Affordable Medicines
- Health Financing and National Health Insurance

Affordable Medicines sub-programme

The sub-programme is responsible for developing and implementing systems to ensure sustained availability of, and equitable access to, pharmaceutical commodities. This is achieved through the development of the governance frameworks to support:

- the selection and use of essential medicines and the development of standard treatment guidelines,
- the administration and management of pharmaceutical tenders,
- the development of provincial pharmaceutical budgets.
- the reformation of the medicine supply chain; and
- licensing of persons and premises that deliver pharmaceutical services.

The sub-programme has also implemented several reforms aimed at improving the resilience of the medicine supply chain. The reforms were enabled by the implementation

of information systems to support the establishment of the National Surveillance Centre (NSC) on medicine availability thus providing visibility across the medicine supply chain. To support the visualisation of data on the NSC, several key performance indicators for national and provinces to monitor stock levels have been developed and implemented. Relevant stock information from the NSC is used to support the planning processes required for a responsive and resilient medicine supply chain.

During the 2020/21 financial year, despite disruptions in the global supply chains, the overall medicine availability was maintained above 85%, with availability of first line ARVs consistently above 95%. The available capability of information systems used to manage medicine supply was expanded to include monitoring of Personal Protective Equipment (PPE) availability in hospitals and clinics. The visibility of PPE availability enabled better planning at province and facility level.

Health Financing and National Health Insurance

The sub-programme develops and implements policies, legislation, and frameworks to achieve universal health coverage by designing and implementing national health insurance. This sub-programme commissions research on health financing, develops policy for the medical schemes industry, provides technical oversight of the Council for Medical Schemes, and manages the national health insurance indirect grant. The sub-programme also implements the single exit price regulations, including policy development and implementation initiatives in terms of dispensing and logistical fees.

Outcomes, outputs, output indicators, targets, and actual achievements

Table 1: Report against the originally tabled Annual Performance Plan until date of re-tabling

Outcome	Output	Output Indicator	Audited Actual Achievement 2019/20	Planned Target 2020/21	Actual achievement 2020/21	Deviation from Planned Target to Actual Achievement 2020/21 ²	Reasons for Deviations	Reasons for Revisions to the Outputs / Output Indicators / Annual Targets
Package of services available to the population is expanded based on cost-effectiveness and equity	Comprehensive response provided to Portfolio Committee and NCOP on the NHI bill	Comprehensive response provided to Portfolio Committee and NCOP on the NHI bill	NHI Bill was tabled in Parliament	<i>Annual target:</i> Comprehensive response to Portfolio Committee and NCOP on the NHI bill <i>Quarter 1 target:</i> Attendance of the Portfolio Committee public hearings on the Bill in Parliament	Nil	A comprehensive response to Portfolio Committee and NCOP on the NHI bill has not been completed	Public hearings in Parliament on the NHI Bill were postponed due to restrictions on public gatherings	The demands of the COVID-19 pandemic and the National State of Emergency
	National accreditation framework for PHC facilities and General Practitioners published for public comments	National accreditation framework for PHC facilities and General Practitioners published for public comments	New Indicator	<i>Annual target:</i> National accreditation framework for PHC facilities and General Practitioners published for public comments <i>Quarter 1 target:</i> National accreditation framework for PHC facilities and General Practitioners submitted to NHC for consultation	Nil	National accreditation framework for PHC facilities and General Practitioners was not published for comments	The COVID-19 pandemic and the national State of emergency resulted in disruptions to the administrative functions	The COVID-19 pandemic and the national State of emergency resulted in disruptions to the administrative functions
	Service benefit framework for PHC developed	Service benefit framework for PHC developed	New Indicator	<i>Annual target:</i> Service benefit framework for PHC developed <i>Quarter 1 target:</i> Technical Working Group appointed to draft the Service benefit framework for PHC	Terms of reference drafted for technical working group	Service benefit framework for PHC not developed	Technical working group was not appointed as envisaged due to constraints linked to the delayed finalisation of the NHI Bill in Parliament	Delay in finalisation of the NHI Bill in Parliament

Table 2: Report against the re-tabled Annual Performance Plan

Outcome	Output	Output Indicator	Audited Actual Achievement 2019/20	Planned Target 2020/21	Actual achievement 2020/21	Deviation from Planned Target to Actual Achievement 2020/21	Reasons for Deviations
Package of services available to the population is expanded based on cost-effectiveness and equity	Portfolio Committee public hearings on the NHI Bill in Parliament attended	Portfolio Committee public hearings on the NHI Bill in Parliament attended	NHI Bill was tabled in Parliament	Portfolio Committee public hearings on the NHI Bill in Parliament attended	Nil	No Portfolio Committee public hearings on the NHI Bill in Parliament were held	Portfolio Committee public hearings on the NHI Bill were not held in Parliament due to COVID-19 restrictions on public gatherings
	Technical Working Group appointed to draft the Service benefit framework for PHC	Technical Working Group appointed to draft the Service benefit framework for PHC	New Indicator	Technical Working Group appointed to draft the Service benefit framework for PHC	Terms of Reference drafted for the Technical Working Group	Technical Working Group on service benefits framework for PHC was not appointed	Technical working group was not appointed as envisaged due to delays in the finalisation of the bill due to COVID-19 restrictions
Information systems are responsive to local needs to enhance data use and improve quality of care	46 million individuals registered on the Health Patient Registration System	Total number of individuals registered on the Health Patient Registration System	45 286 288	46 million	59 099 534	+13 099 534	The MPI database of the Western Cape Department of Health was imported into the HPRS which led to a significant increase in the number of individuals registered on the HPRS
	Master Health facility list (MFL) for South Africa	Electronic platform for master health facility list published	New Indicator	Electronic platform for master health facility list published	Electronic platform for the master facility list is used as part of the COVID-19 Vaccination Data Registration System	None	None
Resources are available to managers and frontline providers, with flexibility to manage it according to their local needs	3765 health facilities reporting stock availability at national surveillance centre	Total number of health facilities reporting stock availability at national surveillance centre	3772 of health facilities reporting stock availability at national surveillance centre: 3300 Clinics/CHC/CDC, 378 Hospitals, 94 Other medicine storage sites (Pharmaceutical Depots, Pharmacy dispensing units, contracted GPs, and CCMDD suppliers) (cumulative)	3 765 (3290 Clinics/CHC/CDC, 385 Hospitals, 90 Other medicine storage sites)	3 825 (3323 clinics/CHC/CDC, 379 Hospitals, 123 other medicine storage sites)	+ 60 (+33 clinics/CHC/CDC, -6 Hospitals, +33 other medicine storage sites)	About hospitals, not all facilities in the province of Western Cape are able to report on National Surveillance Centre
	3.5 million Patients registered to receive medicines through the centralised chronic medicine dispensing and distribution (CCMDD) system	Total number of patients registered to receive medicines through the CCMDD system	3 381 731 patients enrolled for receiving medicines through the CCMDD programme (cumulative)	3.5 million patients enrolled for receiving medicines through the CCMDD programme (cumulative)	4 321 755 patients enrolled for receiving medicines through the CCMDD programme (cumulative)	+821 755	Due to COVID-19, more patients are being registered on the CCMDD programme

Strategy to overcome areas of under performance

The Department will attend the public hearings on the NHI Bill in Parliament when they resume in future.

Institutional Response to the COVID-19 Pandemic

Budget Programme	Intervention	Geographical locational (provincial, district/ local municipality)	No of beneficiaries (where possible)	Disaggregation of beneficiaries (where possible)	Total budget allocated	Budget spent per intervention	Contribution to the output of APP where applicable	Immediate outcomes
Programme 2	Institutionalise the standard Treatment Protocols and Therapeutics use for COVID-19	National	All residents of South Africa		No budget allocated	Not Applicable		Rapid evidence-based reviews available to address urgent treatment policy decisions
	Ensure required health products and commodities available for the response	National, Provincial, District, Facility National	All residents of South Africa All residents of South Africa				Total number of health facilities reporting stock availability at national surveillance centre	Availability of PPE at facility stabilised Medicine availability maintained at above 85% during the entire pandemic period. Availability of first line ARV maintained at above 95%

Linking performance with budgets

Four of the six outputs of this Programme were fully achieved whereas the remaining two outputs were not achieved.

Sub-programmes	2020/2021		2019/2020	
	Final appropriation	Actual expenditure	Variance	Final appropriation
Programme Management	R'000	R'000	R'000	R'000
Affordable Medicine	4 772	3 279	1 493	4 869
Health Financing and National Health Insurance	42 091	32 421	9 670	45 490
TOTAL	1 153 693	986 211	167 482	1 949 430
	1 200 556	1 021 911	178 645	1 999 789
				1 800 360
				1 840 046

2.4.3 Programme 3: Communicable and Non-Communicable Diseases

Purpose: Develop and support the implementation of national policies, guidelines, norms and standards, and the achievement of targets for the national response needed to decrease morbidity and mortality associated with communicable and non-communicable diseases. Develop strategies and implement programmes that reduce maternal and child mortality.

There are seven budget sub-programmes:

- HIV, AIDS and STIs
- TB Management
- Women, Maternal and Reproductive Health
- Child, Youth and School Health
- Communicable Diseases
- Non-Communicable Diseases
- Health Promotion and Nutrition

The HIV, AIDS and STI sub programme

This sub-programme is responsible for policy formulation, coordination, and the monitoring and evaluation of HIV and sexually transmitted disease services. This entails ensuring the implementation of the health sector components of the 2017-2022 national strategic plan on HIV, TB and STIs. Other important functions of this sub-programme are the management and oversight of the HIV and AIDS component of the HIV, TB, malaria, and community outreach grant implemented by provinces, and the coordination and direction of donor funding for HIV and AIDS, in particular the United States President's Emergency Plan for AIDS Relief; the Global Fund to Fight AIDS, Tuberculosis and Malaria; and the United States Centres for Disease Control.

In 2020/21 financial year, the sub-programme has continued through Operation Phuthuma developed and implemented HIV and AIDS and STIs catch up plan. To mitigate achievement of youth zones target, the programme has ensured that:

- All provinces had targets for youth-friendly services in their respective programmes to strengthen collaboration
- Joint planning with Adolescent Youth Health and Integrated School health Programme.
- Roll out sensitisation and orientation of health providers on Adolescent Youth Friendly Services (AYFS) and Youth Zone.

HIV Testing services were integrated into the COVID-19 screening where HIV Self-Screening kits were distributed. All HIV clients stable on treatment were decanted to differentiated models of care, mostly to Centralised Chronic

Medicines Dispensing and Distribution (CCMDD), where they collected their medicines closer to their homes and places of work, a convenient way to access to treatment and care.

The Tuberculosis sub-programme

This sub-programme is responsible for developing national policies and guidelines, sets norms and standards for TB services, and monitors their implementation in line with the vision of achieving zero infections, mortality, stigma and discrimination from TB and HIV and AIDS, as outlined in the 2017-2022 national strategic plan on HIV, TB and STIs.

During the 2020/21 financial year, 1 599 985 of people were tested for TB using the Xpert test and 14 215 eligible people living with HIV were tested for TB using urine lipoarabinomannan assay (LAM) test. 97.6% of all TB confirmed clients and 80.7% of confirmed Rifampicin Resistant/ MDR-TB clients were started on treatment. The number of people confirmed with TB and started on treatment was drastically reduced compared to the previous year due to the national Covid-19 lockdown which affected access. To mitigate the negative impact of the lockdown TB screening and testing was integrated with Covid-19 screening and testing activities, mechanisms for home delivery of TB medicines and inclusion of TB in the CCMDD programme were implemented. mHealth technologies for TB screening, tracking, tracing, and supporting clients who interrupt their treatment were piloted.

In addition, the sub-programme finalised the report on the first national TB prevalence report which informed the interventions in the national TB Catch up plans. The National Patient Cost Survey was also successfully implemented and completed.

The Women, Maternal and Reproductive Health sub-programme

This sub-programme develops and monitors policies and guidelines and sets norms and standards for maternal and women's health services and monitors the implementation of these services.

During 2020/21, the sub-programme continued to reach out to pregnant women through health education in health facilities, Mom-Connect, media and PHC Outreach Teams. Pregnant women were encouraged to book early before 20 weeks for baseline assessment and on the importance of attending basic antenatal care services so that for any potential health risk can be diagnosed early such as hypertension to prevent preeclampsia, prematurity and still births. Respectful maternity care was also re-inforced to ensure pregnant women partake fully in their care during pregnancy.

Child, Youth and School Health

This sub-programme is responsible for the policy formulation, coordination, and the monitoring and evaluation of child, youth and school health services. This sub-programme is also responsible for the management and oversight of the human papillomavirus vaccination programme, and coordinates stakeholders outside of the health sector to play key roles in promoting improved health and nutrition for children and young people. The sub-programme's priorities focus on ensuring that all children survive and thrive through prevention and management of common illnesses such as pneumonia, diarrhea, HIV and malnutrition, promotion of optimal infant and young child feeding, ensuring that all children are fully immunised and supporting Early Childhood Development. School health services are provided with an emphasis on screening of Grade 1s and Grade 8s and oversight of the HPV vaccination campaign, whilst improving access to SRH services for adolescents both through school health and at PHC facility level remain the priority for improving adolescent health and well-being.

During 2020/21, services for children and adolescents were impacted by the COVID-19 pandemic. Utilisation of PHC services and immunisation coverage rates dropped, whilst closure of schools impacted on provision of school health services and HPV vaccination.

Efforts to mitigate the effects of the pandemic included ensuring that the Side-by-Side campaign continued to support caregivers to provide the full scope of early childhood development. Season 2 of the Side-by-Side radio shows was successfully completed with 404 radio shows broadcast during 2020/21 financial year. The sub-programme contributed to ensuring that guidelines for management of COVID-19 in children were available, and School Health Programme worked closely with the Department of Basic Education to allow schools to reopen safely.

An immunisation catch-up campaign was launched in November 2020 with the aim of providing all vaccine antigens to children who had missed eligible doses. The campaign also aimed to strengthen catch-up vaccination on an ongoing basis and to use the immunisation visits as a platform for providing other child health services. During the latter part of 2020/21, the sub-programme started planning and preparatory work for roll-out of the COVID-19 Vaccination Programme during 2021/22.

Communicable Diseases

This sub-programme develops policies and supports provinces in ensuring the control of infectious diseases with the support of the National Institute for Communicable Diseases, a division of the National Health Laboratory Service. It improves surveillance for disease detection; strengthens preparedness and core response capacity for public health emergencies in line with international health regulations; and facilitates the implementation of

influenza prevention and control programmes, tropical disease prevention and control programmes, and malaria elimination.

In 2020/21 financial year, a total of 979 953 influenza vaccines were administered through the seasonal influenza vaccination programme, exceeding the target of 600,000 (by approximately 39%). The number of malaria cases have decreased by 32% (from 16 690 cases in 2019/2020 to 11 323 cases in 2020/21 financial years). Similarly, the total malaria deaths have also decreased by 48.5% (from 103 deaths in 2019/2020 to 53 deaths in 2020/21 financial years). The sub-programme rendered technical support in responding to COVID-19 pandemic in areas of response coordination, surveillance, and contact tracing.

Non-Communicable Diseases

This sub-programme establishes policy, legislation, and guidelines, and assists provinces in implementing and monitoring services for chronic non-communicable diseases; disability and rehabilitation; older persons; eye health; palliative care; mental health and substance abuse; and forensic mental health.

The sub-programme consists of three Directorates, namely:

- Chronic Diseases, Disabilities and Geriatrics
- Mental Health and Substance Abuse
- Forensic Mental Health

In 2020/21 financial year, a primary focus was to respond to the specific needs of persons with co-morbidities, older persons and persons with disabilities who were at high risk for severe illness and even death if they were infected during the COVID-19 pandemic. The response to persons with co-morbidities and older persons was informed by the hospital based, DATCOV surveillance system and included the development of awareness material and guidance for patients, families, and persons with disabilities as well as clinical guidelines on palliative care and rehabilitation as a component of long COVID-19. A key aim was to create balance between keeping the above groups safe while encouraging that they maintain access to essential services including allocation of increased supply of chronic medication. It is acknowledged that many essential services including the continuum of cancer care was interrupted, resulting in late diagnosis and treatment, which negatively impacts on the survival rate. Provinces were encouraged to develop "catch up plans" however implementation is impacted by financial constraints.

In 2020/21 financial year, the sub-programme also continued to implement projects aimed at strengthening the mental health system and improving access to, and quality of mental health services in the country. Mental disorders continue to significantly impact on the well-being of society, compounded by the impact of COVID-19 pandemic. These disorders further continue to be a major contributor and a growing cause of Disability Adjusted-Life Years (DA-

LYS), mostly during the youth and mid-adulthood period. The following key activities were implemented:

- Training of health professionals including those in Correctional Services to improve their skills capacity in the clinical management of mental disorders and treatment of acute psychiatric conditions. This intervention was impacted by the restrictions imposed during the COVID-19 pandemic. However, 33 doctors and nurses working in district and regional hospitals in KwaZulu-Natal province were trained. This initiative will be continued in the 2021/22 financial year.
- A mental health helpdesk was established and operated through the South African Federation for Mental Health. Services were provided to mental health care users, families, employers, health care professionals and the public at large for various mental health related enquiries and the COVID-19 related mental health issues.
- Strengthening of governance and accountability mechanisms in mental health services through the established National Mental Health Review Board Forum. The Forum is aimed at providing a platform for members of Mental Health Review Boards in all provinces to keep abreast of developments in the field, to render support and cross pollinate good practices among the Boards for efficient and quality mental health services. These are quasi-judicial bodies established in terms of the Mental Health Care Act, 2002 to consider and make decisions regarding admission of assisted and involuntary mental health care users, applications for transfer of mental health care users to maximum-security facilities and periodic reports on the mental health status of mentally ill prisoners.
- The research project to develop an investment case for mental health reached at the final stages. The study aims to determine an efficient and needs-based resourcing for mental health services in the country.
- The process of reviewing and updating the National Mental Health Policy Framework and Strategic Plan 2013-2020 is underway. The process was delayed due to the COVID-19 restrictions.
- In view of the potential effects of COVID-19 on the mental health system and the mental health of individuals, the National Department of Health issued the Guidelines on Mental Health Interventions during the COVID-19 Disaster to guide provinces and all other stakeholders on the relevant interventions within the mental health settings.
- The development of the Opioids Substitution Therapy (OST) Implementation Plan and Clinical guidelines is at the final stage. This plan is central to the health sector's efforts to strengthen treatment for those addicted to opioids.

The sub-programme also focused on ensuring departmental compliance with the legal mandates espoused in the Criminal Procedure Act, 1977 (Act No 51 of 1977) as amended, in respect of forensic psychiatric evaluations, Child Justice Act, 2008 (Act No 75 of 2008) regarding criminal capacity assessment of children aged 10-14 years, and the Mental Health Care Act, 2002 (Act No. 17 of 2002) in terms of care, treatment and rehabilitation of State patients and mentally ill prisoners. The demand for forensic mental health services continues to grow due to an increase in the number of people and children referred by the Courts for forensic psychiatric evaluations and criminal capacity assessments, respectively. In this financial year 2007 court referrals for forensic psychiatric evaluations were received, of which, 1309 were concluded. Forensic mental health services have become an increasingly critical element in the criminal justice system with significant implications on access to mental health care, treatment and rehabilitation in the Health Sector and conclusion of criminal cases in the Criminal Justice System. To improve the capacity of the department and to strengthen the efficiencies on Forensic Mental Health Services, the following interventions were implemented:

- Establishment of an annual database of private psychiatrists and Clinical Psychologists who were prepared to be contracted by the Department of Justice and Constitutional Development to conduct forensic psychiatric evaluations in terms of section 79 (9) of the Criminal Procedure Act, 1977 (Act No 51 of 1977), as amended. The database was aimed at complementing the public sector human resource capacity on this service, which was submitted to the Department of Justice and Constitutional Development for use by the Registrars of the High Courts and all clerks of the Magistrate's Courts.
- Continued collaboration with stakeholders from the Departments of Correctional Services, Social Development, Justice and Constitutional Development, Legal Aid South Africa, NPA and SAPS on issues pertaining to forensic psychiatric evaluations, criminal capacity assessments of children referred by the courts, and admission of State patients at the designated psychiatric hospitals.
- Increasing the bed capacity for forensic psychiatric evaluations through revitalization of mental observation units in the designated psychiatric hospitals is another intervention to improve forensic mental health services. Plans to construct a 40-bedded mental observation unit at Weskoppies Psychiatric hospital in Gauteng Province are at an advanced stage.
- Expanding the service delivery platform for forensic psychiatric evaluations. The platform for conducting single psychiatrist forensic evaluations was expanded to general hospitals,

outpatient departments in psychiatric hospitals and correctional centres. This yielded significant outcomes on forensic psychiatric evaluations and treatment of State patients while waiting for hospital admission in correctional centres.

- Care and referral pathways were clarified and strengthened for mental health services during the COVID-19 pandemic. A Standard Operating Procedure was developed to improve the care and referral pathways for mental health care users admitted in general hospitals, i.e. district, regional, tertiary, and central hospitals, based on the severity of mental illness and extent of COVID-19 related illness.

Health Promotion and Nutrition

This sub-programme formulates and monitors policies, guidelines, and norms and standards for health promotion and nutrition, oral health, and food control. Focusing on risk factors for NCD's. During the 2020/2021 financial year, the sub-programme strengthened public education on tobacco use and unhealthy eating as risk factors for

NCD's, community education on COVID-19 was also strengthened. The Oral Health Policy and Strategy was costed and finalised, with aim of guiding implementation of Oral health services at all levels of care.

The year 2020/21, marked a particularly important year for nutrition and obesity with the emergence of COVID-19. The pandemic revealed how poor nutrition and obesity increase vulnerability to COVID-19. The sub-programme led the commemoration of National Nutrition Week and National Obesity Week 9-15 October and 15-19 October, respectively. The theme for the 2020 campaign was '*Good Nutrition for Good Immunity*' in the context of the COVID-19 pandemic. The campaign created awareness among consumers about obesity and the importance of eating healthy foods and various communication platforms and channels were used with a possible audience of over 70 million reached. Furthermore, healthy meal plans for quarantine sites were developed and the cluster provided technical support to the Department of Social Development for ensuring that food parcels that were distributed to the needy are affordable, nutritious, and safe for consumption.

Outcomes, outputs, output indicators, targets, and actual achievements

Table 1: Report against the originally tabled Annual Performance Plan until date of re-tabling

Outcome	Output	Output indicator	Audited actual achievement 2019/20	Planned Target 2020/21	Actual achievement 2020/21	Deviation from Planned Target to Actual Achievement 2020/21 ³	Reasons for Deviations	Reasons for Revisions to the Outputs / Output Indicators / Annual Targets
Maternal, Child, Infant and neonatal mortalities reduced	Implementation of Early Childhood Development programmes monitored	Monitoring and reporting system developed and piloted in 9 Districts to monitor implementation of the Nutrition guidelines for ECD programmes	New Indicator	<p><i>Annual target:</i> Monitoring and reporting system developed and piloted in 9 districts to monitor implementation of the Nutrition guidelines for ECD programmes</p> <p><i>Quarter 1 target:</i> Monitoring system consulted and approved</p>	Nil	Monitoring and reporting system not developed and piloted in 9 districts to monitor implementation of the Nutrition guidelines for ECD programmes	Inability of Officials to travel to provinces and visits to ECD centres due to COVID-19 restrictions	Indicator was removed from APP as it required travelling to provinces and visits to ECD centres, this was not possible due to COVID-19 restrictions.
Quality and Safety of Care Improved	98 Hospitals obtain 75% and above on the food service quality assessments	Percentage of hospitals compliant with the Policy for Food Service Management	New Indicator	<p><i>Annual target:</i> 25% (98 of 391) Hospitals obtain 75% and above on the food service quality assessments</p> <p><i>Quarter 1 target:</i> 4% (16 of 391) Hospitals obtain 75% and above on the food service quality assessments</p>	Nil	No hospital assessment on the food services were done	Inability of officials to travel to provinces, and conduct an audit in health facilities due to COVID-19 restrictions	Indicator was removed from APP. To achieve this indicator official were expected to travel to provinces and conduct an audit in health facilities. This was not possible due to COVID-19 restrictions.

Table 2: Report against the re-tabled Annual Performance Plan

Outcome	Output	Output indicator	Actual achievement 2019/2020	Planned annual target 2020/21	Actual achievement 2020/21	Deviation from planned target to actual achievement 2020/21	Reasons for deviation
Maternal, Child, Infant and neonatal mortalities reduced	Side-by-Side campaign radio shows which promote all components of child health and nutrition broadcast	Number of Side-by-Side campaign radio shows broadcast	New Indicator	396 radio shows (36 episodes broadcast on 11 radio stations)	404 radio shows (35 episodes broadcast on 11 radio stations)	+8 radio shows (-1-episode broadcast)	The Radio stations broadcasted five shows in some months instead of four as planned. This was because some months had 5 weeks
Quality and Safety of Care Improved	Mass drug administration (MDA) implementation plan for schistosomiasis developed	Mass Drug Administration (MDA) implementation plan for schistosomiasis developed	New Indicator	MDA implementation plans developed	Nil	MDA implementation plans not developed	All national officials responsible for the development of the MDA implementation plan were re-assigned to the COVID-19 health response activities
HIV incidence among youth reduced	800 PHC facilities with youth zones	Number of PHC facilities with youth zones	New Indicator	800 PHC facilities with youth zones	652 PHC facilities with youth zones	-148 PHC facilities with youth zones	COVID-19 pandemic and restrictions had an impact on operations of PHC facilities which in turn affected the setting up of the youth friendly zones
Premature mortality due to NCDs reduced to 26% (10% reduction)	National Strategic Plan (NSP) for Non-Communicable Diseases (NCDs) developed and published	NSP for NCDs developed and published	New Indicator	NSP for NCDs developed and published	Draft NSP for NCDs developed	Draft NSP for NCDs not finalised for publication	Delays occurred during 2020/21 due to objections raised to the process of development and format of the draft NSP resulting to the content not finalised by end of March 2021
	9 Provincial Implementation plans for the National Strategic Plan for Non-Communicable Diseases developed	9 Provincial Implementation plans for the National Strategic Plan for Non-Communicable Diseases developed	New Indicator	9 Provincial Implementation plans for the National Strategic Plan for Non-Communicable Diseases developed	Nil	9 Provincial Implementation plans for the National Strategic Plan for Non-Communicable Diseases not developed	Provincial Implementation Plans could not be developed as the process for drafting NSP for NCD has not been concluded
	100 Health Promotion messages actively marketed through social media	Number of Health promotion messages broadcasted on social media to supplement other channels of communication	New Indicator	100 (2 per week) health promotion messages broadcasted on social media	213 (4 per week) health promotion messages broadcasted on social media	+113 health promotion messages broadcasted on social media	There was a need to increase awareness on risks related to COVID -19

Strategy to overcome areas of under performance

About NSP for NCD, both the final draft will be submitted for approval and the development of 9 Provincial Implementation Plans will be completed during 2021/22 financial year. The Department will continue engaging World Health Organization (WHO) for technical support in developing the schistosomiasis mass drug administration (MDA) implementation plan.

Institutional Response to the COVID-19 Pandemic

Budget Programme	Intervention	Geographical locational (provincial, district/local municipality)	No of beneficiaries (where possible)	Disaggregation of beneficiaries (where possible)	Total budget allocated (R'000)	Budget spent per intervention (R'000)	Contribution to the output of APP where applicable	Immediate outcomes
Programme 3: Communicable and Non-Communicable Diseases	Establish clear Continuum of care pathways for COVID-19 (Case detection, management, and clinical pathways)	9 provinces, 52 health districts and all local municipalities	All residents in South Africa	Gender, age-group, province, and district	No budget allocated	Not Applicable	It contributes directly to the overall purpose of the Sub-programme: Communicable Disease which is mandated to develop policies and support provinces in ensuring the control of infectious diseases with the support of the National Institute for Communicable Diseases, a division of the National Health Laboratory Service. It improves surveillance for disease detection; strengthens preparedness and core response capacity for public health emergencies in line with international health regulations; and facilitates the implementation of influenza prevention and control programmes, tropical disease prevention and control programmes, and malaria elimination	Report: Taking Stock of the Evidence: COVID-19 and Diabetes, Hypertension, Asthma, Occupational Lung Disease, Coronary Heart Diseases, Heart Failure and Stroke (3 July 2020) DATCOV Surveillance Reports Patient and family guidance: -Cancer -Diabetes - Palliative Care -Renal Disease - Eye Health -Older Persons - Clinical Guidelines - Palliative Care - Rehabilitation for Long COVID-19 Tools, resource material and M & E Framework is shared by MSF for use by all Districts 9 879 348 cumulative COVID-19 tests ; 63% and 37% tests performed in private and public sector laboratories respectively; Total tests positivity rate: 16.6% 1 639 830 contacts identified for tracing, 1 589 416 contacts traced; 44722 untraceable contacts
		Private and public Hospitals	All residents in South Africa	Gender, age-group, province, and district				
		9 provinces, 52 health districts and all local municipalities	All residents in South Africa	Gender, age-group, province, and district				
		Pilots located in 3 provinces,	Residents in respective areas	Gender, age-group, province, and district	Nil	Nil		
	Ensure adequate capacity and systems for early case detection	9 provinces, 52 health districts and all local municipalities	All COVID-19 suspected cases (excluding asymptomatic close contacts)	Gender, age-group, province, and district	298 733 96 700 (NHLS)	276 044 96 700 (NHLS)		
		9 provinces, 52 health districts and all local municipalities	All identified contacts of laboratory confirmed COVID-19 positive persons	Gender, age-group, province, and district				

Linking performance with budgets

Two of the six outputs of this Programme were fully achieved whereas the remaining four outputs were not achieved.

Sub-programmes	2020/2021			2019/2020	
	Final appropriation	Actual expenditure	Variance	Final appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000
Programme Management	3 991	3 094	897	5 545	5 480
HIV, AIDS and STIs	27 642 327	27 528 873	113 454	22 409 081	22 374 879
Tuberculosis Management	18 166	14 177	3 989	24 399	23 438
Women's Maternal and Reproductive Health	12 377	9 816	2 561	15 693	13 361
Child, Youth & School Health	24 794	17 996	6 798	181 819	181 000
Communicable Diseases	366 422	256 479	109 943	112 558	50 995
Non-Communicable Diseases	62 778	31 930	30 848	61 045	35 557
Health Promotion and Nutrition	30 942	23 759	7 183	41 002	28 802
Total	28 161 797	27 886 124	275 673	22 851 142	22 713 512

2.4.4 Programme 4: Primary Health Care Services

Purpose: Develop and oversee implementation of legislation, policies, systems, and norms and standards for: a uniform district health system, environmental health services, communicable and non-communicable diseases, health promotion, and nutrition.

There are three budget sub-programmes:

- District Health Services
- Environmental and Port Health Services
- Emergency Services and Trauma

District Health Services

This sub-programme promotes, coordinates, and institutionalises the district health system, integrates programme implementation using the primary health care approach by improving the quality of care, and coordinates the traditional medicine programme.

During the 2020/21 financial year, based on the continued implementation of Ideal Clinic Realisation and Maintenance programme, the sub-programme worked closely with the Office of Health Standards Compliance which resulted in finalising the measures for District and Regional Hospitals. These measures are directly linked to the Ideal Hospital Realisation and Management Framework, which is a tool to assist Hospital Management to develop Quality Improvement Plan interventions. The sub-programme has worked through the cycle of the ICRM programme, although the peer reviews were not conducted, the sub-programme conducted peer review updates which resulted in 1444 clinic attaining ideal status.

In pursuance of the strategic objective of Community participation promoted to ensure health system responsiveness and effective management of their health needs, the sub-programme worked on the guidelines to capacitate the clinic committees and hospital boards, with the latter focusing on the district hospitals. The Governance Structures for Health (Clinic and CHC Committees) have

been strengthened by having finalised tools to assess functionality and training material to empower members of Hospital Boards. These tools were piloted in two provinces and were found to be easy to implement.

In line with the strategic objective of having services that are integrated and delivered at most appropriate level, with continuity of care and appropriate referrals, the sub-programme has also processed the referral policy, which was approved by the Minister. The referral policy will allow the sub-programme to monitor its implementation through the establishment of the number of districts that have integrated referral.

In its effort to improve access to community based PHC services, the Department's increased the number of Community Health Workers (CHWs) by 985 from 48 035 in 2019/20 financial year to 49 020 in 2020/21 financial year. The CHWs were recruited to strengthen service delivery in provinces that were largely affected by COVID-19. At the beginning of the 2020/21 financial year, CHWs were deployed to support COVID-19 containment strategies at community level which included screening, testing and contact tracing including providing health education, awareness, and prevention on COVID-19 interventions. The sub-programme also facilitates the development of the CHW training material, the Foundation Phase Training package. The training material was also translated to a virtual training platform through the Knowledge Hub to support the training roll out. Due to resource constraints, the uptake of virtual training has been very limited.

During 2020/21 financial years, the sub-programme played a critical role in leadership and stewardship of various components of the Country's Health Response to COVID-19 Pandemic. The sub-programme has been central in the leadership of health facilities readiness, and conducting audits of the oxygen reticulation infrastructure, resulting in the increased number of oxygen bulk tanks in the hospitals. Tools were also developed to improve the management of the oxygen supply to the hospitals that are cylinder dependent. The sub-programme was further responsible for the production and distribution of the

Respiratory support devices, working through National Ventilator project, which resulted in the allocation of 10 000 ventilators. The sub-programme also led the repurposing of the beds in preparation for both first and second wave of COVID-19 which resulted in the hospitals having adequate number of beds for COVID-19 response. Staff members of the sub-programme were also allocated to other areas such as NATJOINTS, screening and contact tracing amongst others.

Environmental and Port Health Services

This sub-programme coordinates the delivery of environmental health services, including the monitoring and delivery of municipal health services, and ensures compliance with international health regulations by coordinating and implementing port health services at all South Africa's points of entry. Furthermore, during the 2020/21 financial year 9 Ports of Entry were self-assessed for compliance to the International Health Regulations of 2005 and 8 Ports of Entry achieved 80% and above.

The unprecedented COVID-19 pandemic required the introduction of response mechanisms and a need to ensure capacities to deal with a Public Health Event of International Concern were strengthened in points of entry. As part of building capacities, a training on response to COVID-19 was conducted for all ports of entry to ensure that officials are capacitated on the response to the outbreak.

During the 2020/21 financial year, this sub-programme played a critical role in leadership, stewardship, and operational implementation of various components of the Country's Health Response to COVID-19 Pandemic in provinces, municipalities, and ports of entry. Its strategic interventions were largely in the areas of developing regulations, health directions, guidelines and reporting tools as well as providing training thereof. Whilst also engaging role players and stakeholders (including provinces and municipalities, funeral undertakers, religious leaders, taxi owners/operators) on legislative prescriptions for the control and prevention of COVID-19 spread; supporting the Ministerial Drive Campaigns in provinces and municipalities; and compliance monitoring of business premises and enforcement of COVID-19 regulations, health directives and guidelines. The sub-programme ensured that with all developed legislative prescripts, trainings were conducted for all stakeholders. The sub-programme has been critical in quarantine operationalisation and Port Health services (including health screening). The sub-programme co-ordinated environmental health readiness assessments of identified/designated quarantine facilities in provinces, which were routinely monitored for compliance upon activation for operation, resolving environmental health complaints and incidences emanating from quarantine facilities and also trained Environmental Health Practitioners (EHPs) in Provinces and Municipalities on the COVID-19 Guidelines

for Quarantine and Isolation. Health directions were issued making provisions for travel interventions with a purpose of combating the spread of COVID-19 in international traveling. In strengthening response to the pandemic, over 300 additional staff comprising of Community Services Environmental Health Practitioners and Community Service Nursing Practitioners were appointed and deployed to the various ports of entry to strengthen the human resource capacities. Efforts were made to improve screening measures including the procurement of the advanced technology thermal equipment. The sub-programme continued to collaborate with the World Health Organisation on various levels and platforms and successfully conducted a training to officials in OR Tambo International Airport on COVID-19 containment interventions.

Various departmental and intergovernmental structures were established to lead and guide the country's response activities towards COVID-19 and the sub-programme had representation in these key structures. The representation of the sub-programme in key structures ensured that point of entry activities, inclusive of international travel were integrated in the country's overall containment strategies and response activities. Six provincial meetings were held to workshop the reporting tools for use by provinces.

Collaborative support was also provided to various workstreams responsible for different areas of the country's containment measures including the implementation of quarantine and isolation of international travellers. In collaboration with the National Health Laboratory Services, testing of all travellers arriving at the ports of entry without the required COVID-19 negative test result was introduced at operational International Airports and Land Borders.

The annual World Environmental Health Day (WEHD) was successfully held virtually on 29 September 2020 under the theme: "environmental health, a key public health intervention in disease pandemic prevention" The virtual event was attended by at least 1500 participants which comprised of EHP's and other stakeholders from all spheres of government.

Two workshops were hosted on climate change and health, one workshop was jointly hosted with Department of Environment, Forestry and Fisheries (DEFF) where the sectors capacitated stakeholders on climate change and health including giving updates on activities and projects completed as well as introducing forthcoming projects. The Department together with ACCESS in conjunction with Department of Science and Innovation hosted a workshop on climate change and health with a theme: "*Climate change's biggest impact will be felt in human health and wellbeing-right?*" The workshop was attended by a wide range of stakeholders including health sector, academia, and research institutions with presenters from South Africa and United States of America.

The sub-programme held a virtual event for the commemoration of Global Handwashing day on 15 October 2020 with a focus on heightening hygiene promotion as a key measure for disease prevention and in the containment of COVID-19; The sub-programme developed and presented to the Sub-committee for Environmental Management Plans (EMPs) and Environmental Implementation Plans (EIPs), the Department's Annual Compliance Report for 2019/20 in compliance with Chapter 3 of the National Environmental Management Act, 1998 that requires departments to develop, Environmental Management Plans every five years and report annually on progress on its implementation.

Emergency Medical Services and Trauma

This sub-programme is responsible for improving the governance, management and functioning of emergency medical services in South Africa by formulating policies, guidelines, and norms and standards; strengthening the capacity and skills of emergency medical services personnel; identifying needs and service gaps; and providing oversight to provinces. During the 2020/21 financial year, draft Regulations relating to Standards for Emergency Medical Services were published for public comment. Once the regulations are promulgated, the Ideal EMS Framework will be finalised.

Outcomes, outputs, output indicators, targets, and actual achievements

Table 1: Report against the originally tabled Annual Performance Plan until date of re-tabling

Outcome	Output	Output Indicator	Audited Actual Achievement 2019/20	Planned Target 2020/21	Actual achievement 2020/21	Deviation from Planned Target to Actual Achievement 2020/21 ⁴	Reasons for Deviations	Reasons for Revisions to the Outputs / Output indicators / Annual Targets
Quality of water, sanitation, waste management and food improved	16 metropolitan and district municipalities assessed for adherence to environmental norms and standards	Number of metropolitan and district municipalities assessed for adherence to environmental norms and standards	30 of 52 municipalities randomly selected and audited against environmental health norms and standards	<i>Annual target:</i> 16 metropolitan and district municipalities assessed for adherence to environmental norms and standards <i>Quarter 1 target:</i> 4 metropolitan and district municipalities assessed for adherence to environmental norms and standards	Nil	16 metropolitan and district municipalities not assessed for adherence to environmental norms and standards	The sub-programme had to focus on prevention and response to COVID -19 pandemic outbreak since the it was declared in March as a disaster. In addition, a lockdown was declared from 29 th of March 2020 from the first quarter of 2020/21 leading to the directorate focusing on developing guidelines and directions to manage the pandemic	The department and the country needed to focus on the outbreak and pandemic
Services are integrated and delivered at most appropriate level, with continuity of care and appropriate referrals	10 Districts with integrated referral system	Number of Districts with integrated referral system developed	New indicator	<i>Annual target:</i> 10 Districts with integrated referral system developed <i>Quarter 1 target:</i> 2 Districts with integrated referral system	Nil	10 districts without integrated referral system developed	This indicator was removed during the revision of the APP which was circulated in July 2021 due to COVID-19	The whole team in the District Health Service sub-programme was re-assigned to work in the COVID-19 interventions
Community participation promoted to ensure health system responsiveness and effective management of their health needs	600 000 clients traced by CHWs and linked them to care	Number of clients traced by CHWs	340 079	<i>Annual target:</i> 600 000 <i>Quarter 1 target:</i> 100 000	16 217 clients traced by CHWs and linked them to care at the end of first quarter	583 783 clients not traced by CHWs and linked them to care	CHWs were assigned to COVID-19 related activities, they could not carry out their daily tasks as per the scope of work	Target adjusted to ensure CHWs can also perform the COVID-19 related activities as assigned and also carry out their daily tasks as per the scope of work

Table 2: Report against the re-tabled Annual Performance Plan

Outcome	Output	Output Indicator	Actual achievement 2019/20	Planned Target 2020/21	Actual achievement 2020/21	Deviation from planned target to actual achievement 2020/21	Reason for Deviations
Quality and Safety of Care Improved	350 PHC Facilities and 50 Hospitals implementing the National Quality Improvement Programme	Number of health facilities implementing the National Quality Improvement Programme	New indicator	350 PHC facilities and 50 Hospitals implementing the National Quality Improvement Programme	16 Quality Learning Centres identified to cover 80 hospitals and 64 PHC facilities	350 PHC facilities and 50 Hospitals not implementing the National Quality Improvement Programme	Delays occurred in the procurement of service provider to assist in the rollout of the National Quality Improvement Programme
	2100 PHC facilities that qualify as Ideal Clinics	Number of primary health care facilities that qualify as Ideal Clinics	1 906 PHC facilities in the districts qualify as Ideal Clinics	2100 PHC facilities qualify as Ideal Clinics	1 444 PHC facilities in the districts qualify as Ideal Clinics	- 656 teams	A revised Ideal Clinic Framework version 19 is now being used which is aligned with the measures developed for the Regulated Norms and Standards. This meant adapting the rating to adopt the scoring methodology of the Office of Health Standards Compliance. The OHSC's Compliance framework requires that a facility scores 100% for the Non-negotiable Vitals before obtaining a positive rating. This was against the previous scoring that allowed facilities that obtained 83% for vitals. In addition, the staff was redeployed to assist with COVID-19 pandemic and others were high risk as such they could not travel in groups to conduct peer reviews as it was planned
Port health services compliant with international health regulations per year	Policy on Traditional Medicine consulted	Policy on Traditional Medicine consulted	New indicator	Draft policy and implementation guidelines on Traditional Medicine presented to Interim traditional practitioners council for consultation	Consultations for Policy and Implementation guidelines on Traditional Medicine was conducted to Provincial Departments and stakeholders in Traditional Medicine	Draft policy and implementation guidelines on Traditional Medicine not presented to Interim traditional practitioners' council for consultation	Presentation of the policy to the Interim Traditional Health Practitioners Council could not be done due to the absence of the Council. Term of office of the previous ITHPC lapsed. Appointment of a new Council is awaited
	Port health services compliant with international health regulations per year	Number of ports of entry self-assessed for compliance with international health regulations	10 Points of Entry (6 airports and 4 high risk land borders) compliant with IHR, 2005 core capacity requirements out of 21 assessed Points of Entry	9 ports of entry self-assessed for compliance with international health regulations	9 ports of entry self-assessed for compliance with international health regulations	None	None

Outcome	Output	Output Indicator	Actual achievement 2019/20	Planned Target 2020/21	Actual achievement 2020/21	Deviation from planned target to actual achievement 2020/21	Reason for Deviations
Community participation promoted to ensure health system responsiveness and effective management of their health needs	Patient Experience of Care survey guidelines completed and piloted	Patient Experience of Care survey guidelines completed and piloted	Comments of Provincial DoH received to review the National Guideline on conducting Patient Experience of Care Survey	Patient Experience of Care survey guidelines completed and piloted	Revised Patient Experience of Care survey guidelines prepared with inputs of provincial DoHs	Patient Experience of Care survey guidelines not completed and not piloted	Revised Patient Experience of Care survey guidelines not yet endorsed by TechNHC
	Monitoring system for measuring performance of clinic committees developed	Monitoring system for measuring effectiveness of clinic committees developed	New indicator	Guidelines for monitoring effectiveness of clinic committees piloted	Guidelines for monitoring effectiveness of clinic committees piloted	None	None
	Training material for public hospital boards developed	Training material for public hospital boards developed	New indicator	Training material for public hospital boards developed	Training material for public hospital boards developed and piloted	None	None
	1250 PHC Facilities with Community Outreach Services	Number of PHC Facilities with Community Outreach Services	New indicator	1250	2 185	+935	Most of the Community Health workers were redeployed to support screening and contact tracing for COVID-19 response
	250 000 clients traced by CHWs	Number of clients traced by CHWs	340 079	250 000	308 097	+58 097	The overachievement noted is a result of the catch up plans to find the missing HIV and TB clients. The integration of COVID-19 also assisted to successful tracing of CHWs and some clients could be reach through COVID-19 screening and contact tracing response
	Additional 1500 CHWs recruited	Number of additional CHWs recruited	New indicator	1 500	0	-1500	This activity could not be implemented. The funding offer came late in the financial year and the department communicated the concerns with the Presidency following the engagement with provinces on the stimulus fund allocation. Provinces were concerned with the short employment period as the funding could not be extended beyond March 2021. A decision was taken to terminate the funding.
	Additional 500 Outreach Team Leaders recruited	Number of additional Outreach Team Leaders recruited	New indicator	500	0	-500	This activity could not be implemented. The Department shared its concerns with the Presidency following the engagement with provinces on the stimulus fund allocation. Provinces were concerned with the short employment period as the funding could not be extended beyond March 2021. A decision was taken to terminate the funding

Outcome	Output	Output Indicator	Actual achievement 2019/20	Planned Target 2020/21	Actual achievement 2020/21	Deviation from planned target to actual achievement 2020/21	Reason for Deviations
Quality and safety of care improved	9 Provinces assessed for compliance with Emergency Medical Services Regulations	Number of Provinces assessed for compliance with Emergency Medical Services Regulations	9 provincial DoH monitored for compliance with the EMS regulations using the approved checklist annually and 9 x EMS improvement plans revised accordingly	9 Provinces assessed for compliance with Emergency Medical Services Regulations	9 Provinces assessed for compliance with Emergency Medical Services Regulations	None	None

Strategy to overcome areas of under performance

The rollout of the National Quality Improvement Programme will be implemented in partnership with various partners including the Office of Health Standards Compliance in 16 learning centres identified.

The following strategies will be used to overcome under-performance in the sub-programme District Health Services: -

- Preparations will be done for the peer reviews early. This will be done, in a manner that will improve performance even in the time of COVID-19 response. The team has already started engaging the provinces with a view to address under-performance under ideal clinic.

- The employment of the community health workers will be dependent on the timeous approval of the funding from National Treasury.
- The new focus on the activities especially when the activities under COVID-19 are reduced due to lower number of cases;
- Development of the health systems recovery plans for all the activities that are taking place at the provincial level; and
- Adjustment of the targets aligned to the COVID-19 predictions.

The draft policy on Traditional medicine to the Interim Traditional Health Practitioners Council will be published for public comments and will also be presented to the ITHPC during this stage of consultations.

Institutional Response to the COVID-19 Pandemic

Budget Programme	Intervention	Geographical locational (provincial, district/local municipality)	No of beneficiaries (where possible)	Disaggregation of beneficiaries (where possible)	Total budget allocated (R'000)	Budget spent per intervention (R'000)	Contribution to the output of app where applicable	Immediate outcomes
Programme 4 : Primary Health Care	Enhance screening capacity at key ports of entry (PoE) and augment the environmental health Strengthen systematic screening of travellers	All opened Points of Entry (airports, harbours and land borders), All mortuaries in the country	Travellers and Passengers at all opened Points of Entry.	Gender, age-group, province and district	50 578	0	It contributes towards purpose of Sub-programme: Communicable Disease and Sub-programme : Environmental and Port Health services	Continuous updating of Health Directions for international travellers to combat the spread of COVID-19 as the country moved through the various Alert Level Lockdowns. Screening measures improved to include advanced technology thermal equipment. Successfully conducted training on various levels and platforms for officials in OR Tambo International Airport on COVID-19 containment interventions in collaboration with World Health Organization. Dissemination of key information and guidelines on country's quarantine and isolation system. Spearheading the digitization, the traveller health questionnaire which is used by travellers to declare their health status prior travel; and Played a key role in the repatriation of South Africans abroad and the evacuation of foreign nationals during the closure of international travel.

Budget Programme	Intervention	Geographical locational (provincial, district/local municipality)	No of beneficiaries (where possible)	Disaggregation of beneficiaries (where possible)	Total budget allocated (R'000)	Budget spent per intervention (R'000)	Contribution to the output of app where applicable	Immediate outcomes
Programme 4 : Primary Health Care	Enhance screening capacity at key ports of entry (PoE) and augment the environmental health Strengthen systematic screening of travellers	All opened Points of Entry (airports, harbours and land borders), All mortuaries in the country	Travellers and Passengers at all opened Points of Entry.	Gender, age-group, province and district	50 578	0	It contributes towards purpose of Sub-programme: Communicable Disease and Sub-programme : Environmental and Port Health services	<p>Provided training on newly developed legislation, health directions and reporting tools for the response.</p> <p>Drafted regulations relating to management of human remains and which has been submitted for public participation process.</p> <p>Drafted regulation relating environmental health which has been submitted to legal work stream for scrutiny.</p> <p>Developed and revised health directions on:-</p> <ul style="list-style-type: none"> National Hygiene Strategy and Implementation Plan, June 2020 to guide implementation of hygiene measures for COVID-19 containment; COVID-19 Public Places disinfection plan to guide environmental cleaning and disinfection in public places; Environmental Health Guidelines for Environmental Health response to COVID-19; and COVID-19 containment protocols for the NATJOINTS applicable to all members and service providers <p>IEC materials were developed, approved and disseminated to Provinces, municipalities and other interested and affected parties:</p> <ul style="list-style-type: none"> Management of COVID-19 health care waste in designated quarantine facilities. Management of COVID-19 Waste: homes, workplaces, situations other than health care. Alcohol - based hand sanitizers: do's and don't Protect yourself from corona virus, health and hygiene tips for formal waste recyclers and waste pickers.

Budget Programme	Intervention	Geographical locational (provincial, district/local municipality)	No of beneficiaries (where possible)	Disaggregation of beneficiaries (where possible)	Total budget allocated (R'000)	Budget spent per intervention (R'000)	Contribution to the output of app where applicable	Immediate outcomes
Programme 4: Primary Health Care	Ensure adequate space and facilities are available for providing COVID-19 services: High Care, ICU Beds, Dedicated hospital/facility spaces Isolation and Quarantine sites	Provincial and Facilities	All hospitals in the country	District Hospitals; Regional Hospitals; Tertiary Hospitals and central hospitals	No budget allocated	No applicable	Improvement in the quality of care in the hospitals	164 hospitals were audited for oxygen reticulation. Oxygen supply improved in all hospitals (both bulk and cylinder oxygen). 10 000 respiratory devices were allocated to the hospitals across the country.
							Daily monitoring of oxygen supply to the hospitals	This has led to closer monitoring of oxygen availability and has assisted in ensuring that no hospital runs out of oxygen
							Improvement in management of oxygen supply in the hospitals	The dashboard, e-ordering tool and oxygen consumption calculator were developed to improve the oxygen management in the hospitals. These tools will be implemented in the new financial year.
							Improvement in availability of the respiratory support devices in the hospitals	10 000 respiratory support devices have been distributed to the hospitals in all the provinces. All hospitals received clinical guidelines for the management of COVID-19 cases including the use of respiratory support devices.

Linking performance with budgets

Six of the twelve outputs of this Programme were fully achieved whereas the remaining six outputs were not achieved

Sub-programmes	2020/2120			2019/2020	
	Final appropriation R'000	Actual expenditure R'000	Variance R'000	Final appropriation R'000	Actual expenditure R'000
Programme Management	4 025	3 542	483	4 790	4 753
District Health Services	18 875	14 030	4 845	18 348	16 658
Environmental and Port Health Services	246 485	290 609	-44 124	187 747	187 335
Emergency Medical Services and Trauma	7 700	6 790	910	8 766	8 111
Total	277 085	314 971	-37 886	219 651	216 857

2.4.5 Programme 5: Hospital Systems

Purpose: Develops national policy on hospital services and responsibilities by level of care; providing clear guidelines for referral and improved communication; developing specific and detailed hospital plans; and facilitating quality improvement plans for hospitals. The programme is further responsible for the management of the national tertiary services grant and ensures that planning of health infrastructure meets the health needs of the country.

There are two budget sub-programmes:

- Health Facilities Infrastructure Management
- Hospital Systems (Hospital Management; Tertiary Health Policy and Planning)

Health Facilities Infrastructure Management

This sub-programme coordinates and funds health care infrastructure to enable provinces to plan, manage, modernise, rationalise and transform infrastructure, health technology and hospital management, and improve the quality of care. This sub-programme is responsible for the direct health facility revitalisation grant and the health facility revitalisation component of the national health insurance indirect grant.

In 2020/21 financial year, a total 4 new Primary Healthcare centres were constructed of which one in Limpopo, one in Mpumalanga and two replacements in the Western Cape. In addition, 35 were revitalised with 32 being in KwaZulu-Natal, 2 in Mpumalanga and 1 in the North West. No new hospitals were completed during the 2020/21 financial year, however 21 hospitals were revitalised (4 in FS, 1 GP, 3 KZN, 2 LP, 3 MP, 3 NW and 5 WP). A total of 116 facilities were maintained, repaired and/or refurbished through HFRG in Districts of which 6 in the Free State, 39 in KwaZulu-Natal, 57 in Limpopo, 9 in Mpumalanga, 4 in the North West and 1 in Western Cape.

The focus on equipment audits for this year was on the NDoH's readiness to deal with the COVID-19 pandemic. This implied that work was done specifically around assessing our ability to deal with the virus in hotspot areas

related to medical gas, ICU and high care beds. Various reports for these facilities were received and uploaded to the Project Management Information System (PMIS) and available for distribution. It implies however that the entire population of health facilities, and of health equipment were not covered. This is something that would have to stand over to next year when we might financially be in a better position to take on a full-scale equipment audit.

The project for the 10 Year Infrastructure plan (10YIP) has officially started with new service providers on board through the DBSA. The project has two distinct outcomes. The first is the update of the 10YIP, and the second part is the development of an interactive platform that would provide health planning tools to facilitate an integration between Private and Public Sector Health Infrastructure planning. The NDOH has also arranged a meeting in March 2021 for PMIS and NHI systems (HPRS) to discuss interoperability in relation to the Master Facility Index (MFI) and aligning all tools and projects to the Master Facility List as part of this project.

All provinces have also aligned their infrastructure projects to the FIDPM methodology (Framework for Infrastructure delivery and procurement management). This is strengthened by the alignment of the Project Management Information System (PMIS) that contains all health infrastructure projects from conception to completion towards key interventions set within the Health Compact pillar 3. Further work is needed towards improving governance and a framework for project and program governance has been developed and will be rolled out within the Indirect Grant in the year to come.

Hospital Systems (Hospital Management: Tertiary Health Planning and Policy)

This sub-programme focuses on the modernised and reconfigured provision of tertiary hospital services, identifies tertiary and regional hospitals that should serve as centres of excellence for disseminating quality improvements, and is responsible for the management of the national tertiary services grant. In 2020/21 draft guideline on the organisational structures for tertiary and regional hospitals developed

Outcomes, outputs, output indicators, targets and actual achievements

Table 2: Report against the re-tabled Annual Performance Plan

Outcome	Output	Output Indicator	Audited Actual Achievement 2019/20	Planned Target 2020/21	Actual achievement 2020/21	Deviation from Planned Target to Actual Achievement 2020/21	Reasons for Deviations
Financing and Delivery of infrastructure projects improved	54 PHC facilities constructed or revitalised	Number of PHC facilities constructed or revitalised	41 Clinics and CHCs constructed or revitalised (7 constructed and 34 revitalised)	54 PHC facilities constructed or revitalised	55 PHC facilities constructed or revitalised	+1 PHC facility constructed or revitalised	Fast-tracking of project by contractor resulted in earlier completion than anticipated
	24 Hospitals constructed or revitalised	Number of hospitals constructed or revitalised	1 hospital being constructed	24 Hospitals constructed or revitalised	25 Hospitals constructed or revitalised	+1 hospital constructed or revitalised	Fast-tracking of project by contractor resulted in earlier completion than anticipated
	150 public health Facilities (Clinics, Hospitals, nursing colleges, EMS base stations) maintained, repaired and/or refurbished	Number of public health Facilities (Clinics, hospitals, nursing colleges, EMS base stations) maintained, repaired and/or refurbished	39 facilities maintained, repaired and/or refurbished, 1 hospital being constructed 100 facilities maintained, repaired and/or refurbished through Equitable Share and HFRG in districts	150 public health Facilities (Clinics, Hospitals, nursing colleges, EMS base stations) maintained, repaired and/or refurbished	150 public health Facilities (Clinics, Hospitals, nursing colleges, EMS base stations) maintained, repaired and/or refurbished	None	None
Resources are available to managers and frontline providers, with flexibility to manage it according to their local needs	Guidelines on the organisational structures for tertiary and regional hospitals developed	Guidelines on the Organizational Structures for tertiary and regional hospitals developed	Draft implementation plan developed for improvement of 10 Central hospitals organisational structures completed	Draft Guidelines on the Organisational Structures for Tertiary and Regional hospitals developed	Draft guideline on the Organisational structures for tertiary and regional hospitals developed	None	None

Strategy to overcome areas of under performance

None

Institutional Response to the COVID-19 Pandemic

Budget Programme	Intervention	Geographical locational (provincial, district/ local municipality)	No of beneficiaries (where possible)	Disaggregation of beneficiaries (where possible)	Total budget allocated (R'000)	Budget spent per intervention (R'000)	Contribution to the output of APP where applicable	Immediate outcomes
Programme 5: Hospital Systems	Ensure adequate space and facilities are available for providing COVID-19 services: High Care, ICU Beds, Dedicated hospital/	9 provinces and 52 health districts	Asymptomatic and symptomatic clients who are laboratory confirmed COVID -19 positive for admissions to public and private hospitals	Gender, age-group, province, and district	No budget allocated	Not Applicable	It contributes directly to the overall purpose of the Sub-programme: Communicable Disease which is mandated to develop policies and support provinces in ensuring the control of infectious diseases with the support of the National Institute for Communicable Diseases, a division of the National Health Laboratory Service. It improves surveillance for disease detection; strengthens preparedness and core response capacity for public health emergencies in line with international health regulations; and facilitates the implementation of influenza prevention and control programmes, tropical disease prevention and control programmes, and malaria elimination	As of 31 March 2021: (1) 253 874 admissions in public and private sector. The number hospitalised was in the range of 20 to 2960 daily during FY and tended to decline; (2) number of patients in ICU ranged 0 to 311 patients and 75860 patients on oxygen; and (7) Total recoveries (cumulative): 1 474 319; percentage recoveries: 95%
	facility spaces Isolation and Quarantine sites	9 provinces and all 52 health districts	Individuals requiring isolation and quarantine at public identified isolation and quarantine sites	Gender, age-group, province, and district				Between April 2020 and March 2021: 16490 quarantine beds were available; and 254778 bed nights for PUI's coming from abroad excludes those quarantined for local transmissions.

Linking performance with budgets

All four outputs of this Programme were fully achieved.

Sub-programmes	2020/21/20		2019/2020	
	Final appropriation R'000	Actual expenditure R'000	Variance R'000	Actual expenditure R'000
Programme Management	1 256	957	299	1 594
Health facilities infrastructure management	7 195 667	7 167 150	28 517	7 236 830
Hospital management	14 022 677	14 020 400	2 277	13 194 210
Total	21 219 600	21 188 507	31 093	20 432 634
				20 413 709

2.4.6 Programme 6: Health System Governance and Human Resources

Purpose: Develop policies for planning, managing, and training of the health sector human resources and the planning, monitoring, evaluation and research in the sector. Provide oversight to all public entities in the sector and statutory health professional council in South Africa. Provide forensic laboratory services.

There are five budget sub-programmes:

- Policy and Planning
- Health Information, Research, Monitoring and Evaluation
- Nursing Services
- Human Resources for Health
- Public Entities Management and Laboratories

Policy and planning sub-programme

This sub-programme provides advisory and strategic technical assistance on policy and planning, coordinates the planning system of the health sector, and supports policy analysis and implementation.

In 2020/21, the sub-programme successfully guided the design, development and roll-out of the COVIDConnect digital system. The COVIDConnect system provides an interactive self-help service to the public, for anyone with a cell-phone who tested for COVID-19. The system has the functionality to notify clients of their test results and importantly for those who tested positive for the COVID-19. In addition, the App has the capability to send anonymous SMS messages to all those that were in close contact with person/s who tested positive. The system was successfully rolled-out in all 9 Provincial Departments of Health and through the collaboration of the Solidarity Fund, all 52 District Offices received extensive marketing material that was placed in Hospitals, CHCs and Primary Health Care facilities. Furthermore, daily reports were generated of all 9 provinces' infection profile detailing the number of tests conducted in each province including the outcomes (positive/negative) – disaggregated up to district and sub-district level. Managers used the data to identify areas of high infection rates and manage health care workers in their efforts to trace those that tested positive.

Health Information, Research, Monitoring and Evaluation

This sub-programme develops and maintains a national health information system, commissions and coordinates research, and monitors and evaluates strategic health programmes.

The Bongani Mayosi National Health Scholars Programme (BM-NHSP) is an initiative by the National Health Research Committee (NHRC) and a partnership between the National Department of Health (NDoH), the Public

Health Enhancement Fund (PHEF) and the South African Medical Research Council (SAMRC). The BM-NHSP remains one of the nationally coordinated programmes devoted to doctoral development of young scientists from all health professions. Over the past seven (7) years the BM-NHSP has supported the training and development of an academic pipeline of clinical and health researchers. The profile of its PhD graduates reflects the programme's commitment to address racial and gender imbalances within the health research space. Since inception the programme has funded 124 scholars (110 PhD and 14 MSc scholars) and 59 (51 PhD and 8 MSc) of which more than 50% are Africans. The programme has graduated 51 PhD: 39 females and 12 males. Over the last seven years the scholars have produced over 60 peer reviewed publications, and this proves that BM-NHSP scholars are conducting high quality research and generating new knowledge. About 63% of graduated scholars have been absorbed by academic institutions with most of them holding senior and leadership positions. Moreover, more than 60% of funded scholars fall within the ages of 24-35 years which are considered youth in South African context.

The health system has transitioned to web-based District Health Information System (DHIS2) using a phased approach. The main aim is to capture data for all fixed public health care facilities (3569) at the lowest level of care. As at 31 March 2021, the Facility level online data capturing for the country was 76%, with hospitals at 98% and 74% for PHC facilities across 8 provinces implementing WebDHIS. The main constraint affecting the implementation of online Facility level data capturing is the unavailability of Internet connectivity in the remaining health facilities.

As part of DHIS Capacity Building, the WebDHIS Expert Development and Technical Training Programme for data managers employed at National and Provincial Departments of Health to the level of WebDHIS super-users has been developed. This is a 2-year Programme that takes participants through a series of WebDHIS modules to provide them with technical skills to be able to manage the WebDHIS databases. There were 19 officials enrolled in the Programme in 2019/20; however, there are now 18 candidates left in the Programme as one official got appointed to a Senior Management position within Health from Northern Cape to North West provincial Department of Health. This is great achievement for the Programme towards the Department's capacity and career development.

The ICD-10 Master Industry Table (MIT) was reviewed during 2020/21 financial year and published on 25 March 2021 through a Notice signed by the Director-General. The review was conducted in collaboration with key stakeholders, the WHO Family of International Classifications Collaborating Centre for the African region located within the SAMRC and the Private Health Information System Committee (PHISC). The Notice issued by the Director-General also included a set of additional ICD-10 codes for emergency use to cater for COVID-19 related conditions and syndromes in line with the World

Health Organization (WHO) updates for COVID-19 coding. These additional codes are:

- a) U08.9 Personal History of COVID-19, unspecified
- b) U09.9 Post COVID-19 condition, unspecified
- c) U10.9 Multisystem inflammatory syndrome associated with COVID-19, unspecified
- d) U11.9 Need for immunisation against COVID-19, unspecified
- e) U12.9 COVID-19 vaccines causing adverse effects in therapeutic use, unspecified.

During 2020/21, the sub-programme supported the drafting of indicators for monitoring COVID-19 pandemic as part of the Health Response to COVID-19 Pandemic, which are commonly referred to as COVID-19 National Indicators Data Set and participated in compiling of Daily Reports on COVID-19. All quarterly reports on 2020/21 APP were produced and submitted to DPME as well as the timely production and submission of the 2019/20 Annual Report. Monitoring reports were prepared to track the progress made on Pillars, Interventions, Activities and Targets of the Presidential Health Compact. The first biannual report on the 2019-2024 MTSF was also produced.

Human Resources for Health

This sub-programme is responsible for medium to long-term health workforce planning, development, and management in the national health system. This entails facilitating implementation of the national human resources for health strategy, health workforce capacity development for sustainable service delivery, and development, and co-ordination of transversal human resources management policies. The functions of the Sub Programme include increasing the number of health professionals in the health sector, development of health workforce staffing norms and standards and provision of in-service training of the health workforce.

In 2020/21 financial year, a new Human Resources for Health Strategy was approved by the National Health Council. The Strategy sets out a vision for addressing persistent issues of human resources inequality in the health care delivery system. The strategy considers the future numbers, types and competencies of health workers required, considering available funding and the universal health coverage aspirations as set out in the evolving NHI frameworks.

As part of implementation of the Human Resources for Health Strategy, institutionalization of the health workforce accounts is in process. The data warehouse is in place and the system is functional. Modules on the active health workforce stock and health labour market flows have been prioritized. The data warehouse integrates information from different sources. Data from the Health Professions Council of South Africa, the South African Nursing Council, some metros and monthly Persal data is uploaded to the HRH registry. The Human Resources Information System (HRIS), currently hosted by the Health Information

Systems Programme (HISP) to assist with the current HRIS development, is operational and will be transitioned to NDoH in near future.

A strategy to protect the health and safety of health workers in the face of the COVID-19 pandemic was developed and approved. The Strategy supports provision of a package of care for all healthcare workers encompassing physical health, psychological well-being, and social support.

In response to the fight against COVID-19, the Department, developed surge capacity guidelines for Human Resources that mitigated for shortages of personnel during COVID-19 period. Amongst others, the objectives of the guidelines were to- i) Identify the health workforce available for surge capacity demands and essential health care services; ii) Repurpose and upskill health workers for rapid deployment to meet surge capacity needs and deliver essential health care services; and iii) Address contractual and related issues and put in place policies to enable rapid response.

As part of responding to the COVID-19 pandemic, South Africa requested the Republic of Cuba to assist with 187 Cuban medical brigades that are experienced in planning, execution, and management of the public health response by working alongside the South African Health Professionals in order to strengthen the country's COVID19 response team. The Cuban medical professionals have since been successfully deployed to all Provincial Departments of Health across the Country

A total of 88 954 appointments in both health-related professionals and support personnel were concluded to strengthen services in the Public Health Sector from March 2020 to April 2021. Of the 88 954 appointments, 50 614 are appointments completed successfully from the newly created posts. 34 338 of the above appointments were Community Health Workers.

Nursing Services

This sub-programme develops and monitors the implementation of a policy framework for the development of required nursing skills and capacity to deliver effective nursing services.

In 2020/21 financial year, this sub-programme supported the two public nursing colleges, the Henrietta Stockdale nursing college of the Northern Cape and the Lilitha Nursing College in the Eastern Cape, to prepare curriculums for the new basic nursing programme (3-year Diploma in Nursing) for accreditation readiness. By end of the 2020/21 financial year both colleges had submitted their curricula for accreditation. Further the sub-programme also supported the nine (9) public nursing colleges in the different provinces to prepare their basic midwifery curriculums for the Advanced Diploma in Midwifery for accreditation readiness. All the colleges have obtained readiness to submit their curricula to the two quality councils, SANC (South African Nursing Council) and CHE (Council on Higher Education) for accreditation.

Three public nursing colleges were accredited for the Advanced Diploma in Midwifery and one for the Diploma in Nursing. Free State, Mpumalanga, North West and Northern Cape provinces were successful in obtaining full accreditation. The remaining provincial public nursing colleges only obtained curriculum readiness for purposes of submitting their Advance Midwifery curriculums to the two quality councils.

The development of the Nursing strategy is towards finalisation. The sub-programme together with the Hospital Association of South Africa conducted a country wide survey in both the public and private sectors to assess the current nursing supply and demand and project the nursing supply and demand for 2030. The findings of the survey will be discussed with all the Nursing Stakeholders in the new financial year. The sub-programme has also developed a platform for contribution, cooperation and reflection between the public and private sectors.

Public Entities Management and Laboratories

This sub-programme is responsible to support the executive authority's oversight function and provides guidance to health entities and statutory councils that fall within the mandate of health legislation with regards to planning and budget procedures, performance and financial reporting, remuneration, governance, and accountability. It is also responsible for ante- and post-mortem analyses of blood alcohol levels for drunk driving, toxicology analyses of biological fluids and human organs in the event of unnatural deaths such as murder and suicide, and foodstuff analyses.

In 2020/21 financial year, monitored entities governance, financial management and performance to ensure

compliance with the enabling and other applicable legislation including the PFMA and Treasury Regulations. The Minister appointed members to the following Boards/ Council for a new term of office: Council for Medical Schemes for a three-year term of office; the Health Professions Council of South Africa and the twelve (12) Professional Boards for five-year term of office; and the term of office of the South African Health Products Regulatory Authority was extended by one year.

The Compensation Commissioner for Occupational Diseases (CCOD) and Occupational Health is responsible for compensation of active and ex-workers in controlled mines and works certified to be suffering from cardio-pulmonary related diseases because of workplace exposures in the controlled mines or works. Over the medium term, the business processes will be re-engineered regarding revenue collection; reducing the turnaround period for claims, amending the Occupational Diseases in Mines and Works Act (1973); and improving governance, internal controls and relationships with the stakeholders.

The Forensic Chemistry Laboratories are responsible for ensuring the effective and efficient rendering of Forensic Chemistry Laboratory (FCL) services in instances of unnatural deaths (toxicology analysis) and drunken driving matters (ante-mortem and post-mortem blood alcohol analysis) to support the Criminal Justice System.

In 2020/21, due to COVID-19 safety precautions, laboratory staff rotated to allow only 50% of staff on site at any given time. This resulted in decreased turn-around times of blood alcohol testing, but where Court dates were available, samples were prioritised to allow Court cases to continue without delay.

Outcomes, outputs, output indicators, targets and actual achievements

Table 1: report against the originally tabled Annual Performance Plan until date of re-tabling

Outcome	Output	Output Indicator	Audited Actual Achievement 2019/20	Planned Target 2020/21	Actual achievement 2020/21	Deviation from Planned Target to Actual Achievement 2020/21 ⁵	Reasons for Deviations	Reasons for Revisions to the Outputs / Output indicators / Annual Targets	
Staff equitably distributed and have right skills and attitude	Capacity for HRH Policy development, Planning and monitoring available	Capacity for HRH Policy development, Planning and monitoring available	New indicator	Annual target: Capacity for HRH Policy development, Planning and monitoring available Quarter 1 target: Capabilities identified, and evaluated against available skills	Nil	Capabilities not identified nor evaluated against available skills	The output is linked to the 2030 HRH Strategy that was to be approved in March 2020. As a result of the COVID-19 pandemic, approval of the Strategy was delayed.	As a result of the COVID-19 pandemic, approval of the Strategy was delayed. Measures to undertake technical work on this indicator was also affected by the COVID-19 induced lock-down	
	HR Information System implemented at National DoH and Provincial Head offices to provide access to information from PERSAL, health professional councils and Internship and Community service Programme, to improve HRH Planning and monitoring	HR Information System implemented at National DoH and Provincial Head offices	New Indicator	Annual target: HR Information System implemented at National DoH and Provincial Head offices Quarter 1 target: Provincial DoH consulted on the capability of the HRIS and project plan for implementation completed	HR Information System design, development and testing at the end of first quarter	None	None	None	Not Applicable
	Evaluation of OSD, commuted overtime and RWOPS policies initiated	Evaluation of OSD, commuted overtime and RWOPS policies initiated	New indicator	Annual target: Evaluation of OSD, commuted overtime policies initiated and draft report available Quarter 1 target: Terms of reference for the evaluation of OSD, commuted overtime and RWOPS policies drafted	Literature review was conducted on relevant research commissioned by Government on OSD, RWOPS and Commuted Overtime at the end of the first quarter	Evaluation of OSD, commuted overtime and RWOPS policies not initiated	As a result of the COVID-19 pandemic, the Country was on a lockdown Alert Level 5 (Full Lockdown) from 26 March 2020 for 35 days	Resources were redirected COVID-19 pandemic to develop surge capacity for the HR response to the COVID-19 pandemic	

Outcome	Output	Output Indicator	Audited Actual Achievement 2019/20	Planned Target 2020/21	Actual achievement 2020/21	Deviation from Planned Target to Actual Achievement 2020/21 ⁵	Reasons for Deviations	Reasons for Revisions to the Outputs / Output Indicators / Annual Targets
	Implementation plan for an automated employees time management system (with biometrics and automated notifications) for all health establishments developed	Implementation plan for an automated employees time management system (with biometrics and automated notifications) for all health establishments developed	New Indicator	Annual target: Implementation plan for an automated employees time management system (with biometrics and automated notifications) for all health establishments developed <u>Quarter 1 target:</u> Consultation meeting held with Provincial DoH to discuss automated employees time management systems	Nil	Implementation plan for an automated employees time management system (with biometrics and automated notifications) for all health establishments not developed	As a result of the COVID-19 pandemic, the Country was on a lockdown Alert Level 5 (Full Lockdown) from 26 March 2020 for 35 days	Resources were redirected COVID-19 pandemic to develop surge capacity for the HR response to the COVID-19 pandemic
Information systems are responsive to local needs to enhance data use and improve quality of care	Framework on the use of diagnostic and procedural coding for public health facilities developed and consulted	Framework on the use of diagnostic and procedural coding for public health facilities developed and consulted	New indicator	Annual target: Framework on the use of diagnostic and procedural coding for public health facilities developed and consulted <u>Quarter 1 target:</u> Conceptual framework on the use of diagnostic and procedural coding drafted	The Conceptual Framework on the use of Diagnostic and Procedure Coding for South Africa was drafted during Quarter 1 of 2020-21. The draft document was finalised in June 2020	The development of the Framework on the use of diagnostic and procedural coding for public health facilities not finalised.	The target removed from revised 2020/21 APP	Due to COVID-19 response, the 2020/21 APP was revised and this target was part of those that were removed.
650 PHC facilities implementing the HPRS and Tier.net linkage to improve HIV patient management	Number of PHC facilities implementing the HPRS and Tier.net linkage	Number of PHC facilities implementing the HPRS and Tier.net linkage	New indicator	Annual target: 650 PHC facilities implementing the HPRS and Tier.net linkage <u>Quarter 1 target:</u> 300 PHC facilities where the link between HPRS and the NHLS Track care systems are implemented	0 PHC facilities implementing the HPRS and Tier linkage	650 PHC facilities not implementing the HPRS and Tier	Beta testing of the link could not be conducted due to COVID-19 restrictions. Beta testing of the link is an in-facility process, which requires participation and support of facility personnel as well as managers from various levels of health. Due to an inability to progress the beta testing, the development of the planned SOP and implementation guidance was also halted	COVID-19 necessitated the revisions to this output

Outcome	Output	Output Indicator	Audited Actual Achievement 2019/20	Planned Target 2020/21	Actual achievement 2020/21	Deviation from Planned Target to Actual Achievement 2020/21 ⁵	Reasons for Deviations	Reasons for Revisions to the Outputs / Output Indicators / Annual Targets
Adaptive learning and decision making is improved through use of strategic information and evidence	Performance dashboards for national, provincial and district levels completed	Performance dashboards for national, provincial and district levels completed	New indicator	Annual target: Performance dashboards for national, provincial and district levels completed <u>Quarter 1 target:</u> Conceptual framework developed on the requirements for standard Performance Dashboards required for each level of healthcare	Conceptual framework developed on the requirements for standard Performance Dashboards required for each level of healthcare developed at the end of first quarter	Development of Performance dashboards for national, provincial and district levels not completed	The target was removed from revised 2020/21 APP	Due to COVID-19 response, the 2020/21 APP was revised and this target was part of those that were removed.
Quality and safety of care improved	90% of blood alcohol tests completed within normative period of 90 days	Percentage of blood alcohol tests completed within normative period of 90 days	100 % backlog eliminated for blood alcohol tests in Johannesburg laboratory	Annual target: 90% <u>Quarter 1 target:</u> 80%	21.99% (first quarter)	-68.01%	Staff rotation due to COVID-19 measures – only 50% of staff at work at one time; Procurement delays – especially Demand approvals that take longer than 6 months, result in laboratories running out of consumables and chemicals and increased equipment downtime due to delayed repairs; 30 vacancies out of 185 posts not being filled (16.2%)	Due to COVID-19 response, the 2020/21 APP was revised and this target was part of those that were removed.

Table 2: Report against the re-tabled Annual Performance Plan

Outcome	Output	Output indicator	Audited actual achievement 2019/20	Planned target 2020/21	Actual achievement 2020/21	Deviation from planned target to actual achievement 2020/21	Reasons for deviations
Quality and safety of care improved	All 9 Public nursing colleges accredited and registered to offer basic nursing and midwifery programmes	Number of Public nursing colleges accredited and registered to offer basic nursing and midwifery programmes	All 10 public nursing colleges were designated to offer new Nursing Programmes per Government Gazette, but only 6 Nursing Colleges were fully accredited to commence with new Nursing programmes	9 Public nursing colleges accredited and registered to offer basic nursing and midwifery programmes	3 public nursing colleges were accredited for the Advanced Diploma in Midwifery and 1 for the Diploma in Nursing	6 Public nursing colleges not accredited and registered to offer basic nursing and midwifery programmes	The accreditation process is the responsibility of the South African Nursing Council (SANC), which prepares and issues accreditation certificates. The department reported on nursing colleges for which accreditation certificates were provided
Staff equitably distributed and have right skills and attitude	Clinical governance system assessed, and 3 provinces supported to develop implementation plans	Clinical governance systems assessed, and 3 provinces supported to develop implementation plans	New indicator	Clinical governance system assessed, and 3 provinces supported to develop implementation plans	Clinical governance systems assessed and 1 supported province developed the implementation plan	Clinical governance systems assessed and 2 provinces supported to develop implementation plans but did not submit the final implementation plans	Eastern Cape, Free State and Kwazulu-Natal were selected for support on developing their provincial implementation plans. However, only FS complied by submitting their plan. Eastern Cape and Kwazulu-Natal did not submit their implementation plans, despite several reminders from the National Department of Health
Prevent COVID-19 infections among health care workers	Community service policy reviewed	Community service policy reviewed	Terms of Reference: policy review was finalised in consultation with the Provincial Departments of Health	Community service policy reviewed	Nil	Community service policy not reviewed	Delayed procurement processes, in addition resources were because of COVID-19 pandemic were redirected to develop surge capacity for the HR response to the COVID-19 pandemic
	4 reports produced to monitor the health worker training Programme on the use of PPE and IPC	Number of reports produced to monitor the health worker training Programme on the use of PPE and IPC	New Indicator	4 reports produced to monitor the health worker training Programme on the use of PPE and IPC	4 reports produced to monitor the health worker training Programme on the use of PPE and IPC	None	None

Outcome	Output	Output indicator	Audited actual achievement 2019/20	Planned target 2020/21	Actual achievement 2020/21	Deviation from planned target to actual achievement 2020/21	Reasons for deviations
Information systems are responsive to local needs to enhance data use and improve quality of care	Automated Track and Trace system for COVID-19 implemented	Automated Track and Trace system for COVID-19 implemented	New indicator	Automated Track and Trace system for COVID-19 implemented in 9 provincial DoH	Automated Track and Trace system for COVID-19 implemented in 9 provincial DoH	None	None
	Implementation Guideline on the use of Health Patient Registration Number (HPRN) on clinical stationary in public health facilities published	Implementation Guideline on the use of Health Patient Registration Number (HPRN) on clinical stationary in public health facilities published	New indicator	Implementation Guideline on the use of Health Patient Registration Number (HPRN) on clinical stationary in public health facilities published	Draft Implementation Guidelines on the use of Health Patient Registration Number (HPRN) on clinical stationary in public health facilities developed	Implementation Guideline on the use of Health Patient Registration Number (HPRN) on clinical stationary in public health facilities not published	The re-assignment of focus to the COVID-19 activities delayed the finalisation of the guideline
Adaptive learning and decision making is improved through use of strategic information and evidence	1100 PHC facilities where the link between HPRS and the NHLS Track care systems are implemented to improve access to pathology results by clinicians	Number of facilities where the link between HPRS and the NHLS Track care systems are implemented	New indicator	500 PHC facilities where the link between HPRS and the NHLS Track care systems are implemented	76 PHC facilities where the link between HPRS and the NHLS Track care systems are implemented	424 PHC facilities where the link between HPRS and the NHLS Track care systems are not implemented	COVID-19 Epidemic impacted on the rollout plan of the project.
	Revised version of the Interoperability Norms and Standards for Digital Health Published, and two priority use cases for applying standards identified	Revised version of the Interoperability Norms and Standards for Digital Health Published, and two priority use cases for applying standards identified	New indicator	Revised version of the Interoperability Norms and Standards for Digital Health published, and two priority use cases for applying standards identified	Revised version of the Interoperability Norms and Standards for Digital Health adopted by the NHC and approved for publication in the Gazette and two priority use cases for applying standards detailed	Revised version of the Interoperability Norms and Standards for Digital Health not yet published	Efforts of development team were spent on developing COVID-19 data systems including the Electronic Vaccination Data System
Adaptive learning and decision making is improved through use of strategic information and evidence	National Health Research Priorities identified to generate the required knowledge for the South African health system	National Health Research Strategy published	New indicator	National Health Research Priorities identified	National Health Research priorities identified	None	None

Strategy to overcome areas of under performance

Engage SANC to fast-track accreditation of the provincial nursing colleges in 2021/22. The community service policy review will be conducted during 2021/22 financial year as planned in the 2021/22 APP. The Implementation Guideline on the use of Health Patient Registration Number (HPRN) on clinical stationary in public health facilities will be published once approved during 2021/22. The process to continue implementing the link between HPRS and the NHLS Track care systems in PHC facilities will be pursued. The revised version of the Interoperability Norms and Standards for Digital Health will be published during the first quarter of 2021/22.

Institutional Response to the COVID-19 Pandemic

Budget Programme	Intervention	Geographical locational (provincial, district/local municipality)	No of beneficiaries (where possible)	Disaggregation of beneficiaries (where possible)	Total budget allocated (R'000)	Budget spent per intervention (R'000)	Contribution to the output of app where applicable	Immediate outcomes
Programme 6: Health System Governance and Human Resources	Ensure that adequate health workforce with appropriate skill-mix and competences is available to provide high quality COVID-19 services	9 provinces and 52 health districts	Health care Workers	District Hospitals; Gender, age-group, province and district	No budget allocated	No applicable	4 reports produced to monitor the health worker training Programme on the use of PPE and IPC	Between April 2020 and March 2021 there were 10734 doctors, 94893 nurses and 12934 CHWs trained
			clinicians, nurses, undertakers, laboratory personnel and district officials					Supported the development of the Guidelines on Post Mortem Testing for Natural Deaths. These guidelines define the collection and submission of COVID-19 post-mortem specimens from all people who died of natural causes outside health facilities. Virtual training was conducted targeting clinicians, nurses, undertakers, laboratory personnel and district officials on data collection and reporting for COVID-19 post-mortem testing.

Budget Programme	Intervention	Geographical locational (provincial, district/local municipality)	No of beneficiaries (where possible)	Disaggregation of beneficiaries (where possible)	Total budget allocated (R'000)	Budget spent per intervention (R'000)	Contribution to the output of app where applicable	Immediate outcomes
	<p>Strengthen health information and surveillance systems for COVID-19 at national and provincial levels to monitor trends and guide preparedness and response actions</p> <p>Put in place the appropriate health information systems to provide real time information on COVID-19 cases, surveillance, disease burden and trends</p> <p>Ensure that standardized data is collated, analyzed and synthesized for action on regular basis</p> <p>Fast track the assessment of potential/ new diagnostics, therapeutics, and vaccines for compassionate use (especially consider issues around regulatory approval, market authorization, and/ or post-market surveillance)</p>		All SA citizens		No budget allocated	Not applicable		<p>Importing of COVID-19 case data onto the NDoH Data-lake at the Department of Health COVID-19 Information Centre, overlaying the data with Vulnerability Index in order to track the pandemic and identify vulnerable communities in order to inform the early COVID-19 intervention strategies.</p> <p>The COVID-19 Information Centre provided a visualisation platform for the monitoring of the clustering and the spread of COVID-19 cases..</p> <p>Developed the National Indicator Data Set for COVID-19.</p> <p>Supported capacity building and reporting by facilities and districts using these Data Collection Tools.</p> <p>Involved in the development of a Bluetooth-based mobile app which was developed over a four- week period between July and August 2020. The COVIDAlert SA App supports Contact Tracing by offering the COVID-19 positive persons the ability to notify other app users who are their derived contacts once they report positive as part of the COVID-19 pandemic response. The COVID Alert SA App was launched by the Minister on 2 September 2020</p> <p>Collaborated with SAHPRA to expedite research approval and introduction of therapeutics, diagnostics and vaccines</p>

Linking performance with budgets

Four of the nine outputs of this Programme were fully achieved whereas the remaining five outputs were not fully achieved.

Sub-programmes	2020/21			2019/20	
	Final appropriation R'000	Actual expenditure R'000	Variance R'000	Final appropriation R'000	Actual expenditure R'000
Programme Management	5 895	5 328	567	6 115	5 858
Policy and Planning	6 506	5 377	1 129	6 811	6 093
Public Entities Management and Laboratories	2 089 235	2 084 215	5 020	2 038 917	1 986 747
Nursing Services	8 418	7 405	1 013	8 752	8 302
Health Information, Monitoring and Evaluation	59 182	48 998	10 184	61 550	59 458
Human Resources for Health	4 360 770	4 390 524	-29 754	2 981 059	2 979 763
Total	6 530 006	6 541 847	-11 841	5 103 204	5 046 221

2.5 Transfer payments

Transfer payments to Public Entities

Name of the public entity	Service rendered by public entity	Amount transferred to the public entity (R'000)	Amount spent by the public entity (R'000)	Achievement of the public entity
Compensation Commissioner for Occupational Diseases (CCOD)	The CCOD is responsible for the payment of benefits to workers and ex-workers in controlled mines and works who have been certified to be suffering from cardiopulmonary diseases because of work exposures	4 058	843	The transfer payment is solely for the payment of monthly pensions to ex-mine workers and their widows in terms of sections 79 and 83 of ODMWA of 1973. For 2020/21 financial year, a total 47 pensioners were each eligible for an average monthly pension payment of R1 974.00. The transfer payment was not fully utilised because monthly pensions were only paid to those pensioners who submitted life certificates. Those who did not submit life certificates will be paid all outstanding cumulative pensions when they finally submit their life certificates.

Name of the public entity	Service rendered by public entity	Amount transferred to the public entity (R'000)	Amount spent by the public entity (R'000)	Achievement of the public entity
South African Medical Research Council (SAMRC)	To improve the nation's health and quality of life through promoting and conducting relevant and responsive health research	R854 643. This amount includes COVID-19 funding of R150 000	Forecasts spend R854 643	<ul style="list-style-type: none"> - COVID-19 in South Africa: In addition to the R15M spent in March 2020, the SAMRC and DSI have ringfenced over ZAR80 million for COVID-19 research projects. - Vaccine nationalism: Virtual conference on framework for fair, equitable and timely allocation of COVID-19 vaccines in Africa held (ii) Received funding from Open Society Foundation for South Africa to look at equitable access to COVID-19 vaccines in the African Region (iii) Established Bio-Ethics Advisory Panel (iv) Working with the AU and Africa CDC. - The 4IR: Genome Mapping and Research (ii) Technological advances for Diagnostics (iii) Precision Medicine and Drug Safety (iv) Drug Formulation and Discovery (v) Big Data and Bioinformatics (vi) AI/machine learning (vii) Regulatory, legal and ethical framework for gene editing. - The SAMRC-BGI whole genome sequencing Platform: There is an exponential increase in genomic projects and approximately R100 million of SAMRC funded projects involve genomic sequencing at some stage. The Genomic Centre and other Specialised Facilities launched, perfectly placed to be custodian of South African-related data health/disease and to integrate data towards improving health care. - New Genomics and Bioinformatics Centre at UKZN: (i) KRISP: KZN Research Innovation & Sequencing Platform Laboratory facilities with 4IR robotic equipment (ii) KRISP is hosted in a ZAR 100 million building together with CAPRISA & AHRI at UKZN (iii) Genomic Data generated in South Africa published in top scientific journals (Nature) to solve HIV and TB outbreaks. - Launch of exatype TM: With support from the SAMRC, Hyrax Biosciences launched their new HIV resistance testing software, exatype™ which enables this testing to be faster, more accurate and importantly cost effective. - DSI/SAMRC South African Population Research Infrastructure Network: SAPRIN is hosted by the SAMRC and provides individualised and household micro-data: encompassing whole communities, information is updated on a regular basis, and it provides a platform for intervention testing and policy evaluation.

Name of the public entity	Service rendered by public entity	Amount transferred to the public entity (R'000)	Amount spent by the public entity (R'000)	Achievement of the public entity
Council for Medical Schemes (CMS)	Regulation of the Medical Schemes Industry with reference to Alignment to NHI processes	6 530	6 530	<ul style="list-style-type: none"> - NHI fund and participation in the NHI committees: Coordinated Presidential Health Compact steering committee meeting and submission; and produced a Monitoring and Evaluation report for 2020-2021 (April). - Support to the National Health Accounts: Provided technical support to the National Health Accounts task team by providing analytics on private health spent. Developed and maintained an automated solution for the National Health Accounts task team. - Support to the National Health Accounts Risk-Based Capital Model: During the 2020-21 financial period, the Research and Monitoring unit reviewed various Risk-Based Models and did a comparative analysis amongst these. The CMS is currently conducting an impact assessment at the level of the individual scheme. - Standardisation of Benefit options: Conducted a needs assessment for outsourcing further technical work requirements. The technical work includes: <ul style="list-style-type: none"> - Conducting a market segmentation analysis on medical schemes' benefit options. - The market segmentation analysis will augment financial performance and demographic data with preference profiles for better benefit design cluster formations. - The cluster formations, which will be used to develop model rules for identified benefit designs and assist with the registration of marketing material. - Establishing a portal for health insurance experiments that will improve standardisation and assist with developing a simplified method to communicate benefit design structures. - One of the main risks on the delivery of the project is budget constraints in acquiring services of a service provider to conduct market segmentation analysis on medical schemes' benefit options. This output will further enhance the findings of a quantitative study that entailed cluster analysis.
National Health Laboratory Services (NHLS)	The NHLS supports the Department of Health by providing cost effective laboratory services to all public clinics and hospitals	761 000	761 000	<p>Academic Affairs and Research Department</p> <ul style="list-style-type: none"> - During the 2020/21 financial year, there were 595 trainees from the various academic institutions on the NHLS platform. This includes 103 intern medical scientists, 229 Medical technology students and 259 registrars and 55 intern medical scientists. To date, the pass rate of registrars, who are trained to be pathologists, has increased for board exam I from 60% (2018) to 80.7% (2020). Similarly, pass rates for board exam II increased from 40.5% (2018) to 52.6% (2020). - The NHLS introduced a workforce skills development initiative that utilises the Project Extension for Community Healthcare Outcomes (Project ECHO) video conferencing platform to support the teaching and training platform and enhance consultative initiatives. Project ECHO is an innovative remote learning and mentoring solution which links subject matter experts within the academic centres and well-resourced laboratories (called the "hub") to multiple secondary urban and rural learning sites (called the "spokes"), especially in the medically under-served regions. This creates an expanded and more effective platform for sharing of knowledge to help build capacity and develop the skills of pathology professionals in laboratories nationwide

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<p>South African Medical Research Council (SAMRC)</p>	<p>To improve the nation's health and quality of life through promoting and conducting relevant and responsive health research</p>	<p>R854 643. This amount includes COVID-19 funding of R150 000</p>	<p>Forecast spend R854 643</p>	<ul style="list-style-type: none"> - COVID-19 in South Africa: In addition to the R15M spent in March 2020, the SAMRC and DSI have ringfenced over ZAR80 million for COVID-19 research projects. - Vaccine nationalism: Virtual conference on framework for fair, equitable and timely allocation of COVID-19 vaccines in Africa held (ii) Received funding from Open Society Foundation for South Africa to look at equitable access to COVID-19 vaccines in the African Region (iii) Established Bio-Ethics Advisory Panel (iv) Working with the AU and Africa CDC. - The 4IR: Genome Mapping and Research (ii) Technological advances for Diagnostics (iii) Precision Medicine and Drug Safety (iv) Drug Formulation and Discovery (v) Big Data and Bioinformatics (vi) AI/machine learning (vii) Regulatory, legal and ethical framework for gene editing. - The SAMRC-BGI whole genome sequencing Platform: There is an exponential increase in genomic projects and approximately R100 million of SAMRC funded projects involve genomic sequencing at some stage. The Genomic Centre and other Specialised Facilities launched, perfectly placed to be custodian of South African-related data health/disease and to integrate data towards improving health care. - New Genomics and Bioinformatics Centre at UKZN: (i) KRISP: KZN Research Innovation & Sequencing Platform Laboratory facilities with 4IR robotic equipment (ii) KRISP is hosted in a ZAR 100 million building together with CAPRISA & AHRI at UKZN (iii) Genomic Data generated in South Africa published in top scientific journals (Nature) to solve HIV and TB outbreaks. - Launch of exatype TM: With support from the SAMRC, Hyrax Biosciences launched their new HIV resistance testing software, exatype™ which enables this testing to be faster, more accurate and importantly cost effective. - DSI/SAMRC South African Population Research Infrastructure Network: SAPRIN is hosted by the SAMRC and provides individualised and household micro-data: encompassing whole communities, information is updated on a regular basis, and it provides a platform for intervention testing and policy evaluation.

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National Health Laboratory Services (NHLS)	The NHLS supports the Department of Health by providing cost effective laboratory services to all public clinics and hospitals	761 000	761 000	<p>Academic Affairs and Research Department</p> <ul style="list-style-type: none"> - During the 2020/21 financial year, there were 595 trainees from the various academic institutions on the NHLS platform. This includes 103 intern medical scientists, 229 Medical technology students and 259 registrars and 55 intern medical scientists. To date, the pass rate of registrars, who are trained to be pathologists, has increased for board exam I from 60% (2018) to 80.7% (2020). Similarly, pass rates for board exam II increased from 40.5% (2018) to 52.6% (2020). - The NHLS introduced a workforce skills development initiative that utilises the Project Extension for Community Healthcare Outcomes (Project ECHO) video conferencing platform to support the teaching and training platform and enhance consultative initiatives. Project ECHO is an innovative remote learning and mentoring solution which links subject matter experts within the academic centres and well-resourced laboratories (called the "hub") to multiple secondary urban and rural learning sites (called the "spokes"), especially in the medically under-serviced regions. This creates an expanded and more effective platform for sharing of knowledge to help build capacity and develop the skills of pathology professionals in laboratories nationwide

Name of the public entity	Service rendered by public entity	Amount transferred to the public entity (R'000)	Amount spent by the public entity (R'000)	Achievement of the public entity
National Health Laboratory Services (NHLS)	The NHLS supports the Department of Health by providing cost effective laboratory services to all public clinics and hospitals	761 000	761 000	<p>National Institute for Occupational Health (NIOH)</p> <ul style="list-style-type: none"> - The year 2020 was dominated by the COVID-19 pandemic, which impacted workplaces across the globe. The NIOH designed tools to assist workplaces in conducting these assessments and adapted some tools for specific sectors and unique workplaces. - A dedicated workplace advisory hotline, specifically for occupational health professionals, employees and employers, was established and has now been expanded to address general workplace queries beyond COVID-19. - To date, 58 webinars have been conducted with over 40 000 participants being trained on COVID-19 topics. Several posters and fact sheets have been developed also and translated into local languages. - In collaboration with academia and NDoH experts, the NIOH further contributed to COVID-19 Regulations, Directions and Guidelines relating to Workers and Workplaces. - During 2020/21 financial year, the NHLS purchased the intellectual property of the Occupational Health and Safety Information System (OHASIS). - The Institute is the only entity in South Africa that has acquired 4 different quality management systems i.e. ISO 15189 (Medical Laboratories), ISO17025 (Testing and Calibration Laboratories), ISO17020 (Conformity Assessment for Inspection Bodies) and ISO 9001 and has also been able to provide pre-SANAS internal audits, training and support to NHLS laboratories, including Proficiency Testing (PT) Scheme guidance to staff. - Research remained a priority for the Institute and focused on the prevention of workplace exposure with specific reference to hazardous biological agents. In total, the few researchers at the NIOH managed to publish 45 articles in peer reviewed journals. - A national occupational health surveillance system (OHSS) was established in October 2020 to cater for workplace COVID-19 infections submissions, in line with government regulations and directives legislating the collection of data on COVID-19 positive employees. To date, a total of 3111 businesses have registered on the system. In addition, several surveillance initiatives continue. As per statutory obligation, the Pathology Autopsy Surveillance (PATHAUT) report was completed also and is accessible on the NIOH Website. The Institute also provided COVID-19 Weekly Sentinel Hospital Admissions Surveillance for Health Care Workers (HCWs). The NIOH also managed to report 97% of the results of all the tests conducted by the laboratories.

Name of the public entity	Service rendered by public entity	Amount transferred to the public entity (R'000)	Amount spent by the public entity (R'000)	Achievement of the public entity
Office of Health Standard Compliance (OHSC)	To protect and promote the health and safety of health services users	137 648	137 204	<ul style="list-style-type: none"> - The OHSC had set itself inspection targets of 10% (382 out of 3 816) in the public sector. The actual achievement for the inspection of the public-sector health establishments was 10.14% (387 out of 3 816). - The process of considering the final inspection reports for the purpose of issuing certificates of compliance to compliant health establishments, and initiation of enforcement action against non-compliant health establishments started in the 2020/21 financial year. However, the compliance certificates issued were for inspections conducted between 01 July 2019 and 31 March 2020. As at the end of the 2020/21 financial year, 33 certificates of compliance were issued by the OHSC. - The complaints call centre, which enables members of the public to lodge complaints with the OHSC, was operational throughout the year under review. The OHSC continued to experience a huge increase in the number of complaints lodged by the public. During the 2020/21 financial year, the OHSC received a total of 2 296 complaints compared to 2 083 in the 2019/20 financial year. - The OHSC conducted eighteen (18) guidance and training workshops to ensure correct interpretation and understanding of measurement tools to facilitate implementation of the norms and standards regulations.
South African Health Products Regulatory Authority (SAHPRA)	Provides for the monitoring, evaluation, regulation, investigation, inspection, registration and control of medicines, scheduled substances, clinical trials, medical devices, in vitro diagnostics and related matters in the public interest	156 572	156 572	<ul style="list-style-type: none"> - The clearance of backlog applications for the registration of medicines remained a priority, as of 31 March 2021, the backlog was cleared by 79%. - 29 new Good Manufacturing Practice (GMP) licenses were issued. The GMP licences issued to first-time applicants included manufacturers of alcohol-based hand-rubs, which were prioritised in response to COVID-19 pandemic. - The Inspectorate Guideline for conducting inspections during the COVID-19 pandemic were introduced and 86 inspection were completed. - 72 New Chemical Entities and 43 generic medicines were registered. - Applications that are novel treatments, for unmet medical need and oncology treatments were prioritised. - The review of COVID-19 clinical trials was expedited to enhance the country's COVID-19 emergency response. As a result, 204 human clinical trial application were finalised. - SAHPRA implemented an ivermectin controlled compassionate use programme for approved unregistered ivermectin products. The COVID-19 vaccines that were authorised via Section 21 were the Covishield and Pfizer-BioNTech vaccines. - A high number of applications for licences and section 21 authorisations for COVID-19 test kits, ventilators, personal protective equipment, thermometers and other COVID-19 related devices were received. SAHPRA managed to finalise 757 medical device establishment licence applications. - SAHPRA also focused on registration of COVID-19 vaccines. To this effect, an emergency authorisation mechanism was put in place. Three (3) vaccines were authorised by the end of March 2021 - 2 519 new application licences for ionizing radiation-emitting devices and radioactive nuclides authorities were issued.

Transfer payments to all Non-Profit Institutions

Name of transferee	Type of the organisation	Purpose for which funds were used	Did the Dept. comply with the S38(1)(j) of the PFMA	Amount transferred R'000	Amount spent by entity R'000	Reasons for the funds unspent
Health Information System Programme (HISP)	NGO	To support strengthening of the integrated routine health information system (District Health Information System maintenance, data management and transition to Web-DHIS); and to support NIDS (National Indicator Data Set) implementation	Yes	14 984	14 984	Not Applicable
Life Line	NGO	To manage the AIDS Helpline, which is a toll-free Call Centre. The Call Centre provides anonymous and confidential telephonic lay counselling, support and referral services 24 hours a day; it also offers HIV and TB treatment support to clinicians, and serves as a helpdesk for the HIV Nerve Centre, which monitors operational issues such as availability of ARVs and test kits, and lay counsellors in health facilities	Yes	27 150	27 150	Not Applicable
LoveLife	NGO	To support the Department in the implementation of HIV youth prevention interventions, including peer educators through Ground Breakers and Mphintshi's and the live Chat Groups to facilitate dialogues and information sharing among youth	Yes	59 527	57 034	Delay in transferring of funds led to under-expenditure in payment of staff and ground breakers.
National Council Against Smoking (NCSA)	NGO	To prevent tobacco, use and promote tobacco cessation among users. NCAS manages a call centre that addresses queries and questions about tobacco and educates the public about tobacco use	Yes	1 095	0	The transfer was delayed because the organisation did not submit audit report on time
National Kidney Foundation of South Africa	NGO	To collate critical information on End-stage kidney disease and Renal Replacement Therapy (RRT) by the South African Renal Registry (SARR) to inform health service planning, research decision making and delivery	Yes	433	433	Not Applicable
Soul City	NGO	To support the Department in the implementation of HIV youth prevention interventions and contribute to the She Conquers Campaign. Soul City's focus includes youth support structures that facilitate dialogues and learning from peer to peer, and campaigns focusing on girls and young women (SHE Conquers)	Yes	23 567	16 924	Delay in transfer of the second tranche. Staff recruitment could not be done, and some workshops and training could not take place due to COVID-19 restrictions

Name of transferee	Type of the organisation	Purpose for which funds were used	Did the Dept. comply with the S38(1)(j) of the PFMA	Amount transferred R'000	Amount spent by entity R'000	Reasons for the funds unspent
South African Community Epidemiology Network on Drug Abuse (SACENDU)	SA MRC	Monitor trends on alcohol and drug abuse for the Department by gathering data from substance abuse treatment centres in the country	Yes	642	642	Not Applicable
SA Council for the Blind	Eye Health NGO	Cataract Surgery to reduce the backlog in the private sector	Not Applicable	1 026	Nil	Cancellation of elective surgery due to lockdown regulations as a result of the Covid-19
South African Federation for Mental Health	NGO	Promote mental health in the population and ensure that mental health care users are integrated into the mainstream of community life and that their human rights in those communities are upheld	Yes	459	459	Not Applicable
HIV & AIDS NGOs	HIV&AIDS: NGO	Form partnerships with NGOs rooted in communities to support the Department in extending health services				
Alliance Against HIV&AIDS (AAHA)	HIV&AIDS: NGO	Prevention strategies and treatment adherence support focusing on youth	Yes	2 371	2 371	Not Applicable
Boithuti Lesedi Project	HIV&AIDS: NGO	HIV testing services and prevention strategies	Yes	2 764	2 764	Not Applicable
Centre for Positive Care (CPC)	HIV&AIDS: NGO	HIV prevention strategies targeting sex workers.	Yes	2 958	2 958	Not Applicable
Community Responsiveness Programme (CPR)	HIV&AIDS: NGO	HIV prevention strategies and treatment adherence clubs	Yes	2 615	2 615	Not Applicable
Educational Support Services Trust (ESST)	HIV&AIDS: NGO	HIV prevention strategies, treatment adherence and TB/ NCD screening	Yes	3 366	3 366	Not Applicable
Essa Christian AIDS Programme	HIV&AIDS: NGO	HIV prevention strategies and PLHIV (people living with HIV) support	Yes	2 002	2 002	Not Applicable
Friends for Life	HIV&AIDS: NGO	HIV prevention strategies and treatment adherence support	Yes	2 924	2 924	Not Applicable
Get Down Productions	HIV&AIDS: NGO	Social mobilisation and demand creation for HIV counselling and testing, MMC (medical male circumcision) and NCD	Yes	3 906	3 906	Not Applicable
Get Ready	HIV&AIDS: NGO	Psycho-social support and treatment adherence support	Yes	2 274	2 274	Not Applicable
Healthcare Development and Training Institute	HIV&AIDS: NGO	HIV testing services, MMC promotion, NCD screening and treatment support	Yes	2 052	2 052	Not Applicable
Highveld East Aids Projects Support (HEAPS)	HIV&AIDS: NGO	Prevention strategies and treatment support	Yes	4 107	4 107	Not Applicable

Name of transferee	Type of the organisation	Purpose for which funds were used	Did the Dept. comply with the S38(1)(j) of the PFMA	Amount transferred R'000	Amount spent by entity R'000	Reasons for the funds unspent
Humana People to People	HIV&AIDS: NGO	HIV testing services, training, prevention strategies targeting sex workers and truckers	Yes	2 087	2 087	Not Applicable
Leandra Community Centre	HIV&AIDS: NGO	HIV testing services, prevention strategies and treatment adherence support	Yes	2 426	2 426	Not Applicable
Leseding Care Givers	HIV&AIDS: NGO	Prevention strategies and treatment adherence support	Yes	1 558	1 558	Not Applicable
Muslim Aids Programme (MAP)	HIV&AIDS: NGO	Prevention strategies and treatment support	Yes	2 070	2 070	Not Applicable
National Institute Community Development and Management (NICDAM)	HIV&AIDS: NGO	Prevention strategies and treatment adherence support	Yes	2 578	2 578	Not Applicable
National Lesbian, Gay, Bisexual, Transsexual and Intersexual Health (NLGBTHI)	HIV&AIDS: NGO	Advocacy and prevention strategies for MSM (men who have sex with men) and WSW (women who have sex with women)	Yes	3 305	3 305	Not Applicable
Ramotshinyadi HIV/AIDS	HIV&AIDS: NGO	Prevention strategies and treatment adherence support	Yes	2 630	2 630	Not Applicable
SAOPHA	HIV&AIDS: NGO	Prevention strategies and treatment adherence support	Yes	1 953	1 953	Not Applicable
Sunrise Wellness Centre	HIV&AIDS: NGO	Treatment adherence support and prevention strategies	Yes	1 953	1 953	Not Applicable
The Training Institution for Primary Health Care (TIPHC)	HIV&AIDS: NGO	Prevention strategies	Yes	1 962	1 962	Not Applicable
Ukamba Projects	HIV&AIDS: NGO	HIV testing services, treatment support and NCD screening	Yes	1 896	1 896	Not Applicable
Zakheni Training and Development	HIV&AIDS: NGO	HIV testing services, treatment support and TB/NCD screening	Yes	3 031	3 031	Not Applicable
Total				166 691	161 430	

2.6 Conditional Grants

Conditional grants and earmarked funds paid

Statutory Human Resources & HP Training & Development

Department that transferred the grant	National Department of Health
Purpose of the grant	<ul style="list-style-type: none"> - To appoint statutory positions in the health sector for systematic realisation of human resources for health strategy and phased-in of National Health Insurance - Support provinces to fund service costs associated with clinical training and supervision of health science trainees on the public service platform
Expected outputs of the grant	<ul style="list-style-type: none"> - 1 038 Statutory posts funded from this grant - 152 Community Service personnel funded from this grant - 1 800 Registrar posts funded from this grant - 100 Specialist posts funded from this grant - 600 other health professionals (clinical & allied) appointed
Actual outputs achieved	<ul style="list-style-type: none"> - 1 534 Statutory posts funded from this grant - 702 Community Service personnel funded from this grant - 1 313 Registrar posts funded from this grant - 328 Specialist posts funded from this grant - 957 other health professionals (clinical & allied) appointed
Amount per amended DORA (R'000)	4 309 290
Amount received (R'000)	4 309 290
Reasons if amount as per DORA was not received	None
Amount spent by the department (R'000)	4 228 117
Reasons for deviations on performance	The underspending is due to delays in delivery of equipment. The underperformance under registrar posts is due to budgetary constraints.
Measures taken to improve performance	Provinces will be encouraged to fund capital requirements under NTSG or voted funds.
Monitoring mechanism by the receiving department	Provincial visits and grant reviews, quarterly and annual reporting.

National Tertiary Service Grant	
Department that transferred the grant	National Department of Health
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"> – 125 191 inpatient separations – 76 850 day patient separations – 215 407 outpatient first attendances – 551 020 outpatient follow-up attendances – 749 387 inpatient days – 6 days Average length of stay (tertiary) and 60 days (psychiatric) average length of stay by facility – 78% bed utilization rate by facility
Actual outputs achieved	<ul style="list-style-type: none"> – 186, 181 Inpatient separations – 433,299 day patient separations – 1,156,907 Outpatient first attendances – 945,916 Outpatient follow up attendances – 1,521,631 Inpatient days – 6.5 Average length of stay by facility (tertiary) & 76 days psychiatric average length – 100% bed utilization rate
Amount per amended DORA (R'000)	14 013 153
Amount received (R'000)	14 013 153
Reasons if amount as per DORA was not received	None
Amount spent by the department (R'000)	13 781 827
Reasons for deviations on performance	The following provinces has underspent - Gauteng underspent by 7%, Limpopo by 4% and North West province by 4%. With regards to Gauteng the overall underspending is mainly under machinery; however, the department has commitments to the value of R362,3 million, a rollover application has been submitted to Provincial Treasury.
Measures taken to improve performance	Facility visits and constant communication with facilities and provinces improves performance
Monitoring mechanism by the receiving department	Monitoring is done through quarterly reports and site visits.

HIV, TB, Malaria and Community Outreach Grant (Direct Grant)

National Department of Health	
Department that transferred the grant	National Department of Health
Purpose of the grant	<p>HIV and AIDS Component:</p> <ul style="list-style-type: none"> – To enable the health sector to develop and implement an effective response to HIV and AIDS – Prevention and protection of health workers of exposure to hazards in the workplace <p>TB Component:</p> <ul style="list-style-type: none"> – To enable the health sector to develop and implement an effective response to TB <p>Community Outreach Services Component:</p> <ul style="list-style-type: none"> – To ensure that every Community Health Worker contracted as part of the WBPFCOTs receives a remuneration, tools of trade and is trained to deliver on the approved scope of work <p>Malaria Component:</p> <ul style="list-style-type: none"> – To enable the health sector to develop and implement an effective response to support the effective implementation of the National Strategic Plan on malaria elimination 2019-2023 <p>HPV Component:</p> <ul style="list-style-type: none"> – To enable the health sector to prevent cervical cancer by making available HPV vaccination for grade five schoolgirls in all public and special schools and progressive integration of HPV into ISHP

Department that transferred the grant

National Department of Health

Expected outputs of the grant

HIV and AIDS Component:

- 600 000 new patients that started on ART
- 5 700 000 patients on ART remaining in care
- 850 000 000 male condoms distributed
- 40 000 000 female condoms distributed
- 187 300 exposed infants HIV positive at 10 weeks PCR test
- 14 000 000 clients tested for HIV (including antenatal)
- 600 000 Medical Male Circumcision performed
- 604 400 patients on ART initiated on isoniazid preventative therapy (IPT)
- 66 000 adherence clubs
- 2 200 000 patients participating in adherence clubs

TB Component:

- 90% TB symptom clients screened in facility rate
- 2 912 564 of patients tested for TB using Xpert
- 200 000 eligible HIV positive patients tested for TB using urine lipoarabinomannan assay
- 100% of 5 years and older TB clients started on treatment
- 90% of confirmed TB Rifampicin Resistant started on treatment
- 2 000 eligible clients initiated on Delamanid containing regimen

Community Outreach Services Component:

- 50 226 Community Health Workers receiving stipend
- 10 000 Community Health Workers trained
- 1 000 Outreach Team Leaders trained
- 389 645 HIV defaulters traced
- 9 501 TB defaulters traced

Malaria Component:

- 21 of malaria endemic municipalities with > 95% indoor residual spray (IRS) coverage
- 60% confirmed cases notified with 24 hours of diagnosis in the endemic districts
- 60% of confirmed cases investigated and classified within 72 hours in the endemic districts
- 98% of identified health facilities with recommended treatment in stock
- 90% of identified health workers trained on malaria elimination
- 70% of social mobilisation information education and communication (IEC) campaigns conducted
- 70% of vacant funded malaria positions filled
- 20 malaria camps refurbished and/or constructed

HPV Component:

- 80 % grade five schoolgirls aged 9 and above vaccinated for HPV
- 80% schools with grade five girls reached by the HPV vaccination team

Department that transferred the grant	National Department of Health
Actual outputs achieved	<p>HIV and AIDS Component:</p> <ul style="list-style-type: none"> - 490 945 new patients that started on ART - 5 104 965 patients on ART remaining in care - 536 110 671 male condoms distributed - 16 803 855 female condoms distributed - 179 102 exposed infants HIV positive at 10 weeks PCR test - 15 284 083 clients tested for HIV (including antenatal) - 129 587 Medical Male Circumcision performed - 315 150 patients on ART initiated on isoniazid preventative therapy (IPT) <p>TB Component:</p> <ul style="list-style-type: none"> - 88,1% TB symptoms client screened in facility (under 5 years and 5 years and older) - 1 599 985 of patients tested for TB using Xpert - 14 215 Eligible HIV positive patients tested for TB using urine lipoarabinomannan assay - 97,6% of all TB clients (5 years and older) started on treatment - 80,7% of confirmed TB Rifampicin Resistant started on treatment - 856 Eligible clients initiated on Delamanid containing regimen <p>Community Outreach Services Component: -</p> <ul style="list-style-type: none"> - 49 020 Community Health Workers receiving stipend - 20 877 Community Health Workers trained - 2 530 Outreach Team Leaders trained - 337 244 HIV defaulters traced - 34 795 TB defaulters traced <p>Malaria Component:</p> <ul style="list-style-type: none"> - 16 (76%) malaria endemic municipalities with > 95% indoor residual spray (IRS) coverage - 44% confirmed cases notified with 24 hours of diagnosis in the endemic districts - 68% of confirmed cases investigated and classified within 72 hours in the endemic districts - 100% of confirmed cases receiving recommended treatment (severe cases), 74% confirmed cases receiving recommended treatment (uncomplicated cases) - 63% of identified health workers trained on malaria elimination - 31% of social mobilisation information education and communication (IEC) campaigns conducted - 89% of vacant funded malaria positions filled - 5 malaria camps refurbished and/or constructed <p>HPV Component:</p> <ul style="list-style-type: none"> - 80,6% grade five schoolgirls aged 9 and above vaccinated for HPV - 93,0% schools with grade five girls reached by the HPV vaccination team
Amount per amended DORA (R'000)	27 222 419
Amount received (R'000)	27 222 419
Reasons if amount as per DORA was not received	Not Applicable
Amount spent by the department (R'000)	27 030 128
Reasons for deviations on performance	The underspending is attributed to COS component which relates to Presidential Employment Initiative allocation made in-year. Some provinces were unable to appoint the community health workers. Funds will be surrendered.
Measures taken to improve performance	National Treasury has been advised to allocate funds in the beginning of the year to allow the provinces spend the funds
Monitoring mechanism by the receiving department	Provincial (site) visits and grant reviews with both provincial health departments and national treasury.

Health Facility Revitalisation Grant (Direct Grant)	
Department that transferred the grant	National Department of Health
Purpose of the grant	<ul style="list-style-type: none"> - To help accelerate construction, maintenance, upgrading and rehabilitation of new and existing infrastructure in health including, health technology, organizational development systems and quality assurance - To enhance capacity to deliver health infrastructure - To accelerate the fulfilment of Occupational Health and Safety
Expected outputs of the grant	<ul style="list-style-type: none"> - 37 PHC facilities constructed or revitalized - 24 Hospitals constructed or revitalized - 100 Facilities maintained, repaired and/or refurbished - 40 facilities replace equipment
Actual outputs achieved	<ul style="list-style-type: none"> - PHC: 4 new facilities constructed; 35 revitalized - Hospitals: 0 constructed; 21 revitalized - 116 Facilities maintained, repaired and/or refurbished - 65 Facilities replace equipment
Amount per amended DORA (R'000)	6 315 281
Amount received (R'000)	6 315 281
Reasons if amount as per DORA was not received	None
Amount spent by the department (R'000)	5 963 733
Reasons for deviations on performance	None. All planned new facilities were completed However, facilities that were not completed is due impact of the COVID – 19 pandemic
Measures taken to improve performance	Strengthen monitoring
Monitoring mechanism by the receiving department	Regular Monitoring and oversight of projects and accurate reporting
National Health Insurance Grant: Health Facility Revitalisation Component	
Department that transferred the grant	National Department of Health
Purpose of the grant	<ul style="list-style-type: none"> - To create an alternative track to improve spending, performance, as well as monitoring and evaluation on infrastructure in National Health Insurance (NHI) - To enhance capacity and capability to deliver infrastructure for NHI - To accelerate the fulfilment of Occupational Health and Safety
Expected outputs of the grant	<ul style="list-style-type: none"> - 17 PHC facilities constructed or revitalised - 0 Hospitals constructed or revitalised - 50 Facilities maintained, repaired and/or refurbished
Actual outputs achieved	<ul style="list-style-type: none"> - 1 PHC facilities constructed or revitalised - 3 Hospitals constructed or revitalised - 0 Facilities maintained, repaired and/or refurbished
Amount per amended DORA (R'000)	852 278
Amount received (R'000)	852 278
Reasons if amount as per DORA was not received	None
Amount spent by the department (R'000)	801 851
Reasons for deviations on performance	The grant shows a slight underspending due to delays in Limpopo Academic Hospital. The budget cuts contributed on under achievement as most of the projects were halted.
Measures taken to improve performance	Monitoring of projects and expenditure monthly
Monitoring mechanism by the receiving department	Quarterly reviews and site visits

National Health Insurance Grant: Personal Services Component

Department that transferred the grant	National Department of Health
Purpose of the grant	To expand the health care service benefits through strategic purchasing of services from health care providers
Expected outputs of the grant	<ul style="list-style-type: none"> - 40 Health professional contracted (psychiatrists, psychologists and Registered Counsellors) - 10 health professionals contracted through capitation arrangements - 15 000 patients screened and treated for mental health problems - 30% (500 of the 1400) reduction in the backlog of forensic mental observations - 5% reduction in radiation oncology
Actual outputs achieved	<ul style="list-style-type: none"> - 27 Health professional contracted (5 psychiatrists, 7 clinical psychologists and 15 registered counsellors) - 0 health professionals contracted through capitation arrangements - 2 714 Patients screen and treated for mental health problems - 19% reduction in the backlog of forensic mental observations - 0 patients receiving radiation oncology
Amount per amended DORA (R'000)	171 187
Amount received (R'000)	171 187
Reasons if amount as per DORA was not received	None
Amount spent by the department (R'000)	R'138 405
Reasons for deviations on performance	Mental Health spent full budget while oncology underspent. The underspending is due to delays in delivery of equipment (Linac at North West province); furthermore, there was a delay in establishing oncology units in developmental provinces. The capitation was not implemented due to challenges with reimbursement of providers. Less patients were seen due to the impact of the Covid -19 pandemic.
Measures taken to improve performance	To strengthen the monitoring of both components.
Monitoring mechanism by the receiving department	Monthly, Quarterly reporting and conditional grant reviews

National Health Insurance Grant: Non-Personal Services Component

Department that transferred the grant	National Department of Health
Purpose of the grant	<ul style="list-style-type: none"> - To expand the alternative models for dispensing and distribution of chronic medication - To fund the development of and roll out of new Health Information Systems in preparation for NHI - To develop a risk-adjusted capitation model for the reimbursement of Primary Health Care - To enable health sector to address the deficiencies in the Primary Health Care facilities systematically to yield fast results
Expected outputs of the grant	<ul style="list-style-type: none"> - Alternative chronic medicine dispensing, and distribution model implemented - 3 500 000 New and total patients registered in the programme broken down by <ul style="list-style-type: none"> - Antiretroviral treatment - Antiretroviral with co-morbidities - Non-communicable diseases - Pickup points (state and non-state) - 500 and 14% of PHC facilities peer reviewed against Ideal Clinic Standards - 1 950 and 56% of PHC facilities achieving an ideal status - 3 070 PHC facilities and 90 hospitals implementing the Health Patient Registration System - 46 000 000 individuals from the population registered on the Health Patient Registration System - 3290 PHC facilities implementing an electronic stock monitoring system - 385 hospitals implementing an electronic stock management system - National data centre hosting environment for NHI information systems established - 3 790 Fixed health establishments reporting medicine availability to the national surveillance centre

Department that transferred the grant	National Department of Health
Actual outputs achieved	<ul style="list-style-type: none"> - Alternative chronic medicine dispensing, and distribution model implemented - 4 321 755 New and total patients registered in the programme broken down by <ul style="list-style-type: none"> - 1 625 623 Antiretroviral treatments - 351 005 Antiretroviral with co-morbidities - 546 873 non-communicable diseases - 2 735 Pickup points (non-state) and 3567 health establishments (state) rendering the CCMDD service - 0 PHC facilities peer reviewed against Ideal Clinic Standards (replaced by peer review updates 257 facilities of which 90 achieved ideal status) - 1 444 and 42% of PHC facilities achieving an ideal status - 3220 PHC facilities and 52 hospitals implementing the Health Patient Registration System - 40 000 000 individuals from the population registered on the Health Patient Registration System - 3320 PHC facilities implementing an electronic stock monitoring system - 396 hospitals implementing an electronic stock monitoring system - National data centre hosting environment for NHl information systems established - Fixed health establishments reporting medicine availability to the national surveillance centre
Amount per amended DORA (R'000)	685 448
Amount received (R'000)	685 448
Reasons if amount as per DORA was not received	None
Amount spent by the department (R'000)	R585 866
Reasons for deviations on performance	The underspending is attributed to delays in submission of invoices and subsequent BAS errors that prohibited processing of payments on the last day of the financial year. Delays in delivery of equipment. The HPRS could not be implemented in 18 Hospitals due to the complexities of linking patient information system with HPRS in hospitals which resulted in delays as individual systems vendors took longer to respond. The use of the HPRS implementation at PHC facilities is becoming more mature and leads to an increase in the uptake
Measures taken to improve performance	Forward planning in terms of procurement of equipment and monitoring of invoices monthly
Monitoring mechanism by the receiving department	Quarterly reviews and reports monitoring
2.7 Donor Funds	
Centre for Disease Prevention and Control (United States)	
Name of donor	366 677
Full amount of the funding (R'000)	12 months
Period of the commitment	Enhance the National Department of Health coordination and leadership on HIV and TB programmes in South Africa
Purpose of the funding	<ul style="list-style-type: none"> - Salaries - Support for human resources of key positions within the NDoH branches. Total number of funded staff is 29 with 6 vacant positions - Procurement of Isoniazid tablets (INH) - For provision of TB Preventive Therapy (TPT) to people living with HIV (PLHIV) and all other at-risk populations. - Procurement of drugs for Pre-Exposure Prophylaxis. (Tenofovir/Emtricitabine tablets). This will support HIV prevention to Key Population and adolescent and young girls at substantial HIV risk
Expected outputs	<ul style="list-style-type: none"> - Continued support for salaries of 29 key funded staff within the branches - Procured 2 171 484 units of Isoniazid tablets through the contracted supplier - Procured 1 719 974 units of Prep Drugs (Tenofovir/Emtricitabine tablets).
Actual outputs achieved	366 677
Amount received (R'000)	160 336
Amount spent by the department (R'000)	<ul style="list-style-type: none"> - There is commitment of R137 860 that relates to procurement of PrEP and other outstanding payments - There has been delays with payment of Service provider (auditors) who only completed their task in March - 6 Vacant positions could not be filled on time
Reasons for the funds unspent	<ul style="list-style-type: none"> - Quarterly Activity Dashboard review - Monthly Budget vs Expenditure reports to CDC-SA - Semi-annual report in preparation for funding application - Annual report sent to CDC HQ
Monitoring mechanism by the donor	

Global Fund - New Funding Model	
Name of donor	3,488,373
Full amount of the 3 year funding period	92,538
Period of the commitment	Investing for impact against TB and HIV
Purpose of the funding	<ul style="list-style-type: none"> - Percentage of people living with HIV currently receiving antiretroviral therapy. 78.4% - Percentage of health facilities with essential medicines and life-saving commodities in stock. 90% - Percentage of people living with HIV newly enrolled in HIV care started on TB preventive therapy. 78% - Percentage of registered new and relapse TB patients with documented HIV status. 100% - Percentage of HIV-positive new and relapse TB patients on ART during TB treatment. 90% - Number of TB cases with RR-TB and/or MDR-TB notified. 6,294 - Number of cases with RR-TB and/or MDR-TB that began second-line treatment. 5,664 - Number of notified cases of all forms of TB-(i.e. bacteriologically confirmed + clinically diagnosed), includes new and relapse cases. 105,100 - Treatment success rate- all forms: Percentage of TB cases, all forms, bacteriologically confirmed plus clinically diagnosed, successfully treated (cured plus treatment completed) among all TB cases registered for treatment during a specified period, new and relapse cases. 90% - Number of children <5 in contact with TB patients who began isoniazide preventive therapy. 18,036. - Percentage of HMIS or other routine reporting units submitting timely reports according to national guidelines. 99% - Number of TB treatment defaulters traced. 3,364 - Number of health care providers trained on medical ethics and Human rights. 1,527
Expected outputs	<ul style="list-style-type: none"> - Percentage of people living with HIV currently receiving antiretroviral therapy. 66% - Percentage of health facilities with essential medicines and life-saving commodities in stock. 48% - Percentage of people living with HIV newly enrolled in HIV care started on TB preventive therapy. 94% - Percentage of registered new and relapse TB patients with documented HIV status. 77% - Percentage of HIV-positive new and relapse TB patients on ART during TB treatment. 85% - Number of TB cases with RR-TB and/or MDR-TB notified. 4,185 - Number of cases with RR-TB and/or MDR-TB that began second-line treatment. 3,099 - Number of notified cases of all forms of TB-(i.e. bacteriologically confirmed + clinically diagnosed), includes new and relapse cases. 75,524 - Treatment success rate- all forms: Percentage of TB cases, all forms, bacteriologically confirmed plus clinically diagnosed, successfully treated (cured plus treatment completed) among all TB cases registered for treatment during a specified period, new and relapse cases. 78% - Number of children <5 in contact with TB patients who began isoniazide preventive therapy. 5,940 - Percentage of HMIS or other routine reporting units submitting timely reports according to national guidelines. 99% - Number of TB treatment defaulters traced. 5,200 - Number of health care providers trained on medical ethics and Human rights. 2,532
Actual outputs achieved	795,544
Amount received (R'000)	664,502
Amount spent by the department (R'000)	The grant spent 95% when considering the commitments as at the end of 31 March 2021. The underspending of 5% was mainly due to non-implementation of cost-of-living adjustment (COLA) for the staff under NDoH and the delays in the procurement of medications because of COVID-19 pandemic lockdown regulations.
Reasons for the funds unspent	

Global Fund - New Funding Model	
Name of donor	The National Department of Health as the Principal Recipient of the Global Fund grant conducts the following activities to monitor the implementation and performance of funded programmes:
Monitoring mechanism by the donor	<ul style="list-style-type: none"> - Conduct on-site verification visits per quarter to ensure compliance with the Global Fund guidelines. - Conduct support visits to grant implementers to ensure proper implementation of the approved project activities. - Conduct data review meetings to verify the accuracy of the data reported. - Quarterly workshops and meetings with sub-recipient for programme management. - Conduct deep dive meetings. - Six monthly internal audits and annual external audits. <p>The Global Fund Country Team conducts regular country visits which include site visits to implementing facilities. The NDoH submits reports which are verified by the Local Funding Agent (LFA) prior submission to Global Fund on six monthly basis. NDOH submits a report to the National Treasury to support programme performance and justify the disbursement requests on six-month basis. The NDoH also submits quarterly reports to South African National AIDS Council which serves as Country Coordinating Mechanism (CCM) for Global Fund grants in the country. The Global Fund also conducts spot checks as part of quality checks through the LFA. The Global Fund commissions audit through the Office of the Inspector-General (OIG) as part of weighing Global Fund's investments and identifying risks.</p>

2.8 Capital Investment

Capital investment, maintenance and asset management plan

Infrastructure projects	2020/21			2019/2020		
	Final appropriation (R'000)	Actual expenditure (R'000)	(Over)/under expenditure (R'000)	Final appropriation (R'000)	Actual expenditure (R'000)	(Over)/under expenditure (R'000)
	Infrastructure - Excluding Limpopo Academic					
Current (Goods and Services)	70 472	48 644	21 828	123 875	144 706	-20 831
Capital (Buildings and other fixed structures)	332 627	572 023	-239 396	493 794	553 753	-59 959
Machinery and Equipment	234 370	43 735	190 635	92 442	24 504	67 938
Total Infrastructure – Excluding Limpopo Academic	637 469	664 403	-26 934	710 111	722 964	-12 853
	Infrastructure – Limpopo Academic					
Capital (Buildings and other fixed structures)**	214 809	168 087	46 722	57 000	38 269	-18 731
Machinery and Equipment	0	0	0	89 300	92 064	2 764
Total Infrastructure - Limpopo Academic	214 809	168 087	46 722	146 300	130 334	15 966
Total	852 278	832 491	19 788	856 411	853 297	3 114

Part C: GOVERNANCE



3.1 Introduction

The objective of the Internal Audit Activity (IAA) in the Department is to provide an effective, independent objective assurance and consulting activity designed to add value and improve the Department's operations. It achieves this by evaluating and improving the effectiveness of risk management, control, and governance processes in the Department.

The IAA performed audits in the approved Internal Audit plan. The scope of the IAA's work was derived from the Risk-Based Three Year Strategic and Annual Plan approved by the Audit and Risk Committee for the 2020/21 financial year.

3.2 Risk Management

The Department recognises that risk management is a valuable management tool which improves and assists management in minimizing any negative impacts and optimizing opportunities emanating from its operating environment. The risk management framework (Policy, Strategy, and Implementation plan) was discussed and recommended by Audit and Risk Committee for approval by the Director-General during 2020/21 financial year. Risk Registers were developed by management and aligned to the Annual Performance Plan 2020/21. The Risk Management Implementation was monitored by the Audit and Risk Committee.

The Risk Assessment was conducted and aligned to Annual Performance Plan of the NDoH. The Action Plans to address the audit findings of the Auditor-General South Africa were monitored monthly through the Chief Directorate: Internal Audit and Risk Management and reported to the Audit and Risk Committee.

3.3 Fraud and Corruption

The Department, as part of the Health Sector Anti-Corruption Forum (HSACF), acknowledges the importance of collaboration, consultation, mutual support, and co-operation regarding aspects such as the disclosure of information and in general, mutual co-operation and assistance in relation to the corruption, maladministration, and fraud in the health sector. Cases are investigated by both internal and external forensic services to unearth irregularities, corruption, and maladministration.

The Department has an approved Fraud Prevention Plan. The Fraud Prevention Plan includes the 'Whistle Blowing' Policy Statement. The Department subscribes to the National Anti-Corruption (NAC) Hot-Line housed at the Office of Public Service Commission. All the cases received via the NAC Hot-Line, the Department will investigate and provide feedback to the OPSC at prescribed or regular intervals accordingly on the progress of investigations as required. Other cases are reported to the Department anonymously by employees and members of public, and these are investigated accordingly. The Department also reports some of the cases with the South African Police Services (SAPS) and other law enforcement agencies. Once the investigations are concluded, some cases are referred for disciplinary process whilst others that are of a criminal nature, are handed over to the SAPS.

3.4 Minimising Conflicts of Interest

The Department adopted the Code of Conduct prescribed by the Department of Public Service and Administration for minimising conflicts of interest. This is enforced by the policies established and adopted by the Department regarding risk management, risk control and fraud prevention.

Senior managers and other stakeholders are required in terms of the policy to disclose any conflict of interest inherent in doing business with the Department. In 2020/21 financial year, all those who participated in bid evaluation committees completed the disclosure forms. All appointed fully completed secrecy forms and declared their non-interests in the bids being evaluation.

In 2020/21 financial year, 120 of 122 senior managers completed the online eDisclosure system of the DPSA. The names of the outstanding two senior managers have been submitted to Labour Relations for disciplinary purpose. Furthermore, 181 of 411 Deputy Directors (Level 11 and 12) and personnel in SMC, Finance, Offices of the DG and Minister completed their financial interest disclosures through online eDisclosure system. The eDisclosure system has been re-opened to enable outstanding disclosures for these categories of staff to be done. Disciplinary action will be taken against those who did not disclose their financial interest as prescribed by Public Service Regulations of 2016.

3.5 Code of Conduct

The Department applies the disciplinary code and procedure for the public service. This is applicable to all employees. In addition, the Senior Management Service's (SMS) handbook is used for SMS members. New employees attend an orientation and induction course which covers the Public Service's code of conduct and disciplinary procedures. In the event of a breach of the code of conduct, disciplinary procedures are followed as prescribed. All SCM officials and other role-players in SCM, such as appointed bid adjudication committee members, have signed the National Treasury's code of conduct in line with Treasury Regulations 16A.8.2 and the National Treasury Practice Note on Code of Conduct for Bid Committees.

3.6 Health Safety and Environmental Issues

Occupational Health and Safety (OHS) issues are pertinent to the health and wellbeing of employees. During 2020/21 financial year, the NDOH embarked on addressing the OHS issues that were pertaining to the work environment. The Director-General also appointed a Section 16(2) designate who is an expert in the field of Occupational Health and Safety as an OHS doctor, to oversee and manage the implementation of Occupational Health and Safety within the Department.

The NDoH also established and maintained procedures for the ongoing systematic identification of Safety Health Environment Risk and Quality (SHERQ) hazards, the assessment of the risk and the implementation of necessary control measures aimed at addressing the work environment. This was done in consultation with different stakeholders which included Departmental Organized labour and Department of Employment and Labour. Towards the end of 2020/21 financial year, the COVID-19 OHS committee, including COVID-19 response, was established, and appointed. Subsequently immediate COVID-19 Risk Assessment was conducted. The NDoH still requires Occupational Health Nurse who will provide specialised services to employees on the ground.

3.7 Portfolio Committees

Date of the meeting	Brief of the meeting agenda/topic	Matters raised by the committee and how they were attended to by the Department
PORTFOLIO COMMITTEE ON HEALTH		
10 April 2020	Briefing on the Update on COVID-19	The Minister briefed the Committee on the update on the Covid-19 situation in the country. The Committee noted the report and resolved to have regular updates with the Minister
27 April 2020	Briefing on the update on the COVID-19 pandemic	The Committee noted the update
20 May 2020	NDOH Strategic Plan / Annual Performance Plan and Budget Briefing	The Committee raised concerns about the NDOH not meeting its targets, and the damning AG's report, and urge the Department to improve on these
28 May 2020	Briefing on the update on the COVID-19 pandemic	The Committee noted the update
8 July 2020	Briefing on the NDOH Adjusted Budget	The Committee noted the briefing by the Department and urged the Department to work hard on ensuring that the Covid-19 budget is utilised appropriately
22 July 2020	Briefing by Eastern Cape Provincial Department of Health, on the work of the Project Management Unit on its work on the turnaround strategies in addressing challenges facing healthcare in the province	The meeting noted the challenges in the province on the provision of healthcare services and urged the Provincial Department to improve on the work, and keep the Committee posted on the further developments.
8 October 2020	Briefing on the Quarterly Reports (Q1-Q4)	The Committee noted the reports and urged the NDOH to address the targets that are not met.
13 October 2020	Briefing on the Proposed Amendments to Regulations relating to the surveillance and the control of notifiable medical conditions	The Minister briefed the Committee and the Committee raised concerns about the lack sufficient time to engage on this matter and therefore requested more time in this regard. The Minister noted the Committee's concerns.
21 October 2020	Department's response on the Private Member's Bill (the National Health Amendment Bill)	The object of the Bill was to propose that clinics operate for 24 hours, 7 days a week. The Committee found the Bill to be undesirable and rejected it.
18 November 2020	Briefing on the Department of Health's Annual Report for 2019/20	The Committee raised concerns about the AG's Report on the NDOH's Report, as well as issues relating to targets that are not met. The Committee urged the NDOH to attend to the matters raised and improved on the next report
7 January 2021	Status of Health Services in relation to COVID-19 and latest developments including the roll-out strategy of Covid-19 vaccines	The Committee noted the report and the NDOH plans going forward
5 February 2021	Update by the Minister of Health on COVID-19 Vaccines	The Minister briefed the Committee on the update on the Covid-19 vaccine situation in the country
10 February 2021	Briefing by the Minister on the update on the vaccine roll-out plan amid the debacle on the AstraZeneca vaccine	The Committee noted the report
5 March 2021	Briefing on the update on the Vaccine Roll-out	The Committee noted the update.
30 March 2021	Briefing on the update by the Minister of Health on vaccine roll-out clinical trials and vaccine procurement	The Committee noted the update.
SELECT COMMITTEE ON SOCIAL SERVICES		
16 March 2021	Department of Health 2021/22 Annual Performance Plan and Budget.	The Committee noted the NDOH plans and urge the NDOH to improve on meeting the targets set
NCOP HOUSE		
25 February 2021	NCOP House: Ministerial Briefing Session on the Vaccine Rollout Strategy and Vaccine Acquisition Plan	The NCOP noted the briefing by the Minister to the House
JOINT PORTFOLIO COMMITTEES ON HEALTH AND ON WOMEN, YOUTH AND PERSONS WITH DISABILITIES		
25 November 2020	Briefing on Forced Sterilisation of Women living with HIV/AIDS in South Africa	The meeting noted the report from the Minister and raised concerns on the matter. The meeting further noted that this is work-in-progress, and the matter is being attended to.
STANDING COMMITTEE ON APPROPRIATIONS		
17 July 2020	Briefing on the NDOH Adjustment Appropriations Bill	The Committee noted the briefing by the NDOH and made recommendations on where the NDOH needed to pay attention to.
PORTFOLIO COMMITTEE ON JUSTICE AND CORRECTIONAL SERVICES		
	Briefing on the Bills relating to Gender-based Violence by affected Departments (Domestic Violence Amendment Bill; Criminal Law (Sexual Offences and Related Matters Amendment Bill), and Criminal and Related Matters Bill)	The Committee noted the role and work of the NDOH in collaboration with other Departments but raised concerns on the backlog on forensic tests. The NDOH committed to work with the sister departments involved and report back to the Committee on this matter

3.8 Standing Committee on Public Accounts (SCOPA) Resolutions

Resolution No.	Subject	Details	Response by the department	Resolved (Yes/No)
None	Not applicable	Not applicable	Not applicable	Not applicable

3.9 Prior modifications to audit reports

Nature of qualification, disclaimer, adverse opinion and matters of non-compliance	Financial year in which it first arose	Progress made in clearing / resolving the matter*
None	Not applicable	Not applicable

3.10 Audit and Risk Committee

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

Audit and Risk Committee Responsibility

The Audit and Risk Committee (ARC) reports that it has complied with its responsibilities arising from section 38 (1) (a) (ii) of the Public Finance Management Act, 1999 (Act 1 of 1999) and Treasury Regulations 3.1.13. The ARC also reports that it has adopted appropriate formal terms of reference as its Charter, which is reviewed annually and has regulated the affairs of the Committee in compliance with this charter. The ARC further confirm that it has discharged all its responsibilities as contained in the charter.

Composition and Meetings of the Audit and Risk Audit Committee

The Committee is made up of the following independent members and has convened four ordinary meetings as stipulated in its charter.

Name	Qualifications	Designation	Date appointed	End of term	Number of meetings attended
Dr C Motau	<ul style="list-style-type: none"> - Doctorate Technologia in Computer Science and Data Processing - Master Degree in Information Technology - Master Degree in Business Leadership - Bachelor of Commerce - Higher Diploma in Computer Auditing - Certificate in Managing Information Technology Projects Management - Certificate in Digital Transformation Strategy 	Chairperson	01/09/2019	31/08/2022	06
Mr C de Kock	<ul style="list-style-type: none"> - Professional Accountant (SAIPA) - Masters Business Degree in Auditing - Bachelor of Commerce Accounting, (Honours). - Certified Information Systems Auditor (CISA) - Global certification - Certified Internal Auditor (CIA) – Global certification 	Non-Executive Member	25/05/2018	24/05/2021	04
Ms ZM Kabini	<ul style="list-style-type: none"> - BCom in Informatics - BCom Hons in Informatics - Diploma in Business Analysis - Management Development Programme - MCom in Business Management 	Non-Executive Member	01/09/2019	31/08/2022	06

The Effectiveness of Internal Control

The systems of internal control are designed to provide cost effective assurance in achieving the Department's objectives by ensuring that assets are safeguarded, operations are effective and efficient, financial and performance information is reliable and there is compliance with the laws and regulations.

The Audit and Risk Committee provided oversight on the operations and business activities of the Department through the quarterly reporting processes by Management as well as the internal audit reviews as prioritised in the approved risk-based Annual Audit Plan. The systems of internal control within the Department were not entirely effective for the year under review and the Audit and Risk Committee is of the opinion that both the AGSA and Internal Audit findings should be addressed timely for effective systems of internal controls, in particular the AGSA repeat findings. The Committee noted areas of concern that includes ICT, Supply Chain Management processes, Records keeping and will continue to monitor these areas closely. The Committee further noted the challenges experienced by the Department in re-channeling efforts to deal with the Covid-19 pandemic, Head Office Civitas building declared unsafe and the move to a new building, Dr. AB Xuma in Thaba-Tshwane.

Internal Audit

The Audit and Risk Committee is satisfied with the activities of the Internal Audit function including its annual work programme, coordination with the external auditors and follow-up's on management corrective action plans. Internal Audit performance was impacted by challenges experienced with the Head Office building and the relocation to a new building. However, there is still room for improvement in areas where control deficiencies and deviations from prescripts and policies were highlighted. The ARC further noted improvements in Risk Management and the processes undertaken to mitigate identified risks.

Main activities undertaken by the Audit Committee during the financial year under review, include reviewed and monitoring of:

- i. All Quarterly Interim Financial Statements and unaudited Annual Financial Statements (AFS) before submission to the AGSA on 31 July 2021;
- ii. Corrective action plans to address AGSA and Internal Audit findings;
- iii. The appropriateness of the accounting policies, practices and the potential changes thereon tabled at the ARC meetings;
- iv. The effectiveness of the system of risk management including fraud prevention and anti-corruption strategies;
- v. The process to ensure compliance with relevant laws and regulations.
- vi. In-year monitoring reports on the Department operations including Information and Communication Technology (ICT) and Human Resources Management (HRM) governance;
- vii. The Quarterly Performance Information Reports and the Annual Report prior to submission to the AGSA and final publication; and
- viii. The plans, work and progress reports of the Internal Audit and the AGSA.

In-Year Management and Monthly/Quarterly Reports

We reviewed the in-year quarterly reports submitted together with the Internal Audit comments thereon. The Audit and Risk Committee is satisfied with the content and quality of the quarterly reports prepared and issued by the Accounting Officer and Management during the year under review. In some instances, the Committee made recommendations for improvement and the noted management commitment to improve certain areas in particular, ICT, Supply Chain Management and Record Keeping.

Evaluation of Financial Statements

The Committee has:

- i. Reviewed the draft AFS and Performance Information Report to be included in the Annual Report;
- ii. Noted the AGSA's Management and Audit Reports as presented and Management responses thereto;
- iii. Noted significant adjustments resulting from the audit;
- iv. Reviewed any changes in accounting policies and practices; and
- v. Reviewed departmental compliance with applicable regulatory provisions.

Compliance with laws and regulations

During the 2020/21 financial year, the committee:

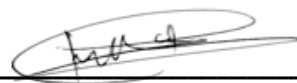
- Considered the system and processes the Department uses to ensure compliance to regulations.
- Monitored compliance with laws and regulations.
- Reviewed both the internal and external audits reports to identify any compliance issues.

Auditor General's Report

The Audit and Risk Committee concurs and accepts the conclusions of the Auditor General South Africa 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 South Africa.

Appreciation

The Committee expresses its appreciation to the Director-General, Senior Management team, Internal Audit and the Auditor-General South Africa for their continued support and dedication during the year under review.



Dr. Charles Motau (AMBCI)
Chairperson of the Audit and Risk Committee
National Department of Health
Date: 01 September 2021

3.11 B-BBEE COMPLIANCE PERFORMANCE INFORMATION

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 (include a discussion on your response and indicate what measures have been taken to comply)
Determining qualification criteria for the issuing of licences, concessions or other authorisations in respect of economic activity in terms of any law?	NO	SCM has no role to play in this type of activities as these are end user specific.
Developing and implementing a preferential procurement policy?	YES	The department utilises the 2017 Preferential Regulations as it is for compliance. The SCM policy ensures that during bid specifications committee meeting certain commodities are pre-qualified so that only those enterprises that its appointment will be contributing towards the black economic empowerment. The NDoH policy takes it guides from National Treasury issued regulations and instruction notes which are implemented immediately upon publication and they supersede our SCM policy.
Determining qualification criteria for the sale of state-owned enterprises?	NO	The National Department of Health does not have any SOE.
Developing criteria for entering into partnerships with the private sector?	YES	The SCM policy is a guiding document for entering into partnerships with private sector entities through open competitive bidding system. Other partnerships are done through MOU or MOA which happens outside SCM environment.
Determining criteria for the awarding of incentives, grants and investment schemes in support of Broad Based Black Economic Empowerment?	NO	The department did not have any activity related to this requirement in the year under review.



Part D: HUMAN RESOURCE MANAGEMENT

Legislation and policies that govern Human Resources Management

POLICY	OBJECTIVE
Basic Condition of Employment Act.	To give effect to the right to fair Labour Practices referred to in Section 23(1) of the constitution by establishing and making provision for the regulation of Basic Condition of Employment Act.
Constitution of the Republic of South Africa	Provides supreme law of the Republic, any law or conduct that is inconsistent with it; is invalid.
Employee Relations Act 66 of 1995	Advances economic development, social justice, labour peace and the democratisation of the workplace by fulfilling the primary objectives of the Act.
Employment Equity Act 55 of 1998	Achieves equity in the workplace by promoting equal opportunity and fair treatment through the elimination of unfair discrimination and implementing affirmative action measures to redress the disadvantages in employment experienced by designated groups, in order to ensure their equitable representation in all occupational categories and levels in the workplace.
Human Resource Development Strategy for public services Vision 2015	Addresses the major Human Resource capacity constraints currently hampering the effective and equitable delivery of public services.
National Human Resource Development Strategy	Maximises the potential of the people of SA, through the acquisition of knowledge and skills, to work productively and competitively in order to achieve a rising quality of life for all, and to establish an operational plan, together with the necessary institutional arrangements, to achieve this.
Occupational Health and Safety Act 85 of 1993	Provide for occupational health and safety standards that need to be adhered to by the department and the monitoring and evaluation thereof.
Public Finance Management Act, 1 of 1999	Provide for the administration of state funds by functionaries, their responsibilities and the incidental matters.
Public Service Regulations, 2016	Provide a new framework for the management of the Public Service; include decentralized decision-making and planning within the boundaries of national strategies, programmes and policies.
Skills Development Act 97 of 1998	Establishes a high –quality skills development system that is cost-effective and accountable, meets skills needs, and promotes employment generated and economic growth.
White Paper on Human Resource Management in the Public Service	Ensures that Human Resource Management in Public Service becomes a model of excellence, in which the management of people is seen as everyone's responsibility and is conducted in a professional manner.
White Paper on Public Service Delivery- Batho Pele	Establishes a framework of values, norms and standards to improve public service delivery.
White Paper on Transformation of the Public Services	Provide for a strategic framework for public services transformation to support the service delivery objective of government.

4.1 INTRODUCTION

Human Resources Management and Development (HRM&D) component continued to provide strategic and improvement of HR value chain services of high quality to clients. For the financial year under review, the Chief Directorate: HRM&D provided strategic and administrative support to line functionaries in implementing human resources practices required to attract, develop, reward and manage employees towards the attainment of Departmental Annual Performance Plan (APP) deliverables.

4.1.1 Human Resources Charter

The HR Services Charter was monitored on a continuous basis in ensuring that services provided are in line with the set standards and meet the expectations of clients. The National Treasury's cost containment measures, resulted in a need for the adjustment of APP targets as well as a review of service standards. Clients were timeously alerted of these changes as per the redress provision contained in the Human Resource Charter.

4.1.2 Organisational Development

Following the publication of the National Health Insurance Bill, the mandate to conduct an organisational review was issued. The department started a consultation process on the proposed structure and a business case was subsequently submitted in this regard. The department is currently being assisted by DPSSA on rationalizing the proposed structure, particularly the posts needed to implement the structure.

4.1.3 Recruitment

Recruitment, Selection and Appointment functions were effectively managed and implemented, in ensuring the achievement of the strategic and service delivery objectives of the Department.

4.1.4 Performance Management

The Department continued institutionalising performance culture, whilst enhancing an alignment between individual and organisational performance. For the financial year under review, the Department implemented employee development interventions and performance incentives in a consultative manner in enhancing employee's morale and maintaining harmonious labour relations.

4.1.5 Employee Wellness

The Department implemented Wellness Services and productivity enhancement programmes. These Programmes included but were not limited to periodic health screening of employees, counselling and support services, commemoration of Health and Wellness Programmes as well as sport and recreation activities.

4.1.6 Labour Relations

The Department enhanced Union engagements and Collective Bargaining process on matters of mutual interests. The Department also facilitated dispute prevention measures to pre-empt the occurrence of disputes within the sector, and the resolution of sector-wide labour disputes speedily and to the satisfaction of all parties involved. Grievances, disputes and disciplinary matters were effectively managed during the financial year under review.

4.1.7 HR Challenges

The main HR challenges encountered during the financial year under review was partial compliance to legislative framework and isolated cases of misconduct and incapacity.

4.2 HUMAN RESOURCES OVERSIGHT STATISTICS

4.2.1 Personnel related expenditure

Table 4.2.1.1 - Personnel expenditure by programme for the period 1 April 2020 to 31 March 2021

Programme	Total expenditure (R'000)	Personnel expenditure (R'000)	Training expenditure (R'000)	Personnel expenditure as a % of total expenditure *1
Administration	550 965	245 949	168	44.6%
NHI, Health Planning & System Enablement	1 021 911	42 054	2 597	4.1%
HIV&AIDS, TB & Child Health	27 886 124	131 908	0	0.5%
Primary Health Care Services	314 971	296 169	0	94.0%
Hospital, Tertiary Services & HR Development	21 188 607	23 536	0	0.1%
Health Regulation & Compliance Management	6 541 847	187 682	0	2.8%
Z=Total as on Financial Systems (BAS)	57 504 325	927 298	2 765	1.6%

* 1: Compensation of employees expenditure divided by total voted expenditure multiplied by 100.

* 2: Compensation of employees expenditure divided by number of employees per programme

*3: Total number of permanent employees plus additional positions on the establishment.

Table 4.2.1.2 - Personnel costs by salary band for the period 1 April 2020 to 31 March 2021

Salary Bands	Personnel expenditure (R'000)	% of total personnel cost *1	No. of employees *3	Average Personnel cost per employee (R'000) *2
Lower Skilled (Levels 1-2)	0	0.0%	0	0
Skilled (Levels 3-5)	85 975	9.3%	323	266
Highly Skilled production (Levels 6-8)	376 432	40.6%	625	602
Highly Skilled supervision (Levels 9-12)	324 153	35.0%	346	937
Senior and Top Management (Levels 13-16)	140 737	15.2%	100	1 407
TOTAL	927 298	100.0%	1 345	665

* Includes Minister and Deputy Minister and are accounted for on level 16

* 1: Compensation of employees divided by total Personnel cost for Department multiplied by 100

* 2: Compensation of employees per salary band divided by number of employees per salary band (in hundreds)

*3: Total number of permanent employees plus additional positions on the establishment.

Table 4.2.1.3 - Salaries, Overtime, Homeowners Allowance and Medical Aid by programme for the period 1 April 2020 to 31 March 2021

Programme	Salaries		Overtime		HOA		Medical Aid		Total personnel cost per programme (R'000)
	Amount (R'000)	Salaries as % of personnel cost *1	Amount (R'000)	Overtime as % of personnel cost *2	Amount (R'000)	HOA as % of personnel Cost *3	Amount (R'000)	Medical subsidy as % of personnel cost *4	
Administration	161 440	87.4%	5 263	2.9%	6 585	3.6%	11 354	6.1%	184 642
NHI, Health Planning & System Enablement	28 877	91.1%	313	1.0%	884	2.8%	1 608	5.1%	31 683
HIV&AIDS, TB & Child Health	91 120	88.9%	4 039	3.9%	2 816	2.7%	4 573	4.5%	102 548
Primary Health Care Services	201 792	86.9%	14 466	6.2%	5 075	2.2%	10 824	4.7%	232 158
Hospital, Tertiary Services & HR Development	16 497	93.7%	0	0.0%	416	2.4%	689	3.9%	17 601
Health Regulation & Compliance Management	133 062	88.6%	1 958	1.3%	5 538	3.7%	9 606	6.4%	150 164
Total	632 788	88.0%	26 039	3.6%	21 313	3.0%	38 655	5.4%	718 795

* 1: Salaries divided by total Compensation of employees' expenditure in table 4.2.1.2 multiplied by 100

* 2: Overtime divided by total Compensation of employees expenditure in table 4.2.1.2 multiplied by 100

* 3: Home Owner's allowance divided by total Compensation of employees' expenditure in table 4.2.1.2 multiplied by 100

* 4: Medical Subsidy divided by total Compensation of employees expenditure in table 4.2.1.2 multiplied by 100

Table 4.2.1.4 - Salaries, Overtime, Home Owners Allowance and Medical Aid by Salary Band for the period 1 April 2020 to 31 March 2021

Salary bands	Salaries		Overtime		HOA		Medical Aid		Total personnel cost per salary band (R'000)
	Amount (R'000)	Salaries as % of personnel cost *1	Amount (R'000)	Overtime as % of personnel cost *2	Amount (R'000)	HOA as % of personnel cost *3	Amount (R'000)	Medical subsidy as % of personnel cost *4	
Lower Skilled (Levels 1-2)	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Skilled (Levels 3-5)	53 275	72.2%	4 826	7.0%	5 147	7.3%	10 021	13.5%	74 396
Highly Skilled production (Levels 6-8)	200 987	83.2%	11 811	5.8%	9 610	3.7%	17 856	7.3%	245 870
Highly Skilled supervision (Levels 9-12)	230 498	92.2%	5 888	2.4%	4 835	1.8%	9 148	3.5%	272 631
Senior and Top Management (Levels 13-16)	89 828	97.7%	0	0.0%	1 731	1.4%	1 119	0.9%	125 898
TOTAL	632 788	88.0%	26 039	3.6%	21 313	3.0%	38 655	5.4%	718 795

* 1: Salaries divided by total Compensation of employees expenditure in table 4.2.1.2 multiplied by 100

* 2: Overtime divided by total Compensation of employees expenditure in table 4.2.1.2 multiplied by 100

* 3: Home Owner's allowance divided by total Compensation of employees' expenditure in table 4.2.1.2 multiplied by 100

* 4: Medical Subsidy divided by total Compensation of employees expenditure in table 4.2.1.2 multiplied by 100

4.3 EMPLOYMENT AND VACANCIES

Table 4.3.1 - Employment and vacancies by programme as on 31 March 2021

Programme	Number of Posts on Approved Establishment	Number of posts filled	Vacancy Rate *1	Number of employees additional to the establishment
Administration	487	394	16.6%	12
NHI & COO	178	146	15.7%	4
HIV AIDS TB Maternal & Child Health	132	103	22.0%	0
Primary Health Care	697	401	10.6%	222
Hospitals Tertiary Service &HRD	317	246	17.7%	15
Health Regulation & Compliance Management	132	104	21.2%	0
TOTAL	1943	1394	15.2%	253

* 1: (Number of approved posts minus number of filled posts) divided by number of approved posts multiplied by 100

Office note: Post listed includes only Voted Funds

Table 4.3.2 - Employment and Vacancies by Salary Band as on 31 March 2021

Salary Band	Number of Posts on Approved Establishment	Number of posts filled	Vacancy Rate *1	Number of employees additional to the establishment
Lower skilled (1-2)	9	0	0.0%	9
Skilled (3-5)	396	323	18.4%	0
Highly skilled production (6-8)	963	625	12.0%	222
Highly skilled supervision (9-12)	443	346	18.3%	16
Senior Management (13-16)	132	100	19.7%	6
TOTAL	1943	1394	15.2%	253

* 1: (Number of approved posts minus number of filled posts) divided by number of approved posts multiplied by 100

Office note: Post listed includes only Voted Funds

Table 4.3.3 - Employment and vacancies by critical occupation as on 31 March 2021

Critical Occupations	Number of posts on approved establishment	Number of posts filled	Vacancy rate *1	Number of employees additional to the establishment
Administrative Related	47	37	21.3%	0
Artisan Project And Related Superintendents	1	1	0.0%	0
Auxiliary And Related Workers	64	62	3.1%	0
Biochemistry Pharmacology. Zoology & Life Science. Technician	165	138	16.4%	0
Cleaners in Offices Workshops Hospitals Etc.	79	50	36.7%	0
Client Inform Clerks(Switchboard Receptionist Inform Clerks)	4	3	25.0%	0
Communication And Information Related	14	10	21.4%	1
Computer Programmers.	1	1	0.0%	0
Dental Specialists	1	1	0.0%	0
Dental Therapy	1	0	100.0%	0
Dieticians And Nutritionists	9	7	22.2%	0
Emergency Services Related	3	2	33.3%	0
Engineering Sciences Related	2	2	0.0%	0
Engineers And Related Professionals	2	2	0.0%	0
Environmental Health	492	237	7.5%	218
Finance And Economics Related	4	2	0.0%	2
Financial And Related Professionals	44	34	18.2%	2
Financial Clerks And Credit Controllers	25	21	16.0%	0
Head Of Department/Chief Executive Officer	1	1	0.0%	0
Health Sciences Related	127	96	20.5%	5
Human Resources & Organisational Development & Relate Prof	51	43	15.7%	0
Human Resources Clerks	1	0	0.0%	1
Human Resources Related	10	4	20.0%	4
Information Technology Related	23	18	21.7%	0
Legal Related	3	1	66.7%	0
Library Mail And Related Clerks	24	19	20.8%	0
Light Vehicle Drivers	3	3	0.0%	0
Logistical Support Personnel	68	61	10.3%	0
Medical Practitioners	5	3	40.0%	0
Medical Research And Related Professionals	9	0	0.0%	9
Medical Technicians/Technologists	2	2	0.0%	0
Messengers Porters And Deliverers	19	18	5.3%	0
Other Administration & Related Clerks And Organisers	164	133	18.9%	0
Other Administrative Policy And Related Officers	97	82	15.5%	0
Other Information Technology Personnel.	3	3	0.0%	0
Other Occupations	2	2	0.0%	0
Pharmacists	15	13	13.3%	0
Professional Nurse	20	9	30.0%	5
Radiography	2	1	50.0%	0
Secretaries & Other Keyboard Operating Clerks	113	95	15.9%	0
Security Officers	90	76	15.6%	0
Senior Managers	129	97	20.2%	6
Social Work And Related Professionals	3	3	0.0%	0
Staff Nurses And Pupil Nurses	1	1	0.0%	0
TOTAL	1943	1394	15.2%	253

* 1: (Number of approved posts minus number of filled posts) divided by number of approved posts multiplied by 100
Office note: Post listed includes only Voted Funds

4.4 FILLING OF SMS POSTS

Table 4.4.1 SMS post information as on 31 March 2021

SMS Level	Number of funded SMS posts	Number of SMS members filled	% of SMS posts filled ¹	Number of SMS posts vacant	% of SMS posts vacant ²
Director-General / Head of Department	1	1	100.0%	0	0.0%
Salary Level 16, but not HoD	4	4	100.0%	0	0.0%
Salary Level 15	12	10	83.3%	2	16.7%
Salary Level 14	32	21	65.6%	11	34.4%
Salary Level 13	84	71	84.5%	13	15.5%
Total	133	107	80.4%	26	19.5%

¹Total number of SMS Posts Filled per level divided by Total number of funded SMS posts per level multiplied by 100

²Total number of SMS posts vacant per level divided by Total Number of Funded SMS Posts per level multiplied by 100

Table 4.4.2 SMS post information as on 30 September 2020

SMS Level	Number of funded SMS posts	Number of SMS members filled	% of SMS posts filled ¹	Number of SMS posts vacant	% of SMS posts vacant ²
Director-General / Head Of Department	1	1	100.0%	0	0.0%
Salary Level 16, but not HoD *2	3	3	100.0%	0	0.0%
Salary Level 15	12	9	75%	3	25%
Salary Level 14	32	22	62.5%	12	37.5%
Salary Level 13	84	71	83.3%	13	15.4%
Total	132	106	80.3%	26	19.7%

¹Total number of SMS Posts Filled per level divided by Total number of funded SMS posts per level multiplied by 100

²Total number of SMS posts vacant per level divided by Total Number of Funded SMS Posts per level multiplied by 100

Table 4.4.3 Advertising and filling of SMS posts for the period 1 April 2020 and 31 March 2021

SMS LEVEL	Number of vacancies advertised in 6 months of becoming vacant	Number of vacancies per level filled in 6 months of becoming vacant	Number of vacancies per level not filled in 6 months but filled in 12 months
Director –General/Head of Department	1	1	0
Salary Level 16 but not HOD	0	0	0
Salary Level 15	1	0	0
Salary Level 14	0	0	0
Salary Level 13	1	0	1
Total	3	1	1

Table 4.4.4 Reasons for not having complied with the filling of funded vacant SMS post-Advertised within 6 months and filled within 12 months after becoming vacant for the period 1 April 2020 to March 2021

Reasons for vacancies not advertised within six months

The department is currently going through a restructuring process where all vacancies are being rationalised and prioritised, as such what might appear as vacancy on the establishment is not a true reflection of reality. Once the process of consultation and concurrence with MPESA on the proposed new structure has been concluded, a more valid establishment will be yielded from that process.

Reasons for vacancies not filled within twelve months

The department is currently going through a restructuring process where all vacancies are being rationalised and prioritised, as such what might appear as vacancy on the establishment is not a true reflection of reality. Once the process of consultation and concurrence with MPESA on the proposed new structure has been concluded, a more valid establishment will be yielded from that process.

Table 4.4.5 Disciplinary steps taken for not complying with the prescribed timeframes for filling SMS posts within 12 months for the period 1 April 2020 and 31 March 2021

Reasons for vacancies not advertised within six months

None

Reasons for vacancies not filled within twelve months

None

4.5 JOB EVALUATION

Table 4.5.1 Job Evaluation by Salary band for the period 1 April 2020 and 31 March 2021

Salary Band	Number of posts on approved establishment	Number of jobs evaluated	% of Posts evaluated per salary band ¹	Posts Upgraded		Posts Downgraded	
				Number	% of posts evaluated ²	Number	% of posts evaluated ³
Lower Skilled (Level 1-2)	9	0	0.0%	0	0.0%	0	0.0%
Skilled (Levels 3-5)	396	1	0.3%	0	0.0%	0	0.0%
Highly Skilled Production (Levels 6-8)	963	2	0.2%	0	0.0%	0	0.0%
Highly Skilled Supervision (Levels 9-12)	443	10	2.3%	0	0.0%	0	0.0%
Senior Management Service Band A	85	2	2.4%	0	0.0%	0	0.0%
Senior Management Service Band B	31	0	0.0%	0	0.0%	0	0.0%
Senior Management Service Band C	12	1	8.3%	0	0.0%	0	0.0%
Senior Management Service Band D	4	0	0.0%	0	0.0%	0	0.0%
Total	1943	16	0.8%	0	0.0%	0	0.0%

¹ Number of posts Evaluated divided by Total Number of Post multiplied by 100

² Number of posts Upgraded divided by Total Number of Post multiplied by 100

³ Number of posts Downgraded divided by Total Number of Post multiplied by 100

Table 4.5.2 Profile of employees whose positions were upgraded due to their posts being upgraded for the period 1 April 2020 and 31 March 2021

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

Table 4.5.3 Employees with salary levels higher than those determined by job evaluation by occupation for the period 1 April 2020 and 31 March 2021

Total number of employees whose salaries exceeded the level determined by job evaluation	
Total number of employees whose salaries exceeded the level determined by job evaluation	0

Table 4.5.4 Profile of employees who have salary levels higher than those determined by job evaluation for the period 1 April 2020 and 31 March 2021

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

4.6 EMPLOYMENT CHANGES

Table 4.6.1 Annual turnover rates by salary band for the period 1 April 2020 and 31 March 2021

Salary Band	Number of employees at beginning of period 1 April 2020	Appointments and transfers into the department	Terminations and transfers out of the department	Turnover Rate ¹
Lower Skilled (Levels 1-2)	15	0	6	40.0
Skilled (Levels 3-5)	327	0	4	1.2
Highly Skilled Production (Levels 6-8)	677	227	16	1.8
Highly Skilled Supervision (Levels 9-12)	365	21	25	6.5
Senior Management Service Band A	75	1	5	6.6
Senior Management Service Band B	21	1	3	13.6
Senior Management Service Band C	11	1	3	25.0
Senior Management Service Band D	2	2	0	0.0
Total	1493	253	62	3.6

¹Terminations divided by (employment at beginning of period plus Appointments) multiplied by 100

Table 4.6.2 Annual turnover rates by critical occupation for the period 1 April 2020 and 31 March 2021

Critical Occupations	Number of employees at the beginning of period 1 April 2020	Appointments and transfers into the department	Terminations and transfers out of the department	Turnover Rate ¹
Administrative Related	39	2	4	9.8
Artisan Project And Related Superintendents	1	0	0	0.0
Auxiliary And Related Workers	60	2	0	0.0
Biochemistry Pharmacology. Zoology & Life Science Technician	142	1	4	2.8
Cleaners In Offices Workshops Hospitals Etc.	51	0	2	3.9
Client Inform Clerks(Switchboard Receptionist Information Clerks)	4	0	1	25.0
Communication And Information Related	11	0	0	0.0
Computer Programmers.	1	0	0	0.0
Dental Specialists	1	0	0	0.0
Dental Therapy	0	0	0	0.0
Dieticians And Nutritionists	8	0	1	12.5
Emergency Services Related	2	0	4	200.0
Engineering Sciences Related	2	0	0	0.0
Engineers And Related Professionals	1	0	0	0.0
Environmental Health	279	221	2	0.4
Finance And Economics Related	4	0	0	0.0
Financial And Related Professionals	38	0	2	5.3
Financial Clerks And Credit Controllers	21	0	0	0.0
Food Service Aid and Waiters	1	0	0	0.0
Head Of Department/Chief Executive Officer	0	1	0	0.0
Health Sciences Related	100	5	3	2.9
Human Resources & Organisational Development & Related Professionals	46	0	1	2.2
Human Resources Clerks	2	0	0	0.0
Human Resources Related	9	0	0	0.0
Information Technology Related	23	0	5	21.7
Legal Related	1	0	0	0.0
Library Mail And Related Clerks	19	0	0	0.0
Light Vehicle Drivers	3	0	0	0.0
Logistical Support Personnel	65	0	4	6.2
Medical Practitioners	3	9	1	8.3
Medical Technicians/Technologists	2	0	0	0.0
Messengers Porters And Deliverers	18	0	0	0.0
Other Administration & Related Clerks And Organisers	138	0	5	3.6
Other Administrative Policy And Related Officers	86	0	5	5.8
Other Information Technology Personnel.	3	0	0	0.0
Other Occupations	2	0	0	0.0
Pharmacists	15	0	3	20.0
Professional Nurse	11	5	2	12.5
Radiography	1	0	0	0.0
Secretaries & Other Keyboard Operating Clerks	93	3	2	2.1
Security Officers	76	0	0	0.0
Senior Managers	107	4	11	9.9
Social Sciences Related	3	0	0	0.0
Staff Nurses and Pupil Nurses	1	0	0	0.0
Total	1493	253	62	3.6

¹ Terminations divided by (employment at beginning of period plus Appointments) multiplied by 100

Table 4.6.3 Reasons why staff left the department for the period 1 April 2020 and 31 March 2021

Termination Type	Number of employees terminated	%of Total terminations ¹
Death,	Death,	6
Resignation,	Resignation,	26
Expiry of contract,	Expiry of contract,	5
Dismissal - operation changes	Dismissal - operation changes	0
Dismissal - misconduct	Dismissal - misconduct	0
Dismissal - inefficiency	Dismissal - inefficiency	0
Discharged due to ill health	Discharged due to ill health	1
Retirement,	Retirement,	19
Transferred out of the department	Transferred Out of the Dept.	5
Other	Other,	0
Total	TOTAL	62
Total number of employees who left as a % of total employment *2		4.2%

¹Number of employees terminated divide by Total Termination multiplied by 100

² Number of employees terminated divided by Total Employment at start of period of 1 April 2019 multiplied by 100

Table 4.6.4 Promotions by critical occupation for the period 1 April 2020 and 31 March 2021

Occupation	Employees 1 April 2020	Promotions to another salary level	Salary level promotions as a % of employment ¹	Progressions to another notch within salary level	Notch progressions as a % of employment ²
Administrative Related	39	0	0.0%	4	10.3%
Artisan Project And Related Superintendents	1	0	0.0%	0	0.0%
Auxiliary And Related Workers	60	0	0.0%	39	65.0%
Biochemistry Pharmacology. Zoology & Life Science Technician	142	0	0.0%	5	3.5%
Cleaners In Offices Workshops Hospitals etc.	51	0	0.0%	4	7.8%
Client Inform Clerks(Switchboard Receptionist Information Clerks)	4	0	0.0%	0	0.0%
Communication and Information Related	11	0	0.0%	0	0.0%
Computer Programmers.	1	0	0.0%	0	0.0%
Dental Specialists	1	0	0.0%	1	100.0%
Dental Therapy	0	0	0.0%	0	0.0%
Dieticians And Nutritionists	8	0	0.0%	3	37.5%
Emergency Services Related	2	0	0.0%	1	50.0%
Engineering Sciences Related	2	0	0.0%	0	0.0%
Engineers And Related Professionals	1	0	0.0%	1	100.0%
Environmental Health	279	1	0.4%	97	34.8%
Finance And Economics Related	4	0	0.0%	0	0.0%
Financial And Related Professionals	38	0	0.0%	7	18.4%
Financial Clerks And Credit Controllers	21	0	0.0%	0	0.0%
Food Service Aid and Waiters	1	0	0.0%	0	0.0%
Head Of Department/Chief Executive Officer	0	0	0.0%	0	0.0%
Health Sciences Related	100	1	1.0%	5	5.0%
Human Resources & Organisational Development & Related Professional	46	0	0.0%	0	0.0%
Human Resources Clerks	2	0	0.0%	0	0.0%
Human Resources Related	9	0	0.0%	0	0.0%
Information Technology Related	23	0	0.0%	1	4.3%
Legal Related	1	1	100.0%	0	0.0%

Occupation	Employees 1 April 2020	Promotions to another salary level	Salary level promotions as a % of employment ¹	Progressions to another notch within salary level	Notch progressions as a % of employment ²
Library Mail And Related Clerks	19	0	0.0%	1	5.3%
Light Vehicle Drivers	3	0	0.0%	1	33.3%
Logistical Support Personnel	65	0	0.0%	28	43.1%
Medical Practitioners	3	0	0.0%	0	0.0%
Medical Technicians/Technologists	2	0	0.0%	0	0.0%
Messengers Porters And Deliverers	18	0	0.0%	3	16.7%
Other Administration & Related Clerks And Organisers	138	0	0.0%	11	8.0%
Other Administrative Policy And Related Officers	86	0	0.0%	9	10.5%
Other Information Technology Personnel.	3	0	0.0%	1	33.3%
Other Occupations	2	0	0.0%	0	0.0%
Pharmacists	15	0	0.0%	1	6.7%
Professional Nurse	11	0	0.0%	4	36.4%
Radiography	1	0	0.0%	0	0.0%
Secretaries & Other Keyboard Operating Clerks	93	0	0.0%	7	7.5%
Security Officers	76	0	0.0%	0	0.0%
Senior Managers	107	0	0.0%	4	3.7%
Social Sciences Related	3	0	0.0%	1	33.3%
Staff Nurses And Pupil Nurses	1	0	0.0%	0	0.0%
Total	1493	3	0.2%	239	16.0%

¹Promotions to another Salary Level divided by Employment at beginning of period multiplied with 100

²Progressions to another Notch within Salary Level divided by Employment at the beginning of the period multiplied by 100

Table 4.6.5 Promotions by salary band for the period 1 April 2020 to 31 March 2021

Salary Band	Employees 1 April 2020	Promotions to another salary level	Salary Level promotions as a % of employment ¹	Progressions to another notch within Salary Level	Notch progressions as a % of employment ²
Lower Skilled (Levels 1-2)	15	0	0.0%	0	0.0%
Skilled (Levels 3-5)	327	0	0.0%	72	22.0%
Highly Skilled Production (Levels 6-8)	677	0	0.0%	107	15.8%
Highly Skilled Supervision (Levels 9-12)	365	3	0.8%	56	15.3%
Senior Management (Level 13-16)	109	0	0.0%	4	3.7%
Total	1493	3	0.2%	239	16.0%

¹Promotions to another Salary Level divided by Employment at beginning of period multiplied with 100

²Progressions to another Notch within Salary Level divided by Employment at the beginning of the period multiplied by 100

4.8 SIGNING OF PERFORMANCE AGREEMENTS BY SMS MEMBERS

Table 4.8.1 Signing of Performance Agreements by SMS members as on 31 March 2021

SMS level	Number of funded SMS posts	Number of SMS members ²	Number of signed performance agreements	Signed performance agreements as % of total number of SMS members ¹
Director-General / Head of Department	1	1	1	100%
Salary Level 16, but not HoD *2	4	2	2	100%
Salary Level 15	11	8	6	75%
Salary Level 14	34	20	16	80%
Salary Level 13	84	71	64	90%
Total	134	102	89	87%

¹Total Number of signed Performance Agreements per level divided by Total Number of SMS Members per level multiplied by 100

²The total number is inclusive of all DDGs and members who are paid on salary level 16

Please take note that the total number of SMS must exclude the following members:-

* Minister and Deputy Minister (SL-16) since they sign their PAs with President

*The Interim Registrar (SL14): He signs his PA with the Interim Traditional Health Practitioners Council of South Africa (ITHPCSA)..

Table 4.8.2 Reasons for not having concluded Performance Agreements for all SMS members as on 31 March 2021

Reasons
*Eleven (11) members who did not sign Performance Agreements (PAs) is due to re-organisation of the Department as well as pending role clarification based on Operational requirements.
*These two (2) members who did not sign PAs, one member is a Health Attaché based in Foreign Mission and he signs his PA with High Commissioner whilst the other member is a Cuban Co-ordinator appointed through Bilateral Agreement between SA & Cuba and signs his PA with High Commissioner

Table 4.8.3 Disciplinary steps taken against SMS members for not having concluded Performance agreements as on 31 March 2021

Reasons
Non-compliance letters were issued to the non-complaint SMS members

4.9 PERFORMANCE REWARDS

Table 4.9.1 Performance Rewards by race, gender and disability for the period 1 April 2020 to 31 March 2021

Race and Gender	Beneficiary Profile			Cost	
	Number of beneficiaries	Total employment	% of Total employment ¹	Cost (R 000)	Average cost per beneficiary (R) ²
African, Female	40	912	4.4%	894	22 350
African, Male	22	540	4.1%	444	20 182
Asian, Female	2	21	9.5%	65	32 500
Asian, Male	0	16	0.0%	0	0
Coloured, Female	3	37	8.1%	101	33 667
Coloured, Male	1	13	7.7%	25	25 000
White, Female	10	79	12.7%	335	33 500
White, Male	1	29	3.4%	53	53 000
Employees with a Disability ³	0	8	0.0%	0	0
Total	79	1647	4.8%	1917	24 266

¹: Number of beneficiaries divided by total employment multiplied by 100

²: Cost divided by number of beneficiaries.

³: The numbers for disability is not included in total, as the numbers form part of the race and gender number.

Table 4.9.2 Performance Rewards by salary band for personnel below Senior Management Service for the period 1 April 2020 to 31 March 2021

Salary Band Number of beneficiaries	Beneficiary Profile			Cost		Total cost as a % of the total personnel expenditure	Personnel expenditure R(000)
	Number of beneficiaries	Total employment	% of total employment	Cost (R000)	Average cost per beneficiary (R)		
Lower Skilled (Levels 1-2)	0	9	0.0%	0	0	0.0%	0
Skilled (3-5)	15	323	4.6%	148	9 867	0.2%	85 975
Highly Skilled Production (6-8)	29	847	3.4%	472	16 276	0.1%	376 432
Highly Skilled Supervision (9-12)	35	362	9.7%	1297	37 057	0.4%	324 153
Total	79	1541	5.1%	1917	24 266	0.2%	786 560

*1: Number of beneficiaries divided by total employment multiplied by 100

*2: Cost divided by number of beneficiarie

Table 4.9.3 Performance Rewards by critical occupation for the period 1 April 2020 and 31 March 2021

Critical Occupation	Beneficiary Profile			Cost	
	Number of beneficiaries	Total employment	% of Total employment ^{*1}	Cost (R000)	Average cost per beneficiary (R) ^{*2}
Administrative Related	4	37	10.8%	225	56 250.00
Artisan Project and Related Superintendents	0	1	0.0%	0	0.00
Auxiliary And Related Workers	4	62	6.5%	40	10 000.00
Biochemistry Pharmacology, Zoology & Life Science Technicians	6	138	4.3%	239	39 833.33
Cleaners In Offices Workshops Hospitals Etc.	1	50	2.0%	8	8 000.00
Client Inform Clerks (Switchboard Receptionist Information Clerks)	0	3	0.0%	0	0.00
Communication and Information Related	2	11	18.2%	65	32 500.00
Computer Programmers.	0	1	0.0%	0	0.00
Dental Specialists	0	1	0.0%	0	0.00
Dental Therapy	0	0	0.0%	0	0.00
Dieticians and Nutritionists	2	7	28.6%	68	34 000.00
Emergency Services Related, Permanent	1	2	50.0%	38	38 000.00
Engineering Sciences Related	0	2	0.0%	0	0.00
Engineers And Related Professionals	0	2	0.0%	0	0.00
Environmental Health	1	455	0.2%	16	16 000.00
Finance and Economics Related	1	4	25.0%	25	25 000.00
Financial and Related Professionals	2	36	5.6%	97	48 500.00
Financial Clerks And Credit Controllers	0	21	0.0%	0	0.00
General Legal Administration & Rel. Professionals	0	1	0.0%	0	0.00
Head of Department/Chief Executive Officer	4	101	4.0%	117	29 250.00
Health Sciences Related	2	43	4.7%	41	20 500.00
Human Resources & Organisational Development & Relate Prof	0	1	0.0%	0	0.00
Human Resources Related	0	8	0.0%	0	0.00
Information Technology Related	0	18	0.0%	0	0.00
Legal Related	0	1	0.0%	0	0.00
Library Mail and Related Clerks	3	19	15.8%	51	17 000.00
Light Vehicle Drivers	0	3	0.0%	0	0.00
Logistical Support Personnel	19	61	31.1%	331	17 421.05
Medical Practitioners	0	3	0.0%	0	0.00
Medical Research and Related Professionals	0	9	0.0%	0	0.00
Medical Technicians/Technologists	0	2	0.0%	0	0.00
Messengers Porters and Deliverers	1	18	5.6%	16	16 000.00
Other Administration & Related Clerks and Organisers	4	133	3.0%	49	12 250.00
Other Administrative Policy And Related Officers	7	82	8.5%	127	18 142.86
Other Information Technology Personnel.	0	3	0.0%	0	0.00
Other Occupations	0	2	0.0%	0	0.00
Pharmacists	6	13	46.2%	212	35 333.33
Professional Nurse	1	14	7.1%	13	13 000.00
Radiography	0	1	0.0%	0	0.00
Secretaries & Other Keyboard Operating Clerks	8	95	8.4%	139	17 375.00
Security Officers	0	76	0.0%	0	0.00
Senior Managers	0	103	0.0%	0	0.00
Social Work and Related Professionals	0	3	0.0%	0	0.00
Staff Nurses and Pupil Nurses	0	1	0.0%	0	0.00
Total	79	1647	4.8%	1 917	24 265.82

*1: Number of beneficiaries divided by total employment multiplied by 100

*2: Number of Beneficiaries divided by cost

Table 4.9.4 Performance related rewards (cash bonus), by salary band for Senior Management Service for the period 1 April 2020 and 31 March 2021

Salary Band	Beneficiary Profile			Cost	
	Number of beneficiaries	Number of employees	% of total employment ^{*1}	Cost (R)	Average cost per beneficiary (R) ^{*2}
Band A (13)	0	71	0.0%	0	0
Band B (14)	0	21	0.0%	0	0
Band C (15)	0	10	0.0%	0	0
Band D (16)	0	4	0.0%	0	0
Total	0	106	0.0%	0	0

4.10 FOREIGN WORKERS**4.10.1 Foreign workers by salary band for the period 1 April 2020 and 31 March 2021**

Salary Band	01-Apr-20		31-Mar-21		Change	
	Employment at beginning period	% of total ^{*1}	Employment at end of period	% of total ^{*2}	Change in employment	% of total ^{*3}
Lower Skilled	0	0.0%	0	0.0%	0	0.0%
Highly Skilled Production (Levels 6-8)	0	0.0%	0	0.0%	0	0.0%
Highly Skilled Supervision (Levels 9-12)	0	0.0%	0	0.0%	0	0.0%
Contract (Levels 9-12)	3	75.0%	18	90.0%	15	93.8%
Contract (Level 13-16)	1	25.0%	2	10.0%	1	6.3%
Total	4	100.0%	20	100.0%	16	100.0%

*1: Employment at beginning period within the salary band divided total employment at beginning of period multiplied by 100

*2: Employment at end of period within the salary band divided by total employment at end of period multiplied by 100

*3: Change in employment within the salary band divided by total change in employment multiplied by 100

The increase in Foreign Workers is in relation to Cuban Medical Interns

Table 4.10.2 - Foreign Workers by major occupation for the period 1 April 2020 to 31 March 2021

Major Occupation	01-Apr-20		31-Mar-21		Change	
	Employment at beginning period	% of total ^{*1}	Employment at end of period	% of total ^{*2}	Change in employment	% of total ^{*3}
Senior Officials And Managers	1	25.0%	2	10.0%	1	6.3%
Technicians And Associated Professional	2	50.0%	2	10.0%	0	0.0%
Professionals	1	25.0%	16	80.0%	15	93.8%
TOTAL	4	100.0%	20	100.0%	16	100.0%

*1: Employment at beginning period divided total employment at beginning of period multiplied by 100

*2: Employment at end of period divided by total employment at end of period multiplied by 100

*3: Change in employment divided by total change in employment multiplied by 100

4.11. LEAVE UTILISATION**Table 4.11.1 Sick leave for the period 1 January 2020 to 31 December 2020**

Salary Band	Total days	% days with medical certification ^{*1}	Number of employees using sick leave	% of total employees using sick leave ^{*2}	Average days per employee ^{*3}	Estimated cost (R'000)	Total number of days with medical certification
Lower Skilled (Levels 1-2)	0	0.0%	0	0.0%	0	0	0
Skilled (Levels 3-5)	18	16.7%	6	1.8%	3	76	3
Highly Skilled Production (Levels 6-8)	205	13.2%	52	15.3%	4	616	27
Highly Skilled Supervision (Levels 9-12)	582	11.3%	197	58.1%	3	978	66
Top And Senior Management (Levels 13-16)	231	15.6%	84	24.8%	3	196	36
Total	1036	12.7%	339	100.0%	3	1865	132

*1: Total number of days with medical certificate within the salary band divided by total days multiplied by 100

*2: Number of employees using sick leave within the salary band divided by total number of employees using sick leave multiplied by 100

*3: Total days divided by number of employees using sick leave

This table excludes PILIR applications that are still to be considered by the Health Risk Manager

Table 4.11.2 Disability leave (temporary and permanent) for the period 1 January 2020 to 31 December 2020

Salary Band	Total days	% days with medical certification ^{*1}	Number of employees using disability leave	% of total employees using disability leave ^{*2}	Average days per employee ^{*3}	Estimated cost (R'000)	Total number of days with medical certification
Lower Skilled (Levels 1-2)	0	0.0%	0	0.0%	0	0	0
Skilled (Levels 3-5)	0	0.0%	0	0.0%	0	0	0
Highly Skilled Production (Levels 6-8)	155	100.0%	1	50.0%	155	304	100
Highly Skilled Supervision (Levels 9-12)	64	100.0%	1	50.0%	64	251	100
Top and Senior Management (Levels 13-16)	0	0.0%	0	0.0%	0	0	0
Total	219	100.0%	2	100.0%	110	555	100

*1: Total number of days with medical certificate within the salary band divided by total days multiplied by 100

*2: Number of employees using disability within the salary band leave divided by total number of employees using disability leave multiplied by 100

*3: Total days divided by number of employees using disability leave

This table excludes PILIR applications that are still to be considered by the Health Risk Manager

Table 4.11.3 Annual Leave for the period 1 January 2020 to 31 December 2020

Salary Band	Total Days Taken	Average Days per Employee ^{*1}	Number of Employees Who Took Leave
Lower Skilled (Levels 1-2)	0	0	0
Skilled (Levels 3-5)	2123	6	369
Highly Skilled Production (Levels 6-8)	3288	5	709
Highly Skilled Supervision (Levels 9-12)	1940	5	359
Top and Senior Management (Levels 13-16)	468	5	91
Total	7819	5	1528

*1: Total days taken divided by number of employees who took leave

Table 4.11.4 Capped leave for the period 1 January 2020 to 31 December 2020

Salary Band	Total days taken	Number of employees using capped leave	Average number of days taken per employee	Average capped leave per employee
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
Top And Senior Management (Levels 13-16)	0	0	0	0
Total	0	0	0	0

Table 4.11.5 Leave payouts for the period 1 April 2020 and 31 March 2021

Reason	Total amount (R'000)	Number of employees	Average per employee (R'000)
Leave pay out for 2020/21 due to non-utilisation of leave for the previous cycle.	0	0	0
Capped leave pay-outs on termination of service for 2020/21	1 735	10	174
Current leave pay-out on termination of service for 2020/21	868	17	51
Total	2 604	27	96

4.12 HIV/AIDS AND HEALTH PROMOTION PROGRAMMES

Table 4.12.1 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

Table 4.12.2.2 Details of Health Promotion and HIV/AIDS Programmes (tick the applicable boxes and provide the required information)

Question	Yes	No	Details, If Yes
1. Has the department designated a member of the SMS to implement the provisions contained in Part VI E of Chapter 1 of the Public Service Regulations, 2001? if so, provide her/his name and position.	X		Adv. MT Ngake; Chief Negotiator is the chairperson of the integrated employee health and wellness committee
2. Does The Department Have a Dedicated Unit or Have You Designated Specific Staff Members to Promote Health and Well Being of Your Employees? If So, Indicate The number of employees who are involved in this task and the annual budget that is available for this purpose.	X		4 Employees are currently employed.
3. Has the department introduced an Employee Assistance Or Health Promotion Programme for your employees? If so, indicate the key elements/services of the Programme.	X		The EAP core service is to identify troubled employees, offer counselling, do referrals and follow-up and look at prevention programmes that will enhance productivity. Health and wellness workshops, seminars and awareness campaigns in line with health calendar.
4. Has the department established (A) Committee(S) as contemplated In Part Vi E.5 (E) of Chapter 1 of the Public Service Regulations, 2001? If so, please provide the Names of the Members of the Committee and the stakeholder(s) that they represent.	X		The Health and Wellness Unit is reconstituting the committee to be inclusive of all the pillars of the strategic framework.
5. Has the department reviewed the employment policies and practices of your department to ensure that these do not unfairly discriminate against employees on the basis of their HIV status? If so, list the employment policies/practices so reviewed.	X		Yes. All departmental policies/ workplace guidelines are developed to ensure that no discrimination exists against employees on the basis of HIV/Aids status, for example Recruitment and Leave policy.
6. Has the department introduced measures to protect HIV-positive employees or those perceived to be HIV-positive from discrimination? If so, list the key elements of these measures.	X		Employee policy on HIV&Aids and STI and TB in the workplace has been reviewed and is waiting for management approval. Employees and prospective employees have the right to confidentiality with regard to their HIV/Aids status, if an employee informs an employer of their HIV/Aids status. The Unit works closely with Employment Equity, HIV Care and Support Unit and Employment Relations in stigma mitigation and prevention of cases of discrimination. Breaching of confidentiality and acts of discrimination constitutes misconduct.
7. Does the department encourage its employees to undergo voluntary counselling and testing? If so, list the results that you have achieved.	X		On consultation with the Employee Assistance Programme Officer and the Departmental nurse, employees are counselled and encouraged to subject themselves to voluntary testing. Every year the department organises testing facilities for diseases of lifestyle. Where employees are encouraged to test for diseases such diabetes, hypertension , HIV etc.
8. Has the department developed measures/indicators to monitor & evaluate the impact of your health promotion programme? If so, list these measures/ indicators.	X		Through the Employee Health and Wellness/ health promotion programme indicators are committed in the annual performance plan which are monitored quarterly and annually. Remedial actions are required for any deviations from the committed measures or indicators. It is measured through statistics, reports and surveys. Number targeted employees are measured against the actual achieved target.

4.13 LABOUR RELATIONS

Table 4.13.1 Collective agreements for the period 1 April 2020 and 31 March 2021

Subject Matter	Date
Agreement on the standardisation of remuneration for community health Workers in the Department of Health	18-Jun-20
Framework agreement on uniform provision for nurses	19-Jun-20

Table 4.13.2 Misconduct and disciplinary hearings finalised for the period 1 April 2020 and 31 March 2021

Outcomes of disciplinary hearings	Number	% of total
Correctional counselling	0	0.0%
Verbal warning	0	0.0%
Written warning	0	0.0%
Final written warning	0	0.0%
Suspend without pay	0	0.0%
Fine	0	0.0%
Demotion	0	0.0%
Dismissal	0	0.0%
Not guilty	0	0.0%
Case withdrawn	1	100.0%
Total	1	100.0%

Table 4.13.3: Types of misconduct addressed at disciplinary hearings for the period 1 April 2020 and 31 March 2021

Type of misconduct	Number	% of total
Gross Negligence	1	100.0%
Absents	0	0.0%
Fruitless expenditure	0	0.0%
Total	1	100.0%

Table 4.13.4 Grievances lodged for the period 1 April 2020 and 31 March 2021

Number of grievances addressed	Number	% of total
Number of grievances resolved	9	34.6%
Number of grievances not resolved	17	65.4%
Total number of grievances lodged	26	100.0%

Table 4.13.5 Disputes lodged with Councils for the period 1 April 2020 and 31 March 2021

Number of disputes addressed	Number	% of total
Number of disputes upheld	1	16.7%
Number of disputes dismissed	5	83.3%
Total number of disputes lodged	6	100.0%

Table 4.13.6 Strike actions for the period 1 April 2020 and 31 March 2021

Strike Actions	
Total number of person working days Lost	None
Total Cost (R'000) of working days lost	
Amount (R'000) recovered as a result of no work no pay	

Strike Actions	
Total number of person working days lost	
Total cost(R'000) of working days lost	
Amount (R'000) recovered as a result of no work no pay	

Table 4.13.7 Precautionary suspensions for the period 1 April 2020 and 31 March 2021

Precautionary suspensions	–
Number of people suspended	3
Number of people whose suspension exceeded 30 days	2
Average number of days suspended	365
Cost (R'000) of suspensions	589

4.14 SKILLS DEVELOPMENT**Table 4.14.1 Training needs identified for the period 1 April 2020 and 31 March 2021**

Occupational Categories	Gender	Number of employees as at 1 April 2020	Training needs identified at start of the reporting period			
			Internship	Skills Programmes & Other Short Courses	Other forms of training	Total
Legislators, Senior Officials and Managers	Female	53	0	34	6	40
	Male	56	0	32	11	43
Professionals	Female	159	7	286	43	336
	Male	102	5	122	15	142
Technicians and Associate Professionals	Female	449	15	412	31	458
	Male	244	7	207	21	235
Clerks	Female	216	4	243	26	273
	Male	61	3	79	5	87
Service and Sales Workers	Female	25	0	39	2	41
	Male	54	0	106	8	114
Skilled Agriculture and Fishery Workers	Female	0	0	0	0	0
	Male	0	0	0	0	0
Craft and Related Trades Workers	Female	0	0	0	0	0
	Male	1	0	0	0	0
Plant and Machine Operators and Assemblers	Female	1	0	0	0	0
	Male	2	0	0	0	0
Elementary Occupations (Labourers and Related Workers)	Female	43	0	37	5	42
	Male	27	0	3	0	3
Gender Sub Totals	Female	946	26	1051	113	1190
	Male	547	15	549	60	624
Total		1493	41	1600	173	1814

Table 4.14.2 Training provided for the period 1 April 2020 and 31 March 2021

Occupational Categories	Gender	Number of employees as at 1 April 2019	Training provided within the reporting period			Total
			Internship	Skills Programmes & other short courses	Other forms of training	
Legislators, Senior Officials And Managers	Female	53	0	11	0	11
	Male	56	0	11	6	17
Professionals	Female	159	7	62	9	78
	Male	102	5	20	4	29
Technicians and Associate Professionals	Female	449	15	84	11	110
	Male	244	7	47	7	61
Clerks	Female	216	4	39	12	55
	Male	61	3	10	4	17
Service and Sales Workers	Female	25	0	4	1	5
	Male	54	0	4	2	6
Skilled Agriculture and Fishery Workers	Female	0	0	0	0	0
	Male	0	0	0	0	0
Craft and Related Trades Workers	Female	0	0	0	0	0
	Male	1	0	0	0	0
Plant and Machine Operators and Assemblers	Female	1	0	0	0	0
	Male	2	0	0	0	0
Elementary Occupations	Female	43	0	2	0	2
	Male	27				0
Gender Sub Totals	Female	946	26	202	33	261
	Male	547	15	92	23	130
Total		1493	41	294	56	391

4.15 INJURY ON DUTY

Table 4.15.1 Injury on duty for the period 1 April 2020 and 31 March 2021

Nature of injury on duty	Number	% of total
Required basic medical attention only	0	0.0%
Temporary total disablement	0	0.0%
Permanent disablement	0	0.0%
Fatal	0	0.0%
Total	0	100.0%

4.16 UTILISATION OF CONSULTANTS

Table 4.16.1 - Report on consultant appointments using appropriated funds for the period 1 April 2020 to 31 March 2021

Project Title	Total Number of Consultants that Worked on the Project	Duration: Work Days	Contract Value in Rand
No data	No data	No data	No data
Project Title	Total number of consultants that worked on the project	Duration: Work days	Contract value in Rand
No data	No data	No data	No data
Total number of projects	Total individual consultants	Total duration: Work days	Total contract value in Rand
No data	No data	No data	No data

Table 4.16.2 - Analysis of consultant appointments using appropriated funds, i.t.o. HDIs for the period 1 April 2020 to 31 March 2021

Project Title	Percentage Ownership by HDI Groups	Percentage Management by HDI Groups	Number of Consultants from HDI Groups that Work on the Project
No data	No data	No data	No data

Project Title	Total number of consultants that worked on the project	Duration: Work days	Contract value in Rand
No data	No data	No data	No data

Table 4.16.3 - Report on consultant appointments using Donor funds for the period 1 April 2020 to 31 March 2021

Project Title	Total Number Of Consultants That Worked On The Project	Duration: Work Days	Donor And Contract Value In Rand
No data	No data	No data	No data

Total Number Of Projects	Total Individual Consultants	Total Duration: Work Days	Total Contract Value In Rand
No data	No data	No data	No data

Table 4.16.4 - Analysis of consultant appointments using Donor funds, i.t.o. HDIs for the period 1 April 2020 to 31 March 2021

Project Title	Percentage Ownership By HDI Groups	Percentage Management By HDI Groups	Number Of Consultants From HDI Groups That Work On The Project
No data	No data	No data	No data

4.17 SEVERANCE PACKAGES**Table 4.17.1 Granting of employee initiated severance packages for the period 1 April 2020 and 31 March 2021**

Category	Number of applications received	Number of applications referred to the MPSA	Number of applications supported by MPSA	No of packages approved by Department
Lower Skilled (Salary Level 1-2)	0	0	0	0
Skilled (Salary Level 3-5)	0	0	0	0
Highly Skilled Production (Salary Level 6-8)	0	0	0	0
Highly Skilled Production (Salary Level 9-12)	0	0	0	0
Senior Management (Salary Level 13 And Higher)	0	0	0	0
Total	0	0	0	0

(Footnotes)

- 1 Note that all deviations in this table represent differences between Annual Target and First Quarter Achievement.
- 2 Note that any deviation in this table represent a difference between Annual Target and First Quarter Achievement
- 3 Note that any deviation in this table represent a difference between Annual Target and First Quarter Achievement
- 4 Note that any deviation in this table represent a difference between Annual Target and First Quarter Achievement.
- 5 Note that all deviations in this table represent differences between Annual Target and First Quarter Achievement.



Part E: FINANCIAL INFORMATION

Report of the Auditor-General to Parliament on Vote No. 18: National Department of Health

Report on the audit of the financial statements

Opinion

1. I have audited the financial statements of the National Department of Health set out on pages 122 to 188, 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 and for the year then ended, as well as notes to the financial statements, including a summary of significant accounting policies.
2. In my opinion, the financial statements present fairly, in all material respects the financial position of the national 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 Standard (MCS) and the requirements of the Public Finance Management Act 1 of 1999 (PFMA) and the Division of Revenue Act 4 of 2020 (Dora).

Basis for opinion

3. 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.
4. 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.
5. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Other matter

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

Unaudited supplementary schedules

7. The supplementary information set out on pages 189 to 205 does not form part of the financial statements and is presented as additional information. I have not audited these schedules and, accordingly, I do not express an opinion on them.

Responsibilities of the accounting officer for the financial statements

8. 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.

9. 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

10. 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.
11. 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

12. In accordance with the Public Audit Act 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 programmes presented in the annual performance report. I performed procedures to identify material findings but not to gather evidence to express assurance.
13. My procedures address the usefulness and reliability of the reported performance information, which must be based on the department's approved performance planning documents. I have not evaluated the completeness and appropriateness of the performance indicators included in the planning documents. My procedures do not examine whether the actions taken by the department enabled service delivery. My procedures do not extend to any disclosures or assertions relating to the extent of achievements in the current year or planned performance strategies and information in respect of future periods that may be included as part of the reported performance information. Accordingly, my findings do not extend to these matters.

14. I evaluated the usefulness and reliability of the reported performance information in accordance with the criteria developed from the performance management and reporting framework, as defined in the general notice, for the following selected programmes presented in the annual performance report of the department for the year ended 31 March 2021:

Programmes	Pages in the annual performance report
Programme 6 – Health Systems Governance and Human Resources	60 – 70

15. 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.
16. The material findings in respect of the usefulness and reliability of the selected programmes are as follows:

Programme 6 : Health Systems Governance and Human Resources

Number of facilities where the link between HPRS and NHLS track care systems are implemented

17. I was unable to obtain sufficient appropriate audit evidence that clearly defined the predetermined source information or method of collection, or that related systems and processes were established to enable consistent measurement and reliable reporting of the actual achievement for the indicator. This was due to limitations on the scope of my work on the measurement definitions and processes. I was unable to test whether the indicator was well-defined and verifiable by alternative means. As a result, I was unable to audit the reliability of the achievement of 76 PHC facilities reported against the target of 500 PHC facilities in the annual performance report.

Other matters

18. I draw attention to the matters below.

Achievement of planned targets

19. Refer to the annual performance report on pages 63 to 67 for information on the achievement of planned targets for the year and management's explanations provided for the under-/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 paragraph 17 of this report.

Adjustment of material misstatements

20. I identified material misstatements in the annual performance report submitted for auditing. These material misstatements were in the reported performance information of programme 6 - health

system governance and human resources. As management subsequently corrected only some of the misstatements, I raised material findings on the usefulness and reliability of the reported performance information. Those that were not corrected are reported above.

Report on the audit of compliance with legislation

Introduction to Scope

21. 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.
22. The material findings on compliance with specific matters in key legislation are as follows:

Annual financial statements, performance reports and annual reports

23. The financial statements submitted for auditing were not prepared in accordance with the prescribed financial reporting framework and supported by full and proper records as required by section 40(1)(a) and (b) of the PFMA.
24. Material misstatements of receivables, payables, immovable tangible assets, and commitments identified by the auditors in the submitted financial statement were corrected, resulting in the financial statements receiving an unqualified opinion.

Expenditure management

25. 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. The value as disclosed in note 23 to the financial statements is not complete as management was still in the process of quantifying the full extent of the irregular expenditure. The majority of the irregular expenditure disclosed in the financial statements was caused by contravention of procurement processes.

Procurement and contract management

26. Some of the contracts were awarded to suppliers whose tax matters had not been declared by the South African Revenue Service to be in order, as required by treasury regulation 16A9.1(d).
27. Some of the contracts were awarded to bidders who did not submit 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.
28. Some of the goods and services of a transaction value above R500 000 were procured without inviting competitive bids, or 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 of Practice Note 8 of 2007-08 and treasury regulation 16A6.4. Similar non-compliance was also reported in the prior year.

29. In some instances, 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 public service regulation 18(1) and (2). Similar non-compliance was reported in the previous year and disciplinary action was taken against some of the officials involved.

Consequence management

30. I was unable to obtain sufficient appropriate audit evidence that disciplinary steps were taken against officials who had incurred irregular and fruitless and wasteful expenditure, as required by section 38(1)(h)(iii) of the PFMA. This was because investigations into irregular and fruitless and wasteful expenditure were not performed.

Other information

31. The accounting officer is responsible for the other information. The other information comprises the information included in the annual report, which includes the minister's report, the accounting officer's report and the 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.

32. 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 on it.

33. 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.

34. I did not receive the other information prior to the date of the auditor's report. When I do receive and read this information, if I conclude that there is a material misstatement therein, I am required to communicate the matter to those charged with governance and request that the other information be corrected. If the other information is not corrected, I may have to retract the auditor's report and re-issue an amended report as appropriate. However, if it is corrected this will not be necessary.

Internal control deficiencies

35. 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 findings on the annual performance report and the findings on compliance with legislation included in this report.

36. Leadership did not exercise oversight responsibility regarding financial and performance reporting and compliance, as well as related internal controls. This resulted in material misstatements and material findings reported in the audit report.

37. Management did not implement proper record keeping in a timely manner to ensure that complete, relevant and accurate information is accessible and available to support financial and performance reporting.

38. Management did not implement controls over daily and monthly processing and reconciling of transactions to ensure accurate and complete financial reporting.

39. Management did not always monitor supply chain management and contract management processes to ensure compliance with laws and regulation.

Internal control deficiencies

40. I draw attention to the following engagements conducted by various parties which had, or could have, an impact on the matters reported in the department's financial statements, compliance with applicable legislation and other related matters. These reports did not form part of my opinion on the financial statements or my findings compliance with legislation.

41. At the request of the accounting officer, an independent consultant investigated an allegation of irregularities relating to a multimillion rand strategic communication contract awarded by the department, which covered the period July 2019 to 31 March 2021. The investigation was concluded on 24 May 2021 and resulted in the contract being declared irregular. The department has disclosed payment made towards this contract as irregular expenditure. Further action was dependent on the outcome of the investigation by the Special Investigating Unit (SIU).

42. The SIU also investigated an allegation of irregularities relating to the strategic communication contract and financial misconduct, covering the same period as above. The investigation was concluded on 30 June 2021 and the report was presented to the Presidency for consideration and sign-off. The further outcome of the investigation will be assessed when the report is released.

Auditor-General

Pretoria

31 August 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 selected programmes and on the department’s compliance with respect to the selected subject matters.

Financial statements

2. In addition to my responsibility for the audit of the financial statements as described in this auditor’s report, I also:
 - identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error; design and perform audit procedures responsive to those risks; and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal control
 - obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the department’s internal control
 - evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the accounting officer
 - conclude on the appropriateness of the accounting

officer’s use of the going concern basis of accounting in the preparation of the financial statements. I also conclude, based on the audit evidence obtained, whether a material uncertainty exists relating to events or conditions that may cast significant doubt on the ability of the national department of health to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor’s report to the related disclosures in the financial statements about the material uncertainty or, if such disclosures are inadequate, to modify my opinion on the financial statements. My conclusions are based on the information available to me at the date of this auditor’s report. However, future events or conditions may cause a department to cease operating as a going concern

- evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and determine whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation

Communication with those charged with governance

3. I communicate with the accounting officer regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.
4. I also provide the accounting officer with a statement that I have complied with relevant ethical requirements regarding independence, and communicate all relationships and other matters that may reasonably be thought to have a bearing on my independence and, where applicable, actions taken to eliminate threats or safeguards applied.

HEALTH VOTE 18
 APPROPRIATION STATEMENTS for the year ended 31 March 2021

Programme	8								2019/20		
	2020/21				Virement	Final appropriation	Actual expenditure	Variance	Expenditure as % of final appropriation	Final appropriation	Actual expenditure
	Adjusted appropriation	Shifting of funds	R'000	R'000							
1. Administration	647 923	-	15 629	663 552	550 965	112 587	83,0%	588 743	542 426		
2. National Health Insurance	1 235 974	-	(35 418)	1 200 556	1 021 911	178 645	85,1%	1 999 789	1 840 04		
3. Communicable and Non-Communicable Diseases	28 137 397	-	24 400	28 161 797	27 886 124	275 673	99,0%	22 851 142	22 713 512		
4. Primary Health Care	277 796	-	(711)	277 085	314 971	(37 886)	113,7%	219 651	216 857		
5. Hospitals Systems	21 219 600	-	-	21 219 600	21 188 506	31 093	99,9%	20 432 634	20 413 709		
6. Health System Governance and Human Resources	6 533 906	-	(3 900)	6 530 006	6 541 847	(11 841)	100,2%	5 103 204	5 046 221		
Subtotal	58 052 596	-	-	58 052 596	57 504 325	548 271	99,1%	51 195 163	50 772 771		
Statutory Appropriation	612 316	-	-	612 316	612 316						
COVID 19 special appropriation	612 316	-	-	612 316	612 316						
TOTAL	58 664 912	-	-	58 664 912	58 116 641	548 271		51 195 163	50 772 771		
Reconciliation with statement of financial performance											
ADD											
Departmental receipts				3 773	-			7 934			
Statutory Appropriation / Direct Charge											
Aid assistance											
Actual amounts per statement of financial performance (total revenue)				59 607 541				52 321 394			
ADD											
Aid assistance					824 398						790 475
Actual amounts per statement of financial performance (total expenditure)					58 941 039						51 563 246

HEALTH VOTE 18
APPROPRIATION STATEMENTS for the year ended 31 March 2021

Economic classification		2020/21					2019/20				
		Adjusted appropriation R'000	Shifting of funds R'000	Virement R'000	Final appropriation R'000	Actual expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final appropriation R'000	Actual expenditure R'000	
Current payments		3 552 745	80 724	-	3 472 021	2 966 526	505 495	85,4%	2 488 693	2 114 769	
Compensation of employees		928 345	-	-	928 345	927 297	1 048	99,9%	859 340	830 928	
Salaries and wages		816 910	(172)	(1 655)	815 083	818 114	-3 031	100,4%	750 359	722 544	
Social contributions		111 435	172	1 655	113 262	109 183	4 079	96,4%	108 981	108 384	
Goods and services		2 624 400	(80 724)	-	2 543 676	2 039 229	504 447	80,2%	1 629 353	1 283 841	
Administrative fees		487	-	-	487	167	320	34,3%	1 084	142	
Advertising		37 777	(2 103)	(825)	34 849	21 529	13 320	61,8%	19 094	7 563	
Minor assets		29 122	(737)	(326)	28 059	3 355	24 704	12,0%	68 556	5 803	
Audit costs: External		35 976	(10 344)	-	25 632	23 207	2 425	90,5%	21 660	22 859	
Bursaries: Employees		1 200	(600)	-	600	408	192	68,0%	1 200	970	
Catering: Departmental activities		7 248	(1 067)	(660)	5 521	931	4 590	16,9%	8 271	6 477	
Communication (G&S)		19 683	1 012	-	20 695	15 814	4 881	76,4%	16 822	16 512	
Computer services		114 850	11 979	(3 977)	122 852	81 200	41 652	66,1%	72 438	29 119	
Consultants: Business and advisory services		562 548	(59 565)	(63 778)	439 205	400 612	38 593	91,2%	331 256	344 995	
Laboratory services		50	-	-	50	-	50	-	-	-	
Legal services		6 162	-	-	6 162	6 093	69	98,9%	9 154	8 079	
Contractors		626 164	(466)	(190)	625 508	556 474	69 034	89,0%	471 041	357 804	
Agency and support / outsourced services		5 023	(1 961)	15 754	18 816	2 876	15 940	15,3%	4 312	3 353	
Entertainment		45	-	-	45	-	45	-	30	8	
Fleet services (including government motor transport)		31 385	598	(630)	31 353	26 937	4 416	85,9%	36 427	38 535	
Inventory: Clothing material and accessories		4 381	(400)	-	3 981	3 654	327	91,8%	71 685	3 612	
Inventory: Farming supplies		4	-	-	4	4	-	100,0%	-	-	
Inventory: Food and food supplies		495	(12)	(5)	478	15	463	3,1%	494	99	
Inventory: Fuel, oil and gas		584	(60)	-	524	390	134	74,4%	1 841	968	
Inventory: Medical supplies		74 436	(3 931)	-	70 505	39 944	30 561	56,7%	54 932	34 770	
Inventory: Medicine		518 022	-	52 100	570 122	477 821	92 301	83,8%	65	4	
Inventory: Other supplies		7 658	500	-	8 158	7 648	510	93,7%	12 454	7 575	
Consumable supplies		11 048	264	(63)	11 249	5 961	5 288	53,0%	42 652	63 808	
Consumable: Stationery, printing and office supplies		10 308	(109)	(847)	9 352	4 391	4 961	47,0%	15 090	9 204	
Operating leases		164 302	1 346	(6 132)	159 516	111 327	48 189	69,8%	111 757	104 175	
Property payments		46 449	137	-	46 586	20 756	25 830	44,6%	41 763	35 752	
Travel and subsistence		160 474	(11 951)	(4 342)	144 181	100 012	44 169	69,4%	111 098	101 363	
Training and development		14 872	(3 000)	-	11 872	2 662	9 210	22,4%	11 872	3 758	
Operating payments		116 253	3 756	16 242	136 251	120 766	15 485	88,6%	75 787	60 660	
Venues and facilities		16 724	(4 010)	(2 321)	10 393	3 792	6 601	36,5%	15 878	15 472	
Rental and hiring		670	-	-	670	483	187	72,1%	640	351	
Transfers and subsidies		54 316 534	2 087	-	54 318 621	54 319 028	-407	100%	47 871 303	47 863 455	
Provinces and municipalities		52 106 607	-	-	52 106 607	52 112 547	(5 940)	100,0%	45 863 408	45 863 408	
Provinces		52 106 607	-	-	52 106 607	52 112 547	(5 940)	100,0%	45 863 408	45 863 408	
Provincial Revenue Funds		52 106 607	-	-	52 106 607	52 112 547	(5 940)	100,0%	45 863 408	45 863 408	
Departmental agencies and accounts		2 036 159	-	-	2 036 159	2 033 819	2 340	99,9%	1 830 341	1 830 299	
Social security funds		4 058	-	-	4 058	4 058	-	100,0%	4 050	4 050	
Departmental agencies		2 032 101	-	-	2 032 101	2 029 761	2 340	99,9%	1 826 291	1 826 249	

HEALTH VOTE 18
APPROPRIATION STATEMENTS for the year ended 31 March 2021

Economic classification	2020/21						2019/20		
	Adjusted appropriation R'000	Shifting of funds R'000	Virement R'000	Final appropriation R'000	Actual expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final appropriation R'000	Actual expenditure R'000
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	3 552 745	80 724	-	3 472 021	2 966 526	505 495	85,4%	2 488 693	2 114 769
Compensation of employees	928 345	-	-	928 345	927 297	1 048	99,9%	859 340	830 928
Salaries and wages	816 910	(172)	(1 655)	815 083	818 114	-3 031	100,4%	750 359	722 544
Foreign governments and international organisations	375	-	-	375	-	375	-	-	-
Non-profit institutions	173 393	-	-	173 393	170 574	2 819	98,4%	175 080	167 285
Households	-	2 087	-	2 087	2 088	(1)	100,0%	2 474	2 463
Social benefits	-	1 927	-	1 927	1 928	(1)	100,1%	2 464	2 454
Other transfers to households	-	160	-	160	160	-	100,0%	10	9
Payments for capital assets	795 633	78 637	-	874 270	831 087	43 183	95,1%	835 167	794 545
Buildings and other fixed structures	472 144	267 967	-	740 111	740 111	-	100,0%	592 023	592 023
Buildings	472 144	267 967	-	740 111	740 111	-	100,0%	592 023	592 023
Machinery and equipment	323 489	(189 330)	-	134 159	90 976	43 183	67,8%	242 644	202 524
Transport equipment	800	-	-	800	756	44	94,5%	-	-
Other machinery and equipment	322 689	(189 330)	-	133 359	90 220	43 139	67,7%	242 644	202 524
Software and other intangible assets	-	-	-	-	-	-	-	500	-
Total	58 664 912	-	-	58 664 912	58 116 641	548 271	99,1%	51 195 163	50 772 894
Programme 1: Administration	2020/21								
Sub programme	Adjusted appropriation R'000	Shifting of funds R'000	Virement R'000	Final appropriation R'000	Actual expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final appropriation R'000	Actual expenditure R'000
1. Ministry	35 450	365	-	35 815	32 188	3 627	89,9%	39 148	39 106
1. Management	9 096	284	-	9 380	7 089	2 291	75,6%	9 762	8 636
2. Corporate Services	302 299	21 751	21 411	345 461	310 887	34 574	90,0%	309 431	273 527
3. Property Management	181 674	-	(5 782)	175 892	112 939	62 953	64,2%	125 795	120 026
4. Financial Management	119 404	(22 400)	-	97 004	87 862	9 142	90,6%	104 607	101 131
Total for sub programmes	647 923	-	15 629	663 552	550 965	112 587	83,0%	588 743	542 426
Economic classification	2019/20								
Current payments	640 357	(1 172)	15 629	654 814	546 698	108 116	83,5%	577 622	533 313
Compensation of employees	257 212	-	-	257 212	245 949	11 263	95,6%	249 288	249 288
Salaries and wages	223 384	-	-	223 384	215 029	8 355	96,3%	219 342	218 675
Social contributions	33 828	-	-	33 828	30 920	2 908	91,4%	29 946	30 613
Goods and services	383 145	(1 172)	15 629	397 602	300 749	96 853	75,6%	328 334	284 025
Administrative fees	429	-	-	429	114	315	26,6%	449	69
Advertising	3 734	(200)	-	3 534	2 835	699	80,2%	3 414	2 765
Minor assets	1 768	(520)	161	1 409	21	1 388	1,5%	1 545	76
Audit costs: External	32 576	(9 714)	-	22 862	20 437	2 425	89,4%	18 260	18 555

HEALTH VOTE 18
APPROPRIATION STATEMENTS for the year ended 31 March 2021

Appropriation per economic classification		2020/21					2019/20		
Economic classification	Adjusted appropriation R'000	Shifting of funds R'000	Virement R'000	Final appropriation R'000	Actual expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final appropriation R'000	Actual expenditure R'000
Current payments	3 552 745	80 724	-	3 472 021	2 966 526	505 495	85,4%	2 488 693	2 114 769
Compensation of employees	928 345	-	-	928 345	927 297	1 048	99,9%	859 340	830 928
Salaries and wages	816 910	(172)	(1 655)	815 083	818 114	-3 031	100,4%	750 359	722 544
Bursaries: Employees	1 200	(600)	-	600	408	192	68,0%	1 200	970
Catering: Departmental activities	779	(410)	-	369	7	362	1,9%	574	352
Communication (G&S)	11 477	1 160	-	12 637	11 510	1 127	91,1%	8 462	9 195
Computer services	20 650	6 571	550	27 771	22 968	4 803	82,7%	19 371	11 000
Consultants: Business and advisory services	26 053	13 797	-	39 850	39 053	797	98,0%	30 133	27 394
Legal services	6 162	-	-	6 162	6 093	69	98,9%	9 154	8 079
Contractors	9 309	(6)	-	9 303	7 337	1 966	78,9%	8 640	5 091
Agency and support / outsourced services	1 605	70	-	1 675	46	1 629	2,7%	1 605	-
Entertainment	30	-	-	30	-	30	-	30	8
Fleet services (including government motor transport)	10 436	(306)	-	10 130	9 825	305	97,0%	9 698	10 132
Inventory: Clothing material and accessories	410	(400)	-	10	-	10	-	20	-
Inventory: Farming supplies	4	-	-	4	4	-	100,0%	-	-
Inventory: Food and food supplies	179	(12)	-	167	8	159	4,8%	174	47
Inventory: Fuel, oil and gas	190	(60)	-	130	40	90	30,8%	76	41
Inventory: Medicine	5	-	-	5	-	5	-	5	-
Inventory: Other supplies	10	-	-	10	-	10	-	10	1
Consumable supplies	681	-	-	681	159	522	23,3%	768	270
Consumable: Stationery, printing and office supplies	4 594	(319)	-	4 275	3 738	537	87,4%	10 040	7 468
Operating leases	144 948	2 101	(5 782)	141 267	99 285	41 982	70,3%	93 897	92 144
Property payments	43 528	-	-	43 528	18 158	25 370	41,7%	39 328	33 865
Travel and subsistence	17 467	(4 904)	-	12 563	6 772	5 791	53,9%	34 678	28 009
Training and development	5 372	(3 000)	-	2 372	65	2 307	2,7%	5 372	3 395
Operating payments	35 483	(1 000)	20 700	55 183	51 811	3 372	93,9%	28 373	23 532
Venues and facilities	4 046	(3 420)	-	626	55	571	8,8%	3 038	1 567
Rental and hiring	20	-	-	20	-	20	-	20	-
Transfers and subsidies	3 394	1 119	-	4 513	1 797	2 716	39,8%	3 310	3 269
Departmental agencies and accounts	3 019	-	-	3 019	679	2 340	22,5%	2 683	2 642
Departmental agencies	3 019	-	-	3 019	679	2 340	22,5%	2 683	2 642
Foreign governments and international organisations	375	-	-	375	-	375	-	-	627
Households	-	1 119	-	1 119	1 118	1	99,9%	627	618
Social benefits	-	1 119	-	1 119	1 118	1	99,9%	617	618
Other transfers to households	-	-	-	-	-	-	-	10	9
Payments for capital assets	4 172	53	-	4 225	2 470	1 755	58,5%	7 811	5 844
Machinery and equipment	4 172	53	-	4 225	2 470	1 755	58,5%	7 811	5 844
Transport equipment	800	-	-	800	756	44	94,5%	-	-
Other machinery and equipment	3 372	53	-	3 425	1 714	1 711	50,0%	7 811	5 844
Total	6 47 923	-	15 629	6 63 552	550 965	112 587	83,0%	588 743	542 426

HEALTH VOTE 18
APPROPRIATION STATEMENTS for the year ended 31 March 2021

Economic classification	2020/21					2019/20			
	Adjusted appropriation R'000	Shifting of funds R'000	Virement R'000	Final appropriation R'000	Actual expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final appropriation R'000	Actual expenditure R'000
Current payments	34 555	259	-	34 814	31 298	3 516	89,9%	39 000	38 998
Compensation of employees	22 111	365	-	22 476	22 476	-	100,0%	20 417	20 417
Salaries and wages	20 831	365	-	21 196	21 167	29	99,9%	18 846	18 968
Social contributions	1 280	-	-	1 280	1 309	(29)	102,3%	1 571	1 449
Goods and services	12 444	(106)	-	12 338	8 822	3 516	71,5%	18 583	18 581
Minor assets	12	-	-	12	11	1	91,7%	356	7
Catering: Departmental activities	150	-	-	150	3	147	2,0%	150	48
Communication (G&S)	660	-	-	660	-	660	-	660	677
Computer services	700	-	-	700	678	22	96,9%	120	-
Contractors	420	-	-	420	24	396	5,7%	420	154
Entertainment	30	-	-	30	-	30	-	30	8
Fleet services (including government motor transport)	5 400	(106)	-	5 294	5 264	30	99,4%	4 832	5 232
Inventory: Clothing material and accessories	10	-	-	10	-	10	-	10	-
Inventory: Food and food supplies	59	-	-	59	3	56	5,1%	59	13
Inventory: Fuel, oil and gas	60	-	-	60	1	59	1,7%	30	1
Inventory: Other supplies	-	-	-	-	-	-	-	-	1
Consumable supplies	67	-	-	67	1	66	1,5%	67	23
Consumable: Stationery, printing and office supplies	539	-	-	539	74	465	13,7%	539	39
Operating leases	500	-	-	500	54	446	10,8%	500	126
Travel and subsistence	3 325	-	-	3 325	2 669	656	80,3%	10 268	11 830
Operating payments	312	-	-	312	11	301	3,5%	312	55
Venues and facilities	200	-	-	200	29	171	14,5%	200	367
Transfers and subsidies	-	106	-	106	105	1	99,1%	20	20
Households	-	106	-	106	105	1	99,1%	20	20
Social benefits	-	106	-	106	105	1	99,1%	20	20
Payments for capital assets	895	-	-	895	785	110	87,7%	128	88
Machinery and equipment	895	-	-	895	785	110	87,7%	128	88
Transport equipment	800	-	-	800	756	44	94,5%	-	-
Other machinery and equipment	95	-	-	95	29	66	30,5%	128	88
Total	35 450	365	-	35 815	32 188	3 627	89,9%	39 148	39 106

HEALTH VOTE 18
APPROPRIATION STATEMENTS for the year ended 31 March 2021

Economic classification		2020/21					2019/20			
		Adjusted appropriation R'000	Shifting of funds R'000	Virement R'000	Final appropriation R'000	Actual expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final appropriation R'000	Actual expenditure R'000
Current payments		9 022	284	-	9 306	7 089	2 217	76,2%	9 600	8 500
Compensation of employees		5 506	284	-	5 790	5 790	-	100,0%	6 995	6 995
Salaries and wages		5 096	284	-	5 380	5 338	42	99,2%	6 391	6 509
Social contributions		410	-	-	410	452	(42)	110,2%	604	486
Goods and services		3 516	-	-	3 516	1 299	2 217	36,9%	2 605	1 505
Administrative fees		1	-	-	1	-	1	-	1	-
Minor assets		80	-	-	80	-	80	-	80	-
Catering: Departmental activities		10	-	-	10	4	6	40,0%	10	1
Communication (G&S)		137	-	-	137	137	-	100,0%	125	149
Computer services		5	-	-	5	-	5	-	5	-
Consultants: Business and advisory services		626	550	-	1 176	626	550	53,2%	-	-
Fleet services (including government motor transport)		230	-	-	230	228	2	99,1%	147	215
Inventory: Food and food supplies		11	-	-	11	1	10	9,1%	11	4
Inventory: Fuel, oil and gas		-	-	-	-	-	-	-	-	1
Consumable: Stationery, printing and office supplies		72	-	-	72	-	72	-	72	-
Operating leases		40	-	-	40	23	17	57,5%	40	14
Travel and subsistence		2 062	(550)	-	1 512	280	1 232	18,5%	1 872	1 107
Operating payments		117	-	-	117	-	117	-	117	13
Venues and facilities		125	-	-	125	-	125	-	125	1
Transfers and subsidies		-	-	-	-	-	-	-	136	136
Households		-	-	-	-	-	-	-	136	136
Social benefits		-	-	-	-	-	-	-	136	136
Payments for capital assets		74	-	-	74	-	74	-	26	-
Machinery and equipment		74	-	-	74	-	74	-	26	-
Other machinery and equipment		74	-	-	74	-	74	-	26	-
Total		9 096	284	-	9 380	7 089	2 291	75,6%	9 762	8 636

HEALTH VOTE 18
APPROPRIATION STATEMENTS for the year ended 31 March 2021

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	295 940	20 799	21 411	338 150	307 669	30 481	91,0%	299 065	264 984
Compensation of employees	172 821	(649)	-	172 172	162 137	10 035	94,2%	165 955	165 955
Salaries and wages	148 631	(649)	-	147 982	140 961	7 021	95,3%	145 944	145 190
Social contributions	24 190	-	-	24 190	21 176	3 014	87,5%	20 011	20 765
Goods and services	123 119	21 448	21 411	165 978	145 532	20 446	87,7%	133 110	99 029
Administrative fees	85	-	-	85	3	82	3,5%	105	26
Advertising	3 674	(200)	-	3 474	2 822	652	81,2%	3 322	2 716
Minor assets	1 414	(520)	161	1 055	7	1 048	0,7%	879	22
Bursaries: Employees	1 200	(600)	-	600	408	192	68,0%	1 200	912
Catering: Departmental activities	584	(410)	-	174	-	174	-	379	285
Communication (G&S)	9 912	1 160	-	11 072	11 063	9	99,9%	6 909	8 128
Computer services	19 405	6 571	550	26 526	21 750	4 776	82,0%	18 746	10 598
Consultants: Business and advisory services	12 327	26 047	-	38 374	38 129	245	99,4%	16 933	14 390
Legal services	6 162	-	-	6 162	6 093	69	98,9%	9 154	8 079
Contractors	6 241	(6)	-	6 235	4 665	1 570	74,8%	8 134	4 918
Agency and support / outsourced services	1 605	70	-	1 675	46	1 629	2,7%	1 605	-
Fleet services (including government motor transport)	1 856	(200)	-	1 656	1 389	267	83,9%	2 096	2 272
Inventory: Clothing material and accessories	400	(400)	-	-	-	-	-	10	-
Inventory: Food and food supplies	93	(12)	-	81	4	77	4,9%	88	18
Inventory: Fuel, oil and gas	120	(60)	-	60	39	21	65,0%	6	34
Inventory: Medicine	5	-	-	5	-	5	-	5	-
Inventory: Other supplies	10	-	-	10	-	10	-	10	-
Consumable supplies	427	-	-	427	34	393	8,0%	427	12
Consumable: Stationery, printing and office supplies	507	(319)	-	188	188	-	100,0%	2 278	892
Operating leases	1 164	2 101	-	3 265	516	2 749	15,8%	979	582
Property payments	4 583	-	-	4 583	3 749	834	81,8%	5 383	5 139
Travel and subsistence	8 000	(4 354)	-	3 646	2 979	667	81,7%	18 950	12 353
Training and development	5 372	(3 000)	-	2 372	65	2 307	2,7%	5 372	3 395
Operating payments	34 532	(1 000)	20 700	54 232	51 582	2 650	95,1%	27 707	23 222
Venues and facilities	3 421	(3 420)	-	1	1	-	100,0%	2 413	1 036
Rental and hiring	20	-	-	20	-	20	-	20	-
Transfers and subsidies	3 394	899	-	4 293	1 578	2 715	36,8%	2 976	2 935
Departmental agencies and accounts	3 019	0	0	3 019	679	2 340	22,5%	2 683	2 642
Departmental agencies	3 019	0	0	3 019	679	2 340	22,5%	2 683	2 642
Foreign governments and international organisations	375	-	-	375	-	375	-	-	-
Households	-	899	-	899	899	-	100,0%	293	293
Social benefits	-	899	-	899	899	-	100,0%	283	284
Other transfers to households	-	-	-	-	-	-	-	10	9
Payments for capital assets	2 965	53	-	3 018	1 640	1 378	54,3%	7 390	5 608
Machinery and equipment	2 965	53	-	3 018	1 640	1 378	54,3%	7 390	5 608
Other machinery and equipment	2 965	53	-	3 018	1 640	1 378	54,3%	7 390	5 608
Total	302 299	21 751	21 411	345 461	310 887	34 574	90,0%	309 431	273 527

Economic classification	2019/20					2018/19			
	Adjusted appropriation R'000	Shifting of funds R'000	Virement R'000	Final appropriation R'000	Actual expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final appropriation R'000	Actual expenditure R'000
Current payments	181 674	-	(5 782)	175 892	112 939	62 953	64,2%	125 795	120 026
Goods and services	181 674	-	(5 782)	175 892	112 939	62 953	64,2%	125 795	120 026
Consumable supplies	13	-	-	13	13	-	100,0%	-	-
Operation leases	142 716	-	(5 782)	136 934	98 517	38 417	71,9%	91 850	91 300
Property payments	38 945	-	-	38 945	14 409	24 536	37,0%	33 945	28 726
Total	181 674	-	(5 782)	175 892	112 939	62 953	64,2%	125 795	120 026

Economic classification	2020/21					2019/20			
	Adjusted appropriation R'000	Shifting of funds R'000	Virement R'000	Final appropriation R'000	Actual expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final appropriation R'000	Actual expenditure R'000
Current payments	119 166	(22 514)	-	96 652	87 703	8 949	90,7%	104 162	100 805
Compensation of employees	56 774	-	-	56 774	55 546	1 228	97,8%	55 921	55 921
Salaries and wages	48 826	-	-	48 826	47 563	1 263	97,4%	48 161	48 008
Social contributions	7 948	-	-	7 948	7 983	(35)	100,4%	7 760	7 913
Goods and services	62 392	(22 514)	-	39 878	32 157	7 721	80,6%	48 241	44 884
Administrative fees	343	-	-	343	111	232	32,4%	343	43
Advertising	60	-	-	60	13	47	21,7%	92	49
Minor assets	262	-	-	262	3	259	1,1%	230	47
Audit costs: External	32 576	(9 714)	-	22 862	20 437	2 425	89,4%	18 260	18 555
Bursaries	-	-	-	-	-	-	-	-	58
Catering: Departmental activities	35	-	-	35	-	35	-	35	18
Communication (G&S)	768	-	-	768	310	458	40,4%	768	241
Computer services	540	-	-	540	540	-	100,0%	500	402
Consultants: Business and advisory services	13 100	(12 800)	-	300	298	2	99,3%	13 200	13 004
Contractors	2 648	-	-	2 648	2 648	-	100,0%	86	19
Fleet services (including government motor transport)	2 950	-	-	2 950	2 944	6	99,8%	2 623	2 413
Inventory: Farming Supplies	4	-	-	4	4	-	100,0%	-	-
Inventory: Food and food supplies	16	-	-	16	-	16	-	16	12
Inventory: Fuel, oil and gas	10	-	-	10	-	10	-	10	5
Consumable supplies	174	-	-	174	111	63	63,8%	274	235
Consumable: Stationery, printing and office supplies	3 476	-	-	3 476	3 476	-	100,0%	7 151	6 537
Operating leases	528	-	-	528	175	353	33,1%	528	122
Travel and subsistence	4 080	-	-	4 080	844	3 236	20,7%	3 588	2 719
Operating payments	522	-	-	522	218	304	41,8%	237	242
Venues and facilities	300	-	-	300	25	275	8,3%	300	163
Transfers and subsidies	-	114	-	114	114	-	100,0%	178	178
Households	-	114	-	114	114	-	100,0%	178	178
Social benefits	-	114	-	114	114	-	100,0%	178	178
Payments for capital assets	238	-	-	238	45	193	18,9%	267	148
Machinery and equipment	238	-	-	238	45	193	18,9%	267	148
Other machinery and equipment	-	-	-	-	45	193	18,9%	267	148
Total	119 404	(22 400)	-	97 004	87 862	9 142	90,6%	104 607	101 131

HEALTH VOTE 18
APPROPRIATION STATEMENTS for the year ended 31 March 2021

		2020/21						2019/20		
		Adjusted appropriation R'000	Shifting of funds R'000	Virement R'000	Final appropriation R'000	Actual expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final appropriation R'000	Actual expenditure R'000
Programme 2: National Health Insurance										
Sub programme										
1. Programme Management	4 772	-	-	4 772	3 279	1 493	68,7%	4 869	4 318	
1. Affordable Medicine	45 791	-	(3 700)	42 091	32 421	9 670	77,0%	45 490	35 368	
2. Health Financing and National Health Insurance	1 185 411	-	(31 718)	1 153 693	986 210	167 483	85,5%	1 949 430	1 800 307	
Total for sub programmes	1 235 974	-	(35 418)	1 200 556	1 021 910	178 646	85,1%	1 999 789	1 839 993	
Economic classification										
Current payments	933 993	(19)	(35 418)	898 556	760 886	137 670	84,7%	718 341	568 588	
Compensation of employees	44 680	-	-	44 680	42 053	2 627	94,1%	46 594	42 958	
Salaries and wages	39 032	-	-	39 032	36 809	2 223	94,3%	40 199	37 680	
Social contributions	5 648	-	-	5 648	5 244	404	92,8%	6 395	5 278	
Goods and services	889 313	(19)	(35 418)	853 876	718 833	135 043	84,2%	671 747	525 630	
Administrative fees	-	-	-	-	-	-	-	1 005	907	
Advertising	464	(362)	-	102	102	-	100,0%	-	-	
Minor assets	4 109	(151)	-	3 958	3 176	782	80,2%	13 983	3 408	
Catering: Departmental activities	989	(92)	(350)	547	4	543	0,7%	1 136	771	
Communication (G&S)	235	(5)	-	230	183	47	79,6%	242	162	
Computer services	49 749	(283)	(830)	48 636	14 625	34 011	30,1%	50 597	16 065	
Consultants: Business and advisory services	160 318	572	(32 318)	128 572	126 857	1 715	98,7%	126 073	128 944	
Contractors	604 337	(40)	(190)	604 107	538 210	65 897	89,1%	425 046	324 156	
Fleet services (including government motor transport)	5 439	-	-	5 439	732	4 707	13,5%	5 505	4 755	
Inventory: Food and food supplies	82	-	-	82	1	81	1,2%	92	6	
Inventory: Fuel, oil and gas	15	-	-	15	1	14	6,7%	15	2	
Inventory: Medicine	15 200	-	-	15 200	15 006	194	98,7%	-	-	
Consumable supplies	4 045	264	-	4 309	305	4 004	7,1%	8 635	8 621	
Consumable: Stationery, printing and office supplies	998	40	-	1 038	75	963	7,2%	1 848	394	
Operating leases	15 312	145	(230)	15 227	10 153	5 074	66,7%	14 060	10 172	
Travel and subsistence	11 811	(107)	(1 500)	10 204	2 227	7 977	21,8%	12 478	18 113	
Training and development	9 500	-	-	9 500	2 597	6 903	27,3%	6 500	235	
Operating payments	4 010	-	-	4 010	3 311	699	82,6%	3 483	2 109	
Venues and facilities	2 700	-	-	2 700	1 268	1 432	47,0%	1 049	6 810	
Transfers and subsidies	246 464	19	-	246 483	245 151	1 332	99,5%	1 195 224	1 195 224	
Provinces and municipalities	246 464	-	-	246 464	245 132	1 332	99,5%	1 194 984	1 194 984	
Provinces	246 464	-	-	246 464	245 132	1 332	99,5%	1 194 984	1 194 984	
Provincial Revenue Funds	246 464	-	-	246 464	245 132	1 332	99,5%	1 194 984	1 194 984	
Households	-	19	-	19	19	-	100,0%	240	240	
Social benefits	-	19	-	19	19	-	100,0%	240	240	
Payments for capital assets	55 517	-	-	55 517	15 873	39 644	28,6%	86 224	76 181	
Machinery and equipment	55 517	-	-	55 517	15 873	39 644	28,6%	86 224	76 181	
Other machinery and equipment	55 517	-	-	55 517	15 873	39 644	28,6%	86 224	76 181	
Total	1 235 974	-	(35 418)	1 200 556	1 021 910	178 646	85,1%	1 999 789	1 839 993	

HEALTH VOTE 18
APPROPRIATION STATEMENTS for the year ended 31 March 2021

Economic classification		2019/20					2018/19			
		Adjusted appropriation R'000	Shifting of funds R'000	Virement R'000	Final appropriation R'000	Actual expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final appropriation R'000	Actual expenditure R'000
2.1 Programme Management										
Current payments		4 721	-	-	4 721	3 279	1 442	69,5%	4 835	4 282
Compensation of employees		3 665	-	-	3 665	3 072	593	83,8%	4 026	3 475
Salaries and wages		3 065	-	-	3 065	2 704	361	88,2%	3 426	3 073
Social contributions		600	-	-	600	368	232	61,3%	600	402
Goods and services		1 056	-	-	1 056	207	849	19,6%	809	809
Minor assets		5	-	-	5	-	5	-	5	4
Catering: Departmental activities		-	-	-	-	-	-	-	30	2
Communication (G&S)		23	-	-	23	32	(9)	139,1%	30	28
Fleet services (including government motor transport)		72	-	-	72	72	-	100,0%	51	32
Inventory: Food and food supplies		-	-	-	-	-	-	-	10	1
Consumable: Stationery, printing and office supplies		-	-	-	-	-	-	-	-	2
Operating leases		12	-	-	12	-	12	-	30	-
Travel and subsistence		944	-	-	944	103	841	10,9%	653	665
Venues and facilities		-	-	-	-	-	-	-	-	75
Payments for capital assets		51	-	-	51	-	51	-	34	34
Machinery and equipment		51	-	-	51	-	51	-	34	34
Other machinery and equipment		51	-	-	51	-	51	-	34	34
Total		4 772	-	-	4 772	3 279	1 493	68,7%	4 869	4 318

HEALTH VOTE 18
APPROPRIATION STATEMENTS for the year ended 31 March 2021

Economic classification	2020/21				2019/20				
	Adjusted appropriation R'000	Shifting of funds R'000	Virement R'000	Final appropriation R'000	Actual expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final appropriation R'000	Actual expenditure R'000
Current payments	45 712	(19)	(3 700)	41 993	32 402	9 591	77,2%	45 250	35 142
Compensation of employees	30 843	-	-	30 843	29 151	1 692	94,5%	29 637	29 637
Salaries and wages	26 395	-	-	26 395	25 409	986	96,3%	25 917	25 882
Social contributions	4 448	-	-	4 448	3 742	706	84,1%	3 720	3 755
Goods and services	14 869	(19)	(3 700)	11 150	3 251	7 899	29,2%	15 613	5 505
Minor assets	104	-	-	104	-	104	-	104	80
Catering: Departmental activities	139	-	(350)	(211)	4	(215)	(1,9) %	257	194
Communication (G&S)	97	-	-	97	80	17	82,5%	97	69
Computer services	11 564	(19)	(830)	10 715	1 573	9 142	14,7%	10 560	369
Consultants: Business and advisory services	600	-	(600)	-	-	-	-	414	379
Contractors	103	-	(190)	(87)	-	(87)	-	103	63
Fleet services (including government motor transport)	182	-	-	182	173	9	95,1%	269	251
Inventory: Food and food supplies	12	-	-	12	1	11	8,3%	12	4
Inventory: Fuel, oil and gas	-	-	-	-	-	-	-	-	1
Consumable supplies	15	-	-	15	-	15	-	10	3
Consumable: Stationery, printing and office supplies	153	-	-	153	1	152	0,7%	53	21
Operating leases	500	-	(230)	270	51	219	18,9%	230	31
Travel and subsistence	200	-	(1 500)	(1 300)	172	(1 472)	(13,2%)	3 002	3 522
Operating payments	1 200	-	-	1 200	1 196	4	99,7%	502	378
Venues and facilities	-	-	-	-	-	-	-	-	140
Transfers and subsidies	-	19	-	19	19	-	100,0%	169	169
Households	-	19	-	19	19	-	100,0%	169	169
Social benefits	-	19	-	19	19	-	100,0%	169	169
Payments for capital assets	79	-	-	79	-	79	-	71	57
Machinery and equipment	79	-	-	79	-	79	-	71	57
Other machinery and equipment	79	-	-	79	-	79	-	71	57
Total	45 791	-	(3 700)	42 091	32 421	9 670	77,0%	45 490	35 368

HEALTH VOTE 18
 APPROPRIATION STATEMENTS for the year ended 31 March 2021

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	Final appropriation	Actual expenditure	
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000	R'000	R'000	
Current payments	883 560	-	(31 718)	851 842	725 205	126 637	85,1%	668 256	529 215			
Compensation of employees	10 172	-	-	10 172	9 830	342	96,6%	12 931	9 846			
Salaries and wages	9 572	-	-	9 572	8 696	876	90,8%	10 856	8 725			
Social contributions	600	-	-	600	1 134	(534)	189,0%	2 075	1 121			
Goods and services	873 388	-	(31 718)	841 670	715 375	126 295	85,0%	655 325	519 316			
Advertising	464	(362)	-	102	102	-	100,0%	1 005	907			
Minor assets	4 000	(151)	-	3 849	3 176	673	82,5%	13 874	3 324			
Catering: Departmental activities	850	(92)	-	758	-	758	-	849	575			
Communication (G&S)	115	(5)	-	110	71	39	64,5%	115	65			
Computer services	38 185	(264)	-	37 921	13 052	24 869	34,4%	40 037	15 696			
Consultants: Business and advisory services	159 718	572	(31 718)	128 572	126 857	1 715	98,7%	125 659	128 565			
Contractors	604 234	(40)	-	604 194	538 210	65 984	89,1%	424 943	324 093			
Fleet services (including government motor transport)	5 185	-	-	5 185	487	4 698	9,4%	5 185	4 472			
Inventory: Food and food supplies	70	-	-	70	-	70	-	70	1			
Inventory: Fuel, oil and gas	15	-	-	15	1	14	6,7%	15	1			
Inventory: Medicine	15 200	-	-	15 200	15 006	194	98,7%	-	-			
Consumable supplies	4 030	264	-	4 294	305	3 989	7,1%	8 625	8 618			
Consumable: Stationery, printing and office supplies	845	40	-	885	74	811	8,4%	1 795	371			
Operating leases	14 800	145	-	14 945	10 102	4 843	67,6%	13 800	10 141			
Travel and subsistence	10 667	(107)	-	10 560	1 952	8 608	18,5%	8 823	13 926			
Training and development	9 500	-	-	9 500	2 597	6 903	27,3%	6 500	235			
Operating payments	2 810	-	-	2 810	2 115	695	75,3%	2 981	1 731			
Venues and facilities	2 700	-	-	2 700	1 268	1 432	47,0%	1 049	6 595			
Transfers and subsidies	246 464	-	-	246 464	245 132	1 332	99,5%	1 195 055	1 195 055			
Provinces and municipalities	246 464	-	-	246 464	245 132	1 332	99,5%	1 194 984	1 198 984			
Provinces	246 464	-	-	246 464	245 132	1 332	99,5%	1 194 984	1 198 984			
Provincial Revenue Funds	246 464	-	-	246 464	245 132	1 332	99,5%	1 194 984	1 198 984			
Households	-	-	-	-	-	-	-	71	71			
Social benefits	-	-	-	-	-	-	-	71	71			
Payments for capital assets	55 387	-	-	55 387	15 873	39 514	28,7%	86 119	76 090			
Machinery and equipment	55 387	-	-	55 387	15 873	39 514	28,7%	86 119	76 090			
Other machinery and equipment	55 387	-	-	55 387	15 873	39 514	28,7%	86 119	76 090			
Total	1 185 411	-	(31 718)	1 153 693	986 210	167 483	85,5%	1 949 430	1 800 307			

HEALTH VOTE 18
APPROPRIATION STATEMENTS for the year ended 31 March 2021

		2020/21						2019/20		
Programme 3: Communicable and Non-Communicable Diseases		Adjusted appropriation	Shifting of funds	Virement	Final appropriation	Actual expenditure	Variance	Expenditure as % of final appropriation	Final appropriation	Actual expenditure
Sub programme		R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
1. Programme Management		3 991	-	-	3 991	3 094	897	77,5%	5 545	5 480
1. HIV, AIDS and STIs		27 642 327	-	-	27 642 327	27 528 873	113 454	99,6%	22 409 081	22 374 879
2. Tuberculosis Management		23 166	-	(5 000)	18 166	14 177	3 989	78,0%	24 399	23 438
3. Women's Maternal and Reproductive Health		15 277	-	(2 900)	12 377	9 816	2 561	79,3%	15 693	13 361
4. Child, Youth and School Health		23 594	-	1 200	24 794	17 996	6 798	72,6%	18 189	18 000
5. Communicable Diseases		318 476	-	47 946	366 422	256 479	109 943	70,0%	112 558	51 171
6. Non-Communicable Diseases		79 624	-	(16 846)	62 778	31 930	30 848	50,9%	61 045	35 577
7. Health Promotion and Nutrition		30 942	-	-	30 942	23 759	7 183	76,8%	41 002	28 802
Total for sub-programmes		28 137 397	-	24 400	28 161 797	27 886 124	275 673	99,0%	22 851 142	22 713 688
Economic classification										
Current payments		717 515	(1 226)	24 798	741 087	487 237	253 850	65,7%	459 631	331 114
Compensation of employees		165 301	-	(2 850)	162 541	131 908	30 543	81,2%	155 166	138 417
Salaries and wages		147 021	-	(2 850)	144 171	115 469	28 702	80,1%	136 134	121 114
Social contributions		18 280	-	-	18 280	16 439	1 841	89,9%	19 032	17 303
Goods and services		552 214	(1 226)	27 648	578 636	355 329	223 307	61,4%	304 465	192 697
Administrative fees		6	-	-	6	1	5	16,7%	5	6
Advertising		32 673	(1 541)	(825)	30 307	18 385	11 922	60,7%	13 593	3 451
Minor assets		1 920	(16)	(487)	1 417	102	1 315	7,2%	2 020	132
Catering: Departmental activities		4 570	(425)	(210)	3 935	889	3 046	22,6%	5 693	3 315
Communication (G&S)		4 749	(77)	-	4 672	1 025	3 647	21,9%	4 202	3 999
Computer services		30	-	-	30	-	30	-	25	-
Consultants: Business and advisory services		186 111	6 508	(31 260)	161 359	135 524	25 835	84,0%	46 645	59 177
Contractors		590	(100)	-	490	15	475	3,1%	1 085	221
Agency and support / outsourced services		2 356	(1 581)	15 754	16 529	2 285	14 244	13,8%	68	2 262
Fleet services (including government motor transport)		6 330	(1 040)	(560)	4 730	4 367	363	92,3%	8 976	9 051
Inventory: Clothing material and accessories		2 000	-	-	2 000	1 853	147	92,7%	67 000	1 284
Inventory: Food and food supplies		108	-	-	108	3	105	2,8%	108	16
Inventory: Fuel, oil and gas		21	-	-	21	1	20	4,8%	20	8
Inventory: Medical supplies		74 201	(3 700)	-	70 501	39 940	30 561	56,7%	54 697	34 693
Inventory: Medicine		40 441	-	52 100	92 541	497	92 044	0,5%	-	-
Consumable supplies		4 063	-	(58)	4 005	3 523	482	88,0%	11 836	961
Consumable: Stationery, printing and office supplies		3 021	(50)	(527)	2 444	32	2 412	1,3%	918	282
Operating leases		1 044	-	-	1 044	282	762	27,0%	735	361
Property payments		1 645	-	-	1 645	1 393	252	84,7%	245	319
Travel and subsistence		107 892	(3 280)	(817)	103 185	81 702	21 483	79,2%	40 321	36 477
Operating payments		72 949	4 686	(4 312)	73 323	62 792	10 531	85,6%	37 453	31 192
Venues and facilities		5 464	-	(1 150)	4 314	688	3 626	15,9%	8 820	4 992
Rental and hiring		30	-	-	30	30	-	100,0%	-	-
Transfers and subsidies		27 413 918	749	-	27 414 667	27 388 553	26 114	99,9%	22 390 038	22 382 243
Provinces and municipalities		27 222 419	-	-	27 222 419	27 199 123	23 296	99,9%	22 196 195	22 196 195
Provinces		27 222 419	-	-	27 222 419	27 199 123	23 296	99,9%	22 196 195	22 196 195
Provincial Revenue Funds		27 222 419	-	-	27 222 419	27 199 123	23 296	99,9%	22 196 195	22 196 195
Departmental agencies and accounts		18 106	-	-	18 106	18 106	-	100,0%	18 066	18 066
Departmental agencies		18 106	-	-	18 106	170 574	2 819	98,4%	175 080	167 285
Non-profit institutions		173 393	-	-	173 393	170 574	2 819	100,1%	697	697
Households		-	749	-	749	750	(1)	100,2%	697	697
Social benefits		-	589	-	589	590	(1)	100,2%	-	-
Other transfers to households		-	160	-	160	160	-	100%	-	-
Payments for capital assets		5 964	477	(398)	6 043	10 334	(4 291)	171,0%	1 473	331
Machinery and equipment		5 964	477	(398)	6 043	10 334	(4 291)	171,0%	1 473	331
Other machinery and equipment		5 964	477	(398)	6 043	10 334	(4 291)	171,0%	1 473	331
Total		28 137 397	-	24 400	28 161 797	27 886 124	275 673	99,0%	22 851 142	22 713 688

HEALTH VOTE 18
APPROPRIATION STATEMENTS for the year ended 31 March 2021

Economic classification	2020/21				2019/20				
	Adjusted appropriation R'000	Shifting of funds R'000	Virement R'000	Final appropriation R'000	Actual expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final appropriation R'000	Actual expenditure R'000
Current payments	3 950	(328)	-	3 622	2 766	856	76,4%	5 431	5 398
Compensation of employees	2 906	-	-	2 906	2 529	377	87,0%	4 033	4 000
Salaries and wages	2 586	-	-	2 586	2 150	436	83,1%	3 572	3 510
Social contributions	320	-	-	320	379	(59)	118,4%	461	490
Goods and services	1 044	(328)	-	716	237	479	33,1%	1 398	1 398
Advertising	35	-	-	35	35	-	100,0%	-	-
Minor assets	60	-	-	60	56	4	93,3%	60	1
Communication (G&S)	13	-	-	13	8	5	61,5%	13	16
Computer services	5	-	-	5	-	5	-	5	-
Contractors	60	-	-	60	-	60	-	60	-
Fleet services (including government motor transport)	4	-	-	4	4	-	100,0%	124	34
Inventory: Food and food supplies	11	-	-	11	-	11	-	11	2
Inventory: Fuel, oil and gas	-	-	-	-	-	-	-	-	2
Consumable supplies	8	-	-	8	-	8	-	8	1
Consumable: Stationery, printing and office supplies	18	-	-	18	-	18	-	18	-
Operating leases	70	-	-	70	5	65	7,1%	70	38
Travel and subsistence	760	(328)	-	432	129	303	29,9%	1 029	1 304
Transfers and subsidies	-	328	-	328	328	-	100,0%	-	-
Households	-	328	-	328	328	-	100,0%	-	-
Social benefits	-	168	-	168	168	-	100,0%	-	-
Other transfers to households	-	160	-	160	160	-	100,0%	-	-
Payments for capital assets	41	-	-	41	-	41	-	114	82
Machinery and equipment	41	-	-	41	-	41	-	114	82
Other machinery and equipment	41	-	-	41	-	41	-	114	82
Total	3 991	-	-	3 991	3 094	897	77,5%	5 545	5 480

HEALTH VOTE 18
APPROPRIATION STATEMENTS for the year ended 31 March 2021

Economic classification	2020/21					2019/20			
	Adjusted appropriation R'000	Shifting of funds R'000	Virement R'000	Final appropriation R'000	Actual expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final appropriation R'000	Actual expenditure R'000
Current payments	231 886	(450)	398	231 834	142 604	89 230	61,5%	179 893	153 486
Compensation of employees	39 396	-	(2 850)	36 546	36 546	-	100,0%	38 080	38 030
Salaries and wages	34 073	-	(2 850)	31 223	31 784	(561)	101,8%	33 223	33 222
Social contributions	5 323	-	-	5 323	4 762	561	89,5%	4 807	4 808
Goods and services	192 490	(450)	3 248	195 288	106 058	89 230	54,3%	141 863	115 456
Administrative fees	1	-	-	1	1	-	100,0%	-	1
Advertising	450	-	-	450	-	450	-	450	82
Minor assets	1 040	-	-	1 040	2	1 038	0,2%	940	77
Catering: Departmental activities	1 000	-	-	1 000	88	912	8,8%	2 895	2 032
Communication (G&S)	3 250	(100)	-	3 150	401	2 749	12,7%	3 250	3 019
Consultants: Business and advisory services	42 651	3 350	-	46 001	5 622	40 379	12,2%	34 614	34 443
Contractors	-	-	-	-	-	-	-	500	183
Fleet services (including government motor transport)	2 200	-	-	2 200	1 463	737	66,5%	4 640	3 712
Inventory: Food and food supplies	40	-	-	40	1	39	2,5%	40	5
Inventory: Fuel, oil and gas	10	-	-	10	-	10	-	10	3
Inventory: Medical supplies	72 796	(3 700)	-	69 096	39 940	29 156	57,8%	51 796	33 256
Inventory: Other supplies	-	-	-	-	-	-	-	-	498
Consumable supplies	522	-	-	522	21	501	4,0%	522	814
Consumable: Stationery, printing and office supplies	400	-	-	400	-	400	-	200	30
Operating leases	100	-	-	100	21	79	21,0%	100	14
Property payments	245	-	-	245	-	245	-	245	319
Travel and subsistence	8 555	-	3 248	11 803	1 208	10 595	10,2%	8 555	6 464
Operating payments	58 000	-	-	58 000	57 225	775	98,7%	28 406	28 495
Venues and facilities	1 200	-	-	1 200	35	1 165	2,9%	4 700	2 009
Rental and hiring	30	-	-	30	30	-	100,0%	-	-
Transfers and subsidies	27 410 263	-	-	27 410 263	27 386 269	23 994	99,9%	22 229 083	22 221 288
Provinces and municipalities	27 222 419	-	-	27 222 419	27 199 123	23 296	99,9%	22 038 995	22 038 995
Provinces	27 222 419	-	-	27 222 419	27 199 123	23 296	99,9%	22 038 995	22 038 995
Provincial Revenue Funds	27 222 419	-	-	27 222 419	27 199 123	23 296	99,9%	22 038 995	22 038 995
Departmental agencies and accounts	18 106	-	-	18 106	18 106	-	100,0%	18 066	18 066
Departmental agencies	18 106	-	-	18 106	18 106	-	100,0%	18 066	18 066
Non-profit institutions	169 738	-	-	169 738	169 040	698	99,6%	171 773	163 978
Households	-	-	-	-	-	-	-	249	249
Social benefits	-	-	-	-	-	-	-	249	249
Payments for capital assets	178	450	(398)	230	-	230	-	105	105
Machinery and equipment	178	450	(398)	230	-	230	-	105	105
Other machinery and equipment	178	450	(398)	230	-	230	-	105	105
Total	27 642 327	-	-	27 642 327	27 528 873	113 454	99,6%	22 409 081	22 374 879

HEALTH VOTE 18
APPROPRIATION STATEMENTS for the year ended 31 March 2021

Economic classification	2020/21						2018/19		
	Adjusted appropriation R'000	Shifting of funds R'000	Virement R'000	Final appropriation R'000	Actual expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final appropriation R'000	Actual expenditure R'000
Current payments	23 106	-	(5 000)	18 106	14 177	3 929	78,3%	24 304	23 383
Compensation of employees	13 158	-	-	13 158	12 839	319	97,6%	14 653	13 732
Salaries and wages	13 158	-	-	13 158	11 279	1 879	85,7%	12 448	12 082
Social contributions	-	-	-	-	1 560	(1 560)	-	2 205	1 650
Goods and services	9 948	-	(5 000)	4 948	1 338	3 610	27,0%	9 651	9 651
Minor assets	50	-	-	50	-	50	-	50	-
Catering: Departmental activities	615	-	-	615	4	611	0,7%	315	279
Communication (G&S)	121	-	-	121	121	-	100,0%	100	114
Consultants: Business and advisory services	3 400	-	(1 500)	1 900	-	1 900	-	2 451	2 676
Fleet services (including government motor transport)	752	-	-	752	196	556	26,1%	752	707
Inventory: Food and food supplies	12	-	-	12	1	11	8,3%	12	4
Consumable supplies	5	-	-	5	-	5	-	5	-
Consumable: Stationery, printing and office supplies	40	-	-	40	-	40	-	40	-
Operating leases	45	-	-	45	-	45	-	45	26
Travel and subsistence	3 058	-	(2 400)	658	904	(246)	137,4%	5 031	5 245
Operating payments	1 050	-	(500)	550	-	550	-	50	-
Venues and facilities	800	-	(600)	200	112	88	56,0%	800	600
Transfers and subsidies	-	-	-	-	-	-	-	55	55
Households	-	-	-	-	-	-	-	55	55
Social benefits	-	-	-	-	-	-	-	55	55
Payments for capital assets	60	-	-	60	-	60	-	40	-
Machinery and equipment	60	-	-	60	-	60	-	40	-
Other machinery and equipment	60	-	-	60	-	60	-	40	-
Total	23 166	-	(5 000)	18 166	14 177	3 989	78,0%	24 399	23 438

HEALTH VOTE 18
 APPROPRIATION STATEMENTS for the year ended 31 March 2021
 3.4 Women's Maternal and Reproductive Health

Economic classification	2020/21				2019/20				
	Adjusted appropriation R'000	Shifting of funds R'000	Virement R'000	Final appropriation R'000	Actual expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final appropriation R'000	Actual expenditure R'000
Current payments	15 256	(89)	(2 900)	12 267	9 727	2 540	79,3%	15 617	13 286
Compensation of employees	9 923	-	-	9 923	9 264	659	93,4%	12 559	10 349
Salaries and wages	8 570	-	-	8 570	8 220	350	95,9%	11 260	9 180
Social contributions	1 353	-	-	1 353	1 044	309	77,2%	1 299	1 169
Goods and services	5 333	(89)	(2 900)	2 344	463	1 881	19,8%	3 058	2 937
Minor assets	25	(16)	-	9	-	9	-	25	-
Catering: Departmental activities	80	(300)	-	(220)	5	(225)	(2,3%)	80	36
Communication (G&S)	50	50	-	100	48	52	48,0%	50	32
Consultants: Business and advisory services	630	(89)	-	541	-	541	-	430	403
Contractors	-	(100)	-	(100)	-	(100)	-	-	-
Agency and support / outsourced services	70	-	-	70	-	70	-	-	-
Fleet services (including government motor transport)	178	10	-	188	128	60	68,1%	178	190
Inventory: Food and food supplies	10	-	-	10	-	10	-	10	1
Inventory: Fuel, oil, and gas	-	-	-	-	-	-	-	-	1
Consumable: Stationery, printing, and office supplies	59	(50)	-	9	-	9	-	23	-
Operating leases	52	-	-	52	30	22	57,7%	52	33
Travel and subsistence	3 324	(2 280)	-	1 044	249	795	23,9%	1 655	1 729
Operating payments	855	2 686	(2 900)	641	3	638	0,5%	555	512
Transfers and subsidies	-	89	-	89	89	-	100,0%	36	36
Households	-	89	-	89	89	-	100,0%	36	36
Social benefits	-	89	-	89	89	-	100,0%	36	36
Payments for capital assets	21	-	-	21	-	21	-	40	39
Machinery and equipment	21	-	-	21	-	21	-	40	39
Other machinery and equipment	21	-	-	21	-	21	-	40	39
Total	15 277	-	(2 900)	12 377	9 816	2 561	79,3%	15 693	13 361

HEALTH VOTE 18
 APPROPRIATION STATEMENTS for the year ended 31 March 2021
 3.5 Child, Youth and School Health

Economic classification	2020/21				2019/20				
	Adjusted appropriation R'000	Shifting of funds R'000	Virement R'000	Final appropriation R'000	Actual expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final appropriation R'000	Actual expenditure R'000
Current payments	23 485	(27)	1 200	24 658	17 860	6 798	72,4%	24 224	23 646
Compensation of employees	17 603	-	-	17 603	16 345	1 258	92,9%	18 909	18 402
Salaries and wages	14 761	-	-	14 761	14 080	681	95,4%	16 596	16 017
Social contributions	2 842	-	-	2 842	2 265	577	79,7%	2 313	2 385
Goods and services	5 882	(27)	1 200	7 500	1 515	5 985	21,5%	5 315	5 244
Advertising	-	-	(75)	(75)	-	(75)	-	-	-
Minor assets	94	-	(72)	22	-	22	-	24	5
Catering: Departmental activities	90	-	(70)	20	-	20	-	90	44
Communication (G&S)	120	(27)	-	93	88	5	94,6%	88	74
Consultants: Business and advisory services	130	-	(110)	20	4	16	20,0%	70	59
Contractors	10	-	-	10	-	10	-	10	-
Fleet services (including government motor transport)	1 004	(800)	-	204	333	(129)	163,2%	1 114	1 287
Inventory: Food and food supplies	5	-	-	5	-	5	-	5	-
Inventory: Fuel, oil and gas	1	-	-	1	1	-	100,0%	-	2
Inventory: Medicine	-	-	3 900	3 900	-	3 900	-	-	-
Consumable supplies	-	-	(27)	(27)	-	(27)	-	-	-
Consumable: Stationery, printing and office supplies	70	-	(80)	(10)	-	(10)	-	70	-
Operating leases	245	-	-	245	48	197	19,6%	45	93
Travel and subsistence	2 504	(1 200)	(1 100)	204	479	(275)	234,8%	2 986	2 957
Operating payments	1 489	2 000	(1 166)	2 323	562	1 761	24,2%	793	679
Venues and facilities	120	-	-	120	-	120	-	20	44
Transfers and subsidies	-	-	-	-	-	-	-	157 325	157 325
Provinces and municipalities	-	-	-	-	-	-	-	157 200	157 200
Provinces	-	-	-	-	-	-	-	157 200	157 200
Provincial Revenue Funds	-	-	-	-	-	-	-	157 200	157 200
Households	-	-	-	-	-	-	-	125	125
Social benefits	-	-	-	-	-	-	-	125	125
Payments for capital assets	109	27	-	136	136	-	100,0%	270	29
Machinery and equipment	109	27	-	136	136	-	100,0%	270	29
Other machinery and equipment	109	27	-	136	136	-	100,0%	270	29
Total	23 594	-	1 200	24 794	17 996	6 798	72,6%	181 819	181 000

HEALTH VOTE 18
APPROPRIATION STATEMENTS for the year ended 31 March 2021

Economic classification	2020/21					2019/20			
	Adjusted appropriation R'000	Shifting of funds R'000	Virement R'000	Final appropriation R'000	Actual expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final appropriation R'000	Actual expenditure R'000
Current payments	313 332	(82)	47 946	361 196	246 219	114 977	68,2%	111 764	51 132
Compensation of employees	41 1478	-	-	41 1478	16 181	24 997	39,3%	13 241	12 323
Salaries and wages	39 676	-	-	39 676	14 557	25 119	36,7%	11 739	10 699
Social contributions	1 502	-	-	1 502	1 624	(122)	108,1%	1 502	1 624
Goods and services	272 154	(82)	47 946	320 018	230 038	89 980	71,9%	98 523	38 809
Advertising	7 300	-	(400)	6 900	7 299	(399)	105,8%	-	-
Minor assets	400	-	(380)	20	-	20	-	805	1
Catering: Departmental activities	500	-	(140)	360	582	(222)	161,7%	-	3
Communication (G&S)	110	-	-	110	114	(4)	103,6%	110	56
Computer services	20	-	-	20	-	20	-	20	-
Consultants: Business and advisory services	130 000	-	-	130 000	129 898	102	99,9%	-	18 032
Contractors	15	-	-	15	15	-	100,0%	10	-
Agency and support/outourced services	26	-	-	26	26	-	100,0%	-	-
Fleet services (including government motor transport)	1 444	-	(560)	884	2 109	(1 225)	238,6%	1 420	2 456
Inventory: Clothing material and accessories	2 000	-	-	2 000	1 853	147	92,7%	67 000	1 284
Inventory: Food and food supplies	20	-	-	20	1	19	5,0%	20	2
Inventory: Fuel, oil and gas	10	-	-	10	-	10	-	10	-
Inventory: Medical supplies	-	-	-	-	-	-	-	1 500	37
Inventory: Medicine	40 441	-	48 200	88 641	497	88 144	0,6%	-	-
Consumable supplies	3 502	-	(31)	3 471	3 502	(31)	100,9%	11 285	142
Consumable: Stationery, printing and office supplies	1 767	-	(247)	1 520	24	1 496	1,6%	267	180
Operating leases	200	-	-	200	84	116	42,0%	200	39
Property payments	1 400	-	-	1 400	1 393	7	99,5%	-	-
Travel and subsistence	78 000	(82)	-	77 918	77 642	276	99,6%	14 531	14 584
Operating payments	4 955	-	1 504	6 459	4 955	1 504	76,7%	1 345	591
Venues and facilities	44	-	-	44	44	-	100,0%	-	1 402
Transfers and subsidies	-	82	-	82	82	-	100,0%	-	-
Households	-	82	-	82	82	-	100,0%	-	-
Other transfers to households	-	82	-	82	82	-	100,0%	-	-
Payments for capital assets	5 144	-	-	5 144	10 178	(5 034)	197,9%	794	39
Machinery and equipment	5 144	-	-	5 144	10 178	(5 034)	197,9%	794	39
Other machinery and equipment	5 144	-	-	5 144	10 178	(5 034)	197,9%	794	39
Total	318 476	-	47 946	366 422	255 479	109 943	70,0%	112 558	51 171

HEALTH VOTE 18
 APPROPRIATION STATEMENTS for the year ended 31 March 2021

Economic classification	2020/21					2019/20			
	Adjusted appropriation R'000	Shifting of funds R'000	Virement R'000	Final appropriation/ outsourced services R'000	Actual expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final appropriation R'000	Actual expenditure R'000
Current payments	76 810	-	(16 846)	59 964	30 396	29 568	50,7%	58 477	33 002
Compensation of employees	16 431	-	-	16 431	15 525	906	94,5%	18 110	18 090
Salaries and wages	12 950	-	-	12 950	13 758	(808)	106,2%	16 069	16 053
Social contributions	3 481	-	-	3 481	1 767	1 714	50,3%	2 041	2 037
Goods and services	60 379	-	(16 846)	43 533	14 871	28 662	34,2%	40 367	14 912
Administrative fees	5	-	-	5	-	5	-	5	5
Advertising	24 808	(1 541)	(350)	22 917	11 051	11 866	48,2%	13 143	3 369
Minor assets	85	-	(35)	50	-	50	-	85	29
Catering: Departmental activities	2 120	-	-	2 120	210	1 910	9,9%	2 120	728
Communication (G&S)	95	-	-	95	95	-	100,0%	62	97
Consultants: Business and advisory services	9 300	3 122	(29 650)	(17 228)	-	(17 228)	-	9 080	3 559
Contractors	500	-	-	500	-	500	-	500	38
Agency and support / outsourced services	1 920	(1 581)	15 754	16 093	1 919	14 174	11,9%	68	2 262
Fleet services (including government motor transport)	385	-	-	385	80	305	20,8%	385	315
Inventory: Food and food supplies	10	-	-	10	-	10	-	10	1
Consumable supplies	16	-	-	16	-	16	-	16	3
Consumable: Stationery, printing and office supplies	262	-	(200)	62	5	57	8,1%	233	-
Operating leases	152	-	-	152	94	58	61,8%	152	59
Travel and subsistence	11 491	-	(565)	10 926	901	10 025	8,2%	5 485	3 174
Operating payments	5 930	-	(1 250)	4 680	19	4 661	0,4%	5 723	336
Venues and facilities	3 300	-	(550)	2 750	497	2 253	18,1%	3 300	937
Transfers and subsidies	2 560	-	-	2 560	1 534	1 026	59,9%	2 548	2 548
Non-Profit institutions	2 560	-	-	2 560	1 534	1 026	59,9%	2 316	2 316
Households	-	-	-	-	-	-	-	232	232
Social benefits	-	-	-	-	-	-	-	232	232
Payments for capital assets	254	-	-	254	-	254	-	20	7
Machinery and equipment	254	-	-	254	-	254	-	20	7
Other machinery and equipment	254	-	-	254	-	254	-	20	7
Total	79 624	-	(16 846)	62 778	31 930	30 848	50,9%	61 045	35 557

HEALTH VOTE 18
 APPROPRIATION STATEMENTS for the year ended 31 March 2021

3.8 Health Promotion and Nutrition

Economic classification	2020/21					2019/20			
	Adjusted appropriation R'000	Shifting of funds R'000	Virement R'000	Final appropriation R'000	Actual expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final appropriation R'000	Actual expenditure R'000
Current payments	29 690	(250)	-	29 440	23 488	5 952	79,8%	39 921	27 781
Compensation of employees	24 706	-	-	24 706	22 679	2 027	91,8%	35 631	23 491
Salaries and wages	21 247	-	-	21 247	19 641	1 606	92,4%	31 227	20 351
Social contributions	3 459	-	-	3 459	3 038	421	87,8%	4 404	3 140
Goods and services	4 984	(250)	-	4 734	809	3 925	17,1%	4 290	4 209
Advertising	80	-	-	80	-	80	-	-	-
Minor assets	166	-	-	166	44	122	26,5%	31	19
Catering: Departmental activities	165	(125)	-	40	-	40	-	193	193
Communication (G&S)	990	-	-	990	150	840	15,2%	529	591
Computer services	5	-	-	5	-	5	-	-	-
Consultants: Business and advisory services	-	125	-	125	-	125	-	-	5
Contractors	5	-	-	5	-	5	-	5	-
Agency and support / outsourced services	340	-	-	340	340	-	100,0%	-	-
Fleet services (including government motor transport)	363	(250)	-	113	54	59	47,8%	363	350
Inventory: Food and food supplies	-	-	-	-	-	-	-	-	1
Medical supplies	1 405	-	-	1 405	-	1 405	-	1 401	1 400
Consumable supplies	10	-	-	10	-	10	-	-	1
Consumable: Stationery, printing and office supplies	405	-	-	405	3	402	0,7%	67	72
Operating leases	180	-	-	180	-	180	-	71	59
Travel and subsistence	200	-	-	200	190	10	95,0%	1 049	1 020
Operating payments	670	-	-	670	28	642	4,2%	581	579
Transfers and subsidies	1 095	250	-	1 345	251	1 094	18,7%	991	991
Non-profit Institutions	1 095	250	-	1 345	251	1 094	18,7%	991	991
Payments for capital assets	157	-	-	157	20	137	12,7%	90	30
Machinery and equipment	157	-	-	157	20	137	12,7%	90	30
Other machinery and equipment	157	-	-	157	20	137	12,7%	90	30
Total	30 942	-	-	30 942	23 759	7 183	76,8%	41 002	28 802

HEALTH VOTE 18
APPROPRIATION STATEMENTS for the year ended 31 March 2021
Programme 4: Primary Health Care

	2020/21					2019/20			
	Adjusted appropriation R'000	Shifting of funds R'000	Virement R'000	Final appropriation R'000	Actual expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final appropriation R'000	Actual expenditure R'000
Sub programme									
1. Programme Management	3 939	86	-	4 025	3 542	483	88,0%	4 790	4 753
1. District Health Services	21 037	(2 162)	-	18 875	14 030	4 845	74,3%	18 348	16 658
2. Environmental and Port Health Services	244 478	2 007	-	246 485	290 609	(44 124)	117,9%	187 747	187 335
3. Emergency Medical Services and Trauma	8 342	69	(711)	7 700	6 790	910	88,2%	8 766	8 111
Total for sub programmes	277 796	-	(711)	277 085	314 971	(37 886)	113,7%	219 651	216 857
Economic classification									
Current payments	277 156	(613)	(711)	275 932	314 759	(38 827)	114,1%	218 302	215 858
Compensation of employees	252 406	-	-	252 406	296 169	(43 763)	117,3%	193 395	192 038
Salaries and wages	225 241	(118)	-	225 123	268 269	(43 146)	119,2%	167 609	165 036
Social contributions	27 165	118	-	27 283	27 900	(617)	102,3%	25 786	27 002
Goods and services	24 750	(513)	(711)	23 526	18 590	4 936	79,0%	24 907	23 820
Administrative fees	52	-	-	52	52	-	100,0%	30	67
Advertising	81	-	-	81	-	81	-	81	98
Minor assets	407	(50)	-	357	41	316	11,5%	282	37
Catering: Departmental activities	533	(140)	-	393	26	367	6,6%	443	418
Communication (G&S)	1 249	-	-	1 249	1 212	37	97,0%	1 155	1 207
Computer services	565	(519)	-	46	45	1	97,8%	-	-
Consultants: Business and advisory services	1 225	(150)	-	1 075	45	1 030	4,2%	150	4
Contractors	985	-	-	985	289	696	29,3%	450	453
Agency and support / outsourced services	500	(450)	-	50	3	47	6,0%	-	-
Entertainment	5	-	-	5	-	5	-	-	-
Fleet services (including government motor transport)	7 667	1 944	-	9 611	10 891	(1 280)	113,3%	8 728	10 619
Inventory: Clothing material and supplies	1 870	-	-	1 870	1 801	69	96,3%	3 219	2 316
Inventory: Food and food supplies	48	-	(5)	43	1	42	2,3%	48	5
Inventory: Fuel, oil and gas	6	-	-	6	1	5	16,7%	5	5
Consumable supplies	29	-	(5)	24	10	14	41,7%	260	223
Consumable: Stationery, printing and office supplies	459	220	(220)	459	18	441	3,9%	413	109
Operating leases	736	-	-	736	596	140	81,0%	695	437
Property payments	80	-	-	80	9	71	11,3%	20	1
Travel and subsistence	5 936	(648)	(310)	4 778	2 793	1 985	58,5%	7 211	6 688
Training and development	-	-	-	-	-	-	-	-	13
Operating payments	1 127	70	(100)	1 097	580	517	52,9%	697	188
Venues and facilities	1 190	(590)	(71)	529	177	352	33,5%	1 020	932
Transfers and subsidies	-	38	-	38	38	-	100,0%	440	440
Households	-	38	-	38	38	-	100,0%	440	440
Social benefits	-	38	-	38	38	-	100,0%	440	440
Payments for capital assets	640	475	-	1 115	174	941	15,6%	909	559
Machinery and equipment	640	475	-	1 115	174	941	15,6%	909	559
Other machinery and equipment	640	475	-	1 115	174	941	15,6%	909	559
Total	277 796	-	(711)	277 085	314 971	(37 886)	113,7%	219 651	216 857

HEALTH VOTE 18
APPROPRIATION STATEMENTS for the year ended 31 March 2021

4.1 Programme Management											
Economic classification	2020/21					2019/20					
	Adjusted appropriation R'000	Shifting of funds R'000	Virement R'000	Final appropriation R'000	Actual expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final appropriation R'000	Actual expenditure R'000		
Current payments	3 905	86	-	3 991	3 542	449	88,7%	4 280	4 275		
Compensation of employees	3 176	86	-	3 262	3 262	-	100,0%	3 330	3 325		
Salaries and wages	2 835	37	-	2 872	2 872	-	100,0%	3 009	2 968		
Social contributions	341	49	-	390	390	-	100,0%	321	357		
Goods and services	729	-	-	729	280	449	38,4%	950	950		
Minor assets	-	-	-	-	-	-	-	-	11		
Catering: Departmental activities	20	-	-	20	-	20	-	20	24		
Communication (G&S)	42	-	-	42	18	24	42,9%	42	19		
Fleet services (including government motor transport)	77	-	-	77	-	77	-	427	489		
Inventory: Food and food supplies	6	-	-	6	-	6	-	6	1		
Inventory: Fuel, oil, and gas	-	-	-	-	-	-	-	-	2		
Consumable supplies	-	-	-	-	-	-	-	-	2		
Consumable: Stationery, printing, and office supplies	28	-	-	28	-	28	-	28	-		
Operating leases	30	-	-	30	5	25	16,7%	30	5		
Travel and subsistence	526	-	-	526	257	269	48,9%	397	397		
Payments for capital assets	34	-	-	34	-	34	-	510	478		
Machinery and equipment	34	-	-	34	-	34	-	510	478		
Other machinery and equipment	34	-	-	34	-	34	-	510	478		
Total	3 939	86	-	4 025	3 542	483	88,0%	4 790	4 753		

HEALTH VOTE 18
APPROPRIATION STATEMENTS for the year ended 31 March 2021

Economic classification	2020/21				2019/20				
	Adjusted appropriation R'000	Shifting of funds R'000	Virement R'000	Final appropriation R'000	Actual expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final appropriation R'000	Actual expenditure R'000
Current payments	20 988	(2 187)	-	18 801	13 957	4 844	74,2%	18 318	16 638
Compensation of employees	14 529	(155)	-	14 374	13 174	1 200	91,7%	13 668	12 571
Salaries and wages	12 266	(155)	-	12 111	11 551	560	95,4%	12 353	11 054
Social contributions	2 263	-	-	2 263	1 623	640	71,7%	1 315	1 517
Goods and services	6 459	(2 032)	-	4 427	783	3 644	17,7%	4 650	4 067
Advertising	30	-	-	30	-	30	-	30	-
Minor assets	127	(50)	-	77	21	56	27,3%	127	-
Catering: Departmental activities	260	(140)	-	120	-	120	-	210	198
Communication (G&S)	162	-	-	162	161	1	99,4%	125	138
Computer services	520	(519)	-	1	-	1	-	-	-
Consultants: Business and advisory services	1 180	(150)	-	1 030	-	1 030	-	150	4
Fleet services (including government motor transport)	661	(25)	-	636	144	492	22,6%	671	1 252
Inventory: Food and food supplies	15	-	-	15	1	14	6,7%	15	1
Inventory: Fuel, oil and gas	1	-	-	1	1	-	100,0%	-	2
Consumable supplies	10	-	-	10	6	4	60,0%	10	-
Consumable: Stationery, printing, and office supplies	170	-	-	170	2	168	1,2%	170	44
Operating leases	105	-	-	105	33	72	31,4%	105	8
Travel and subsistence	2 506	(648)	-	1 658	414	1 244	25,0%	2 325	1 986
Operating payments	312	(300)	-	12	-	12	-	312	42
Venues and facilities	400	-	-	400	-	400	-	400	392
Payments for capital assets	49	25	-	74	73	1	98,6%	30	20
Machinery and equipment	49	25	-	74	73	1	98,6%	30	20
Other machinery and equipment	49	25	-	74	73	1	98,6%	30	20
Total	21 037	(2 162)	-	18 875	14 030	4 845	74,3%	18 348	16 658

HEALTH VOTE 18
APPROPRIATION STATEMENTS for the year ended 31 March 2021

4.3 Environmental and Port Health Services

Economic classification	2020/21					2019/20			
	Adjusted appropriation R'000	Shifting of funds R'000	Virement R'000	Final appropriation R'000	Actual expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final appropriation R'000	Actual expenditure R'000
Current payments	243 988	1 519	-	245 507	290 470	(44 963)	118,3%	187 150	186 895
Compensation of employees	228 634	-	-	228 634	273 597	(44 963)	119,7%	169 630	169 375
Salaries and wages	204 560	-	-	204 560	248 283	(43 723)	121,4%	146 080	144 880
Social contributions	24 074	-	-	24 074	25 314	(1 240)	105,2%	23 550	24 495
Goods and services	15 354	1 519	-	16 873	16 873	-	100,0%	17 520	17 520
Administrative fees	52	-	-	52	52	-	100,0%	30	67
Advertising	51	-	-	51	51	-	-	51	98
Minor assets	225	-	-	225	20	205	8,9%	100	26
Catering: Departmental activities	150	-	-	150	26	124	17,3%	110	128
Communication (G&S)	1 005	-	-	1 005	1 005	-	100,0%	948	1 020
Computer services	45	-	-	45	45	-	100,0%	-	-
Consultants: Business and advisory services	45	-	-	45	45	-	100,0%	-	-
Contractors	985	-	-	985	289	696	29,3%	450	453
Agency and support / outsourced services	500	(450)	-	50	3	47	6,0%	-	-
Entertainment	5	-	-	5	-	5	-	-	-
Fleet services (including government motor transport)	6 759	1 969	-	8 728	10 581	(1 853)	121,2%	7 555	8 726
Inventory: Clothing material and accessories	1 820	-	-	1 820	1 801	19	99,0%	3 210	2 316
Inventory: Food and food supplies	17	-	-	17	17	-	-	17	3
Inventory: Fuel, oil and gas	5	-	-	5	-	5	-	5	1
Consumable supplies	4	-	-	4	4	-	100,0%	235	221
Consumable: Stationery, printing and office supplies	16	220	-	236	16	220	6,8%	120	62
Operating leases	541	-	-	541	541	-	100,0%	500	392
Property payments	80	-	-	80	9	71	11,3%	20	1
Travel and subsistence	1 734	-	-	1 734	1 734	-	100,0%	3 369	3 358
Training and development	-	-	-	-	-	-	-	-	13
Operating payments	525	370	-	895	525	370	58,7%	180	95
Venues and facilities	790	(590)	-	200	177	23	88,5%	620	540
Transfers and subsidies	-	38	-	38	38	-	100,0%	440	440
Households	-	38	-	38	38	-	100,0%	440	440
Social benefits	-	38	-	38	38	-	100,0%	440	440
Payments for capital assets	490	450	-	940	101	839	10,7%	157	-
Machinery and equipment	490	450	-	940	101	839	10,7%	157	-
Other machinery and equipment	490	450	-	940	101	839	10,7%	157	-
Total	244 478	2 007	-	246 485	290 609	(44 124)	117,9%	187 747	187 335

HEALTH VOTE 18
APPROPRIATION STATEMENTS for the year ended 31 March 2021

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	R'000	R'000	
Current payments	8 275	69	(711)	7 633	6 790	843	89,0%	8 554	8 050			
Compensation of employees	6 067	69	-	6 136	6 136	-	100,0%	6 767	6 767			
Salaries and wages	5 580	-	-	5 580	5 563	17	99,7%	6 167	6 134			
Social contributions	487	69	-	556	573	(17)	103,1%	600	633			
Goods and services	2 208	-	(711)	1 497	654	843	43,7%	1 787	1 283			
Minor assets	55	-	-	55	-	55	-	55	-			
Catering: Departmental activities	103	-	-	103	-	103	-	103	68			
Communication (G&S)	40	-	-	40	28	12	70,0%	40	30			
Fleet services (including government motor transport)	170	-	-	170	166	4	97,6%	75	152			
Inventory: Clothing material and accessories	50	-	-	50	-	50	-	9	-			
Inventory: Food and food supplies	10	-	(5)	5	-	5	-	10	-			
Consumable supplies	15	-	(5)	10	-	10	-	15	-			
Consumable: Stationery, printing and office supplies	245	-	(220)	25	-	25	-	95	3			
Operating leases	60	-	-	60	17	43	28,3%	60	32			
Travel and subsistence	1 170	-	(310)	860	388	472	45,1%	1 120	947			
Operating payments	290	-	(100)	190	55	135	28,9%	205	51			
Venues and facilities	-	-	(71)	(71)	-	(71)	-	-	-			
Payments for capital assets	67	-	-	67	-	67	-	212	61			
Machinery and equipment	67	-	-	67	-	67	-	212	61			
Other machinery and equipment	67	-	-	67	-	67	-	212	61			
Total	8 342	69	(711)	7 700	6 790	910	88,2%	8 766	8 111			

HEALTH VOTE 18
APPROPRIATION STATEMENTS for the year ended 31 March 2021

Programme 5: Hospital Systems		2020/21										2019/20	
		Adjusted appropriation R'000	Shifting of funds R'000	Virement R'000	Final appropriation R'000	Actual expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final appropriation R'000	Actual expenditure R'000			
Sub programme													
1. Programme Management		1 202	54	-	1 256	957	299	76,2%	1 594	1 080			
1. Health Facilities Infrastructure Management		7 195 667	-	-	7 195 667	7 167 149	28 518	99,6%	7 236 830	7 219 017			
2. Hospital Systems		14 022 731	(54)	-	14 022 677	14 020 400	2 277	100,0%	13 194 210	13 193 612			
Total for sub programmes		21 219 600	-	-	21 219 600	21 188 506	31 094	99,9%	20 432 634	20 413 709			
Economic classification													
Current payments		184 339	(77 332)	-	107 007	76 178	30 829	71,2%	188 382	172 990			
Compensation of employees		24 213	-	(449)	23 764	23 535	229	99,0%	24 314	23 716			
Salaries and wages		21 889	(54)	(449)	21 386	20 700	686	96,8%	21 191	20 963			
Social contributions		2 324	54	-	2 378	2 835	(457)	119,2%	3 123	2 753			
Goods and services		160 126	(77 332)	449	83 243	52 643	30 600	63,2%	164 068	149 274			
Advertising		180	-	-	180	-	180	-	692	-			
Minor assets		20 387	-	-	20 387	-	20 387	-	50 280	2 079			
Catering: Departmental activities		205	-	-	205	5	200	2,4%	135	1 505			
Communication		179	-	-	179	156	23	87,2%	125	141			
Consultants: Business and advisory services		127 466	(75 292)	-	52 174	48 947	3 227	93,8%	83 375	87 208			
Contractors		126	-	-	126	126	-	100,0%	-	59			
Entertainment		10	-	-	10	-	10	-	-	-			
Fleet services (including government motor transport)		298	-	-	298	216	82	72,5%	219	677			
Inventory: Clothing material and accessories		-	-	-	-	-	-	-	1 345	-			
Inventory: Food and food supplies		21	-	-	21	-	21	-	15	1			
Inventory: Fuel, oil and gas		-	-	-	-	-	-	-	-	1			
Inventory: Other supplies		-	-	-	-	-	-	-	-	46			
Consumable supplies		2 000	-	-	2 000	1 753	247	87,7%	20 919	53 665			
Consumable: Stationery, printing and office supplies		432	-	-	432	-	432	-	230	47			
Operating leases		257	-	-	257	26	231	10,1%	245	84			
Travel and subsistence		7 679	(2 040)	449	6 088	1 414	4 674	23,2%	5 993	3 488			
Training and development		-	-	-	-	-	-	-	-	115			
Operating payments		366	-	-	366	-	366	-	120	96			
Venues and facilities		520	-	-	520	-	520	-	375	-			
Transfers and subsidies		20 328 434	-	-	20 328 434	20 328 435	(1)	100,0%	19 531 950	19 531 950			
Provinces and municipalities		20 328 434	-	-	20 328 434	20 328 435	(1)	100,0%	19 531 801	19 531 801			
Provinces		20 328 434	-	-	20 328 434	20 328 435	(1)	100,0%	19 531 801	19 531 801			
Provincial Revenue Funds		20 328 434	-	-	20 328 434	20 328 435	(1)	100,0%	19 531 801	19 531 801			
Households		-	-	-	-	-	-	-	149	149			
Social benefits		-	-	-	-	-	-	-	149	149			
Payments for capital assets		706 827	77 332	-	784 159	783 893	266	100,0%	712 302	708 769			
Buildings and other fixed structures		472 144	267 967	-	740 111	740 111	-	100,0%	592 023	592 023			
Buildings		472 144	267 967	-	740 111	740 111	-	100,0%	592 023	592 023			
Machinery and equipment		234 683	(190 635)	-	44 048	43 782	266	99,4%	120 279	116 746			
Other machinery and equipment		234 683	(190 635)	-	44 048	43 782	266	99,4%	120 279	116 746			
Total		21 219 600	-	-	21 219 600	21 188 506	31 094	99,9%	20 432 634	20 413 709			

HEALTH VOTE 18
 APPROPRIATION STATEMENTS for the year ended 31 March 2021

Economic classification	2020/21					2019/20			
	Adjusted appropriation R'000	Shifting of funds R'000	Virement R'000	Final appropriation R'000	Actual expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final appropriation R'000	Actual expenditure R'000
Current payments	1 192	54	-	1 246	957	289	76,8%	1 565	1 051
Compensation of employees	882	54	-	936	936	-	100,0%	1 003	1 003
Salaries and wages	882	-	-	882	844	38	95,7%	1 001	911
Social contributions	-	54	-	54	92	(380)	170,4%	2	92
Goods and services	310	-	-	310	21	289	6,8%	562	48
Advertising	-	-	-	-	-	-	-	562	-
Fleet services (including government motor transport)	-	-	-	-	-	-	-	-	9
Consumable: Stationery, printing, and office supplies	-	-	-	-	-	-	-	-	3
Operating leases	12	-	-	12	12	-	100,0%	-	12
Travel and subsistence	298	-	-	298	9	289	3,0%	-	24
Payments for capital assets	10	-	-	10	-	10	-	29	29
Machinery and equipment	10	-	-	10	-	10	-	29	29
Other machinery and equipment	10	-	-	10	-	10	-	29	29
Total	1 202	54	-	1 256	957	299	76,2%	1 594	1 080

HEALTH VOTE 18
 APPROPRIATION STATEMENTS for the year ended 31 March 2021

5.2 Health Facilities Infrastructure Management

Economic classification	2020/21				2019/20				
	Adjusted appropriation R'000	Shifting of funds R'000	Virement R'000	Final appropriation R'000	Actual expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final appropriation R'000	Actual expenditure R'000
Current payments	173 666	(77 332)	-	96 334	67 974	28 360	70,6%	178 168	163 888
Compensation of employees	16 326	-	(449)	15 877	15 876	1	100,0%	16 069	16 069
Salaries and wages	14 983	-	(449)	14 534	14 033	501	96,6%	14 249	14 259
Social contributions	1 343	-	-	1 343	1 843	(500)	137,2%	1 820	1 810
Goods and services	157 340	(77 332)	449	80 457	52 098	28 359	64,8%	162 099	147 819
Advertising	130	-	-	130	-	130	-	80	-
Minor assets	20 387	-	-	20 387	-	20 387	-	50 280	2 079
Catering: Departmental activities	130	-	-	130	-	130	-	70	1 480
Communication (G&S)	80	-	-	80	57	23	71,3%	80	61
Consultants: Business and advisory services	127 364	(75 292)	-	52 072	48 845	3 227	93,8%	83 375	87 208
Contractors	126	-	-	126	126	-	100,0%	-	59
Entertainment	10	-	-	10	-	10	-	-	-
Fleet services (including government motor transport)	185	-	-	185	185	-	100,0%	120	237
Inventory: Clothing material and accessories	-	-	-	-	-	-	-	1 345	-
Inventory: Food and food supplies	16	-	-	16	-	16	-	10	1
Inventory: Fuel, oil and gas	-	-	-	-	-	-	-	-	1
Inventory: Other supplies	-	-	-	-	-	-	-	-	46
Consumable supplies	2 000	-	-	2 000	1 753	247	87,7%	20 919	53 665
Consumable: Stationery, printing and office supplies	291	-	-	91	-	291	-	170	-
Operating leases	150	-	-	150	-	150	-	150	-
Travel and subsistence	5 825	(2 040)	449	4 234	1 132	3 102	26,7%	5 035	2 846
Training and development	-	-	-	-	-	-	-	-	115
Operating payments	196	-	-	196	-	196	-	90	21
Venues and facilities	450	-	-	450	-	450	-	375	-
Transfers and subsidies	6 315 281	-	-	6 315 281	6 315 282	(1)	100,0%	6 346 422	6 346 422
Provinces and municipalities	6 315 281	-	-	6 315 281	6 315 282	(1)	100,0%	6 346 273	6 346 273
Provinces	6 315 281	-	-	6 315 281	6 315 282	(1)	100,0%	6 346 273	6 346 273
Provincial Revenue Funds	6 315 281	-	-	6 315 281	6 315 282	(1)	100,0%	6 346 273	6 346 273
Households	-	-	-	-	-	-	-	149	149
Social benefits	-	-	-	-	-	-	-	149	149
Payments for capital assets	706 270	77 332	-	784 052	783 893	159	100,0%	712 240	708 707
Buildings and other fixed structures	472 144	267 967	-	740 111	740 111	-	100,0%	592 023	592 023
Buildings	472 144	267 967	-	740 111	740 111	-	100,0%	592 023	592 023
Machinery and equipment	234 576	(190 635)	-	43 941	43 782	159	99,6%	120 217	116 684
Other machinery and equipment	234 576	(190 635)	-	43 941	43 782	159	99,6%	120 217	116 684
Total	7 195 667	-	-	7 195 667	7 167 149	28 518	99,6%	7 236 830	7 219 017

HEALTH VOTE 18
APPROPRIATION STATEMENTS for the year ended 31 March 2021

Economic classification		2020/21						2019/20		
		Adjusted appropriation R'000	Shifting of funds R'000	Virement R'000	Final appropriation R'000	Actual expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final appropriation R'000	Actual expenditure R'000
Current payments		9 481	(54)	-	9 427	7 247	2 180	76,9%	8 649	8 051
Compensation of employees		7 005	(54)	-	6 951	6 723	228	96,7%	7 242	6 644
Salaries and wages		6 024	(54)	-	5 970	5 823	147	97,9%	5 941	5 793
Social contributions		981	-	-	981	900	81	91,7%	1 301	851
Goods and services		2 476	-	-	2 476	524	1 952	21,2%	1 407	1 407
Advertising		50	-	-	50	-	50	-	50	-
Audit costs: External		-	-	-	-	-	-	-	-	62
Catering: Departmental activities		75	-	-	75	5	70	6,7%	65	25
Communication (G&S)		99	-	-	99	99	-	100,0%	45	80
Consultants: Business and advisory services		102	-	-	102	102	-	100,0%	-	-
Fleet services (including government motor transport)		113	-	-	113	31	82	27,4%	99	431
Inventory: Food and food supplies		5	-	-	5	-	5	-	5	-
Consumable: Stationery, printing, and office supplies		141	-	-	141	-	141	-	60	44
Operating leases		95	-	-	95	14	81	14,7%	95	72
Travel and subsistence		1 556	-	-	1 556	273	1 283	17,5%	958	618
Operating payments		170	-	-	170	-	170	-	30	75
Venues and facilities		70	-	-	70	-	70	-	-	-
Transfers and subsidies		14 013 153	-	-	14 013 153	14 013 153	-	100,0%	13 185 528	13 185 528
Provinces and municipalities		14 013 153	-	-	14 013 153	14 013 153	-	100,0%	13 185 528	13 185 528
Provinces		14 013 153	-	-	14 013 153	14 013 153	-	100,0%	13 185 528	13 185 528
Provincial Revenue Funds		14 013 153	-	-	14 013 153	14 013 153	-	100,0%	13 185 528	13 185 528
Payments for capital assets		97	-	-	97	-	97	-	33	33
Machinery and equipment		97	-	-	97	-	97	-	33	33
Other machinery and equipment		97	-	-	97	-	97	-	33	33
Total		14 022 731	(54)	-	14 022 677	14 020 400	2 277	100,0%+	13 194 210	13 193 612

HEALTH VOTE 18
APPROPRIATION STATEMENTS for the year ended 31 March 2021

Programme 6: Health Regulation and Compliance Management										
Sub programme	2020/21					2019/20				
	Adjusted appropriation R'000	Shifting of funds R'000	Virement R'000	Final appropriation R'000	Actual expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final appropriation R'000	Actual expenditure R'000	
1. Programme Management	5 895	-	-	5 895	5 328	567	90,4%	6 115	5 858	
1. Policy and Planning	7 006	-	(500)	6 506	5 377	1 129	82,6%	6 811	6 093	
2. Public Entities Management and Laboratories	2 090 935	-	(1 700)	2 089 235	2 084 215	5 020	99,8%	2 038 917	1 986 747	
3. Nursing Services	8 460	(42)	-	8 418	7 405	1 013	88,0%	8 752	8 302	
4. Health Information, Monitoring and Evaluation	59 158	1 724	(1 700)	58 182	48 998	10 184	82,8%	61 550	59 458	
5. Human Resources for Health	4 362 452	(1 682)	-	4 360 770	4 390 524	(29 754)	100,7%	2 981 059	2 979 763	
Total for sub programmes	6 533 906	-	(3 900)	6 530 006	6 541 847	(11 841)	100,2%	5 103 204	5 046 221	
Economic classification										
Current payments	337 069	(462)	(4 298)	332 309	318 450	13 859	95,8%	326 415	293 031	
Compensation of employees	184 533	-	3 299	187 832	187 681	151	99,9%	190 583	184 511	
Salaries and wages	160 343	-	1 644	161 987	161 836	151	99,9%	165 884	159 076	
Social contributions	24 190	-	1 655	25 845	25 845	-	100,0%	24 699	25 435	
Goods and services	152 536	(462)	(7 597)	144 477	130 769	13 708	90,5%	135 832	108 520	
Administrative fees	-	-	-	-	-	-	-	600	-	
Advertising	645	-	-	645	207	438	32,1%	309	342	
Minor assets	531	-	-	531	15	516	2,8%	446	71	
Audit costs: External	3 400	(630)	-	2 770	2 770	-	100,0%	3 400	4 242	
Catering: Departmental activities	172	-	(100)	72	-	72	-	290	116	
Communication (G&S)	1 794	(66)	-	1 728	1 728	-	100,0%	2 636	1 808	
Computer services	43 856	6 210	(3 697)	46 369	43 562	2 807	93,9%	2 445	2 054	
Consultants: Business and advisory services	61 375	(5 000)	(200)	56 175	50 186	5 989	89,3%	44 880	42 444	
Laboratory services	50	-	-	50	-	50	-	-	-	
Contractors	10 817	(320)	-	10 497	10 497	-	100,0%	35 820	27 824	
Agency and support / outsourced services	562	-	-	562	542	20	96,4%	2 639	1 091	
Fleet services (including government motor transport)	1 215	-	(70)	1 145	906	239	79,1%	3 301	3 301	
Inventory: Clothing material and accessories	101	-	-	101	-	101	-	101	12	
Inventory: Food and food supplies	57	-	-	57	2	55	3,5%	57	24	
Inventory: Fuel, oil and gas	352	-	-	352	347	5	98,6%	1 725	911	
Inventory: Medical supplies	235	(231)	-	4	4	-	100,0%	235	77	
Inventory: Medicine	60	-	-	60	2	58	3,3%	60	4	
Inventory: Other supplies	7 648	500	-	8 148	7 648	500	93,9%	12 444	7 030	
Consumable supplies	230	-	-	230	211	19	91,7%	234	68	
Consumable: Stationery, printing, and office supplies	804	-	(100)	704	528	176	75,0%	1 641	904	
Operating leases	2 005	(900)	(120)	985	985	-	100,0%	2 125	977	
Property payments	1 196	137	-	1 333	1 196	137	89,7%	2 170	1 567	
Travel and subsistence	9 689	(162)	(2 164)	7 363	5 104	2 259	69,3%	10 417	8 588	
Operating payments	2 318	-	(46)	2 272	2 272	-	100,0%	5 661	3 543	
Venues and facilities	2 804	-	(1 100)	1 704	1 604	100	94,1%	1 576	1 171	
Rental and hiring	620	-	-	620	453	167	73,1%	620	351	
Transfers and subsidies	6 174 324	162	-	6 174 486	6 205 054	(30 568)	100,5%	4 750 341	4 750 329	
Provinces and Municipalities	4 309 290	-	-	4 309 290	4 339 857	(30 567)	100,7%	2 940 428	2 940 428	
Provinces	4 309 290	-	-	4 309 290	4 339 857	(30 567)	100,7%	2 940 428	2 940 428	
Provincial Revenue Funds	4 309 290	-	-	4 309 290	4 339 857	(30 567)	100,7%	2 940 428	2 940 428	
Departmental agencies and accounts	1 865 034	-	-	1 865 034	1 865 034	-	100,0%	1 809 592	1 809 591	
Social security funds	4 058	-	-	4 058	4 058	-	100,0%	4 050	4 050	
Departmental agencies	1 860 976	-	-	1 860 976	1 860 976	-	100,0%	1 805 542	1 805 541	
Households	-	162	-	162	163	(1)	100,6%	321	310	
Social benefits	-	162	-	162	163	(1)	100,6%	321	310	
Payments for capital assets	22 513	300	398	23 211	18 343	4 868	79,0%	26 448	2 861	
Machinery and equipment	22 513	300	398	23 211	18 343	4 868	79,0%	25 948	2 861	
Other machinery and equipment	22 513	300	398	23 211	18 343	4 868	79,0%	25 948	2 861	
Software and other intangible assets	-	-	-	-	-	-	-	500	-	
Total	6 533 906	-	(3 900)	6 530 006	6 541 847	(11 841)	100,2%	100,2%	5 046 221	

HEALTH VOTE 18
APPROPRIATION STATEMENTS for the year ended 31 March 2021

6.1 Programme Management									
Economic classification	2020/21					2019/20			
	Adjusted appropriation R'000	Shifting of funds R'000	Virement R'000	Final appropriation R'000	Actual expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final appropriation R'000	Actual expenditure R'000
Current payments	5 851	-	-	5 851	5 328	523	91,1%	6 067	5 858
Compensation of employees	5 389	-	-	5 389	4 989	400	92,6%	4 867	4 867
Salaries and wages	5 101	-	-	5 101	4 548	553	89,2%	4 867	4 422
Social contributions	288	-	-	288	441	(153)	153,1%	-	445
Goods and services	462	-	-	462	339	123	73,4%	1 200	991
Administrative fees	-	-	-	-	-	-	-	600	-
Catering: Departmental activities	-	-	-	-	-	-	-	-	1
Communication (G&S)	26	-	-	26	26	-	100,0%	-	32
Fleet services (including government motor transport)	109	-	-	109	91	18	83,5%	200	216
Inventory: Food and food supplies	-	-	-	-	-	-	-	-	3
Travel and subsistence	327	-	-	327	222	105	67,9%	400	739
Payments for capital assets	44	-	-	44	-	44	-	48	-
Machinery and equipment	44	-	-	44	-	44	-	48	-
Other machinery and equipment	44	-	-	44	-	44	-	48	-
Total	5 895	-	-	5 895	5 328	567	90,4	6 115	5 858

6.2 Policy and Planning									
Economic classification	2020/21					2019/20			
	Adjusted appropriation R'000	Shifting of funds R'000	Virement R'000	Final appropriation R'000	Actual expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final appropriation R'000	Actual expenditure R'000
Current payments	6 902	-	(500)	6 402	5 377	1 025	84,9%	6 671	5 969
Compensation of employees	5 166	-	-	5 166	5 145	21	99,6%	5 229	5 229
Salaries and wages	4 711	-	-	4 711	4 560	151	95,8%	4 775	4 663
Social contributions	455	-	-	455	585	(130)	123,6%	454	566
Goods and services	1 736	-	(600)	1 236	232	1 004	18,8%	1 442	740
Advertising	70	-	-	70	-	70	-	70	-
Minor assets	20	-	-	20	-	20	-	20	-
Catering: Departmental activities	40	-	-	40	-	40	-	40	-
Communication (G&S)	70	-	-	70	63	7	90,0%	70	61
Contractors	10	-	-	10	-	10	-	10	-
Fleet services (including government motor transport)	35	-	-	35	31	4	88,6%	35	34
Inventory: Food and food supplies	10	-	-	10	-	10	-	10	4
Consumable: Stationery, printing and office supplies	111	-	-	111	-	111	-	51	7
Operating leases	250	-	-	250	71	179	28,4%	250	160
Travel and subsistence	720	-	(250)	470	67	403	14,3%	541	381
Operating payments	-	-	-	-	-	-	-	245	-
Venues and facilities	400	-	(250)	150	-	150	-	100	93
Transfers and subsidies	-	-	-	-	-	-	-	-	-
Households	-	-	-	-	-	-	-	125	124
Social benefits	-	-	-	-	-	-	-	125	124
Payments for capital assets	104	-	-	104	-	104	-	15	-
Machinery and equipment	104	-	-	104	-	104	-	15	-
Other machinery and equipment	104	-	-	104	-	104	-	15	-
Total	7 006	-	(500)	6 506	5 377	1 129	82,5%	6 811	6 093

HEALTH VOTE 18
APPROPRIATION STATEMENTS for the year ended 31 March 2021

Economic classification	2020/21					2019/20			
	Adjusted appropriation R'000	Shifting of funds R'000	Virement R'000	Final appropriation R'000	Actual expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final appropriation R'000	Actual expenditure R'000
Current payments	203 858	-	(2 098)	201 760	200 969	791	99,6%	203 139	174 298
Compensation of employees	118 201	-	3 299	121 500	122 413	(913)	100,8%	132 874	126 802
Salaries and wages	101 653	-	1 644	103 297	103 563	(266)	100,3%	114 781	108 483
Social contributions	16 548	-	1 655	18 203	18 850	(647)	103,6%	18 093	18 319
Goods and services	85 657	-	(5 397)	80 260	78 556	1 704	97,9%	70 265	47 496
Advertising	475	-	-	475	142	333	29,9%	209	313
Minor assets	481	-	-	481	-	481	-	241	67
Audit cost: External	3 400	(630)	-	2 770	2 770	-	100,0%	3 400	4 242
Catering: Departmental activities	132	-	-	132	-	132	-	52	27
Communication (G&S)	1 475	(66)	-	1 409	1 475	(66)	104,7%	2 406	1 553
Computer services	35 000	6 210	(3 697)	37 513	34 706	2 807	92,5%	2 190	1 906
Consultants: Business and advisory services	14 883	(5 000)	-	9 883	11 618	(1 735)	117,6%	11 000	9 431
Laboratory services	50	-	-	50	-	50	-	-	-
Contractors	10 497	(20)	-	10 477	10 497	(20)	100,2%	15 113	7 704
Agency and support / outsourced services	542	-	-	542	542	-	100,0%	2 619	1 091
Fleet services (including government motor transport)	341	-	-	341	341	-	100,0%	2 211	2 209
Inventory: Clothing material and accessories	101	-	-	101	-	101	-	101	12
Inventory: Food and food supplies	10	-	-	10	-	10	-	10	1
Inventory: Fuel, oil and gas	347	-	-	347	347	-	100,0%	1 720	909
Inventory: Medical supplies	235	(231)	-	4	4	-	100,0%	235	77
Inventory: Medicine	60	-	-	60	2	58	3,3%	60	4
Inventory: Other supplies	7 648	500	-	8 148	7 648	500	93,9%	12 444	7 030
Consumable supplies	210	-	-	210	210	-	100,0%	200	68
Consumable: Stationery, printing and office supplies	495	-	-	495	495	-	100,0%	1 340	802
Operating leases	1 230	(900)	-	330	681	(351)	206,4%	1 250	568
Property payments	1 196	137	-	1 333	1 196	137	89,7%	2 170	1 567
Travel and subsistence	3 157	-	(850)	2 307	3 157	(850)	136,8%	5 014	3 378
Operating payments	2 272	-	-	2 272	2 272	-	100,0%	4 744	3 535
Venues and facilities	800	-	(850)	(50)	-	(50)	-	916	651
Rental and hiring	620	-	-	620	453	167	73,1%	620	351
Transfers and subsidies	1 865 034	-	-	1 865 034	1 865 034	-	100,0%	1 809 757	1 809 746
Departmental agencies and accounts	1 865 034	-	-	1 865 034	1 865 034	-	100,0%	1 809 592	1 809 591
Social security funds	4 058	-	-	4 058	4 058	-	100,0%	4 050	4 050
Departmental agencies	1 860 976	-	-	1 860 976	1 860 976	-	100,0%	1 805 542	1 805 541
Households	-	-	-	-	-	-	-	165	155
Social benefits	-	-	-	-	-	-	-	165	155
Payments for capital assets	22 043	-	398	22 441	18 212	4 229	81,2%	26 021	2 703
Machinery and equipment	22 043	-	398	22 441	18 212	4 229	81,2%	25 521	2 703
Other machinery and equipment	22 043	-	398	22 441	18 212	4 229	81,2%	25 521	2 703
Software and other intangible assets	-	-	-	-	-	-	-	500	-
Total	2 090 935	-	(1 700)	2 089 235	2 084 215	5 020	99,8%	2 038 917	1 986 747

HEALTH VOTE 18
APPROPRIATION STATEMENTS for the year ended 31 March 2021

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
6.4 Nursing Services									
Current payments	8 372	(103)	-	8 269	7 344	925	88,8%	8 705	8 271
Compensation of employees	7 826	(42)	-	7 784	7 142	642	91,8%	7 774	7 774
Salaries and wages	6 766	(42)	-	6 724	6 222	502	92,5%	6 751	6 796
Social contributions	1 060	-	-	1 060	920	140	86,8%	1 023	978
Goods and services	546	(61)	-	485	202	283	41,6%	931	497
Catering: Departmental activities	-	-	-	-	-	-	-	23	11
Communication (G&S)	40	-	-	40	40	-	100,0%	-	39
Consultants: Business and advisory services	-	-	-	-	-	-	-	176	85
Fleet services (including government motor transport)	60	-	-	60	15	45	25,0%	60	78
Inventory: Food and food supplies	7	-	-	7	-	7	-	7	7
Consumable: Stationery, printing, and office supplies	18	-	-	18	-	18	-	-	16
Operating leases	45	-	-	45	10	35	22,2%	45	29
Travel and subsistence	370	(61)	-	309	137	172	44,3%	408	232
Operating payments	6	-	-	6	-	6	-	212	-
Transfers and subsidies	-	61	-	61	61	-	100,0%	31	31
Households	-	61	-	61	61	-	100,0%	31	31
Social benefits	-	61	-	61	61	-	100,0%	31	31
Payments for capital assets	88	-	-	88	-	88	-	16	-
Machinery and equipment	88	-	-	88	-	88	-	16	-
Other machinery and equipment	88	-	-	88	-	88	-	16	-
Total	8 460	(42)	-	8 418	7 405	1 013	88,0%	8 752	8 302

HEALTH VOTE 18
 APPROPRIATION STATEMENTS for the year ended 31 March 2021

Economic classification	2020/21					2019/20			
	Adjusted appropriation R'000	Shifting of funds R'000	Virement R'000	Final appropriation R'000	Actual expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final appropriation R'000	Actual expenditure R'000
Current payments	59 020	1 623	(1 700)	58 943	48 765	10 178	82,7%	61 241	59 300
Compensation of employees	23 371	(960)	-	22 411	22 410	1	100,0%	24 363	24 363
Salaries and wages	20 467	(960)	-	19 507	19 462	45	99,8%	21 285	21 283
Social contributions	2 904	-	-	2 904	2 948	(44)	101,5%	3 078	3 080
Goods and services	35 649	2 583	(1 700)	36 532	26 355	10 177	72,1%	36 878	34 937
Minor assets	-	-	-	-	-	-	-	155	4
Catering: Departmental activities	-	-	(100)	(100)	-	(100)	-	100	26
Communication (G&S)	53	-	-	53	53	-	100,0%	30	59
Computer services	8 856	-	-	8 856	8 856	-	100,0%	255	148
Consultants: Business and advisory services	22 912	-	(200)	22 712	14 988	7 724	66,0%	33 234	32 490
Contractors	10	-	-	10	-	10	-	10	13
Agency and support / outsourced services	20	-	-	20	-	20	-	20	-
Fleet services (including government motor transport)	380	-	(70)	310	246	64	79,4%	380	342
Inventory: Food and food supplies	20	-	-	20	1	19	5,0%	20	6
Inventory: Fuel, oil and gas	5	-	-	5	-	5	-	5	1
Consumable supplies	20	-	-	20	1	19	5,0%	20	-
Consumable: Stationery, printing, and office supplies	180	-	(100)	80	33	47	41,3%	180	79
Operating leases	300	-	(120)	180	129	51	71,7%	300	146
Travel and subsistence	1 249	2 583	(1 064)	2 768	444	2 324	16,0%	1 199	1 210
Operating payments	40	-	(46)	(6)	-	(6)	-	410	6
Venues and facilities	1 604	-	-	1 604	1 604	-	100,0%	560	407
Transfers and subsidies	-	101	-	101	102	(1)	101,0%	-	-
Households	-	101	-	101	102	(1)	101,0%	309	158
Social benefits	-	101	-	101	102	(1)	101,0%	309	158
Payments for capital assets	138	-	-	138	131	7	94,9%	309	158
Machinery and equipment	138	-	-	138	131	7	94,9%	309	158
Other machinery and equipment	138	-	-	138	131	7	94,9%	309	158
Total	59 158	1 724	(1 700)	59 182	48 998	10 184	82,8%	61 550	59 458

HEALTH VOTE 18
APPROPRIATION STATEMENTS for the year ended 31 March 2021

6.6 Human Resources for Health											
Economic classification	2020/21					2019/20					
	Adjusted appropriation R'000	Shifting of funds R'000	Virement R'000	Final appropriation R'000	Actual expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final appropriation R'000	Actual expenditure R'000		
Current payments	53 066	(1 982)	-	51 084	50 667	417	99,2%	40 592	39 335		
Compensation of employees	24 580	1 002	-	25 582	25 582	-	100,0%	15 476	15 476		
Salaries and wages	21 645	1 002	-	22 647	23 481	(834)	103,7%	13 425	13 429		
Social contributions	2 935	-	-	2 935	2 101	834	71,6%	2 051	2 047		
Goods and services	28 486	(2 984)	-	25 502	25 085	417	98,4%	25 116	23 859		
Advertising	100	-	-	100	65	35	65,0%	30	29		
Minor assets	30	-	-	30	15	15	50,0%	30	-		
Catering: Departmental activities	-	-	-	-	-	-	-	75	51		
Communication (G&S)	130	-	-	130	71	59	54,6%	130	64		
Consultants: Business and advisory services	23 580	-	-	23 580	23 580	-	100,0%	470	438		
Contractors	300	(300)	-	-	-	-	-	20 687	20 107		
Fleet services (including government motor transport)	290	-	-	290	182	108	62,8%	415	422		
Inventory: Food and food supplies	10	-	-	10	1	9	10,0%	10	3		
Inventory: Fuel, oil and gas	-	-	-	-	-	-	-	-	1		
Consumable supplies	-	-	-	-	-	-	-	14	-		
Consumable: Stationery, printing and office supplies	-	-	-	-	-	-	-	70	-		
Operating leases	180	-	-	180	94	86	52,2%	280	74		
Travel and subsistence	3 866	(2 684)	-	1 182	1 077	105	91,1%	2 855	2 648		
Operating payments	-	-	-	-	-	-	-	50	2		
Venues and facilities	-	-	-	-	-	-	-	-	20		
Transfers and subsidies	4 309 290	-	-	4 309 290	4 339 857	(30 567)	100,7%	2 940 428	2 940 428		
Provinces and municipalities	4 309 290	-	-	4 309 290	4 339 857	(30 567)	100,7%	2 940 428	2 940 428		
Provinces	4 309 290	-	-	4 309 290	4 339 857	(30 567)	100,7%	2 940 428	2 940 428		
Provincial Revenue Funds	4 309 290	-	-	4 309 290	4 339 857	(30 567)	100,7%	2 940 428	2 940 428		
Payments for capital assets	96	300	-	396	-	396	-	39	-		
Machinery and equipment	96	300	-	396	-	396	-	39	-		
Other machinery and equipment	96	300	-	396	-	396	-	39	-		
Total	4 362 452	(1 682)	-	4 360 770	4 390 524	(29 754)	100,7%	2 981 059	2 979 763		
Direct Charges	-	-	-	-	-	-	-	-	-		
Current payments	-	-	-	-	462 316	(462 316)	-	-	-		
Good and services	-	-	-	-	462 316	(462 316)	-	-	-		
Inventory: Medicine	-	-	-	-	462 316	(462 316)	-	-	-		
Transfer and subsidies	-	-	-	-	150 000	(150 000)	-	-	-		
Departmental agencies and accounts	-	-	-	-	150 000	(150 000)	-	-	-		
Departmental agencies (non-business entities)	-	-	-	-	150 000	(150 000)	-	-	-		
Total	-	-	-	-	612 316	(612 316)	-	-	-		

HEALTH VOTE 18

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 the note on Transfers and subsidies, disclosure notes and Annexure 1 (A-H) to the Annual Financial Statements.

2. Detail of specifically and exclusively appropriated amounts voted (after Virement):

Detail of these transactions can be viewed in note 1 (Annual Appropriation) to the Annual Financial Statements.

3. Detail on payments for financial assets

Detail of these transactions per programme can be viewed in the note on Payments for financial assets to the Annual Financial Statements.

4. Explanations of material variances from Amounts Voted (after Virement):**4.1 Per programme**

	Final appropriation	Actual expenditure	Variance R'000	Variance as a % of final appropriation
Administration	663 552	550 966	112 586	17%
The Department did not pay the officials notch increases for two years. The rental payment for the Civitas Building were withheld as officials were prohibited to enter the building since September 2020. Due to COVID-19 protocol and limited access to financial systems, not all the invoices received could be paid before financial year-end.				
National Health Insurance	1 200 556	1 021 911	178 645	15%
Some payments could not be made due to COVID-19 protocol and systematic issues experienced at the end of the financial year-end.				
Communicable and Non-Communicable Diseases	28 161 797	27 886 124	275 673	1%
Most projects were cancelled due to the COVID-19 pandemic				
Primary Health Care	277 085	314 971	(37 886)	(14%)
Overtime worked at Ports of Entry due to COVID-19				
Hospital Systems	21 219 600	21 188 506	31 094	0%
Health System Governance and Human Resources	6 530 006	6 541 847	(11 841)	0%
Overpayment was incurred on Statutory Human Resources & Training Grant by KZN Province, refund was received on 21 May 2021.				
Direct charges	-	612 316	(612 316)	-
An amount of R1,25 billion was allocated in a Second Special Adjustment Budget Bill for the procurement of COVID-19 vaccines (R1,1 billion) and R150 million was allocated to the South African Medical Research Council in a Second Special Adjustment Budget Bill to research the effectiveness of the COVID-19 vaccines and its resistance against mutant strains at the end of February 2021 in accordance with Section 16 of the Public Service Management Act. The expenditure of R462 316 million and R150,0 million are funded as a direct charge against the National Revenue Fund.				

4.2 Per economic classification

	Final appropriation	Actual expenditure	Variance	Variance as a % of final appropriation
	R'000	R'000	R'000	R'000
Current expenditure				
Compensation of employees	928 345	927 295	1 050	0%
Goods and services	2 081 360	2 039 229	42 131	2%
Transfers and subsidies				
Provinces and municipalities	52 106 607	52 112 547	(5 490)	0%
Departmental agencies and accounts	1 886 159	2 033 819	(147 660)	(8%)
Foreign governments and international organisations	375	-	375	100%
Non-profit institutions	173 393	170 574	2 819	2%
Households	2 087	2 088	(1)	0%
Payments for capital assets				
Buildings and other fixed structures	740 111	740 111	-	0%
Machinery and equipment	134 159	90 976	43 183	32%

HEALTH VOTE 18

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

Compensation of Employees:

Notch increases were not paid for two years.

Goods and Services:

Rental payments of Civitas were withheld. Slow implementation and payment of projects due to lockdown and COVID-19 protocols.

Transfers and subsidies:

Section 16 allowed the Department to make a payment to the South African Medical Research Council for research on COVID-19 vaccines without funding received at that stage. Due to the COVID-19 pandemic, the World Health Organisation's Nelson Mandela Health Awards did not take place.

Payment for capital assets:

Procurement processes were slow due to pandemic.

4.3 Per conditional grant

	Final appropriation	Actual expenditure	Variance	Variance as a % of final appropriation
	R'000	R'000	R'000	R'000
Direct Grants				
National Tertiary Services Grant	14 013 153	14 013 153	-	0%
HIV, TB, Malaria and Community Outreach Grant: Community Outreach	1 026 938	1 263 219	(236 281)	-23%
HIV, TB, Malaria and Community Outreach Grant	2 577 674	2 556 667	21 097	1%
HIV, TB, Malaria and Community Outreach Grant: HIV & AIDS	23 799 660	23 799 661	(1)	0%
HIV, TB, Malaria and Community Outreach Grant: Malaria Elimination	112 987	112 234	(3 247)	-3%
HIV, TB, Malaria and Community Outreach Grant: Tuberculosis	511 025	507 780	3 245	1%
Health Facility Revitalization	6 315 281	6 315 282	(1)	0%
Health Professional Training and Development	3 282 352	3 076 638	205 714	6%
HPV Grant	220 983	218 781	2 202	1%
National Health Insurance grant	246 464	245 132	1 332	1%
Indirect Grants				
NHI Indirect Health Facility Revitalisation Component: Other	637 469	637 469	-	0%
NHI Indirect Health Facility Revitalization Component: Limpopo Academic Hospital	214 809	195 021	19 788	9%
NHI Indirect Personal Services	171 187	138 405	32 782	19%
NHI Indirect: Non-personal services	685 448	586 057	99 391	15%
Some provinces did not sign the business plan for a grant for 2020/21. COVID-19 pandemic resulted in slow implementation and spending of the indirect grants.				

HEALTH VOTE 18

STATEMENT OF FINANCIAL PERFORMANCE for the year ended 31 March 2021

	Note	2020/21 R'000	2019/20 R'000
REVENUE			
Annual appropriation	1	58 664 912	51 195 163
Departmental revenue	3	3 773	7 934
Aid assistance	4	938 856	1 118 297
TOTAL REVENUE		59 607 541	52 321 316
EXPENDITURE			
Current expenditure			
Compensation of employees	5	927 298	830 928
Goods and services	6	2 039 229	1 283 840
Aid assistance	4	815 635	755 485
Total current expenditure		3 782 162	2 870 253
Transfers and subsidies			
Transfers and subsidies	7	54 319 028	47 863 455
Total transfers and subsidies		54 319 028	47 863 455
Expenditure for capital assets			
Tangible assets	8	839 841	829 538
Intangible assets	8	8	-
Total expenditure for capital assets		839 849	829 538
TOTAL EXPENDITURE		58 941 039	51 563 246
SURPLUS/(DEFICIT) FOR THE YEAR		666 502	758 148
Reconciliation of Net Surplus/(Deficit) for the year			
Voted funds		548 271	422 392
	13	548 271	422 392
Departmental revenue and NRF Receipts	3	3 773	7 934
Aid assistance	4	114 458	327 822
SURPLUS/(DEFICIT) FOR THE YEAR		666 502	758 148

HEALTH VOTE 18

STATEMENT OF FINANCIAL POSITION as at 31 March 2021

ASSETS

Current assets

	Note	331 310	966 385
Unauthorized Expenditure	<u>11</u>	49 727	
Cash and cash equivalents	<u>9</u>	25	553 359
Prepayments and advances	<u>10</u>	187 067	370 583
Receivables	<u>12</u>	94 491	42 443

Non-current assets

Receivables	<u>12</u>	54 043	40 817
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TOTAL ASSETS

385 353	1 007 202
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LIABILITIES

Current liabilities

Voted funds to be surrendered to the Revenue Fund	<u>13</u>	-14 317	422 392
Departmental revenue and NRF Receipts to be surrendered to the Revenue Fund	<u>14</u>	1 261	569
Bank Overdraft	<u>15</u>	43 318	-
Payables	<u>15</u>	232 191	248 114
Aid assistance repayable	<u>4.1</u>	114 458	327 822

TOTAL LIABILITIES

376 911	998 897
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NET ASSETS

8 442	8 305
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Represented by:

Recoverable revenue		8 442	8 305
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TOTAL

8 442	8 305
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HEALTH VOTE 18

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

	<i>Note</i>	2020/21 R'000	2019/20 R'000
Recoverable revenue			
Opening balance		8 305	7 995
Transfers:		137	310
Irrecoverable amounts written off		-	-
Debts recovered (included in departmental receipts)		(62)	(102)
Debts raised		199	412
Closing balance		8 442	8 305
TOTAL		8 442	8 305

HEALTH VOTE 18

CASH FLOW STATEMENT for the year ended 31 March 2021

Note	2020/21 R'000	2019/20 R'000
CASH FLOWS FROM OPERATING ACTIVITIES		
Receipts	58 995 225	53 321 096
Annual appropriated funds received	<u>1.1</u> 58 052 596	51 195 163
Statutory Appropriated Funds Received	<u>2</u> -	
Departmental revenue received	<u>3</u> 3 437	4 082
Interest received	<u>3.2</u> 336	3 554
NRF Receipts	-	-
Aid assistance received	938 856	1 118 297
Net (increase)/decrease in working capital	65 818	182 497
Surrendered to Revenue Fund	(425 472)	(396 903)
Surrendered to RDP Fund/Donor	(327 822)	(225 556)
Current payments	3 732 435	(2 870 253)
Transfers and subsidies paid	(54 319 028)	(47 863 455)
Net cash flow available from operating activities	<u>17</u> 256 286	1 147 426
CASH FLOWS FROM INVESTING ACTIVITIES		
Payments for capital assets	<u>8</u> (839 849)	(829 538)
Proceeds from sales of capital assets	-	298
(Increase)/decrease in non-current receivables	(13 226)	(11 610)
Net cash flows from investing activities	<u>(853 075)</u>	<u>(840 850)</u>
CASH FLOWS FROM FINANCING ACTIVITIES		
Distribution/dividend received		
Increase/(decrease) in net assets	137	310
Net cash flows from financing activities	<u>137</u>	<u>310</u>
Net increase/(decrease) in cash and cash equivalents	(596 652)	306 886
Cash and cash equivalents at beginning of period	553 359	246 473
Cash and cash equivalents at end of period	<u>(43 293)</u>	<u>553 359</u>

HEALTH VOTE 18

ACCOUNTING POLICIES for the year ended 31 March 2021

Summary of significant accounting policies

The financial statements have been prepared in accordance with the following policies, which have been applied consistently in all material aspects, unless otherwise indicated. Management has concluded that the financial statements present fairly the department's primary and secondary information.

The historical cost convention has been used, except where otherwise indicated. Management has used assessments and estimates in preparing the annual financial statements. These are based on the best information available at the time of preparation.

Where appropriate and meaningful, additional information has been disclosed to enhance the usefulness of the financial statements and to comply with the statutory requirements of the Public Finance Management Act (PFMA), Act 1 of 1999 (as amended by Act 29 of 1999), and the Treasury Regulations issued in terms of the PFMA and the annual Division of Revenue Act.

1	Basis of preparation The financial statements have been prepared in accordance with the Modified Cash Standard.
2	Going concern The financial statements have been prepared on a going concern basis.
3	Presentation currency Amounts have been presented in the currency of the South African Rand (R) which is also the functional currency of the department.
4	Rounding Unless otherwise stated financial figures have been rounded to the nearest one thousand Rand (R'000).
5	Foreign currency translation Cash flows arising from foreign currency transactions are translated into South African Rands using the spot exchange rates prevailing at the date of payment / receipt.
6	Comparative information
6.1	Prior period comparative information Prior period comparative information has been presented in the current year's financial statements. Where necessary figures included in the prior period financial statements have been reclassified to ensure that the format in which the information is presented is consistent with the format of the current year's financial statements.
6.2	Current year comparison with budget A comparison between the approved, final budget and actual amounts for each programme and economic classification is included in the appropriation statement.
7	Revenue
7.1	Appropriated funds Appropriated funds comprise of departmental allocations as well as direct charges against the revenue fund (i.e., statutory appropriation). Appropriated funds are recognised in the statement of financial performance on the date the appropriation becomes effective. Adjustments made in terms of the adjustments budget process are recognised in the statement of financial performance on the date the adjustments become effective. The net amount of any appropriated funds due to/from the relevant revenue fund at the reporting date is recognised as a payable / receivable in the statement of financial position.
7.2	Departmental revenue Departmental revenue is recognised in the statement of financial performance when received and is subsequently paid into the relevant revenue fund, unless stated otherwise. Any amount owing to the relevant revenue fund at the reporting date is recognised as a payable in the statement of financial position.
7.3	Accrued departmental revenue Accruals in respect of departmental revenue (excluding tax revenue) are recorded in the notes to the financial statements when: <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. The accrued revenue is measured at the fair value of the consideration receivable. Accrued tax revenue (and related interest and / penalties) is measured at amounts receivable from collecting agents. Write-offs are made according to the department's debt write-off processes.
8	Expenditure
8.1	Compensation of employees
8.1.1	Salaries and wages Salaries and wages are recognised in the statement of financial performance on the date of payment.
8.1.2	Social contributions Social contributions made by the department in respect of current employees are recognised in the statement of financial performance on the date of payment. Social contributions made by the department in respect of ex-employees are classified as transfers to households in the statement of financial performance on the date of payment.
8.2	Other expenditure Other expenditure (such as goods and services, transfers and subsidies and payments for capital assets) is recognised in the statement of financial performance on the date of payment. The expense is classified as a capital expense if the total consideration paid is more than the capitalisation threshold.
8.3	Accruals and payables not recognised Accruals and payables not recognised are recorded in the notes to the financial statements at cost at the reporting date.

HEALTH VOTE 18

ACCOUNTING POLICIES for the year ended 31 March 2021

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. Finance lease payments received are recognised as departmental revenue.
9	Aid Assistance
9.1	Aid assistance received Aid assistance received in cash is recognised in the statement of financial performance when received. In-kind aid assistance is recorded in the notes to the financial statements on the date of receipt and is measured at fair value. Aid assistance not spent for the intended purpose and any unutilised funds from aid assistance that are required to be refunded to the donor are recognised as a payable in the statement of financial position.
9.2	Aid assistance paid Aid assistance paid is recognised in the statement of financial performance on the date of payment. Aid assistance payments made prior to the receipt of funds are recognised as a receivable in the statement of financial position.
10	Cash and cash equivalents Cash and cash equivalents are stated at cost in the statement of financial position. Bank overdrafts are shown separately on the face of the statement of financial position as a current liability. For the purposes of the cash flow statement, cash and cash equivalents comprise cash on hand, deposits held, other short-term highly liquid investments and bank overdrafts.
11	Prepayments and advances Prepayments and advances are recognised in the statement of financial position when the department receives or disburses the cash. Prepayments and advances are initially and subsequently measured at cost. Advances are expensed on receipt of proof of expenditure incurred.
12	Loans and receivables Loans and receivables are recognised in the statement of financial position at cost plus accrued interest, where interest is charged, less amounts already settled or written-off. Write-offs are made according to the department's write-off policy.
13	Investments Investments are recognised in the statement of financial position at cost.
14	Financial assets
14.1	Financial assets (not covered elsewhere) A financial asset is recognised initially at its cost plus transaction costs that are directly attributable to the acquisition or issue of the financial asset. At the reporting date, a department shall measure its financial assets at cost, less amounts already settled or written-off, except for recognised loans and receivables, which are measured at cost plus accrued interest, where interest is charged, less amounts already settled or written-off.
14.2	Impairment of financial assets Where there is an indication of impairment of a financial asset, an estimation of the reduction in the recorded carrying value, to reflect the best estimate of the amount of the future economic benefits expected to be received from that asset, is recorded in the notes to the financial statements.
15	Payables Payables recognised in the statement of financial position are recognised at cost.
16	Capital Assets
16.1	Immovable capital assets Immovable assets reflected in the asset register of the department are recorded in the notes to the financial statements at cost of fair value where the cost cannot be determined reliably. Immovable assets acquired in a non-exchange transaction are recorded at fair value at the date of acquisition. Immovable assets are subsequently carried in the asset register at cost and are not currently subject to depreciation or impairment. Subsequent expenditure of a capital nature forms part of the cost of the existing asset when ready for use. Additional information on immovable assets not reflected in the assets register, is provided in the note to financial statements.

HEALTH VOTE 18

ACCOUNTING POLICIES for the year ended 31 March 2021

16.2	<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. All assets acquired prior to 1 April 2002 (or a later date as approved by the OAG) may be recorded at R1. Movable capital assets are subsequently carried at cost and are not subject to depreciation or impairment. Subsequent expenditure that is of a capital nature forms part of the cost of the existing asset when ready for use.</p>
16.3	<p>Intangible assets</p> <p>Intangible assets are initially recorded in the notes to the financial statements at cost. Intangible assets acquired through a non-exchange transaction are measured at fair value as at the date of acquisition. Internally generated intangible assets are recorded in the notes to the financial statements when the department commences the development phase of the project. Where the cost of intangible assets cannot be determined reliably, the intangible capital assets are measured at fair value and where fair value cannot be determined; the intangible assets are measured at R1. All assets acquired prior to 1 April 2002 (or a later date as approved by the OAG) may be recorded at R1. Intangible assets are subsequently carried at cost and are not subject to depreciation or impairment. Subsequent expenditure of a capital nature forms part of the cost of the existing asset when ready for use.</p>
16.4	<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. Amounts paid towards capital projects are separated from the amounts recognised and accumulated in work-in-progress until the underlying asset is ready for use. Once ready for use, the total accumulated payments are recorded in an asset register. Subsequent payments to complete the project are added to the capital asset in the asset register. Where the department is not the custodian of the completed project asset, the asset is transferred to the custodian subsequent to completion.</p>
17	<p>Provisions and Contingents</p>
17.1	<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 because 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>
17.2	<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>
17.3	<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>
17.4	<p>Capital Commitments</p> <p>Capital commitments are recorded at cost in the notes to the financial statements.</p>
18	<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>
19	<p>Fruitless and wasteful expenditure</p> <p>Fruitless and wasteful expenditure is recorded in the notes to the financial statements when confirmed. The amount recorded is equal to the total value of the fruitless and or wasteful expenditure incurred. Fruitless and wasteful expenditure is removed from the notes to the financial statements when it is resolved or transferred to receivables for recovery. Fruitless and wasteful expenditure receivables are measured at the amount that is expected to be recoverable and are de-recognised when settled or subsequently written-off as irrecoverable.</p>
20	<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. Irregular expenditure is removed from the note when it is either condoned by the relevant authority, transferred to receivables for recovery, not condoned and removed or written-off. Irregular expenditure receivables are measured at the amount that is expected to be recoverable and are de-recognised when settled or subsequently written-off as irrecoverable.</p>

HEALTH VOTE 18

ACCOUNTING POLICIES for the year ended 31 March 2021

21	<p>Changes in accounting policies and errors</p> <p>Changes in accounting estimates are applied prospectively in accordance with MCS requirements. Correction of errors is applied retrospectively in the period in which the error has occurred in accordance with MCS requirements, except to the extent that it is impracticable to determine the period specific effects or the cumulative effect of the error. In such cases the department shall restate the opening balances of assets, liabilities, and net assets for the earliest period for which retrospective restatement is practicable.</p>
22	<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>
23	<p>Principal-Agent arrangements</p> <p>The Department is party to a principal-agent arrangement for Development Bank of Southern Africa - Management of Infrastructure and Refurbishment projects; COEGA Development Corporation - Management of Infrastructure project; CPI - Payroll Administration of NHI Contracted General Practitioners and the Foundation for Professional Development - to support the contracting and performance management of general practitioners to provide preventative and clinical services on a sessional basis in public health care facilities. All related revenues, expenditures, assets and liabilities have been recognised or recorded in terms of the relevant policies listed herein. Additional disclosures have been provided in the notes to the financial statements where appropriate.</p>
24	<p>Departures from the MCS requirements</p> <p>Management has concluded that the financial statements present fairly the department's primary and secondary information. The department complied with all the requirements of the Standard.</p>
25	<p>Capitalisation reserve</p> <p>The capitalisation reserve comprises of financial assets and/or liabilities originating in a prior reporting period, but which are recognised in the statement of financial position for the first time in the current reporting period. Amounts are recognised in the capitalisation reserves when identified in the current period and are transferred to the National/Provincial Revenue Fund when the underlying asset is disposed, and the related funds are received.</p>
26	<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>
27	<p>Related party transactions</p> <p>Related party transactions within the Minister/MEC's portfolio are recorded in the notes to the financial statements when the transaction is not at arm's length. The number of individuals and the full compensation of key management personnel is recorded in the notes to the financial statements.</p>
28	<p>Inventories (Effective from 1 April 2017)</p> <p>At the date of acquisition, inventories are recognised at cost in the statement of financial performance. Where inventories are acquired as part of a non-exchange transaction, the inventories are measured at fair value as at the date of acquisition. Inventories are subsequently measured at the lower of cost and net realisable value or were intended for distribution (or consumed in the production of goods for distribution) at no or a nominal charge, the lower of cost and current replacement value. The cost of inventories is assigned by using the weighted average cost basis.</p>
29	<p>Public-Private Partnerships</p> <p>Public Private Partnerships are accounted for based on the nature and or the substance of the partnership. The transaction is accounted for in accordance with the relevant accounting policies. 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>
30	<p>Employee benefits</p> <p>The value of each major class of employee benefit obligation (accruals, payables not recognised and provisions) is disclosed in the Employee benefits note.</p>
31	<p>Transfer of functions</p> <p>Transfers of functions are accounted for by the acquirer by recognising or recording assets acquired and liabilities assumed at their carrying amounts at the date of transfer. Transfers of functions are accounted for by the transferor by derecognising or removing assets and liabilities at their carrying amounts at the date of transfer.</p>
32	<p>Mergers</p> <p>Mergers are accounted for by the combined department by recognising or recording assets acquired and liabilities assumed at their carrying amounts at the date of the merger. Mergers are accounted for by the combining departments by derecognising or removing assets and liabilities at their carrying amounts at the date of the merger.</p>

HEALTH VOTE 18

NOTES TO THE ANNUAL FINANCIAL STATEMENTS for the year ended 31 March 2021

1. Annual Appropriation

1.1 Annual Appropriation

Included are funds appropriated in terms of the Appropriation Act (and the Adjustments Appropriation Act) for National Departments (Voted funds) and Provincial Departments:

	2020/21			2019/20		
	Final appropriation	Actual funds received	Funds not requested/not received	Final appropriation	Appropriation received	Funds not requested/not received
	R'000	R'000	R'000	R'000	R'000	R'000
Administration	663 552	663 552	-	660 177	660 177	-
National Health Insurance	1 200 556	1 200 556	-	2 000 555	2 000 555	-
Communicable and Non-Communicable Diseases	28 161 797	28 161 797	-	22 797 142	22 797 142	-
Primary Health Care	277 085	277 085	-	220 851	220 851	-
Hospital Systems	21 219 600	21 219 600	-	20 435 241	20 435 241	-
Health System Governance and Human Resources	6 530 006	6 530 006	-	5 081 197	5 081 197	-
Direct Charges	612 316	-	612 316	-	-	-
Total	58 664 912	58 052 596	612 316	51 195 163	51 195 163	-

1.2 Conditional grants

		2020/21	2019/20
	Note	R'000	R'000
Total grants received	36	1 709 613	1 569 411
Provincial grants included in Total Grants received		52 106 607	45 863 408

2. Statutory Appropriation

		2020/21	2019/20
		R'000	R'000
COVID 19 SPECIAL APPROPRIATION		-	-
Actual Statutory Appropriation received		-	-

3. Departmental revenue

		2020/21	2019/20
	Note	R'000	R'000
Sales of goods and services other than capital assets	3.1	3 301	3 713
Interest, dividends and rent on land	3.2	336	3 554
Sales of capital assets	3.3	-	298
Transactions in financial assets and liabilities	3.4	136	369
Total revenue collected		3 773	7 934
Departmental revenue collected		3 773	7 934

3.1 Sales of goods and services other than capital assets

		2020/21	2019/20
	Note	R'000	R'000
Sales of goods and services produced by the department		3 301	3 713
Sales by market establishment		120	113
Administrative fees		2 778	3 200
Other sales		403	400
Sales of scrap, waste and other used current goods		-	-
Total		3 301	3 713

HEALTH VOTE 18

NOTES TO THE ANNUAL FINANCIAL STATEMENTS for the year ended 31 March 2021

3.2 Interest, dividends and rent on land

		2020/21	2019/20
	Note	R'000	R'000
Interest		336	3 554
Total		336	3 554

3.3 Sales of capital assets

		2020/21	2019/20
	Note	R'000	R'000
Tangible assets		-	298
Stale cheques written back		-	298
Total		-	298

3.4 Transactions in financial assets and liabilities

		2020/21	2019/20
	Note	R'000	R'000
Receivables		-	-
Stale cheques written back		4	14
Other Receipts including Recoverable Revenue		132	355
Total		136	369

4. Aid assistance

		2020/21	2019/20
		R'000	R'000
Opening Balance		327 822	225 556
Prior period error			
As restated		327 822	225 556
Transferred from statement of financial performance		114 458	327 822
Paid during the year		(327 822)	(255 556)
Closing Balance		114 458	327 822

4.1 Analysis of balance by source

		2020/21	2019/20
		R'000	R'000
Aid assistance from RDP		114 458	327 822
Aid assistance from other sources			-
Closing balance		114 458	327 822

4.2 Analysis of balance

		2020/21	2019/20
		R'000	R'000
Aid assistance unutilised			-
Aid assistance repayable		114 458	327 822
Closing balance		114 458	327 822

4.3 Aid assistance expenditure per economic classification

		2020/21	2019/20
		R'000	R'000
Current		815 635	755 485
Capital		8 763	34 990
Transfers and subsidies		-	-
Total aid assistance expenditure		824 398	790 475

HEALTH VOTE 18

NOTES TO THE ANNUAL FINANCIAL STATEMENTS for the year ended 31 March 2021

4.4 Donations received in kind (not included in the main note)

Hilvision (PYT) Ltd SA	100
Bank of China	14
French Embassy	12
French Embassy	14
Government of the People Republic of China	14
Jack Ma	50
Jack Ma	500
Jack Ma	14
Turkish Government	19
US Government	500
Total	1 237

5. Compensation of employees

5.1 Salaries and Wages

		2020/21	2019/20
	Note	R'000	R'000
Basic salary		631 649	566 228
Performance award		2 379	7 908
Service Based		872	783
Compensative/circumstantial		32 926	26 214
Other non-pensionable allowances		150 288	121 412
Total		818 114	722 545

5.2 Social contributions

		2020/21	2019/20
	Note	R'000	R'000
Employer contributions			
Pension		70 361	72 347
Medical		38 655	35 911
Bargaining council		123	118
Insurance		45	7
Total		109 184	108 383
Total compensation of employees		927 298	830 928
Average number of employees		1 647	1 750

HEALTH VOTE 18

NOTES TO THE ANNUAL FINANCIAL STATEMENTS for the year ended 31 March 2021

6. Goods and services

		2020/21	2019/20
	Note	R'000	R'000
Administrative fees		167	142
Advertising		21 529	7 386
Minor assets	6.1	3 356	5 853
Bursaries (employees)		408	970
Catering		930	6 478
Communication		16 492	16 511
Computer services	6.2	80 521	29 120
Consultants: Business and advisory services		400 611	345 171
Laboratory services			-
Legal services		6 093	8 079
Contractors		556 475	357 804
Agency and support / outsourced services		2 876	3 353
Entertainment		-	8
Audit cost – external	6.3	23 206	22 858
Fleet services		26 936	38 535
Inventory	6.4	529 476	47 027
Consumables	6.5	10 354	73 012
Operating leases		111 355	104 176
Property payments	6.6	20 755	35 752
Rental and hiring		484	351
Travel and subsistence	6.7	100 107	101 364
Venues and facilities		3 700	15 471
Training and development		2 662	3 759
Other operating expenditure	6.8	120 736	60 660
Total		2 039 229	1 283 840

6.1 Minor assets

	Note	2020/21	2019/20
	6	R'000	R'000
Tangible assets		3 356	5 853
Machinery and equipment		3 356	5 853
Total		3 356	5 853

6.2 Computer services

	Note	2020/21	2019/20
	6	R'000	R'000
SITA computer services		5 099	4 182
External computer service providers		75 422	24 938
Total		80 521	29 120

6.3 Audit cost – External

	Note	2020/21	2019/20
	6	R'000	R'000
Regularity audits		23 206	22 858
Total		23 206	22 858

6.4 Inventory

	Note	2020/21	2019/20
	6	R'000	R'000
Clothing material and accessories		3 654	3 612
Food and food supplies		21	99
Fuel, oil and gas		390	967
Medical supplies		39 943	34 771
Medicine		477 820	4
Other supplies	6.4.1	7 648	7 574
Total		529 476	47 027

HEALTH VOTE 18

NOTES TO THE ANNUAL FINANCIAL STATEMENTS for the year ended 31 March 2021

6.4.1 Other supplies

	2020/21	2019/20
	R'000	R'000
Laboratory Chemicals	2 966	2 093
Laboratory Suppliers:	4 682	4 936
Material Suppliers: Household		545
Total	7 648	7 574

6.5 Consumables

	2020/21	2019/20
	R'000	R'000
Consumable supplies	5 962	63 808
Uniform and clothing	127	101
Household supplies	5 554	54 430
Building material and supplies	9	658
Communication accessories	3	5
IT consumables	244	8 597
Other consumables	25	17
Stationery, printing and office supplies	4 392	9 204
Total	10 354	73 012

6.6 Property payments

	2020/21	2019/20
	R'000	R'000
Municipal services	13 293	27 681
Property management fees	633	1 214
Other	6 829	6 857
Total	20 755	35 752

6.7 Travel and subsistence

	2020/21	2019/20
	R'000	R'000
Local	99 314	90 546
Foreign	793	10 818
Total	100 107	101 364

6.8 Other operating expenditure

	2020/21	2019/20
	R'000	R'000
Professional bodies, membership, and subscription fees	105 549	47 286
Resettlement costs	119	90
Other	15 068	13 284
Total	120 736	60 660

7. Transfers and subsidies

		2020/21	2019/20
		R'000	R'000
Provinces and municipalities	Note 36	52 112 547	45 863 408
Departmental agencies and accounts	Annex 1A	2 033 819	1 830 299
Non-profit institutions	Annex 1D	170 574	167 285
Households	Annex 1E	2 088	2 463
Total		54 319 028	47 863 455

HEALTH VOTE 18

NOTES TO THE ANNUAL FINANCIAL STATEMENTS for the year ended 31 March 2021

8. Expenditure for capital assets

	Note	2020/21 R'000	2019/20 R'000
Tangible assets		839 841	829 538
Buildings and other fixed structures	31.1	740 111	592 023
Machinery and equipment	29	99 730	237 515
Intangible assets		8	-
Software	31.1	8	-
Total		839 849	829 538

8.1 Analysis of funds utilised to acquire capital assets – 2020/21

	Voted funds R'000	Aid assistance R'000	Total R'000
Tangible assets	831 086	8 755	839 841
Buildings and other fixed structures	740 111	-	740 111
Machinery and equipment	90 975	8 755	99 730
Intangible assets	-	8	8
Software	-	8	8
Total	831 086	8 763	839 849

8.2 Analysis of funds utilised to acquire capital assets – 2019/20

	Voted funds R'000	Aid assistance R'000	Total R'000
Tangible assets	794 548	34 990	829 538
Buildings and other fixed structures	592 023	-	592 023
Machinery and equipment	202 525	34 990	237 515
Total	794 548	34 990	829 538

9. Cash and cash equivalents

	Note	2020/21 R'000	2019/20 R'000
Consolidated Paymaster General Account			553 334
Cash on hand		25	25
Total		25	553 359

10. Prepayments and advances

	Note	2020/21 R'000	2019/20 R'000
Travel and subsistence		-	49
Advances paid (Not expensed)	10.1	187 067	370 534
Total		187 067	370 583

HEALTH VOTE 18

NOTES TO THE ANNUAL FINANCIAL STATEMENTS for the year ended 31 March 2021

10.1 Advances paid (Not expensed)

	Note	Balance as of 1 April 2020 R'000	Less: Amount expensed in current year R'000	Add: Current year advances R'000	Balance as of 31 March 2021 R'000
National departments	Anx7A	12 687	(10 737)	4 000	5 950
Provincial departments	Anx7A	222 468	(114 582)	-	107 886
Public entities	Anx7A	135 379	(414 800)	352 652	73 231
Total		370 534	(540 119)	356 652	187 067

	Note	Balance as of 1 April 2019 R'000	Less: Amount expensed in current year R'000	Add: Current year advances R'000	Balance as of 31 March 2020 R'000
Advances paid (not expensed)					
National departments	Anx7A	25 550	(26 653)	13 790	12 687
Provincial departments	Anx7A	46 795	(5 384)	181 057	222 468
Public entities	Anx7A	244 144	(406 514)	297 749	135 379
Total		316 489	(438 551)	492 596	370 534

11. Unauthorized Expenditure

	Note	2020/21 R'000	2019/20 R'000
11.1 Reconciliation of unauthorised expenditure			
Unauthorised expenditure-discovered in the current year (as restated)		49 727	-
Closing balance		49 727	-
Analysis of closing balance			
Unauthorised expenditure awaiting authorisation		49 727	-
Total		49 727	-
11.2 Analysis of unauthorised expenditure awaiting authorisation per economic classification			
Current		19 159	-
Transfers and subsidies		30 568	-
Total		49 727	-
11.3 Analysis of unauthorised expenditure awaiting authorisation per type			
Unauthorised expenditure relating to overspending of the vote or main division within the vote		49 727	-
Total		49 727	-
11.4 Details of unauthorised expenditure - current year			
Incident	Disciplinary steps taken/criminal proceedings	2020/21 R'000	
Primary Health Care		37 886	
Health System Governance		11 841	
Total		49 727	

12. Receivables

		2020/21			2019/20		
	Note	Current R'000	Non-current R'000	Total R'000	Current R'000	Non-current R'000	Total R'000
Claims recoverable	12.1	92 419	44 386	136 805	42 058	31 296	73 354
Recoverable expenditure	12.2	1 209	-	1 209	(203)	-	(203)
Staff debt	12.3	431	6 252	6 683	288	6 245	6 533
Fruitless and wasteful expenditure	12.5	-	70	70	-	70	70
Other receivables	12.4	432	3 335	3 767	300	3 206	3 506
Total		94 491	54 043	148 534	42 443	40 817	83 260

HEALTH VOTE 18

NOTES TO THE ANNUAL FINANCIAL STATEMENTS for the year ended 31 March 2021

12.1 Claims recoverable

Note	2020/21 R'000	2019/20 R'000
National departments	R21 729	1 724
Provincial departments	2 591	4 242
Public entities	112 310	67 212
Private enterprises	175	176
Total	R136 805	73 354

12.2 Recoverable expenditure (disallowance accounts)

Note	2020/21 R'000	2019/20 R'000
Disallowance Dishonoured Cheques	3	3
Salary tax debt	1	1
Salary disallowance	1 033	(207)
Salary reversal	172	-
Total	1 209	(203)

12.3 Staff debt

Note	2020/21 R'000	2019/20 R'000
Bursary debt	171	195
Salary over payment	199	15
Leave without Pay	270	276
Other	-	-
Loss/damage to State Property	123	127
Fruitless and wasteful expenditure	5 920	5 920
Total	6 683	6 533

12.4 Other receivables

Note	2020/21 R'000	2019/20 R'000
Schedule 9 medication	55	53
Ex-employees	3 712	3 453
Total	3 767	3 506

12.5 Fruitless and wasteful expenditure

Note	2020/21 R'000	2019/20 R'000
Opening balance	70	70
Transfers from note 32 Fruitless and Wasteful expenditure	-	-
Total	70	70

12.6 Impairment of receivables

Note	2020/21 R'000	2019/20 R'000
Estimate of impairment of receivables	2 120	2 055
Total	2 120	2 055

13. Voted funds to be surrendered to the Revenue Fund

Note	2020/21 R'000	2019/20 R'000
Opening balance	422 392	388 309
As restated	422 392	388 309
Transfer from statement of financial performance (as restated)	548 271	422 392
Add: Unauthorised Expenditure	49 727	-
Voted funds not requested/not received	(612 316)	-
Paid during the year	(422 391)	-388,309
Closing balance	(14 317)	422 392

HEALTH VOTE 18

NOTES TO THE ANNUAL FINANCIAL STATEMENTS for the year ended 31 March 2021

14. Departmental revenue and NRF receipts to be surrendered to the Revenue Fund

	<i>Note</i>	2020/21	2019/20
		R'000	R'000
Opening balance		569	1 229
As restated		569	1 229
Transfer from Statement of Financial Performance (as restated)		3 773	7 934
Paid during the year		(3 081)	(8 594)
Closing balance		1 261	569

15. Bank Overdraft

	<i>Note</i>	2020/21	2019/20
		R'000	R'000
Consolidated Paymaster General Account		43 318	-
Closing balance		43 318	-

16 Payables – current

	<i>Note</i>	2020/21	2019/20
		R'000	R'000
Advances received		229 815	245 866
Clearing accounts		2 376	2 248
Total		232 191	248 114

16.1 Advances received

	<i>Note</i>	2020/21	2019/20
		R'000	R'000
National departments	<i>Anx7B</i>	13 909	3 142
Provincial departments	<i>Anx7B</i>	210 277	242 674
Public entities	<i>Anx7B</i>	5 629	50
Total		229 815	245 866

16.2 Clearing accounts

	<i>Note</i>	2020/21	2019/20
		R'000	R'000
PAYE		2 331	1 905
Pension fund		(20)	341
Gamishee		6	2
Housing		28	-
Medical aid		31	-
Total		2 376	2 248

HEALTH VOTE 18

NOTES TO THE ANNUAL FINANCIAL STATEMENTS for the year ended 31 March 2021

17. Net cash flow available from operating activities

	Note	
	2020/21 R'000	2019/20 R'000
Net surplus/(deficit) as per Statement of Financial Performance	666 502	758 148
Add back non-cash/cash movements not deemed operating activities	(410 216)	389 278
(Increase)/decrease in receivables	(52 048)	64 489
(Increase)/decrease in prepayments and advances	183 516	(54 064)
Increase/(decrease) in payables – current	(15 923)	172 072
Proceeds from sale of capital assets		(298)
Expenditure on capital assets	839 849	829 538
Surrenders to Revenue Fund	(425 472)	(396 903)
Surrenders to RDP Fund/Donor voted funds not requested/not received	(327 822)	(225 556)
	612 316	-
Net cash flow generated by operating activities	256 286	1 147 426

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

	Note	
	2020/21 R'000	2019/20 R'000
Consolidated Paymaster General account	(43 318)	553 334
Cash on hand	25	25
Total	(43 293)	553 359

19. Contingent liabilities and contingent assets

19.1 Contingent liabilities

	Note	
	2020/21 R'000	2019/20 R'000
Liable to nature		
Claims against the department	15 373	16 243
Total	15 373	16 243

20. Capital commitments

	Note	
	2020/21 R'000	2019/20 R'000
Refurb & Rehab Buildings	1 481 027	2 128 576
Domestic Equipment	-	496
Laboratory Equipment	-	20 751
Medical & Allied Equipment	33 339	113 237
Furniture & Office Equipment	657	21 218
Computer Equipment	9 226	39 640
Software & other intangible assets	12 252	37 832
Machinery and equipment	9 102	831
Total	1 545 603	2 362 581

HEALTH VOTE 18

NOTES TO THE ANNUAL FINANCIAL STATEMENTS for the year ended 31 March 2021

21. Accruals and payables not recognised

21.1 Accruals

	2020/21			2019/20
	R'000			R'000
Listed by economic classification				
	30 Days	30+ Days	Total	Total
Goods and services	74 322	52 846	127 168	114 961
Transfers and subsidies	1 095	317	1 412	79
Capital assets	14 326	477	14 803	430 170
Other	-	-	-	923
Total	89 743	53 640	143 383	546 133

	2020/21		2019/20
	R'000		R'000
Listed by programme level			
Administration		46 288	46 445
National Health Insurance		60 720	35 639
Communicable and Non-Communicable Diseases		1 110	22 359
Primary Health Care		346	277
Hospital Systems		32 900	439 018
Health System Governance and Human Resources		2 019	2 395
Total		143 383	546 133

21.2 Payables not recognised

	2020/21			2019/20
	R'000			R'000
Listed by economic classification				
	30 Days	30+ Days	Total	Total
Goods and services	11 595	78 696	90 291	152 962
Interest and rent on land	198	-	198	
Transfers and subsidies	42 407	1 103	43 510	362
Capital assets	55 025	35 468	90 493	67 568
Other	-	239	239	212
Total	109 225	115 506	224 731	221 104

	2020/21		2019/20
	R'000		R'000
Listed by programme level			
Administration		64 397	34 617
National Health Insurance		43 114	2 165
Communicable and Non-Communicable Diseases		4 318	13 402
Primary Health Care		741	500
Hospital Systems		87 012	167 293
Health System Governance and Human Resources		25 149	3 127
Total		224 731	221 104

HEALTH VOTE 18

NOTES TO THE ANNUAL FINANCIAL STATEMENTS for the year ended 31 March 2021

22. Employee benefits

	2020/21	2019/20
	R'000	R'000
Leave entitlement	100 441	44 993
Service bonus	25 377	26 054
Performance awards	11 133	1 917
Capped leave	15 885	17 202
Other	65 777	
Total	218 613	90 166

Included in the leave entitlement, is an amount of R7 915,75 which relates to leave implemented after 31 March 2021. Negative leave credits as of 31 March 2021 amount to R9 310,10. PMDS processes have not been finalised for the past two performance cycles.

23. Lease commitments

23.1 Operating leases expenditure

2020/21	Buildings and other fixed structures	Machinery and equipment	Total
Not later than 1 year	59 484	1 288	60 772
Later than 1 year and not later than 5 years	282 483	754	283 237
Later than 5 years	164 716	-	164 715
Total lease commitments	506 683	2 042	508 725

The Department has entered into a new lease agreement on Buildings (Dr AB Xuma)

2019/20	Buildings and other fixed structures	Machinery and equipment	Total
Not later than 1 year	54 224	1 700	55 924
Later than 1 year and not later than 5 years	21	1 656	1 677
Total lease commitments	54 245	3 356	57 601

24. Accrued departmental revenue

	Note	2020/21	2019/20
		R'000	R'000
Fines, penalties and forfeits		198	7 463
Interest, dividends and rent on land			-
Total		198	7 463

24.1 Analysis of accrued departmental revenue

	Note	2020/21	2019/20
		R'000	R'000
Opening balance	22	7 463	1 915
Less: amounts received		(11 814)	(3 098)
Add: amounts recognised		4 549	8 646
Closing balance		198	7 463

HEALTH VOTE 18

NOTES TO THE ANNUAL FINANCIAL STATEMENTS for the year ended 31 March 2021

25. Irregular expenditure

25.1 Reconciliation of irregular expenditure

	2020/21 R'000	2019/20 R'000
Opening balance	166 136	112 098
Prior period error		
As restated	166 136	112 098
Add: Irregular expenditure – relating to prior year	-	2
Add: Irregular expenditure – relating to current year	131 968	54 036
Less: Prior year amounts condoned	(216)	-
Closing balance	297 888	166 136
Analysis of awaiting condonation per age classification		
Current year	131 752	58 784
Prior years	166 136	107 352
	-	
Total	297 888	166 136

25.2 Details of irregular expenditure – added current year (relating to current and prior years)

Incident	Disciplinary steps taken/criminal proceedings	2020/21 R'000
Digital Vibes: SIU Investigation	Steps to be taken are yet to be determined.	131 968
Total		131 968

25.3 Details of irregular expenditure under assessments

	2020/2021 R'000
Services rendered outside the approved period	8 000
Services rendered outside the approved period	14 984
Appointment does not meet the definition of emergency as National Treasury instruction note 3 of 2016/17 defines	14 672
Management should have requested pre-approval from National Treasury to deviate from competitive bidding process	592
Non-compliance with local production and content designated sector	126
Tax compliance at the time of award could not be verified	18 194
Tax compliance at the time of award could not be verified	494
Tax matters to foreign suppliers not confirmed through SDB1 and Declaration of interest for foreign suppliers not confirmed through SDB form	4 351
	61 413

26. Fruitless and wasteful expenditure

26.1 Reconciliation of fruitless and wasteful expenditure

	2020/21 R'000	2019/20 R'000
Opening balance	2 039	2 033
Prior period error		
As restated	2 039	2 033
Fruitless and wasteful expenditure – relating to prior year		-
Fruitless and wasteful expenditure – relating to current year	39	6
Closing balance	2 078	2 039

Note

HEALTH VOTE 18

NOTES TO THE ANNUAL FINANCIAL STATEMENTS for the year ended 31 March 2021

26.2 Details of current and prior year fruitless and wasteful expenditure – added current year (under determination and investigation)

Incident	Disciplinary steps taken/criminal proceedings	2020/21 R'000
Telkom	Recommendation for write off to be sort from the delegated authority	18
Auditor-General (NDoH)	Recommendation for write off to be sort from the delegated authority	18
Auditor-General (Global Funds)	Recommendation for write off to be sort from the delegated authority	3
Total		39

27. Related party transactions

The following entities fall under the Minister of Health's portfolio:

- Medical Research Council,
- National Health Laboratory Services,
- Council for Medical Schemes,
- Office of Health Standard Compliance, and
- South African Health Products Regulatory Authority (SAPHRA).

Quarterly transfer payments were made by the Department to the above entities during 2020/21 period

28. Key management personnel

	No. of Individuals	2020/21 R'000	2019/20 R'000
Political office bearers (provide detail below)	2	4 933	5 302
Officials:			
- Level 15 to 16	9	15 452	16 874
- Level 13 to 14 (incl. CFO if at a lower level)	22	32 395	33 114
Family members of key management personnel	1	1 104	1 114
Total		53 784	56 404

29. Public Private Partnership

There are currently no other PPP as regulated by National Treasury, Regulation 16 registered at National Department of Health.

30. Provisions

	Note	2020/21 R'000	2019/20 R'000
Long Service Awards		1 137	894
Total		1 137	894

30.1 Reconciliation of movement in provisions – 2020/21

	Provision 1 R'000	Provision 2 R'000	Provision 3 R'000	Total provisions R'000
Opening balance	894	-	-	894
Increase in provision	1 137	-	-	1 137
Settlement of provision	(894)	-	-	(894)
Closing balance	1 137	-	-	1 137

Reconciliation of movement in provisions – 2019/20

	Provision 1 R'000	Provision 2 R'000	Provision 3 R'000	Total provisions R'000
Opening balance	763	-	-	763
Increase in provision	894	-	-	894
Settlement of provision	(763)	-	-	(763)
Closing balance	894	-	-	894

A provision amounting to R468 657 is made for officials with 20 years in service, R523 128 is for officials with 30 years of service, and R145 320 is for officials with 40 years of service in the Public Service.

HEALTH VOTE 18

NOTES TO THE ANNUAL FINANCIAL STATEMENTS for the year ended 31 March 2021

31. Moveable Tangible Capital Assets

Movement in moveable tangible capital assets per asset register for the year ended 31 March 2021

	Opening balance	Value adjustments	Additions	Disposals	Closing Balance
	R'000	R'000	R'000	R'000	R'000
Machinery and equipment	549 688	-	93 293	11 803	631 178
Transport assets	4 234	-	756	-	4 990
Computer equipment	219 638	-	13 285	11 803	221 120
Furniture and office equipment	18 068	-	200	-	18 268
Other machinery and equipment	207 748	-	79 052	-	386 800
Total moveable tangible capital assets	549 688	-	93 293	11 803	631 178

Additions

31.1 Additions to moveable tangible capital assets per asset register for the year ended 31 March 2021

	Cash	Non-cash	Capital work-in-progress current costs and finance leave payments	Received current, not paid (Paid current year, received prior year)	Total
	R'000	R'000	R'000	R'000	R'000
Machinery and equipment	90 974	2 319	-	-	93 293
Transport assets	756	-	-	-	756
Computer equipment	13 285	-	-	-	13 285
Furniture and office equipment	200	-	-	-	200
Other machinery and equipment	76 733	2 319	-	-	79 052
Total additions to moveable tangible capital assets	90 974	2 319	-	-	93 293

Disposals

31.2 Disposals of moveable tangible capital assets per asset register for the year ended 31 March 2021

	Sold for cash	Non-cash disposal	Total disposals	Cash received actual
	R'000	R'000	R'000	R'000
Machinery and equipment	-	11 803	11 803	-
Computer equipment	-	11 803	11 803	-
Total disposal of moveable tangible capital assets	-	11 803	11 803	-

Movement for 2019/20

31.3 Movement in moveable tangible capital assets per asset register for the year ended 31 March 2021

	Opening	Prior period error	Additions	Disposals	Closing balance
	R'000	R'000	R'000	R'000	R'000
Machinery and equipment	360 247	-	205 280	15 839	549 688
Transport assets	4 265	-	1 856	1 887	4 234
Computer equipment	138 030	-	83 317	1 709	219 638
Furniture and office equipment	16 924	-	1 185	41	18 068
Other machinery and equipment	201 028	-	118 922	12 202	307 748
Total moveable tangible capital assets	360 247	-	205 280	15 839	549 688

HEALTH VOTE 18

NOTES TO THE ANNUAL FINANCIAL STATEMENTS for the year ended 31 March 2021

Minor assets

31.4 Movement in minor assets per the asset register for the year ended 31 March 2021

Disposals of immovable tangible capital assets per asset register for the year ended 31 March 2021

	Intangible assets R'000	Intangible assets R'000	Heritage assets R'000	Machinery and equipment R'000	Biological assets R'000	Total R'000
Opening balance	-	-	-	44 538	-	44 538
Additions	-	-	-	3 356	-	3 356
Disposals	-	-	-	209	-	209
Total minor assets	-	-	-	47 685	-	47 685
Number of minor assets at cost	-	-	-	30 337	-	30 337
Total number of minor assets	-	-	-	30 337	-	30 337

Minor assets

Movement in minor assets per the asset register for the year ended 31 March 2020

	Intangible assets R'000	Intangible assets R'000	Heritage assets R'000	Machinery and equipment R'000	Biological assets R'000	Total R'000
Opening balance	-	-	-	41 386	-	41 386
Additions	-	-	-	5 938	-	5 938
Disposals	-	-	-	2 786	-	2 786
Total minor assets	-	-	-	44 538	-	44 538
Number of minor assets at cost	-	-	-	29 590	-	29 590
Total number of minor assets	-	-	-	29 590	-	29 590

31.5 Moveable assets written off

Moveable assets written off 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	Biological assets R'000	Total R'000
Assets written off	-	-	-	-	-	-
Total moveable assets written off	-	-	-	-	-	-

Moveable assets written off for the year ended 31 March 2020

Assets written off	-	-	-	766	-	766
Total moveable assets written off	-	-	-	766	-	766

S42 Movable Capital Assets

	Specialised military assets R'000	Intangible assets R'000	Heritage assets R'000	Machinery and equipment R'000	Biological assets R'000	Total R'000
Major assets to be transferred in terms of S42 of the PFMA – 31 March 2021						
No of Assets	-	-	-	3 521	-	3 521
Value of the asset (R'000)	-	-	-	50 532	-	50 532
Minor assets to be transferred in terms of S42 of the PFMA – 31 March 2021						
No of Assets	-	-	-	655	-	655
Value of the asset (R'000)	-	-	-	2 346	-	2 346
Major assets to be transferred in terms of S42 of the PFMA – 31 March 2020						
No of Assets	-	-	-	3 521	-	3 521
Value of the asset (R'000)	-	-	-	50 532	-	50 532
Minor assets to be transferred in terms of S42 of the PFMA – 31 March 2020						
No of Assets	-	-	-	655	-	655
Value of the asset (R'000)	-	-	-	2 346	-	2 346

HEALTH VOTE 18

NOTES TO THE ANNUAL FINANCIAL STATEMENTS for the year ended 31 March 2021

32. Intangible Capital Assets

Movement in intangible capital assets per asset register for the year ended 31 March 2021

	Opening balance	Value adjustments	Additions	Disposals	Closing Balance
	R'000	R'000	R'000	R'000	R'000
Software	73 768	-	-	-	73 768
Total intangible capital assets	73 768	-	-	-	73 768

32.1 Movement for 2018/19

Movement in intangible capital assets per asset register for the year ended 31 March 2020

	Opening balance	Prior period error	Additions	Disposals	Closing Balance
	R'000	R'000	R'000	R'000	R'000
Software	73 768	-	-	-	73 768
Total intangible capital assets	73 768	-	-	-	73 768

33. Immovable Tangible Capital Assets

Movement in immovable tangible capital assets per asset register for the year ended 31 March 2021

	Opening balance	Value adjustments	Additions	Disposals	Closing Balance
	R'000	R'000	R'000	R'000	R'000
Buildings and other fixed structures	1 858 033	-	275 131	-	2 133 164
Other fixed structures	1 858 033	-	275 131	-	2 133 164
Total immovable tangible capital assets	1 858 033	-	275 131	-	2 133 164

33.1 Additions

Additions to immovable tangible capital assets per asset register for the year ended 31 March 2021

	Cash	Non-cash	(Capital Work in Progress current costs and finance lease payments)	Received current, not paid (Paid current year, received prior year)	Total
	R'000	R'000	R'000	R'000	R'000
Building and other fixed structures	-	-	275 131	-	275 131
Other fixed structures	-	-	275 131	-	275 131
Total additions to immovable tangible capital assets	-	-	275 131	-	275 131

33.2 Disposals

Disposals of immovable tangible capital assets per asset register for the year ended 31 March 2021

	Sold for cash	Non-cash disposal	Total disposals	Cash received actual
	R'000	R'000	R'000	R'000
Buildings and other fixed structures	-	-	-	-
Other fixed structures	-	-	-	-
Total disposals of immovable tangible capital assets	-	-	-	-

32.3 Movement for 2019/20

Movement in immovable tangible capital assets per asset register for the year ended 31 March 2020

	Opening balance	Prior period error	Additions	Disposals	Closing balance
	R'000	R'000	R'000	R'000	R'000
Buildings and other fixed structures	1 555 195	(442)	409 333	106 053	1 858 033
Other fixed structures	1 555 195	(442)	409 333	106 053	1 858 033
Total immovable tangible capital assets	1 555 195	(442)	409 333	106 053	1 858 033

HEALTH VOTE 18

NOTES TO THE ANNUAL FINANCIAL STATEMENTS for the year ended 31 March 2021

33.3.1 Prior period error

	Note	2019/20 R'000
Nature of prior period error relating to 2019/20 (affecting the opening balance)		(442)
Overstatement of capital assets		(442)
Total		(442)

33.4 Capital Work-in-progress

Capital work-in-progress as at 31 March 2021

	Note	Opening balance	Current year	Ready for use	Closing
		1 April 2020	WIP	(Assets to the AR)/ contracts terminated	balance 31 March 2021
	Annexure 7	R'000	R'000	R'000	R'000
Buildings and other fixed structures		901 788	659 434	194 454	1 366 768
TOTAL		901 788	659 434	194 454	1 366 768

Age analysis on ongoing projects	Number of projects		2020/21
	Planned, construction not started	Planned, construction started	Total R'000
0 to 1 year	20	171	143 507
1 to 3 year(s)	14	17	392 113
3 to 5 years	5	-	32 761
Longer than 5 years	2	-	171 730
Total	41	188	740 111

The projects that are longer than 5 years are Hospital Building Projects or Hospital Refurbishment, which are currently in their early stages. Mega years to complete. The projects spanning longer than 5 years are Limpopo Academic Hospital, Tshilidzini Hospital Replacement and Bambisana Hospital Refurbishment.

CAPITAL WORK-IN-PROGRESS AS AT 31 MARCH 2020

	Note	Opening Balance	Prior period error	Current Year WIP	Ready for use (Assets to the AR)/ Contracts terminated	Closing balance 31 March 2020
	Annexure 7	R'000	R'000	R'000	R'000	R'000
Buildings and other fixed structures		718 656	442	592 023	409 333	901 788
TOTAL		718 656	442	592 023	409 333	901 788

HEALTH VOTE 18

NOTES TO THE ANNUAL FINANCIAL STATEMENTS for the year ended 31 March 2021

Age analysis on ongoing projects	Number of projects		2019/20
	Planned, construction not started	Planned, construction started	TotalR'000
0 to 1 year	5	95	901 144
1 to 3 year(s)	14	51	3 442 299
3 to 5 years	1	6	1 347 014
Longer than 5 years	1	2	219 895
Total	21	154	5 910 352

The projects that are longer than 5 years are Hospital Building Projects or Hospital Refurbishment, which are currently in their early stages. Mega projects typically take 4 - 8 years to complete. The projects spanning longer than 5 years are IK-MAI-LP-5.GA Limpopo Maintenance & Refurbishment - Hospitals, Siloam Hospital - Phase 2.2 - Upgrade of existing Mental Health and Mortuary and Tshilidzini Hospital Replacement. The total capital expenditure for Buildings and Fixed Structures was used as value for 18/19 was used as a base to ensure that all projects are counted. It should be noted that future year budgets will influence the project figures. The physical project completion date was used to calculate the project age. The project count has been used, which differs from the facility count. The projects that are longer than 5 years are Hospital Building Projects or Hospital Refurbishment, which are currently in their early stages. Mega projects typically take 4 - 8 years to complete. The projects spanning longer than 5 years are IK-MAI-LP-5.GA Limpopo Maintenance & Refurbishment - Hospitals, Siloam Hospital - Phase 2.2 - Upgrade of existing Mental Health and Mortuary and Tshilidzini Hospital Replacement. The total capital expenditure for Buildings and Fixed Structures was used as value for 18/19 was used as a base to ensure that all projects are counted. It should be noted that future year budgets will influence the project figures. The physical project completion date was used to calculate the project age. The project count has been used, which differs from the facility count.

HEALTH VOTE 18

NOTES TO THE ANNUAL FINANCIAL STATEMENTS for the year ended 31 March 2021

S42 Immovable assets**Assets to be transferred in terms of S42 of the PFMA – 2019/20**

	No of assets	Value of assets R'000
Buildings and other fixed structures	38	106 053
Other fixed structures	38	106 053
TOTAL	38	106 053

34. Principal-agent arrangements**34.1 Department acting as the principal**

	Fee paid	
	2020/21 R'000	2019/20 R'000
Development Bank of SA	29 676	26 306
COEGA Development Corporation	5 066	10 563
Total	34 742	36 869

Development Bank of South Africa: Management of Infrastructure and Refurbishment projects. COEGA: Management of Infrastructure project.

35. Prior period errors**35.1 Prior period error**

Note	Amount before error correction R'000	2019/20 Prior period error R'000	Restated amount R'000
Expenditure			
Intangible Capital Assets	901 346	442	901 788
Net effect	901 346	442	901 788

HEALTH VOTE 18

NOTES TO THE ANNUAL FINANCIAL STATEMENTS for the year ended 31 March 2021

36. Inventory (Effective from date determined in a Treasury Instruction)

36.1 Inventories for the year ended 31 March 2021

	Note	Insert major category	Total
	Annexure 5	R'000	R'000
Opening balance		4 897	4 897
Add/(Less): Adjustments to prior year balances			
Add: Additions/Purchases – Cash		529 476	529 476
Add: Additions - Non-cash		695 903	695 903
(Less): Issues		(987 636)	(987 636)
Add/(Less): Adjustments		3 436	3 436
Closing balance		246 076	246 076

36.2 Inventories for the year ended 31 March 2020

	Note	Insert major category	Total
	Annexure 5	R'000	R'000
Opening balance		5 401	5 401
Add/(Less): Adjustments to prior year balances			
Add: Additions/Purchases – Cash		47 048	47 048
Add: Additions - Non-cash		9 750	9 750
(Less): Issues		(57 021)	(57 021)
Add/(Less): Adjustments		(261)	(261)
Closing balance		4 897	4 897

HEALTH VOTE 18

ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS for the year ended 31 March 2021

37. Statement of Conditional Grants Received

NAME OF DEPARTMENT	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	% of available funds spent by department	Division of Revenue Act	Amount spent by department	
	R'000	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000	
NHI Indirect: Personal Services Component	255 320	-	(220 000)	(219 166)	(183 846)	852 978	801 851	(985 697)	639 288	64 916	
NHI Indirect: Non-personal Services Component	740 400	-	(38 468)	(16 484)	685 448	685 448	585 866	99 582	758 000	489 919	
NHI Indirect: Health Facility Revitalisation Component: Other	807 335	-	(80 000)	(4 133)	723 202	171 187	138 405	584 797	889 411	725 298	
NHI Indirect: Health Facility Revitalisation Component: Limpopo Academic Hospital	484 809	-	-	-	484 809	-	-	484 809	247 000	128 000	
	2 287 864	-	(338 468)	(239 783)	1 709 613	1 709 613	1 526 122	183 491	2 533 699	1 408 133	

38. Statement of Conditional Grants Paid To The Provinces

Name of province /grant	Grant Allocation			Transfer		Spent			2019/20				
	Division of Revenue Act	Roll Overs	Adjustments	Total available	Actual transfer	Funds withheld	Reallocations by National Treasury or National Department	Amount received by department	Amount spent by department	Unspent funds	% of available funds spent by department	Division of Revenue Act	Actual transfer
	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Summary by province													
Eastern Cape	4 829 626	-	494 607	5 324 233	8 324 233	-	-	8 324 233	8 251 068	73 165	95%	4 810 406	4 810 406
Free State	3 527 404	-	130 305	3 657 709	3 657 709	-	-	3 657 709	3 485 456	172 253	95%	3 225 828	3 225 828
Gauteng	12 639 705	-	567 119	13 206 824	13 206 824	-	-	13 206 824	12 682 190	514 634	95%	11 674 620	11 674 620
Kwazulu-Natal	10 390 282	-	490 514	10 880 746	10 880 746	-	-	10 880 746	10 361 441	519 305	95%	9 739 547	9 739 547
Limpopo	3 630 930	-	257 283	3 888 212	3 888 213	-	-	3 888 213	3 759 049	129 164	99%	3 223 238	3 223 238
Mpumalanga	2 976 028	-	188 174	3 164 202	3 164 202	-	-	3 164 202	3 098 625	65 577	92%	2 680 740	2 680 740
Northern Cape	1 613 036	-	7 844	1 620 880	1 620 880	-	-	1 620 880	1 613 670	7 210	92%	1 502 816	1 502 816
North West	2 766 467	-	183 478	2 949 945	2 949 945	-	-	2 949 945	2 723 857	226 088	99%	2 483 719	2 483 719
Western Cape	6 893 733	-	520 122	7 413 855	7 413 855	-	-	7 413 855	7 355 518	58 337	99%	6 522 494	6 522 494
TOTAL	49 267 161	-	2 839 446	52 106 607	52 106 607	-	-	52 106 607	50 340 874	1 765 733		45 863 408	45 863 408
Summary by grant													
Statutory Human Resource and Health Professions Training Grant	4 154 604	-	154 686	4 309 290	4 309 290	-	-	4 309 290	4 231 663	77 627	98%	3 846 124	3 846 124
National Tertiary Services Grant	14 068 863	-	(65 710)	14 013 153	536	-	-	14 013 153	13 607 827	405 326	97%	13 185 528	13 185 528
HIV, TB, Malaria & Community Outreach Grant: Community Outreach Component	24 387 202	-	2 835 217	27 222 419	27 222 419	-	-	27 222 419	26 232 962	989 457	0%	22 196 195	22 196 195
Health Facility Revitalization Grant	6 367 652	-	(52 371)	6 315 281	6 315 281	-	-	6 315 281	6 048 295	266 986	96%	6 346 273	6 346 273
National Health Insurance Grant	288840	-	(42 376)	246464	246 464	-	-	246 464	220 127	26 337	89%	289 288	289 288
	49 267 161	-	2 839 446	52 106 607	52 106 607	-	-	52 106 607	50 340 874	1 765 733		45 863 408	45 863 408

HEALTH VOTE 18
ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS for the year ended 31 March 2021

Name of province /grant	Grant Allocation			Transfer			Spent			2019/20			
	Division of Revenue Act	Roll Overs	Adjustments	Total available	Actual transfer	Funds withheld	Reallocations by National Treasury or National Department	Amount received by department	Amount spent by department	Unspent funds	% of available funds spent by department	Division of Revenue Act	Actual transfer
	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
1. Statutory Human Resource and Health Profession Training Grant													
Eastern Cape	366 523	-	24 770	391 293	391 293	-	-	391 293	406 681	(15 388)	0%	348 539	348 539
Free State	237 019	-	9 921	246 940	246 940	-	-	246 940	240 830	6 110	98%	227 840	227 840
Gauteng	1 336 008	-	33 354	1 369 362	1 369 362	-	-	1 369 362	1 284 206	85 156	0%	1 250 532	1 250 532
Kwazulu-Natal	593 830	-	40 548	634 378	634 378	-	-	634 378	580 742	53 636	92%	562 593	562 593
Limpopo	232 171	-	22 519	254 690	254 690	-	-	254 690	285 827	(31 137)	0%	221 715	221 715
Mpumalanga	189 495	-	16 457	205 952	205 952	-	-	205 952	188 851	17 101	0%	180 921	180 921
Northern Cape	125 465	-	4 348	129 813	129 813	-	-	129 813	143 659	(13 846)	0%	118 563	118 563
North West	192 723	-	14 283	207 006	207 006	-	-	207 006	207 375	(369)	100%	167 636	167 636
Western Cape	881 370	-	(11 514)	869 856	869 856	-	-	869 856	893 492	(23 636)	103%	767 785	767 785
	4 154 604	-	154 686	4 309 290	4 309 290	-	-	4 309 290	4 231 663	77 627		3 846 124	3 846 124
2. National Tertiary Services Grant													
Eastern Cape	1 080 846	-	1 080 846	1 080 846	-	-	-	1 080 846	1 006 392	74 454	93%	995 438	995 438
Free State	1 209 781	-	1 209 781	1 209 781	-	-	-	1 209 781	1 193 276	16 505	99%	1 137 386	1 137 386
Gauteng	5 025 579	(25 700)	4 999 879	4 999 879	-	-	-	4 999 879	4 775 894	223 985	96%	4 724 843	4 724 843
Kwazulu-Natal	2 015 775	-	2 015 775	2 015 775	-	-	-	2 015 775	1 958 054	57 721	97%	1 895 149	1 895 149
Limpopo	445 200	-	445 200	445 200	-	-	-	445 200	432 024	13 176	97%	409 263	409 263
Mpumalanga	135 793	-	135 793	135 793	-	-	-	135 793	134 961	832	99%	122 993	122 993
Northern Cape	402 404	-	402 404	402 404	-	-	-	402 404	402 396	8	100%	378 323	378 323
North West	326 867	-	326 867	326 867	-	-	-	326 867	308 724	18 143	94%	300 482	300 482
Western Cape	3 426 618	(30 010)	3 396 608	3 396 608	-	-	-	3 396 608	3 396 106	502	100%	3 221 651	3 221 651
	14 068 863	(55 710)	14 013 153	14 013 153	-	-	-	14 013 153	13 607 827	405 326		13 185 528	13 185 528
3. HIV, TB, Malaria & Community Outreach Grant: Community Outreach Component													
Eastern Cape	2 667 462	-	489 837	3 157 299	-	-	-	3 157 299	3 130 779	26 520	99%	2 430 108	2 430 108
Free State	1 472 363	-	125 884	1 598 247	-	-	-	1 598 247	1 567 091	31 156	98%	1 340 359	1 340 359
Gauteng	5 256 234	-	559 465	5 815 699	-	-	-	5 815 699	5 619 558	196 141	97%	4 786 459	4 786 459
Kwazulu-Natal	6 453 923	-	444 966	6 898 889	-	-	-	6 898 889	6 451 663	447 226	94%	5 872 932	5 872 932
Limpopo	2 179 020	-	234 764	2 413 784	-	-	-	2 413 784	2 343 121	70 663	0%	1 968 894	1 968 894
Mpumalanga	2 205 714	-	176 717	2 382 431	-	-	-	2 382 431	2 331 034	51 397	98%	2 010 775	2 010 775
Northern Cape	656 487	-	61 743	718 230	-	-	-	718 230	697 887	20 343	97%	599 918	599 918
North West	1 628 527	-	180 195	1 808 722	-	-	-	1 808 722	1 773 011	35 711	98%	1 485 828	1 485 828
Western Cape	1 867 472	-	561 646	2 429 118	-	-	-	2 429 118	2 318 818	110 300	95%	1 700 922	1 700 922
	24 387 202	-	2 835 217	27 222 419	-	-	-	27 222 419	26 232 962	989 457		22 196 195	22 196 195

HEALTH VOTE 18

ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS for the year ended 31 March 2021

Name of province / grant	Grant Allocation				Transfer			Spent				2019/20		
	Division of Revenue Act	Roll Overs	Adjustments	Total available	Actual transfer	Funds withheld	Reallocations by National Treasury or National Department	Amount received by department	Amount spent by department	Unspent funds	% of available funds spent by department	Division of Revenue Act	Actual transfer	
	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000	
4. Health Facility Revitalisation Grant														
Eastern Cape	669 533	-	-	669 533	669 533	-	-	669 533	692 319	(22 786)	103%	990 988	990 988	
Free State	586 745	-	-	586 745	586 745	-	-	586 745	470 825	115 920	80%	498 713	498 713	
Gauteng	968 210	-	-	968 210	968 210	-	-	968 210	968 435	(225)	100%	859 028	859 028	
Kwazulu-Natal	1 271 414	-	-	1 271 414	1 271 414	-	-	1 271 414	1 312 945	(41 5331)	103%	1 353 497	1 353 497	
Limpopo	742 473	-	-	742 473	742 473	-	-	742 473	666 171	76 302	90%	591 251	591 251	
Mpumalanga	423 922	-	-	423 922	423 922	-	-	423 922	424 384	(462)	100%	344 915	344 915	
Northern Cape	409 404	-	(52 371)	357 033	357 033	-	-	357 033	356 736	297	100%	386 706	386 706	
North West	597 158	-	-	597 158	597 158	-	-	597 158	428 858	168 300	72%	508 549	508 549	
Western Cape	698 793	-	-	698 793	698 793	-	-	698 793	727 622	(28 829)	104%	812 626	812 626	
	6 367 652	-	-	6 315 281	6 315 281	-	-	6 315 281	6 048 295	266 986		6 346 273	6 346 273	
5. National Health Insurance Grant														
Eastern Cape	45 262	-	(20 000)	25 262	25 262	-	-	25 262	14 897	10 365	59%	45 333	45 333	
Free State	21 496	-	(5 500)	15 996	15 996	-	-	15 996	13 434	2 562	84%	21 530	21 530	
Gauteng	53 674	-	-	53 674	53 674	-	-	53 674	44 097	9 577	82%	53 758	53 758	
Kwazulu-Natal	55 290	-	5 000	60 290	60 290	-	-	60 290	58 037	2 253	96%	55 376	55 376	
Limpopo	32 066	-	-	32 066	32 066	-	-	32 066	31 906	160	100%	32 115	32 115	
Mpumalanga	21 104	-	(5 000)	16 104	16 104	-	-	16 104	19 395	(3 291)	120%	21 136	21 136	
Northern Cape	19 276	-	(5 876)	13 400	13 400	-	-	13 400	12 992	408	97%	19 306	19 306	
North West	21 192	-	(11 000)	10 192	10 192	-	-	10 192	5 889	4 303	58%	21 224	21 224	
Western Cape	19 480	-	-	19 480	19 480	-	-	19 480	19 480	-	100%	19 510	19 510	
	288 840	-	(42 376)	246 464	246 464	-	-	246 464	220 127	26 337		289 288	289 288	

The variance between note 7 and note 35 is due to over payment and under-payments on different grants and provinces on which reconciliation will be done in the new financial year which is illustrated in the Noted to the Appropriation Statement.

HEALTH VOTE 18

ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS for the year ended 31 March 2021

39. BROAD BASED BLACK ECONOMIC EMPOWERMENT PERFORMANCE

Information on compliance with the B-BBEE Act is included in the annual report under the section titled B-BBEE Compliance Performance Information.

40. COVID-19 Response Expenditure

	2020/21	2019/20
Note	R'000	R'000
Annexure 8		
Compensation of Employees		
Goods and services	710 050	-
Transfers and subsidies	5 054 967	-
Expenditure for capital assets	10 151	-
Total	5 775 168	-

HEALTH VOTE 18

ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS for the year ended 31 March 2021

ANNEXURE 1A

STATEMENT OF TRANSFERS TO DEPARTMENTAL AGENCIES AND ACCOUNTS

Department/ Agency/ Account	Adjusted appropriation		Transfer Allocation		Total available		Transfer		2019/20 Final appropriation R'000
	R'000	R'000	Roll overs	Adjustments	R'000	R'000	Actual transfer	% of available funds transferred	
			R'000	R'000			R'000	%	
Compensation Commissioner for Occupational Diseases	4 058	-	-	-	4 058	-	4 058	100%	4 050
South African Medical Research Council	704 643	-	-	-	704 643	-	854 643	121%	688 313
Council for Medical Schemes	6 530	-	-	-	6 530	-	6 530	100%	5 987
National Health Laboratory Services	855 583	-	-	-	855 583	-	855 583	89%	791 497
Health and Welfare Sector Education and Training Authority	3 019	-	-	-	3 019	-	679	22%	2 642
South African National AIDS Council	18 106	-	-	-	18 106	-	18 106	100%	18 066
South African Health Products Regulatory Authority	156 572	-	-	-	156 572	-	156 572	100%	183 274
Office of Health Standard Compliance	137 648	-	-	-	137 648	-	137 648	100%	136 471
TOTAL	1 886 159	-	-	-	1 886 159	-	2 033 819		1 830 299

R150 million was paid to the South African Medical Research Council as a direct charge against the National Revenue Fund, in accordance with Section 16 of the Public Finance Management Act, to research the effectiveness of the COVID-19 vaccines and its resistance against mutant strains.

ANNEXURE 1B

STATEMENT OF TRANSFERS TO FOREIGN GOVERNMENT AND INTERNATIONAL ORGANISATIONS

FOREIGN GOVERNMENT / INTERNATIONAL ORGANISATION	TRANSFER ALLOCATION			EXPENDITURE		2019/20 Final appropriation R'000
	Adjusted appropriation Act	Roll overs	Adjustments	Actual transfer	% of available funds transferred	
	R'000	R'000	R'000	R'000	%	
Transfers						
World Health Organisation	375	-	-	-	0%	-
TOTAL	375	-	-	375	0%	

HEALTH VOTE 18
ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS for the year ended 31 March 2021
ANNEXURE 1C
STATEMENT OF TRANSFERS TO NON-PROFIT INSTITUTIONS

	TRANSFER ALLOCATION				EXPENDITURE		2019/20 Final appropriation R'000
	Adjusted appropriation Act R'000	Roll overs R'000	Adjustments R'000	Total available R'000	Actual transfer R'000	% of available funds transferred %	
NON-PROFIT INSTITUTIONS							
Transfers							
Lifeline	27 150	-	-	27 150	27 150	100%	24 579
LoveLife	75 527	-	-	75 527	59 527	79%	68 376
National Council Against Smoking	1 095	-	-	1 095	-	-	991
South African Renal Registry	433	-	-	433	433	100%	391
Soul City	23 567	-	-	23 567	23 567	100%	21 336
South African Community Epidemiology Network on Drug Abuse (SACENDU)	642	-	-	642	642	100%	581
SA Council for the Blind	1 026	-	-	1 026	-	-	929
South African Federation for Mental Health	459	-	-	459	459	100%	415
HIV and AIDS: NGOs	63 494	-	-	63 494	58 796	93%	49 687
Agri AIDS SA NPC	-	-	-	-	-	-	1 165
Alliance Against HIV/AIDS	-	-	-	-	2 372	-	1 414
Bothuto Lesedi Project	-	-	-	-	2 764	-	1 583
Centre for Positive Care (CPC)	-	-	-	-	2 958	-	2 379
Community Responsiveness Programme (CRP)	-	-	-	-	2 615	-	1 093
Eagle Training	-	-	-	-	2 002	-	973
Educational Support Services Trust (ESST)	-	-	-	-	3 367	-	3 327
Friends for Life	-	-	-	-	2 924	-	1 333
Get Down Productions	-	-	-	-	3 906	-	4 289
Get Ready Information Services	-	-	-	-	2 275	-	1 544
Health Care Development and Training	-	-	-	-	2 052	-	973
Highveld EastAids Projects Support (HEAPS)	-	-	-	-	4 108	-	5 140
Humana People to People	-	-	-	-	2 087	-	1 228
Leandra Community Centre	-	-	-	-	2 426	-	1 884
Leseding Care Givers	-	-	-	-	1 558	-	1 841
Mothers2Mothers SA	-	-	-	-	-	-	973
Mpilonhle	-	-	-	-	-	-	1 275
Muslim Aids Programme (MAP)	-	-	-	-	2 071	-	1 039
National Institute Community Development and Management (NICDAM)	-	-	-	-	2 578	-	2 514
National Lesbian, Gay, Bisexual, Transsexual and Intersexual Health (NLGBTHI)	-	-	-	-	3 305	-	2 607
Ramotshinyadi HIV/AIDS	-	-	-	-	2 631	-	973
Seboka Training and Support Network	-	-	-	-	-	-	1 602
St Joseph Care Centre – Sizanani	-	-	-	-	-	-	1 221
TB/HIV Care Association	-	-	-	-	-	-	1 662
The Training Institute for Primary Health Care (TIPHC)	-	-	-	-	1 962	-	1 310
Ukhamba Projects	-	-	-	-	1 897	-	1 599
Zakheni Training and Development	-	-	-	-	3 032	-	2 746
SAOPHA	-	-	-	-	1 953	-	-
SUNRISE WELLNESS	-	-	-	-	1 953	-	-
TOTAL	193 393	-	-	193 393	170 574		167 285

HEALTH VOTE 18
 ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS for the year ended 31 March 2021
 ANNEXURE 1D
 STATEMENT OF TRANSFERS TO HOUSEHOLDS

HOUSEHOLDS	TRANSFER ALLOCATION				EXPENDITURE		2019/20 Final appropriation R'000
	Adjusted Appropriation Act	Roll overs	Adjustments	Total available	Actual transfer	% of available funds transferred	
	R'000	R'000	R'000	R'000	R'000	%	
Transfers							
Leave gratuities	-	-	1 928	1 928	1 928	100%	2 463
Claims against the state	-	-	160	160	160	100%	-
TOTAL	-	-	2 088	2 088	2 088	100%	2 463

HEALTH VOTE 18
ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS for the year ended 31 March 2021
ANNEXURE 1E
STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2020/21 R 000	2019/20 R 000
Received in kind			
African Union CDC	Travel and subsistence	-	22
African Union Commission	Travel and subsistence related	-	199
African Union Development Agency West African Regional Office	Travel and subsistence	-	16
Amref Health Africa	Travel and subsistence	-	39
Brazilian Government	Travel and subsistence	-	130
CDC Foundation	Travel and subsistence	-	53
Centre for Diseases Control and Prevention	Travel and subsistence	-	227
CIPHER Paediatric HIV matters	Travel and subsistence	-	41
Clinton Health Access Initiative	Travel and subsistence	-	481
Conference Series IIC Limited	Travel and subsistence	-	4
Defence Threat Reduction Agency	Travel and subsistence	-	18
Elimination 8 Secretariat	Travel and subsistence	-	31
Ekspoturk	Travel and subsistence	-	89
European Union (Not Donor Funding)	Travel and subsistence	-	33
Find	Travel and subsistence	-	36
Food and Agricultural Organisation	Travel and subsistence	-	20
Global Antibiotic R&D Partnership (GARDP)	Travel and subsistence related	-	61
Global Centre for Good Governance in Tobacco Control (GCTC)	Travel and subsistence related	-	26
Germany Federal Ministry of Education and Research	Travel and subsistence	-	67
Global Fund (Not Donor Funding)	Travel and subsistence	-	33
Government of Sweden	Travel and subsistence	-	103
Healthcare United Kingdom	Travel and subsistence	-	35
Health Information System Programme South Africa NPC	Travel and subsistence related	-	39
Imperial College London	Travel and subsistence	-	163
Italiana Medicines Agency (AIFA)	Travel and subsistence	-	91
Institute of Health Care Improvement	Travel and subsistence	-	229
International Training & Education Center for Health	Travel and subsistence	-	70
Hikviaion (PTY) Ltd SA	Temperature screening and cameras	100	
Bank of China	C PAP/Airwell YH-370	14	

HEALTH VOTE 18
ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS for the year ended 31 March 2021

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2020/21 R'000	2019/20 R'000
French Embassy	Infusion pmumps	12	
French Embassy	C PAP devices	14	
Government of the People's Republic of China	Covid Test lits	14	
Jack Ma	Infrared Thermal machine	50	
Jack Ma	Ventilators (CPAP)	500	
Jack Ma	CPAP	14	
Turkish Government	Disinfectant tunnel	19	
US Government	Ventilators	500	
Johnson and Johnson Global Public Health	Travel and subsistence	-	46
Keratoconus Foundation South Africa	Cornea Transplants	-	605
London School of Hygiene and Tropical Medicines	Travel and subsistence	-	19
Lubombo Spatial Development Initiative 2 NPC	Travel and subsistence	-	41
McCabe Centre for Law and Cancer	Travel and subsistence	-	124
Pan American Health Organisation (PAHO)	Travel and subsistence	-	81
Primary Health Care Performance Initiative	Travel and subsistence related	-	44
Prince Mahidol Award Conference (PMAC)	Travel and subsistence	-	69
Prosperity Fund Better Health Programme	Travel and subsistence related	-	280
Public Health and Social Development Sectorial Bargaining Council (PHSDSBC)	Conference/Travel and Subsistence related	-	147
ReAct-Africa	Travel and subsistence	-	25
Republic of India Ministry of Health and Family Welfare	Travel and subsistence	-	13
Republic of Turkey Embassy	Travel and subsistence	-	116
Roll Back Malaria Partnership to End Malaria	Travel and subsistence	-	10
Rotarian for Family Health & Aids Prevention	Travel and subsistence	-	54
South African Bureau of Standards (SABS)	Travel and subsistence	-	40
SADC EU Regional Agricultural Policy Programme	Travel and subsistence	-	21
SADC Regional Vulnerability Assessment and Analysis	Travel and subsistence	-	27
Sanofi-Pasteur	Conference	-	413
SheDecides	Travel and subsistence	-	30

HEALTH VOTE 18
ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS for the year ended 31 March 2021

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2020/21 R'000	2019/20 R'000
Tackling Infections to Benefit Africa	Travel and subsistence	-	47
The STAR	Travel and subsistence	-	46
Stop TB Partnership	Travel and subsistence related	-	82
The Abu Dhabi Agriculture and Food Safety Authority	Travel and subsistence	-	27
The Alliance	Travel and subsistence	-	84
The Biovac Institute	Workshops	-	325
The Partnership for Maternal, New-born & Child Health	Travel and subsistence	-	87
The Chinese Centre for Diseases Control Prevention	Travel and subsistence	-	12
Unitaid	Travel and subsistence	-	138
United Nations Children Emergency Fund (UNICEF)	Travel and subsistence related	-	93
United Nations	Travel and subsistence	-	29
United States Agency for International Development	Travel and subsistence	-	76
United States Department of Energy	Travel and subsistence	-	441
United States Pharmacopod	Travel and subsistence	-	51
University of Oxford	Travel and subsistence	-	39
University Research Corporation	Travel and subsistence	-	46
USAID TB South Africa	Travel and subsistence	-	42
Wilton Park	Travel and subsistence	-	68
Wits Reproductive Health & HIV Institute	Travel and subsistence	-	124
World Bank Group	Travel and subsistence	-	4
World Health Organisation	Meeting/Workshop/Travel and Subsistence related	-	5 329
TOTAL		1 237	11 751

Note: Due to COVID-19 pandemic, all travelling, conferences, courses and so forth were cancelled or handled digitally since March 2020.

HEALTH VOTE 18
ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS for the year ended 31 March 2021
ANNEXURE 1F

STATEMENT OF AID ASSISTANCE RECEIVED

Name of donor	Purpose	Opening balance R'000	Revenue R'000	Expenditure R'000	Paid back on/ by 31 March 2021	Closing balance R'000
Received in kind						
CDC United State	Tuberculosis, HIV and AIDS prevention	120 103	366 677	160 337	120 103	206 340
EU Primcare	Primary Health Care Purposes	(15 967)	-	742	-	(16 709)
Global Funds	HIV & AIDS Prevention	220 642	571 302	663 808	220 642	(92 506)
KFW: Germany	HIV & AIDS Prevention	3 044	877	253	3 044	624
TOTAL		327 822	938 856	825 140	343 789	97 749

ANNEXURE 1G

STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS MADE AND REMISSIONS, REFUNDS AND PAYMENTS MADE AS AN ACT OF GRACE

NATURE OF GIFT, DONATION OR SPONSORSHIP

(Group major categories but list material items including name of organisation)

	2020/21 R'000	2019/20 R'000
Made in kind		
Year-end gifts to service providers in Cuba		9
TOTAL		9

ANNEXURE 2

STATEMENT OF CONTINGENT LIABILITIES AS AT 31 MARCH 2021

Nature of Liability	Opening balance 1 April 2020 R'000	Liabilities incurred during the year R'000	Liabilities paid/cancel- led/reduced during the year R'000	Liabilities recoverable (Provide details hereunder) R'000	Closing Balance 31 March 2020 R'000
Claims against the department					
Barry Mellor vs Kagiso Tholo	15	-	-	-	15
Dr D P Mahlangu	2 195	-	-	-	2 195
ZLD Panel Beaters vs The Minister of Health	400	-	-	-	400
Mr J Leslie	870	-	870	-	-
Nomusa Mabasa	5 000	-	-	-	5 000
Simphiwe Mhlauli	154	-	-	-	154
National and Overseas Modular and Timber Construction (Pty) Ltd	4 609	-	-	-	4 609
M Madavha	3 000	-	-	-	3 000
TOTAL	16 243	-	870	-	15 373

HEALTH VOTE 18
ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS for the year ended 31 March 2021
ANNEXURE 3
CLAIMS RECOVERABLE

Government Entity	Confirmed balance outstanding 31/03/2021		Unconfirmed balance outstanding 31/03/2021		Confirmed balance outstanding 31/03/2020		Unconfirmed balance outstanding 31/03/2020		Total		Cash in transit at year end 2020/21	
	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	Receipt date up to six (6) working days after year end	Amount R'000
Department												
DIRCO	-	-	1 645	1 645	-	-	1 645	1 645	1 645	1 645	-	-
Provincial Health: Northern Cape	-	-	-	1 073	-	-	1 073	1 073	1 073	1 073	-	-
Home Affairs	-	-	37	-	-	-	37	-	37	-	-	-
Provincial Health: Mpumalanga	-	-	-	275	-	-	275	-	275	275	-	-
Provincial Health: Gauteng	-	-	-	-	-	-	-	-	-	-	-	-
Provincial Health: Free State	-	-	-	2 015	-	-	2 015	-	2 015	2 015	-	-
Provincial Health: Eastern Cape	-	-	2 591	729	-	-	2 591	729	3 320	729	-	-
Provincial Health: KwaZulu/Natal	-	-	-	150	-	-	150	-	150	150	-	-
Provincial Health: Limpopo	-	-	-	-	-	-	-	-	-	-	-	-
Provincial Health: North West	-	-	-	-	-	-	-	-	-	-	-	-
National Treasury: Aid Assistance	-	-	19 753	19 753	-	-	19 753	19 753	19 753	19 753	-	-
	-	-	24 026	5 887	-	-	24 026	5 887	29 913	5 887	-	-
Other Government Entities												
Global Fund (SARS VAT)	-	-	73 068	36 188	-	-	73 068	36 188	109 256	36 188	-	-
CDC (SARS VAT)	-	-	20 941	19 462	-	-	20 941	19 462	40 403	19 462	-	-
SAHPRA	-	-	17 084	11 563	-	-	17 084	11 563	28 647	11 563	-	-
Global Fund	-	-	1 042	78	-	-	1 042	78	1 120	78	-	-
Digital Vibes (Private Entity)	-	-	175	176	-	-	175	176	351	176	-	-
	-	-	112 310	67 467	-	-	112 310	67 467	179 720	67 467	-	-
TOTAL	-	-	136 336	73 354	-	-	136 336	73 354	272 692	73 354	-	-

HEALTH VOTE 18
ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS 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	R'000
DEPARTMENTS								
Current								
Provincial Health: Eastern Cape	-	-	-	-	333	-	-	-
Provincial Health: Free State	-	-	25 631	17 641	17 641	25 631	-	-
Provincial Health: Northern Cape	-	-	3 433	172	172	3 433	-	-
Provincial Health: Gauteng	-	-	66 824	83 312	83 312	66 824	-	-
Provincial Health: Limpopo	-	-	76 419	50 123	50 123	76 419	-	-
Provincial Health: North West	-	-	15 489	1 163	1 163	15 489	-	-
Provincial Health: Mpumalanga	-	-	22 425	29 379	29 379	22 425	-	-
Provincial Health: KwaZulu/Natal	-	-	56	60 551	60 551	56	-	-
Subtotal	-	-	210 277	210 277	242 674	210 277	-	-
OTHER GOVERNMENT ENTITY								
Current								
Subtotal								
TOTAL	-	-	210 277	210 277	242 674	210 277	-	-

ANNEXURE 5
INVENTORIES

Inventory for the year ended 31 March 2021	Note	Insert major category of inventory		TOTAL
		R'000	R'000	
Opening balance		4 897		4 897
Add/(Less): Adjustments to prior year balance				
Add: Additions/Purchases – Cash		529 476		529 476
Add: Additions - Non-cash		695 903		695 903
(Less): Issues		(987 636)		(987 636)
Less: Internal Transfers			3 436	3 436
Add/(Less): Adjustments				
Add: Weighted average price				
Closing balance		246 076	246 076	246 076

**HEALTH VOTE 18
ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS for the year ended 31 March 2021**

Inventory for the year ended 31 March 2020	Note	Insert major category of inventory	TOTAL
Opening balance		5 401	5 401
Add/(Less): Adjustments to prior year balance			
Add: Additions/Purchases – Cash		47 028	47 028
Add: Additions – Non-cash		9 750	9 750
(Less): Disposals			
(Less): Issues		(57 021)	(57 021)
Add/(Less): Received current, not paid (Paid current year, received prior year)		(157)	(157)
Add/(Less): Adjustments		(104)	(104)
Closing balance		4 897	4 897

HEALTH VOTE 18

ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS 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	Current Year Capital	Ready for use (Asset register)/ Contract terminated	Closing balance
	R'000	WIP R'000	R'000	R'000
Buildings and other fixed structures	901 787	659 434	194 454	1 366 767
Other fixed structures	901 787	659 434	-	1 366 767
TOTAL	901 787	659 434	194 454	1 366 767

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	718 656	442	592 023	(409 333)	901 788
Other fixed structures	718 656	442	592 023	(409 333)	901 788
TOTAL	718 656	442	592 023	(409 333)	901 788

ANNEXURE 7A

INTER-ENTITY ADVANCES PAID (note 10)

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
NATIONAL DEPARTMENTS						
Current						
DIRCO	-	-	-	4 803	-	4 803
GCIS	-	-	5 950	7 884	5 950	7 884
Subtotal	-	-	5 950	12 687	5 950	12 687
PROVINCIAL DEPARTMENTS						
Current						
Provincial Health: Eastern Cape	-	-	24 486	47 217	24 486	47 217
Provincial Health: Free State	-	-	980	3 412	980	3 412
Provincial Health: Gauteng	-	-	50 450	74 339	50 450	74 339
Provincial Health: Limpopo	-	-	-	3 669	-	3 669
Provincial Health: North West	-	-	2 557	6 934	2 557	6 934
Provincial Health: Mpumalanga	-	-	27 229	27 921	27 229	27 921
Provincial Health: KwaZulu/Natal	-	-	2 184	58 976	2 184	58 976
Subtotal	-	-	107 886	222 468	107 886	222 468
PUBLIC ENTITIES						
Current						
DBSA: FET (94 clinics)	-	-	73 076	103 929	73 076	103 929
COEGA	-	31 450	155	-	155	31 450
Subtotal	-	31 450	73 231	103 929	73 231	135 379
TOTAL	-	31 450	187 067	339 084	187 067	370 534

HEALTH VOTE 18

ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS for the year ended 31 March 2021

ANNEXURE 7B

INTER-ENTITY ADVANCES RECEIVED (note 14)

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
NATIONAL DEPARTMENTS						
Current						
National Treasury			1 629	2 940	1 629	2 940
DIRCO			2 360	202	2 360	202
NHLS			3 000		3 000	
OHSC			2 230		2 230	
Exchequer			1 581		1 581	
Unidentified			3 109		3 109	
Sub Total			13 909	3 142	13 909	3 142
Current						
Provincial Health: Eastern Cape			-	333	-	333
Provincial Health: Free State			25 631	17 641	25 631	17 641
Provincial Health: Northern Cape			3 433	172	3 433	172
Provincial Health: Gauteng Province			66 824	83 312	66 824	83 312
Provincial Health: Limpopo			76 419	50 123	76 419	50 123
Provincial Health: KwaZulu/ Natal			56	60 551	56	60 551
Provincial Health: North West			15 489	1 163	15 489	1 163
Provincial Health: Mpumalan-ga			22 425	29 379	22 425	29 379
Sub Total			210 277	242 674	210 277	242 674
PUBLIC ENTITIES						
Current						
German Donor: KFW				50		50
Global Funds			5 517	-	5 517	-
Unisa			19	-	19	-
Embassy Chattering			93		93	
Sub Total			5 629	50	5 629	50
TOTAL			229 815	245 866	229 815	245 866
Current			229 815	245 866	229 815	245 866
Non-current				-		-

HEALTH VOTE 18
ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS for the year ended 31 March 2021
ANNEXURE 8

COVID-19 RESPONSE EXPENDITURE
Per quarter and in total

Expenditure per economic classification	April 2020	May 2020	June 2020	Subtotal Q1	July 2020	Aug 2020	Sept 2020	Subtotal Q2	Oct 2020	Nov 2020	Dec 2020	Subtotal Q3	Jan 2021	Feb 2021	Mar 2021	Subtotal Q4	2020/21 Total	2019/20 Total
	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000
Goods services																		
Advertising	-	60 395	10 545	70 940	15 692	16 316	24 432	56 440	45 910	16 172	7 135	69 217	354	9 807	503 292	513 453	710 050	30 719
Catering: Departmental	-	6 306	499	6 805	-	495	-	495	-	-	-	-	-	-	-	-	7 300	-
Activities	-	-	-	-	-	-	-	-	-	-	-	-	-	-	501	501	501	-
Computer services	-	-	-	-	-	-	-	-	-	1 266	-	1 266	-	-	29 500	29 500	30 766	-
Consultants: Business & Advisory Services	-	42 574	943	43 517	-	8 300	7 743	16 043	27 916	11 114	6 344	45 374	-	8 412	8 023	16 435	121 369	18 032
Agency & Support / Outsourced Services	-	-	-	-	-	-	26	26	-	-	-	-	-	-	-	-	26	-
Fleet Services	-	-	14	14	150	-	-	150	-	318	-	318	-	112	188	300	782	-
Inventory: Clothing, Materials and Accessories	-	600	-	600	-	326	-	326	-	-	-	-	-	-	927	927	1 853	1 284
Inventory: Medicine: Vaccines	-	-	-	-	-	-	-	-	-	-	-	-	-	-	462 316	462 316	462 316	-
Consumable Supplies: Washing/cleaning detergents	-	-	279	279	140	328	367	835	1 119	-	-	1 119	-	442	826	1 268	3 501	138
Property payments	-	35	483	518	565	-	-	565	1	268	-	269	-	-	-	-	1 352	-
Travel and subsistence	-	9 965	8 300	18 265	14 607	6 800	16 296	37 703	16 874	3 206	791	20 871	338	841	778	1 957	78 796	11 265
Operating payments	-	915	27	942	230	67	-	297	-	-	-	-	16	-	233	249	1 488	-
Transfers and subsidies																		
Transfer & Subsidies: Departmental Agencies	-	-	-	-	-	528 031	364 312	892 343	498 329	431 313	431 313	1 360 955	1 765 239	432 541	603 889	2 801 669	5 054 967	-
COVID-19: Provincial Conditional Grants	-	-	-	-	-	96 700	-	96 700	-	-	-	-	-	-	150 000	150 000	246 700	-
	-	-	-	-	-	431 331	364 312	795 643	498 329	431 313	431 313	1 360 955	1 765 239	432 541	453 889	2 651 669	4 808 267	-
Expenditure for capital assets																		
Other machinery and equipment	-	-	-	-	-	1 531	1 887	3 418	-	6 733	-	6 733	-	-	-	-	10 151	-
	-	-	-	-	-	1 531	1 887	3 418	-	6 733	-	6 733	-	-	-	-	10 151	-
Total covid-19 response expenditure	-	60 395	10 545	70 940	15 692	545 878	390 631	952 201	544 239	454 218	438 448	1 436 905	1 765 593	442 348	1 107 181	3 315 122	5 775 168	30 719

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